



HEALTHCARE WEBSITES AND THE INTERNET:
Evaluating Healthcare Websites and the Internet

Page 8



LEGAL UPDATE:
Big Change in Employment Eligibility Verification Affect Healthcare Providers

Page 10



CODE:
Seven Area Healthcare Facilities to Compete for Healthcare Security Awards

Page 12

DEPARTMENTS:
AROUND THE REGION Page 28
VENDOR PROFILES Page 34
INVESTORS' LAB Page 35
CAREER OPPORTUNITIES Page 39
DATEBOOK Page 41
RESOURCE DIRECTORY Page 42

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MARKETING



Mark Baldauf's Kindergarten photo

All I Really Need to Know (About Marketing) I Learned in Kindergarten

BY MARK BALDAUF, APR, CBC

Fifteen years ago, Robert Fulghum penned a simple credo – a credo that became the phenomenal #1 New York Times bestseller: All I Really Need to Know I Learned in Kindergarten. Fulghum lists lessons normally learned in kindergarten classrooms and explains how the world would be improved if adults adhered to these same basic rules learned during childhood, i.e. sharing, being kind to one another, cleaning up after themselves, and living “a balanced life” of work, play and learning.

As in life, there are some very simple lessons about marketing I learned a long time ago that still hold true in this day and age, even in the current, complex world of the healthcare industry. Some have characterized this era as “The Perfect Storm” – a collision of factors about to simultaneously impact the healthcare industry like never before. I need not cite each one here as they are all too painfully obvious to you. Yes, the

Continued on page 6

Amazing Stories of Care from Memorial Medical Center

According to Merriam-Webster, the definition of a caregiver is a simple one, “a person who provides direct care.” At Memorial Medical Center in Johnstown, however, the definition, as demonstrated by the actions of its caregivers, is much broader in scope. Many employees take it upon themselves to not only provide direct medical care to patients, but also serve as a support system – tending to the physical, mental and emotional needs of patients and their families.

“Our employees can nominate their coworkers for awards for their good deeds,” says Kathy Gorzelsky, Service Excellence, Memorial Medical Center.

“We get flooded with these nominations because we have a staff that truly cares about the patients and families that walk through our doors. Our employees really touch lives, and their stories have a way of warming your heart.”

For instance, Tonya Spada-Dixon, a dietician at Memorial, received a call from a patient's wife. She was crying, upset that her husband had been admitted, but didn't have his pajamas or personal belongings. The woman also explained that she didn't have any way to deliver her husband's belongings to him. Although she didn't know how the woman got her number, Tonya sympa-

Continued on page 33



Lisa Burkey



Tonya Dixon



Scott Roberts



Diana Johns

2007 IN REVIEW



Marc Cammarata

Human Resources: A Retrospective On 2007

BY MARC CAMMARATA

It's always interesting as we near the end of the year to pause and take stock of some of the more noteworthy events that have occurred during the past twelve months. So, as a way of saying “farewell” to 2007, I thought a review of some of the notable news from the world of human resources would be in order.

The year began with President Bush signing the Health Opportunity Patient Empowerment (HOPE) Act that liberalized many of the rules governing the establishment and funding of health savings accounts (HSAs). Under the HOPE Act, rollovers from flexible spending accounts and health reimbursement arrangements can now be made to HSAs through the year 2011. In addition, the law raised the maximum HSA contribution and permitted individuals who become covered under an HSA-eligible plan in a month other than January to make the maximum HSA contribution for the year based on their coverage in the last month of the year.

In Spring, the United States Department of Labor's Bureau of Labor Statistics reported that the number of U.S. workers

Continued on page 19

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Publishers Note... By Harvey D. Kart

Holier Than Thou

As a Jewish man married to a Catholic woman, I have a confession to make: I don't know enough about Islam, Buddhism, or Mormonism to enter into even the most rudimentary discussion of any of them.

But this much I do know: I have met enough individuals of different faiths, as well as my fair share of atheists and agnostics, to know that you don't have to attend a particular church to be a good person, nor does subscribing to another set of beliefs automatically make you evil.

This is in no way meant to suggest that someone can choose a faith in much the same way they do a fast food restaurant (often basing the decision more on marketing and giveaways than quality). I would hope that most, if not all, such choices ultimately rest on how strongly the tenets of a faith resonate with the individual. Or perhaps the choice isn't made so much by the person as much as the person is chosen by a Higher Power.

I'll leave all that to the philosophers, theologians, and panelists on *The View* to figure out.

But, being unable to avoid an avalanche of coverage of the campaign for the presidency, I'm becoming increasingly offended by how much attention is paid to what church a person attends (or doesn't attend) and how little on how a person treats others. Did Barack Obama spend time as a youth in a Muslim school? How devout of a Mormon is Mitt Romney? Which Christian candidate has the strongest conservative credentials?

My concern with this approach to judging a person's ability to lead a nation is that, because we live in a pluralistic society where we espouse freedom of religion, by its nature it minimizes the rights of every citizen to be treated fairly and equally.

To look at it simply, we need only turn to our own industry, health care. None of us would provide a better level of care to someone based on the disease he has. We don't "prefer" psoriasis suffers over cancer

victims. Nor do any but the most prejudiced healthcare professionals treat representatives of select economic, religious, or racial groups better than others and, when it's discovered this is happening, most often it is stopped. It's not just illegal; it's wrong and a violation of all that healthcare professionals stand for.

A few weeks ago, at the height of the busy holiday season (which, like the race for the presidency, seems to come earlier each cycle and is increasingly mind-numbing), a woman stopped her car in front of me, in the middle of a strip mall parking lot. There was no room on either side to go around her, especially because she left her door open as she exited her car and walked about 20 yards to a mailbox. Nor could I back up, as about a dozen other vehicles were stopped behind me. So we sat and waited. This woman had no concern whatsoever for how her selfish act might affect any of the people idling behind her.

Do you suppose she was Jewish, Muslim, or Christian? Does she attend services often? Does she raise her children in a particular faith? Does she take some kind of smug pride because she worships the "right" deity?

I don't think you need a Ph.D. in religious studies to understand that the cornerstone of most major religions is love for others and that faith without action is worth little. The various faith traditions present in America should unite, not divide, us. But, for too many people, faith is seen as a simple way to choose sides in the age-old game of "Us vs. Them." (Maybe that's why on Sundays it seems there are fewer people in church than at football games, where it's easier to figure out who is on what side.)

Problem is, at a time when our country could use all the prayers it can get, we seem incapable of raising our voices together. We'd rather shout at each other.

Harvey Kart

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Letter to the Editor:

I am pleased to inform you that I received today the official announcement that WPHIMSS is the recipient of the 2007 Chapter Innovations Grand Prize Award; the award will be presented at the 2008 Annual Conference. The award application submitted focused on our PR and communications efforts.

I wish to thank all of you, particularly Diane and Sean O'Brien and our friends at *Hospital News* and *ADVANCE for Healthcare Information Executives*, for allowing us to be recognized for advancing the chapter and the Society through our communications efforts.

Barry Ross, LFHIMSS,
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The holiday season—Thanksgiving, Christmas, Chanukah, Ramadan, Kwanza and New Year's—can be a difficult time of the year for those who are dealing with the end of life or who recently suffered the loss of a loved one.

VITAS bereavement experts advise that there is no right or wrong way to celebrate, but acknowledging the need and preparing in advance can help people cope with their grief.

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Marketing

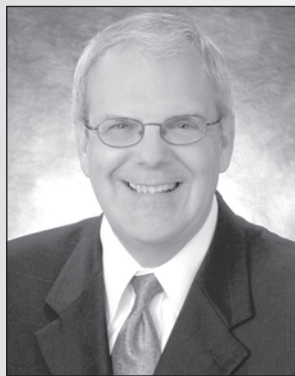
Viral Marketing

Viral Marketing, that's right, viral marketing. It's a health care term that is now being utilized as a marketing term. If you have ever seen one of those electronic maps of the world that models the spread of, for example, the avian flu, you know what I mean. It starts with a few red dots and within seconds, the entire country and then the world is covered in flashing red lights suggesting the devastating effects of a pandemic that will kill over 60 million people.

Viral marketing is virtually the same concept sans the death and destruction. The geniuses behind Facebook.com have created a near perfect tool for spreading the word in a viral fashion. Who cares, you ask? As a hospital administrator or marketing expert, you should care! It is potentially a phenomenal way to market your product directly to the appropriate demographic.

How does it work? Simply go to the Facebook.com web site; then you join, at no cost. The first opportunity that you are given is to invite every person in your personal E-mail address book to join Facebook, and then B-I-N-G-O, hundreds and hundreds of new Facebook participants are now participating as well. Once you've joined, you have an opportunity to create like minded groups of individuals and, once again, be it your University, your city or your hobby, Facebook now has specific markets to target to capture your imagination, your personal likes and dislikes.

If Facebook decides to sell off their members listed as alumni of, for example, Pacific University, they would literally



BY NICK JACOBS

have thousands of names, addresses and lists of what the members like, i.e., favorite movies, favorite pass times, favorite blogs. This then produces the demographic information necessary to create a near perfect marketing profile. It's a virtual demographic Fort Knox as the participants freely share some relatively intimate details of their likes, photos of their vacations, detailed information about their education, et al.

Facebook started as a way for kids, both high school and college, to see pictures of each other to determine if they wanted to date. They could look up the person that interested them, check out their likes and dislikes and, determine if the person was someone with whom they share enough common interests to begin a cyber relationship.

Interestingly, however, Facebook is now growing exponentially. Business professionals, businesses and adults of all ages are joining. One estimate is that they might have as many as 200,000,000 participants within the year end. Explore it. It's an amazing introduction to the future of viral marketing. Facebook.com.

F. Nicholas Jacobs is President of Windber Medical Center and the Windber Research Institute. Mr. Jacobs has been featured as a leading spokesperson for healthcare initiatives and change and featured prominently in the Wall St. Journal and other leading publications. His blog is also one of the most widely followed healthcare blogs in the nation. Nick can be reached at jacobsfn@aol.com or visit windbercare.com

Kane Focuses on Referral Source Relationships

Referral source relationships have long been an important consideration for the John J. Kane Regional Centers. More recently, though, Kane has tweaked its marketing approach to place an even greater emphasis on building, maintaining and strengthening relationships with referral sources. Charlene Flaherty, director of admissions, said that Kane's proactive approach involves eliciting input and feedback from the community it serves.

"We really have tried to find out what the needs of our referral sources are," Flaherty said. "We have made it a point to get out into the community to talk with them. By doing so, we know we are providing the services that people in our community really want and need. It's also how we find the niches that we always seek to fill. That's how, for instance, the Transitional Care Unit at Scott came about."

The Transitional Care Unit (TCU) is a perfect example of how Kane uses referral source feedback to guide its direction. It was after pouring over information received from the referral sources that Carolyn Pilewski, administrator at Kane Scott Township, and Dr. Mario Fatigati, medical director of the Kane Regional Centers, saw the need in the community for a rehabilitation unit and initiated the development of the TCU.

Dennis Biondo, executive director of the John J. Kane Regional Centers, said that the strong focus on referral sources allows Kane to fulfill its main goal – serving the needs of the residents of Allegheny County. By working so closely with its referral sources, Biondo feels Kane has become a true partner in fulfilling the health care needs of its neighbors.

"Who knows better about the health care needs of Allegheny County residents than the frontline health care professionals who interact with the community at large on a daily basis," Biondo said. "We want to provide the best care and services for our community. In order to do so, an ongoing dialogue between the community and Kane is imperative."

That open dialogue also includes constructive feedback on potential areas of improvement. Flaherty said that type of feedback is where Kane has found its best opportunities for growth.

"We listen to them," Flaherty said. "We like to hear the good things, but it's usually in the feedback we receive about things that we might not be doing as well as we could that we find our best opportunities to make Kane Regional a better community partner."

Flaherty also noted that the marketing process at Kane isn't the exclusive job of the executive team or the admissions department. She said that all Kane employees play an important role in that effort, even if it's by doing something as simple as greeting guests and residents with a warm smile and a hearty welcome.

"We try to stress that from the folks in housekeeping through the nurses and right up to the executive staff, we need to be putting our best face forward," Flaherty said. "It's not just us, but everyone in the building who are our best marketers. It is an entire team effort to make it work."



Dennis Biondo

Shriners Hospitals Launches National Marketing Initiative

Shriners Hospitals for Children has launched its first system-wide branding initiative that communicates the leadership of its international system of 22 hospitals in providing expert pediatric care since 1922.

As part of its branding, the hospital system is undertaking a national advertising and marketing campaign – the first in its 85-year history – which is expected to significantly increase national awareness of Shriners Hospitals and its mission, as well as the number of children it serves.

In announcing the new marketing campaign, Ralph W. Semb, Chairman of the Board of Trustees for Shriners Hospitals for Children, said, "We believe one look and one voice is the best way to communicate the expert care we provide, our achievements in research, and the superior training and education we provide our staff and medical community."

The Shriners Hospitals brand is embodied in its new logo. Drawing from the former logo of a rear view of a Shriner carrying a little girl and her crutches, the new logo celebrates that legacy with a forward-facing, refreshed look symbolizing Shriners Hospitals as a progressive organization.

Marketing Profile

Michael Kaufman Concordia Lutheran Ministries

Michael Kaufman started as Rehab and Skilled Nursing Marketing Coordinator for Concordia Lutheran Ministries in May of 2006. Since that time he has used his breadth of knowledge and experience to further the Concordia mission, vision, and brand.

