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Inside ...

Understanding Pharmacy Patient Safety

By Chronis Manolis

At first glance, you might be inclined to take the concept of "patient safety" for granted. A healthcare "patient" is in need of care; that he or she would be safe while receiving that care is something many people simply assume will be the case.

However, medical errors can occur in a number of places such as hospitals, clinics, and outpatient surgery centers. They can also occur in pharmacies or, even in a patient's home.

When a person needs specific medicines to treat an illness that person has to be able to trust that the medicine he or she is receiving is the correct medicine and that it will be administered correctly. To ensure safety, patients and their families need to understand the potential for danger, how danger occurs, and how danger can be avoided.

According to the Institute of Medicine – an independent, nonprofit organization – at least 1.5 million Americans are sickened, injured, or killed each year by medication errors. The extra cost related to preventable errors has been conservatively estimated at $3.5 billion a year and does not include lost wages, decreased productivity, and additional health care costs.

Many medication errors are largely preventable. By improving patient education and putting the right programs in place, these errors can be reduced.

Three Categories of Medication Errors

There are three general categories of medication errors: those related to prescribing a medication, those related to the dispensing of a medication at a pharmacy, and those related to the use

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Providing a Blended Approach to Continuing Education

By Kathleen Ganster

There are changes in healthcare delivery every day and the only way for healthcare providers to stay current, is for ongoing professional development for their employees.

Amy Shortall

Celtic Healthcare, a leader in home healthcare, is also a leader in continuing education for their staff.

"We know the importance of training and have a blended approach," said Amy Shortall, Clinical Education Supervisor for Celtic.

Utilizing skilled staff combined with technology, Shortall said their "blended" training includes virtual classroom training, clinical hands-on training, webinar meetings and videos staff can watch according to their own schedules.

Shortall is particularly proud of this "Learning Management System."

"The beauty of the videos and web-training is that our staff can do it on their own time. If they have a busy patient load one day, they can wait until they have a break, and then access it at their convenience," she explained.

This innovative method of combining technology with the skills and expertise of trained staff is a real benefit of Celtic, said Shortall.

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A New, "Firm" Approach to Treat Heart Disease

By Jonathan Steinberg, MD

An estimated 2.7 million Americans are currently living with atrial fibrillation (also called AFib or AF), which is the most common type of heart rhythm abnormality. When AF occurs, the heart beats irregularly and rapidly, potentially leading to stroke and other heart-related complications. One of the biggest concerns with AF is that many people who have it may not feel symptoms. In fact, many live with AF for years without problems, significantly increasing the likelihood of stroke.

A wide range of treatments are available, including medications, surgical procedures and lifestyle changes. AF treatment typically falls within two approaches: restoring the normal heart rhythm or controlling the rate at which the heart beats with medication or surgery. While there are a variety of treatment options currently available, not all patients respond to them. Doctors are continuously studying AF and looking for new approaches to treatment, but it can be difficult to find the source of the arrhythmia in many patients.

Developed by a physician at the University of California, San Diego (UCSD), the FIRM, short for Focal Impulse and Rotor Modulation, procedure targets the localized source of the irregular heartbeat. For the first time, these researchers found that AF is caused by an electrical rotor, or focal impulse, within the heart. Researchers were then able to develop a new, targeted mapping approach to detect these small tangled, localized sources, helping to shut them down in just minutes.

The Valley Hospital, an affiliate of NewYork-Presbyterian Healthcare System, was the first center outside of UCSD to offer the FIRM procedure in 2011. Today, the hospital is one of only two hospitals in the country performing the procedure, and our cardiac electrophysiology team now has the nation's most robust experience with this procedure, successfully completing more than 150 FIRM-guided ablation procedures.

A study examining the FIRM procedure versus conventional ablation was recently published in the *Journal of the American College of Cardiology* (Narayan, S. M, et al., 2012). The results demonstrated an 86 percent improvement when using the FIRM procedure over conventional ablation and a substantial increase in long-term AF elimination. In this two-arm, 1:2 case cohort design study, 92 patients with symptomatic AF who were undergoing 107 consecutive ablation procedures were enrolled into the FIRM-guided or FIRM-blinded group. The FIRM-guided group received the targeted ablation followed by conventional ablation, while the FIRM-blinded group received conventional ablation alone. Electrical rotors and focal impulses were present in 97 percent of cases with sustained AF. FIRM-guided ablation achieved the acute endpoint in 31 of 36 patients (86 percent), and 20 of these 31 patients (56 percent) achieved AF termination. In the 11 patients in whom AF did not terminate, AF slowed by 33 +/- 12 ms (19 +/- 8 percent). In comparison, the acute endpoint was achieved in 13 of 65 (20 percent) patients with sustained AF in the FIRM-blinded group, who received convention ablation alone. In terms of long-term efficacy, 82.4 percent of patients from the FIRM-guided group were free from AF after a median 273 days compared to 44.9 percent in the FIRM-blinded conventional ablation group.

Patients at The Valley Hospital are also excited about the new option, which for now is being done in conjunction with conventional ablation, though there the goal is to eventually offer FIRM ablation as a stand-alone treatment. Chris D., a patient who received FIRM ablation in April 2012 after two conventional ablations eventually stopped working for him, has said, "When I was out of rhythm, for days and weeks, I would have to stop from exhaustion. I'd get dizzy and out of breath. It was affecting my quality of life. I stay in rhythm now. I do pretty much do everything I want to do."

While it is still too early to predict the long-term success, these initial results show great promise for the most severe AF patients. New options like FIRM continue to add to the growing body of treatments available to patients that allow them to potentially enjoy active and fulfilling lives.

Dr. Jonathan Steinberg is the Director, Arrhythmia Institute at The Valley Health System in New Jersey and New York, as well as a cardiologist and heart rhythm specialist and Professor of Medicine at Columbia University College of Physicians and Surgeons of New York.

When Will It Ever End?

Like most Americans, I absorbed the news about the shootings at Sandy Hook elementary school in Newtown, Connecticut first with disbelief, then horror, anger, fear and despair—the range of emotions felt by most human beings when confronted with such a senseless act of violence. This unimaginable event, perpetrated by a 20-year-old man with no direct connection to his victims, once again left most of us scrambling to answer one simple but elusive question: *Why?*

Almost immediately the expected over analysis of Newtown was (and continues to be) offered, often by those who purposefully or unintentionally would use such a tragedy to advance their own political or intellectual opinion. In the days since the shootings, against the backdrop of 20 beautiful little faces and those adults who died with them, we heard opinion after opinion as to how to avoid such a nightmare in the future.

Second Amendment supporters quickly denounced any extreme effort to limit gun ownership. Others argued that the proliferation of guns in America—especially those more suited for a battlefield than either hunting or personal protection—contributes mightily to loss of life. Others chose to look past the weapons to blame mental illness or the over-medication of society; the souring economy and the lack of opportunity offered in our country to young people; too much violence in movies, video games or on television; or even societal divisions stoked by extremists on the right and left.

If history is any indication, before long some new national issue will push Newtown off the front pages and it will be mostly forgotten by all but the families left to mourn their dead. That is, until the next deadly rampage occurs and the debating and finger-pointing begin anew.

When I first heard the news out of Newtown, I found myself retreating to an earlier time when I was a child and the world seemed so much safer and saner. Growing up six decades ago seemed far less threatening and much more hopeful than today. I know the world wasn't perfect back then, and much of the societal uproar of the sixties, especially regarding fighting for more rights for women and minorities, were a necessary outgrowth of those sometimes not-so Happy Days.

But for most of us, happiness was found in a nurturing home, encouragement in school and a sense of belonging in our neighborhood where people waved to each other and friends always found a few minutes to cross the street to catch up. Even television back then, while sanitized to fit the mores of the times, offered down home wisdom from a Mayberry sheriff, loyalty from the family collie and fathers who knew best. Incorruptible individuals ensured that justice would prevail in the end and, whatever the challenge, a strong family would survive, prejudice and hatred would be exposed and hard work, decency and honesty would be rewarded.

What a difference a generation makes. Today, we glorify violence, we focus on our differences and we cheapen the value of relationships, virtues and even life itself. Whether mass media influences or merely reflects our culture, now it is awash in violence, crudity and decay. We glorify superficial relationships and one-night stands, we devalue human life and we ridicule anyone who espouses opinions or virtues that just a half-century ago were considered the standard.

We reward the most obnoxious, callous and obscene and ridicule the compassionate and caring. Good people in our society—and there are many—have been drubbed and droned into submission through threats of lawsuits, violence and labels.

We "friend" more people than is possible to know in a meaningful way and we prefer texting rather than hearing a human voice. Separated by glass screens and wireless technology, we feel more isolated and alone than ever before.

Yet, when the inexplicable taking of life occurs, we collectively scratch our heads and ask, "Why?"

And so the debate rages but there is irony even in the process. Where once we sought answers from each other—over the picket fence or at the corner market—now we gather information from talk radio or the Internet and tweet our instant opinions to a virtual world filled mostly with strangers.

Some suggest an armed guard in every school—a concession to violence we may need to accept—yet we discourage discipline or accountability for our students lest we offend someone.

Pundits and politicians rail about the horror of the latest mass shooting yet show little outcry over the daily loss of nameless, faceless young people in inner city streets.

We rekindle the debate over the need to change the Bill of Rights and to write stricter laws, yet we banish the 10 Commandments from public grounds even though the wisdom contained therein offers some sound guidance for all rationale, caring human beings regardless of religion.

We hold candlelight vigils to remember the fallen, yet we are not allowed to offer even the most antiseptic prayer in our schools even though the vast majority of Americans profess a belief in some form of all-loving and protective deity.

We look for quick fixes— often in the form of more limits to individual freedom—rather than looking into our collective souls and finding ways to change our hearts so that we once again value every human life.

In the sixties we talked about the Age of Aquarius and a new era of enlightenment. Yet we seem plunged into darkness. We've made incredible strides in technology but somehow sacrificed our humanity.

And until we figure out how to get that back, the tragedy that was Newtown, Denver, Blacksburg and Columbine most assuredly will come again. Perhaps next time to your community.

Publisher's Note

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Is Your Blog Failing You?

By Daniel Casciato

Social media can often seem overwhelming for even the most experienced user. There are thousands of tools and applications that you can use to enhance your use of social media. We know that. I recommend sticking to what works best for your organization. Oftentimes, this includes blogging, LinkedIn, Facebook, and Twitter—the Big 4.

As I mentioned in this column previously, your own, original, content is critical in social media. Sure, you can post articles from other sources on your Facebook Page, you can participate in a few LinkedIn groups, and you can retweet your favorite expert on Twitter. Which is all perfectly fine to do, and encouraged. Social media, after all, is about being social. But you need to also remember to drive people back to your website or blog as well. Social media, particularly your blog, can help you generate leads if used properly.

By writing on your blog regularly, you're creating content that you can share with your followers. They'll come to look upon you as an expert within your field. We'll discuss some writing tips in a future column as well as some ways to generate blog topics.

In this column, I want to share five tips on how you can instantly improve your blog to ensure that your readers keep coming back:

Add a sharing widget — On the Western Pennsylvania Healthcare News website and its sister publications, LakeOconeeBoomers.com and PittsburghHealthcareReport.com, we like using Shareaholic. But any social media sharing tool will work fine. The goal is to just make it a little easier for your readers to share your blog content with their own friends and colleagues. Limit your sharing buttons to 5 or 6 so it can stay on one line and keep a clean look. Our sharing buttons include: Facebook, Twitter, LinkedIn, Email, Reddit, and StumbleUpon.

Install a email subscription form — Your readers should be able to opt in and register to receive your blog posts via email or an RSS feed. Feedburner is pretty good for this and is what we use. Other clients we have worked with prefer using MailChimp or Constant Contact. Each time a new blog post is posted, your subscribers will automatically receive a notification via their email address that something new was added to the site. It's a great way to keep in touch with your readers.

Resize your images — I often hear clients say to me that their blog is taking too long to load. Oftentimes, the culprits are the image files. Always be sure that the

size of your image matches the exact size you want to use within the blog post. For instance, a good size for our site is generally 300 x 200 pixels for head shots. But we tend to receive these image files as high resolution such as 1,200 x 800 pixels which is perfect for the print publication. Print needs higher res photos; websites do not. Most blogs allow you to upload your images and then resize the images within its application. We recommend not to do this; instead, always resize the photos before you upload them to the blog. Otherwise, you'll have to pay extra to get more bandwidth from your hosting provider.

Edit and edit some more — Unless you're operating a magazine website, try to keep your blog posts short, no more than 400 words. People's attention span are much shorten when they are online. You are competing against incoming email, social media feeds, and anything else on the Internet that could be distracting to your audience. Keep your posts short and to the point. Even though these posts are short, use headers and bullets as often as you can.

Post more often — Out of sight is out of mind. If you're writing a new blog post once a quarter, you're going to quickly lose your audience. They'll probably seek out your competitor if you're giving them good, quality information on a frequent basis. How often should you post? I'd recommend at least once a week if you are able. But keep it consistent. Pick a day you will write and post your new piece and stick to that schedule.

We hope you enjoyed this column during the past year. In an effort to improve upon this column, we want to hear from you! What social media topics would you like us to cover in 2013? Email me at writer@danielcasciato.com.

Happy New Year!

Daniel Casciato is a full-time freelance writer from Pittsburgh, PA. In addition to writing for Western Pennsylvania Healthcare News and Pittsburgh Healthcare Report, he's also a social media coach. For more information, visit www.danielcasciato.com, follow him on Twitter @danielcasciato, or friend him on Facebook (facebook.com/danielcasciato).

Five Reasons to Use Social Media in Your Hospital Practice

By Shama Kabani

Once a niche tool that many expected would never catch on with the mainstream population, social media has boomed into a robust communication platform that has changed how millions of people around the world share information and interact with each other. Social media use for professional purposes has been rapidly increasing among doctors, healthcare workers and hospitals as they begin to recognize all of the potential benefits it provides them; social media makes it easier than ever to connect with patients and colleagues outside of the normal setting. After all, social media is the evolution of how we communicate with each other, so if your hospital and affiliated physicians and healthcare workers are not involved with these sites, they may be behind the curve and missing out on valuable opportunities.

