

Western Pennsylvania Hospital News

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Inside ...

Breakthroughs in Cancer Research Lead to Decline in Death Rates

By Elizabeth Pagel-Hogan

One person dies every minute, equaling 500,000 deaths annually from cancer. Thankfully, over the past fifteen years the rate of deaths for women and men have been decreasing. Much of this progress is due to drastic changes in treatment modalities resulting from breakthroughs in cancer research. According to the National Institutes of Health director Francis S. Collins, M.D., Ph.D., in testimony before Congress in June 2010, "NIH-funded research has revolutionized how we think about cancer." Two decades ago, cancer treatment was organ-based and utilized "brute force toxic therapies."



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Thoughts on Future Healthcare Trends

By Wesley Wise



Now, more than ever, it is tempting to throw our hands in the air and conclude that the future of U.S. Healthcare is too unpredictable. With healthcare reform legislation constantly in debate, adjustments being made, and reimbursement structures shifting, it is certainly a cloudy picture. Add the demographic shifts happening on a more local level, such as the growth of the natural gas industry in Northern and Western Pennsylvania and the lure of younger workers and their families into the region to fill good paying jobs, predicting the impact of these factors on our industry is a huge challenge.

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Recruitment & Selection—Step Two of Building the Right Healthcare Culture



By Rhonda Larimore

Recruitment and selection for a healthcare organization is step two of creating the right healthcare culture. What is step one? I am sure that you will figure it out. Selection of the right candidate who best matches the organizational culture sets the baseline for employee behavior, employee interaction with patients and families and employee to employee relationships.

Without a match to culture, organizations are setting themselves

up for long-term retention issues. Without retention of employees who match organizational culture, results at best will not improve and at worse will suffer.

First, it is important to realize that recruitment and selection decisions *cannot* be made on the spot. There was a past trend to interview and make a job offer on the spot pending background checks. This type of recruitment and selection practice is adverse to creating the best healthcare culture and work environment. Selection decisions take time. Hiring decisions take specific effort and focus on the organizational values and mission. They cannot be made instantaneously after one quick meeting with a prospective employee. When you have a vacancy or multiple vacancies, you may think that time is the last thing you have. Just remember, rushing hiring decisions likely means you will be making them again in the near future due to turnover.

See **RECRUITMENT** On Page 22

Regain Control of Your Health Care Costs in 2012 Through Holistic Management



By Ron Wince

New healthcare regulation such as the passage of the health insurance exchange, the looming effect of the healthcare reform bill, and the sky rocketing costs of healthcare are among just some of the endless issues that Pennsylvania hospitals are up against.

Pennsylvania's healthcare providers are facing the same tidal wave of pressures found in other states – a confluence of new policies, oversight, cost and quality requirements – that is about to get even more complex. The

impending changes in reimbursement, regulation, and closer scrutiny of patient outcomes are just the tip of the iceberg.

Healthcare systems are increasingly coping with continually soaring costs (which have often led to staff layoffs when hospitals find no other way to

See **REGAIN CONTROL** On Page 11



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Let Us Do For Your Brand What We Have Done With Ours

New technology has a familiar pattern for most businesses. The early adopters embrace it and take full advantage of its capabilities. The slow learners appreciate its power and use a methodical and deliberate approach to utilizing it. Then there are those who just sit back on the sidelines, waiting and waiting. Oftentimes, those who wait on the sidelines are the same ones who continue to struggle to catch up.

I had an interesting conversation with a potential advertiser a few weeks ago about our new digital consumer healthcare publication, Pittsburgh Healthcare Report (www.pghcare.com). While her organization saw a need for a publication like this in the marketplace, they were hesitant to take advantage of any editorial opportunities or marketing partnerships. The sole reason given was that they wanted to step back for six months and see how it develops.

Sure, I was a little disappointed in their lack of faith regarding my publishing success. How many other niche publishers are still in business since the Reagan administration? I must be doing something right to still be around.

Many people are also curious about our numbers and visits—it's often the first question that is asked. Yet, many don't know what is a good number. Does 1,000 visits a month impress you? 5,000? 15,000? 150,000? (It's 7,500 visits in case you were wondering—which is an impressive number for a nice site launched in mid December.) Also, any web marketer would tell you that it's not how many visits or connections you have that matters—it's how engaging you are with your audience. What should matter more is how many people are actually clicking on your ad, sharing your articles with their network, retweeting a message you posted, responding to a LinkedIn question you posed, or commented on an article or a Facebook post.

Look at your neighborhood publication sitting in a rack at Giant Eagle or among a stack of six other free monthlies in a Starbucks—do any of them have websites? If so, are they updated several times daily? How strong is their social media presence? Do they even have one? As you're reading this column, we have many people engaging with us right at this moment on social media and perhaps reading an article on our website.

I'll give you an example of how we can help you. 34-year-old Dominique Ponko, owner of Yoga Flow, a Pittsburgh heated yoga studio, is living with a brain tumor. Yoga helped transform her life. She had time to study the Chakras and learn how our bodies hold emotional damage that leads to physical damage and disease. She learned how disease in the mind leads to disease in the body. Her time with yoga taught her not to be so afraid, to dig deeper and breathe through the pain. It also inspired her to open up several yoga studios in the Pittsburgh region to help transform others.

She told her amazing story in an article in Pittsburgh Healthcare Report, and also created a short video. In 10 days time, the article has had over 8,000 views and her 2-part video, over 1,500 views. Are those numbers impressive? Again, it's just a matter of perspective. If you were an advertiser and you had 20 new people sign up for yoga because they either read the article or saw the video, is it worth it to you?

This example demonstrates how we can give you a voice to reach a consumer audience interested in healthcare who gets their information from the web. As a marketing partner, you send us your articles and videos, and we'll post it on our site, and share it with our network of 8,000 social media connections. This is the new way of marketing your products and services today. We deliver information like this daily to help e-patients (tech-savvy patients) make better decisions in their

Publisher's Note

health and well-being. We also deliver the news 24/7, 365 days a year. Sure, there are plenty of print publications in the region that do a fine job of delivering information—but many do it only on a monthly basis. In fact, you can go on our site now and count how many articles our sources produce in a week. I bet it's more than most monthly magazines produce in a month.

The mere fact that a business advertises in a newspaper or print magazine should indicate that they can't market themselves through word of mouth and their own websites. If they are weak in social media themselves that is a great reason to look to us. We can help you promote your message through our channels. Also, if you love and see the value of growing your e-patient market share, you can't reach them in print alone. Ask yourself this question—how many of you swore by the Yellow Pages for your product and service because everyone was in it? How's that working out for you now?

By leveraging the Pittsburgh Healthcare Report or Hospital News platform, you can reach an e-patient through our website, Facebook, Twitter or LinkedIn, on a daily basis. Go to www.pghcare.com and take the "Pepsi/Coke" test. This is bold. This is relevant. This is connecting. This is engaging through interactivity. This is where the future lies.

Relevance is also a strong consideration. How many articles are you reading in your local monthly publication that are just an advertorial? The goal of these articles is to get you to buy the author's product or service. Our goal with our content is to inform you to make the right healthcare decision for you and your family.

We hope that you see Pittsburgh Healthcare Report as a visionary digital publication. We also hope that you can instill your trust in us to do for your brand what we have done for ours. In the past year, we've increased our social media following by 75% and our website visits by 35%.

Still not sure? Compare our social media connections with your local monthly publication or newspaper. How many connections do they have on Twitter, Facebook, and LinkedIn? How active are they? Will they share your content if you send them something? How hard will they work for you?

Harvey D. Kart

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New Book Features Sensible, Down-to-Earth Material on Using Twitter



By Daniel Casciato

Twitter is becoming an indispensable communications tool for healthcare organizations of all sizes, from solo practitioners to large healthcare systems. People in the profession, from administrators to nurses to physicians, are tweeting about relevant healthcare topics, fun facts, current happenings and events.

But there are still many who are hesitant to venture out into the Twittersphere. While there are those hindered by their workplace, others are just not sure how to begin. And once they do, what do they do?

A new book, *The Twitter Book, Second Edition* (O'Reilly Media, \$19.99 USD), co-written by widely recognized Twitter experts Tim O'Reilly (@timoreilly) and Sarah Milstein (@sarahm), will help newbies quickly get up to speed not only on standard features, but also on new options and nuanced uses that will help you tweet with confidence.

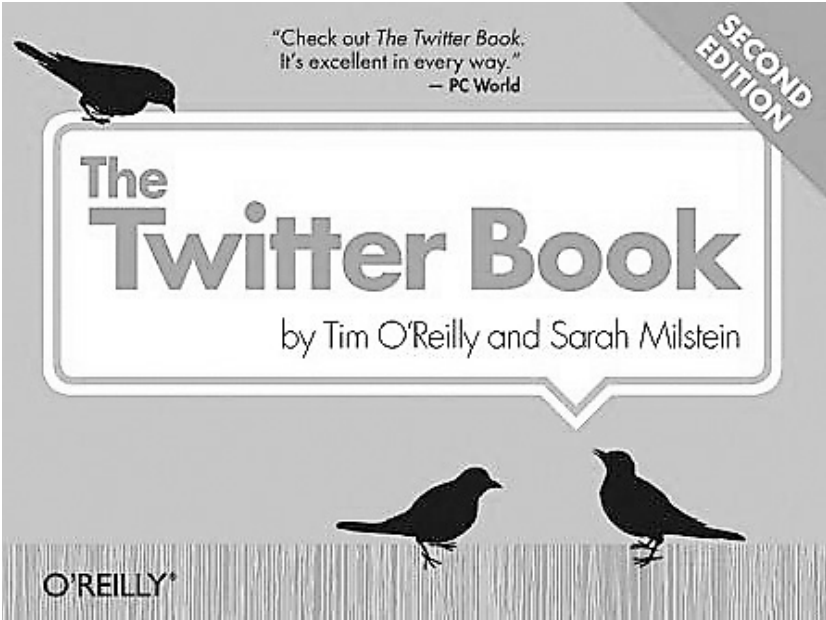
We found the book to be a quick and easy read, but more importantly, they filled this book with real-world examples, solid advice, and clear explanations guaranteed to turn you into a power user, whether you're using Twitter to keep in touch with friends and family members from afar or enhance your brand.

In a statement, Milstein says that Twitter has emerged as a key channel not only for individuals who want to exchange ideas and information, but for businesses, too.

"We're proud that the first edition of *The Twitter Book* helped tens of thousands of people and companies make great use of the medium," she says. "But Twitter tends to change a lot. So the new edition is completely updated, with one hundred percent fresh examples, plus tips and tools that will let readers get the most out of Twitter as it works today."

With the full-color examples and friendly text, you'll learn how to:

- Use Twitter to connect with colleagues, customers, family, and friends
- Stand out on Twitter
- Avoid common gaffes and pitfalls



- Build a critical communications channel with Twitter—and use the best third-party tools to manage it

If you want to learn how to use Twitter like a pro, we recommend that you check out the book.

Tim O'Reilly is the founder and CEO of O'Reilly Media, Inc. For more information, visit tim.oreilly.com. Sarah Milstein is a speaker, writer, and consultant, and is co-chair of Web 2.0 Expo. Previously, she was on the senior editorial staff at O'Reilly, where she founded the Tools of Change for Publishing Conference (TOC) and led the development of the Missing Manuals, a best-selling series of computer books for non-geeks. Bonus fact: she was the 21st user of Twitter. For more information about the book, see: <http://shop.oreilly.com/product/0636920022336.do>.

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KARTOONS



Amerinet — A GPO Dedicated to Providing the Best Overall Customer Value with the Highest Level of Customer Service, Ethics and Integrity

By Daniel Casciato

Across the health care industry today, there is widespread anxiety about reimbursement and costs continue spiraling out of control. To remain competitive, hospitals have to be cost efficient and mindful of their budgets while still being able to remain at the cutting-edge of technology.

With the passage of the healthcare reform act adding to the current challenges of healthcare facilities, group purchasing organizations are an important component in assisting them to reduce costs, increase efficiencies and survive in difficult economic times.

ADDING VALUE TO YOUR ORGANIZATION

A GPO is easy to join, and hospitals can access discounts within their supply chain, including medical supplies, laboratory products, pharmaceuticals including vaccines, office supplies, computers and software, telecommunications, furniture, document management products and form printing.

Achieving cost efficiencies in your supply chain allows you to concentrate on providing superior care to your patients. Group purchasing adds value to your organization by using the aggregated buying power of hospitals, physicians, and other care providers to negotiate discounts and other favorable terms with manufacturers, distributors, and services suppliers.

GPOs are an efficient way to improve the supply chain cost structure and therefore profitability of almost any practice, notes Todd C. Ebert, president and CEO of the privately owned GPO, Amerinet. The company is headquartered in St. Louis, MO. and is owned by two investor-owner organizations, Intermountain Healthcare of Salt Lake City, UT, and Administrative Resources, Inc., (ARI) based in Warrendale, PA.

“Our mission is to help our customers reduce healthcare costs so they can use those dollars to help increase quality and reach for the patients they serve,” Ebert says. “We’re large enough to have the critical mass that gives us the price competitiveness we want to achieve, but also, we’re small enough to be flexible and nimble in dealing with each customer’s unique needs.”

As a result, Ebert says that Amerinet listens to and understands its customer’s

needs and is able to address those unique needs to deliver valuable solutions.

“In essence, we’re not a big box solution—we’re a customized solution,” he adds. “I think that’s something that distinguishes us from our competitors.”

GPOs THEN AND NOW

According to Ebert, when he first started in the group purchasing industry, a GPO was seen almost exclusively as a product portfolio which customers used from a preferential pricing perspective. Over the years—especially now with healthcare reform and the intense needs to reduce costs from the supply chain and other areas—GPOs have been asked to do more.

“We have the ability to capture and use data to analyze what the purchasing patterns are of an organization,” says Ebert. “From this, we identify opportunities to reduce redundancies/eliminate duplication and discover instances where there are similar or comparable products that can be used. We can conduct a value analysis and help an organization determine why they should use certain products.”

Amerinet will analyze an organization’s trends, in terms of purchasing and usage patterns, and then collaborate with medical staff and clinicians to identify where the opportunities exist to improve care and reduce costs.

“This is important not only from the standpoint of the acquisition of the product, but also in determining utilization of the product and making sure the right patients receive the right product,” adds Ebert.

Areas of importance to healthcare facilities, once considered outside the sphere of influence of GPOs, including energy and education, are now among the areas that can be positively impacted by GPO involvement.

“A lot of money is spent in the energy consumption of a hospital, not only from the standpoint of energy acquisition but use of equipment that reduces energy consumption. We can also conduct an audit to ensure that the healthcare facilities’ energy bills are correct,” says Ebert. “We also offer continuing education in more than 25 healthcare disciplines for our customers, providing necessary continuing education credits and knowledge on the things that are important to patient safety and quality—including preventing hospital acquired infections and eliminating hospital falls. There are a number of things that we do to bring value to our customers beyond just the price of a widget in a catalog.”

CARING FOR THEIR CUSTOMERS

One of the things that Ebert is most proud of is how well Amerinet listens to its customers and their needs. “Once our company understands what our customer’s needs are, Amerinet working closely with them, creates a plan and delivers,” he says.

“Today, the challenge of all healthcare providers is to provide quality care as effectively and efficiently as possible. Providers are not going to be receiving additional increases in reimbursement so they have to look at more efficient operations, reducing consumption in appropriate areas,” adds Ebert. “Amerinet’s goal is to bring value to its customers, which in turn can help them stretch their healthcare dollars to serve more patients and to bring the best healthcare outcomes to their patients.”

Ebert feels the importance of GPOs has become even more evident as healthcare has continued to evolve and improve, and new technologies have come forward.

“That is exciting because what we do is very valuable,” he says. “We help provide answers to healthcare reform and lower the cost of the supply chain for our customers, but we also to do it the right way, always utilizing the Amerinet values of trust, integrity, honesty, and execution with quality as guiding principles. We’re an organization that has important values that we focus on when doing business in a very competitive and challenging market. That’s very satisfying to me.”

For more information on Amerinet, visit their website at www.amerinet-gpo.com.



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Underground Archives Offers Solutions for Physician Practices That Need Patient Records Management



By Elizabeth Pagel-Hogan

When privately held doctor's offices in Pennsylvania close, whether the physician retires or the practice joins a larger healthcare system, maintaining patient records in compliance with state law poses a challenge.

Underground Archives, a company in Western Pennsylvania providing storage, records management and archival storage offers a significant solution for physicians who need to maintain individual patient records.

Pennsylvania requires physicians to retain patients' medical records for at least seven years from the date of the last medical service that required a medical record entry is required. Records for minors must be retained until one year after the minor patient is an adult, and this can mean storing records for several years beyond the required seven.

State law also requires physicians to comply with a patient's request for their medical records within a "reasonable period of time," even if the physician is no longer practicing medicine.

These requirements often meant boxes of medical records could be found stacked in storage bases, attics, basements and garages and providing copies of individual records was an arduous task.

Staff at Underground Archives have handled five of these projects in recent months. When a doctor's office is shutting down, a team of professionals lead by Matthew Iezzi, will head in to the office and assess the situation and provide a solution that works for each individual practice.

"We usually send in 1 or 2 people to meet with the physician's staff," said Iezzi. "On our last project, the doctor had 75 bankers boxes worth of records that needed to be catalogued, transported and stored." notes that managing records isn't as easy as keeping a stack of boxes safe.

"People think its easy to access medical records but it's not, its a rigid, step by step process," Iezzi, on staff with Underground Archives over nine years. "We're protecting consumer but also protecting physicians practice. A lot of doctors are going crazy trying to figure out how to manage their records according to state requirements."

When the physician gives notice to the state that the practice is shutting down, the state is notified that Underground Archives is the custodian of the records.

"Once we take possession of the records, we're able to provide access to the records as needed," explains Iezzi. "Anyone who needs the records, from the individual patient to another medical office, has to go through the proper steps to retrieve the records."

Requests for records need to be completed on a form downloadable from the Underground Archives site. The request is notarized and then sent to Underground Archives.

"Once the request hits our desks here at Underground Archives, things move pretty quick. Within 24 hours we have the requested records scanned and transmitted electronically as an encrypted file to the release of information company that we partner with, called Discovery. Their staff, who are Registered Health Information Technologists, redact the records as necessary before releasing a copy of the records."

Redaction is necessary because not all the information in a record is permitted

to be released, even to the individual patient who is discussed in the record. Additionally, only copies, not original records, are allowed to be released.

"No one can release the original record. It belongs to the original practice and must be kept in case of lawsuits," explains Iezzi.

Having a company like Underground Archives manage records often means better compliance with state regulations. All staff are trained in HIPPA and state requirements and are bonded and are required to complete annual updates.

"Physicians treat patients they don't always know about releasing information," said Iezzi. "I've heard from doctors who used to just copy every page in a chart and just send it to patients. But not all of the info in a patient's chart can be released; there are guidelines."

Iezzi notes there are extra concerns especially when dealing with minors. "You need to identify who CAN make a request. It's trickier dealing with pediatric records when a request comes from non-custodial parent who doesn't have a legal right to the records. That's why we are thorough in following the process."

Technology allows for Underground Archives to provide this service to a larger geographical footprint of doctor's offices. Iezzi stated that their clients have come not just from western and central Pennsylvania but also eastern Ohio and they have provided consulting for a practice in New York. ↑

For more information, visit www.uarchives.com.



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Each day our team is blessed to meet people who welcome us into their lives as they journey along a path where medicine and medical technology no longer holds a cure, and therefore they seek comfort measures until a natural death occurs. This sacred time will only come once in a lifetime and we feel privileged to meet these individuals Face to Faith. As the area's only pro-life hospice, we pray on January 22, 2012, Sanctity of Human Life Sunday, that our message will encourage community members to hold in high regard all stages of human life—from the birthing of babies until we pass from this life into eternal life.



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Child Abuse, Human Rights, and Academia



**By Dr. Matthew Masiello and
Jessica Lynn Kurtz**

Colleges and universities across America are now occupied with identifying, responding to, or trying to prevent the sex abuse scandals that have rocked the sports and academic foundation of several prominent academic centers. In the Pennsylvania university-based incident, it appears that adults at multiple levels of societal and academic responsibility failed to appropriately identify, react, and respond to allegations of child abuse. Individuals extraneous to the academic center, non-profit groups, and government agencies mandated to protect children similarly failed to act in a timely manner or just failed to act.



As a result of the serious lack of scholarly and political attention paid to child human rights in the United States, children are not legally protected to the degree and manner in which they deserve. Defending children and keeping children safe are issues that transcend all aspects of society. All adults should have a *moral* and *social* responsibility to take action against child-related violence. The U.S. prides itself on championing fundamental liberties, yet there is clearly a void in terms of protecting the rights of children. Developed in 1989, the United Nations Convention on the Rights of the Child is an international set of standards and obligations that sets forth the full spectrum of social, political, and economic rights to be afforded to children. Out of all of the U.N. Member States, only the U.S. and Somalia have failed to ratify the Convention.

The curricula of most U.S. colleges and universities currently lack comprehensive, organized research and study programs directed to the rights of children. To a significant degree, we pale in academic comparison to European institutions of higher learning. The challenge should be for American academic institutions to create interdisciplinary and transparent initiatives focused on the human rights of children. Traditionally, pediatrics, psychology, social work, and other health-related

fields have dedicated components of their work to children. However, as other human rights scholars have indicated, this silo approach creates a fragmented national voice on this important issue. Scholarly activity should partner medicine, the social sciences, law, and education into a comprehensive field of study. Through this type of academic merger, a more holistic understanding of “the child” will emerge. Promoting scholarly dialogue on the needs, desires, abilities, and rights of children will allow for a discussion not yet taking place in this country, as well as illuminate the areas where society stands to be improved. A new conceptualization of “the child” that promotes the human rights of children will go beyond simply examining a child’s psychological or societal development – ultimately providing them with appropriate societal protection.