Kaufman's position requires him to establish a presence and build relationships with local hospitals and doctor's offices, as well as market and promote various service lines at Concordia, such as the skilled facilities and outpatient therapy.

"When you're marketing healthcare, you are promoting a service that has a direct impact on an individual and their family," Kaufman said. "Concordia's values and high level of service excellence was a great match for me."

Kaufman came to Concordia with a strong background in healthcare and marketing after working as a Senior Clinical Liaison. He also has experience on the service end of healthcare, after working as a recreational therapist for eight years.

His philosophy on healthcare marketing is simple: Work with compassion, maintain your integrity, and always do what is right for your consumer.

"Marketing at Concordia is simple," he said. "When you provide such a high standard of care to those you serve, the marketing takes care of itself."

Kaufman resides in Connoquenessing, Butler County, with his wife and daughter.





Greg Dulak in the late 1970's correcting an ad with an X-acto Knife.



Greg Dulak present day working on a brochure in Photoshop.

From Film to Photoshop: One Graphic Designer's Account of the Evolution of a Marketing Department

Each morning Greg Dulak, Medical Photographer and Graphic Designer at Memorial Medical Center in Johnstown, makes the same trip into work that he has for the past 28 years.

"I like that it's something different every day," says Dulak. "No two days are the same, and the work is interesting."

Dulak's interest in the medical field, combined with his talent for displaying and communicating all things visual- from graphic design and layout to photography- it appears Dulak has found his niche.

As an intern at Memorial Medical Center in 1977, Dulak focused on medical photography, which complemented his self-designed major at the University of Pittsburgh at Johnstown in Graphic Design/Medical Photography.

"I loved to draw, particularly medical illustrations, but there wasn't a major that addressed this field; so I created my own major, which, at the time, was very rare," said Dulak. "My degree was a BA,

but it focused more on the sciences, such as anatomy, microbiology and physiology, in conjunction with a lot of drawing courses."

During his internship, Greg focused on photography, taking pictures of medical procedures and corpses in the morgue to incorporate into presentations and publications for the medical staff. In 1979, his education and experience at Memorial landed him a job at the facility in the medical photography department.

"At that time, medical photography was shifting to an arm of the public relations department," says Dulak. "I got on board at the time that there was a new field budding and evolving across healthcare, which was marketing."

In the late 1970s and early 1980s Dulak spent much of his time creating newspaper ads, laying out new publications such as an annual report and helping to design marketing campaigns. As the technology began to evolve, Dulak realized the days of X-acto knives and orange acetate were slowly becoming a thing of the past.

"I began taking graphic design classes at Indiana University of

Pennsylvania in hopes of attaining a master's degree, so that I could hone my computer skills," said Dulak. "I realized that everything was moving to technology, and graphic design was no different."

At the same time, Memorial's Marketing Department was growing and changing as well.

"Marketing had taken such a hold, we even acquired an in-house print shop, so that we could reproduce all of our own brochures, newsletters and other marketing tools," says Dulak.

Fast-forward to present day- every item Dulak creates is not in a dark room, but in Photoshop. While the days of color slides and hand rolling film are a thing of the past, the creativity used to produce his work is still intact.

"What would take three days to layout, now takes just minutes," says Dulak. "It's unbelievable when you think about it. We were really doing things in a primitive fashion. The capabilities that the computer software provides you with today allows you to be much more creative and have more control over the final product. You're able to make the magic happen in less time."

What's the Big Idea?

Ever wonder why so many healthcare ads seem to say the same thing? State of the art technology ... compassionate care ... close to home ... Or wish healthcare marketers would stop 'following the script' when talking about the services their company has to offer?

Worse yet, ever sit through a presentation that includes what seems like a hundred PowerPoint slides being read to you by the speaker?

We have all probably been there in some way, shape or form.

The problem arises because the advertiser, marketer, and speaker all neglected to focus on one big idea.

Instead, they made it about them rather than us...and gave us more information than we wanted or needed. It's kind of like the casual acquaintance you run into who goes on and on about their kids when you ask how they are doing. All you really wanted was the quick thirty second update...not a breakdown on school, sports, height, weight, friends, favorite food, and so on...

We're bombarded with messages from the time we wake up until we crash at the end of a long day. We can't afford to spend more time processing information unless we are sure we need it. We remember creative messages that are memorable and make an emotional impact. We relate to them and they are focused on one main idea.

Can You Hear Me Now?
Got Milk?

Choose Your Healthcare As If Your Life Depended On It.

Try to remember the last time a salesperson made just the right pitch ...

Or you thoroughly enjoyed a presentation or speaker ...

The presentation or pitch was focused on you and on one big idea that you still remember today.

The next time you are creating an ad, making a sales pitch, preparing for a presentation, or writing a memo, improve your message by asking yourself:

What's the Big Idea?

David M. Mastovich, MBA, is the president of Massolutions, a Pittsburgh based strategic marketing firm. He can be reached at info@massolutions.biz or (412) 201-2401.



BY DAVID M. MASTOVICH, MBA



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Marketing

How to Use Print Advertising to Drive Your Online Sales

These days, advertising your product or service requires much more than simply a print ad campaign or even a television blitz. To reach today's consumers in the most efficient manner, you need a mix of offline and online ads. And while many advertisers are already aware of the power of television advertising to drive sales and online traffic, few realize the potential of print advertising and how it impacts a company's bottom line.

New research from iProspect and Jupiter Research that looks at the influence of offline channels on online search found that 67% of online search population is driven to search by offline channels. Of that percentage, 30% come from print ads. Even more impressive is the fact that print advertising topped the list of offline media sources that led to a purchase, with 30% of search users who opened their wallet and bought online coming from a print medium.

So what does all this mean to today's advertisers? It means that if you're not using print media, such as magazines and newspapers, to advertise your company, product, or service, then you're missing out on not only sales, but also web traffic that could in turn lead to future business. But before you rush out and place any old print ad with the hopes of a big online pay-



BY PETER KOEPFEL

out, take note of the following guidelines that will enhance your print campaign success.

• Put key search terms in your print ad

Including your web site address or URL in your print ad is obvious. But don't stop there. Realize that readers don't necessarily take your web site address from your ad and type it into their Internet address bar. Often, readers remember some other key item from your ad, such as the product name or tagline, and search that phrase in a search engine. That means your print ad needs to prominently display your company name, product name, tagline, or any other pertinent descriptor or keyword your customers would remember. Therefore, before you design your ad, think like your customer and create a list of keywords they would likely search for if

they were looking for your product. Then, include those words in your print ad so you can reinforce the message into the readers' minds.

• Use your print ad as a "sneak peak" of your product

Since print ads are static, you often can't give readers a complete overview of your product or showcase all the "bells and whistles." That's where your online presence comes in handy. You can entice people with your print ad, and then use your web site as a way of demonstrating the product and showing all it can do. Show a video of the product in action or give a demo of what customers will experience. Take your print ad to the next level by using the interactivity of the web to get prospects involved with your product before they even own it. The more involved you can get people, the more apt they are to buy.

• Use your online presence as a way to further educate the consumer.

Depending on your advertising budget you may not be able to afford running a full page print ad every month. Instead, you may need to make the most of a quarter page ad or even less. If so, don't despair. Since print advertising is all about long-term exposure, you need to choose the largest size ad you can afford to do for the long-term basis. Any information you can't include in your print ad can go on your web site. So in addition to having demos and video clips on your site, make sure you include a section with all the pertinent technical or educational information your

prospects may want to know about your product. When you give your prospects adequate information, you make their buying decision much easier.

• Use the web to elaborate your print testimonials.

Most print ads contain a few testimonials from satisfied customers. Your print ads should certainly do the same. To make the testimonial even more powerful, have the same person do a longer video testimonial for your web site. Why video? Because it's more believable than simply reading a short paragraph testimonial. Additionally, it puts a face to the words and helps your prospects identify with other satisfied customers. Finally, most purchase decisions are based on emotion, not logic, and video is a more emotional medium than reading a block of text.

The Right Mix for Your Success

No matter what product you're marketing, if you're not using some form of print advertising to reach customers, you're missing a huge share of potential revenue and online traffic. Remember that it takes a combination of offline and online advertising to make a true impact on today's consumers. So leverage your marketing dollars by using the synergy of print and online ads to maximize the impact of your campaign. When you do, you will see your company's bottom line results improve.

Peter Koepfel is founder and president of Koepfel Direct, a leader in direct response television (DRTV), online, print and radio media buying. For more information, visit www.koepfeldirect.com or call (972) 732-6110.

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COVER STORY: All I Really Need to Know (About Marketing) I learned in Kindergarten

Continued from page 1

industry is in upheaval. Yes, disruptive change is on the horizon. But take heart. There are some elementary marketing principles that just might help you weather the storm. Keep them in mind. Remember the basics. They are your foundation for survival, for success. Now, with apologies to Mr. Fulghum, here's what I've learned:

- Keep it simple – Marketing is nothing more than the process of getting and keeping customers. That's all there is to it. Just remember, too often we get caught up in the pursuit of new customers and neglect the ones we already have. Take care of your existing customers first.

- Do your homework – The classic 4 Ps of marketing – Product, Price, Promotion and Place – are still the building blocks for successful market planning. Study them; define them. Don't leave things to chance.

- Be yourself – As an ad agency, we help clients identify, define and refine their personality. It's the brand, if you will, that makes you different and more desirable

than the competition. What's your unique selling proposition (USP)? Figure it out. And use it.

- Don't play it safe – You can't stand out from the crowd if you don't demand attention. But using borrowed interest is not the way to get attention. You must rise above that. Remember, be yourself. And please don't fall into the trap of telling us "you care." We know. You are a healthcare provider – you are supposed to care. Tell me why I should care. Be bold.

- Spread the word – Implement a marketing communication program based on your particular set of challenges and opportunities uncovered in the homework you did. There are still only so many tricks in the bag: Public Relations – the credibility factor, Advertising – the awareness generator, Sales Promotion – the support and surge mechanism (this includes e-marketing applications.) Don't talk at your audience; engage them.

- Be accountable – You need to answer the skeptic's claim that "these patients would have come here anyway." Be dili-

gent. Benchmark awareness and perception and then re-measure it to see how you moved the needle. Awareness and market share have an almost 1:1 correlation. Make sure you are getting credit for the market gains. Track "how heard" and correlate it to your marketing. A call center can be your best friend for this.

Like Mr. Fulghum said about the simple life lessons, "Everything you need to know is in there somewhere." I won't be that presumptuous about these simple marketing lessons. In contrast, I just think it's a good idea to occasionally refresh with a look at the basics. We get so caught up in the complexities of solving our business problems, we sometimes forget the fundamentals. I hope this helps as you navigate through the storms that are brewing.

Mark Baldauf is a founding partner of Catalyst Advertising. He can be reached at (412) 381-1100, or Mark@CatalystAdvertising.com.

Marketing Profile

Susan Galvin

Director, Public
Relations/Marketing
Jameson Health System



Proudest accomplishment: Being on my own and self-sufficient at age 17.
First job: Babysitting, then newspaper route (80 homes, no females at the time)

Education: Master's Public Administration, University of Pittsburgh

What skills do you need to succeed in your job: Communications skills, ability to relate to individuals at all levels, diplomacy, political correctness, creativity, ability to think outside the box, and patience.

Work habit you possess that you are most proud of: Tenacity, not letting up until the problem is solved, issue corrected, or policy changed; doing whatever it takes to move forward and improve, convincing others of the same.

Most valuable lesson you learned in your career: That sometimes you don't win, that sometimes you just have to let it go and move on because a part of what you would like to have happen is totally outside of your control.

The toughest part of your job: Realizing/accepting the above.

Your philosophy of success: Understanding what you want to do – finishing what you need to do – and having fun at what you love to do.

One of your goals: Vastly increasing the awareness and understanding by all residents within the county of all of the services provided by the hospital.

Person you most admire: My mother

Favorite book: The Grapes of Wrath

Biggest challenge confronting healthcare: Health insurance coverage for all, reimbursement to providers, threat to hospitals with growing number of mini-clinics/other services.

Suggestions on how you would solve a particular problem in healthcare: Consider monetary "rewards" for those who practice healthy eating, behaviors that minimize/reduce risks for health conditions and/or complications (maintain healthy weight, don't smoke).

Your predictions on the future of health care: No easy solutions are apparent. All hospitals and especially smaller hospitals will continue to face challenges related to competition, adequate reimbursement, recruitment/staffing. We will have to continue to better and more aggressively educate our youth on healthy lifestyles. The trend toward obesity and diabetes threatens their lives yet they will hold the only key to reversing the epidemic. Additionally because of the world we now live in, inevitably all hospitals will learn and re-learn from disaster planning/response.

Best thing about healthcare in Western Pennsylvania: Hospitals in Pennsylvania have a willingness to work together to face challenges collectively that I am not sure is happening in other states.

Worst thing about healthcare in Western Pennsylvania: I think all states are wrestling with the same very challenging issues with no apparent answers yet available. Pennsylvania is a progressive leader right now in evaluating possible solutions. Government intervention and assistance, however, is sometimes viewed by both legislators and health care professionals alike as advantageous and dangerous at the same time. Although the public's best interests are always a driving force, I think that the dynamics and complexities that are encountered on a day to day basis in health care are not always completely understood by those outside the industry.

What advice would you offer young people considering a career in health care: It's the most rewarding field in the world but you must have the patience, the physical energy, and the emotional fortitude to withstand its challenges long-term.