Here are five ways to optimize social media for improved communications by your hospital and medical practice:

1. Make it purposeful to educate & community-build. Social media is essentially an electronic way of extending the reach of your everyday conversation. For instance, many doctors use their Facebook or Twitter profiles as a way to interact with patients, celebrate accomplishments of their office, or even share the latest news of their industry the same dialogue you would have with tens of people in your office can now be shared with thousands, or even more, online.

Having a regular back and forth conversation with your cliental is also a great way to create a sense of community and connect with your patients on a more personal level. Let them know about upcoming events, such as screenings or flu shot programs, so that they can both take advantage of your services and be more informed about the steps they can take to live healthier lives. Social media can also be an excellent opportunity to highlight accomplishments and success stories, such as successful procedures or significant research breakthroughs. *However, just be sure to maintain privacy and ethical guidelines – be careful not to identify any patients without their written permission, or to share specific retails of a person's medical record throughout your examples or success stories.*

2. Establish credibility and expertise in your field. As a healthcare professional, credibility and reputation as an expert are essential, and social media provides a means to establish credibility while providing a valuable resource to followers. After all, since anyone can post anything on the Internet, the information that gets passed and forth is not always the most accurate. By creating a social feed with facts and figures about your hospital or specialty, both patients and associate-followers can gain access to a direct route to credible information.

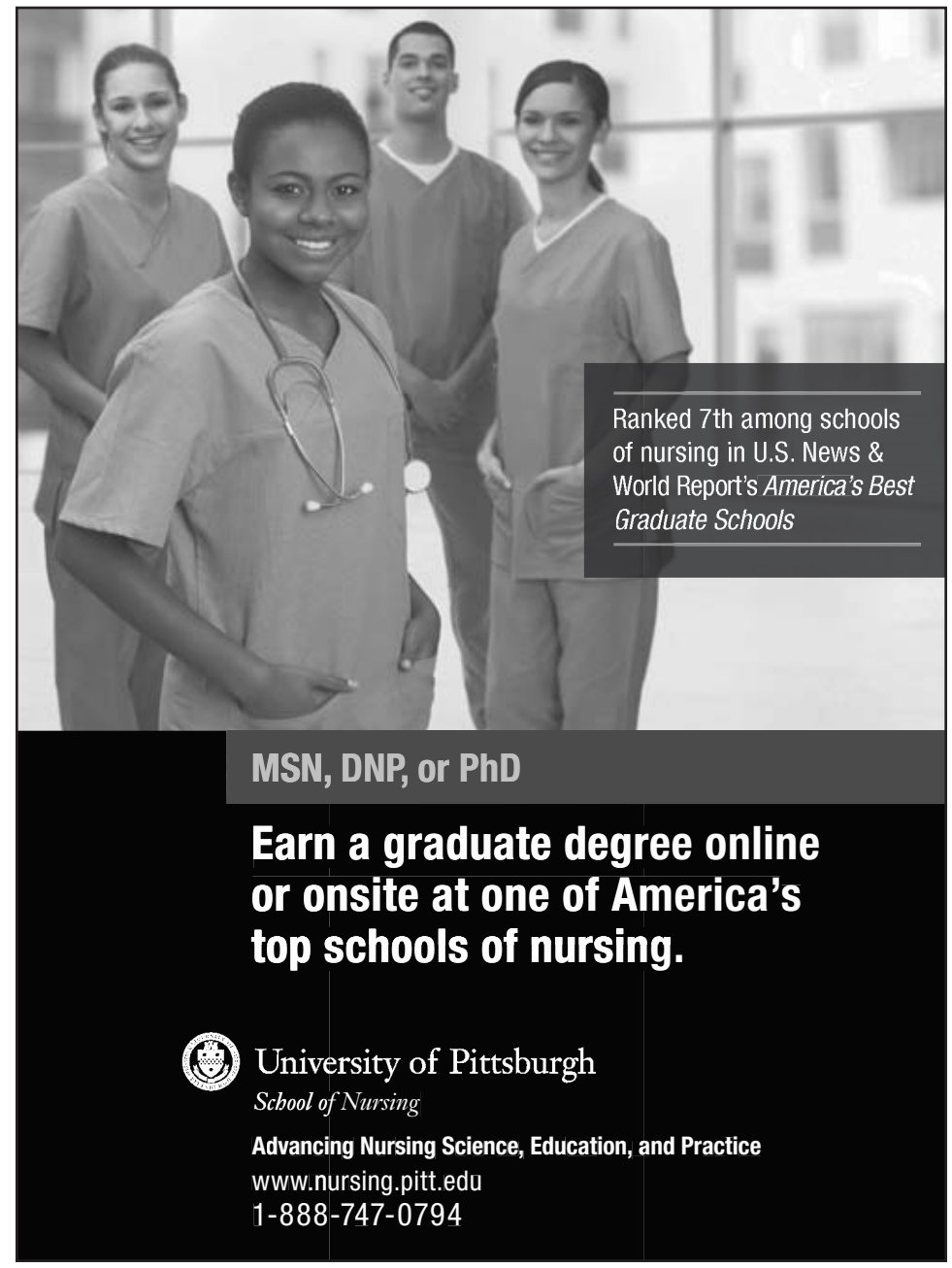
3. Take advantage of up-to-date marketing opportunities. Succeeding in marketing means staying abreast of both the current economic conditions and the most current marketing tactics that will help your message be relevant and reach a target audience that is interested in what you have to say. For instance, an optical client through my company started off by focusing his marketing plan on LASIK business. However, as the economy faltered, these sales soon began to slide because they were private pay. Luckily, through the immediacy of Facebook and Twitter marketing campaigns, the company was able to quickly pivot their messaging focus to cataract surgery, which was covered by insurance instead something much more attainable in the current times. The speed in which social media information can allow healthcare organizations to shift will be appreciated by your Board and major donors.

4. Learn what patients and donors want and expect. The communication opportunities offered through social media are so powerful because of the fact that

the conversation goes both ways, allowing you to listen to what your patients have to say. One way that social media greatly benefits physicians and healthcare providers is through the insight it can provide about patients. Sites such as Facebook and Twitter give you an outlet to find out what services and events most interest your clientele, but the method of communication still gives you this information in a casual, conversational way. For example, ask your Facebook or Twitter followers if they would like an elective surgery seminar (pros & cons of botox vs. plastic surgery) or classes on health and aging, etc. Same goes for fundraising events — will donors contribute more for the new machines if you host a black tie event, an online auction, or perhaps they would prefer a community picnic at the local fairgrounds.

5. Provide top-notch customer service. Not only can social media help your message be heard, but you also have the ability to listen to what your patients have to say about your emergency room operations, admin staff, physicians, tecnicians, nurses, etc. Online review sites can influence hiring and ability to attract top talent, donors, and research partners. Read them and invite your patients and associates to write them to review their experiences and procedures by healthcare providers, your company needs to ensure that you are up-to-date about any negative situations that could possibly arrive so that you can address them as quickly and efficiently as possible. Keep in mind that how a physician responds to complaints or negative press can sometimes carry more weight than the initial comment. Social media allows these situations to be addressed and remedied immediately, and also allows other patients to see how quickly you handled a problem and how important positive customer service is to your company.

Shama Kabani is the Founder & CEO of The Marketing Zen Group (www.marketingzen.com), a Dallas-based digital web-marketing company serving companies and medical office practices across the U.S. She is also the best-selling author of The Zen of Social Media Marketing (link to book): http://bit.ly/zenbook3 , now in its third edition which is now available for order, click here. For questions or comments, please contact Shama Kabani by email shama@marketingzen.com or on Twitter @shama.



Social Media Profile: Jan Jennings, President and CEO, American Healthcare Solutions

By Daniel Casciato

As part of our ongoing series of profiling local healthcare executives and their thoughts on using social media, we recently sat down with Jan Jennings, president and CEO of American Healthcare Solutions (AHS), a health care consulting firm singularly focused on the business of hospitals and healthcare organizations.

AHS helps clients improve financial performance, enhance competitive position, and achieve the most productive organizational alignment among medical staff, management, and trustees to optimize overall performance. Social media has become an integral part of its marketing strategy over the years. In fact, Jennings has a staggering 20,000+ connections on LinkedIn, built up gradually over the past five years.

Jennings spoke with us about how social media has enhanced his business and he also offered his advice for other healthcare executives who are a little shy dipping into the social media waters.

How and when did you begin using social media? I try to be very active in social media. I'm always in the inaugural class. Whenever something new emerged, I'd be one of the first to check it out. I would describe myself as self-taught. No one ever gave me a lesson in social media. I never attended a class. I just jumped right in the middle.

Which social media channels do you primarily use? There are a few social media channels that I do not participate in because there are so many. So I mainly focus on Twitter, LinkedIn, Facebook, and blogging. In addition to these social media channels, we use email marketing to connect with our clients. We use Constant Contact for these email communications. Email is gold. When you have someone's email address, you are walking on a cloud. Pardon the pun! But we only use email to send out our blog postings and to make occasional announcements. I write a new blog post once a month. Harvey Kart (from your publication) has been generous to me in posting my blog posts on his website and sharing it with his social media connections. Since my blog is separate from our corporate website, we also add my blog posts to our website at www.americanhs.com.

Your 20,000+ connections on LinkedIn is truly impressive. How did you build that contact list? It took time, but I just looked to connect with people with whom I wanted to do business with or whom I just wanted to connect with. I first started with my own internal email database to see who was on LinkedIn. We do business in 49 of the 50 states, so we have developed many contacts over the year. From there, it just began to grow. Once you hit so many connections on LinkedIn, you will find people will request to connect with you. But you have to be selective and you should just not connect with anyone. Typically, I connect with only those in the healthcare field. I won't link in with someone who I don't know anything about.

What do enjoy most about using LinkedIn? What I like best about LInkedIn is that I actually get clients. People call me. I include my cell phone number within my profile so my connections can contact me directly. We were offered several projects this way.

Can you offer some advice or tips for those healthcare executives who would like to get started in social media? I give the same advice that I was given when I was trying to figure out what kind of computer to purchase when I was in Buffalo, NY, in 1985. My chief operating officer at the time said that there is only one place to start—jump in the middle. Start with something until you have perfected it and then move on. Once you perfected Twitter, move on to Facebook. When you finish Facebook, move on to LinkedIn—not in any particular order. Social media is the future and it's rapidly evolving. Everyone in business needs to try to keep pace.

How much time do you spend a day using social media? I try to spend half a day on social media. If I'm not on the road, and I happen to be in the office or at home, I try to spend at least four hours per day at a minimum. To not do that means you may as well kiss your business good-bye.

You mentioned earlier that in addition to using social media, you also maintain a blog. Where do you find the motivation to continue to write? I love to write. Harvey taught me how to write years ago, and I love it. To me, you're either in the game or not in the game. I try to stay in the game because it's very busy out there. There is tremendous competition for the microphone and you either stand out from the crowd or you don't, and we try to stand out. If you don't, you're making a mistake.

Tell us about some of the most common misperceptions organizations have about social media marketing? Many people think that it's a waste of time and as a result they will not do it. I know many CEOs of healthcare systems who wouldn't dream of using social media and it's something that they consider themselves above. They believe that it's more trouble than it's worth. But many of my clients have embraced and are using social media in a major league way.

What things should we absolutely avoid in terms of social media posts and tweets? It's hard for me to tell someone how to run their business. Everyone is going to be different. I tend to stick to professional posts. I'm a very private person so I'm not into getting into my personal life on my social media accounts. I don't mix business with pleasure; I consider them separate.

Any final words of advice? Ignore social media at your own expense. If you want business or you want clients, and you do not participate in LinkedIn or other social media channels, you're really making a big mistake in my opinion.

For more information, visit www.americanhs.com.

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of a medication. For each category, steps can be taken by providers and patients to limit the occurrence of errors.

Prescribing – A physician needs to have complete medical information about the patient when determining appropriate medications to treat a particular condition and that will also not be harmful. This information includes all medications the patient is taking, all laboratory test results, other physicians involved in the patient's treatment, any past hospitalizations, and any drug allergies the patient may have. It is critical that patients have their complete personal medical history and treatment information and to make sure that this information is passed on to their physician.

Dispensing – Errors occur when patients receive a medication that was not intended to be given by the prescriber. Several factors contribute to this type of error. These include: hard-to-read prescriptions, medications that have similar names or appearances, patients who have the same name, and any communication or language barriers that may exist.

Usage – Patients may use a medication incorrectly or in error. Often, patients do not understand which medications are to be taken, when to take the medication, what condition the medication is for, the importance of each medication, which medications interact with each other, or how to properly use the medications.

It Starts With Knowledge

The path to better patient safety begins with increased knowledge on the part of the patient. Understanding your condition and how it is being treated is an important first step.

You can begin by keeping a list of all the medications you take, including over-the-counter medicines, vitamins, and herbs, and share this information with your physician. You should also always tell your doctor about any allergies or adverse reactions you have ever had to medication.

It is very important that you understand everything about your medications. This includes why you are taking them, what side effects they may cause, how long you need to take them and whether this medicine can be taken in conjunction with other medicines or supplements, such as herbs.

Ways to Reduce Errors

- Don't be afraid to ask questions if you have doubts or concerns.
- Understand your role in your care.
- Ask for information about your medicines in terms you can understand.
- When your doctor writes a prescription make sure you can read it.
- Ask for written information about the side effects of your medicine.
- If you have any questions about the directions on the label of a prescribed medicine, ask them.
- Ask your pharmacist for the best device to measure your liquid medicine. Research shows that many people do not understand the right way to measure liquid medicines.

Chronis Manolis is Vice President of Pharmacy for UPMC Health Plan. For more information, visit www.upmchealthplan.com.

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"Our use of technology is one of the things that attracted me to Celtic," she said, "We use evidence-based practices and deliver them in a means that best suits the needs of our staff."

Celtic staff can even access this programming through home or off-site computers.

"This just makes it easier for our staff to do it on their time when they know they wouldn't be interrupted by other things," said Shortall.

Shortall explained staff takes the knowledge gained from the videos, classroom settings and webinars and develop the skills and practices under the trained eyes of skilled staff.

"They take what they learn and put it to use in the field. We find this blended learning approach gives our staff a good combination of learning experiences," she said.