An increased and deeper knowledge of the special issues children face and how to create a safer society for them will ultimately be the best response to the child sex scandals facing our universities, as well as our country. Simpler or more common approaches would be to investigate the accusations of abuse, change institutional policy, donate money to child protection agencies, lobby for new laws setting forth better reporting processes, or develop a limited academic or research initiative. While each of these alternatives has some benefit, realistically, these approaches will contribute little more to what presently exists in our society to protect children. A holistic, educational approach based on the advanced study of the human rights of children may allow the U.S. to move ahead in terms of how we can most optimally care for and protect our children. In addition, it will allow this country to take the lead in promoting child human rights, ultimately assuring a better and safer life for our children and children worldwide. No doubt, there will be much debate, discussion, and disagreement. However, in time, it will increase the national sense of moral and social responsibility, filling the presently existing void in how we should respect and honor our children and finally provide them with the safeguards they deserve. †

Dr. Matthew Masiello, MPH, is director of the Center for Health Promotion and Disease Prevention Governance Board of the International Health Promoting Hospital Network – a part of the World Health Organization.

Jessica Lynn Kurtz, Esquire, is a human rights research specialist with Windber Research Institute (Windber, PA) and an attorney in the Law Offices of Baurkot & Baurkot (Easton, PA).

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How the ER Prepared Me for the Challenges of Life



By Dr. Geoffrey Mount Varner, M.D.

There are two things in life we all share equally in this world. We will all have adversity. And we will all die.

As an emergency medicine physician, my job is quite clear - the acute management and stabilization of anything and everything that comes through the doors of the emergency department (ED). We are open 24 hours a day, 7 days a week, 365 days a year; regardless of rain, sleet, storm, hurricane or record heat. A patient's race, color, creed, religion or socioeconomic status does not matter. Illness has no respect for person or status. You could be an alleged

murderer or a victim. You may even be the child sex abuser who was hit by a car fleeing from the scene. Emergency medicine physicians serve all comers, at all times.

In order to provide a context for the content it is important to recognize that the ED deals with a specific subset of the population. Most patients have already experienced some form of tragedy. Various calamities ranging from the common broken bone or earache to heart attacks, strokes, traumatic injuries, child/domestic abuse and assault and, in this day, even newly diagnosed HIV. In the ED, my colleagues and I often interface with a segment of the population who has already endured a level of adversity that many others will never experience. We see them at their worst and often most vulnerable time. What we all share in this moment is that common bond that they are in the ED because something untoward has happened.

The world of emergency medicine prepares you for adversity in many ways. It fosters a spirit of humility, compassion, empathy and perfects the art of listening. ED docs are able to witness and experience firsthand the best and the worst in people. In fact, the following are some of the most instrumental human traits I have mastered as a result of managing one of the busiest trauma centers in the United States—skills which later saved my life too:

It could have been me—humility: For example, there was a male patient who kindly stopped his car in blizzard with his two children to help a woman standing on the side of the road. The woman's car had slid off the road. As this Good Samaritan helped the lady he was hit by an oncoming car. After being thrown several feet from the point of impact, he was knocked unconscious, suffered significant blunt trauma and required transport to the closest trauma center, forty five minutes away. The paramedics brought the patient and the kids to the ED. Due to the snow storm; it took several hours for the mother of the children to arrive. The woman who was the recipient of his good will took a taxi to the hospital to help. She stayed with, fed and changed the kids' diapers during the 5 hours it took the mother to arrive. It was humbling to realize that either party could have been someone I knew and cared for.

Foundation of the human spirit—compassion: Juxtapose a young female who was walking home with her four year old daughter in a nice neighborhood in the middle of the day. Both were attacked by two men. The men pulled the females into an alley. The woman was raped by each man as the other held the on-looking child. This four year old girl witnessed it all. It's amazing how human beings can treat one another so poorly. Again, it could easily have been one of our loved ones.

The adversity barometer: "But for the grace of God go I." The ED changes your threshold of what adversity really is. As an emergency medicine provider the skills

that you develop to help treat, comfort, protect and prepare not only your patients but their loved ones too, equips you with a unique frame of reference applicable in every aspect of your life. . You regularly witness fellow humans enduring life threatening and life altering situations and this quickly changes the lense through which you view adversity. No matter how serious an event, if it is not going to kill you or take away your liberty it really may not be that bad. For some, living with and in their current conditions may be worse than death.

The ED prepared me adversity because I now recognize that the fell clutch of circumstance can come knocking on my door at any moment—and it did. Tragedy will befall all of us. And when it does, when adversity strikes, *what matters most is what you do next: dealing with adversity.*

True life application: In dealing with adversity, life in the ED has taught me that you must acknowledge the realities of your current situation, but not be overwhelmed by it. Some of the worst lies in life are not the lies we tell other people or the lies people tell us. No; they are the lies we tell ourselves about the realities of our current situation. For example, when a doctor walks in your room and tells you that "you are most likely having a heart attack," at that point it is what it is. You can lie to yourself and choose to leave the hospital against medical advice and assume the symptoms are related to indigestion, or you can accept and acknowledge the realities of your current situation. Acknowledgement allows you to properly deal with your adversity at hand and assist you to make appropriate decisions. In this case the appropriate decision would be to stay in the hospital and allow your coronaries (arteries in the heart) to be opened. Then, understand, medically, how to adapt to your new reality.

Conquering your obstacles: So, we've said that what matters most is what you do next. When dealing with adversity your first and next step is often your most important step. Some adversities will allow us time to think through and analyze our next step while some adversities will require immediate action. Do not allow yourself to be paralyzed by the analysis. You have to recognize those moments when adversity mandates a response to get you through the moment. There are many occasions in the ED when in the course of managing fifteen patients; you receive two back to back who are critically ill. This isn't a time to ponder your next move. You must quickly assess the situation and take immediate and direct action to save both lives in addition to managing the others pain and suffering.

The final analysis: In these adverse and difficult situations, as a doctor or a patient, there are often moments when faith is the only thing we have to hold onto. I have had patients die that otherwise, from all my experience and training, should have lived. There have also been patients that lived who from an experience, research and literature perspective should have died. It is in these glimpses of time that it becomes very clear that it is all in God's hands. In the final analysis it is important to keep in mind, "The will of God will never take you where the Grace of God will not protect you."

As health care providers we are often the source of encouragement and strength for many of our patients and their families. We should embrace this privilege. Share with patients the lessons learned and renewed faith based on our experiences with other patients and their lives. We all know that death is imminent for ALL of us. But our patients often do not acknowledge this reality. Nevertheless, our patients need us to provide comfort, concern and care regardless of the expected outcome. Encouragement and compassion combined with experienced insight will help shape a better perspective and often will make patients feel better about their circumstances. Perspective is everything.

Dr. Geoffrey Mount Varner resides in the Washington, D.C. Metropolitan area with his wife and two kids. He is an emergency medicine-trained and board-certified emergency medicine physician. Dr. Mount Varner holds degrees from Hampton University, Harvard University and Wayne State University. In his spare time, he competes in triathlons and has run several marathons. What matters most is what you do next is his second book. Dr. Mount Varner is most noted for saying, "I am not sure why I was put in this world and what I am going to do with my life, but I know I was put here to be a Daddy." His new book, What matters most is what you do next, is available for purchase at www.whatmattersmost-book.com as well as other online booksellers.



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Celtic CEO Uses Innovation to Grow

By Elizabeth L. Fulton

Celtic Healthcare, a home healthcare and hospice company with corporate offices in Mars, Pa., was named on the top of the list of "Large Company" 2007 "Best Places to Work in Western Pennsylvania" and has been ranked in the top five of Pittsburgh's fastest growing companies by the Pittsburgh Business Times.

This growth in part is because of Celtic Healthcare's founder and chief executive officer, Arnold E. Burchianti, II, MPT. He received his master's in physical therapy in 1994 from Duquesne University. After contracting through other companies to practice physical therapy, Burchianti founded Celtic Healthcare in 1996. Since then the company has grown to provide services throughout Pennsylvania and Maryland.

He views the challenges of home healthcare as an opportunity. "I believe we have been able to grow because we are innovative and nimble," he says.

According to Burchianti, healthcare legislation has done more to hurt home healthcare in recent years. "With a 22 percent cut in revenues in the past seven years to home healthcare, 10 percent of that has been in the last three years alone, it's a struggle to keep up," he says. "It causes some to limit care and making it harder to enroll patients in care."

Home healthcare and hospice don't have a big lobby, says Burchianti. "We are competing against the AMA, hospital associations and insurance companies, so our industry has been hammered over the past seven years," he says. "If it gets cut into any deeper, it will be harder to tolerate and stay alive as a business."

Burchianti believes there should be new models of care and more cost effective ways of providing care. "As the cost of care has gotten higher, I have seen it as an opportunity using business innovation," he says. "There is no lack of people to care for. It will eventually level out and innovators like me will create a new model of business that is more skilled and efficient."

Celtic Healthcare has already begun to change that business model. But not everyone can do that, says Burchianti. According to him, about two thirds of all home healthcare businesses are small businesses. They don't have the resources to add innovations. Nurses can only do so much in a day and owners often take pay cuts to help keep the business running.

Technology has helped Celtic Healthcare become a leader in home healthcare and hospice. Home healthcare is highly regulated, with many forms to be completed. Celtic Healthcare built a system to manage this process at the point of care. This Web-based management work-flow system works around the patient. Monitors go



Archie Burchianti

into the home to measure vital. "This data gives us measures daily," says Burchianti. "We can best predict outcomes and see if the patient is going to require re-hospitalization."

In addition, Celtic Healthcare uses integrated electronic medical record (EMR) systems to coordinate care at all points, from the hospital to the pharmacy to the primary care physician. "By logging into these systems, we are able to make sure everyone is working together and the patient can be stabilized at home instead of a hospital," says Burchianti.

Because of this virtual care technology, Celtic Healthcare has been able to drive down readmission rates while requiring fewer home visits. For chronic patients, this rate has been reduced by 85 percent.

This technology does have a cost and home healthcare companies get reimbursed the same amount no matter what method they use. Burchianti still believes in using it because quality of life is enhanced. He believes technology in healthcare is akin to air traffic control. "Without air traffic control, there would be no way flight could happen," says Burchianti. "There is no traffic control in healthcare. Technology has become the traffic control for patients and has helped to break down inefficiencies."

Burchianti explains, "We have reduced readmission rates, but no one truly knows why. We are required to look at all lines and to use risk analysis. We have to look at what was done, what medications were prescribed, who the patient has seen and find out what type of events are adverse." It's all about merging patient information across the continuum. "It is complimentary to home care," says Burchianti. "We try to apply it to doctor's offices and hospitals."

In the end, according to Burchianti, reducing inefficiencies and cost all comes down to the way the country views end-of-life care. "We need to take hospice care more seriously," says Burchianti. "Western Pennsylvania is in the 90th percentile on utilization of care of patients at end of life, and only in the 30th percentile for hospice."

Hospice care saves money. "It is about a tenth of the cost as healthcare in other settings," says Burchianti. "End-of-life care is expensive, and as the population ages, who is going fund end of life? It's not sustainable."

He believes more families need to be educated about hospice care. "I hear it all the time. Families say they wish they knew earlier about hospice," he says. "They may have put their loved ones into hospice care earlier."

For more information on Celtic Healthcare, visit www.celtichealthcare.com. ↑



REGAIN CONTROL From Page 1

meet budgets), shortages of supplies, increased waiting time and changing relationships between providers and payers. It's clear that the pressures to control costs, manage effectively and improve patient outcomes are only going to get more prevalent.

Talk to the CEO of any hospital system and odds are that he or she will be able to cite pockets of success in their organization. But ask about the overall impact on the patients and the bottom line, and most would admit falling short.

And that is the problem in a nutshell: Healthcare system improvement is being attacked in isolated pockets instead of looking at the whole. The CFO focuses on cost. The CMO looks at quality of care. The CIO is sure that IT will be the solution to most of the problems. The CEO is thinking about whether to join a new provider network or negotiate partnerships with other providers or payers.

Department heads innately focus on ensuring that their people are working most effectively and efficiently...often at the expense of other treatment units. A radiology department's streamlined procedures may throw a monkey wrench into cardiology's processing records and patient waiting times. No wonder there is often negative synergy created, where improvements in one area cause worse performance in another.

To navigate through the increasing complex landscape of mediating factors imposed on healthcare, organizations need to start looking at themselves more holis-

tically in 2012, so that improvements can be synchronized horizontally – not just vertically.

The seeds to holistic management now exist in patient-centered care, where practitioners work more closely to coordinate all the treatment a patient receives – and to make sure that all the components are working together and not in conflict with each other. If you think of the "patient" as the healthcare system, the metaphor is a perfect fit.

Holistic, patient-centered care applies in another way here as well. The only thing that can align all the components of a healthcare system is making sure that everyone is looking at the system from the patient's perspective. Getting "macro" around how you give care to a patient and how the patient receives that care is not easy, but developing that perspective in your organization can help you decide where and how to deploy unified and coordinated improvement efforts.

Taking this holistic view of your organization, shaped by the patient's perspective, is the first component of developing a high-performance health care culture that can address the myriad of challenges ahead.

Leadership at all levels must think and act more holistically as well as ecumenically to synchronize performance improvement in order to make change effective and see a tangible difference in patient and institutional success this year. ↑

Ron Wince is chief executive officer at Guidon Performance Solutions, a national hospital and health system efficiency consulting firm.

Community Needs Assessment Drives Planning and Improvement



By Chris W. Brussalis

The rapid and constant change in healthcare is daunting. Current government regulation and the threat of future mandates are changing the landscape in policy, economics, and practice. Add this to everyday, fast-paced advances in technology, workforce demands, and dynamic community needs, and healthcare leaders will be pressed to manage and allocate resources like never before.

For healthcare organizations to continue providing high quality services in a cost-efficient manner, it is paramount to follow a rigorous discipline of community needs assessment, strategic planning, and continuous improvement. They provide a guide for any long-term decision-making or dynamic planning process.

continuous improvement. They provide a guide for any long-term decision-making or dynamic planning process.

COMMUNITY NEEDS ASSESSMENT

A community needs assessment is a thorough review using research and data-rich analysis to enable healthcare organizations in developing compelling solutions that satisfy community needs, capitalize on market opportunities, and mitigate possible threats. Successfully delivering on mission now and into the future requires an understanding of the community's needs and projecting what those needs will be in the months and years ahead.

A thorough understanding of community healthcare status and needs is vital. With this information, healthcare providers can compare current community needs with their capacity and ability to deliver to meet them. A community needs assessment should also predict demographic and socioeconomic changes and subsequent healthcare needs of the community. This data is critical to the effectiveness of a strategic planning process. The community needs assessment is primary data to feed into the situational analysis of a healthcare provider's strategic plan.

STRATEGIC PLANNING

A strategic planning process typically includes three phases: Situational Analysis, Strategy Development, and Strategy Implementation. Using objective market data and engaging stakeholders throughout the process builds consensus and reliability around long-term direction.

A community needs assessment, identification of external market needs, and an introspection of the organization's capacity to meet community's needs feeds into the situational analysis. These critical, first steps enable healthcare organizations to position themselves with greater accuracy during tempestuous times and to capitalize on periods of growth and market opportunity.

An organization's ability to utilize people, processes, knowledge, and resources



to deliver on its mission, to meet community needs, and to fulfill its vision is dependent upon its capacity. Using the community needs assessment and organizational capacity review, the situational analysis culminates with defining a compelling vision that clearly articulates a healthcare organization's desired future state. It validates core values to drive a common purpose and develops unity behind a single mission to clearly define a reason for existence.

Strategy development utilizes analytical methods to build a plan towards achieving an organization's vision. It defines organizational direction. This step involves the creation of strategies to capitalize on opportunities while mitigating threats and leveraging organizational infrastructure in the most effective and efficient manner. This results in a number of priorities and strategy alternatives for the organization to consider. The outcome is development and adoption of a specific, forward-looking strategic plan that is in alignment with the organization's vision and mission.

Strategy implementation sets the stage for continuous improvement. During strategy implementation, tactical plans and methods of evaluation are developed to enable continuous improvement. It requires an action plan with accountability. Successful implementation plans require prioritization of strategic goals and initiatives through short-, mid-, and long-term tactical planning. Without a detailed, realistic implementation plan, a healthcare organization's strategic plan is merely a paperweight or a shelf ornament – neither of which can help navigate a turbulent economic landscape.

CONTINUOUS IMPROVEMENT

The information collected and analyzed through a systematic evaluation process can be leveraged to identify areas for continuous improvement. To continually improve, an organization must assess how customers value specific elements of their plan against customer perceptions of the organization's ability to perform or deliver on them.

Evaluation data will reveal the success or failure of a strategy. Even failure is not failure if it is identified early enough to enable improvement. Evaluation and continuous improvement ensure that a bad strategy does not become worse and a good strategy continues to be a success. Continually improving strategy will keep an organization relevant in a changing economy, in both bull and bear markets.

In a cycle when cash is tight, now is the time for organizations to critically assess their market position and performance and to plan accordingly. The dynamic planning process utilizes a number of tools to help organizations survive challenging periods or even help catapult them to the next level. Ultimately, these steps position organizations ahead of the game. ↑

Chris W. Brussalis is President & CEO of The Hill Group, Inc., a national management consulting firm based in Carnegie. He is also Adjunct Professor of Management and Policy at the Heinz College of Carnegie Mellon University.

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If you would like to become one of our Featured Thought Leaders and share your best practices, trends, and resources, contact Kristen Kart at kristenkart@wphospitalnews.com.

Have You Evaluated Your Current Anesthesia Staffing Model?



Although the integration of Certified Registered Nurse Anesthetists (CRNAs) in the delivery of anesthesia services is now accepted practice in today's healthcare business model, misconceptions about the role of these mid-level practitioners still persist.

Multiple studies indicate that the utilization of CRNAs in the OR do not negatively impact clinical outcomes. In fact, including CRNAs in the anesthesia care team model has been proven to provide many benefits including improved OR efficiency. The blended model of anesthesiologists and CRNAs is an expanding approach to care in many states, including Pennsylvania.

Our latest **white paper**, *CRNAs in the Care Team Model*, examines the benefits of incorporating CRNAs in the anesthesia department and describes the history of the nurse anesthetist profession. Download it at www.somniainc.com/CRNA.


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Bodiography Presents “The Red Carpet Roll Out”—a Celebration of a Decade of Contemporary Ballet by Bodiography in Pittsburgh



by Christopher Cussat

On Friday, February 24, and Saturday, February 25, 2012 at 8:00 p.m., the Bodiography Contemporary Ballet celebrates its 10th anniversary in Pittsburgh by inviting patrons to dress to the nines and join the company at the Byham Theater in a stroll down the Red Carpet to the sound of Pittsburgh’s *Crossing Boundaries*. The evening will showcase a decade of Artistic Director, Maria Caruso’s, choreography—including her rock ballets set to the music of Stevie Nicks, Pearl Jam, Red Hot Chili Peppers, and the Dave Matthews Band. In addition, selections from her more recent medically inspired ballets,

“HEART: function vs. emotion” and “108 Minutes” set to live original scores by the acclaimed, Cello Fury.

“‘The Red Carpet Roll Out’ is a unique opportunity to celebrate the growth of my work over the past decade,” Caruso explains. The performance begins with an exploration of Caruso’s early rock ballets and moves into her most recent, full-length works dedicated to raising awareness in the areas of medicine, science, and education. “Medicine, in particular, has always been a passion of mine. I am grateful for the opportunities that I have had to explore my choreographic talents in an effort to develop a distinct presentation that beautifully articulates my art form while displaying the parallels that we share with scientists, clinicians, physicians, and educators,” she notes.

The evening will be capped by the premiere of Caruso’s “Eyes Wide Open”—a moving examination of visual expression and perspective as seen through the eyes of some of Bodiography’s medical, scientific, and artistic collaborators over the past decade. Movement will derive from photographs from the collections of Dr. Robert Kormos, Dr. Gregory Rohrer, and Mr. Eric Rosé, including natural and built landscapes, all without human presence. The focus of the work will be the change in perspective that the viewer undergoes in response to the varied intentions of the individual photographers. Each of the highlighted photographs will guide the audience on a sensory journey through Caruso’s abstract visualization of the four seasons, concluding in the summer months at the historic Carrie Furnace.



(Photo taken by Dr. Robert Kormos)

Lauren Flanagan



Caruso believes that the marriage of dance and medicine/science has proven to be an effective and engaging opportunity to share the human condition and the passions of those who work relentlessly to save lives. “It is both an honor and privilege to afford the opportunity to be recognized as an artist and professional dance company with a continued vision to create full-length ballets, with live original scores, that raise awareness about new developments in healthcare,” she adds.

“I also feel the need to express my gratitude to the company of artists that I work with on a daily basis that are equally as inspired by the work of those that we honor in our ballets. I am awestruck daily by the commitment of their bodies of expression, the original soundscapes of the acclaimed musicians of Cello Fury, and the inspiring stories that we bring to life on the stage,” Caruso concludes.

Get your tickets today for this unique event and experience. Plus, the glamour doesn’t end when the curtain goes down. Tickets to a post-performance VIP party at the neighboring Renaissance Hotel are also available. Meet Caruso and the Bodiography dancers while enjoying unlimited hors d’oeuvres and cocktails. Tickets for both performance and after-party are available by calling 412-456-6666.

Please visit Bodiography at www.bodiographycbc.com for more information about artists, residencies, projects, and tour dates. 🎨

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The CEO of Care—Managing the Business of Care for a Family Member with Special Needs or Disability

By Michael Duckworth



For an increasing number of families in this country, there's a new financial reality that extends beyond the boundaries of traditional wealth planning—one that too few families or their advisors are trained to (or capable of) managing. More than ever, families are struggling to manage the complexities

of care and the related aspects of financial management when a loved one becomes disabled or has a special medical need.

According to the 2005 U.S. Census Special Report, approximately 21 million families in the United States are caring for a member with special needs and one in every 26 families is raising a child with a disability. It is expected that the number of families providing care for a member will grow as disability diagnoses rise, our boomer population ages and the healthcare system improves treatments and extends life expectancies for a variety of illnesses.

If you have a family member with a disability or special need, it can be helpful to think of yourself as the CEO of Care and your work as if it were a business. Breaking the components of care planning into smaller pieces, the way a corporate CEO might, can make the task seem less overwhelming. While a plan will be specific to each family's need, the essential elements often include: health, including care and nursing; legal matters,

including estate planning and government benefits qualification; housing, equipment and transportation issues; financial management; and special education among many others.