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Healthcare Websites and the Internet

Evaluating Healthcare Websites and the Internet

A customer walked into his pharmacy carrying an armload of information pulled from the Internet. "Why am I not getting this dosage?" he asked. The pharmacist looked through the information the customer had brought and replied, "Because you aren't a horse."

The Internet has made it easy for both health care providers and consumers to access increasing quantities of information on just about any topic. While personal research can help open lines of communication between doctors and patients, the story above illustrates the importance of evaluating that information for relevance, accuracy, and validity when making decisions about the care of individual patients. Elizabeth LaRue, PhD, MLS, AHIP, assistant professor in the Department of Health & Community Systems, is working on several tools to help.

SPAT, one of the tools developed by LaRue, helps healthcare providers and consumers evaluate the accuracy, validity, and relevance of information found on the Internet. SPAT is an acronym for Site, Publisher, Audience, and Timeliness, the four components of information. "Dot com (.com) sites may be sponsored by manufacturers or advertisers who provide information, unsubstantiated by scientific evidence, with the goal of promoting their product or service," says LaRue. The SPAT tool prompts users to ask, "Is the Publisher or author of the information stated, credible, and do they cite reliable references? Is the Audience for the text on the web page appropriate for the reader – not using medical terms or biased? Does the reader understand all the words? And finally, is there a date on the document or site to indicate the timeliness of the information?"

"SPAT is fast, easy to use, and memorable," says LaRue. "Nurses can teach patients and their families to use SPAT when taking information from the Internet. It helps consumers realize that they need to evaluate the evidence presented when making decisions about care."

It might seem obvious that people are not horses, but without evaluating the relevance, accuracy, and validity of healthcare information, errors and misconceptions will occur. Consequences from using poor information are significant when making decisions about the health care of individual patients. LaRue is making it easier.

Elizabeth LaRue, PhD, MLS, AHIP, informatics academic coordinator, Department of Health and Community Systems at the University of Pittsburgh School of Nursing, can be reached at (412) 624-3801 or EML17@pitt.edu.



Elizabeth LaRue

E-mail Between Physician and Parent Improves Communication and Can Lead to Better Pediatric Care, Children's Hospital Study Finds

E-mail communication between a parent and physician improves the health care experience for families of pediatric patients and can improve patient care, according to a study by a Children's Hospital of Pittsburgh of UPMC rheumatologist.

The study by Paul Rosen, MD, MPH, MMM, clinical director of the Division of Pediatric Rheumatology at Children's, found that parents who have e-mail access to their child's physician report improved communication and care.

According to a Harris Interactive report, 90 percent of patients would like the ability to e-mail their physician, however, only 10 percent of physicians and up to 30 percent of pediatricians are using a patient-physician e-mail system.

"E-mail is an important tool our patient families very much want to use," said Dr. Rosen, an assistant professor of Pediatrics at the University of Pittsburgh School of Medicine. "It shouldn't replace face-to-face visits or phone conversations for urgent or time-sensitive medical concerns, but it can be a very effective tool for improving communications with patients."

Over a two-year period ending in April 2006, 121 patient families from Children's Division of Pediatric Rheumatology utilized a physician e-mail service, generating 848 e-mails. Data recorded on each message included its level of urgency, subject, volume, time received and physician time spent responding to the e-mail. Parents were instructed to make e-mails concise and not to use e-mail for an emergency. The study authors also recorded similar data on parent questions called into the office via the telephone. After one year, families were mailed a 12-item satisfaction survey.

Memorial's "Hotspots" Offer Free Internet Access

On the heels of Memorial Medical Center's physicians and staff adopting electronic medical records in February, the facility has now turned its attention to increasing connectivity for patients and visitors. Memorial is leading the way among West Central Pennsylvania hospitals by offering free facility-wide Internet access in locations called Internet WiFi Hotspots.

"We have a comprehensive and high-security wireless network built into our Information Technology infrastructure at Memorial. The private Memorial wireless network is relied upon by employees and physicians to perform their jobs," says Joe Dado, Chief Information Officer, Conemaugh Health System. "At the same time, we realize the value of Internet access for patients and their family members to stay informed and connected while they're at the hospital as a patient or visitor. As part of a recent network upgrade, we were able to incorporate public Internet access into our wireless network infrastructure in a way that does not interfere with Memorial's network."

Internet WiFi Hotspots are currently located at both Memorial's Main and Lee Campus in areas such as the lobbies, cafeterias, patient/family waiting areas and all inpatient rooms.

"In addition to patient rooms, we strategically located Hotspot access in many high traffic patient and visitor areas throughout both campuses," says Dado. "We feel this service will be a very helpful and invaluable asset to the community, and we are unaware of any other hospital in our region offering such a comprehensive service."

When using a laptop or WiFi-enabled smartphone in the hospital, the user can easily connect to the "CHS_Guest" wireless network, which is separate from the proprietary network utilized by hospital personnel.

"The two networks are completely segregated," says Dado. "Therefore there is no threat that unauthorized individuals could obtain access to private or secure hospital information through the Internet WiFi Hotspots."

Plans are in the works to extend the Internet WiFi Hotspots to patient and visitor areas at Conemaugh Health System's other member hospitals, Meyersdale Medical Center and Miners Medical Center located in Hastings.

Web Site Updated to Reflect KaneCare

Plastic surgery isn't a core competency for the John J. Kane Regional Centers, but its Web site recently underwent a major facelift.

At the direction of Kane's leadership, the Web site has gone through a major transition to make it more informative and user friendly. Dennis Biondo, executive director of the John J. Kane Regional Centers, said that a Web site is often the first point of contact with the public for any organization, and he felt the site should reflect Kane's high level of care.

"In today's world, having an effective Web site is an absolute necessity," Biondo said. "With the changes that have been made to our site, it more accurately reflects who we are as well as our level of commitment to better serving our community."

The site (www.kanecare.com or www.kanecare.org) was redeveloped by Allegheny County's Web developing staff. Cindy Dockman, Webmaster for Allegheny County, said a new content management system allowed them to be more creative with the site as well as making it easier for Kane personnel to update the site as information changes.

Dockman said the basic approach the staff took in redeveloping the site was to make it reflect Kane as the caring institution that it is. The rough, harsher edges have been smoothed out and an easy-to-use menu makes locating pertinent information simpler for any level of Web user.

"We wanted to make it a little friendlier for folks visiting us online," Dockman said. "It's a difficult situation when you have a loved one who needs this kind of care, so we want to make every aspect of the Kane experience as convenient as possible. We also softened the appearance of the site to make it look less institutional; less governmental. We used softer backgrounds and used the hand over the heart logo to make it a little bit more welcoming and easier on the eyes."

The site is also used to give visitors a slice of what life is like at the Kane centers. Following the "Our Scrapbook" link takes visitors to a page that shows residents interacting with one another as well as staff and volunteers in many of the wide variety of activities that take place at Kane on a daily basis.

Charlene Flaherty, director of admissions for the John J. Kane Regional Centers, said the site is also more user friendly to the staff and will enable them to keep up with all information updates as they arise. In addition, Flaherty believes the site holds the potential to be even more helpful to visitors as its development continues.

"We'd even like to add some more improvements as we move forward," Flaherty said. "I'm hoping the next step will be providing a virtual tour of our facility online, but that's something that is still in the planning process."

In addition to the two direct addresses for the Kane site, it can also be found by visiting the Allegheny County Web site, www.alleghenycounty.us.

Visit us online at www.hospitalnews.org



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Big Change in Employment Eligibility Verification Affect Healthcare Providers

The U.S. Citizenship and Immigration Services has just made a change that affects every healthcare provider in western Pennsylvania and across the country.

In early November, the immigration service changed the list of documents that it will allow employers to accept as proof of legal residency for form I-9, which verifies employment eligibility. The change is noted on a brand new I-9 form.

The new regulation removes five documents that were previously on the list as okay to accept as proof of identity and employment eligibility.

- Certificate of U.S. Citizenship (Form N-560 or N-561)
- Certificate of Naturalization (Form N-550 or N-570)
- Alien Registration Receipt Card (I-151)
- Unexpired Reentry Permit (Form I-327)
- Unexpired Refugee Travel Document (Form I-571)

The new form does add one document to the list of approved proofs of identity, the new form I-766, which is a card issued to aliens who are authorized to work temporarily in the United States. Other approved documents include an expired or unexpired U.S. passport and a perma-



BY JOEL PFEFFER, ESQ.

nent residence card, among others.

Every employer must have new employees fill out a I-9 form, and then keep it on file for three years after the employee starts or, if the employee leaves before three years is up, an additional year after employment ends. Failure to have completed I-9 forms on file can lead to stiff penalties.

Healthcare providers must examine the documents presented by employees and, if they appear to be reasonably genuine and relate to the person presenting them, they must accept them. If a document does not

appear reasonably genuine and relate to the person presenting it, healthcare providers should not accept it.

Employees must present original documents, not photocopies. The only exception is a certified copy of a birth certificate.

A healthcare provider may terminate an employee who fails to produce the required documents, or a receipt for a replacement document (in the case of lost, stolen or destroyed documents), within three business days of the date employ-

ment. If an employee has presented a receipt for a replacement document, he or she must produce the actual document within 90 days of the date employment.

The new form instruction will become effective as soon as a notice is published in the Federal Register, but the immigration service wants employers to start using the new form right away.

Joel Pfeffer, an attorney at Meyer, Unkovic & Scott LLP, can be reached at jp@muslaw.com.

Help Family and World with Charitable Lead Trust

Balancing your financial objectives can be tricky when you want to donate funds to one of your favorite charities but also want to protect your family's future well-being. You may not have enough disposable income to achieve both objectives independently.

One solution is to have the same funds do "double duty" through a charitable lead trust. In a nutshell, with a charitable lead trust the charity receives a steady stream of income for a set period of time. At the end of the trust term, the funds go to the beneficiaries you have designated, such as your spouse, children or grandchildren.

A charitable lead trust is the opposite of a charitable remainder trust. With a charitable remainder trust, the beneficiaries are entitled to an income interest for a specified period of time, while the charity receives the trust funds at the end of the term.

Unlike charitable remainder trusts, however, there generally is no income tax deduction for donating property to a charitable lead trust. The exception is when you may claim a charitable deduction for the present value of the charity's interest if you are willing to be taxed on the trust's income.

The gift- or estate-tax deduction makes it possible to transfer the remainder interest to family members at a relatively low tax cost. Taking this and various other factors into account, the children can wind up with an amount close to what they would have received if they had been given the property outright.

Consider, however, that the estate- or gift-tax deduction is allowed only if the charity's interest is either an annuity or unitrust interest. An annuity interest requires fixed annual payments. On the other hand, a unitrust requires payment each year of a fixed percentage of the trust assets. The trust term can last for a fixed number of years or the life of the donor, donor's spouse or a lineal ancestor (or spouse) of all of the remainder beneficiaries.

One possible advantage of an annuity-type trust is that the beneficiaries may ultimately cash in on the appreciation of the trust assets. Conversely, if the trust does not earn sufficient funds to cover the charity's payments, it will have to dip into the principal. With the unitrust arrangement, changes in the value of the property have no such effect. Furthermore, the deduction for an annuity-type trust is determined by a special IRS table. These figures are adjusted each month to reflect changes in interest rates. The lower the interest rate goes, the greater the deduction for you or your estate.

A charitable lead trust may be established during your lifetime or through a will (frequently called a "testamentary" trust). No matter which type of trust is utilized, the family benefits from a gift- or estate-tax deduction.

One potential caveat: the IRS recently announced that it is targeting charitable trusts it considers "abusive." In other words, the trust cannot be all form and no substance. Be careful to adhere to all the technical requirements the IRS sets for a qualified charitable lead trust.



BY PAUL RUDOY, CPA/PFS

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



Caring Clowns Add Life to Years at Passavant Retirement Community

BY DAVE MARKO

If laughter really is the best medicine, then the residents of Passavant Retirement Community in Zelienople are all going to enjoy long, healthy lives!

Passavant recently organized the Caring Clowns, a group consisting of Passavant staff, residents and community members who have volunteered their time to be trained on how to become a clown to bring joy and laughter to everyone they meet.

And so far, the results have been, well, hilarious.

Kathie Morrow, Passavant's outreach coordinator, and Cathy Reid, activities specialist, are leading the program.

"The only prerequisite we ask of our clowns is that they want to make people

laugh and that they can be right 'in the moment' with each resident or patient. Fifteen minutes of laughter to someone who is ill, bedridden or with no family is a godsend to them," Kathie said. "And our volunteers are finding they are getting back as much joy and laughter as they are providing. Everyone has really been getting into the spirit of the program."

Cathy had a good head start on being a clown - she was named "Class Clown" in college - while Kathie had already created numerous fun days on the Passavant campus, such as Hootie Hoo Day, Change Your Name Day, Give Someone a Hug Day and her signature, every-Tuesday special, Crazy Shoe Day. Both women attended Pittsburgh Performing Arts Ministries workshops, where they learned other related activities such as juggling, puppeteering, balloon making, improve techniques and makeup application.

Several residents, including Marie Musser, Doris Scheidemantle, Linda and George Richards, Ada Spithaler and George Ford, have joined the "clown ranks," setting the tone for other residents to join in

the fun. Several Passavant staff members are also actively involved.

Training sessions last approximately an hour and a half and go for four weeks. While the emphasis is on having fun, "volunteers are quickly finding out there is a lot to learn," Kathie said. "It's a commitment even though it's all about fun."