Shortall herself has a BSN and started with Celtic as a staff nurse, then advanced as a supervisor and trainer. In her role as the education supervisor, she oversees training for new staff, ongoing education and oversees educational programming for their clients.

Education topics range from personal care and bathing to documentation for hospice staff to the aspects of working with patients with Dementia.

"We offer many topics on a regular basis then others on an as-needed basis," she explained.

Shortall said Celtic is constantly developing new training materials and programming for staff and their clients, a necessity in today's changing healthcare world.

"Right now, we are working on an in-depth orientation program adding new concepts. There are always new patient care techniques and procedures - things are always evolving in this industry - and we want our staff to be as current as possible," she said.

The extensive ongoing professional development program helps not only to ensure best-patient care practices, but the success of their team, said Shortall.

"The excellent professional development program that we utilized means better care and outcomes for our patients, plus happier, more successful staff. And that combination is the bottom line," said Shortall.

For more information, visit www.celtichealthcare.com/education.

The Ethics of Obamacare: A Post-election Perspective

By Dennis Sullivan, M.D.

The Patient Protection and Affordable Care Act (H.R. 3590) is now a reality. If there were any doubts about this fact, they have been dispelled by the re-election of Barack Obama. It used to be pejorative to call the new health law "Obamacare," but that is a label the Democrats are happy to claim as one of the major accomplishments of the President's first term.

But the nation is still in turmoil. The national debate over health care reform has been one of the most divisive issues in our modern public discourse. One reason for this is that people often start discussing political solutions without really understanding the issues. The politics are messy, but the ethical issues at stake are critically important. Without rancor or political posturing, let's take a look at the ethical problems in our current health care system and see how Obamacare may help.

First of all, let's examine what is going well. The modern system of physicians and hospitals in America is the most sophisticated in the world. It has a strong private sector orientation, which facilitates ready access and encourages ongoing innovation. Highly trained specialists are readily available in most regions of the United States.

However, the modern health care system is terribly inefficient and costly. Preventable illness makes up about 80 percent of the burden of illness, 90 percent of all health care costs, and accounts for eight of the nine leading categories of death. The United States spends more on health care than any other industrialized nation in the world, and yet its citizens are not the healthiest.

Access to health care is another big problem. Despite expenditures in excess of $1 trillion, the number of people without health insurance continues to increase – now up to 16 percent of our population. If the underinsured are added, Americans with inadequate health insurance rises as high as 25 percent.

Of course, providing adequate health care for U.S. citizens is consistent with our common duty to show compassion and mercy for those who suffer. And health is more than the absence of disease. From the Judeo-Christian heritage, the Hebrew word "shalom" describes the essence of health as wholeness, completeness, and well-being. Shalom is often used as a blessing or greeting, and implies both physical and spiritual aspects. The goal of shalom is the restoration of bodily and spiritual integrity in the face of suffering.

This idea is not only a biblical one, but it has found its way into secular health concepts as well. For example, Article 25 of the United Nations' Universal Declaration of Human Rights states, in part: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family."

Yet not everyone has this right. The lack of social justice in health care is a matter that should concern every one of us. We cannot claim that we have no responsibility to the uninsured and underinsured among us. Every one of the "haves" has a duty to the "have-nots." Social justice demands it, and if we callously make no provision for the poor and the needy, our nation cannot claim to offer "equal justice for all." Inequality of access is one of the major ethical issues.

Another major ethical concern is cost. Why is health care so expensive? The reasons are complex. First, the "baby boom" generation is now approaching retirement age – and boomers are straining the system. Tobacco and alcohol abuse are rampant, and we have a nationwide epidemic of obesity. In addition, the United States has become a litigation-prone society. The malpractice crisis has driven up health care premiums, with an associated tendency toward "defensive medicine." Adding to the problem is the current economic recession, with its associated high unemployment rate.

Why is all of this so hard to fix? Health insurance is an employment-based system. Health insurance "belongs" to the employer, not to the worker. Employees cannot shop for the best plan, which reduces competition among insurers. This also means that insurance is not portable; employees cannot carry their health insurance to other states and to other companies. When they try to get fresh coverage elsewhere, they may be turned down because of pre-existing conditions.

So, how does Obamacare handle these issues? The following list provides some of the basics of the new health care law:

- The new law provides care to 32 million who do not have insurance, while expanding Medicaid. Each state must set up exchanges to help people purchase insurance.
- Insurance companies must cover those with pre-existing conditions.
- To cover the increased costs, all Americans not on Medicaid or receiving tax breaks must purchase health insurance or pay a penalty. Wealthier individuals, pharmaceutical companies, and medical device manufacturers will pay higher taxes.
- Businesses with 50 employees or more are required to offer health care insurance.
- Most of the provisions of the new law take effect in 2014.

Yet, as discussed earlier, the issues are deep and complex. Before believing that the new law will necessarily solve our modern heath care crisis, it is important to consider some limitations and problems with Obamacare:

- The new law does nothing directly to drive down costs. Technical innovation and competition will continue to add to the expense of medical tests and treatments.
- Other than vague language, there is no provision to change the current practice of defensive medicine. Specifically, the new law omits any reference to caps on medical malpractice claims.

The Affordable Care Act remains unpopular with a large number of Americans, many of whom regard it as an intrusion of government into private enterprise. Implementation of the new law will therefore be contentious and difficult.

Solving these problems will demand more than politics as usual; it will require an ethical impulse on the part of every American. This will entail good faith efforts and willingness to compromise, and all of us should get involved. Quite frankly, our political representatives need us to remind them of our duty to all citizens. And they need to remember the primary purpose of health care is to help to restore shalom.

Dennis Sullivan, M.D. is director of the Center for Bioethics at Cedarville University. For more information, visit www.cedarville.edu.

Senior LIFE Supports Independence

by Erin Lewenauer

Senior LIFE (Living Independently For the Elderly) provides an often welcome alternative to nursing home placement. The organization offers essential services at their LIFE center locations and supplements those with home care services as necessary.

"With this program, we find many seniors who want to continue to remain independent, and can, with the help of Senior LIFE," says Ashley Fritz, sales and marketing coordinator for Senior LIFE.

Service centers recognize and cater to the needs of seniors as well as their families. They can include physician and nursing services, physical therapy, social and recreational activities, meals, and much more.

"I liked the idea of working for a program that truly fills a need and helps people," Fritz says. "I have seen firsthand how Senior LIFE truly changes lives. I have seen medical conditions improve, those who were depressed really change their frame of mind, and I've also seen friendships among our members develop that truly enrich their lives."

The LIFE program is available to people 55 years and older who are considered nursing facility clinically eligible by the Area Agency on Aging and who can safely live in the community.

Senior LIFE has independently operated locations to serve Johnstown, Ebensburg, Altoona, Indiana, Uniontown, Washington, and Greensburg. Additionally, there are many LIFE providers in Pennsylvania, so there may be one near you even if you do not live in those areas. In other states, the LIFE program is known as PACE (Program of All-Inclusive Care for the Elderly).

Fritz studied Marketing Communications at St. Vincent College and worked previously in marketing for pharmaceutical companies. She was drawn to the healthcare field because "it's always changing and advancing and it's a field that can offer people a better quality of life."

"My favorite part of work is seeing members join the program and watching as their health and wellness improves," explains Fritz. "It encourages me to get the word out about the LIFE program even more."

To find out if there is a LIFE/PACE provider near you, you can visit www.npaonline.org and search by zip code. To contact Senior LIFE, call 877-998-LIFE (5433) or visit their website at www.seniorlifepa.com.

What Next?

By Nick Jacobs

So, when Gate Keeping, Patient Education, Discharge Planning and Safe, Timely Hand-offs are NOT ENOUGH what do you do to limit re-admissions prior to 30 days after discharge? What are you doing to improve your patient and employee satisfaction scores? Are you doing this through lay-offs, cut backs, hiring only independent contractors, short staffing nursing, and fighting transparency, employee empowerment, and the creation of a nurturing environment?

Medicare will engage in real clinical transparency, insisting on the publication of real-time information about infections and other important aspects of quality and safety as one of its conditions for participation. How will you deal with these issues?

It was NOT THAT LONG AGO when capitated managed care was lashing at the shores of the medical complex in these United States, and the push back, lack of sensitivity to the real issues and a lack of desire to change created a rush to merge and a fear of change.

What is it going to take to enlighten our internal healthcare leadership so as to allow them to see the forest and the TREES?

A few months ago, I presented a picture of what adding Integrative Medicine modalities could and would do for a health system that was slated to be short changed tens of millions of dollars due to mediocre HCHAPS scores. When the CEO saw the numbers involved in treating about 40,000 patients a year in an outpatient wellness setting with gentle, nurturing attention, he sat back, smiled and said,"All of the salaries of all of those employees amount to the cost of about ONE readmission."

Did you read that?

What differentiates your facilities from every other facility? Better equipment? Better doctors? Better care? Is the public educated enough to understand the nuances between a 48 slice and a 128 slice CT? Does the public understand what the alphabet soup of letters represents after your employees names? Nope, no, they do not not. What they hope is that you have good equipment and good people, but what they know is HOW THEY ARE BEING TREATED AS HUMAN BEINGS.

Believe me, if your patients still have to "leave their dignity at the door," to survive in your healthcare facility, there's a good chance that you will be consumed by another organization in the not too distant future.

"Originality is dangerous. If you want to increase the sum of what is possible for human beings to say, to know, to understand and therefore in the end, to be, you actually have to go to the edge and push outwards. . . At its very best, it's a revolution" Salman Rushdie

Today's healthcare leader must find ways to produce sustainable development and reshape organizations for consistent innovation and financial growth, a place where quantitative meets qualitative.

What is Integrative Medicine?

Integrative Medicine — the practice of medicine that reaffirms the importance of the relationship between the practitioner and the patient, focuses on the use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing.

Holistic Medicine — medical care that views physical and mental and spiritual aspects of life as closely interconnected and equally important approaches to treatment of the whole person.

Why not? It is evidence based. It produces amazing outcomes and helps significantly cut back on re-admissions. It treats people with dignity. It reaches areas that traditional medicine may never reach, and it is INEXPENSIVE. Offer it to your patients and to your employees. Many of the top facilities IN THE WORLD are offering Integrative Holistic medicine as part of their treatment plans and so should you.

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.

Women and Addiction: A Growing Problem in the U.S.

By Dr. Kim Dennis

Medical professionals have long recognized the many physiological differences between men and women. One area of increased interest is how women experience addiction to drugs and alcohol. This is highly relevant because, according to the Federal Center for Substance Abuse Prevention, about 2.7 million American women abuse alcohol or drugs; this translates into one-quarter of all abusers. Even more significant is that women are the fastest growing segment of substance abusers in the United States today.

Women and men approach substances differently and react differently once involved with them. Men typically use drugs and alcohol more than women, except in the area of prescription medications. Whereas men turn to substances for reasons such as risk taking, women are more driven by the desire for mood alteration and stress reduction. Once involved with drugs or alcohol, women become addicted faster and progress in the disease more quickly than men.

This is referred to as telescoping. Additionally, women seem to have a greater sensitivity to the effects of stimulant drugs such as cocaine and amphetamines. Females also metabolize alcohol less efficiently than men and because their bodies contain less water and more fatty tissue, alcohol absorption is increased.

Women and Recovery

Women are less likely to enter treatment than men. Frequently, this reluctance is predicated on shame and embarrassment or simply underestimating the severity of the addiction. For mothers, there exists the very real fear that if drug or alcohol addiction becomes public, their children may be taken away from them.

Recovery is highly individualized and certain steps must be taken to provide the best possible chance for sustained recovery. These include:

- *Getting Honest.* First, women must acknowledge the addiction, then they must move out of the denial regarding the enormous impact of the disease on all areas of their lives. It means recognizing that addiction is a family disease and ultimately a spiritual disease.

- *Committing to Continued Self-Discovery.* Real recovery is far more than simply discontinuing use of alcohol or drugs. Women need to identify the "real" emotions that led to chemical dependence in the first place. These are emotions such as loneliness, rejection, sadness, or unidentified and unhealed trauma. Then, they must identify new healthy coping skills to deal with negative feelings because these emotions present themselves again.
- *Help Is Required.* Women need to recognize that they are powerless over their addiction, and they cannot walk the recovery road alone. Support is critical. There are online support groups, recovery websites, 12 step meetings, faith-based groups and not-for-profit organizations dedicated to helping people recover.

We know women are more involved with alcohol and drugs than ever before. Therefore, the more we grasp the "hows" and "whys" of women and addiction, the better we can serve and treat this growing population.

Dr. Kim Dennis is a board certified psychiatrist and medical director at Timberline Knolls Residential Treatment Center. For more information, call 877.257.9611 or visit www.timberlineknolls.com today.

Western Pennsylvania Healthcare News wants to hear from you!

How are you using social media to increase awareness?

Email Daniel Casciato at writer@danielcasciato.com and we'll publish your story.

Coventry HealthAmerica and Saint Vincent Medical Group partner to improve care for chronic illnesses

Coventry HealthAmerica — a Coventry Health Care plan — and the Saint Vincent Medical Group have formed a new physician partnership program aimed at enhancing patient health and quality of care. This program will improve the management of diseases and access to care for Coventry HealthAmerica members, particularly those who suffer from chronic illnesses. It is anticipated that the program will decrease emergency room visits and hospitalization for patients with such chronic conditions as diabetes and congestive heart failure.

Through this program, the patient's personal physician will work with members of a clinical team within the physician practice, which will, with the patient, take responsibility for the patient's ongoing care throughout his or her lifetime. The team will also work to integrate care across all elements of the complex health care system, including subspecialty care, hospitals, home health agencies and nursing homes.

Physicians in the Saint Vincent Medical Group implement the Patient-centered Medical Home model established by the national associations for family practice, pediatric, internal medicine and osteopathic physicians. Through well-established electronic medical records in the Saint Vincent Medical Group practices, the physician and patient can efficiently monitor health improvement opportunities. This will help to empower and motivate the patient in all aspects of his or her health care.

While patients will benefit from the highly coordinated care this program offers, employers will experience cost savings generated through improved outcomes and avoidance of duplicated or unnecessary tests and procedures. Provider incentives for coordination of care and quality will help keep costs down and support the new initiatives that are needed to further improve prevention strategies and the management of patients with chronic diseases.