For families who find themselves in this situation, building an appropriate strategy and identifying advisors to support them in each part of it can be challenging, but may not be impossible. What's important is to have a strategy in the first place. To build a structure for the care, legal and financial aspects of a loved one's life, you should assemble a team of especially qualified professionals.

Due to the complexities of establishing a special needs strategy, consider consulting with legal, tax and financial professionals who have the experience and the qualifications in serving families like yours. In an ideal circumstance, your relationship with your team—your legal advisor, financial advisor, doctors, nurses, social workers, therapists, teachers, etc—will grow over time to feel more like family members. You're in this together.

As you're building the team around you and your loved one, get references from other families they care for and ask lots of questions, including how they are paid. The issues that come along with caring for someone with a significant disability are truly unique, and the potential range of outcomes for families can be greatly affected by the quality of the team. Take your time with this aspect of your planning and choose wisely.

Good financial strategies are built on good information. Calculating your anticipated income and expenses can ease planning and make it easier to respond to new challenges and opportunities. Numerous planning tools and workbooks are available that can include expense management worksheets and assist families in projecting



the long-term costs of care. Try finding a knowledgeable financial advisor with whom you can work through a special needs planning process that fits your family's circumstances. If you need help figuring out where to start, there are tools available to help you wrap your head around the many aspects of planning for your loved one.

If you are the CEO of Care for your son, daughter, spouse or parent, you have been given a job that can be impossibly hard. Take comfort that you are not alone and then aim to build a care plan that helps you achieve the best possible outcome for your loved one. Break it into pieces. Build a team of competent, caring people around you and make adjustments to the strategy as life unfolds. †

Michael Duckworth is Private Wealth Advisor for Merrill Lynch, Pierce, Fenner & Smith Incorporated, a registered broker-dealer, Member SIPC, and a wholly owned subsidiary of Bank of America Corporation. He can be reached at his office in Pittsburgh at (412) 566-6523 or michael_duckworth@ml.com. Investment products offered through Merrill Lynch, Pierce, Fenner & Smith are not FDIC insured, are not bank guaranteed, and may lose value.

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There Has to Be a Way Out



By Jane Lewis Volk

One hundred years ago in New York City, the sidewalk near the Triangle Shirtwaist factory was littered with the bodies of factory workers, mostly young immigrant women, after a fire broke out in the building. The owners of the factory had kept exit routes blocked to prevent employee theft and trapped workers were forced to choose between burning in the blaze or leaping to their deaths from windows on the ninth floor.

The 146 deaths that resulted from the fire incited a labor movement to ensure that employees always had a safe emergency escape route. Today, the Occupational Safety and Health Act of 1970, which is enforced by the Occupational Safety and Health Administration (OSHA), makes employers responsible for providing safe and healthful workplaces for their employees.

While general working conditions across all industries, including health care, have improved since the Triangle Shirtwaist tragedy of 1911, safety violations continue to occur. In a matter eerily reminiscent of the Triangle Shirtwaist fire, OSHA recently fined a Brooklyn supermarket more than \$62,000 primarily for locking its doors during the night shift so that employees could not get out without the employer's permission.

With specters of past disasters like the Triangle Shirtwaist factory fire in mind, the federal government is serious about securing and protecting exit routes in emergencies. OSHA cited the supermarket for one willful violation for locked exits and four serious violations for blocked exit routes. A willful violation is one committed with intentional, knowing or voluntary disregard for the law's requirements or with plain indifference to worker safety and health. A serious violation occurs when there is substantial probability that death or serious physical harm could result from a hazard about which the employer knew or should have known.

Both kinds of violations carry costly fines with them and must be corrected immediately. While most employers do not intentionally put their employees at risk, employers must regularly check to make sure that emergency exit routes are clear to avoid a possible citation or, more importantly, to avoid a disaster. For instance, temporarily stacking boxes in front of a rarely-used emergency exit door may not be an intentional means of trapping employees, but could still cause a tragedy and would constitute an OSHA violation if it effectively blocked an exit.

Hospitals and other health care facilities have an even bigger responsibility to ensure proper evacuation of the building in case of an emergency because they must keep in mind both patients and employees. The recent fire which killed 94 people and injured many more at a modern, state of the art hospital in Kolkata, India is an all-too tragic reminder of the consequences of poor safety practices in patient facilities.

Health care administrators should do the following to adhere to OSHA standards and to make sure that employees are prepared in the event of an emergency:

- Make sure employees are able to open exit route doors from inside at all times, without keys, tools or special knowledge and that those doors are not blocked. A device such as a panic bar that locks only from the outside is permitted on exit doors.
- Review emergency action plans to make sure that a written plan is in place. OSHA requires a written emergency action plan for all employers with 10 or more employees. The plan should address all emergencies that the employer may reasonably expect in the workplace, such as fire, toxic chemical releases, hurricanes, tornadoes, blizzards, floods and power outages.
- Establish an injury and illness prevention program in which managers and employees work together to identify and eliminate hazardous conditions.
- Regularly conduct safety meetings and drills to establish emergency exit routes.
- Prominently display floor plans that clearly show emergency escape routes and establish safe areas.
- Explain in detail what rescue and medical duties should be performed and by whom. This is particularly important in hospitals and other critical care centers to establish how to handle patients that cannot be moved or require additional assistance.

Whether you are in charge of a large hospital, outpatient clinic or small doctor's office, it is an ethical and legal obligation to make sure that it is a safe and healthy work environment. The recent citations of emergency exit violations should serve as a reminder that employers should actively monitor their workplaces to make sure that there are no violations, willful or accidental, that would stand in the way of employee and patient safety in the event of an emergency. For an OSHA fact sheet detailing emergency exit route information, visit www.osha.gov. ↑

Jane Lewis Volk of Meyer, Unkovic & Scott can be reached at jlvm@muslaw.com.

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Breakthroughs in Cancer Research Lead to Decline in Death Rates



By Elizabeth Pagel-Hogan

One person dies every minute, equaling 500,000 deaths annually from cancer. Thankfully, over the past fifteen years the rate of deaths for women and men have been decreasing. Much of this progress is due to drastic changes in treatment modalities resulting from breakthroughs in cancer research.

According to the National Institutes of Health director Francis S. Collins, M.D., Ph.D., in testimony before Congress in June 2010, "NIH-funded research has revolutionized how we think about cancer." Two decades ago, cancer treatment was organ-based and utilized "brute force toxic therapies."

Advancement in the understanding of cancer, and how best to develop targeted therapies, wouldn't be possible without an understanding of the structure of genes. In 1962, the James Watson and Francis Crick unlocked the chemical structure of DNA. Subsequent research showed that damage to genes, either through inherited damage or environmental damage, lead to mutated cells, which we call cancer.

Improved prevention techniques resulting from a better understanding of genetics haven't been overlooked by NIH. Three cancer prevention vaccines, one for Hepatitis B that could potentially prevent some forms of liver cancer and two to prevent human papillomavirus (HPV) and associated cancers like cervical cancer.

Cancer treatment focuses now on the genetic profile of each patient and each cancer. In his testimony, Collins referenced drugs like trastuzumab (brand name Herceptin). In NIH-sponsored clinical trials this drug made breast cancer tumors with certain genetic markers more susceptible to chemotherapy. The drug also reduced the risk of recurrence by 52%. Other drugs like Iressa and Tarceva, claimed Collins, made chemotherapy more effective in patients with lung cancer that had certain genetic signatures.

Collins, best known as director of the International Human Genome Project, is eager to push cancer research further into the realm of genetics. In an April 2011 of the Yale Journal of Medicine and Law, Collins stated that NIH hopes to develop inexpensive methods to decoding the genome of each patient.

Collins and NIH are now focused on The Cancer Genome Atlas, a project designed to build a comprehensive catalogue of key genomic changes in twenty major types and sub-types of cancer. This project will receive \$178 million from the over \$10 billion of The Recovery Act that was appropriated directly to NIH.

In his June 2010 testimony, Collins noted that "TCGA has produced a comprehensive molecular classification system for ovarian cancer and glioblastoma" and identified five new sub-types of glioblastoma. More importantly, researchers learned that responses to aggressive treatment therapies varied by sub-type. According to Collins, "These findings hold the promise that we can match the most appropriate therapies to individual brain cancer patients."

"Healthcare providers will use a person's genomic profile, along with information about his or her lifestyle and environment, to develop individualized strategies for preventing, detecting, and treating disease. Genomic information will also enable doctors to prescribe medications in safer and more effective ways, selecting for each patient the right drug at the right dose at the right time," said Collins. In 2012, NIH estimates the cost of sequencing the human genome can be reduced to \$15,000.

"One of our biggest goals is to cut the cost of sequencing an entire human genome to \$1,000 or less."

Biotechnology companies are aiming for this goal, too. Life Technologies acquired Ion Torrent, a company founded by Jonathon Rothberg, that has a device that sequence a genetic sample in a few hours. Rothberg, who has been featured in *Forbes* magazine, *The Wall Street Journal*, and *Carnegie* magazine, foresees a future where patients will have their genomes sequenced at their doctor's office as easy as they currently get x-rays.

Funding for the National Cancer Institute tops the list of agencies in the proposed 2012 budget at over \$5.1 million. In fiscal year 2010, over 487,000 jobs resulted from NIH funding and nearly 1 million U.S. citizens were employed by the medical innovation sector. According to Collins' statement to Congress, in 2008, NIH funding led to \$84 billion in wages and salary.

While the idea of cancer drugs based on the unique DNA in a person's tumor, with limited toxicity to healthy cells, offers promise for those diagnosed, continuing medical innovation has an economic impact that can't be ignored. †

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It's a Matter of Perspective.

Thoughts on Future Healthcare Trends

By Wesley Wise



Now, more than ever, it is tempting to throw our hands in the air and conclude that the future of U.S. Healthcare is too unpredictable. With healthcare reform legislation constantly in debate, adjustments being made, and reimbursement structures shifting, it is certainly a cloudy picture. Add the demographic shifts happening on a more local level, such as the growth of the natural gas industry in Northern and Western Pennsylvania and the lure of younger workers and their families into the region to fill good paying jobs, predicting the impact of these factors on our industry is a huge challenge.

Along with these "unknown" factors, we have "known" elements that can help shed some light on the next five years. We, as a population, are getting older and our health is declining. Obesity continues to increase across the entire population, and the baby boomers tend not to be the best at following the doctors prescribed lifestyle adjustments. These trends provide some clues. With these clues in mind The Advisory Board Company, a global research, consulting, and technology firm, has made some predictions on service line national outpatient and inpatient volume trends for the next five years.

Outpatient volumes will continue to increase in vascular, cardiac, and neuroscience service lines. The vascular service line is predicted to increase 19% with the largest growth coming in peripheral procedures and vascular ultrasound studies as well as an increase in interventional radiology. Cardiac service is expecting to see a 12% increase attributed to growth in Cath Lab volumes including Coronary artery stents, angioplasty, and intra-cardiac catheter ablation procedures. The Neuroscience service line is predicted to see an increase approaching 8%. The major contributors reflect an aging population with Spinal Decompression and Spinal Fusion cases topping the list.

Inpatient volumes will shift from the Cardiac service line to Orthopedics and Neurosciences. Cardiac Service is predicted to see inpatient volumes decline by 9.1% in

the next five years. The Advisory Board expects to see these cases shifting to an outpatient setting as treatments advance. The largest volume decreases are expected in heart failure, stent implants, and acute myocardial infarction cases. Most of the decline is attributed to an expectation that disease management will improve in the outpatient setting, reducing hospital stays. Countering these declines will be slight increases in defibrillator and pacemaker implants, valve procedures, and hypertension hospitalizations. Helping to backfill some of these patient beds will be a 6.1% increase in orthopedic volume. Joint replacement therapy is expanding to include additional older, younger, and sicker patients. Technical advancements will also allow for earlier treatment with partial joint replacements. Neurosciences are expected to see a 4.8% increase in inpatient volumes, due in part to technological advances in imaging and surgical guidance enabling more aggressive brain surgeries. The largest increases are predicted in craniotomy and intracranial procedures. Another factor is an expected volume growth in degenerative disorders due to improved and earlier diagnosis of Alzheimer's disease.

In a nutshell, in the next five years, on a national level, expect to see outpatient cardiac and vascular procedures performed in the Cath Lab Suite shift from diagnostic to more treatment. The number of treatments will, at the same time, grow in volume. Similarly, as technology advances we can expect to see simple spine cases moving to the outpatient setting. At the same time, diagnostic outpatient service volumes like MRI, CT, Blood Draw, EEG, and EMG will continue to increase to support this shift.

On the inpatient side, these same technological advancements in treatment will facilitate the ability to take on more aggressive surgeries, resulting in a backfill of inpatient beds with a generally older and sicker patient population. Future healthcare trends may be cloudy, but cardiac, neuroscience, and vascular services will surely lead the way in forming a blueprint for the future.

What does it mean in terms of the hospital? Perhaps we will see some new models of care delivery, such as a Comprehensive Neuroscience Center including multiple acuities on the same unit, and rehab therapy. Maybe the orthopedic joint camp unit model, with larger patient rooms to accommodate rehab activities and spaces for group therapy on the unit, will become more popular.

Stay tuned for more developments. 📺

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"Healing at the Speed of Sound" by Don Campbell and Alex Doman, foreword by Julia Cameron

c.2011, Hudson Street Press \$25.95 / \$30.00 Canada
263 pages, includes index

For about four days now, you've been carrying a happy tune. And you're not happy about it. The song you've whistled, hummed, and sung could've been something you heard on-hold, on TV, or on a speaker – you don't remember and you don't care. You fall asleep with it and wake with it. You don't know the title of it or who performed it and you don't know all the words – which is driving you crazy.

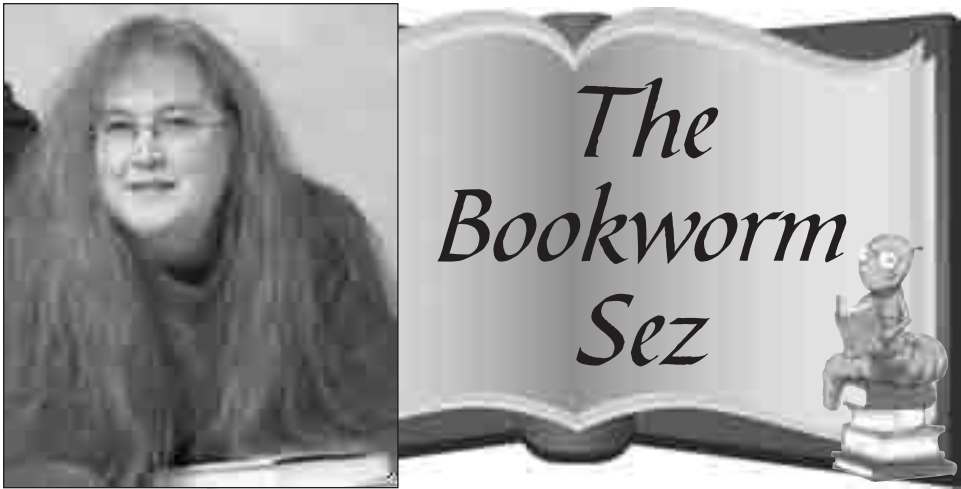


That, and you can't get the blasted thing out of your head. It's called an "earworm" and though it's maddening, it's actually good for your brain. Learn why and more in the new book "Healing at the Speed of Sound" by Don Campbell and Alex Doman.

So you woke up this morning grumpy, feeling like you just couldn't get going? Chances are, Campbell and Doman say, you need to change your first-thing-in-the-morning sound. If you wake to an alarm, for instance, soothing chimes or bird sounds might be gentler. If you need energy to face your day, Calypso music might be the wake-up ticket.

That's because your gray matter "mirrors what it has perceived." Sound, tone, and pitch cause different parts of your brain to interact in a "more intense" way, which affects mood, wakefulness, and health: studies show that music played in pediatric ICUs enhances the growth rate of preemies. Research indicates that exercise can be improved with music, enhancing performance and challenging athletes. Alzheimer's and dementia caregivers have noticed that music and movement can boost their patients' well-being. Even pets' moods are lifted by song.

But, of course, not all sound is good. Exposure to loud music can weaken muscles, worsen some health issues, and cause hearing loss. Annoying noises cause productivity to plummet in business, and



it can drive away clients. So what can you do to best utilize sound? Start by making your home a haven, and use music to match your needs. Know what kind of listener you are, put yourself on a "sound diet," and ask your family to respect that. Tactfully approach neighbors for a "sound curfew" and look for support within your community's noise laws. Oh, and those earworms? Keep them. You may need them someday... With contagious enthusiasm, some personal anecdotes, and a wealth of study results, authors Don Campbell and Alex Doman prove that pleasant sound – particularly music – isn't just something in the background. That's fascinating information, with implications not only for physicians, but for parents, caregivers, business owners, athletes, and casual readers. I was also glad to see research on the disadvantages of cacophony; without those results, this book would have been incomplete. For best results, this book requires patience (because there's plenty to absorb here), a nearby computer (to utilize interactive website links, see demonstrations, and hear recordings), and a desire to take easy steps to maximize your well-being. Whether you love or hate music, welcome noise or abhor it, if you care what goes into your ears, "Healing at the Speed of Sound" could be music to your ears. 📖

The Bookworm is Terri Schlichenmeyer. Terri has been reading since she was 3 years old and she never goes anywhere without a book. She lives on a hill in Wisconsin with two dogs and 12,000 books.



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Social Media Helps Choice Chiropractic Raise Awareness about Current Events and News

By Daniel Casciato

Choice Chiropractic is a comprehensive chiropractic practice with locations in the North Hills and Moon Township area of Pennsylvania. They help patients of all ages primarily with problems involving their spines, joints, muscles, bones and nerves without using drugs and surgery. They have been serving Pittsburgh since 1999.

When we asked about their social media efforts, Dr. Shannon Thieroff, founder of the practice, said that social media is something that could be very useful in keeping patients current with what's happening in the office, in research, and in the news.

"Often it's easier for people to learn and browse at their leisure than try to squeeze a call in when they're involved in their workday," she says. "It's also a great way to raise awareness about current events. For example, there was a great story about Sidney Crosby using chiropractic to help with his post concussion syndrome. Posting the link to the press conference allowed our clients to access the information right away."

Dr. Thieroff took some time to respond to our Q&A to let us know how her practice is leveraging social media as well as the social media plays in a healthcare organization's overall marketing and communications strategy.

Tell us about some of the most common misperceptions organizations have about social media marketing? I think some of the most common misperceptions would be that it is only for a younger market segment, that it's not professional-looking or that it will be difficult to do.

What are some of the issues an organization could face without a successful social media strategy? My not having a social media campaign I think you could miss out on a low cost opportunity to reach a wider audience, to generate referrals from people who may forward information to a friend from your Facebook page or not be perceived as "current" by potential clients.

How can healthcare organizations better engage in social media? I think healthcare organizations could engage in social media better by being active in asking people to check out their Facebook and "Like" it and to subscribe to their Twitter. I also think healthcare organizations could help each other by forming links and referencing pages to add to the number of people who view their newsfeed or page.

How did your practice use social media to execute a social media campaign to

raise awareness for Choice? For our social media campaign we made a basic Facebook page and then added a link from our website where people could "like" our page. I added the icon for Facebook to our webpage so people could know to look for us there.



Dr. Shannon Thieroff

What are some of your favorite social media applications/tools? I don't know if I have a favorite. All I use is Facebook so far. I have a Linked-in (I don't know if this counts as social media) that I'm not very active on.

Many of us can't find enough hours in the day, how do you find the time on social media, and more importantly manage it? I have help. My marketing manager updates it weekly.

On a practical level, can a good social media strategy be outsourced, or does it need to be executed internally? I always wanted to do a social media piece but did not have enough knowledge to be efficient at it. I hired a PR professional to do the initial set-up and then my assistant handles updates.

What things should we absolutely avoid in terms of social media posts and tweets? I am always concerned about pro-

tecting my individual information and keeping it separate from my corporate information/page as much as possible. I also think in the realm of a public/business page that it's really important to be considerate of the needs and preferences of different people. You may have strong opinions and feelings but I think it's important to express yourself in a respectful way.

Is there anything else our readers should know that I didn't ask about? People should know to just "do it". You'll figure things out as you go and people will help you.

Dr. Thieroff was born, raised, and now practice in the North Hills of Pittsburgh. She graduated from Logan College of Chiropractic in 1999 and have owned Choice Chiropractic for ten years. They have developed three locations in the past 6 years. She is also an active member of Pennsylvania Chiropractic Association, Vistage International, Biz Chicks, Avon Club and Pittsburgh Professional Women as well as the North Allegheny Chamber of Commerce. Dr. Thieroff is an active volunteer for Western PA Humane Society and support North Hills Community Outreach. When she's not in her office with patients, she is usually out hiking with her dogs, trying to run 1/2 marathons or spending time with her friends and family.

For more information, visit www.choicechiropractic.net or find her practice on Facebook at www.Facebook.com/ChiroChoice.



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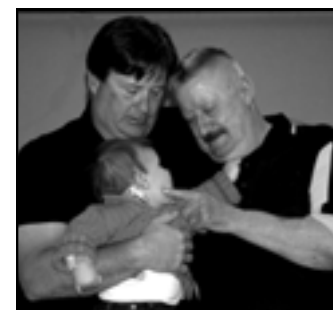
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Can Standards-Based Radiology Services Improve Quality and Control Costs?

The answer is, without question, yes.



By Alison Shurell

As a 24-hour, high-volume service with many different types of consumers — emergency physicians, surgeons, orthopedists, oncologists and family practitioners — radiology is under more complex demands than ever before. How can a hospital better serve its medical staff and keep quality high, while controlling costs? By developing a standards-based approach to radiology services. This approach has worked for many industries from manufacturing to high-technology.

Today, there is a lack of any best practices or standard criteria from clinical or medical associations to assist hospitals in assessing the caliber of radiology providers. Currently, radiology best practices focus on productivity, workflow and cost, because they are easily measured, but this is only a fraction of the total value radiology can bring to a hospital.