The women are also creating roles and scenarios for two clown visits. "We've found that we can expand our routines by interacting with one another, so we are writing more jokes and skits for two clowns," Cathy said. A "Humor Cart" - loaded with fun games and lots of surprises - that will be pushed around the Passavant campus is also in the works.

"Someone once said that laughter can't add years to your life but it can add life to your years, so the program fits in with our philosophy of creating an abundant life atmosphere on Passavant's campus and hopefully throughout all of Lutheran SeniorLife's campuses," Kathie said.

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The Journey to Improve Hospice Care in America

The mission of a hospice can not simply be a statement on the wall but must be an active component of an organization. At a not-for-profit hospice, all strategic planning and decisions are driven by the mission. The services provided by a hospice do not lead to the mission — they are the mission and the purpose of the organization. Not-for-profit hospices are mission driven — evaluating a business plan and policies by what is best for the patient, family, and community.

A hospice's mission should be reflected in every decision, whether it is the architecture of a new building or the implementation of a new technology. Recently, Family Hospice and Palliative Care opened the new Center for Compassionate Care. The goal of providing comfort and compassionate care to each patient and family is reflected in every aspect of the new building. Many rooms have direct access to beautiful gardens so that patients can feel connected with nature. There are overnight accommodations for out-of-town guests so that loved ones can remain close to the patient. By locating The Center in a serene, residential

neighborhood, even the setting mirrors the hospice philosophy of living.

It is not enough to have the physical environment, technology, and printed materials reflect the mission. All people connected with the not-for-profit organization have to buy into the mission and feel a personal connection to it. At a hospice, the clinical team members are connected daily with the mission through the care they provide directly to the patient and family. Creating this relationship is more of a challenge for office staff who may not routinely interact with patients and families. When Family Hospice and Palliative Care designed its new inpatient hospice unit, it was located in the same building as the administrative offices. The proximity of the inpatient unit will bring the administrative staff closer to hospice's mission of care and comfort.



BY RAFAEL J. SCIULLO,
MA, LCSW, MS

Not-for-profit organizations are unique in that they bring together many different constituencies (patients, providers, volunteers and funders). It is equally important to build and maintain a link to the mission for all that are connected with hospice. All volunteers must be reminded through direct patient visits, or through stories of care, of how the hospice mission is carried out with each patient and family. At Family Hospice and Palliative Care, the

Board of Directors meetings are held at The Center for Compassionate Care so that the board members are reminded of the hospice's mission of care. Finally, it is necessary to keep the community at large, the donors, and the referral sources connected to the mission of a hospice. The mission is a constant reminder of why it is important to raise money for programming, why it is

imperative for a particular patient or family to have hospice services, and why there is a continual need for public support and advocacy for hospice services.

At a mission-driven hospice, everyone must be connected to the purpose of the organization. For many hospices, like Family Hospice and Palliative Care, the mission is central to the services and programs. The mission is reflected in every patient visit, every discussion with a physician, and every community presentation about hospice care. Decisions about the physical layout of an inpatient hospice unit, the look of a web site, and the orientation of the staff should all reflect the dedication to the guiding principles of a hospice. In the end, having the mission woven throughout the many parts of a hospice makes the hospice a stronger organization with greater ties to patients, families, referrers, and the community.

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

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CODE... Security Tips for the Healthcare Industry

Seven Area Healthcare Facilities to Compete for Healthcare Security Awards

There's no question that security staffs play ever-increasing roles in the day-to-day operation of most healthcare facilities. Oftentimes, they are the first people that patients, staff and visitors see when they visit your facility; and also, the last ones they see when they leave. They enhance the feeling of safety and security in areas of higher vulnerability, including parking lots, emergency rooms and even hospital nurseries. In areas where security personnel aren't always visible, security, fire alarm, access control and video surveillance systems also provide an added measure of reassurance. The role of security is not always viewed to be as important as a healthcare facility's reputation for care, cutting edge technologies, cleanliness and results. However, it is increasingly becoming a contributing factor in the overall equation which makes a healthcare location more or less attractive to both patients and staff members.



BY LARRY SHOOP

That's why Vector Security, in association with Hospital News created an awards program designed especially to honor individuals whose collective efforts serve to keep those you serve and your colleagues safe and secure within the work environment. The winners of these four awards will be announced during February of 2008. Healthcare security departments and personnel from Western PA and Eastern OH, which make up the subscriber base of Western Pennsylvania Hospital News, were encouraged to submit applications. The award categories will be as follows:

1. Healthcare Security Executive, Director or Manager of the Year (1 award)

This award will be given to the Healthcare Security Executive, Director or Manager who has been the most effective

in his or her role. Qualifications for this award would include excellent planning of or administration of a new security program; the successful deployment of new security technologies; achieving a unique level of leadership within the organization; personal dedication to a security or life safety advocacy cause or association; reaching high goals or performance levels in the execution of the facility security plan; or actions taken during a highly volatile security incident. Submitted items could include those which impact the life safety of patients, staff or the community at large.

2. Healthcare Security Department of the Year

This award will be given to the collective security department which has performed its job best as a department, rather than as individuals. Qualifications for this award would include achieving high goals or performance levels by acting as a team; a specific team-oriented program which provides a higher level of security and safety to the facility's staff, patients or visitors; team dedication to a security or life safety advocacy cause or association; or exemplary actions as a team during a highly volatile security event.

3. Healthcare Security Officer or Staff Member of the Year (1 award)

This award will be given to a single member of a healthcare facility's security staff ? to include a security officer, clerical person or front line manager ? who has demonstrated an exemplary performance level in the execution of his or her job. Qualifications for this award would include achieving high goals or performance levels, personal dedication to a security or life safety advocacy cause or association, or exemplary action during a highly volatile security event.

4. Healthcare Security Best Practice of the Year

This award will be given to the healthcare facility which has deployed the most highly effective security or safety program or "best practice." Qualifications for this award would include items such as the development and implementation of a highly effective hiring or training program which has produced exemplary results in terms of officers'/staff members' performance, career enhancement and higher

retention levels; the application of new technologies or the "marriage" of new technologies with highly trained officers to achieve higher performance levels; or the development of a new program which itself has brought about new levels of security and safety.

We are please to report that we have received pre-submission applications from a total of seven healthcare facilities located in Western Pennsylvania, Eastern Ohio and Northern West Virginia. The facilities which have submitted applications are as follows:

1. Aultman Hospital, Canton, OH
2. Children's Hospital of Pittsburgh of UPMC, Pittsburgh, PA
3. Hamot Medical Center, Erie, PA
4. Uniontown Hospital, Uniontown, PA
5. UPMC Presbyterian Hospital, Pittsburgh, PA
6. West Penn Hospital, Pittsburgh, PA
7. Monongalia Hospital, Morgantown, WV

Four of these healthcare facilities have indicated they will be submitting entries for multiple awards. Here are the numbers of submissions anticipated for the various categories:

Security Executive of the Year	3 Submissions
Security Department of the Year	7 Submissions
Security Officer of the Year	2 Submissions
Security Best Practice of the Year	4 Submissions

We are encouraged by the level of participation we have received from the healthcare community for the first year of our awards program and want to thank those listed above for finding an interest in the program and its goals.

The winners of the 2007 Hospital Security Awards Program will be announced at a luncheon held in honor of all submitters scheduled for late February 2008.

Larry Shoop is the Business Development Director at Vector Security's Pittsburgh branch office. He can be reached at (724) 779-8800 ext. 1223, or by email at SecurityAwards@vectorsecurity.com

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Holidays Present Challenges, Rewards for Hospice Chaplains

The baby died. She'd been born with a genetic abnormality and had lived only a few months. The family had hopes of celebrating Christmas with her, but she didn't live long enough.

When the chaplain from VITAS was asked to conduct the funeral service, he decided they should celebrate Christmas with her after all. He made her funeral service a Christmas service. The congregation sang carols, including "Silent Night" by candlelight.

This approach to a baby's funeral shows how creatively hospice chaplains often deal with the challenges of death and loss during the holiday season. By turning the baby's funeral into a celebration, her family, her VITAS team and her community came together to acknowledge a brief but meaningful life that touched many. It's what hospice caregivers and chaplains do every day, but during the holidays, it's a particularly poignant mission.

Listen and observe

A big part of VITAS' mission is to listen to patients' and families' dreams and do whatever possible to ensure those dreams are realized. One holiday season, an actively dying elderly patient who had just signed on for hospice care asked to go home to her own bed with her family at her side. The VITAS team carried out her wishes that same day.

Once the patient arrived home, four generations of her family surrounded her; her much-loved dog jumped into her bed and kissed her. Within minutes, the patient died peacefully.

A VITAS chaplain and Roman Catholic seminarian who was present with this team says working in hospice has profoundly changed the way he delivers spiritual guidance.

Quiet confessionals and the silent majesty of the nave were this chaplain's most comfortable places. But in hospice he discovered that family gatherings and loving pets don't always allow for silent reflection and meaningful conversation. Sometimes, he told me, we must succumb to the chaos and accept that what takes place at the bedside is intimate—even if it doesn't appear so.

In another case, a rapidly declining patient was waiting for her first grandchild to arrive from the West Coast for the



BY MARTHA RUTLAND,
D MIN, BCC, ACPE

holidays. The baby's family was delayed several hours, but the patient kept saying, "I hear the baby crying." Her anxious family explained that the baby hadn't arrived yet, but the patient repeatedly insisted that she could "hear the baby."

The VITAS chaplain intervened, reassuring the patient that her grandchild was coming. The chaplain taught the family to offer comfort rather than correction. By the time the grand-

child arrived, the grandmother had slipped into unconsciousness. Nonetheless, the baby was placed in her arms, and pictures of their faces side-by-side remind the family of the generations of love shared.

Honor the season's tastes and sounds

A VITAS chaplain and rabbi brings his wife with him during the High Holy Days to visit his patients who live in nursing homes. His wife blows the shofar, a traditional Jewish horn, and they both sing songs and share rituals of remembrance.

The rabbi has noticed that, in addition to his VITAS patients, the facility staff members and other residents tend to gather around. Patients sitting in wheelchairs with their eyes closed often come alive, their eyes growing bright with the awareness of a sacred occasion.

Another VITAS chaplain, who is from the Philippines, tells me that, when he talks about the holidays with his patients and families, he remembers food. In his culture, the favorite foods of deceased family members are cooked in their honor during the holidays and on special occasions. A plate is prepared for them in their memory. This is a way for the living to reconnect with the departed.

Create Rituals

Not every custom is for everyone. Each patient and family member must create ways to make the holidays meaningful. That's where hospice chaplains come in; by listening and observing, they help patients and families identify the best ways to celebrate the holidays—even as they face death and loss.

Martha Rutland, D Min, BCC, ACPE, Director of Clinical Pastoral Education at VITAS Innovative Hospice Care®, can be reached at (305) 350-5946.

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2007 A YEAR IN REVIEW

The Health Hope Network: A Year in Review

The Health Hope Network hosted its first annual Stroke Symposium geared towards survivors in May of 2007.

"This symposium is unique as it was created with stroke survivors in mind...it is not a forum usually suited for medical professionals to exchange information ... instead it is for individuals who have suffered from a stroke. This is the first symposium of its kind in Pittsburgh," stated Carol Glock, Education and Marketing Director for the Health Hope Network.

Stroke survivors from the Pittsburgh area were invited to participate. The function included professional speakers, a panel discussion, lunch, vendor booth displays and a great opportunity for empathetic exchange among those attending.

These are the four speakers who presented at the Symposium and the topics they addressed:

- "What's New in Stroke 2007," presented by Ashis Tayal, M.D., Assistant Professor of Neurology, Medical Director - Comprehensive Stroke Program at Allegheny General Hospital
- "Coping with Cognitive & Behavioral Changes after Stroke", presented by Carol

Schramke, Ph.D., Director of Behavioral Neurology, Department of Neurology AGH, Associate Professor of Neurology Drexel University College of Medicine

- "Prognosis of the Stroke Patient: What is next?"- Catherine Birk, M.D., Physical Medicine and Rehabilitation, Medical Director of Neuroscience Program, HealthSouth Harmarville Rehabilitation Hospital

- "Financial Panel Discussion - Impact of Stroke"- Lynn O'Donnell, BSN, RN, CRRN, CBIS, Primary Nurse Care Coordinator for the Stroke & General Rehabilitation Unit at South Side Hospital

"This symposium and the Stroke Survivor Connection program are wonderful ways to reach out to the public," stated Glock. "Between the years 2004-2006, there were 3921 people who had a stroke in Allegheny County. We have about 200 people who participate in our program. That means we only reach about 5% of the stroke population. We want to see that number increase."

The Stroke Survivor Connection is a program that strategically helps stroke survivors with a mind, body and wellness approach. Participants of the group meet



Attendees at the Health Hope Network's first annual Stroke Symposium.

weekly and provide emotional support; learn how to exercise for their particular needs; work on re-acclimation and socialization skills; as well educate themselves with information specific to surviving strokes.

The 2008 Stroke Survivor and Caregiver Symposium will be held on Saturday, May 3rd at the Sheraton North in Cranberry. For more information, call (412) 937-8350.

Citizens Bank and WPXI-TV named Health Hope Network as its third quarter Champion in Action under the category of community healthcare. Health Hope Network received a \$25,000 grant from the Citizens Bank Foundation and extensive volunteer and promotional support from Citizens Bank and WPXI-TV.