"While the physician leads the care team, the patient plays a key role in decision making," said Sam Reynolds, MD, a primary care physician and chief medical information officer of the Saint Vincent Medical Group.

According to Dr. Reynolds, the team takes responsibility for following up with patients between visits and appropriately arranging care with other qualified professionals when necessary to ensure that patients get the right care when and where they need and want it.

"This arrangement will allow patients and families to more fully participate in their medical care and equip their physicians with data they didn't have access to before," said Coventry HealthAmerica Chief Medical Officer, Robert S. Mirsky, MD. "Coventry HealthAmerica will play an important role because of the data we track on quality and cost measures, which is critical for coordinating care and reporting on the results. Our data will be key to using some decision-support tools to guide clinical decision making."

The partnership program will help to continue to expand the patient-centered medical home in Saint Vincent practices and emphasize the goal of excellent patient health, according to Dr. Reynolds.

"This partnership helps us place a stronger focus on preventing illnesses and improving the coordination of care. The fact that our practices are all equipped with electronic medical health records will further support excellent patient care by allowing us to measure performance, provide patient education and enhance our communication with patients," Dr. Reynolds said.

For more information, visit www.SaintVincentHealth.com.

Submissions? Story Ideas? News Tips? Suggestions?
Contact Daniel Casciato at writer@danielcasciato.com

St. Clair Hospital's Family Birth Center — A Peaceful Place to Celebrate New Beginnings

By Daniel Casciato

The birth of a baby is a moment parents will never forget. The staff at St. Clair Hospital's Family Birth Center is committed to making sure it's an exceptional experience for the entire family to cherish. Housed within the hospital, the Birth Center offers an environment designed for family-centered care and focuses on providing a comfortable, caring and safe environment for all family members.

Each of its private LDRP (labor/delivery/recovery/postpartum) rooms provides a warm and comfortable setting supported by state-of-the-art technology. The Family Birth Center's team of doctors and nurses is highly trained to provide delivery, post-partum and newborn care for mothers and their babies. The center delivers about 1,350 babies a year.

"We're very proud of our organization," says Kristi Faust, OB Clinical Educator for the Family Birth Center. "There is a real warmth to this place. We welcome families to be involved and we take great pride in providing high quality care to all members of the family, not just the patient."

A Level 2 Nursery is also available for infants who require extra care. The nurses are specially trained in advanced newborn care and provide individualized care to the family and their baby throughout the course of their stay.

St. Clair Hospital's Professional Advancement Ladder (PAL), a program for nurses to receive incentive for patient care improvement, recently honored the commitment of its Family Birth Center nurses. These nurses are fostering compliance with exclusive breastfeeding and screening for congenital heart defects, both programs recommended by the government nationally.

Nearly one percent of the population is affected by congenital heart defects that often can go undiagnosed for many years. Early detection of serious forms of the disease may improve health outcomes for babies born with this condition. In July, St. Clair Hospital implemented a critical congenital heart defect screening—one of several hospitals in the Pittsburgh area that have decided to do this during the initial hospital stay. This non-invasive procedure is usually done on babies after 24 hours of life.

"It's as simple as measuring oxygen saturation in two different places on the baby," notes Faust. "It's a screening so there can be some false positives. If they don't pass the screening, we refer them to another facility for follow-up if necessary."

Faust says that while it's currently not a mandatory screening for babies, it could soon be for all infants in the state as mandated by the Pennsylvania Department of Health.

"We decided to do this because we wanted to keep up with the evidence-based literature and research that is out there," says Faust. "We thought it was a great way to be proactive and a great service to offer to our patients and their families. It's better to find something early and refer them for further investigation if necessary."

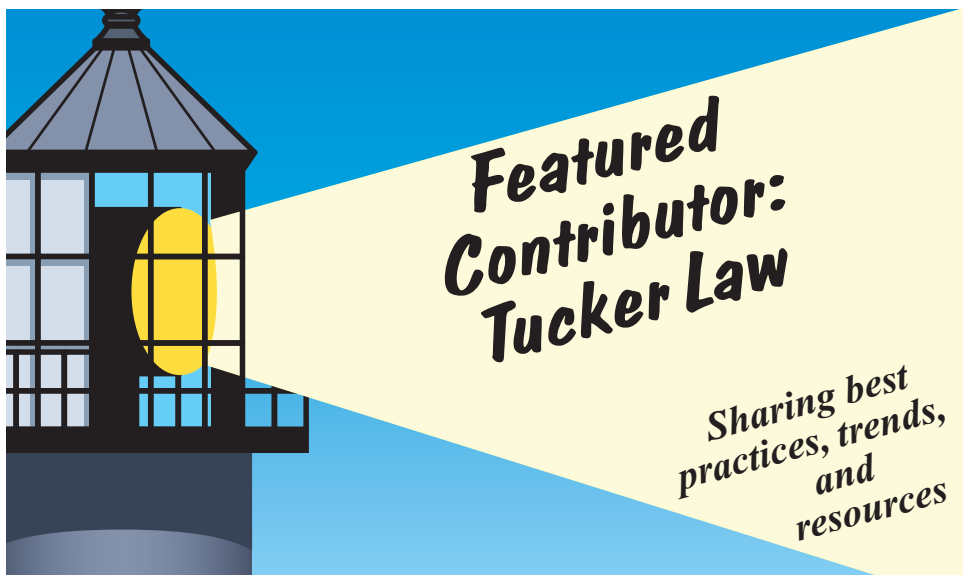
The doctors and nurses work closely with mothers from pre-natal care through delivery and post-natal treatment to ensure they will experience a healthy pregnancy.

The center's exceptional level of care is reflected in the high satisfaction scores it receives from patients. All of its obstetricians are board certified and a board-certified pediatrician is on staff 24 hours a day. In addition, the center currently has 45 nurses on staff, usually with seven nurses working per shift.

For student nurses, Faust finds that their rotations through the Family Birth Center are one of their favorites.

"Oftentimes, they are mainly dealing with the beginning of a new life as opposed to some of the end of life situations that they might occasionally encounter in other units in a hospital," she says. "But I think that it's eye-opening for them when they actually see the birthing process from start to finish, and how much work is involved, how many complications there can be, and how highly trained the staff has to be."

For more information on the Family Birth Center at St. Clair Hospital, call 412.942.5895.



Diagnosing Problems with Non-Competition Agreements: A Self-Exam Guide for Practices & Physicians

By Katherine Koop, Esq. and Albert Lee, Esq.

These days, physicians rarely graduate from medical school, join a practice and stay until retirement. In fact, for the first time since 2008, physician turnover has increased, from 5.9 percent in 2009 to 6.1 percent in 2012. Some estimate that 40 percent of newly practicing physicians leave their initial practice group within two years of joining and that turnover will further increase in 2011 - 2012 due to a belief that physician retirees will swell. A recent study of community family practices in Northeastern Ohio found mean duration of work at the current practice location to be 9.1 years.

It is more common for a physician to be employed by multiple practices over his or her career, often within the same community. As an employer, it is important to protect your practice from departing employees joining a competitor or opening their own practice down the block and taking your most valuable asset: the patients. As a physician entering the profession or presented with the opportunity to join a practice, it is likewise important to ensure that you won't be unreasonably limited in practicing medicine should you choose to leave your employer.

Medical practices often protect themselves from the damage that can result from an employee leaving to work for a competitor by the use of non-competition clauses (also known as restrictive covenants). From the practice's standpoint, a non-competition clause can be a valuable asset when drafted reasonably and, if challenged, can be upheld by a court of law. Because practices are utilizing non-competes, it is important for physicians joining a practice to know if such agreements are reasonable under the law and in light of all of the circumstances.

The basic tenets of a non-competition clause in Pennsylvania are straightforward:

- A non-compete agreement must be tied to a lawful purpose such as entering into or extending an employment relationship.
- The agreement must be reasonably necessary to protect the employer's actual business interests. In other words, a court will likely not uphold the agreement if the actual loss of the employee to a competitor would pose no threat to the practice.

- The employee's agreement to restrict future employment must be in exchange for receiving something of value, such as the initial job offer, a raise or promotion, or some other tangible benefit. Without such consideration for entering into the agreement, the non-compete will not be upheld.

To be enforceable, the agreement must be reasonable in time and geographic scope. For example, courts have upheld non-competition agreements with a one- to two- year time frame and limitations on the employee's ability to practice anywhere from a one-mile to five-mile radius.

Please note that non-competition agreements that satisfy the above-criteria may still be invalidated if either of the following circumstances apply:

First, due to the special position of a physician, a lack of competition in the geographic area may invalidate a normally valid non-competition agreement. Pennsylvania case law shows that public interest can be the determinative factor that dictates enforceability of a non-competition covenant as applied to a health care provider. Courts ruling on the enforcement of a physician non-competition covenant have considered the effect of the covenant on the patients who are in need of the physician's service. For example, if there is a lack of medical providers or of a specialist's services in a certain geographic area, courts will either blue-line or invalidate the agreement entirely to assure that the covenant will not compromise patients' ability to obtain adequate skilled care in the area in which the health care provider is planning to work. In other words, the employer must evaluate the likelihood that consumers could be adequately served by existing health care providers or the hiring of a new physician of the same discipline to meet patient demand.

Second, past practices of enforcing or failing to enforce breaches of existing non-compete may prove detrimental to enforcing breaches of non-competes in the future. Specifically, it may be appealing to have a strong, all-encompassing non-compete and have all of your physicians and employees sign it upon joining the practice, but thereafter only fight to enforce non-competes for certain employees and only when their separation threatens the viability of your practice. This is not a prudent practice. Employers who require non-competes for all employees or certain positions, whothen neglect to enforce those non-competes, have later found it hard to justify their ad hoc enforcement against some employees, but not others. Courts are likely to find that the failure to pursue some employees' violations of non-competes demonstrates that there is no real need for the restriction in the first place. Thus, a practice should bind with a non-competition agreement only those employees whose breach of such an agreement would warrant enforcement. You should consistently enforce breaches of any non-compete or be prepared to explain the reasons behind any decision to not pursue enforcement.

Employer Considerations

Before demanding that all employees in your practice sign what appears to be an iron-clad, non-compete agreement, employers should ask themselves:

- What activity do I need to prohibit?
- If a physician leaves my employ to work for a competitor, could I provide the same medical services of that physician to my patients and/or the geographic region?
- How far from my practice do most of my patients live? Do my patients travel two miles or across the country to be treated? Do the geographic limitations in my non-compete reflect the answer to this question?
- Am I part of a regional hospital group and, if so, would the non-compete restrict the physician from practicing within a certain distance of other related hospital group practices? Is this restriction necessary to protect my practice?
- Have I consistently enforced my non-competes in the past? If not, what are the reasons I chose not to enforce the non-compete?
- Am I offering something of value in exchange for the non-competition agreement? If the non-competition agreement is part and parcel of the original job offer, have I clearly indicated to the physician — prior to the commencement of the employment relationship— that the agreement is a condition of the employment?
- Before tendering a non-competition agreement to a potential hire, should I consult an attorney?

Employee Considerations

When presented with a non-compete agreement, employees should ask themselves and potential employers:

- Are there other physicians practicing my specialty within the area? If so, where?
- How far from the practice do most of the practice's patients live? (If the non-compete appears overly restrictive in scope, consider asking the employer to modify the agreement.)
- If I was bound to the proposed terms of the non-compete, how would this affect my current living situation? Would there be opportunities for employment outside of the restricted geographic area?
- Before executing an agreement or accepting new employment that may violate my non-compete, should I consult an attorney?

For more information, visit www.tuckerlaw.com.

The Fast Track to Nursing

By Leslie Doyle

Many changes in healthcare will be taking place in the coming months. One thing that will never change is the huge need for nurses. According to the Bureau of Labor Statistics, there is a projected 26% growth in jobs for nurses, between 2010 through 2020, which will translate into 3,449,300 jobs for the future. The current median annual wages for registered nurses is $64,690. Job sare plentiful in all areas of nursing, but particularly in outpatient and home health care settings and many opportunities on various levels in nursing, abound.

For this reason, our region is fortunate to have several institutions that offer a quick route to a nursing degree, if you decide that this career is for you. These programs offer a two year course of study, or less, that when completed, allows the student to take the Nursing Boards(NCLEX) exam and become a registered nurse. Passing this test is the goal of all aspiring nurses, regardless of the length of their studies.

Some of the diploma programs that are in our area are the West Penn School of Nursing, the UPMC Nursing Schools (St Margaret's, Mercy and Shadyside), Citizen's (Alle-Kiski), Ohio Valley School of Nursing, Heritage Valley School of Nursing, the Washington Hospital School of Nursing and the Jameson Health System School of Nursing (New Castle). The Community College of Allegheny County (CCAC) offers a two year program which results in an Associate's degree at completion.

There are many reasons to choose a shorter program. According to Joan Brooks, Nursing Recruiter for West Penn, someone would choose a diploma program because "the length is very attractive. There is less cost, so the student accrues less debt." In the hospital programs, there is also usually tuition forgiveness if the student stays with the training institution, besides the private scholarships that are available. The financial aid that extends to other college students is available for these nursing programs.

At West Penn, Brooks notes, "the clinicals start early in the program, so the student can tell if the program is for them or not." The low student to teacher ratio is a positive factor. The program is currently small with about 40 students, so "the student is not lost in the shuffle," says Brooks. Several other distinctions of this program is that it has a hospital simulation program as a part of its curriculum and it is the only program with a day care center and a dormitory. One of the assets of the program is a preceptorship, " which is a transition between school and work." The challenges of a two year program are the "intense preparation," says Carol Hawes, director of the West Penn nursing school.

In the West Penn school, most students accepted are non- traditional students, with just a quarter of students being recent high school graduates. This is probably typical of diploma programs, and Amber Reed, Director of Admissions of CCAC's nursing program, states that their applicant population also is diverse and some of their current students include students with master's and doctoral degrees and a chiropractor. These students are in the program to gain clinical experience.

Community College of Allegheny County offers a two- year Associate's degree in Nursing at all four campuses, with clinical experience being offered in local area hospitals. Spreading their students throughout many locations, CCAC accepted 360 for the fall class and 160 for spring. There is an 18- month Fast Track program offered at the Boyce Campus. CCAC was ranked first in the country in 2011 among two year institutions in awarding Associate's degrees in Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursing. CCAC's program has day, evening/ weekend and web- enhanced course options. Reed says that CCAC is also an attractive program to out of state students, who have waiting lists for nursing school in their own states.