In the absence of any standards by which to judge the total value of radiologists, hospitals — and the entire payment system — only look at Relative Value Unit (RVU)-based productivity measures. But such a focus de-incentivizes valuable behavior in radiologists, such as clinician interaction in the form of consultations, calling in critical findings, and other help with case management.

So the question becomes, “How does radiology add value — improve quality and reduce costs at the hospital — and how do you measure it?”

Ultimately, the value of radiology increases as its contribution to improving patient care increases. For instance, if physicians can get reports that are of a higher quality and they can get them faster, they can make decisions about a patient sooner, and can do so based on better information. That’s value. A few ways to improve the quality of radiology reports are:

- Have subspecialists read studies that come from specialty physicians (which is increasingly the case). Typical coverage would include Body Imaging, Cardiovascular, Musculoskeletal, Neuroradiology, Nuclear Medicine, Pediatric and Women’s Imaging.

- Implement a rigorous Quality Assurance program, which includes peer review

that is random, frequent and double-blind, to ensure that the highest level of clinical quality is maintained.

- Implement standard, check-list driven reporting tools to eliminate mistakes due to omissions and ensure complete and thorough reads and final reports.

These standards, combined with service level agreements related to final report delivery (turnaround time), will improve quality while reducing costs. And most importantly, it gives referring physicians what they need, when they need it.

Another way radiology can improve quality while reducing costs is through true partnership with referring physicians. Examples of such behavior include:

- Radiologists being available 24/7 for live consultations with physicians when questions arise or clarification is needed regarding a case.

- Radiologists not only documenting critical findings in the report, but also proactively calling the referring physician, at the time of diagnosis, to connect live when there is a critical finding.

- Radiologists actively participating in medical staff, MEC and tumor board meetings.

This type of behavior fosters trust, confidence and partnership between the referring physician and the radiologist to ensure patients are taken care of in an efficient, yet informed manner.

By establishing “best practices” criteria, and by setting standards by which to measure a radiologist’s performance to those best practices, the entire practice of radiology is elevated to a new level of value to referring physicians, and the hospital at large. Radiologists will better serve physicians, allowing physicians to better serve patients, which is the ultimate goal of everyone in healthcare.

The final word on standards-driven radiology is that it helps encourage transparency and accountability. In this manner, clinicians are better able, as noted by The Checklist Manifesto author Atul Gawande, M.D., to “master the extreme complexity that is the practice of Medicine.” †

Alison Shurell is Chief Marketing Officer of Radisphere, a radiology services provider to rural and community hospitals. Prior to Radisphere, she worked for IntraLinks, Inc. (NYSE:IL), a global provider of B2B software-as-a-service solutions, where she led the launch of the company’s Life Sciences business. Contact her at alison.shurell@radisphere.net.

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RECRUITMENT From **Page 1**

To select and hire the right individuals, organizations must first have defined their mission and values. These two areas set the baseline for human resources practice, including recruitment and selection. Mission and values help define the interview process. For example, behavioral based interview questions should be determined based upon values. A value of putting patients and families first should have a question related to how the individual demonstrated putting a patient and family need first or better yet how he/she anticipated patient and family needs. A value of dignity and respect should include a behavioral based question demonstrating how the applicant displayed dignity and respect. Behavioral based examples should be relevant to the work environment. Ensure examples related to healthcare interactions or directly to the job at hand. If an office clerical position, the examples should relate to that type of work environment. Hiring managers should not be afraid to ask follow-up questions to clarify and get more detailed responses. The best indicator of how an applicant will perform/ behave in your culture is how they have performed/ behaved in other cultures.

When recruiting and selecting your future employees, keep in mind that *all* jobs are important to the healthcare experience and should be treated as such. There is no such thing as “just filling a job.” Employ-

ees are the face to patients and families. Those in non-clinical positions have many interactions with patients and families and require the same amount of focus on selection. I refer to these individuals as in-direct caregivers. They may not physically touch a patient but their interactions with and impact on patients and families are critical. They park cars. They process admissions. They clean rooms. They feed patients. They give directions. They hold a hand. The list goes on and on. These employees require the same behavioral skills as direct caregivers. Compassion, empathy, communication skills, decision making, integrity, critical thinking and collaboration are just a few skills as examples. Commit today to changing the way you recruit and select for these positions. Many times they create the first impression that a patient has — make it a great one by investing in selection.

Another significant way to impact selection decisions is through the implementation of a pre-employment assessment. This type of assessment can assist in measuring the *fit* for your culture. This assessment is not a cookie cutter solution, but built to best meet the needs of *your* culture. It will measure what you want it to measure. Identify the things most important to your culture and measure it. The assessment results are based upon self-reported answers of the applicant. In some cases, his/her answers will not match what is best for your culture even if you believed he/she to be a

great candidate based upon an interview. Interviews are subjective. Pre-employment assessments are more objective. They are not perfect, but the answers provided directly by applicants do paint a picture of what his/her behavior and actions will be. When using these assessments, trust the responses and outcomes before your subjective interview opinions. If implemented in the process prior to the actual interview process, your interview can be used to ask more specific behavioral questions based upon the applicants self report responses.

Step one should be relatively clear by now. Mission and values must exist. An organization cannot recruit and select based upon mission and values if the mission and values do not exist or exist but are not reinforced in all aspects of work culture. It is easy to talk about mission and values but it can be difficult to make the day to day decisions that support mission and values. Culture is created by leaders and employees making day to day decisions — decisions that support values. Make your start today by re-thinking the way you recruit and select. †

Rhonda Larimore is VP, Human Resources & Support Service for Children's Hospital of Pittsburgh of UPMC and the President of hccDYNAMIX LLC. For more information, visit www.hccdynamix.com.

Study Shows Obese Nurses More Stressed, Less Active

Contributed by the University of Maryland (Baltimore)

Survey data from 2,103 female nurses revealed that nurses with long work hours were significantly more likely to be obese compared with underweight or normal weight nurses. The obese nurses also reported having jobs requiring less physical exertion and less movement.

Previous to the study, not much was known scientifically about the prevalence of nurses' obesity and of the potential relationship between their work and their weight, says lead researcher Kihye Han, PhD, RN, postdoctoral fellow at the School.

Han says the study results provide timely evidence-based information for nurse executives and administrators who may consider rethinking their nurse scheduling. “Long work hours and shift work adversely affect quantity and quality of sleep, which often interferes with adherence to healthy behavior and in-



Kihye Han

creases obesity,” she concludes.

The study, published in the *Journal of Nursing Administration* (volume 41, issue 11), is the latest in a series from the School of Nursing that together show adverse effects from unfavorable nursing schedules—effects not only on nurses' health but also on hospitals and patient care outcomes.

One of the previous studies by the same research team in the School of Nursing found that, along with long work hours, the work schedule component most frequently related to patient mortality was lack of time off from the job. Another study revealed evidence to challenge the common 12-hour nursing shift, which can result in sleep deprivation, health problems, and a greater chance for patient-care errors. In still another article, researchers described barriers that keep nursing executives from moving away from the practice, and offered strategies to help mitigate the possible negative effects of 12-hour shifts.

The obesity study suggests that educational interventions about sleep hygiene and strategies for adapting work schedules should be offered by hospitals and other health care institutions. Han adds that a favorable organizational climate that supports napping in the workplace can help prevent work-related sleep deprivation, reduce fatigue, and increase energy for healthy lifestyle behaviors.

About 55 percent of the nurses surveyed were obese. “Considering that more than half of nurses are overweight or obese, increasing availability of healthy food and providing sufficient time to consume it may reduce the risk of obesity and future health problems,” says Han. †

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Not So Random Acts of Kindness

By Rafael J. Sciuillo, MA, LCSW, MS

Some of our clearest and most cherished memories are those that surround the holidays. Whether it be family gatherings at Grandma's, or the look on the face of a loved one when you gave him or her the ideal present – some holiday images are forever etched into our minds. Many of us are blessed to hold those memories and recall them with great fondness.

The greatest memories, perhaps, are of when we seized the opportunity to make a difference in the lives of others. Those gifts are priceless.



Family Hospice's Mike "Santa" McBride with Presbyterian SeniorCare Shenango's Shawna Bostaph.

As he was out shopping for his family's holiday gifts, Mike had a priceless idea. "It's time to do something that's bigger than ourselves," he thought. He's always been one to believe that the holiday season is about giving, spreading joy, and creating memories. After all, as a family man Mike cherishes the opportunity to make this time of year special.

But now Mike was ready to spread that joy a little farther. Mike is a Family Hospice and Palliative Care community liaison who works out of our Hermitage office. Considering that he meets patients and families on a regular basis, Mike gets to know them – and their stories. Just like all of our staff that encounters patients, Mike develops a relationship with people and is dedicated to improving their quality of life.

His idea was to give that priceless gift of making a difference.

Each year, he volunteers his time to play Santa Claus at senior living facilities in the Hermitage area, and share some holiday cheer with residents.

This holiday season, "Santa Mike" parked his sleigh at Presbyterian SeniorCare Shenango, Trinity Living in Grove City, and the Greenville Area Senior Service Center.

At Presbyterian SeniorCare Shenango's annual holiday party, Mike participated in Christmas carols with residents and families, and handed out holiday treats. In Greenville, he was the "guest of honor" at breakfast with Santa Claus.

Making the Most of Life

Residents and families alike expressed their appreciation. The daughter of a resident came up to Mike and commented how happy she was that her mom was able to "give Santa her list in person."

Shawna Bostaph, Presbyterian SeniorCare Shenango's director of personal care, said that everyone from residents to visiting grandchildren enjoyed "Santa's" visit. "He lets the children crawl up onto his lap, and even the patients who know Mike don't realize it's him. He brings a lot of joy."

And it wasn't just Mike who answered the call to shine this holiday season.

Every day, our staffers share their talents with our patients and families. But here's another case of going above and beyond, with two members of our Family Hospice team who are musically inclined. The week before Christmas, our Chief Medical Officer, Dr. Susan Hunt, and physical therapist Bill Sheppard entertained residents of Baptist Homes in Mt. Lebanon. With Dr. Hunt on the cello and Sheppard on the piano, they treated residents on several floors to holiday, classical, and popular tunes. Later in the week, Bill Sheppard volunteered his time again to do the same thing at Oakleaf Personal Care Home in Baldwin.

These gifts of time and talent help personify our Family Hospice promise to provide CompassionateCare to our patients and their loved ones. It is our hope that the memories created by these "not so random" acts of kindness last for years to come. †

Rafael J. Sciuillo, MA, LCSW, MS, is President and CEO of Family Hospice and Palliative Care and Past Chairperson of the National Hospice and Palliative Care Organization. He may be reached at rsciuillo@familyhospice.com or (412) 572-8800. Family Hospice and Palliative Care serves nine counties in Western Pennsylvania. Its website is www.familyhospice.com.



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Music for Healing



By Nick Jacobs

I've been on a journey for almost a decade and a half to find the connections between music, vibration and health or healing. We have studied the works of indigenous man, listened to the quotes of comparative mythologist, Joseph Campbell, read Nancy Shute's article about a study, published by the Cochrane Collaboration which looked at 30 clinical trials of music therapy, both those led by trained music therapists and ones where patients listened to recorded music on their own. Both methods were found to reduce anxiety and pain, and to improve mood and quality of life for cancer patients. Music

may also improve heart rate, breathing and blood pressure in cancer patients, the review says.

While at the Windber Research Institute we engaged in a study commissioned by the Yamaha Foundation to determine the genetic nuances of music as a stress reliever, and a few weeks ago, NPR had a story about a musician and teacher named Holland (Not of Mr. Holland's Opus fame) who performed sound/vibration studies on various cancer cells and saw a 50% reduction of cancer cells in pancreatic cancer . . . but this is still a work in progress.

We have known that indigenous man has used music as a part of healing ceremonies for thousands of years, and we know the impact that music can have on us

emotionally. In fact, back in the early part of the 21st Century we spoke with scientists and leaders from the University of Hawaii and the University of Pittsburgh who were doing studies regarding the bending and folding of proteins within our bodies as they responded to music.

There are also numerous studies demonstrating that music provides some relief from Autism. Music therapy helps in treating autistic children. From an Autism blog we read: *"It has been shown that music that engages autistic children in dancing and singing works very well in helping them communicate and develop social skills, and some of them may even start communicating through singing. They may take up an instrument to play, and this will help them gain interest in acquiring a certain skill."* Music therapy can help different autistic patients in different ways, but generally, it is beneficial to them because it makes them more responsive to things around them." Music gives the child an emotional outlet as well as a sense of fulfillment, which were lacking in the past because of limited social activity.

Well, here's my latest discovery, an Austrian wine maker has successfully applied music to the craft of making wine. Markus Bachmann of Sonor Wines uses a unique fermenting process with his wines: He drops a speaker in the tank, plays music, and, from NPR, "the yeast starts doing totally different things. *"This effect is referred to as glycerizing and produces high end and enriched aromas plus it causes the yeast to use all the sugar . . . He says that the key in the music is that it depends on frequencies, volume, and pulse. He has discovered that there is 30% more yeast that is alive at the end of fermentation than in regular fermentation processes."* Music can impact the yeast and the wine can certainly have an impact on us!

So, I'm going to keep on keeping on as I look for music/healing answers and would enjoy hearing from scientists and healers alike as this journey continues. Seriously, we know that the vast majority of our pharmaceuticals come from the rain forests or the oceans ... why isn't it possible that all of the cures that we need for everything are right here within our grasp? †

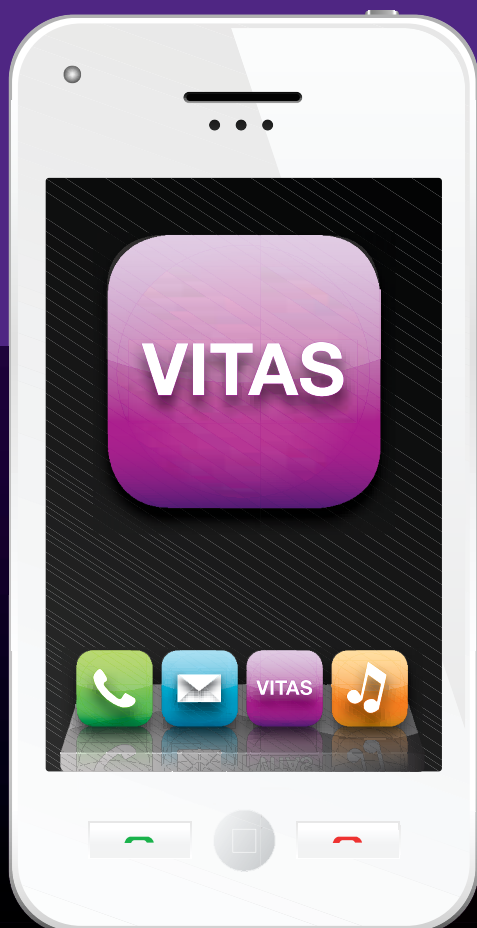
Nick Jacobs, international director for SunStone Consulting, LLC, is known as an innovator and advocate for patient centered care. With 22 years in health care management, he is author of the health care book, "Taking the Hell out of Healthcare" and the humor book, "You Hold Em. I'll Bite Em." Read his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



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Eye on Immigration

by Alex Castrodale



Since 9/11, and especially during the last few years, the federal government has significantly increased its focus on enforcing strict compliance with immigration laws in the workplace. Before the terrorist attacks, the government's goal was primarily to educate employers on the rules. Today, national security and economic concerns have driven federal officials to focus more on removing criminal aliens and imposing civil and criminal penalties on employers who hire or employ unauthorized foreign workers.

In support of these initiatives, the U.S. departments of Labor (DOL) and Homeland Security (DHS) have significantly increased worksite compliance and enforcement actions as well as, more immediately, actual site visits or full-scale enforcement raids.

Though aggressive government enforcement can occur in a variety of contexts

(e.g., Form I9 audits, audits of H-1B public access files, etc.), the U.S. Citizenship and Immigration Services (CIS)—through its Office of Fraud Detection and National Security (FDNS)—has broadened and increased site visits aimed at verifying an employer's existence as well as the accuracy of information in the employer's immigration petitions. Many of these visits occur after approval of the petition, and employers are usually randomly selected. The following are some characteristics of such an investigation as well as some recommendations:

- Most visits occur without warning/notice and last less than an hour.
- All employers should contact employment and/or immigration counsel as soon as they are aware of an imminent or ongoing CIS visit.
- An employer may request to have counsel involved – by telephone or in person – during the visit.
- The officer may ask to speak with company representatives and sponsored foreign workers. Employers should ask to see the officer's identification and a business card to confirm his identity, but must cooperate and respond to reasonable questions and requests for information.

• Officers are primarily looking for two types of fraud: (1) a foreign worker who falsifies an application and claims to work for a company that he does not work for; and/or (2) a company that is falsifying an application.

• Officers may seek to meet with an HR representative to confirm the worker's date of hire, title, work location, and salary information. In addition, some officers may take photos of the company office building to prove that it exists.

• All investigators should be professional/polite and interested only in obtaining the basic information mentioned above. If a visit uncovers something suspicious or improper, the matter will be turned over to DHS for further investigation.

Such a visit may never occur, but all employers should still ensure that all relevant employee/personnel and immigration files are in order and that appropriate company representatives are aware of both the possibility of a visit as well as how to properly respond. †

Alex Castrodale is director of Cohen & Grigsby, P.C. and can be reached at acastrodale@cohenlaw.com. Cohen & Grigsby, P.C. intends this to alert the recipients to new developments in the area of immigration law. The hiring of a lawyer is an important decision that should not be based solely on advertisements. Before you decide, ask us to send you free written information about Cohen & Grigsby's qualifications and experience.

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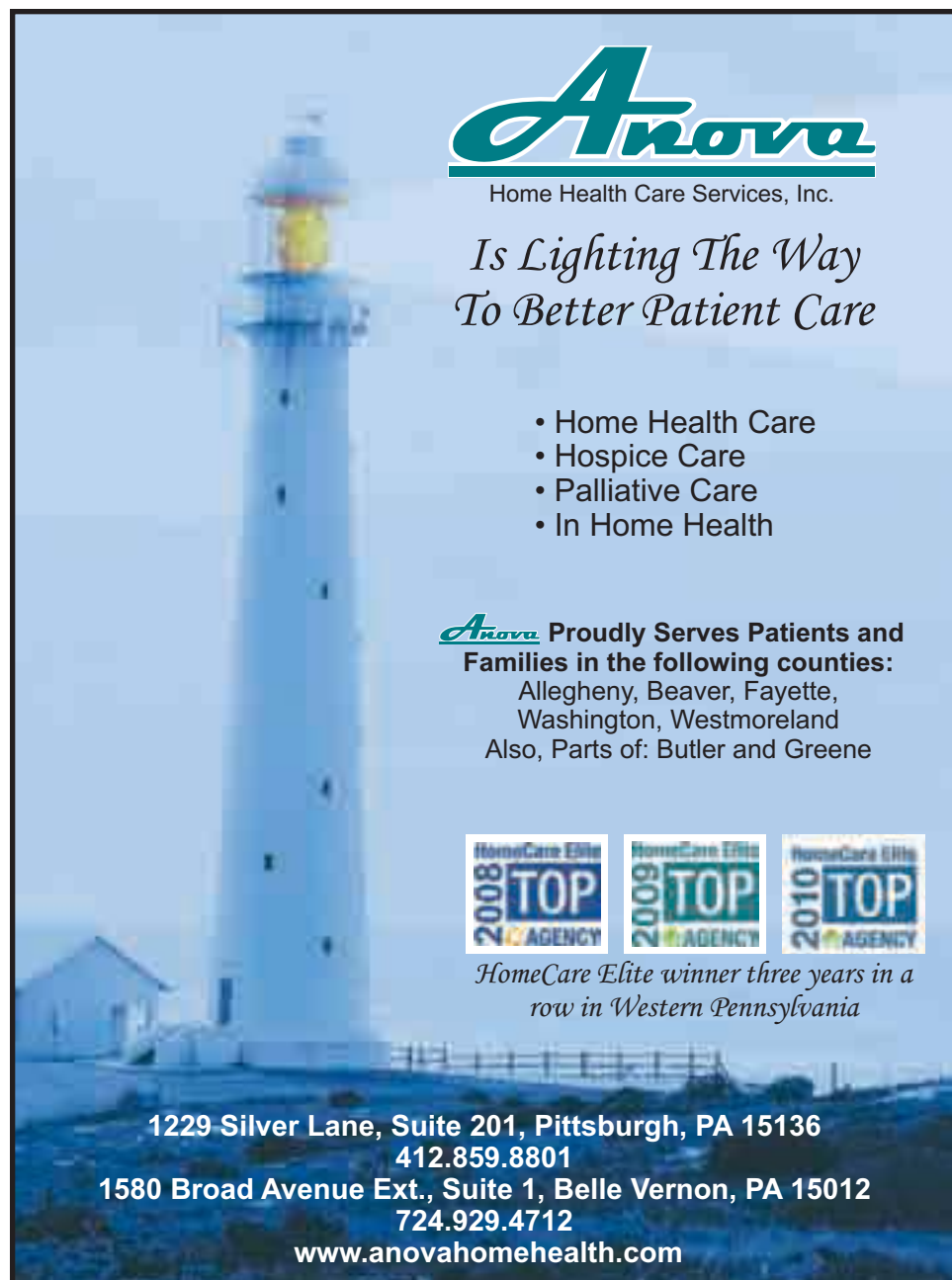
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Vascular Medicine Institute at University of Pittsburgh Receives Up To \$15 Million in Continued Funding



Mark Gladwin

The Vascular Medicine Institute (VMI) of the University of Pittsburgh School of Medicine received a new commitment of up to \$7.5 million from the Blood Science Foundation and the Institute for Transfusion Medicine (ITxM), as well as an additional commitment of up to \$7.5 million in a phased, five-year renewal from The Hemophilia Center of Western Pennsylvania (HCWP).

Prior commitments of \$7.5 million each from ITxM and HCWP supported the establishment of VMI in 2008 and have fostered its development as a national leader in vascular biology research.