"Citizens Bank is pleased to join WPXI-TV in naming Health Hope Network as our newest Champion in Action," said Ralph J. Papa, president of Citizens Bank of Pennsylvania. "Under the leadership of Executive Director Dotti G. Bechtol, this tremendous organization strives to create environments that foster hope, professionalism, opportunity and excellence that enhance the quality of life for seniors and at risk populations."

"As an organization committed to the community, WPXI-TV is proud to partner with Citizens Bank to honor Health Hope Network" said Ray Carter, WPXI-TV's general manager. "On behalf of WPXI-TV, I congratulate the leadership, staff and volunteers of Health Hope Network on this honor and thank them for all they do to support

stroke victims and their families in our community."

What makes Health Hope Network a Champion in Action?

- Through the Stroke Survivor Connection program, the organization takes a leadership role in addressing the healthcare needs of seniors and at-risk populations.
- Provides free therapy and support to stroke survivors and their caregivers at 30 sites in the Greater Pittsburgh area. Their program meets for three hours, once a week, and provides a holistic approach to helping stroke survivors enhance their daily lives.
- Through FLU B-GONE, Health Hope Network is the leading provider of flu shots to Allegheny County. Staffed by volunteer nurses, Health Hope Network sets up annual clinics throughout southwestern Pennsylvania to ensure that the vaccine is available and affordable to those who need it.

"We are honored to be recognized as a Champion in Action," said Dotti Bechtol, executive director for the Health Hope Network. "At Health Hope Network we are positively impacting the quality of life for stroke survivors and their families by creating programs that enrich the mind, body and spirit."

More information on the Health Hope Network and the Stroke Survivor Connection program can be found online at www.healthhopenetwork.org.



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West Penn Hospital Foundation Raises \$8.7 Million; School of Nursing Renovation in Progress

The Western Pennsylvania Hospital Foundation's "Touching Tomorrow" capital campaign has successfully raised \$8.7 million, of which \$6 million will be used to renovate The Western Pennsylvania Hospital School of Nursing. More than 1,000 donors gave generously to provide future students with an exceptional learning environment.

The renovation aims to preserve the charm and history of the 83-year-old building and honor its legacy, the generations of nursing students who went on to provide the best and most compassionate care to patients both locally and globally.

At the same time, the renovation will create a welcoming, modern environment for students in a program that is enjoying unprecedented popularity. Enrollment at the West Penn Hospital School of Nursing has more than tripled since 2002.

"Our donors have made an important investment in quality nursing care," said B.J. Leber, President of The Western Pennsylvania Hospital Foundation. "They truly embraced the concept of our capital campaign's theme, 'Touching Tomorrow.' We thank them for their generosity, which will benefit nurses and patients for many years to come."

The remaining \$2.7 million has been or will be used for a variety of other projects

including support for West Penn Hospital's medical library.

The School of Nursing's classrooms, residential spaces, common areas and exterior are all in need of significant structural improvements. The six-story building needs a sprinkler system, a handicapped-accessible ramp and an elevator.

Renovations will also make the building more energy-efficient, reduce operating costs, and make residential, administrative and classroom spaces more functional and inviting.

Already a number of projects are complete, including replacement of all windows and lintels, asbestos abatement, masonry and terracotta repairs, replacement of the main roof, gutters and downspouts, as well as new roofs, ceilings, floors and railings for two side porches, and excavation needed to provide drainage and basement water abatement.

Renovations currently in progress include installation of a handicapped accessible ramp and a new elevator.

Plans are now underway for the second phase of the renovations, which will include upgrading the building's bathrooms and showers, kitchens, lighting, and cosmetics, installing sprinkler and alarm systems, adding wireless network, renovating classrooms and dorm rooms, and replacing furniture and equipment.



"With these important renovations in place, we will be better able to attract, retain and serve future nursing students," said Nancy E. Cobb, Director of the School of Nursing. "We are grateful for our donors' foresight and generosity."

A recent major renovation made room for the new STAR Center: The Simulation, Teaching and Academic Research Center at The Western Pennsylvania Hospital. This state-of-the-art training facility for nurses, medical students and other healthcare professionals was made possible

by a \$500,000 grant from the Highmark Foundation, a \$105,000 grant from The Western Pennsylvania Hospital Foundation, and a \$97,500 Workforce Grant from the Commonwealth of Pennsylvania.

Medical simulators are anatomically realistic models of patients that provide highly realistic training experiences for nursing and medical students. Simulators are the "gold standard" of health education today and ultimately enhance patient safety as well as student training.

Hamot Medical Center Committed to Providing Healthy Lifestyles

As the Northwest region's leading healthcare provider, Hamot Medical Center is committed to promoting healthy lifestyles. Organizational decisions made at Hamot continually reflect and reinforce this commitment. Recently, Hamot launched a tobacco-free initiative that created a healthier environment for patients, visitors and employees. Hamot's new policy in addition to supporting a tobacco-free campus included another unique component: a shift-free workplace, a provision that prohibits tobacco use during an employee's entire shift.

Prior to the formation of the new tobacco-free policy, members of Hamot's staff expressed concerns that Hamot's message as a leader in the promotion of healthy lifestyles conflicted with the use of tobacco on its property. At this time, an internal task force was organized to review and possibly modify Hamot's existing tobacco policy.

After researching tobacco-free campus initiatives implemented by healthcare facilities throughout the nation, the task force realized that its similarly proposed policy did not meet all of the objectives the committee had set forth. As written, this policy would increase the probability that tobacco users, mainly Hamot employees, would leave the Hamot campus to smoke or use tobacco on neighboring properties and sidewalks. This was identified as a potential problem that would counter Hamot's mission to be a leader in the promotion of healthy lifestyles.

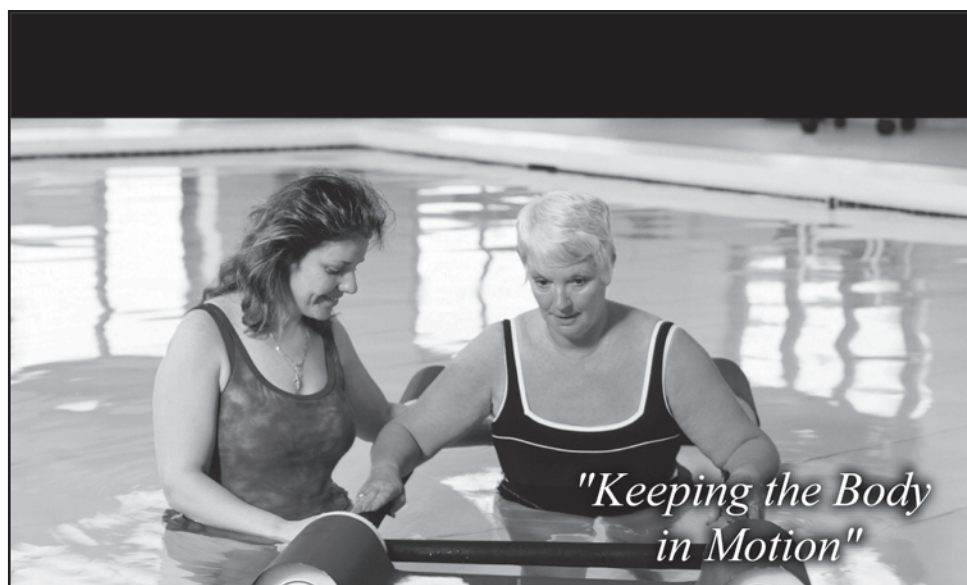
After months of discussion, as well as input gathered from employee surveys and focus groups, the task force recommended that policy supporting a tobacco-free campus as well as a shift-free workplace would best way to accomplish its goals. Administration agreed and implemented the new policy on November 15, 2007.

A tobacco-free, shift-free workplace:

- Promotes healthy lifestyles for employees, patients and guests by eliminating exposure to second-hand smoke.
- Promotes healthy lifestyles for employees, patients and guests by not permitting their tobacco use during the work day.
- Enhances patient satisfaction by decreasing the smell of smoke on employees.
- Enhances employee compliance with break guidelines.
- Provides managers with an enforceable policy in clear and comprehensive terms.
- Allows Hamot to continue being a good neighbor.

Recognizing that a request of staff to refrain from smoking or using tobacco during the workday would present a difficult challenge to many, Hamot offered employees and any spouses interested in quitting, several smoking cessation tools and classes, as well covered the costs of specific medications and therapies. In total, Hamot invested approximately \$35,000 in the program and helped nearly 300 employees and spouses quit using tobacco.

Hamot encourages all Pennsylvania hospitals to join the efforts to promote healthy lifestyles by making decisions that benefit their communities.



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2007

A YEAR IN REVIEW

A Year in Review

Innovative and exciting is how I would describe the last year at the Robert Morris University School of Nursing and Health Sciences. Our school has expanded to include new Bachelor of Science in Nuclear Medicine Technology and Doctor of Nursing Practice degree programs. These new programs join the existing undergraduate and graduate programs in nursing and help address the need for advanced education for today's health care professions.

Health care education programs must educate professionals in disciplines of expanding science with a commitment to evidence-based practice. How best to educate health care professionals? This is ongoing debate. An important part of that discussion is focused on the preparation of professionals that best serve the needs of health care consumers. National organizations recommend a curriculum for the education of health care professions that emphasizes patient-centered care, interdisciplinary teams, evidence-based practice, quality improvement and informatics. The health care needs of the nation include a focus on staying healthy



BY LYNN GEORGE,
PH.D., RN

and improving the quality of life throughout the lifespan, and that includes end of life. Quality of care for consumers needs to be patient-centered, safe and effective.

Our culture of health care has shifted to one of increased individual responsibility for health with a corresponding need to educate and inform. The participation of health care consumers in the process of health care delivery presents new challenges for both consumers and health care providers. Health care professions need to be educated to provide patient-centered care that is evidence-based. Clinical expertise is essential but not sufficient. The ability to be an effective communicator in an interactive relationship with health care consumers is also essential to safe patient-centered care. As educators we must develop curricula that prepare professionals with both advanced clinical and communication skills. The interdisciplinary nature of today's health care system includes not just other professionals but also the clients they serve.

Finally, communication involves not just interactions with others but also the

ability to access information. The utilization of information technology to improve care within health care systems is an essential component of any educational program for health care professionals. Students enrolled in education programs must have education and experiences that include the utilization of technology. Education is about changing lives and enhancing the perspective of those who engage in the process. As educators, we must engage in ongoing evaluation of the content and focus of our curricula in order to provide health care professionals with the education that best prepares them for their professional careers.

As I reflect on how fast this year has passed. I am inspired by the direction of our University. A relative newcomer to the world of health care education, Robert Morris University has launched successful programs in nursing and now nuclear medicine technology. These programs are based upon the recommendations from national organizations and the knowledge of those charged with developing them. It has been an exciting year, and I look forward to the next one as we grow these and other programs that provide the necessary education for clinicians and educators in a "culture of clinical scholarship."

Lynn George is interim dean of the School of Nursing and Health Sciences at Robert Morris University. She can be reached at george@rmu.edu.

Mount Nittany Medical Center Brings Life-Saving Capability to Centre County

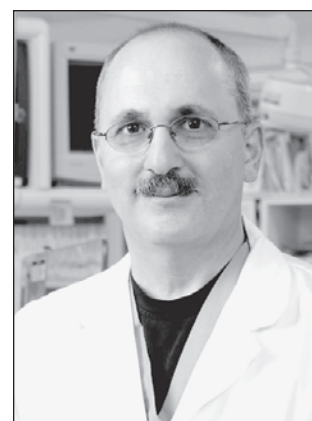
Mount Nittany Medical Center recently announced the enhancement of the cardiac catheterization lab to now perform cardiac interventions. Richard P. Konstance II, M.D., and Albert R. Zoda, M.D., interventional cardiologists of Centre Medical and Surgical Associates, helped to enable the Medical Center to perform cardiac catheterizations and percutaneous coronary interventions (PCI).

Steven M. Ettinger, M.D., interventional program director of Penn State Milton S. Hershey Medical Center, spearheaded the program and training provided to the interventional cardiologists. He has been a professor of cardiology for more than 18 years at Penn State University, and currently teaches and supervises cardiovascular fellows and interventional cardiology fellows for Penn State University at the Milton Hershey Medical Center.

The Medical Center established the cardiac catheterization lab in 2000 primarily for diagnostic services and recently enhanced its capabilities to include interventional procedures. The development of this program is a result of the successful integration of talented healthcare professionals, in affiliation with Penn State Heart and Vascular Institute and in collaboration with Centre Medical and Surgical



Dr. Richard P. Konstance II



Dr. Albert R. Zoda

Associates.

Zoda became credentialed to perform cardiac procedures at Mount Nittany Medical Center in 2000 and has been a key contributor to the success of the PCI program. Previously, he worked as a cardiologist at Heart Associates in Baltimore, MD. He completed his undergraduate degree at Penn State University, graduate degree at Villanova University, and medical school at Hahnemann Medical College. Zoda has been a fellow of the American College of Cardiology for more than 17 years and taught for more than 23 years.

Konstance recently became credentialed at the Medical Center and will join Zoda in performing cardiac procedures. He completed his medical degree at Duke

University after successful completion of undergraduate schooling at Penn State University. Konstance's post-graduate medical training includes internal medicine, cardiovascular disease and interventional cardiology from Duke University. In 2006, Konstance received the prestigious Boston Scientific Interventional Cardiology Fellowship Award and the Warren S. and Gloria R. Newman Fellowship in Cardiology.