A common element to many of the programs is the ability to complete a Bachelor's degree in Nursing in a cooperative program with a university, such as West Penn's program with Clarion University. These programs provide the platform to excel professionally. Carol Hawes says, "It's not just a job, but a career."

Leslie Doyle is a freelance writer, specializing in healthcare, education and non-profits. She can be reached at her email: lfowlerdoyle@gmail.com or you follow her on Twitter @lesliefdoyle.

Caregiving and the Workplace

By Annette Kolski-Andreaco

Providing care for a family member is a centuries-old act of kindness and of love that takes place primarily outside the workplace.

However, its impact inside the workplace is nonetheless significant, and often overlooked by employers. The majority of persons caring for a loved one are employed and the impact of their care commitment is often underestimated.

MetLife, in a 2010 study in conjunction with AARP and the National Alliance for Caregiving, estimated that lost productivity in the workplace as a result of caregiving is approximately $33 billion a year. This would include tardiness, leaving early from work, or even rejecting promotions that would force a caregiver to move far away from elderly parents.

The Hidden Costs of Caregiving

Employers do not always recognize the hidden costs of caregiving. The fact that the working population is aging means that employers have to realize they are likely to have a large cohort of employees who have increased responsibilities for elderly parents and other elderly loved ones. We have an older working population caring for an even older age group and that's a significant hidden cost.

An estimated 17 percent of full-time workers are caregivers. Nearly one-third of all working caregivers are in a professional position. According to a Caregiving in America study, more than 73 percent of caregivers were employed at some time when they were caregiving. That is significant because the study also showed that 66 percent of employed caregivers have gone in late, left early, or taken off time during the day to deal with caregiving issues. Twenty percent of employed caregivers have reported taking leaves of absence.

In general, it is estimated that caregivers miss an average of 6.6 workdays per year as a result of caregiving activity. And, a majority of caregivers believe that caregiving has some impact on their work performance.

A Gallup survey indicates that 28 percent of working caregivers do not believe their employer is aware of their caregiving status.

The Impact of Stress

The impact of stress on caregivers can show itself in a number of ways such as muscle tension, impaired immune system function, increased blood pressure, sleep difficulties and lack of exercise.

A caregiver is at extreme risk, health-wise. And, when the caregiver's health is compromised, the care receiver is at risk.

What an Employer Can Do to Aid Caregivers

1. Remember: For most employees, caregiving is a first-time experience. Inexperienced caregivers may need help in knowing where to turn for assistance. Providing an organized support system for employees would be a meaningful investment for employers given the high percentage of working caregivers who would like to work more if their caregiving responsibilities were lessened.

2. Provide flexibility. This would include flexibility in terms of work schedules, leave time, etc.

3. Increase awareness of caregiving and its potential impact on a workforce. This can be done through involvement of the company's human resources company, which can alert employees about helpful community resources.

4. Utilize the EAP. Employee Assistance Programs should be promoted as a source of support, information and referrals to resources. EAPs can also provide emotional and practical solutions to problems. An EAP can be a source of information about the legal implications and financial repercussions of caregiving.

5. According to a Gallup survey, one-quarter or less of working caregivers have access to support groups, ask-a-nurse-type services, financial/legal advisors, and assisted living counselors through their respective workplaces.

For more information, visit www.upmchealthplan.com.

Cura Hospitality Introduces Connections, Memory Support Dining

By Grace Zarnas-Hoyer

A whopping 70 million baby boomers are embarking on a path where growing older gracefully will be their new goal. As with any goal, challenges will present themselves along the way. And, Alzheimer's will not only be a wave that baby boomers may have to ride out. It's a disease that has currently struck over five million Americans. In fact, every five years, the incidents of Alzheimer's doubles because of this group's huge demographic. Without a cure, 35 million baby boomers at some level will be affected.

Members of Cura Hospitality, a food service management firm that specializes in senior living and healthcare, have followed this fast and furious trend that is here to stay. With creative attention, research and testing, Cura developed Connections, Memory Support Dining, the first program of its kind designed specifically for use in the hospitality setting.

According to Josh Crandall, Cura director of partnership development and memory support project leader, more than 50% of the communities Cura serve have or are planning specialized care for adults with memory impairment. Currently, Cura is serving over 700 dementia care residents and this will increase by 30% over the next five years. Additionally according to the Alzheimer's Association almost half of all people 85 and older have Alzheimer's disease Crandall and co-memory support project leader, Deb Santoro, who is an RD, LDN, SPHR and Cura'a director of staff development, wanted to enhance their current skilled and personal-care assisted living offerings, which include an award-winning culture change guide; Puree Creations SM, that meets the challenge of adequately nourishing residents with dysphasia; and framing food in brightly colored tableware to increase caloric intake. "Food and hospitality is an integral piece to the memory support unit. It's one of the major activities that senior living residents look forward to. And, for the Alzheimer's resident, it sadly may be the only form of social interaction," said Crandall.

Creating the Connection

To fully understand the dynamics of a person afflicted with Alzheimer's, Crandall, Ms. Santoro and members of Cura's leadership team, toured and trained at the Alzheimer's Resource Center in Plantsville, Conn. in 2012. "In addition to being a community that cares for Alzheimer's residents, a big part of their mission is in training and consulting nationwide," said Ms. Santoro. Cura's goal was to benchmark off the Alzheimer's Resource Center to meet the ever-changing hospitality needs of residents as they progress through the stages of dementia.

The group met with Kelly Papa, director of education, research and dementia care consulting, where Cura leaders were able to put themselves in the residents' shoes. "Going through the day as a resident, allows our visitors to experience the level of care that our staff provides and to make the emotional connection with our residents," said Ms. Papa. "The Cura group stood out as people who were the most dedicated and sincere in finding innovative ways to serve these residents with personalized care, dignity and compassion."

Connections, Memory Support Dining

Working with The Alzheimer's Resource Center inspired Cura's memory support task force and its dining leaders to take what they had learned to a new level. The word "Connection" had struck an emotional chord with the Cura team. So much so, that after dedicated research and development, Cura's *Connections, Memory Support Dining*, was launched in August 2012. Complete with action plans, sample planning check lists and easy step-by-step training, long-term care professionals hit the ground running, wasting no time to implement these progressive tools in their communities.

Conversation Starters is one of the tools that have been extremely popular as a way to generate a conversation. Conversations Starters are 5x8 cards that feature full-color photos in a retro design from the residents' era including holiday gatherings, sports and recreation, occupations, and even military memories. Below each photo are a series of questions about the photo that a staff member can ask a resident to help them make "connections" to something similar in their past in an effort to encourage a conversation. As Alzheimer's disease affects recent memories first, the ability to recollect things that happened in the past is much more resistant. "Conversation Starters is not a foreign concept, but introducing images that residents can reconnect with their earlier life is new and promotes a positive emotion," said Ms. Santoro. Currently, Conversation Starters are being used at Sycamore Manor Health Center, a community in Montoursville, PA, that serves 26 dementia residents. "We have used the cards on many occasions and have found they are great for starting a conversation. Our residents enjoy the pictures and reminiscing about them," said Debbie Boush, certified activity assistant at Sycamore Manor.

Aroma therapy is another tool that Cura's Connections incorporates to encourage eating, a common behavioral problem associated with the disease. The goal is to

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create natural food smells, like cooking-off the bacon or baking items an hour or so prior to the serving the meal to help stimulate the residents' appetites. "Care givers might encourage residents to identify the aroma or comment on how wonderful the smell is of cookies baking," said Ms. Santoro. Crock pots are also being used to simmer herbs, chicken stock and vegetables so that the smells permeate throughout the community. According to a programming coordinator at The Bridges at Bent Creek in Mechanicsburg, PA, "the winter menu cycles featured more stews and pot pie recipes, so when the crock pots were filled with these savory ingredients, the residents noticed the aromas more by asking questions like 'what's for supper and when do we eat'?" When pies, cakes and cobblers were on the menu, the residents commented on the smells of baking and how it reminded them about cooking and baking at home for their children and husbands.

To encourage residents to consume adequate calories, a Walking Food program was also created to provide nutritious snacks that can be consumed "on-the-go". This program is ideal for residents with dementia who often experience difficulty sitting for an extended period of time to dine, and thus may not consume adequate nutrition during meal periods. Focusing more on preparation techniques, Andrew Kendall, Cura director of dining services, is giving a new purpose to the common pretzel rod. An idea he was able to share from the Alzheimer's Resource Center, Kendall turns the pretzel rod into a skewer that holds pieces of grilled chicken.

Common Shepherds Pie also receives a refresh – the onion, ground beef and carrots are stuffed into a pasta pocket, while the gravy is used as a dipping sauce. Since pocket sandwiches are popular, Kendall even purchased a 50's style sandwich maker so they can incorporate creative sandwiches. The Connections walking food component features recipes such as vegetarian spring rolls, crab and cream cheese wontons, chicken tacos and French toast fingers with fruit dips.

Kitchen Connections is another tool being offered as a way to encourage residents to participate and emphasize positive culinary experiences from their past. Just recently, residents assisted dining staff in the preparation of lemon lush. "While we prepared the ingredients, we chatted about the recipe's history. Through this simple activity, our residents offered six different recipes and instructions on how to bake lemon lush, including a resident who we discovered had authored a cookbook 30 years ago," said Kendall.

To complement the meal, *Musical Memories* recommendations were created as a resource for staff, families and volunteers to assist in the understanding of the positive impact of music during meal times and throughout the day.

For more information, visit www.curahospitality.com.

Stantec It's a Matter of Perspective.

Florence Nightingale: The More Things Change, The More They Stay The Same

By Jeri L. Steele, RN, EDAC

A mere 36 years ago I became a registered nurse. At the graduation ceremony I received my nursing cap and a Nightingale Lamp, recited the Nightingale Pledge, and dedicated my life to the nursing profession. To be honest, I never really thought much about Florence Nightingale, *"The Lady with the Lamp*" after that.

This past summer I saw Florence Nightingale's famous book, *Notes On Nursing*, on a nursing reading list. I knew Nightingale was well known as the founder of modern nursing. She had formalized nursing education and revolutionized hospital hygiene and sanitation but I had no idea she was such an accomplished author and statistician. Reading the book I learned that Nightingale kept detailed records of surgeries, diseases, and patient outcomes. She was very interested in patient morbidity and the spread of disease and infection. She delved into great detail about how the environment affects the patient and healing. Over 150 years ago, Nightingale addressed issues that are at the forefront of healthcare design and care today.

Nightingale stressed fresh air, light, warmth, quiet, and cleanliness as being important to healing. She thought access to a window for fresh air, sunlight, and a view of nature, was so important that a nurse must "*carry a patient on your back, if necessary*." She felt "*Unnecessary noise, then, is the most cruel absence of care which can be inflicted either on the sick or well.*" (Just think about how much background noise that invades our lives today.) Nightingale addressed furnishings and sanitation: "*For a sick room, a carpet is perhaps the worst expedient which could by any possibility have been invented…A dirty carpet literally infects the room.*" She gave instruction on where and how to store chamber pots and dispose of the contents without infecting the environment. Florence Nightingale arranged patient wards so the nurse could see each patient all the time. She felt hospitals were for the very sick so anyone who could be cared for at home should be. *Notes On Nursing* addresses caretakers, visitors, and anyone who comes in contact with the patient. She also stresses the importance of keeping the patient informed about their condition, treatment, and what to expect. At the center of all her instruction is concern first and foremost with the patient.

We have come a long way since the days of Florence Nightingale. Numerous regulations, guidelines, and best practices give us rules and direction when designing healthcare facilities and providing care. There is a growing body of research in support of concepts such as Evidence Based Design and Healing Environments. In order to provide better patient care we must improve the working environment for the caregiver which ultimately helps the patient.

Unlike in Nightingale's day, we now have sophisticated HVAC systems that control, purify, cool, warm, circulate and exhaust air. Daylighting has become a priority providing windows for both the patient and staff. We now have sound absorbing ceiling, flooring and wall materials to provide a more quiet and private environment. There are antimicrobial and safety products to help prevent the spread of infection. Healthcare facilities are required to track errors, patient falls, and infection rates in the interest of improving patient outcomes. A nurse's footsteps are counted in order to design a nursing unit, and work process, that is more efficient. This in-turn reduces the risk of error and gives the nurse and physician more time at the patient's bedside.

These "Lean" and "Patient Centered Care" concepts have become the norm. We accommodate the needs of the family and visitors and call it "Family - Visitor Friendly." We provide a homelike setting with artwork, views of nature, and calming colors. These respite areas become the "healing environment." Finally, healthcare professionals follow-up on patient care in an effort to reduce Emergency Department and other hospital based visits. We call this "Accountable Care."

It has been a long journey since the days of "*The Lady with the Lamp*." I have not had to personally "carry a patient on my back" but I have gone to extreme measures to get a child who was on a ventilator outside on a warm, sunny day. Technology has changed the face of facility design and healthcare in general but the challenges of providing fresh air, sunlight, warmth, and a quiet, clean environment have remained the same. In today's sophisticated complicated world we still have the same goal as Florence Nightingale . . . *to improve patient outcomes by providing a safe and healing environment*. Perhaps Florence Nightingale wasn't just the founder of modern day nursing but also a pioneer of modern day design concepts like Evidence Based Design and Healing Environments.

The more things change, the more they stay the same.

Jeri Steele does healthcare research and design at Stantec in Butler, Pennsylvania. Jeri can be reached at jeri.steele@stantec.com.

Raymond F. Vennare Utilizes a Creative Approach to Building a Strong Life Sciences Industry and to Expressing the Human Experience

by Christopher Cussat

Raymond F. Vennare is an accomplished, biotech entrepreneur, investor, and senior executive with more than two decades of hands-on experience creating, launching, and building biotechnology and information technology (IT) companies across diverse markets.

Acting on behalf of shareholders, boards of directors, and senior executives, Vennare plays a key role in company formation, capitalization, business development, and the evaluation and execution of commercialization opportunities. These interactions enable investors, companies, and organizations to preserve capital, reduce risk, expedite time-to-market, and efficiently implement relevant growth or exit strategies.