After a ceremony on Friday, Nov. 18, Pitt Chancellor Mark A. Nordenberg, Arthur S. Levine, M.D., senior vice chancellor for the health sciences and dean, School of Medicine; Steven D. Shapiro, M.D., UPMC senior vice president and chief medical officer; ITxM President and Chief Executive Officer James P. Covert; ITxM board chairman Charles H. Bracken; HCWP President and Medical Director Margaret V. Ragni, M.D.; HCWP board chair Missy M. Unkovic; and other leaders will tour the state-of-the-art lab facilities that were made possible in part by the initial \$15 million investment from ITxM and HCWP and a \$15 million construction "stimulus grant" awarded under the American Recovery and Reinvestment Act of 2009.

"We have been able to recruit top-notch clinicians and researchers to VMI due to the support we have received from ITxM and HCWP, which are committed to improving the health of people who receive blood transfusions and patients with hemophilia, sickle cell disease, pulmonary and systemic hypertension, atherosclerosis and other conditions characterized by abnormalities in blood flow, oxygen-carrying red blood cells and blood vessel disease," said VMI Director Mark Gladwin, M.D., professor and chief, Division of Pulmonary, Allergy and Critical Care Medicine, Pitt School of Medicine.

The construction project, which implemented LEED principles, used building products that were all made in America, and most came from within 500 miles of Pittsburgh. Approximately 86 percent of the construction debris that left the job site was recycled, and many building materials came from recycling processes, such as epoxy terrazzo flooring made from a porcelain aggregate of old sinks. New windows were installed to provide natural light and thermal and motion sensing lights reduce energy consumption.

VMI researchers, which include faculty from the Division of Pulmonary, Allergy, and Critical Care Medicine and the Department of Pharmacology and Chemical Biology, will conduct bench-to-bedside efforts in vascular biology, such as finding diagnostic and prognostic biomarkers for pulmonary hypertension, which is a high blood pressure condition of the lungs, and uncovering the pathways for red blood cell destruction in sickle cell anemia.

"We aim to explore blood vessels, which maintain all of our organ systems in health and disease, and to study the cells and proteins that travel through them: red cells, platelets, white cells and clotting factors," Dr. Gladwin said. "This broad approach will enable the development of new therapies that may be effective across traditional medical disciplines, from blood banking to sickle cell disease to diabetes to coronary artery disease, to hemophilia and beyond."

The VMI includes the Pulmonary Hypertension Research Center, which was developed to provide clinical and basic research to advance treatments for patients with cardiopulmonary problems due to conditions such as interstitial lung disease and chronic obstructive pulmonary disease; and the Vascular Clinical and Translational Research Center, which is home to sophisticated technologies for the assessment of lung function, blood flow and other vascular measures for patients in clinical studies.

For more information, visit www.upmc.com.

New & Notable

UPMC To Build \$300 Million Center for Innovative Science



Jeffrey A. Romoff

UPMC will invest nearly \$300 million to create the Center for Innovative Science, a research facility that aims to revolutionize the way treatments are designed for individual patients.

Funded by UPMC and scheduled to be completed in 2014, the center will focus on personalized medicine and the biology of cancer and aging, with the goal of developing new understandings of disease to improve patient outcomes while reducing over-diagnosis and unnecessary treatments.

"Through the UPMC Center for Innovative Science, we will bring together leading scientists willing to develop bold, new approaches to understanding complex diseases, such as cancer," said Jeffrey A. Romoff, president and chief executive officer of UPMC. "With our investments

in good science and smart technology, UPMC is developing new models of patient-focused, accountable care that will transform delivery of health care in Pittsburgh and throughout the world."

Added Steven D. Shapiro, M.D., UPMC chief medical and scientific officer, "This major investment in good science will help us to develop the personalized treatments necessary to improve the effectiveness of health care. For diseases like cancer, we will identify the genetic and environmental factors that determine the susceptibility of each individual and the best course and type of treatment."

The 350,000-square-foot center, to be located on the site of the former Ford Motor Co. Building on Centre Avenue, will support 375 new scientific and administrative jobs. UPMC purchased the building in 2007 and previously had announced plans to add research space there. Construction of the Center for Innovative Science is expected to cost \$294 million, with UPMC also contributing to annual operating expenses.

"With recent advances that have been made in such fields as genetics, genomics and computational biology, the time is right to challenge the conventional paradigms that have guided most medical research to this point," said Dr. Shapiro. "UPMC is uniquely positioned to become a national model for research innovation, thanks to our large population of patients and the significant investments we have already made in gathering and analyzing huge volumes of complex data."

For more information, visit www.upmc.com.

Healthcare Professionals in the News

Administrator Named for New Surgery Center

Carrie Rae, BS, CASC of North Huntingdon was recently appointed the Administrator of the Peters Township Surgery Center. Rae joins the new surgery center with 20 years management experience in the healthcare industry. Her previous experience includes Administrators of Gamma Surgery Center in Pittsburgh, PA and HealthSouth Mt. Pleasant Surgery Center. She also held prior positions with HealthSouth that included Regional Diagnostic Administrator/ Director of Business Development and Charity Fundraising Chairperson.

Rae received her Bachelor of Science Health Arts degree from the University of St. Francis where she was the recipient of the Outstanding Student Award. She also achieved the designation of Certified Administrator Surgery Center (CASC) granted by Board of Ambulatory Surgery. In addition, she earned a certificate from the McKeesport Hospital School of Radiology Technology and is currently enrolled in the MBA program at Carlow University, Spring 2012.

For more information, visit www.wpahs.org.



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Altoona Regional Health System Announces the Following Hires



Jolinda Trude

Altoona Regional Health System recently welcomed the following new staff members.

Jolinda Trude of Hollidaysburg has been hired as the manager of Charge Integrity at Altoona Regional Health System. Her responsibilities include the oversight of two patient account auditors and two charge reconciliation analysts, who determine that all lines of charges within the health system chargemaster are billed accurately and within compliance of regulations. Trude also provides education to clinical departments on how to account for the use of materials and services in providing patient care.

Bryan Kudlawiec, Pharm.D., of Ebensburg as a pharmacist at Altoona Hospital Cam-

pus. Kudlawiec is a graduate of Duquesne University: Mylan School of Pharmacy, Pittsburgh. Prior to being hired as a full-time pharmacist, he served as a casual staff pharmacist at Altoona Regional while also a full-time manager at Walgreen's Pharmacy, Altoona.



Bryan Kudlawiec

Marsha L. Haley, M.D., a member of the Altoona Regional Medical Staff, has received an academic appointment as an adjunct assistant professor of radiation oncology in the School of Medicine, Department of Radiation Oncology, at the University of Pittsburgh. As a specialist in the diagnosis and treatment of cancer, Dr. Haley, a radiation oncologist, practices with Jack Schocker, M.D., in the Altoona Regional Center for Cancer Care.



Marsha L. Haley

Lauren Deur, M.D., recently joined the medical staff in the department of Radiology. She practices with Lexington Radiology, a team of 12 radiologists with special-

ized training in various facets of diagnostic and interventional procedures. Dr. Deur is board certified in diagnostic radiology and fellowship-trained in breast imaging. She is also certified to read digital mammography. During her fellowship training in breast imaging, she

Healthcare Professionals in the News



Lauren Deur

received the Fellow of the Year Award at New York University Medical Center. Dr. Deur received her doctor of medicine degree from Albert Einstein College of Medicine in the Bronx, New York. She completed a transitional internship at St. Vincent's Medical Center and a radiology residency and fellowship training at New York University. She has two undergraduate degrees: B.A. in biological basis of behavior from the University of Pennsylvania College of Arts and Sciences and a B.S. in economics with a major in health care management from the University of Pennsylvania Wharton School of Business. Dr. Deur is a member of the American College of Radiology.

Laura Cresswell of Bellwood and **Jessica Nail** of Altoona have

been promoted to the positions of Patient Access managers in the Patient Access department at Altoona Regional Health System. The Patient Access department is responsible for collecting all accurate demographic and insurance

information on every patient who receives a service, as inpatient or outpatient. Their responsibilities include overseeing the department of approximately 40 Patient Access representatives. Cresswell was hired in August 2009 as a Patient Access representative and was promoted last year to a buyer in the Purchasing department in Supply Chain. She is a graduate of St. Francis University with a Bachelor of Arts degree in Spanish and marketing. Nail was hired in September 2010 as a Patient Access representative in the Emergency department. She received her Bachelor of Science in health policy and administration from Penn State University.

For more information, visit www.altoonaregional.com.

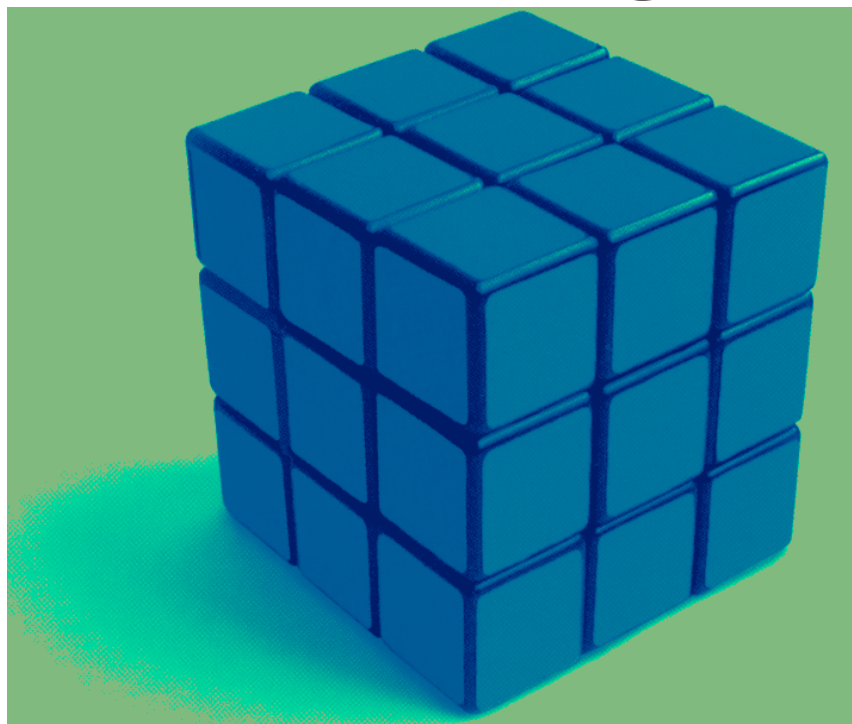


Jessica Nail



Laura Cresswell

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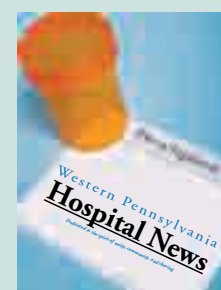
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Ken Braithwaite Joins VHA Inc. as Senior Vice President and Executive Officer for VHA's East Coast and Pennsylvania Offices



Ken Braithwaite

VHA Inc., the national health care network, announced that **Ken Braithwaite** will be the senior vice president and executive officer of its East Coast and Pennsylvania offices, effective November 1, 2011. Braithwaite succeeds Kathy Blandford, who retired at the end of 2011.

Earlier in 2011, Braithwaite retired as a highly decorated Rear Admiral from the U.S. Navy. Since 2007, Braithwaite also served as executive director of the Delaware Valley Healthcare Council, an advocacy-focused organization in southeastern Pennsylvania representing more than 50 acute-care hospitals and 50 other facilities providing health care services. Concurrently, he serves as senior vice president of the Hospital and Health System Association of Pennsylvania, overseeing statewide matters including physician relations, hospital community benefits

and disaster preparedness.

From 2002 to 2007, Braithwaite held the post of vice president of Public and Government Affairs for Ascension Health in Washington, D.C. Previously, he worked as vice president of Advocacy and Government Relations for the 541-bed Saint Thomas Health Systems in Nashville, Tenn. From 1997 to 2000, Braithwaite was executive and state director to U.S. Senator Arlen Specter. Earlier, he served in executive positions at Atlantic Richfield/ARCO.

A naval aviator, Braithwaite earned his bachelor's degree in naval engineering and political science from the U.S. Naval Academy in Annapolis, Md., and holds a master's degree in government administration from the University of Pennsylvania. He also completed graduate studies in international policy and strategies at the United States Naval War College in Newport, R.I. ↑

Sharon Regional Announces New Hires



David Shellenbarger

Emergency medicine physician **David Shellenbarger, M.D.**, who resides in Hermitage, was recently appointed medical director of Sharon Regional Health System's EMS Educational Institute.

As medical director, Dr. Shellenbarger will provide medical oversight to expanding Sharon Regional's EMS Educational Institute program, community EMS training opportunities, the Automatic External Defibrillator (AED) Program, and enhancing the communications between pre-hospital providers and the medical command physicians within Sharon Regional's Emergency Care Center. In addition, he will also serve as a medical specialist on the Health System's Emergency Management Team.

Dr. Shellenbarger is board certified in emergency medicine and a member of Emergency Medicine Physicians (EMP), the physician group that provides emergency medicine coverage for Sharon Regional's Emergency Care Center. He completed an emergency medicine residency at University of Pittsburgh Associated Residency in Emergency Medicine and received his medical education from Temple University School of Medicine in Philadelphia.

Also, Sharon Regional's Interventional Pain Management Center recently welcomed **Daryl W. List, D.O.** and **Robin D. Molaskey, D.O.**, who have more than 50 years of experience diagnosing and treating acute, chronic, benign, and cancer-related pain through their offices in Transfer and New Castle.

Drs. List and Molaskey specialize in the newest techniques and treatments in pain management, including epidural steroid injections, trigger point injections, peripheral nerve blocks, facet injections, medical branch blocks, implantable devices, and much more, with the goal of helping patients return to a productive and enjoyable life.

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



Daryl W. List



Robin D. Molaskey

Healthcare Professionals in the News

Bradford Regional Medical Center Adds New Psychiatrist and Certified Nurse Midwife



Alexander Welge

Psychiatrist, **Alexander Welge, M.D.** has joined Bradford Regional Medical Center's (BRMC) Behavioral Health Services (BHS) department.

Dr. Welge received his Doctorate in Medicine from Ross University School of Medicine. He earned a Master's and Bachelor's degree in Physiology and Psychology respectively from the University of Wisconsin. Dr. Welge completed his Psychiatry Residency at the Mount Sinai Elmhurst Hospital Center.

Dr. Welge joins a multidisciplinary treatment team at BRMC that provides comprehensive inpatient and outpatient psychiatric services to individuals, with a wide range of mental health and addiction needs. Dr. Welge is skilled in addiction medicine.

Kimberly Garcia, DNP, CNM, WHNP has joined the medical staff at BRMC as a Certified Nurse Midwife. Garcia joins board-certified obstetricians and gynecologists Alexander Batchev, DO and David Peleg, MD of the Women's Health Services Department at BRMC. She will provide comprehensive care including a full-range of obstetrical and gynecological services.

Garcia received a doctorate degree in nursing practice from Case Western Reserve University (CWRU) in Cleveland, Ohio where she also earned a master's degree in nursing, nurse-midwifery and women's health, as well as a certificate of professional nursing.



Kimberly Garcia

Two Occupational Therapists Hired for VNA's New Low Vision Works Program



Debbie Gauvain

Occupational Therapists **Debbie Gauvain** and **Linda Miller** recently joined VNA, Western Pennsylvania to manage the Low Vision Works program that specializes in visual retaining. The two occupational therapists traveled to Sarasota, Florida in August for the specialized training in low vision rehabilitation. They are working toward their national certification in the program.

Gauvain has been an occupation therapist for over 20 years working in home health, hospital, long

term and psychiatric rehabilitation settings. This is the first time she has focused on low vision therapy exclusively. Gauvain received her bachelor's degree from Towson University in Baltimore.

Miller, also an occupational therapist for more than 20 years, attended Slippery Rock University where she received a bachelor's degree in biology and later, the University of Pittsburgh for a bachelor of science in occupational therapy.

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



Linda Miller

Forbes Regional Hospital Hires EMS Medical Director

Forbes Regional Hospital is happy to welcome **Daniel Schwartz, MD** in the newly-created role of Emergency Medical Services (EMS) Medical Director. Unlike most EMS Medical Directors who are Emergency Department physicians full time and do some EMS work on the side, Dr. Schwartz's primary, full-time responsibility is EMS.

Dr. Schwartz will be responsible for the oversight of all EMS and Emergency Pre-Hospital care. As part of this new role, he will focus on primary and continuing medical education for paramedics and EMTs by developing programming and training. Based at Forbes Regional, he will be working directly with EMS in the field to provide quality assurance and performance improvement of EMS activities for services under Forbes Regional's medical command. Additionally, he will coordinate pre-hospital Medical Special Operations Teams for those services.

Dr. Schwartz completed the Emergency Medicine Residency Program at Texas A&M Corpus Christi and fellowship training in Emergency Medical Services and Pre-Hospital Medicine at the University of Texas and San Antonio Fire Department. He has experience in multiple areas of medical special operations including tactical EMS, disaster medicine, hazardous materials response, fireground medicine and rescue operations.

Additionally, Dr. Schwartz holds the rank of Major in the US Army Reserves. He is a veteran of Operation Iraqi Freedom and remains with the military as the Director of Tactical Medicine and Combat Medic Medical Director for the 5501st US Army Hospital.

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



Daniel Schwartz

Healthcare Professionals in the News

Terry Wilttrout Named CEO of Canonsburg General Hospital



Terry Wilttrout

West Penn Allegheny Health System today announced the appointment of **Terry Wilttrout** as Chief Executive Officer at Canonsburg General Hospital (CGH), effective immediately. Wilttrout has served as interim CEO at the hospital since June.

Wilttrout officially joined Canonsburg's leadership team in 2002 and was named the hospital's Vice President of Operations in 2007. He began his career with the West Penn Allegheny Health System in 1991 as a computer operator.

Most recently, Wilttrout was the lead executive overseeing the development of West Penn Allegheny's new Outpatient Care Center in Peters Township.

Wilttrout is an active member of many community organizations, including the McMurray Rotary, the Washington County Chamber of Commerce Board of Directors, the Peters Township Chamber of Commerce, the Southpointe CEO Association and the Alumni Council for Waynesburg University. An honors graduate of Robert Morris College with a degree in Management Information Systems, Wilttrout earned his MBA in Health Systems Administration from Waynesburg University.

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

UPMC Health Plan Names Sheri W. Manning Vice President, Marketing and Communications

UPMC Health Plan announced that **Sheri W. Manning** is its new Vice President of Marketing and Communications, effective immediately.

Manning will be responsible for the overall marketing activities of UPMC Health Plan and the UPMC Insurance Services Division. In her new position, she will lead the Marketing & Communications department and direct programs that support the Health Plan's relationships with members, providers, customers, and staff.

Prior to joining UPMC Health Plan, Manning served as Vice President for Marketing Communications, Brand, and Advertising for Blue Cross Blue Shield of Florida, in Jacksonville, since 2005.

A graduate of Florida State University, Ms. Manning has an MBA in Marketing Strategy and Communication from Jacksonville University.

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



Sheri W. Manning

Celtic Healthcare Announces Vice President of Business Development

Celtic Healthcare recently announced the promotion of **Mike Elias**, former Regional Director of our Northeastern PA Division (Hospice Community Care and HCC Home Health) to Vice President of Business Development for Celtic Healthcare.

With a healthcare career spanning three decades, Elias has a wide range of experience in acute care, public health, and home health and hospice care. In addition to leading HCC's day-to-day home health and hospice operations since 2002, his accomplishments have included physician recruitment and retention and a significant list of valued-added services and therapies focusing on patient comfort and satisfaction, including the development of a free-standing hospice inpatient unit. Elias completed his undergraduate studies at King's College and Penn State University and graduate studies at Marywood University.

Tonya Miller, Regional Director for Central PA and Maryland, will take on the additional responsibility of operational leadership in Northeastern PA. Miller has played an instrumental role at Celtic Healthcare in many ways in addition to her administrative leadership role. She coordinates the educational pathways for rehab services internally and provides external educational services related to a variety of topics in home health care, rehabilitation, and management. Miller received her Masters in Physical Therapy from the Philadelphia College of Pharmacy and Science in 1992 and her Doctorate of Physical Therapy from Temple University in 2007. Tonya is currently enrolled in a PhD program for administration and leadership at Indiana University of Pennsylvania.

For more information, visit <http://celtichealthcare.com>. ↑



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MED3000 Board Appoints Carl Smollinger COO



Carl Smollinger

MED3000, a national leader in healthcare management and technology products and services, announced that the company's Board of Directors has promoted **Carl Smollinger** from Executive Vice President of ACO and Employer Services to Chief Operating Officer.

Smollinger's career includes a long tenure in healthcare delivery and financing. As an executive at Highmark Blue Cross Blue Shield, he managed the company's sales and managed care operations, including its commercial HMO, its Medicare Advantage Plan, and its Dental HMO. As a benefits consultant, he helped employers throughout the United States design and implement programs that maximized their returns on investments in employee benefits. Smollinger also served as President of Insurance Solutions Group, Inc., an independent insurance brokerage

and consulting firm that specializes in employee benefits and group programs, voluntary worksite benefit plans, and compliance consulting.

Jeffery Flocken will succeed Smollinger as Market Leader and Executive Vice President of ACO Services.

For more information visit www.MED3000.com. ↑

Jane Carr Joins AseraCare Hospice as Director of Clinical Services

Jane Carr has joined AseraCare Hospice as Director of Clinical Services. A native of Monroeville, Pennsylvania, Carr earned her Bachelor of Science Degree in Nursing from Pennsylvania State University. Carr also completed an Associate of Science Degree in Nursing and an Association Degree in Math and Science through Community College of Allegheny County. She has worked in the healthcare industry since 1997, most recently as a Director of Clinical Education at Golden LivingCenter – Monroeville.

Carr resides in Monroeville with her husband and 2 children. Carr's achievements include: National Honor Societies, PHI Theta Kappa – 1986, and Alpha Sigma Lambda – 1996. Her affiliations include: Hospice and Palliative Nurse Association, Pennsylvania Association of Directors of Nursing, and Pennsylvania Association of Nurse Assessment Coordinators.