Zoda and Konstance, along with the cardiac cath lab staff, now perform the life-saving PCI procedure to unblock the clogged arteries causing a heart attack. The Medical Center's interventional cardiac catheterization service was introduced in June thanks to advanced physician and staff training by Penn State Milton S. Hershey Medical Center. Previously, heart attack patients had to be transported to another facility.

This new service significantly reduces door-to-balloon time, the period of time between the patient's arrival at the Medical Center and when the patient receives emergency interventional procedures. Paramedics, emergency department staff, cardiologists and cardiac catheterization lab staff also must work quickly and cohesively to reduce the chance of a heart attack patient becoming a heart attack victim.

2007 Jameson Highlights

Jameson Surpasses in Quality Measures.
In a study released by the Hospital Quality Alliance (HQA), Jameson Memorial Hospital surpassed the average Pennsylvania and U.S. hospitals in selected HQA Quality Measures. The data for the study was collected from April 2005 through March 2006 and was voluntarily submitted from hospitals for public reporting. The clinical measures reported focused on heart attack, heart failure, and pneumonia and the rates were calculated based upon hospital discharges.

Jameson Hospital Receives CME Accreditation

The Pennsylvania Medical Society's Commission on Continuing Medical Education awarded a 3-year accreditation to the hospital to sponsor CME's for physicians and other allied health professionals.

Jameson Health System Adopts Smoke-Free/Tobacco-Free Policy

July, 2007, Jameson Health System adopted a campus-wide Smoke Free/Tobacco Free Policy. Patients, visitors, employees, physicians, and anyone on the Jameson campus are prohibited from smoking or using tobacco products anywhere inside or on the premises.

Jameson Hospital Receives ACR Accreditation for MRI Units

Jameson Hospital has been awarded a three-year term of accreditation for the Open Bore magnetic resonance imaging (MRI) and the closed MRI by the American College of Radiology

Commendation from American College of Surgeons Commission on Cancer

Jameson Hospital received a Three-Year Approval with Commendation following the on-site evaluation by a physician surveyor from the Commission on Cancer (CoC) of the American College of Surgeons. The Center demonstrated a commendation level of compliance in one or more standards that include cancer committee leadership, cancer data management, clinical services, research, community outreach, quality improvement, clinical trial participation, and staging compliance.

Jameson Health System Receives VHA Pennsylvania APEX Award

Jameson Hospital has been awarded the VHA Pennsylvania APEX Award (Achieving Patient Care Excellence) for

excellence in cardiac care by demonstrating extraordinary levels of clinical performance. A team was dedicated in 2003 to improve heart failure indicators in conjunction with VHA. In December 2005, Jameson received a Certificate of Excellence from VHA for successfully attaining Green Light Status for all four Congestive Heart Failure (CHF) Core Measure Indicators. The newest award is in recognition for efforts in achieving Green Light Status for Heart Failure Core Measure indicators for the third quarter of 2006. Jameson Hospital is one of 86 VHA member hospitals nationwide to receive this new APEX award.

Jameson Diabetes Receives Certificate of Recognition

The Jameson Diabetes Management Program has been awarded continued Recognition from the American Diabetes Association for three years.

Jameson Hospital Installs Cad System

Jameson Hospital acquired the ImageChecker® Computer-Aided Detection (CAD) system for use in breast cancer screening to assist radiologists in minimizing false negative readings dur-

ing mammograms. The ImageChecker CAD system is currently used in conjunction with film based and digital mammography.

Jameson Hospital Recognized as a Top-Ranked Community Value Provider

Jameson Hospital was recently named as a top-ranked Community Value Provider by Cleverley & Associates, a leading healthcare data firm specializing in operational benchmarking and performance enhancement strategies. Hospitals such as Jameson, with scores in the top twenty percent, are designated as "Five-Star" facilities

Jameson Health System Receives State-of-the-Art CT Technology

Jameson Hospital offers patients advanced, state-of-the-art CT technology with the Aquilion TM to capture precise images with pristine clarity and speed in as little as one breath hold. Chest exams that once took 20-30 minutes with standard CT scans can now be performed in just 19 seconds, allowing physicians to see internal injuries, cancer, blood clots and disease faster and in greater detail than before.

Another Year at the Forefront of Innovative Addiction Treatment Gateway Rehab's 2007 Highlights

Since opening in 1972, Gateway has, and continues to be, on the vanguard of efforts to find innovative ways to help those who suffer from the disease of addiction. Many of the practices pioneered by Gateway have been adopted by other providers across the United States.

Gateway was the first among the major providers in the country to offer variable lengths of stay for patients. Over the years, Gateway staff – most notably founder and medical director emeritus Dr. Abraham Twerski – has been invited to speak to professional organizations on new and improved treatment techniques.

In 2007, Gateway initiated a number of innovative programs. For quite some time, Gateway has provided onsite services in the Beaver County Jail, reaching inmates suffering from dual-disorders, specifically chemical dependency and mental health-related issues. Noticing that many of the men and women released from jail had no money and no jobs or homes to which they could return, Gateway initiated a partnership with the Beaver County Housing Authority and the Beaver County Behavioral Health System to acquire a little-used public housing facility in Aliquippa, the Eleanor Roosevelt Apartments, to offer temporary housing to these individuals.

Studies show that recidivism rates for people released from jail are reduced dramatically when they have this type of support; many sincerely seek to turn their lives around. Response to this program exceeded expectations: The Eleanor Roosevelt Apartments are full and plans are under way for a second such facility.

Services for youth have become a priority over the past several years for Gateway and its board of directors. The dramatic increase in drug and alcohol use at an increasingly younger age among adolescents, as well as the consequences of these actions for family, schools, and communities, have raised Gateway's concerns to the point that a capital campaign has been launched to refurbish its main campus facility and create a Youth Services Center, which, among other enhancements, will expand bed capacity from 29 to 50.

In addition to expanding this unit, Gateway recently opened Liberty Station, a 24-bed youth halfway house in South Fayette Township for boys (ages 13-18) recovering from substance addiction or abuse. This is currently the only program in the Commonwealth to offer halfway house services to adolescents who have suffered from alcohol and/or drug addiction.

Gateway also continues its efforts to encourage teens to choose positive lifestyle



choices through the Rotary-Gateway Teen Leadership Institute (RGTLI), a partnership with Rotary International District 7300. RGTLI offers qualified teenagers an opportunity for a summer experience, where they learn about the choices confronting them and the value of teamwork, and are encouraged to share what they learn with their peers.

Gateway created a research department with the goal not only of studying outcomes of treatment programs, but to improve Gateway's performance while contributing to the field in general. The research department has partnered with IRETA (Institute for Research, Education, and Training in

Addictions), as well as Indiana University of Pennsylvania and the University of Pittsburgh.

Moreover, Gateway continued to work with businesses and their employees; in the past year the Corporate Services Division raised the number of businesses its EAP (Employee Assistance Program) contracts with to nearly 100.

Overall, 2007 was a time in which Gateway responded to the growing needs of the community from a number of angles – youth, corrections patients, business – while continuing to lead the field in innovative approaches to treatment, prevention, education, and research.



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2007 A YEAR IN REVIEW

2007 Major Accomplishments at Clearfield Hospital

Since 1901, Clearfield Hospital, a 96-bed facility located in Clearfield County, has been dedicated to meeting the community's healthcare needs.

Among the services currently offered are emergency care, intensive care/telemetry units combining critical and coronary care, obstetrics, pediatrics, surgical services, ambulatory care, cardiopulmonary, cardiac rehabilitation, wound care, stereotactic breast biopsy, home health and hospice, radiation oncology, chemotherapy, nuclear medicine, rehabilitative therapies, sports medicine and social services.

Clearfield Hospital saw continued growth in 2007 as several improvement projects were completed, including:

- **Obstetrics Unit Renovations.** In spring of 2007, Clearfield Hospital completed renovations to its Obstetrics Unit. The project involved the construction of four labor, delivery, recovery and postpartum suites, in which most mothers remain throughout their stay; three private patient rooms; new furniture and equipment; and a hydro-massage whirlpool room. The improvements were made to enhance patient safety and comfort. The

newly renovated unit was named the Armstrong Birthing Center in memory of the late B. Ellen "Bert" Armstrong, a nurse and unit manager who devoted 50 years to Clearfield Hospital obstetrics.

- **Bright Horizons Inpatient Unit.** In June 2007, Clearfield Hospital opened a 10-bed inpatient unit that provides psychiatric care to older adults, ages 55 and over, who need immediate care in a secure, therapeutic setting. The medical staff cares for patients who are experiencing emotional health conditions such as severe depression, suicidal thoughts, extreme mood swings, excessive anxiety and behavioral health issues due to medication interactions, among others.

- **Emergency Department Expansion.** In November, the hospital completed a renovation project that involved converting former staff offices located near the hospital's registration waiting room into a five-bed emergency setting. This expansion complements the hospital's existing emergency department. Patients presenting with minor illnesses and injuries are treated in the new section. The goal is to address the growing emergency care needs

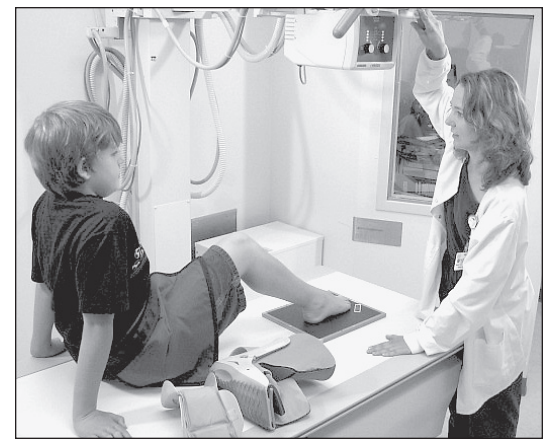
of the community and decrease waiting times.

- **Expansion of outpatient services in neighboring community.** Clearfield Hospital expanded services in neighboring Philipsburg by opening Philipsburg Outpatient Services. The office is located in the hospital's medical services facility in the Peebles Plaza. The staff provides general X-rays, electrocardiograms, blood draws and specimen collections for laboratory orders.

Also in 2007, Clearfield Hospital expanded its efforts to improve quality as it joined the 5 Million Lives Campaign, an initiative of the Institute for Healthcare Improvement. As part of the campaign, the hospital has pledged to improve procedures to: prevent Methicillin-resistant Staphylococcus Aureus; reduce harm from high-alert medications starting with a focus on anticoagulants, sedatives, narcotics, and insulin; and prevent pressure ulcers.



One of the new labor, delivery, recovery and postpartum suites.



Diane Alexander, registered technologist and POS supervisor, performs an X-ray on Hunter Galley of Lanse at the new Philipsburg Outpatient Services.

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More and More Pennsylvania Hospitals Embracing Smoke-free Campuses

More Pennsylvania hospitals are taking a leadership role in promoting patient, employee, and community health by instituting smoke-free campuses. A recent survey of acute care hospitals by The Hospital & Healthsystem Association of Pennsylvania (HAP) shows that 52 hospitals have already implemented totally smoke-free campuses. In the survey, HAP defined a smoke-free campus as a) prohibiting smoking on all hospital property (owned and leased, indoors and outdoors); and b) having no designated smoking areas on campus. According to the HAP survey, another 16 hospitals have plans to implement smoke-free campuses by the end of next year. In addition, many hospitals have already implemented, or are considering, partially smoke-free campuses.

"As keystones of health in communities across Pennsylvania, we believe that it is important to set an example for our patients, neighbors, and employees," said Carolyn F. Scanlan, president and CEO of HAP. "While the decision to adopt a campus-wide, tobacco-free environment is a local, individual decision to be made by each hospital, HAP encourages and supports hospitals' efforts to reduce tobacco use."

Scanlan noted that all Pennsylvania hospital buildings are already smoke-free, and that expansion of smoke-free environments to entire campuses is a growing trend. She added that there are many benefits that flow from the adoption of smoke-free campuses, including reduced absenteeism, more productive staff, reduced staff health care costs, greater-than-expected numbers of employees quitting smoking, and cleaner campuses. Many hospitals have implemented their smoke-free policies concurrent with free or reduced-cost smoking cessation programs for their patients and staff.

"To further support this effort, I am pleased to note that, as of November 1, HAP's Harrisburg headquarters is smoke-free," Scanlan said.

Earlier this year, HAP began providing information and resources from across the nation to help hospitals in their efforts in adopting and implementing smoke-free environments. Consumers are encouraged to visit their local hospital website for additional smoking-cessation resources.

Allegheny General Hospital Performs First Liver Transplant

A 28 year-old Robinson Township woman has become the first patient to undergo liver transplantation surgery at Allegheny General Hospital (AGH). AGH officials said the surgery, which took place on November 1, represents a milestone locally in the field of organ transplantation, providing end stage liver disease patients with a vital, new choice for surgical care.

"This program is a critical new resource for liver transplantation candidates in western Pennsylvania and the tri-state region, particularly those who have traditionally been referred out of state for surgery due to lack of access to a local transplant center. Though recently established, it affords patients access to a surgical team whose skill and experience rivals most in the nation," said Mark Roh, M.D., chairman of AGH's Department of Surgery.

Christine Berman was admitted to AGH on October 28 suffering from a sudden onset of acute liver disease called fulminant hepatic failure. An often rapidly fatal condition, she was immediately placed on the transplant list as a status 1A candidate and underwent liver transplantation surgery three days later.