He co-founded ThermalTherapeutic Systems, Inc.

Raymond Vennare

(Medical Device) where he served as President, Chief Executive Officer, and Board Director. Vennare is also the past Chief Executive Officer of ImmunoSite (Diagnostics); Senior Vice President and Chief Information Officer for TissueInformatics (Bioinformatics); and Partner and President of VS/Interactive (IT).

Although business, biotechnology, and IT are fundamental and important parts that comprise Vennare as a professional, his personal portraiture is even a more complex, diverse, and creative picture.

In fact, according to publicist, Karen Kern, "While dedicating a significant and successful portion of his life and career to business, entrepreneurship, and science, Vennare's essential orientation is humanistic." She adds that he is exquisitely aware of the inter-relatedness of all things and that this ability to intrinsically see and understand how disciplines overlap and coincide is Vennare's distinctive gift. "He is at home in the intersections of business, culture, art, and science, and uses interconnectedness as a catalyst for finding novel ways to forge bonds across disciplines and solve human problems," Kern adds.

Vennare has always been driven to express his way of seeing the commonalities of the world. This is clearly reflected in the lifelong diversity and range of his pursuits—through his work as an academically trained art historian, in the numerous businesses he has brought to life, and as a multi-disciplinary artist (painter, writer, musician, and commentator). Vennare is also an innate teacher and passionate speaker who is perpetually eager to share his experiences and views, along with the desire to mentor and shape new generations of thinkers and creators. "He is a nurturer of humankind, and devotes his energy to enhancing human endeavor across a variety of fields," notes Kern.

In his own words, music, art, and writing have always been a passion for Vennare. "I suspect, for the same reason that entrepreneurship, innovation, and technology commercialization are inspiring." He explains that these disciplines are, in essence, creative outlets. "They provide me with an opportunity to express novel thoughts, pursue imaginative solutions, and produce something that has never been created before."

As far as Vennare's creative expression, he has been painting and playing music since he was a kid. "Although I studied painting and art history quite seriously for a number of years, I can barely read music or chord charts—not surprisingly then, my paintings are fairly well-structured and steeped in artistic tradition, if not technique, while my music (blues and jazz primarily) is much more improvisational and free form."

His current artistic offering is a richly textured memoir entitled, "My Father's Shoes," which Vennare is also adapting for stage and audio performance. This vibrant anthology celebrates the capacity of one person to make a lasting difference in the lives of others. "This collection of short stories was originally written as a Christmas gift to my father shortly before he died, but since then, it has taken on a life of its own," says Vennare. With humorous reflection, clanking dishes, wafting aromas, and loving tenderness, it vividly reminds us how we ultimately transfer our human energy through the stories and memories we create and leave behind. Future projects include two more books as well as a play, "SenzaMemoria," which is based upon some of the characters in the stories of "My Father's Shoes."

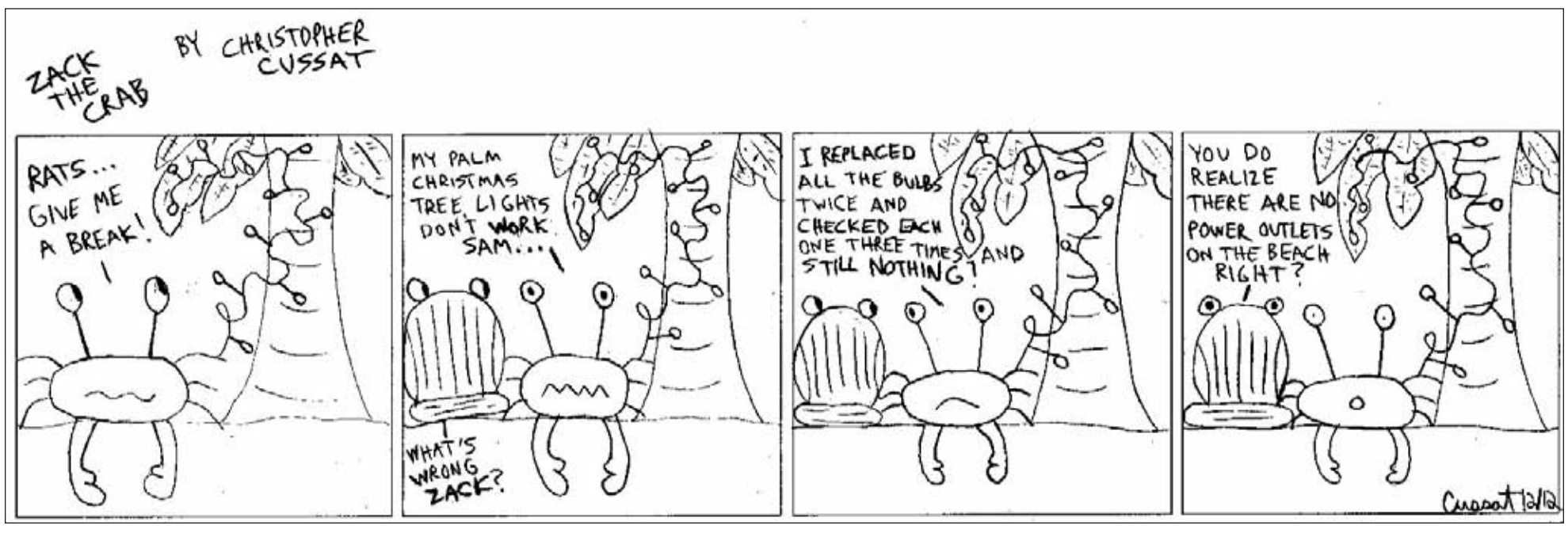
Vennare believes that creativity, whether in business or the arts, springs from the same well. "It is really about self-expression—the need to create and the way in which those creations are expressed." He explains that both depend entirely upon one's passion, desire, and commitment to solving problems, realizing a vision, or translating ethereal (artistic), conceptual (business), or theoretical (science) thought into tangible reality.

He also feels that there is very little difference between brining a character to life in the telling of a story, interpreting a piece of complex music, or launching a company around a novel technology. "All rely upon finding the essence of that 'thing,' taking the complexity out of the process, and bringing a unique perspective to that particular objective." In other words, making these things more accessible to any particular audience—whether they are presented in a boardroom, an art gallery, or a music hall. "It is to realize that which George Bernard Shaw once hypothesized, 'Some men see things as they are and ask why—others dream of things that never were and ask why not,'" he adds.

Vennare says that at some point in his life he decided to blur the line between who he is and what he does, and to resist the notion that artistic expression and professional interests were somehow incompatible or necessarily divisible. On the contrary, he contends that they not only co-exist, but that one informs the other. "Since I have never allowed personal interests nor professional endeavors to define me as a human being, I have never had to choose between the two—I simply do what comes naturally—whether writing a book, painting a canvas, playing music, or building a company."

With his expansive and eclectic body of work, and his ceaseless curiosity for new connections of value for the human community, Vennare is clearly leaving a lasting legacy through his own life. He has served as a board director, board advisor, or board observer for diagnostic, therapeutic, medical device, and software development companies, and is frequently in demand as a speaker on issues related to entrepreneurship, innovation, technology commercialization, and strategic thinking.

For more information on his company please visit: www.Vennare.net. To learn more about or order a copy of his new book, "My Father's Shoes," due out in January 2013, visit: www.myfathersshoes.net or email: info@myfathersshoes.net.



The Right Direction

By Rafael J. Sciullo, MA, LCSW, MS

Every day brings change of some sort. And that's fine, provided we have the direction to keep us focused on the tasks at hand. On a recent Tuesday morning, change was in the air. Snow flurries drifted softly to the ground – and although the calendar said it was still autumn, winter was clearly knocking on the door.

The Celebration of Life Wall at The Center for Compassionate Care in Mt. Lebanon

On that same morning, a staffer walked out of his office and proceeded down the hall. He noticed a woman at the other end, seemingly in need of direction. Her coat was still buttoned up as she had just come in from the parking lot at our Center for Compassionate Care in Mt. Lebanon.

"Do you need some help ma'am?" our Family Hospice staffer asked.

"Yes, I'm looking for the Magnolia room," she replied.

At our Family Hospice and Palliative Care inpatient centers, patient rooms bear the names of trees, to reflect a setting inspired by nature.

Our staffer explained to the woman that she simply was on the wrong floor – in the business office area instead of the inpatient floor. He learned that she was here to meet a family member. Their loved one passed away overnight.

"Allow me to take you to our nurses' station and they will get you in touch with your loved one," he explained. "I'll stay with you until I know you are where you need to be."

They entered the elevator. Our staffer pushed the button for the appropriate floor, then he turned to the woman, saying, "I'm very sorry for your loss."

"Thank you, so much," she replied. "But it's OK, I'm really glad she was here when she died. This place is so peaceful - and she was comfortable. And the whole staff was so compassionate, they were really wonderful."

The woman went onto explain how the social worker at her loved one's long term care facility recommended Family Hospice when symptoms began to get unmanageable. The right people provided direction when it was most needed. And thanks to that team effort, this woman's loved one died comfortably and pain-free.

This year has been one of positive direction for Family Hospice and Palliative Care.

Making the Most of Life

In February, we opened our new inpatient unit in Lawrenceville, The Center for Compassionate Care/Canterbury, on the campus of Canterbury Place. It brings our inpatient care to the heart of the city.

In July, we welcomed hundreds of visitors as a featured stop on the Mt. Lebanon Public Library Garden Tour. We were proud to share the beauty of the garden courtyards at The Center for Compassionate Care in Mt. Lebanon.

In September, we moved our Annual Memorial Walk to a new home at North Shore Riverfront Park, next to Jerome's Bettis' Grille 36. Many of those we had lost over the last year were remembered in a special way.

And in November, we unveiled The Celebration of Life Wall at The Center for Compassionate Care. This beautiful permanent granite structure memorializes those who have died. For donations of $1,000, names will continuously be added each spring and fall.

At Family Hospice, we cherish the opportunity to provide direction, whether it be in end-of-life care, in ways to honor those we love, or just helping someone find their way when visiting as our guest.

No matter the changes that occur, we at Family Hospice hope you always find the direction you need in the coming year.

Rafael J. Sciullo, MA, LCSW, MS, is President and CEO of Family Hospice and Palliative Care and Past Chairperson of the National Hospice and Palliative Care Organization. He may be reached at rsciullo@familyhospice.com or (412) 572-8800. Family Hospice and Palliative Care serves nine counties in Western Pennsylvania. More information at www.FamilyHospice.com and www.facebook.com/FamilyHospicePA.

Saint Vincent Health Center Launches Clinical Affiliation with Cleveland Clinic

Saint Vincent Health Center recently announced a clinical affiliation with the Cleveland Clinic Heart and Vascular Institute to deliver world-class cardiovascular services in the Erie region.

Cleveland Clinic will work with the Saint Vincent clinical teams to give patients in Erie access to the most advanced research, programs, technologies and clinical techniques. That means that patients in the Erie region who are diagnosed with heart disease will be given the highest level of quality heart care, incorporating the resources, research and practices of the nation's leading heart program, right here in Erie at Saint Vincent Health Center.

Saint Vincent heart and vascular specialists will participate in training, conferences and educational programs provided by the nation's No. 1 ranked heart program. Saint Vincent physicians will also regularly collaborate with their colleagues at Cleveland Clinic and have access to emerging technologies and procedures being evaluated at Cleveland Clinic.

Cleveland Clinic's Miller Family Heart and Vascular Institute was recently rated No. 1 in the nation for cardiology and heart surgery by *US News & World Report* for the 18th consecutive year. Saint Vincent Heart and Vascular Center has also received national recognition and is the region's leader in heart and vascular care. Saint Vincent offers a full spectrum of diagnostic and interventional cardiac services as well as electrophysiology, cardiac, vascular and thoracic surgery and continues to add new technology.

In early October, Saint Vincent opened three large operating room suites, including western Pennsylvania's only hybrid operating room used as a combination endovascular lab and minimally invasive OR suite for vascular and heart procedures.

This affiliation will also further strengthen Saint Vincent's relationship with Cleveland Clinic. In February, Saint Vincent joined Cleveland Clinic's Telemedicine Network, which provides immediate access to Cleveland Clinic specialists through unique videoconference equipment, allowing stroke patients at Saint Vincent to receive the highest level of care without the need to travel out of town.

To learn more visit www.SaintVincentHealth.com.

Around the Region

Navy Veteran John Griffin, 60, of Linesville, Pa., is the first patient in Western Pennsylvania to receive the LAPTOP-HF heart management device. Here he is shown after the implantation at VA Pittsburgh Healthcare System with Cardiac Care Nurse Jannine Olszlewski. Photo by Glenn Hangard.

New Monitoring Device Provides Heart Failure Patients with 'Real-time' Results

Veterans Affairs Pittsburgh Healthcare System recently implanted its first patient in a pivotal trial studying the use of a new investigational disease management system for patients with heart failure.

VA Pittsburgh implanted a patient with the device currently being tested in LAPTOP-HF (Left Atrial Pressure Monitoring to Optimize Heart Failure Therapy) trial, sponsored by medical device company St. Jude Medical.

According to Navy Veteran John Griffin, 60, of Linesville, Pa., the Vietnam era Veteran has suffered from congestive heart failure for five years. He received the heart-monitoring device during a surgical procedure on Oct. 2.

Griffin is one of approximately five million Americans living with heart failure, a chronic condition that, for many, results in worsening symptoms and serial re-hospitalizations.

"We hope the use of this device translates into less hospitalizations and better management of their care," said Dr. Alaa Shalaby, MD, FHRS FACC, and Director of Cardiac Electrophysiology at VA Pittsburgh. "We are happy that we can offer this cutting edge technology to our Veterans."

The device contains a sensor placed in the patient's heart, which is connected by a lead to a generator placed under the skin in his chest. With a hand held device, the patient can 'talk' to the generator and get real time information on the pressure readings in his heart.

The information on the pressure within the heart allows patients to adjust their heart medications daily based on a physician-directed prescription plan and their current pressure, similar to how diabetes patients manage their insulin therapy.

"I think giving control back to the patients allows them to have an active role in tailoring their own therapy," Dr. Shalaby said.