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

Healthcare Professionals in the News

Internationally Renowned Expert in Ophthalmic Surgery Joins Children's Hospital

Kanwal 'Ken' Nischal, FRCOphth, a pioneer in ophthalmic surgery, is the new chief of the Division of Pediatric Ophthalmology at Children's Hospital of Pittsburgh of UPMC and the UPMC Eye Center.

Under Dr. Nischal's leadership and guidance, physicians in the Division of Pediatric Ophthalmology, as part of the UPMC Eye Center, will provide examination, diagnosis, and medical and surgical treatment of ocular, eye movement, and vision system disorders in neonates, infants, and children.

Dr. Nischal comes to Pittsburgh from Great Ormond Street Hospital for Children in London, where he was a consultant ophthalmic surgeon. He has over 20 years of experience in the field and his expertise is internationally renowned. He is viewed as one of the world's foremost children's eye specialists.

Dr. Nischal's clinical expertise includes ophthalmic surgery, including cataract and strabismus surgery. He also looks at ocular surface disease, including blepharitis and dry eye syndromes.

Dr. Nischal is a graduate of King's College Hospital Medical School at the University of London in the United Kingdom. He completed his senior registration rotation in ophthalmology at Oxford Eye Hospital and his fellowship in pediatric ophthalmology at The Hospital for Sick Children in Toronto.

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

Excelsa Health Board of Trustees Welcomes New Members

Excelsa Health welcomes four new members to its Board of Trustees—Aster Assefa, MD, Barbara C. Hinkle, Brother Norman W. Hipps, OSB, and Nir Kossovsky,



Aster Assefa

Aster Assefa, MD, a family medicine physician, has been in practice for more than 15 years. A graduate of the UPMC McKeesport Family Medicine Residency program, the North Huntingdon Township resident received her medical degree from Martin Luther University, Hale-Wittenberg, Germany, where she worked as a general practitioner in Frankfurt prior

to emigrating to United States. Board certified in Family Medicine, she is a member of the American Academy of Family Physicians, the PA Medical Society and the Westmoreland County Medical Society. Within the Excelsa Health Medical Staff, Dr. Assefa has served as a member of the Professional Practice Evaluation Committee, the Strategic Planning Committee, Frick Hospital's physician advisory committee, and as part of a special project to address the prevalence of diabetes in Excelsa Health's service area.

Barbara Hinkle is Vice President for Enrollment Services and the



Barbara C. Hinkle

Registrar at Seton Hill University in Greensburg. She has been employed at Seton Hill for 35 years and served as Assistant Professor of Mathematics and Computer Science prior to her present position. She worked previously as the computer systems analyst for the West Virginia University Library and as adjunct mathematics instructor for various colleges. Her formal education includes Bachelor of Arts and Master of Science degrees in mathematics from West Virginia University and postgraduate studies in advanced topology and computer languages. Hinkle served on the Greensburg Salem School District Board of Directors from 1981 through 2009, including 16 years as its president; and on the Greensburg Recreation Board and the Westmoreland Intermediate Unit Board for a number of years. She also previously served Excelsa Health on a governing board for subsidiary operations that has since been absorbed into the trustee areas of oversight.

Brother Norman W. Hipps, OSB, president of Saint Vincent College, is the fourth president of the college to serve in this capacity. Prior to being named college president in July 2010, he served as Executive Vice President; Dean of The Herbert W. Boyer School of Natural Sciences, Mathematics, and Computing, and Associate Professor of Mathematics. As Dean, Brother Norman established partnerships with Excelsa Health to offer a Master's Program in Health Sciences, including advanced degrees in Nurse Anesthesia and Health Care Leadership; and the Applied Physics Laboratory at Johns Hopkins University to introduce a major in Bioinfor-



Brother Norman W. Hipps

matics and a Biotechnology Outreach Program for local high school. A member of the faculty since 1972, he has held many administrative roles at the college including Provost, Academic Dean, Director of the Opportunity Program, campus minister and director of Project Headway.



Nir Kossovsky

Nir Kossovsky, MD, is an authority on business process risk, reputation and enterprise value. He is chief executive at Steel City Re, LLC in Pittsburgh, a provider of headline risk mitigation solutions. He is also executive secretary of Intangible Asset Finance Society, the premier organization for operations executives, and edits the *Society's Mission: Intangible* blog. A seasoned speaker, he is widely published, having authored more than 200 articles and several books on topics ranging from reputation, risk finance and intellectual property licensing to bioengineering, medical devices and neuroanatomy. He served on the boards of Patent & License Exchange, and Littleearth, Inc.; was a consultant to FDA's medical device advisory panels; and is featured in case studies from Harvard and Darden Schools of Business. Dr. Kossovsky graduated from the University of Pittsburgh with a degree in Philosophy. He completed medical school at the University of Chicago, Pritzker School of Medicine with continuing study in Pathology at Cornell University Medical Center and New York Hospital. He is also a Fellow of the American Cancer Society, having trained at Memorial Sloan Kettering Cancer Center in New York.

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

Excelsa Health Welcomes New Nurse Managers to Emergency, Surgical Care



Diane Dunn

Excelsa Health recently welcomed new nurse managers to emergency and surgical care.

Diane Dunn, RN, MSN, joins the staff at Excelsa Frick Hospital as nurse manager of the Emergency Department. She brings more than 30 years experience in emergency medicine and management to this role. The North Huntingdon resident comes by her love of emergency care naturally. Her father, Thomas Maher, was part of a group of individuals from the West Hempfield/Adamsburg community that established Rescue 14, where she served as an emergency medical technician as a teen-ager. A diploma graduate of the Mercy Hospital School of Nursing, she earned her Bachelor of Nursing degree from Waynesburg University and a Master's in Nursing from Chatham.

Experience in critical care and the Operating Room will prove valuable to **Amy Bush, RN, BSN**, in her new role as nurse manager of the 4th floor orthopedics and surgical patient care areas at Excelsa Westmoreland Hospital. A former OR and cardio-thoracic critical care nurse in the West Penn Allegheny Health System, she most recently was employed in the OR and post anesthesia care of the Gamma Surgery Center in Pittsburgh. Since 2007, Bush also has worked part time in critical and coronary care at Westmoreland Hospital. A graduate of the University of Pittsburgh School of Nursing, Bush received her master's from Carlow University in December, where her advanced nursing degree will include special emphasis in education and leadership. This concentration will be beneficial to the student nurses from Westmoreland County Community College who will train on her unit.

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



Amy Bush

Healthcare Professionals in the News

University of Pittsburgh Recruits Renowned Cancer Epidemiologist

The University of Pittsburgh has appointed **Jian-Min Yuan, M.D., Ph.D.**, as the associate director for cancer control and population sciences and the leader of the Cancer Epidemiology, Prevention and Control Program at the University of Pittsburgh Cancer Institute (UPCI). In addition, Dr. Yuan will serve as visiting professor of epidemiology at the University of Pittsburgh Graduate School of Public Health (GSPH).

Dr. Yuan received his medical degree in 1983 and his Master of Public Health degree in 1986 from Shanghai Medical University, China, and a doctorate in epidemiology in 1996 from the University of Southern California. An accomplished investigator, he is recognized for his contributions in the area of cancer epidemiology and the role of dietary and other environmental exposures, genetic variations and gene-environmental interaction in the cause and prevention of cancers of the lung, liver, colon, rectum, breast and urinary bladder. His research aims to develop cancer prevention strategies.

The author of more than 120 publications in peer-reviewed journals, Dr. Yuan has received significant funding from the National Institutes of Health and its National Cancer Institute (NCI), including a research training grant in nutrition and cancer. Currently, he is the principal investigator of four NCI-funded research grants.

Dr. Yuan comes to Pittsburgh from the University of Minnesota, where he served as professor in the Division of Epidemiology and Community Health.

For more information, visit <http://www.publichealth.pitt.edu>. ↑

Three New Employees Join Mount Nittany

Mount Nittany Health System announced the addition of three new staff members.



April Bassett

April Bassett was hired as a financial and reimbursement analyst. Under the direction of the senior financial and reimbursement analyst, Bassett will help prepare the budget, analyze business opportunities, assist other departments in maximizing their financial and operational potentials, and evaluate the services provided by Mount Nittany and their associated costs. Bassett holds a bachelor's degree in business administration from Shippensburg University, Shippensburg, Pa., a master's degree in business administration from Widener University, Chester, Pa., and a master's certificate in project management from Villanova University, Villanova, Pa. She has previous work experience at Boeing Defense, Space & Security as a business and planning analyst.

Mount Nittany Health System is also pleased to announce that **Rose Villarreal** has been named director of the Mount Nittany Diabetes Network. The Diabetes Network is a service designed to provide excellent diabetes care both within Mount Nittany Health System and within the community. As the director of the Mount Nittany Diabetes Network, Villarreal works to develop, manage and financially sustain its diverse offerings. Villarreal holds a bachelor's degree in Spanish from Cornell University, Ithaca, N.Y., and a master's degree in physician assistant studies from Marywood University, Scranton, Pa. She has previous experience as a physician assistant at Brigham and Women's Hospital, Boston, Mass., and at the Dana-Farber Cancer Institute, Boston, Mass.



Rose Villarreal



Heather Harpster

Additionally, the Mount Nittany Diabetes Network announced that **Heather Harpster, MS, RD, LDN, CDE**, joined its team. She will provide inpatient, outpatient and staff diabetes education, as well as assist with the Diabetes Network's outreach activities, which promote diabetes prevention, screening and management in the community. Previously, Harpster served as a clinical dietitian at Mount Nittany Medical Center.

Harpster received her bachelor's degree in nutrition from The Pennsylvania State University, University Park, Pa., and a master's degree in nutrition from Case Western Reserve University, Cleveland, Ohio. She performed her dietetic internship at University Hospitals of Cleveland.

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

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Transitions Program Coordinator Rev. De Neice Welch Honored with Racial Justice Award

The YWCA Greater Pittsburgh has named **Rev. B. De Neice Welch**, coordinator of the Transitions hospice program, as a recipient of the 2011 Racial Justice Award in the category of Faith. In honoring Rev. Welch, the award committee cited her efforts to eliminate racism and promote equity among her peers.

Rev. Welch, who is pastor of Bidwell United Presbyterian Church in Pittsburgh's Manchester neighborhood, has been Transitions program coordinator since its launch in January.

Transitions is a collaborative effort among Family Hospice & Palliative Care, Bidwell United Presbyterian Church and the North Side Christian Health Center, to increase understanding of and access to hospice care among African Americans living in Pittsburgh's Greater North Side community.

Rev. Welch and other 2011 YWCA honorees were recognized at the 20th Annual Racial Justice Awards on Wednesday, Nov. 16, 2011, at the Westin Hotel and Convention Center, Downtown.

As pastor of Bidwell Presbyterian Church, Rev. Welch's roots in the community run deep. She is part of an initiative to rehabilitate homes in the Manchester neighborhood and she founded the "Shalom Project," an anti-violence program. Additionally, Rev. Welch serves on the board for Pittsburgh Interfaith Impact Network, and is an advisory board member for the Metro Urban Institute. She is a former board member for Urban Youth Action.

A winner of the American Hospital Association's Circle of Life award for innovative care programs, Family Hospice and Palliative Care has been providing compassionate care to our area since 1980. As the region's largest non-profit hospice provider, Family Hospice serves nine counties in Western Pennsylvania, helping patients make choices about their care, supporting family and friends who are grieving and educating both professionals and the community about end-of-life issues. Family Hospice is accredited by The Joint Commission for meeting specific high-level performance standards and recognized nationally as pioneer in programs such as Caregiver Training, and Transitions, a specialized hospice program for the African-American community. Through a commitment to quality services, Family Hospice provides a complete continuum of care to patients and families.

For more information, visit www.familyhospice.com.

HONOR ROLL

St. Clair Hospital Wins Gold Award For Improving Patient Flow In Its Emergency Room

St. Clair Hospital took a Gold Award at the Fourth Annual Fine Awards for Teamwork Excellence in Health Care last fall at a reception at the August Wilson Center for African American Culture in Downtown Pittsburgh.

Sponsored by The Fine Foundation and the Jewish Healthcare Foundation (JHF), the Fine Awards were established to reinforce the critical role teamwork plays in health care.

St. Clair Hospital won for its entry, "*Sustaining Excellence in Patient Flow in the Emergency Department*." The distinguished regional and national selection committee who reviewed the award applications and selected the winners noted that St. Clair has been able to sustain high emergency department patient satisfaction ratings for more than three years, grown the number of people seen by 20 percent, and brought "door-to-room" time from 54 minutes to an average of 4 minutes. They also have been able to transfer the lessons learned to several other major improvement projects, including the main outpatient center, a newly designed outpatient Observation Unit, and an inpatient medical/surgical unit that is testing innovations in nursing models and patient care.

For more information, visit www.stclair.org.



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Children's Hospital/Pitt Leader Receives Prestigious Award for Lifelong Contributions to Pediatric Gastroenterology

David H. Perlmutter, M.D., scientific director and physician-in-chief at Children's Hospital of Pittsburgh of UPMC and the Vira I. Heinz Professor and Chair of the Department of Pediatrics at the University of Pittsburgh School of Medicine, has received the 2011 Shwachman Award from the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN).

The Shwachman Award is given annually by NASPGHAN to an individual who has made major, lifelong scientific or educational contributions to the field of pediatric gastroenterology, hepatology or nutrition in North America. Dr. Perlmutter received the award during NASPGHAN's annual meeting earlier this fall.

Dr. Perlmutter earned his medical degree from St. Louis University School of Medicine and trained in pediatrics at The Children's Hospital of Philadelphia and in pediatric gastroenterology and nutrition at Children's Hospital Boston.

After several years on the faculty of Harvard Medical School, Dr. Perlmutter joined the faculty at Washington University School of Medicine and St. Louis Children's Hospital. From 1992 to 2001, he was the director of the Division of Gastroenterology and Nutrition at St. Louis Children's, and in 1996 became the first to hold the Donald Strominger Endowed Professorship of Washington University School of Medicine. In 2001 he left St. Louis for his current position in Pittsburgh.

Dr. Perlmutter has made significant contributions in both clinical and basic science research of pediatric liver disease. He has carried out basic research on alpha-1-antitrypsin deficiency for more than 20 years. His work has led to many new concepts about

HONOR ROLL

the pathobiology of liver disease in this deficiency and has suggested several new concepts for chemoprophylaxis of chronic liver injury, hepatocellular carcinoma and emphysema in this genetic disease. He is the principal investigator of three National Institutes of Health (NIH) R01 grants in this area and also now holds four other NIH grants, including the Child Health Research Center of Excellence Award for training pediatric physician-scientists in the molecular basis of pediatric disease.

Recently, Dr. Perlmutter's lab demonstrated that carbamazepine promotes the degradation of mutant alpha-1-antitrypsin in liver cells and reverses hepatic fibrosis in a mouse model of the disease. His work has profound implications for therapy in children with alpha-1-antitrypsin deficiency as well as for children with other disorders of the liver, NASPGHAN noted.

Dr. Perlmutter's research has been widely recognized and has earned him many awards, including the AGA/Industry Research Scholar Award, the RJR Nabisco Research Scholars Award, the American Heart Association Established Investigator Award, the Burroughs-Wellcome Fund Scholar in Experimental Therapeutics Award, the E. Mead Johnson Award for Research in Pediatrics, and the Andrew Sass-Kortsak Award for Pediatric Liver Research.

For more information, visit www.medschool.pitt.edu. ↑

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Altoona Regional Announces Recent Staff Retirements

Altoona Regional Hospital recently said farewell to several dedicated employees.



Marcy Hatch

Marcy Hatch, R.N., of Altoona recently retired from the Endoscopy unit at the Altoona Hospital Campus with 33 years of service. Hatch was hired in 1979 as a nurse in the Intensive Care Unit, transferred to Maternity, where she worked for six years, and to Endoscopy, where she cared for patients for 23 years.

Janet M. Bodnar of Altoona retired with 26 years of service as a histologist with the Laboratory department, Altoona Regional Health System, 7th Avenue Campus. Bodnar graduated from the Lab



Janet M. Bodnar

Assistant program at Altoona Hospital in 1968. She worked in the Laboratory at Mercy Hospital from 1969 to 1974. She moved from the area and returned in 1976. She worked in the Pathology department of Mercy Hospital for two years before leaving to raise a family. She resumed her career in 1986 when she was hired as a histologist at Mercy.



Patty Ross

Patty Ross, R.N., CCM, a supervisor with the Case Management department, retired Nov. 18 with 41 1/2 years of service. Ross was hired by Altoona Hospital as a staff nurse in Maternity on April 7, 1970, two days after graduating from the Altoona Hospital School of Nursing. She also worked on a medical-surgical unit and in the recovery room. She left bedside nursing in 1975 to become a utilization review coordinator for eight years. She returned to bedside nursing on Tower 14, first as a staff nurse and then as the daylight charge nurse. In 1989, Ross transferred into Case Management, where she later became a supervisor. In 2001-02, she received the annual "Special Recognition Award" from the residents of Altoona Family Physicians Residency Program for her work

with them on a quality initiative program. Ross lives in Altoona.

Johannes Schokker, M.D., FACS, a surgeon with Altoona Trauma/Emergency General Surgery, retired Nov. 7 with 11 years of service in Altoona and 40 years in medicine. He joined the Altoona Regional Medical Staff on June 28, 2000, as one of the Trauma Service's original surgeons. Dr. Schokker received an undergraduate degree in chemistry from the University of California at Berkeley in 1962. He completed his doctor of medicine degree at the University of Michigan Medical School in Ann Arbor in 1966. At the University of Missouri Medical School, Columbia, he completed an internship and residency in surgery. Before coming to Altoona, Dr. Schokker served as trauma medical director at St. Mary's Health Center in Jefferson City, Mo., and in various positions on the medical staff, culminating as president.

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



Johannes Schokker

HONOR ROLL

Dr. Steven Little at Pitt Receives Prestigious Young Investigator Award from the Society For Biomaterials

Steven R. Little, Ph.D., assistant professor at the University of Pittsburgh's Swanson School of Engineering, has been awarded the 2012 Young Investigator Award from the Society For Biomaterials, according to an announcement by the Swanson School. The Young Investigator Award annually recognizes an individual who has demonstrated outstanding achievements in the field of biomaterials research within ten years following his terminal degree or formal training.

Dr. Little will receive the award at the Society's 2012 Fall Symposium in New Orleans, October 4-6, 2012.

Dr. Little is assistant professor and Bicentennial Alumni Faculty Fellow of chemical engineering, bioengineering, immunology and The McGowan Institute for Regenerative Medicine at the Swanson School of Engineering. Researchers in his innovative "Little Lab" focus upon biomimetic therapies that replicate the biological function and interactions of living entities using synthetic systems. More information is available at www.littlelab.pitt.edu.

In 2006 Dr. Little was given the title "Bicentennial Alumni Faculty Fellow." The following year he received career development awards from both the American Heart Association and the National Institutes of Health. In 2008, Dr. Little was named as one of only 16 Young Investigators by the Arnold and Mabel Beckman Foundation and is the only professor at the University of Pittsburgh to receive the award. Then in 2009, Dr. Little was recognized as the single most outstanding faculty in the Swanson School of Engineering by the Board of Visitors. Last year he received the Wallace H. Coulter Translational Research Award.

Dr. Little received his Ph.D. in chemical engineering in 2005 from Massachusetts Institute of Technology where he held three National Graduate Fellowships and received the American Association for the Advancement of Science Excellence in Research Award for his work on engineered therapies that interface with the human immune system. He received a bachelor of engineering in chemical engineering from Youngstown State University in 2000.

This marks the Swanson School of Engineering's third recognition in as many years from the Society For Biomaterials. William R. Wagner, Ph.D., deputy director of the McGowan Institute for Regenerative Medicine and professor of surgery, bioengineering and chemical engineering at the University of Pittsburgh won the Clemson Award from the Society For Biomaterials in 2010 and Stephen F. Badylak, Ph.D., professor, Department of Surgery, won in 2009. ↑

Charles Cole Memorial Hospital Receives 2011 Business of the Year Award

Charles Cole Memorial Hospital (CCMH) was recently awarded the 2011 Business of the Year Award by the Coudersport Chamber of Commerce at a gala held in the Coudersport Theatre. Awards were also presented to the Businessman of the Year, David Brooks of the Potter County Visitors Association and the Volunteer of the Year, Nancy Grupp of Northwest Savings Bank.

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



Pictured left: Businessman of the Year David Brooks of the Potter County Visitors Association; Business of the Year Tom Noe, executive director of Corporate Services at Charles Cole Memorial Hospital; Volunteer of the Year Nancy Grupp of Northwest Savings Bank; Cindi Hardesty, vice president & CNO at CCMH and Jamie Evens, director of Human Resources at CCMH.

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VA Pittsburgh Researcher Honored for Addiction Work

Nationally recognized nursing researcher and VA Pittsburgh Healthcare System (VAPHS) employee **Dr. Lauren Matukaitis Broyles** was honored for her outstanding contributions to research on addictions nursing by the International Nurses Society on Addictions (IntNSA).

Dr. Broyles was recognized at the Society's annual educational conference held in Tucson, Arizona last fall.

"It's an honor to be recognized for my program of research," said Dr. Broyles. "I'm proud to represent the VA, and could not do what I do without some extremely supportive mentors, administrators, and front-line nursing colleagues here at VAPHS."

Dr. Broyles is a Research Health Scientist in the Department of Veterans Affairs Center for Health Equity Research and Promotion (CHERP) at the VAPHS, core faculty at the VA VISN4 Mental Illness Research, Educational and Clinical Center (MIRECC), and Assistant Professor of Medicine at the University of Pittsburgh.

Dr. Broyles is the recipient of a 5-year Career Development Award from the VA's Health Services Research and Development (HSR&D) Service focused on improving the detection and management of alcohol misuse among hospitalized patients. She was the 2009 Council for the Advancement of Nursing Science/American Nurses Foundation Scholar and has been recognized for her research by the Association for Medical Education and Research in Substance Abuse.

Broyles will soon embark on what promises to be an innovative study at VA Pittsburgh on the effectiveness of brief intervention for risky drinkers in an inpatient setting.