The surgery was performed by Thomas V. Cacciarelli, M.D., director of Liver Transplantation at AGH, and Dr. Roh.

After the six-hour operation and a week in AGH's surgical intensive care unit, Berman's new liver is functioning perfectly well, Dr. Cacciarelli said.

The mother of three young children, Berman said she and her family are most grateful for the care she received at AGH and for the availability of the donor organ that saved her life.

"I am alive today because of this hospital, because of these wonderful doctors and nurses and everyone else involved in the transplant program, and most importantly, because of the gift of life that was bestowed to me from an organ donor and their family. My children still have a mother because of all of these special people," Berman said.

Catholic Health East Selects Excelsa Health as a Solution for Mercy Jeannette Hospital

Excelsa Health, Catholic Health East (CHE), and the Sisters of Charity of Seton Hill, recently announced plans for the purchase of Mercy Jeannette Hospital by Excelsa Health.

With the signing of an asset purchase agreement, the parties take the first step in an approximately six-month approval process that will result in Excelsa Health's ownership and management of the Jeannette facility.

This announcement follows discussions involving the boards and leadership of Catholic Health East, the Pittsburgh Mercy Health System (PMHS), and the Sisters of Charity of Seton Hill, who sponsor Mercy Jeannette Hospital; together, they determined the need for a new strategic partner and direction for the hospital.

"Excelsa Health will be a strong partner and the best way to preserve this valuable health care provider for the local community," said Julie Hester, administrator of Mercy Jeannette Hospital. "Excelsa Health has been successful in stabilizing other community hospitals in the region that have faced challenges similar to those of Mercy Jeannette."

Since its inception in 2004, Excelsa Health has successfully stabilized three community hospitals – Westmoreland, Latrobe and Frick – by bringing them together as an advanced, multi-hospital health care system. Mercy Jeannette Hospital, a Joint Commission accredited 148-bed hospital, today faces significant financial challenges with a projected \$6.5 million loss from operations in 2007.

Mercy Jeannette Hospital can no longer sustain its current operational model due to its current inability to fund capital requirements and operational needs. The organization has recognized that, with or without Excelsa Health, Mercy Jeannette Hospital would need to contemplate proactive restructuring to its current operations.

As a part of the agreement, Mercy Jeannette Hospital will become a campus of Excelsa Health Westmoreland Hospital when the transfer of ownership is complete. To reflect the changes, the hospital will be renamed Excelsa Health Westmoreland Hospital at Jeannette.

To strengthen the quality of care offered in the Jeannette community and provide much needed capital for facility and equipment enhancements, Excelsa Health will invest approximately \$10 million in capital over the next five years.

COVER STORY: Human Resources: A Retrospective On 2007

Continued from page 1

who were union members fell from 15.7 million in 2005 to 15.4 million in 2006. That represented 12% of all wage and salary workers compared to 12.5% in 2005. By occupation, the proportion of unionized healthcare practitioners and technicians dropped to 12.5% in 2006 compared to 12.7% in 2005 while the proportion of unionized healthcare support personnel increased from 9.6% in 2005 to 10.4% in 2006. Overall, 7.4% of all private industry workers belonged to unions in 2006 compared to 7.8% in 2005.

On the employee benefits front, according to the U.S. Chamber of Commerce's 2006 Employee Benefits Study, benefits costs accounted, on average, for more than 44% of payroll, an increase of 4% from the prior year. Medically related expenses accounted for 14.5% of payroll, up from 11.9%. Payments for time not worked (holidays, vacations and other paid time off) increased to 11.1% of payroll. Retirement expenditures also increased slightly, to 8.6% of payroll. The study included data from nearly 400 U.S. companies and more than 30 benefits.

Speaking of employee benefits, between 2006 and 2007, health insurance premiums for employer-sponsored plans increased on average by 6.1%, less than the 7.7% average increase during the prior year. This was the fourth consecutive year that the rate of increase in premiums for employer-sponsored plans has slowed, and the lowest annual growth rate since 1999 according to the annual Kaiser Family Foundation and Health Research and Education Trust annual survey.

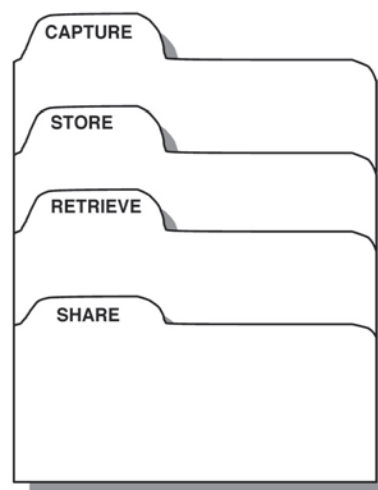
vey. The average annual total premium cost was \$4,479 for single coverage and \$12,106 for family coverage. The average annual employee contribution was \$694 for single coverage and \$3,281 for family coverage.

Legislatively, in May, President Bush signed legislation that increased the federal minimum wage to \$5.85 per hour effective July 24, 2007, to \$6.55 effective July 24, 2008, and to \$7.25 per hour effective July 24, 2009. At the state level, in July, Governor Rendell signed five bills affecting the practice of physician assistants, nurse practitioners, clinical nurse specialists and nurse midwives. HB 1251 and HB 1252 enabled physicians to supervise up to four physician assistants. Previously the limit was two. HB 1253 expanded the scope of practice of Certified Registered Nurse Practitioners. HB 1254 defined the scope of practice, education and related requirements for clinical nurse specialists. And HB 1255 extended to nurse midwives limited prescription writing privileges. The legislation went into effect in September.

As they say in Hollywood, "that's a wrap". And as we head into 2008, please accept best wishes for a joyous holiday and a prosperous New Year.

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

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2007 A YEAR IN REVIEW

The Top 10 Health Stories of 2007, From the Editors of the Harvard Health Letter

The editors of Harvard Medical School's Harvard Health Letter have chosen the top 10 health stories of 2007. Here are this year's newsmakers:

1 Drug safety failures. This year, rosiglitazone (Avandia), a diabetes drug, became the latest medication found to have serious side effects that weren't apparent when it was approved by the FDA. The FDA needs more money and resources to conduct studies of drugs after they've been approved for sale – and then the clout to take prompt action if safety problems are identified.

2 Genome-wide association studies. These studies take advantage of unique “flags” flying in each “neighborhood” of the vast genome. Researchers find the flags associated with disease and then conduct an intensive search for genetic miscues just in that neighborhood. This process is a lot more efficient than a dragnet through the entire genome. This year, genome-wide association studies have identified genes associated with type 2 diabetes, multiple sclerosis, and resistance to HIV infection, to name a few examples.

3 Genome sequencing in a jiffy – and cheap. Sequencing a genome – identifying all the chemical base pairs of someone's genes – is getting a lot faster and cheaper. Scientists can now shatter the DNA of the genome into millions of pieces and simultaneously sequence the letters. Then, computers knit the data into a single sequence. Within a decade, the price of sequencing a genome may drop to \$1,000, say some experts. Cheap genome sequencing may soon usher in a new era of personalized medicine, with health advice and medical treatments tailored to each individual's genes.

4 Waking up to a new health habit: Sleep. The evidence has reached critical mass – getting between seven and nine hours of sleep a night is one of the pillars of good health, along with physical activity and eating a healthful diet. Poor sleep has been linked to health problems ranging from diabetes to heart disease to obesity.

5 Health is going global. The trend toward globalization that has affected so many aspects of the American economy is now changing American medicine. Hospitals are creating global health residency programs. Philanthropic organizations like the Bill and Melinda Gates Foundation are pouring billions into efforts to combat disease on a global scale. This worldwide outlook comes from more than just altruism—AIDS, avian flu, and severe acute respiratory syndrome (SARS) have shown that many health problems have little respect for borders.

6 Cooling off inflammation. TNF-alpha blockers, drugs that interfere with a protein that contributes to inflammation, have given doctors and patients an important new treatment choice for conditions like rheumatoid arthritis. Daunting price tags and serious side effects make the TNF-alpha blockers less than ideal, but by tackling inflammation at its roots, they may light the way for a new approach to treating many diseases with an inflammatory component—even Parkinson's and Alzheimer's.

7 Covering the uninsured. With health care costs continuing to increase and employers cutting back on coverage, lawmakers are filling in the gaps. Illinois has created the All Kids program to cover children. Massachusetts law mandates that everyone in the

state must purchase health insurance, and other states may follow suit. The Medicare Part D program, despite its flaws, has succeeded in extending prescription drug coverage to seniors. Time will tell whether these incremental steps will replace or merely delay more sweeping reform of a system that leaves 47 million Americans without insurance.

8 Tying reimbursement to quality health care. Momentum is building for an array of incentives for doctors and hospitals to provide higher-quality medical care. Medicare this year started paying doctors a bonus for reporting certain quality measures, and its experiment to pay hospitals performance bonuses is a success, according to most experts. Some health plans are using quality-of-care disincentives by refusing to pay for care related to complications from certain types of medical errors. And some providers are instituting rigorous quality-of-care programs on their own – and agreeing not to charge for care related to certain surgical complications. Many details have yet to be worked out, but this approach could both improve health outcomes and reduce costs.

9 A better mammogram? Two studies this year found that magnetic resonance imaging (MRI) scans are better than other techniques at identifying breast cancers in high-risk women. The American Cancer Society revised its screening recommendations to say that women at high risk for breast cancer should get a breast MRI every year, in addition to a regular mammogram.

10 Peeking into the brain for disease clues. New imaging technologies are letting researchers “see” inside the brain and watch its inner workings. The hope is these tests will mean more certain diagnoses for many conditions and, eventually, better treatments.

Patient Care Awards and New Diagnostic & Imaging Center Highlight 2007 for Sharon Regional

Awards for clinical quality and patient safety and the opening of a new Diagnostic & Imaging Center in Hermitage highlighted a busy 2007 for Sharon Regional.

One of the Health System's most significant accomplishments was the advance made in clinical quality and patient safety. When it comes to emergency heart attack treatment, Sharon Regional consistently met or exceeded the national CMS benchmark of 90 minutes or less for “door to balloon time”.

Sharon Regional received the VHA Leadership Award for Clinical Excellence for achieving exceptionally high levels of performance in controlling and preventing blood stream infections and ventilator associated pneumonia cases. The Health System also received six APEX (Achieving Patient Care Excellence) Awards from VHA for demonstrating extraordinary levels of clinical performance and for its achievements through the VHA Intensive-Coronary Care Improvement Collaborative. Sharon Regional also received a 2007 Distinguished Hospital Award for Clinical Patient Safety by HealthGrades, Inc.

The 30,000 sq. ft. Diagnostic & Imaging Center Way, replaced Hermitage HealthPLACE, Highland Road.

The Center is also home to Sharon Regional's expanded Breast Care Center, designed under the guidance of William Poller, M.D., breast imaging specialist and director of breast imaging for Allegheny Radiology Associates.

Other accomplishments were:

- Sharon Regional's Physician Development Plan experienced great success in bringing in more than 25 new physicians to the Health System.
- New Therapeutic Pool, a 1,900 square foot addition to its RehabCenter.
- New Sleep Medicine Program expanded and moved into a new location.
- The arrival of Allegheny Radiology Associates as the new exclusive provider of advanced imaging services.
- The Heart Institute achieving quality standards above and beyond national standards established by the Society of Thoracic Surgeons and American College of Cardiology.

- The addition of mobile PET/CT services at the Cancer Care Center in Hermitage.
- The introduction of a new dining program known as “At Your Request” that allows inpatients with no dietary restrictions to select their meal options in the same manner that would be offered through room service at a fine hotel.
- The approval of a proposal to make Sharon Regional's main campus in Sharon and all satellite locations smoke-free and tobacco-free.
- Receiving a 2007 Phoenix Award from the Shenango Valley Chamber of Commerce for growth in the large service segment.
- Receiving the United Way of Mercer County's “Campaign Chair Award” for significantly increasing the level of employee contributions to the annual United Way Campaign
- Recognition by the Pittsburgh Business Times as one of the top ten hospitals in Western Pennsylvania based on net patient revenue

Saint Vincent Health Center Showcases Commitment, Processes Leading to High Quality Patient Care

Saint Vincent Health Center patients get well faster and stay healthier as a result of the hospital's quality patient care initiatives. And more than 30 hospitals from throughout the country will benefit by learning how Saint Vincent accomplished this goal, earning and sustaining some of the highest rankings in the country in a national project designed to improve the quality of patient care.

Saint Vincent has been selected by the Premier Inc. healthcare alliance to host the one-day open house to demonstrate to other hospitals how the Erie, Pennsylvania hospital consistently achieved top rankings in the project's first, second and third year.

The project, titled the Premier, Centers for Medicare and Medicaid Services (CMS) Hospital Quality Incentive Demonstration (HQID) pay-for-performance (P4P) project, provides participating hospitals with awards based on the levels of quality patient care they provide.

In the first and second years, Saint Vincent ranked among the top hospitals nationwide for clinical quality excellence in the areas of pneumonia, coronary artery bypass graft (CABG), acute myocardial infarction, heart failure and hip and knee replacement. Saint Vincent received the fifth highest reimbursement award of any hospital in the project in the first year in the clinical area of CABG and the 10th highest reimbursement in the second year of the project in the clinical area of pneumonia. Projections for the third year indicate performance in the top two deciles in all five clinical areas.