Clinicians commonly use the symptoms of heart failure, such as fatigue or shortness of breath, to determine a patient's heart failure status and subsequent treatment; however, changes in heart failure symptoms are difficult to gauge and may be caused by other conditions. Currently, there is no other means of obtaining pressure measurements outside the clinic or hospital setting.

"Many times we don't understand why seemingly stable heart failure suddenly worsens," said Dr. Shalaby. "This adds an important piece to the puzzle."

Physician–directed, patient self-management, which has become standard in diabetes management, is a new approach for heart failure management. This will provide physicians with the ability to better personalize and optimize heart failure management using daily, objective measures of a patient's heart failure status.

For Griffin, who said he was "honored" to be the first person chosen for the trial, it is a chance for a better quality of life.

"I'm hoping for better control of my heart failure and to have a longer life – that would be good," Griffin said.

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

ACHIEVA Announces Innovative Projects to Improve Services for People with Disabilities

ACHIEVA, one of the nation's largest and leading non-profit organizations serving people with disabilities and their families, announced plans last month for its $8 million capital campaign, *Innovation in Support of People with Disabilities* that will enable the organization to launch landmark initiatives.

"ACHIEVA will raise the level of services for people with intellectual & developmental disabilities to new heights and help more people live enriching and independent lives," says Marsha Blanco, President and CEO of ACHIEVA.

"Support from the corporate and foundation community has given the campaign momentum," said Bill Demchak, PNC Financial Services Group President and chairman of the ACHIEVA campaign. "ACHIEVA now needs the help of the community to ensure that the additional services announced today can be provided."

Demchak announced that with the support of the community, ACHIEVA will:

Create 118 new community living spaces for people with disabilities through a public-private partnership to reduce the lengthy waiting list. Currently, more than 15,000 people with disabilities in Pennsylvania are on a waiting list for government support that may take years to fill. 4,000 are in an emergency state. "The expanded public-private partnership will decrease the waiting list and allow adults with disabilities to live safely and as independently as possible," explains Marsha Blanco, President and CEO.

Create more permanent jobs for people with disabilities in the Greater Pittsburgh area by expanding ACHIEVA's thriving Pallet Manufacturing Business, which generated sales of $1,255,000 and produced 128,000 pallets in 2011. The facility currently employs 22 workers with disabilities. With the purchase of a new band re-saw line and upgrading current equipment ACHIEVA will be able to offer more jobs to the 8 out of 10 people with disabilities currently unemployed.

Implement an innovative plan to expand the ACHIEVA Family Trust, which enables families of people with disabilities to secure the financial future of their loved ones. The goal is to increase the families served from 1,800 to 3,300. The monies raised will create new funding channels for ACHIEVA Family Trust and fund a campaign to inform families, service providers and attorneys of individuals with disabilities about the benefits of ACHIEVA Family Trust.

Increase the energy efficiency of the 100 ACHIEVA facilities by adopting sustainable practices and updating current systems. This project will allow ACHIEVA to redirect an estimated $117,000 each year from building operations to services for people with disabilities.

"When you think of ACHIEVA, think innovative approaches and long-term solutions for children and adults with disabilities in Southwestern Pennsylvania and in the nation", said Ginny Thornburgh, honorary campaign co-chair and wife of former Pennsylvania Governor Dick Thornburgh. "If you invest in ACHIEVA you invest in America."

To date, the largest contributors to the campaign include PNC Foundation, which has donated $1 million to the campaign; Edith L. Trees Charitable Foundation $750,000; Heinz Endowments $475,000; Highmark and the Highmark Foundation $400,000; Massey Charitable Trust $90,000 and Reed Smith $75,000. Ernst and Young, Buchanan Ingersoll & Rooney PC and the Meryl Wyrck Living Trust also made significant contributions.

Learn more at www.achieva.info

Pediatric Alliance Joins ClinicalConnect Health Information Exchange

James Troup

Pediatric Alliance, a physician-owned practice offering primary care and specialized services to children and adolescents in southwestern Pennsylvania, announced last month that it will join ClinicalConnect Health Information Exchange (HIE).

ClinicalConnect HIE, western Pennsylvania's first and largest health information exchange, was founded last year by nine of the region's leading health care providers: Altoona Regional Health System, ACMH Hospital, Butler Health System, Excela Health, Heritage Valley Health System, Jefferson Regional Medical Center, St. Clair Hospital, The Washington Hospital and UPMC. The Children's Institute of Pittsburgh recently joined.

ClinicalConnect HIE allows clinicians from across participating health care organizations to immediately and securely access critical patient information, including medications, allergies and lab results. The goal is to improve the quality and coordination of care for patients as they move among health care providers.

"In a rapidly changing health care landscape, Pediatric Alliance is committed to continuing to serve our patients with high quality, cost effective care. ClinicalConnect HIE is an important tool in helping us to meet that commitment, particularly in emergency situations," said James Troup, M.S. MIT, and chief executive officer of Pediatric Alliance.

Expected to be one of the largest HIEs in the state—with more than 7 million unique patient records— ClinicalConnect HIE will help patients by reducing unnecessary testing, delays and costs; increasing the use of preventive care and chronic illness management programs, and assisting efforts to track and improve public health. Longer-term, the exchange is expected to be connected to federal and state data-sharing systems.

Access to a patient's medical record through ClinicalConnect HIE depends upon a patient's consent to participate during registration at participating health care providers.

For additional information, visit www.clinicalconnecthie.com.

Around the Region

Jameson Memorial Hospital School of Nursing Class of 2012 Celebrates 100% Pass Rate on NCLEX

The Jameson Memorial School of Nursing Class of 2012 achieved a 100% first time pass rate on the NCLEX-RN Licensure exam (State Boards). The last class to achieve this milestone was in 2002. Commencement exercises were held in late spring for the 27 students who received diplomas. The Faculty and staff of the school of nursing had a true commitment to these students and all students.

The graduates included:

New Castle, PA: Valerie Fee, Michelle Kunselman, Andrea Lamb, Monica Morgan, Samuel Plyler, Lisa DeWitt, Salanda Smiley, and Gabrielle Thomas; Sharon, PA: Angela Currens; Grove City, PA: Jeffrey McGahey and Chelsea Semple; Mercer, PA: Nathan Oss; Greenville, PA: Brittney Henretty; Ellwood City, PA: Valerie Harper and Jason Triplett; Wampum, PA: Jesse Dean, Tyler King; Sharpsville, PA: Loretta Test; West Middlesex, PA: Jamie Lauderbaugh; Aliquippa, PA: Emily LoVerde; Portersville, PA: Corrin Newton; Cortland, Ohio: Brie Mahoney-Woods; Boardman, Ohio: Lindsey Gotto; Vienna, Ohio: Alyssa Sherman; Campbell, Ohio: Christopher Vokish ; Struthers, Ohio: Elaine Runge; and Youngstown, Ohio: Kelly Bruner

The NCLEX-RN® and the NCLEX-LPN® nurse licensure examinations were developed by the National Council of State Boards of Nursing (NCSBN). The NCSBN is a not-for-profit organization which serves as the vehicle through which boards of nursing act and counsel together to provide regulatory excellence for public health, safety and welfare, according to the NCSBN website. The NCLEX examinations serve to ensure that nurses entering the workforce have the necessary skills and knowledge to practice in the field. The NCBSN developed the "psychometrically sound and legally defensible" NCLEX-RN® and NCLEX-LPN® nurse licensure examinations. According to the NCSBN, these exams are rigorously regulated every three years to keep pace with the constantly changing health care environment.

The Jameson Memorial Hospital School of Nursing is approved by the Commonwealth of Pennsylvania State Board of Nursing and is accredited by the National League for Nursing Accrediting Commission (NLNAC).

For more information, visit www.jamesonhealth.org/schoolofnursing.

Around the Region

Pictured from left to right are Angela Dively; Janet Balon, JMBCC Staff; Cindy LeComte,V.P. Ancillary Services; Courtney Dively; Carol Winters, Mary Elko and Judy Mislanovich, JMBCC Staff.

Pedicure Fundraiser Benefits Joyce Murtha Breast Care Center

Courtney Divlely's senior project inspiration came from her aunt who battled breast cancer for nine years. "I wanted to do something different," said Courtney as she hosted a Pedicure Fundraiser on September 8, 2012. Courtney, a senior at Shanksville - Stonycreek High School, accomplished her goal and raised $1,100 for the Joyce Murtha Breast Care Center at Windber Medical Center.

New Domiciliary Opens for Veterans

Earlier this fall, VA Butler Healthcare held the official Ribbon Cutting Ceremony for the newly constructed Domiciliary. VA Butler's new 56-bed Domiciliary will provide residential rehabilitation for Veterans suffering from substance abuse, homelessness and behavioral health issues. Veterans moved into the new facility the week of November 12.

VA Butler's new Domiciliary includes a total of five new buildings. The main treatment building includes group therapy rooms, a recreation center, computer room, dining hall, life skills training room and crafts room. The four remaining buildings are townhomes where Veterans will be residing. The new residential facility will accommodate male and female Veterans as well as meet the needs of bariatric and disabled Veterans.

All townhomes are equipped with a full kitchen, washer and dryer, and modern furniture to offer a home-like environment. Veterans will be responsible for the cleaning of their townhomes, purchasing groceries, cooking and laundry.

The new Domiciliary is just one of three new construction projects at VA Butler Healthcare. Construction is also progressing on VA Butler's new Community Living Center (CLC). Once completed, the new CLC will house 60 Veterans and encompass 54,000 square feet. VA Butler's new Health Care Center (HCC) is also underway and will provide a new state-of-the-art facility for VA's outpatient services in a three-story building with 168,000 square feet.

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

From left to right, Cherie Hawryliak, HCC Program Manager; Bob Glancy, R.A. Glancy & Sons Inc.; Michael Moreland, VA's Network Director (VISN 4); John Gennaro, VA Butler Healthcare's Director; Bryan K. Gressly, OIF Veteran, Domiciliary Resident; Kelly Brown, Radelet McCarthy Polletta Inc.; Pat Corr, Acting Domiciliary Chief

Nation's Largest Health Plan Survey Cites Key Trends in Employer Health Plans

Health care costs will continue to increase for both plan sponsors and their employees, according to Cowden Associates, Inc. a Member Firm of United Benefit Advisors (UBA), the nation's largest independent benefits advisory organization. Preliminary results released by UBA from its 2012 UBA Health Plan Survey, the nation's largest health plan survey with 17,905 plans from 11,711 employers and the only one of its kind to offer local benefits benchmarking capabilities show some startling trends in employer health plans. Cowden Associates, Inc. can provide employers with a benchmarking report for their region, industry and size. This can assist businesses to determine which types of plans are most popular in their area, which plans are being phased out, average employee costs and participation, and hundreds of thousands more pieces of highly relevant information that can help them negotiate their rates and communicate their plan advantages to employees.

One trend that stands out in this year's survey shows that consumer driven health plans (CDHPs) in the U.S. experienced a decline in the percentage of plans offered for the first time since 2007. CDHP growth stagnation is a critical trend that businesses should consider when making health plan purchasing decisions. Though CDHPs are popular in some regions of the country (particularly the Northeast), the 2012 Health Plan Survey's closer look at why some areas have a high occurrence of CDHPs, along with surprising findings on the lack of savings with CDHPs, arms employers with key data that will assist them in making decisions on offering CDHPs or altering plan designs.

Other key national statistics from this year's Survey results:

- The average renewal for all plan types increased by 5 percent
- PPO plans have nearly two thirds of all enrolled employees (61.7 percent)
- The average monthly employee contribution for plans with contributions for all plan types is $126 for single and $494 for family
- The average employer contribution to a health reimbursement arrangement (HRA) was down from 2011 for a single employee and up for a family. Employer health savings account (HSA) contributions continued to decline
- Four fifths of all wellness plans (81 percent) offered a health risk assessment
- As a direct result of PPACA changes, 91.7 percent of all plans now offer an unlimited lifetime maximum benefit compared with 81.3 percent in 2011 and just 16.1 percent in 2010
- Less than half (48.0 percent) of all covered employees elected to cover their dependents, a decline of 1.9 percent

Around the Region

As health care plan offerings and the federal regulatory environment become more complex, benchmarking data such as the 2012 UBA Health Plan Survey have become increasingly critical for employers looking to manage their health care benefit programs effectively.

"The intent of the survey is to provide employers of all sizes with the data they need to manage their health care benefit programs effectively," says Elliot Dinkin, President/CEO of Cowden Associates, Inc. "Large employers will find the United Benefit Advisors (UBA) Health Plan Survey provides more participants and data in their category than other industry survey. For employers with fewer than 1,000 employees (which represents more than 99 percent of the employers in the U.S.) and for employers who have operations in multiple locations, this survey is the only source of reliable regional – and in many cases, state – health plan benchmarks by size and industry."

With more Member Firms located in virtually all U S markets, UBA uniquely provides employers of all sizes the data they need to remain competitive in their local markets. The 2012 UBA Health Plan Survey will not be available to the public until Nov. 1. Employers can get inside access to the hundreds of thousands of pages of granular state, regional and industry data through a benchmarking report by contacting Cowden Associates, Inc.

Cowden Associates is a Pittsburgh based consulting and actuarial firm. We have a dedicated and experienced team of professionals with extensive experience in health and benefits, retirement, plan design, compensation, employee communications, benefits enrollment, actuarial and technology services. The firm is committed to providing the highest level of service through industry leading professionals with experience and expertise equal to or greater than typically expected at the largest national firms. Cowden Associates is a charter member of United Benefit Advisors (UBA), an alliance of the premier independent benefit advisory firms in the nation.

United Benefit Advisors is a member owned alliance of more than 140 premier independent benefit advisory firms with more than 200 offices throughout the U.S, Canada and the U.K., and is the nation's largest independent benefits advisory organization. As trusted and knowledgeable advisors, UBA Members collaborate with more than 2,200 professionals to seek out ideas, insight, expertise and best in class solutions that positively impact employers and make a real difference in the lives of their employees and families. Employers, advisors and industry related organizations interested in obtaining powerful results from our shared wisdom should contact Cowden Associates, Inc.

For more information, visit www.cowdenassociates.com.