The study, which is slated to begin in March 2012, will seek 435 inpatient Veterans from the three medical-surgical units at the University Drive facility. Patients will be randomly assigned to one of three study groups where they will receive healthy lifestyle information or brief counseling with a nurse specialist about cutting the level of their drinking. The patients will be tracked with follow up interviews and questionnaires.

For more information, visit www.va.gov. ↑

Longwood at Oakmont's Hanna HealthCare Center Receives National Award

The Longwood at Oakmont senior residential community's Hanna HealthCare Center has been recognized with a Design for Aging Award. The award was announced at the recent LeadingAge Conference in Washington, D.C., and is selected by the American Institute of Architects (AIA) and a committee of retirement community peers from LeadingAge. LeadingAge is the senior services organization formerly known as the American Association of Homes and Services for the Aging.

The biennial Design for Aging competition showcases facilities that improve quality of life for older adults while exhibiting innovation in their design and execution and serves as a comprehensive assessment of architectural design trends for the aging.

"It is a tremendous honor to accept this award on behalf of all the residents of Longwood at Oakmont, particularly those who gave input in the Hanna HealthCare Center's design process and those who have benefited from the Person-Centered design of the Center," commented executive director Michael K. Haye. "As part of Presbyterian SeniorCare's Aging Services Network, Hanna Healthcare Center and all our nursing communities have been on a journey to create a more residential environment to enhance our residents' quality of life."

The findings of the design awards serve as a reference for senior living and care providers, developers, and architects, and are featured in a book titled *Design for Aging Review 11*.

"We were fortunate to be a part of an incredible team for The Hanna HealthCare Center project," said Eric Endres, AIA of RLPS Architects. "We commend Longwood at Oakmont for having the commitment and vision to improve the quality of life for so many people and allowing RLPS Architects to help realize this dream."

This most recent accolade for Longwood at Oakmont comes on the heels of last fall's LEED® Silver certification award from the U.S. Green Building Council for the design and construction of the premiere senior living community's 89-unit Grandview apartment building, which opened in late 2010 and also had RLPS Architects as its design firm.

For more information, please visit www.longwoodatoakmont.com. ↑



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UPMC Northwest Program Recognizes Extraordinary Nurses

Nurses at UPMC Northwest are now being honored with the DAISY Award for Extraordinary Nurses. The award is part of the DAISY Foundation's program to recognize the super-human efforts nurses perform every day.

Co-founders Bonnie and Mark Barnes recently visited UPMC Northwest for a site visit and to be part of the presentation of the DAISY Award to the most recent winner, Holly Domer, RN, a staff nurse on the hospital's IV Team. Several other nurses have won the award to date, including Rhonda Best, RN, 3 South; Shelley Rennard, RN, Emergency Department; Deb Kahle, RN, Emergency Department; Kathy Kistler, RN, Emergency Department; Mary Alicia White, RN, Emergency Department; Karen Kiskadden, RN, Emergency Department (formerly 2 North); April Dlugonski, RN, Family Birthing Center; and Dianne Marsh, RN, Emergency Department.

The not-for-profit DAISY Foundation is based in Glen Ellen, California, and was established in 1999 by family members in memory of J. Patrick Barnes. Patrick died at the age of 33 from complications of Idiopathic Thrombocytopenic Purpura (ITP), a little known but not uncommon autoimmune disease. The care Patrick and his family received from nurses while he was ill inspired this unique means of thanking nurses for making a profound difference in the lives of their patients and patient families.

Each quarter, a nurse at UPMC Northwest is selected to receive the DAISY Award following review of nominations from patients, families, staff or physicians. The recipient receives a certificate of commendation and a 'Healer's Touch' sculpture, hand-carved by artists of the Shona Tribe in Africa. Cinnamon rolls are a trademark tradition of the award as well. During his hospital stay, Patrick asked his family to bring cinnamon rolls to him and the nurses on his unit. With the help of FOCUS Brands, the parent company of Cinnabon, The DAISY Foundation is able to carry on the tradition of serving cinnamon rolls as part of the award.

During a recent visit to UPMC Northwest, Bonnie Barnes, president and co-founder of The DAISY Foundation, said, "When Patrick was critically ill, our family experienced first-hand the remarkable skill and care nurses provide patients every day and night. Yet these unsung heroes are seldom recognized for the super-human work they do. The kind of work the nurses at UPMC Northwest are called on to do every day epitomizes the purpose of the DAISY award."

Barbara Jordan, chief nursing office and vice president of patient care services at UPMC Northwest, adds, "We are proud to be among the hospitals participating in the DAISY Award program. Nurses are heroes every day, and it is important that our nurses know their work is highly valued. The DAISY Foundation provides a way for us to do that."

This is one initiative of The DAISY Foundation, whose overall goal is to help fight diseases of the immune system. Additionally, DAISY offers J. Patrick Barnes Grants for Nursing Research and Evidence-Based Practice Projects and provides assistance to ITP support groups.

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



At a recent DAISY Award presentation Bonnie Barnes, DAISY Foundation co-founder (from left to right), is shown with Barbara Jordan, CNO and vice president of patient care services, Holly Domer, DAISY award winner, and Bev Lawton, unit director, 2 North/AICU/IV Team.



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Cisco Selects RoData, Inc. Among First 5 in US into New Global AV Integrators Accreditation System

RoData, Inc. recently announced its certification as a member of Cisco's inaugural "AV Integrators Accreditation System", a unique and exciting search engine provided by Cisco.com to highlight the preferred Cisco accredited integrators around the globe. The AV Integrators Accreditation System enables businesses to locate third-party specialists in designing unified solutions in data, voice, video and mobile communication technologies.

Specializing in TelePresence and video-conferencing system designs, RoData, Inc. was one of the first 5 companies in the world selected by Cisco Corporation to be a part of the new accreditation service.

Cisco TelePresence is the technology behind the next generation of videoconferencing enabling face-to-face collaboration through a natural and genuine communication experience.

Cisco invited RoData's CEO, John Rodella, to apply to this program at InfoComm in June of 2011 along with only 50 other corporations within the US. InfoComm is the leading and most all-inclusive professional audio visual event in the world with 33,000 audio visual professionals in attendance and over 950 exhibitors.

From this large gathering, RoData, Inc. was selected due to its longevity of 25 years in the industry, a 97% customer satisfaction rating and its entire team of engineers and technicians holding the designation of Certified Video Engineers.

The application process began in September and was completed in October 2011. RoData, Inc. was then added to the AV With this selection, Cisco certifies that RoData, Inc. is worthy and capable of integrating Cisco AV technology into rooms and spaces.

RoData, Inc. offers highly-trained specialists and engineers who are expert in all aspects of videoconferencing, unified collaboration, telepresence, distance learning and telemedicine technology.

For more information, visit www.rodata.com or call them toll-free at 1-888-8RODATA. ↑

Allegheny General Hospital Launches Expanded Concussion Center

A long-standing leader in both the neurosciences and sports medicine, Allegheny General Hospital (AGH) is bringing together a team of leading experts in the causes and care of mild traumatic brain injuries to enhance its comprehensive Concussion Center.

The Safety in Youth Sports Act aims to ensure proper care for student athletes who suffer concussions in school-sponsored activities by requiring those who exhibit concussion symptoms to be removed from play until cleared by an appropriate and qualified medical professional.

Staffed by specialists in neurology, neurosurgery and orthopaedics sports medicine, AGH's Center will provide a full array of evaluation and treatment options for patients who have suffered concussions while also focusing on concussion prevention education and research.

Research conducted by the new Concussion Center will focus on creating testing alternatives, including options for use with individuals, including athletes, who may not have baseline data. Research will also be conducted to provide new objective data on the link between the severity of a concussion and the brain's ability to recover.

For more information on the Concussion Center at AGH, call 412.DOCTORS (362.8677). ↑

International Science Fair Looking for Judges and Volunteers

The Intel International Science and Engineering Fair (ISEF), the world's largest pre-college science competition, is coming to Pittsburgh in 2012, 2015 and 2018 at the David L. Lawrence Convention Center. This competition brings 1600 students in grade 9-12 from 65 countries, regions and territories. These are the best and brightest in the world, having won at local, regional, state and national fairs to get here. Twenty percent of competitors hold patents or published papers.

ISEF needs your help.

They need over 1,000 judges in 17 categories, covering the whole of science and engineering. Judges require degree plus 6 years professional experience, any doctoral degree, or equivalent. Judges come Tuesday evening, May 15, for training, dinner and a look at the projects they will judge. Judges spend Wednesday, May 16, interviewing students, then caucus to determine the winners. Parking and all meals are provided.

All ISEF volunteers have fun. The students enjoy meeting the volunteers. They consistently rank talking with the judges as the high point of their experience. The opportunity to meet these students is a tremendous experience for you. The positive energy in the exhibit hall with the students is inspiring! These students are our future leaders and workers for industry, universities and research facilities.

You can find the judge sign-up and other information at <http://www.societyforscience.org/intelisef2012>, (click on the judges tab to register) or contact judging@societyforscience.org with questions. ↑

Around the Region

Forbes Regional Hospital Opens New Anticoagulation Management Center

East Suburban residents taking blood-thinning medication warfarin (Coumadin) now have a convenient option for managing their care with the opening of the Anticoagulation Management Center at Forbes Regional Hospital in Monroeville.

The Anticoagulation Management Center at Forbes Regional offers point-of-care testing for patients requiring long-term or temporary anticoagulation therapy. They can expect instant laboratory results during their visit, using a small drop of blood from the finger.

"Warfarin is the most commonly used blood thinner in the U.S., but patients must be carefully monitored because of the drug's interactions with food and other medications," said Margaret Kennedy, MD, Medical Director of the Anticoagulation Management Centers at West Penn Allegheny Health System. "Until recently, adjusting a warfarin dose could have taken days, but we can now complete this process in minutes during one brief office visit."

Instant results can translate into reduced medical complications and prevention of bleeding, bruises or other side effects of incorrect dosage. The Anticoagulation Management Center also offers personal consultations regarding diet, medications and overall health, and is approved by most insurance companies.

With the opening of the Center at Forbes Regional, West Penn Allegheny Health System now operates four Anticoagulation Management Centers; others are located at West Penn Hospital, Allegheny General Hospital and Alle-Kiski Medical Center. A new center is also planned at the Outpatient Care Center in Peters Township.

For more information, call the Center at 412.858.7776. ↑

Heritage Valley Health System First in Pennsylvania to Implant New Heart Failure Device

A physician at Heritage Valley Health System's Beaver campus was the first in Pennsylvania to implant the Unify Quadra™ cardiac resynchronization therapy defibrillator (CRT-D) and Quartet® Left Ventricular Quadripolar Pacing Lead. The new pacing technology developed by St. Jude Medical offers additional pacing options which can reduce the need for reoperation to reposition a lead and offers physicians the ability to more efficiently and effectively manage the individualized needs of patients with heart failure.

Leonard I. Ganz, M.D., director of electrophysiology at Heritage Valley Beaver in Beaver, Pa., implanted the Unify Quadra quadripolar pacing system to regulate and resynchronize the heartbeat of a heart failure patient. The recipient of the new pacing system had chronic and severe cardiomyopathy, congestive heart failure, and left bundle branch block, evidence of slow electrical conduction through the lower heart chambers. The Unify Quadra implant was performed the day after the FDA granted approval of the new system.

"This new state-of-the-art pacing technology represents a tremendous advancement in the treatment of congestive heart failure, one of the greatest challenges in cardiovascular medicine," said Dr. Ganz. "This technology is the industry's first quadripolar pacing system and Heritage Valley Health System is proud to be among the first health systems in the country to implant this device."

CRT-Ds like the Unify Quadra CRT-D are designed to optimize the heart's pumping function and help the heart perform in its most natural state by synchronizing the left and right ventricles of the heart through timed electrical pulses.

The Quartet lead features four electrodes on a single, left-ventricular lead (or wire) instead of the current industry standard of two electrodes on a bipolar lead. The additional electrodes provide more ways for a physician to configure an optimal pacing strategy while still implanting the lead in the most stable position. Ultimately, having four electrodes provides more options to effectively regulate the patient's heartbeat.

Due to differences in individual patient anatomy, or results that can't be seen until the procedure is complete, complications can arise after placing the lead of a cardiac resynchronization therapy (CRT) device. One example of a pacing complication is a high pacing threshold. Patients who already have scar tissue formed in the heart, possibly as a result of a previous heart attack, may require additional energy from their CRT device, which can wear out the battery more quickly. Another complication that can result is the unintentional stimulation of the diaphragm via the phrenic nerve, which results in hiccup-like symptoms. In both cases, without the ability to select different pacing locations, additional surgery may be needed to reposition the lead wire to deliver the electrical stimulation from a slightly different site. Approximately 10 percent of patients experience pacing-related lead complications and approximately 5 percent require surgical revision. The Quartet lead's four electrodes can help avoid these complications by providing physicians more options to pace in additional configurations.

The quadripolar pacing system available in the Unify Quadra CRT-D is expected to become an industry standard. The many benefits conferred from the Quartet lead's unconventional pacing have been demonstrated by implanters around the world and reported in a number of published studies.

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

Conemaugh School of Nursing Celebrates 115 Year Class Reunion

The Conemaugh School of Nursing (SON) celebrated “115 Years of Oscar Winning Nursing” this past fall. This year, the Conemaugh School of Nursing celebrated a “Night at the Oscars” and treated graduates and alumni members to a night of relaxation, entertainment and superstar treatment.

The celebration began with tours of Conemaugh Memorial Medical Center. An evening celebration began with a welcome by Dana Petrunak, President of the Alumni Association, followed by dinner, entertainment by Zupe and awards. SON oscars were awarded to celebrate the special achievements and contributions that the nurses have made in the community. A slide show designed by Heather Wilt, SON Recruiter, enabled guests to reflect of their experiences at Conemaugh.

The SON was established on February 7, 1896 and the Conemaugh School of Nursing alumni has grown to 3,586 nursing professionals. Graduates were happy to celebrate their achievements and experiences as a Conemaugh School of Nursing alumni.

For more information, visit www.conemaugh.org.



Oldest alumni present Dorothy Snyder Class of 1941 and the most recent Alumni Jamie Eckenrod Class of 2010.

Around the Region

Komen Pittsburgh Affiliate Grants Record-Breaking \$1.8 Million to Local Organizations

The Pittsburgh Affiliate of Susan G. Komen for the Cure® announced that it will grant \$1.8 million to local organizations for use toward breast cancer education, screening and treatment initiatives during fiscal year 2012. This is the largest grant made in the history of the Komen Pittsburgh Affiliate, and it is the seventh consecutive year the organization will donate more than \$1 million locally to the fight against breast cancer.


Adagio Health will receive funds for the Mammogram Voucher Program (MVP), which provides women in need with free mammograms and follow-up services. Other grants will support breast education, screening and treatment initiatives within the Affiliate’s 30-county service area in central and western Pennsylvania.

“The ability of Komen Pittsburgh to grant \$1.8 is a direct reflection on the generosity of our community and its commitment to our mission to end breast cancer,” said Kathy Purcell, executive director, Pittsburgh Affiliate of Susan G. Komen for the Cure. “We’re honored to be able to support important local programs that combat this devastating disease and promote good breast health practices.”

Susan G. Komen for the Cure Affiliates, including the Pittsburgh Affiliate, commit to advancing the mission of the organization through contributions to breast cancer research, education, screening and treatment programs. Since its inception in 1993, the Komen Pittsburgh Affiliate has raised more than \$26 million for the cause. More than 75 percent of that has remained in the Affiliate’s service area.


Funds for grants administered by Komen Pittsburgh are generated through year-round fundraising, including the Komen Pittsburgh Race for the Cure® and individual donations.

For more information, visit www.komenpittsburgh.org.



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Monongahela Valley Hospital Physician, Iraq Veteran, Promoted

Paul N. Cervone, M.D., an obstetrician/gynecologist at Monongahela Valley Hospital, was promoted from Lieutenant Colonel to Colonel in the Pennsylvania Army National Guard on Saturday, Jan. 7.

Dr. Cervone, who is also a partner in the Valley Women's Health practice at Monongahela Valley Hospital, becomes one of the highest ranking officers in his unit and one of only 40 colonels among the 15,000 active members of the Pennsylvania National Guard.

The Rostraver Township resident has been a member of the Guard for 16 years, and served in Iraq and Kosovo with the Guard's 28th Combat Aviation Brigade as brigade flight surgeon.

At a formal ceremony at the Fort Indiantown Gap Armory near Harrisburg, Brigade Commander Col. David Wood read Dr. Cervone's promotion letter and retired Brig. Gen. Barney Pultz placed the colonel rank insignia on his uniform.

Ellen Cervone then removed her husband's hat and replaced it with one displaying his new rank.

Family, friends, guests, and fellow National Guard members attended the ceremony, where Dr. Cervone also received the Bronze Star, the fourth highest combat award in the U.S. Armed Forces. He received the Bronze Star for meritorious service in a combat zone during his nine-month deployment as brigade flight surgeon with the 28th in Iraq, which began in April 2009.



Retired Brig. Gen. Barney Pultz places the colonel rank insignia onto Dr. Paul Cervone's uniform at a ceremony on Jan. 7 near Harrisburg.

"Promotions like this never happen in a vacuum. A promotion like this seems to be about that person, but it's really about everyone who contributed to make that person successful," Dr. Cervone told the crowd at the ceremony. "It's for all the troops because they are the ones on the ground fighting; and for our families back home waiting for us and for those at home who keep our businesses and our country running. It's especially for my wife and children, who really bore the brunt of the true sacrifice while I was deployed."

During the ceremony, Wood called him "a soldier's doctor, who while deployed, passionately served the injured but was also there for the soldiers personally."

Originally from the Philadelphia area, Dr. Cervone earned his medical degree from the University of Pittsburgh School of Medicine in 1987. He completed his residency at The Western Pennsylvania Hospital, where he was the chief resident in the department of

obstetrics and gynecology.

He was commissioned in the Pennsylvania Army National Guard as a medical student in the 1980s and served six years.

"I left the guard for eight years before 9-11, and to give you an idea of the level of commitment from my wife and family, the first thing my wife said to me when I walked in the door on 9-11 was, 'When are you going back to the Guard?'" Dr. Cervone said.

He and his wife Ellen, a nurse at the Valley Women's Health practice, have three children – Eric, 23, a second-year law student at Notre Dame University; Nicole, 21, who just graduated summa cum laude from Duquesne University in Communications and Joseph, 20, a sophomore in the University of Pittsburgh's emergency medicine program.

"We are very proud of Dr. Cervone. Here is a man who gives of himself for his family, his patients and his country," said MVH President and CEO Louis J. Panza, Jr. "He put himself in harm's way in Iraq and Kosovo to help others and to make the world a better place, even extending his tour. He very much deserves this honor."

Physicians usually deploy for only 90 days on missions, but Dr. Cervone volunteered for a total of 17 months, citing "the critical need for experienced medical providers." ↑

Around the Region

Catholic Hospice Recipient of \$25,000 Gift Monies to be Used for Pioneer Caregiving Program

Catholic Hospice was the recent recipient of a \$25,000 gift funded by the George H. Campbell, Lillian S. Campbell and Mary S. Campbell Foundation through PNC's Private Foundation Management Services. The monies will be used for Catholic Hospice's pioneer P.E.A.C.E. program - Personalized Education, Assistance, & Caregiving at End of Life which is Catholic Hospice's Free "Caregiving" Fund. This program enables Catholic Hospice to provide caregivers for extended lengths of time to their patients with extenuating circumstances – elderly caregivers, transient children, caregiver burnout, etc.

Under the Medicare Hospice Benefit, hospice is designed as supportive care with family members serving as the primary caregiver. Hospice team members are required to make routine visits, but as dictated by Medicare, they are not permitted to remain in the home overnight or for extensive periods of time.

"What we have recognized on a regular basis are families who need additional support in the home, however following the Federal Medicare Law, 24 hour caregiving is only warranted in crisis circumstances and for short periods of time, say three to five days, until the crisis is resolved," explained Catholic Hospice Founder/Executive Director, Cristen Krebs, DNP, ANP-BC. "The highest percentage of our patients never experience a 'crisis' as defined by Federal law, so they never qualify for the continuous care portion of the hospice benefit. They simply need an extra set of hands to help and comfort."

Prior to formally developing P.E.A.C.E., Catholic Hospice had piloted a trial caregiving program with their patients when the need arose. Mel Bundy, whose daughter had received care from Catholic Hospice was part of the pilot program. "The caregivers fit into my daughter's home as though they were part of the family," commented Bundy. "The relief from the pressure we felt was incredible just knowing there was someone there we could rely on so that we could occasionally leave the bedside."

Through this program, patients under routine hospice care who qualify will have private caregivers placed in their homes for a minimum of four hours to a maximum of 24 hours at a time. Caregivers will be able to provide personal care, meal preparation, light housekeeping, and essentially safety support. Not only will patients receive one on one care, but those providing the care will be specially trained on end of life issues and expectations.

The P.E.A.C.E. program is the first of its kind in the area and is specifically designed for Catholic Hospice patients. "This gift will enable us to fill a gap of great need for our families," said Patty Beaumont, Corporate & Foundation Relations. "It is our hope that others will identify with this program and also contribute to enable us to provide even more assistance for years to come."

Catholic Hospice is the area's only independent nonprofit hospice program. Guided by the Church's teachings on end of life care, the program is also the only pro-life hospice program serving Pittsburgh and surrounding communities. Care is provided to those of all faiths who meet the Medicare Hospice Benefit criteria for any end stage illness. Catholic Hospice's service area includes Allegheny, Beaver, Butler and Washington counties. Most insurances are accepted, and out of network coverage is explored on a per patient basis. Patients who qualify for care are never turned away.

Tax deductible gifts to the fund may be made by sending a check, payable to Catholic Hospice's Free Caregiving Fund, 6200 Brooktree Road, Ste. 220, Wexford, PA 15090. For further information on Catholic Hospice, call 1.866.933.6221 or visit www.catholichospicepg.org. ↑

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IKM Designs \$280-million expansion for WVU Hospitals

WVU Hospitals announced plans to construct a 10-story tower to address capacity issues and better serve the healthcare needs of all West Virginians. The expansion, planned and designed by IKM Architects of Pittsburgh, PA, marks the Hospital's largest construction project since the construction of Ruby Memorial Hospital in the late-1980s. As a result of the expansion, the Hospital expects to add 750 permanent jobs and 139 new beds.