Saint Vincent has received over \$280,000 in quality-based rewards, more than any of the 10 Pennsylvania hospitals participating in the project. CMS has awarded incentive payments of more than \$17 million to top-performing hospitals, representing the top 20 percent of hospitals in each of the project's five clinical areas, through the first two years of the project.

Improvements in quality of care saved the lives of an estimated 1,284 heart attack patients, according to an analysis of mortality rates at hospitals participating in the HQID project. Patients also received approximately 150,000 additional recommended evidence-based clinical quality



(l-r) Roger Jones from Premier and Saint Vincent Executive Vice President, Dr. Joseph Cacchione



Roger Jones, Premier; Lezlie Davis, Clinical Systems Coordinator from Baptist St. Anthony's Health System in Amarillo, TX; Darla Caldwell, RN, Director of Patient Safety from Baptist; and Saint Vincent president and CEO C. Angela Bontempo, FACHE

measures, such as smoking cessation counseling, discharge instructions and pneumococcal vaccination.

"What this means for our patients is that they are assured of receiving the highest levels of care in the nation, that they will be well sooner, which can end up ultimately costing less, said C. Angela Bontempo, FACHE, Saint Vincent president and CEO. "For Saint Vincent, the primary focus is and always has been providing the best possible care to our patients. That was the mandate set forth by the Sisters of Saint Joseph when Saint Vincent was founded more than 132 years ago, and it is the reason we were among the first hospitals in the country to in 1999 implement the evidence-based practices being utilized today in the Premier project."

According to Saint Vincent executive vice president Joseph Cacchione, M.D., FACC, "The national benchmarks in the Premier project have pushed us even further in our efforts toward quality improvement. "I'm proud to say this accomplishment comes from the very top down – from our board to our doctors, nurses and staff. Each of them has been empowered, and that is the reason Saint Vincent has been able to consistently perform among the top one or two hospitals in the country."

Other key factors in achieving top levels of quality, according to Cacchione, include physician engagement in all quality processes, quality information flow and decision support and post-discharge follow up. Unique clinical processes were also important to the effort, including the use of tablet PCs by case managers at the patient bedside to ensure 100 percent adherence to the use of best practices.

In addition, Cacchione noted that Saint Vincent has voluntarily participated in 18 different quality registries.

"This helps to push us to always try to

be number one in quality," he said. "In addition to the five very important key practices being studied in the CMS/Premier project, Saint Vincent has 10 other active evidence-based practices we have implemented."

In addition to consistently ranking among the top few hospitals nationwide in the CMS/Premier project, Saint Vincent has been ranked as the number one healthcare organization in Pennsylvania by Health Insights in delivery of evidence-based care for heart attack, heart failure and community-acquired pneumonia.

Master Plan for Mount Nittany Medical Center Provides Green Light for Future Growth

Mount Nittany Medical Center recently announced the completion of its Master Plan for Mount Nittany Medical Center in cooperation with The Pennsylvania State University.

This land capacity study was undertaken to ensure that the Medical Center's existing 29 acre site could accommodate reasonable and flexible expansion over the next 30 to 40 years. The Master Plan also outlines the total building capacity for a 183 acre tract of land comprised of the Medical Center's existing site and an adjacent 154 acres owned by Penn State University.

Capacity totals for the 183 acre tract would accommodate an additional 727,941 square feet of building space including as many as four additional buildings, a parking garage and significant expansions of the main hospital building including the addition of a south and west tower. The plan also outlines 122 acres of land preserved for natural agrarian landscape.

"Our primary goal was to determine if this current location is able to accommodate for future growth and expansion, while at the same time being responsible to the environment around us," said Thomas J. Murray, President and CEO. "This plan indicates this tract of land could allow the Medical Center to nearly double in size during the first half of this century."

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2007 A YEAR IN REVIEW



Pictured left to right with Roger P. Winn, President, UPMC Bedford Memorial, are Sylvia Page, Rodney Clark, and Carol Hershberger.

UPMC Bedford Memorial Announces ACES Awardees for 2007

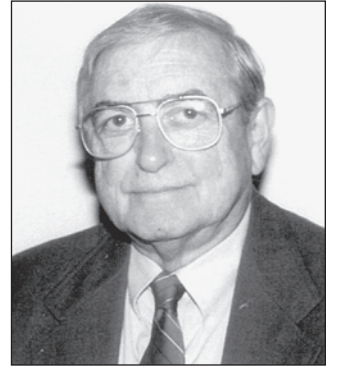
UPMC Bedford Memorial is pleased to announce three exceptional staff members as 2007 ACES winners.

Sylvia Page has been with UPMC Bedford Memorial for 25 years. She is a Respiratory Therapist II in the Cardio-Pulmonary Department. Her nominator cited "Sylvia came to UPMC Bedford after completing OJT at Altoona General Hospital and completed her A.S. and B.S. degrees while working fulltime. She has obtained both her CRT and RRT credential from the NBRC and is licensed by the state of PA. She has served on several hospital committees and is a member of our DECON team. Sylvia always puts our patients first and on many occasions went above and beyond by making patients' beds and changing gowns that had become wet or soiled instead of having patients wait for nursing. She is always willing to help out in other department functions not just Respiratory Care."

Rodney Clark has been with UPMC Bedford Memorial for 14 years. He is a Radiologic Technologist in the Medical Imaging Department. His nominator cited "Rod always goes 'Above and Beyond' to assist co-workers, and students. He is very knowledgeable about department issues and policies/procedures, and always assumes leadership when called upon while keeping a great attitude when doing so. He knows what to do and say to boost morale on a daily basis. He holds a certification for CT, and is a Clinical Instructor for Mount Aloysius Community College (Rad-Tech Students)."

Carol Hershberger has been with UPMC Bedford Memorial for 26 years. She is a Secretary in the Nursing Administration Office. Her nominator cited "Carol has been a long term, dedicated employee and started her employment in the Business Office then transferred to the Patient Service Office. She has served under five Vice Presidents of Patient Services. She has worked on many projects within the Patient Services office and helped to make Nurses Week and Day special for many staff members by planning the menus, decorations, gathering prizes and financial support. Carol has graciously volunteered to serve on the annual Patient Safety Fair Committee and chaired a NPSG team/booth each year."

John W. Schlirf Honored with "Spirit of Giving" Award



Redstone Highlands presented its 2007 Spirit of Giving Award to John W. Schlirf (Jack) during its Fifth Annual Spirit of Giving Gala.

As a longstanding member of the Redstone Presbyterian SeniorCare Board of Directors, Jack Schlirf provided leadership and governance to Redstone Highlands for more than 13 years and in 2007 assumed the role of Director Emeritus.

A mechanical engineer by trade, Jack Schlirf was employed for 35 years at Elliott Company in Jeanette, PA., serving as vice president prior to his retirement in 1987. Over the years, he has been an active community member in Westmoreland County, formerly serving on the Board of Directors of both the Westmoreland Community Concerts, Inc., and Greensburg Country Club. He remains a member of the Service Corp of Retired Executives (SCORE), an organization that helps small businesses succeed by providing mentors and business counseling.

Jack served in the U.S. Navy during WW II and earned a B.S. in Marine Engineering at the United States Merchant Marine Academy. He later graduated with high honors from North Carolina State University with a Bachelor in Mechanical Engineering.

(l-r) Dr. Kenneth S. Ramsey, Gateway president and CEO; Dr. Abraham J. Twerski, Gateway founder and medical director emeritus; and James C. Rogal, Gateway board of directors chairperson.



Gateway Rehab Elects New Officers to its Board of Directors

Gateway Rehabilitation Center recently elected new officers to its board of directors at its annual meeting.

James C. Rogal, president of Century Communications was elected chair; Richard C. Grace of Grace Consulting was elected vice chair; Kevin P. Boland, CPA, executive vice president of Donnelly-Boland and Associates, was re-elected treasurer; and Paul Sweeney, president of Tri County Management, was elected secretary.

Robert E. Carter, CFRE, Gateway Rehab's immediate past chair was honored at the meeting for his many years of service on Gateway's board of directors. In appreciation of his dedicated work, Gateway presented Carter with a commemorative crystal award. Carter recently retired as president of Ketchum. He is currently the vice chair of Archimede Philanthropy Partners.

HealthSouth Hospital of Pittsburgh Celebrates 20th Anniversary

HealthSouth Hospital of Pittsburgh celebrated its twentieth anniversary during the month of November. "Over the last twenty years our mission has changed from that of an inpatient rehabilitation hospital to an extended-stay acute care hospital serving patients who require a hospital level of care for an extended period of time. While our mission has evolved, our commitment to providing high quality patient care has not wavered. The fact that we have been serving the community for twenty years and continue to grow and enhance our services is a testimony to the high quality care our doctors and employees provide," says Cindy Eiseman hospital CEO. "Our top priority is excellent patient care, and our professional staff treats patients based on their individualized needs."

Extended-stay acute care hospitals – also called long-term acute care hospitals or LTACs – provide a hospital level of care to patients with acute and serious chronic conditions that cannot be adequately treated in the skilled nursing setting. Patients in the LTAC setting require significant daily nursing care, daily supervision by a physician and frequently the services of other disciplines such as respiratory therapy, wound care specialists, clinical dietitians, physical, occupational and speech therapists. "We treat patients with complex medical problems that require the input of an entire team of clinicians. Many of our patients are weaning from ventilators or have recently weaned and require frequent respiratory treatments to improve their pulmonary function. Other patients require telemetry monitoring and still others are receiving intensive wound care services to address serious non-healing wounds" stated Mrs. Eiseman. "We also have one of the only inpatient lymphedema management programs in the country, treating the most significantly impaired patients with this diagnosis."

2007: The Year of Transition

It is, once again, that time of year when we prepare to celebrate the holidays with family and friends, take stock of our personal and professional lives, and resolve to make changes in the New Year. From a business standpoint, this is the time for many of us to evaluate the performance of the past year and plan and budget for the one that's about to begin ...

All of us in healthcare are no doubt reflecting on a year that has brought such sweeping changes that many people have yet to fully realize the total impact. 2007 will perhaps be remembered as the most volatile year in our industry since the introduction of the Inpatient Prospective Payment System in the early 1980s ... and 2008 promises to be just as challenging!

We all heard the grumblings from governmental and other officials warning of the switch from a charge-based to a cost-based reimbursement system. We had escaped attempts in recent years to institute those changes, though little prepared us for this year's radical change that even affected the DRG numbering system. Hospitals that cannot provide care for sicker, more acute patients are now faced with significant reimbursement decreases, and with that, added pressure to recruit and retain specialty physicians and staff that would enable them to provide a higher level of care.

On the physician side, not only did the Physician Fee For Service schedule show an overall decrease in reimbursements of over 8%, many of the other modalities that physicians use to augment their income have been stripped-down or completely eliminated. This, coupled with drastic changes to the Stark Laws, significantly changed the landscape of physician investments in hospital or other partnerships, and has limited the tools available to hospital leadership to align with physicians and keep them engaged in their facilities.

As of this writing, we are still waiting to understand the final impact that all of these changes will have upon our healthcare system. There are even attempts to further limit specialty hospital development, which may or may not be enacted by the end of the year.

Beyond the payor and governmental changes, 2007 also brought an abrupt interruption to what can only be described as the "days of wine and roses" for angioplasty and invasive cardiology. Study data released at the 2007 Annual American College of Cardiology conference questioned many long-standing beliefs about angioplasty vs. thrombolytics for the treatment of acute myocardial infarctions. Many programs immediately experienced dramatic decreases in interventional procedure volumes that have just begun to correct themselves.

Furthermore, recent recalls and device-integrity issues have impacted major vendors during the latter part of this year. As evidenced by previous recalls, these types of events can shatter consumer confidence in even the most robust and esteemed programs.

At this point, we have no choice but to weather the storm ... "this too shall pass."

At Corazon, we continually work with our consulting and recruitment clients across the country to help them prepare for what lies ahead, specifically in the cardiovascular specialty. Indeed, we believe the best way to be positioned for the future is to understand the current landscape, and anticipate the changes and challenges that will emerge.

Our best advice is to always be informed. In this information age, there really is no excuse for not being "in the know" about changes in our industry. We offer multiple newswires and publications, educational and conference events, and other means to keep you abreast of what is planned and what has been enacted in our industry. Proactively developing strategies and solutions for your hospital or specialty program will help you set the stage for success in 2008 and beyond.

If 2008 is as tumultuous as 2007 (and we believe it will be!), especially in terms of hospital/physician payments and rule changes, Corazon is poised and ready to assist you with facing these challenges and maintaining cardiovascular program viability in our dynamic and ever-changing industry. Happy Holidays from our team to yours, and Best Wishes for the Year Ahead!

James Burns is a Vice President with Corazon, a national leader in specialized consulting and recruitment services for cardiovascular program development. For more information, call (412) 364-8200 or visit www.corazoninc.com.



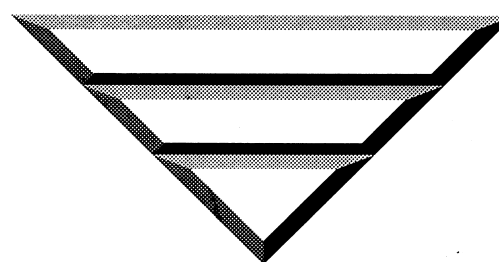
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At Amerinet, we extend our wish for healthy, and joyous holidays. We look forward to the new the opportunity to serve health care providers nationwide with cost-effective solutions that en the delivery of high quality patient care.