"Today's announcement follows months of planning and design meetings to develop the master plan for the expansion," said John Schrott, AIA, ACHA, president of IKM. Schrott, an accredited member of the American College of Healthcare Architects, is principal architect in charge for the planning and design of the project.



WVU Hospitals—Southeast Patient Tower Expansion

"IKM's mission is to design innovative and informed architecture that positively impacts the world. This project is an excellent example of our mission at work," said Schrott. "We greatly appreciate working with the leadership at WVU Hospitals who understand the opportunity this expansion has to leverage the built environment to improve the patient experience."

Bruce McClymonds, president and CEO of WVU Hospitals, state-

ments supported this, "Our goal is to provide access to all of the great resources we have here at WVU Hospitals' Ruby Memorial and WVU Children's Hospital for anyone who needs them. In doing so, we will remain true to our mission of caring for people from every corner of the state."

The \$280-million tower will take four years to complete. It will expand WVU Children's Hospital's Neonatal Intensive Care Unit, the Emergency Department and the Jon Michael Moore Trauma Center.

The expansion will require a new and larger Rosenbaum Family House and Child Development Center. The expansion will also result in expanded food service and conference spaces, additional elevators, parking and campus roadways. Currently, all but 30 hospital rooms are private. When the project is complete, all patient rooms will be private.

West Virginia Gov. Earl Ray Tomblin, who attended a press conference announcing the project along with WVU President James P. Clements, Ph.D., called the expansion of Ruby Memorial "a giant step forward in patient care." He added that the jobs it will create are another sign that the state's economy is strong. "These 750 good jobs, with benefits, show that West Virginia is moving forward."

The expansion will be subject to Certificate of Need approval by the West Virginia Health Care Authority. Construction costs are estimated to be \$248 million with the remaining \$32 million for financing and other related costs.

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

Around the Region

Kane Glen Hazel's 'Voices for Veterans' Educates on Benefits

The Kane Regional Center in Glen Hazel hosted a free seminar entitled "Voices for Veterans" on November 8 with the goal of educating veterans and their families about benefits and programs available to those who have served in the United States Armed Forces.

"We stressed the education of veterans, their families and widows about the benefits that are available that they might not otherwise know about," said Bill Lalonde, Kane Regional Center Community Outreach Representative. "These veterans and their families have sacrificed so much during their service to our country. It's only appropriate we do everything we can to assist them and educate them about such programs and benefits."

The seminar addressed some of the difficulties that face our country's veterans and explored the benefits and hospice services available to them. The 25 vets and their families also were treated to breakfast at Glen Hazel.

"Veterans do not have to stand alone in the battle for benefits and medical care," was the theme of the seminar.

Speakers included: Stephen Dennison, Department Service Officer, Veterans Affairs & Rehabilitation, The American Legion Regional Office; Colleen D. Bratkovich, Esq., of Zacharia & Brown Elder Law Attorneys; Robert Liken, CPC, CTS, President of Liken Home Care; Bill Backa, Community Liaison, Gateway Hospice; and Lalonde. †

Two Local Physicians Help People Near and Far

"Helping hands are holier than praying lips." This sentiment written by Sai Baba, the Indian spiritual leader, is often uttered by Vasu Malepati, M.D. an ear, nose and throat specialist affiliated with Monongahela Valley Hospital. For more than 15 years, Dr. Malepati and his family have been providing helping hands to people in more than

12 countries on four continents. In October, Dr. Malepati and his wife, Durga Malepati, M.D., whose specialty is pediatrics, spent two weeks in Kenya distributing mosquito nets, blankets and hats to people in the villages.

"This trip was more spontaneous," said Dr. Malepati. "There have been many times that we planned extended missions to provide health care and supplies to people of all ages in all parts of the world."

Dr. Malepati began mission work in India because he knows his native country well. In his hometown of Pakala, India he helped build a library called the Millennium Library. In India, he also had the opportunity to meet Mother Teresa.

"She came to the hospital where I was working," said Dr. Malepati. "Just being in her presence I could feel as though I was seeing 'the light.' She had a divine presence."

Dr. Malepati always carries a laminated card in his pocket that bears a sentiment from Mother Teresa which serves as an inspiration to him. It reads:

The Simple Path

The fruit of silence is PRAYER.

The fruit of prayer is FAITH.

The fruit of faith is LOVE.

The fruit of love is SERVICE.

The fruit of service is PEACE.

Through the years, the Malepati family, including his wife, son and two daughters, has traveled to impoverished areas around the globe such as Honduras, Guatemala, British Guyana, the Philippines, Haiti, Peru, Ecuador, Sri Lanka, Vietnam and Indonesia.

In the Mon Valley, Drs. Vasu and Durga Malepati also have a reputation for their helping hands — in the form of medical expertise. For 25 years, Dr. Vasa Malepati has been providing expert ear, nose and throat care to local residents. His office is in the Anthony M. Lombardi Education Conference Center at Monongahela Valley Hospital. Dr. Durga Malepati is a gentle source of comfort among her pediatric patients. Her office is located at 323 McKean Ave., in Charleroi.

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



Dr. Vasu Malepati examines the ear of a woman in Haiti during his medical mission following the earthquake.

Children's Hospital of Pittsburgh of UPMC Opens Express Care

Children's Hospital of Pittsburgh of UPMC opened a fourth Express Care location – this one on the hospital's main campus in Lawrenceville – on Wednesday, Nov. 16.

Children's Express Care locations offer families access to convenient and immediate care for infants, children and teens after hours and on weekends for treatment of minor injuries and illnesses. Children's Hospital already operates Express Care centers in Bethel Park, Monroeville, and Wexford.

Children's Express Care-Lawrenceville, located on the second floor of Children's Hospital, will be open from 5 to 9 p.m., Monday through Friday, and from noon to 8 p.m. on Saturdays and Sundays.

Treatment at the Lawrenceville location will include:

- Cold and flu
- Earaches
- Sore throat
- Pink eye, rashes and other irritations
- Sinus infections, bronchitis and asthma
- Cuts, bumps, lacerations, abrasions and splinters
- Twists, sprains and strains
- X-ray services also are available on site.

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

Reducing Senior Falls, One Step at a Time: Healthy Steps in Motion Fall-Prevention Program Launches at Riverview Towers

Riverview Towers in Squirrel Hill is the first residential senior living facility in Pittsburgh to launch Healthy Steps in Motion (HSIM), a comprehensive fall prevention program designed to improve residents' fitness levels and balance, while reducing the incidence of 911 emergency calls. Of the 40 million Americans over 65, about 1 in 3 will fall in a given year, according to the Centers for Disease Control (CDC).

"Although this fairly new program is being taught in some community centers, we are the only senior housing facility to offer HSIM in-house," said Phyllis Cohen, director of programming at Riverview Towers, a beneficiary agency of the Jewish Federation of Greater Pittsburgh. "We are very fortunate to have Gerrie Delaney, one of the few trained and certified instructors in HSIM, as our fitness instructor. HSIM not only builds participants' strength and balance, it gives our seniors the self confidence to be more independent in their day-to-day activities."

Healthy Steps in Motions (HSIM) is an exercise program developed by the Pennsylvania Department of Aging in partnership with the University of California at Berkeley for adults 50 years of age and older. HSIM includes exercise routines and education about the benefits of exercise. Participants learn how to reduce risks of falling, learn new exercises to build strength, especially in the lower body, and increase flexibility to improve movement to be safer and work toward improved health.



HSIM certified instructor Gerrie Delaney leads participants during class for Riverview Towers residents.

"Through support generated from our Annual Campaign, the Jewish Federation helps agencies like Riverview Towers go that extra mile to ensure that the people they serve can thrive," said Jeff Finkelstein, President and CEO of the Jewish Federation of Greater Pittsburgh. "Riverview residents are a vital part of the fabric of our community and the HSIM program is enabling them to stay active and healthy."

Facts on Falling

Among Seniors*

- One out of three adults age 65 and older falls each year, but less than half talk to their healthcare providers about it.
- Among older adults (those 65 or older), falls are the leading cause of injury death. They are also the most common cause of nonfatal injuries and hospital admissions for trauma.
- In 2008, over 19,700 older adults died from fall injuries.
- The death rates from falls among older men and women have risen sharply over the past decade.
- In 2009, 2.2 million nonfatal fall injuries among older adults were treated in emergency departments and more than 581,000 of these patients were hospitalized.

* Centers for Disease Control

For more information, visit www.jewishfederationpittsburgh.org/. ↑

Around the Region

What Does it Take for Award-Winning Physical Therapy?

You might ask Lyndsey Lepley, CCC-SLP/L, TPM and member of the Sundance Rehabilitation team that serves Providence Point. Lepley's narrative about the quality of service she and the therapy team at Providence Point provide for residents put them on the path to win a National Team Award for Excellence in Customer Service for SunDance Rehabilitation, a nation-wide company with more than 500 offices in 39 states. The Providence Point team accepted the award at the company's annual meeting and awards ceremony.

When Providence Point opened in 2009, it contracted SunDance Rehabilitation as its rehabilitation service provider. Since that time, the staff has grown from three clinicians upon opening to an 18-person staff in 2011.



Providence Point's SunDance Rehabilitation team dons its Black & Gold in a show of support for another award-winning team.

The rehabilitation team at Providence Point works closely with all of the community's departments to ensure that resident needs are met. The team performs weekly internal discharge planning meetings and participates in a weekly rehab meeting with the interdisciplinary team and psychiatrist for the Healthcare (SNF) population. SunDance staff had an integral role in developing multiple forms and procedures to ensure thorough and timely communication. This included forms for DME recommendations, psychiatrist rehab notes, nursing communication, wellness department communication, and restorative nursing programs. Transfer binders were developed for all Healthcare units to communicate accurate and updated information on individual residents' level of care as they progress through their rehab stay. This ultimately results in smooth discharge planning.

It was evident that Sundance Rehabilitation's partnership with Providence Point had achieved a level of "rehabilitation excellence" when, in February 2010, Snowmageddon fell upon Pittsburgh. The entire region was crippled for a week. Despite this, the rehab staff reported to work. Many worked extra time throughout the week to ensure that the residents' needs were met. SunDance staff even assisted with supplementing duties of other departments including housekeeping, dining services, CNAs, and activities because others could not make it to work in the storm.

Al Allison, Jr., President and CEO of Baptist Homes Society, which operates Providence Point in Scott Township and Baptist Homes in Mt. Lebanon, said, "SunDance Rehabilitation has been a valuable partner at both of our communities. Our rehabilitation services always receive high marks from customers. On the 30-day satisfaction surveys we receive, our customers consistently call our therapy teams professional, competent, caring, and friendly. We have been pleased with the services SunDance provides at both of our communities."

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

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Established in 1893, The Children's Home of Pittsburgh is an independent non-profit organization whose purpose is to promote the health and well-being of infants and children through services which establish and strengthen the family. The Children's Home has three programs: a licensed infant Adoption program, Child's Way® day care for medically fragile children, birth to age 8, and a 24-bed Pediatric Specialty Hospital, providing acute care for children ages birth to 21, transitioning from hospital to home. Additionally, our Family Living Area provides families with amenities to help make our hospital feel more like home, allowing them to stay overnight with their child. For more information, visit www.childrenshomepgh.org.

Facebook: <http://www.facebook.com/ChildrensHomePgh>
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YouTube: <http://www.youtube.com/user/Chomepgh>
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THE EARLY LEARNING INSTITUTE (TELI)

With over 50 years of experience, The Early Learning Institute (TELI) provides comprehensive Early Intervention and Early Childhood Education programs to children ages birth to young school age. Supportive services can include: Occupational, Physical, and Speech Therapy, as well as Social Work, Developmental, Vision, Hearing and Nutrition Services. Child care and socialization groups are also available.

The objective of TELI's Early Intervention and Early Childhood Education programs is to assist the child in reaching the age-appropriate developmental and educational milestones necessary to grow and learn, ultimately equipping the child to enter kindergarten and be successful in school and beyond. For more information, visit www.telipa.org.

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ST. BARNABAS HEALTH SYSTEM

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



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

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

BAPTIST HOMES SOCIETY

Baptist Homes Society, a not-for-profit organization operating two continuing care retirement communities in Pittsburgh's South Hills region, has served older adults of all faiths for more than 100 years. Baptist Homes, nestled on a quiet hillside in Mt. Lebanon, serves nearly 300 seniors. Providence Point, a beautiful 32-acre site in Scott Township, has the capacity to serve more than 500 older adults. Each campus has a unique identity and environment yet both provide a full continuum of care, including independent living, personal care, memory support, rehabilitation therapies, skilled nursing, and hospice care. Baptist Homes Society is Medicare and Medicaid certified. Within our two communities, you'll find a the lifestyle and level of care to meet your senior living needs. To arrange a personal tour at either campus, contact: Sue Lauer, Community Liaison, 412-572-8308 or email slauer@baptisthomes.org.

Or visit us at Baptist Homes
489 Castle Shannon Blvd.,
Mt. Lebanon.
(www.baptisthomes.org).
Providence Point:
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Allegheny County's four Kane Regional Centers provide residential skilled nursing care and rehabilitation for short-term and long-term needs. The centers -- located in Glen Hazel, McKeesport, Ross Township and Scott Township -- offer 24-hour skilled nursing care, hospice and respite care, Alzheimer's memory care, recreational therapy and social services. Visit www.kanecare.com or call 412.422.6800.

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

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CMS MEDICAL WORDS

Do you need help with medical transcription? CMS Medical Words may be the answer. Founded over 20 years ago by Carolyn Svec of Elizabeth Township, her company works with multi-physician facilities as well as solo practicing physicians. CMS Medical Words also provides transcription services on a temporary basis caused by staff turnover, vacations and leaves of absence. With new digital equipment, reports and/or letters can be sent electronically to your site, saving you valuable time. For more information phone 412-751-8382.

PEDIATRIC SPECIALTY HOSPITAL

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

PUBLIC HEALTH SERVICES

ALLEGHENY COUNTY HEALTH DEPARTMENT

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

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412-281-0100
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REHABILITATION

THE CHILDREN'S INSTITUTE

The Hospital at the Children's Institute, located in Squirrel Hill, provides inpatient and outpatient rehabilitation services for children and young adults. Outpatient services are also provided through satellite facilities in Bridgeville, Irwin and Wexford. In addition, The Day School at The Children's Institute offers educational services to children, ages 2-21, who are challenged by autism, cerebral palsy or neurological impairment. Project STAR at The Children's Institute, a social services component, coordinates adoptions, foster care and intensive family support for children with special needs.

For more information, please call 412-420-2400
The Children's Institute
1405 Shady Avenue,
Pittsburgh, PA 15217-1350
www.amazingkids.org

International Science Fair Looking for Judges and Volunteers

The Intel International Science and Engineering Fair (ISEF), the world's largest pre-college science competition, is coming to Pittsburgh in 2012, 2015 and 2018 at the David L. Lawrence Convention Center. This competition brings 1600 students in grade 9-12 from 65 countries, regions and territories. These are the best and brightest in the world, having won at local, regional, state and national fairs to get here. Twenty percent of competitors hold patents or published papers.

ISEF needs your help.

They need over 1,000 judges in 17 categories, covering the whole of science and engineering. Judges require degree plus 6 years professional experience, any doctoral degree, or equivalent. Judges come Tuesday evening, May 15, for training, dinner and a look at the projects they will judge. Judges spend Wednesday, May 16, interviewing students, then caucus to determine the winners. Parking and all meals are provided.

All ISEF volunteers have fun. The students enjoy meeting the volunteers. They consistently rank talking with the judges as the high point of their experience. The opportunity to meet these students is a tremendous experience for you. The positive energy in the exhibit hall with the students is inspiring! These students are our future leaders and workers for industry, universities and research facilities.

You can find the judge sign-up and other information at <http://www.societyforscience.org/intelisef2012>, (click on the judges tab to register) or contact judging@societyforscience.org with questions. 📧

Around the Region

The Keys to Caring™ Video Series wins 2011 Platinum MarCom Award

Fox Learning Systems received the 2011 MarCom Platinum Award for web design and video content for its newly-released, web-based video series Keys to Caring.

The Keys to Caring web-based series consists of 120 videos designed to assist and educate the elderly and the more than 65 million Americans caring for an elderly relative or loved one. Topics covered in this web-based video library include help with cancer, dementia, diabetes, falls, heart disease, skin care, stroke and much more.

The Keys to Caring web-based video series was awarded the MarCom Platinum Award which acknowledges the most outstanding entries in the competition and recognizes Keys to Caring for its excellence in terms of quality, creativity and resourcefulness.

The Keys to Caring series was among over 6,000 entries from the United States, Canada and several other countries in the 2011 MarCom Awards competition. The MarCom Awards is an international creative competition that recognizes outstanding achievement by marketing and communications professionals. The MarCom Awards are presented through the Association of Marketing and Communication Professionals.

For more information, visit www.foxlearningsystems.com. 📧

Health Care Event & Meeting Guide

Free Webinar: How the Anesthesia Team Care Model Can Contribute to Clinical Quality Excellence in Your OR

Hosted By Somnia Anesthesia

Tuesday, Feb. 28

2:15 p.m. EST

To register, visit <https://www2.gotomeeting.com/register/682261650>.

UPMC's 16th Annual Children's Ball

Carnegie Science Center

March 10

Email ogina@pmshf.org or call 412.647.4285

Excelsa Health School of Anesthesia: Continuing education program highlighting safety and quality in anesthesia care

Saint Vincent College campus near Latrobe

March 10

Call 724.537.2638 or visit www.excelsahealth.org.

Human Resource Triage for Physician Practices

Hosted by Virtual OfficeWare Human Resources Consulting

Friday, March 30, 8:30 am – 11:30 am

HYATT PLACE Pittsburgh Airport

To register, visit www.virtualofficeware.net/HR-Consulting-Services.

20th Anniversary of the Susan G. Komen Pittsburgh Race for the Cure

Schenley Park

May 13

Register at www.komenpittsburgh.org.

Intel International Science and Engineering Fair

Request for Judges and Volunteers

May 15-16

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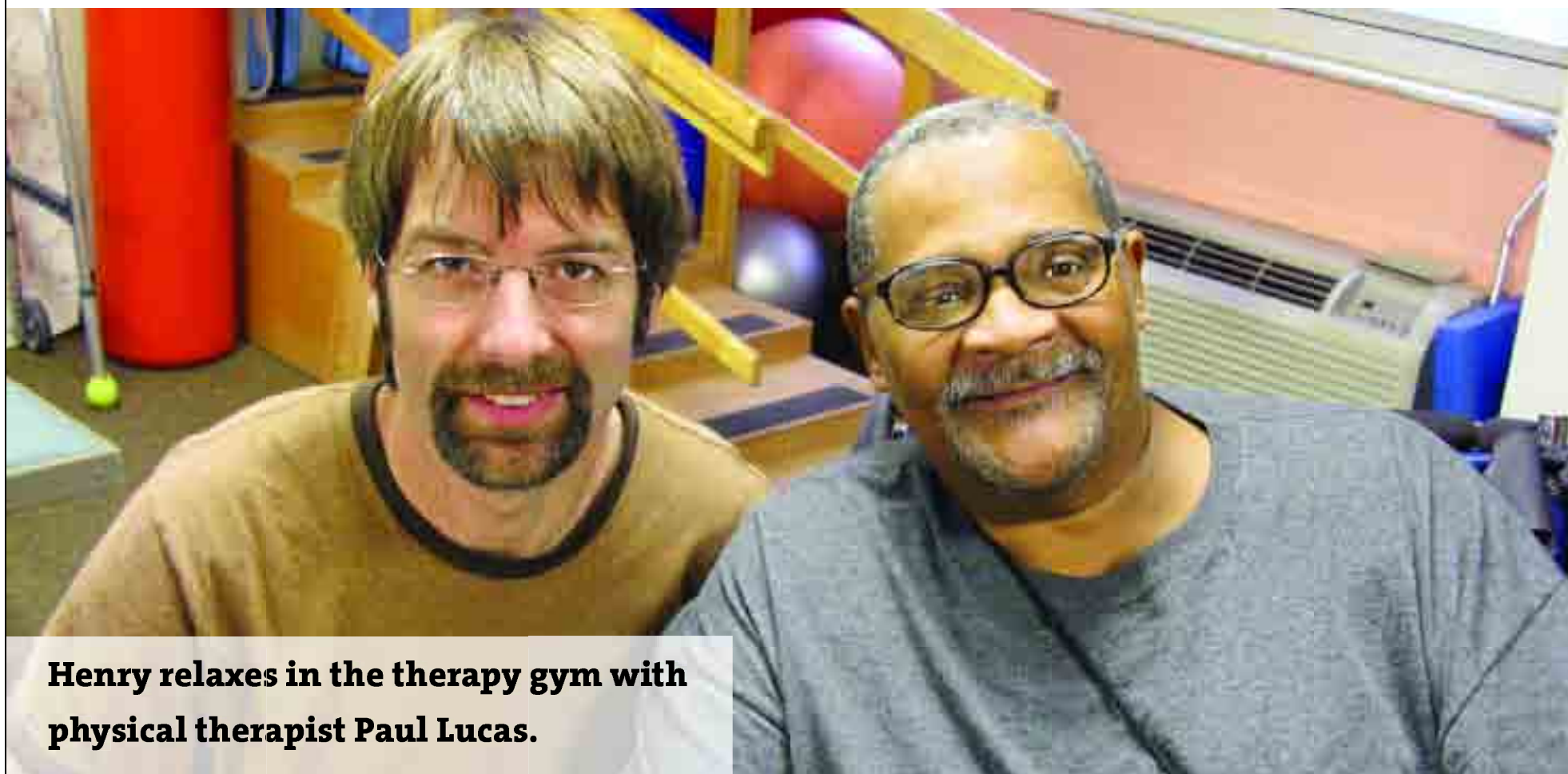


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Jane and Rick

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