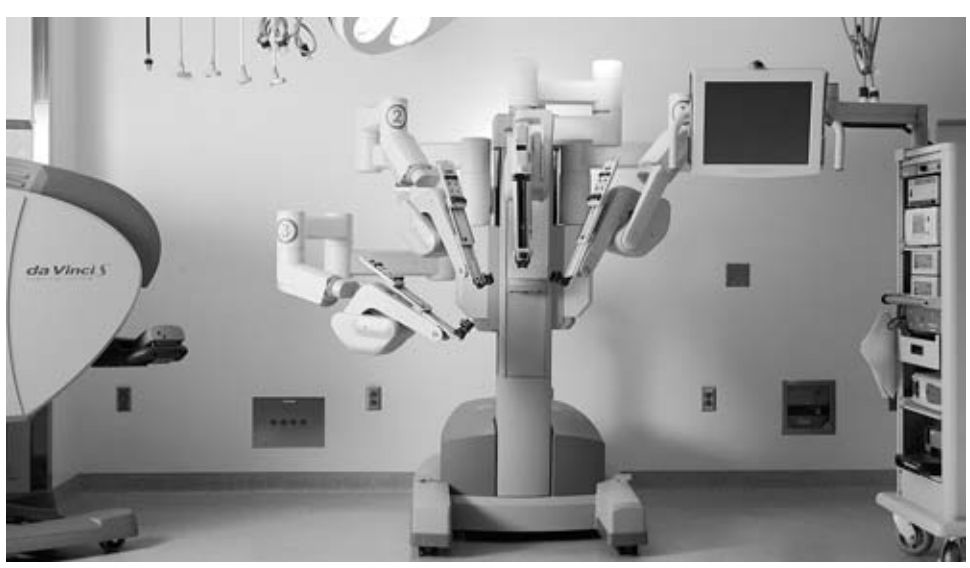
Robotic Surgery at AGH Offers Patients With Early Stage Lung Cancer a New, Less Invasive Treatment

Just a few months after launching a state-of-the-art robotic cardiac surgery program, Allegheny General Hospital (AGH) today announced that it has advanced its multidisciplinary robotic surgery capabilities even further to provide a new, less invasive treatment option for patients with early stage lung cancer. Surgeons at AGH now join a select group across the country using robotics to perform sophisticated lung cancer operations through much smaller incisions that not only shorten recovery times and cause less pain, but may also lead to better outcomes.

AGH thoracic surgeons Richard Maley, MD, Lana Schumacher, MD, and Mathew VanDeusen, MD, performed the hospital's first robotic lung cancer surgeries in September, and the group expects to treat a growing number of patients with the advanced procedure.

Lung cancer is the leading cause of cancer-related deaths among both men and women in the United States. Of the nearly 250,000 people diagnosed with the disease each year, approximately 20% have the earliest and most treatable stage – where the cancer is isolated in one section of the lung. A recent study in the *New England Journal of Medicine* showed that those diagnosed with Stage I lung cancer and treated promptly have a 10-year survival of close to 90%.

Across the country, the conventional treatment for early stage lung cancer involves removing the diseased section of the lung through a six to ten inch chest incision. The technique – called a thoracotomy lobectomy - can be quite painful post-operatively because it entails cutting through muscle and spreading the ribs to operate on the lung. At more specialized centers, such as AGH, surgeons have also performed video-assisted thoracic surgery (VATS) for some time using more traditional hand-held laparoscopic tools, although the difficulty of this approach has occasionally limited its availability to patients.



Robotic lung surgery is a closed-chest procedure that is performed using the da Vinci Surgical System, a highly advanced technology that allows surgeons to resect lung tissue through just a few small incisions.

Originally developed by NASA for operating remotely on astronauts in space and used by the Department of Defense to operate on soldiers in the battlefield, the da Vinci System is comprised of two primary components, a remote console that accommodates the surgeon and a five armed robot that is positioned at the patient's side.

Sitting comfortably at the console several feet away from the operating room table, the surgeon maneuvers da Vinci's robotic arms and views the surgical field in high magnification and resolution through a three dimensional endoscopic camera. The System seamlessly and precisely translates the surgeon's natural hand, wrist and finger movements from controls at the console to the robotic surgical instruments inside the body.

Most any patient diagnosed with Stage I lung cancer is considered a candidate for robotic-assisted lobectomy, but the procedure has particular promise for patients who are compromised by other medical problems and who may not be able to undergo a more invasive operation.

For more information, visit www.wpahs.org.

Louise Urban Promoted to Executive Vice President and Chief Operating Officer at Jefferson Regional Medical Center


Louise Urban

John Dempster, president and chief executive officer, and James Cooper, senior executive vice president, Jefferson Regional Medical Center, jointly announced the promotion of Louise A. Urban to executive vice president and chief operating officer, effective September 17.

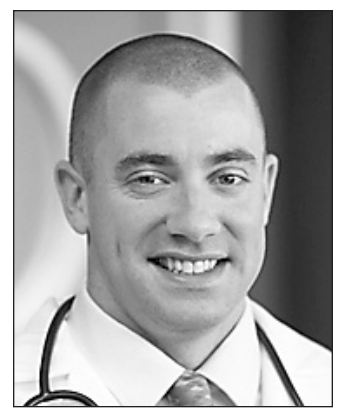
Urban first joined Jefferson Regional as a registered nurse in the ICU in 1991. She has been promoted numerous times, having been an assistant nurse manager and patient care manager in the ICU and director of Patient Care Services. In 2006, she was promoted to vice president of Patient Care Services and chief nursing officer. She was named senior vice president of Hospital Operations in 2010.

A graduate of the Western Pennsylvania Hospital School of Nursing, she earned a Bachelor of Science degree in Nursing from California University of Pennsylvania and a Master of Science degree in Health Service Administration from the University of St. Francis.

For more information, visit www.jeffersonregional.com.

St. Clair Hospital Announces Recent Hires

Kevin G. Kotar, D.O. has joined Preferred Primary Care Physicians and is on staff at St. Clair Hospital. Dr. Kotar earned his medical degree at Lake Erie College of Osteopathic Medicine. He completed a residency in Family Medicine at University of Pittsburgh Medical Center. Dr. Kotar resides in Upper St. Clair.


Kevin G. Kotar


Kimberly Hewitt

Kimberly Hewitt, D.O. has also joined Preferred Primary Care Physicians and is on staff at St. Clair Hospital. Dr. Hewitt earned her medical degree at Lake Erie College of Osteopathic Medicine. She completed a residency in Categorical Internal Medicine at University of Pittsburgh Medical Center. Dr. Hewitt resides in Mt. Lebanon with her husband, Matthew Cooper, D.O.


Michael Kritiotis

In addition, St. Clair Hospital has named **Michael Kritiotis** as director of Decision Support and Planning. Prior to joining St. Clair, he most recently served as Senior Director at Accelero Health Partners. Kritiotis is a Certified Public Accountant who earned his bachelor's degree in Accounting from St. Vincent College. He resides in Brighton Heights with his wife, Julie.

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

Healthcare Professionals in the News

New Medical Staff Members Join Sharon Regional


Armais V. Akovbyan

Sharon Regional recently welcomed to its medical staff **Armais V. Akovbyan, M.D., D.O.,** who specializes in COPD (chronic obstructive pulmonary disease), asthma, lung cancer, shortness of breath, and cough; critical care (caring for patients in intensive care); and sleep disorders (including snoring, sleep apnea, insomnia, and excessive daytime sleepiness).

Dr. Akovbyan completed fellowships in pulmonary medicine/critical care medicine and internal medicine at New York Medical College/Westchester Medical Center and most recently completed a sleep medicine fellowship at Hennepin County Medical Center/University of Minnesota. He is board certified in pulmonary medicine and internal medicine, and board eligible in sleep medicine.


John J. Ambrosino

John J. Ambrosino, M.D., a board certified vascular surgeon,also joined the medical staff of Sharon Regional Health System and is seeing patients in offices both in Hermitage and Neshannock.

Dr. Ambrosino specializes in diseases of the arteries, veins, and lymph vessels; vascular surgery and non-surgical interventional techniques; peripheral vascular disease (PVD); dialysis access procedures; and vagus nerve stimulation for epilepsy treatment.

Dr. Ambrosino comes to Sharon Regional from Excela Health in Greensburg, where he served as Chief of Vascular Services. He also served as an Associate Clinical Professor of Surgery at Boston University School of Medicine while Chief of Surgery and Director of Surgical Education at Brockton Hospital in Brockton, Massachusetts.

Dr. Ambrosino completed a fellowship in vascular surgery at Massachusetts General Hospital and served as a clinical fellow in surgery at Harvard University, where he also completed his residency. He is certified by the American Board of Surgery in general and vascular surgery and is a Fellow of the American College of Surgeons. Additionally, he is a member of the Society for Vascular Surgery, the Society of Clinical Vascular Surgery, and the Eastern Vascular Society.

For more information, visit www.sharonregional.com.

Local Health System Elects New Boards

Monongahela Valley Hospital (MVH) announced its officers for 2012-2013 at their annual meetings this past summer.

John D. Fry, president and owner of Procurement Specialty Group, Inc. has been reelected chairman of the Board of Directors of Mon-Vale Health Resources, Inc. and chairman of the Board of Trustees Monongahela Valley Hospital, Inc. This marks Fry's third term as the leader of the boards.

In addition, R. Carlyn Belczyk was reelected vice chairman and Jeff M. Kotula was re-elected secretary of both boards. These officers are also will be serving their third terms which began on July 1.

Fry, of Upper St. Clair Township, was elected to the MVHR Board of Directors in 1998 and to the MVH Board of Trustees in 2000. He was elected secretary of both boards in 2005 and is a member of the Executive Committee of both boards. In addition, he has served on the Nominating, By-Laws and Executive Compensation committees and as chairman of the Joint Conference Committee and was appointed chairman of the Finance Committee in 2007.

Belczyk is a certified public accountant, accredited in business valuations and a certified valuation analyst. She began her career in public accounting in 1986 and together with Randy Guthrie formed Guthrie, Belczyk & Associates, PC of Washington in 1993. She has served on the boards of numerous professional and community organizations including the Washington County Community Foundation.

Kotula is president of the Washington County Chamber of Commerce. He leads the activities of the largest chamber in Washington County and the fourth largest chamber in southwestern Pennsylvania. In this capacity, he serves as both the chamber executive and as director of economic development for Washington County through a public/private partnership comprised of the Washington County Commissioners, Washington County Chamber of Commerce, Washington Industrial Development Corporation and Washington County Industrial Development Authority.

In other developments, John A. Holets, M.D., and Kevin Lee were elected to the Board of Directors of Mon-Vale Health Resources, Inc. and Bradley M. Bassi was elected to both boards.

Dr. Holets is a dedicated family practice physician who has served patients in the Monongahela Valley for more than 27 years. He joined the MVH medical staff in 1985 and serves on the boards of the Washington County Hospital Authority and Vale-U-Health, Inc.

Lee is owner of Lee Supply Company, a leader in the sale and installation of pipe and pumping systems for specialists and the provider of choice to many municipalities, construction companies, mines and environmental operations. He serves as Vice President of the Mon Valley YMCA Board and is a member of the Charleroi Education Foundation and Team Charleroi.

Mr. Bassi is an attorney with Bassi, McCune & Vreeland, P.C., one of the largest and most prestigious firms in Washington County that specializes in a variety of practice areas. He has more than 30 years of courtroom experience and is a respected member of the community who is involved with corporate, human services and youth athletic organizations.

Members of the Mon-Vale Health Resources, Inc.'s Board who also were elected to serve on the Hospital's Board of Trustees include: James C. Grech, R. G. Krishnan, M.D. and Jamie L. Prah.

James C. Grech is Senior Vice President – CNX Land Resources at CONSOL Energy, Inc. He is an active member of many professional and community service organizations such as the American Coal Council, University of Pittsburgh Institute of Politics — Infrastructure Committee, Washington County Habitat for Humanity and the Washington County United Way.

Dr. Krishnan is the immediate past president of Monongahela Valley Hospital's Medical Staff. His leadership helped MVH's medical team grow to 225 physicians who bring outstanding medical care in more than 40 specialties. Dr. Krishnan is a talented cardiologist whose commitment to health care goes far beyond direct patient care.

Jamie L. Prah is a certified public accountant who serves as the Corporate Controller/Treasurer of First Federal Savings Bank in Monessen. He brings extensive financial expertise to the Hospital's Board that he acquired working for public accounting firms and banks throughout the Greater Pittsburgh region.

Also reelected to the Mon-Vale Health Resources, Inc.'s Board were: James J. Connolly, D.D.S.; Karen L. Quinto; Steven J. Sukal; and Charles W. Zubritsky III.

Those reelected to both Mon-Vale Health Resources, Inc.'s Board and Monongahela Valley Hospital's Board of Trustees included: Michal Lementowski, M.D.; William J. Miller Jr.; and Charles R. Muia.

For more information, visit monvalleyhospital.com.

Healthcare Professionals in the News

West Penn Allegheny Expands Cardiology Group

Eleven new physicians have recently joined the Division of Cardiology and the Cardiovascular Institute (CVI) at Allegheny General Hospital (AGH), further expanding the scope and capabilities of western Pennsylvania's most advanced center for specialized cardiovascular care.

Many of the newly recruited physicians come to AGH and the West Penn Allegheny Health System (WPAHS) from leading, nationally recognized medical centers such as New York University, Beth Israel Deaconess, the University of Pennsylvania and Washington Hospital Center/Georgetown University. They complement AGH and West Penn Allegheny's strengths in a variety of cardiovascular fields, including electrophysiology, heart failure, interventional cardiology and heart transplantation.

The doctors will practice primarily at AGH on Pittsburgh' s North Side as well as at CVI locations throughout WPAHS, including Canonsburg General Hospital, Forbes Regional Hospital and West Penn Hospital.

The Cardiovascular Institute at AGH offers comprehensive, state-of-the-art care for the complete spectrum of cardiovascular diseases. The Institute's nationally recognized medical staff includes specialists in general and interventional cardiology, electrophysiology, leading edge diagnostic cardiology – including cardiovascular MRI, CT and 3-D echocardiography - women's heart care, heart failure and pulmonary hypertension, heart transplantation and mechanical circulatory support, vascular surgery and wound care, thoracic surgery, heart valve disease and coronary artery bypass surgery.

New cardiologists who have joined the AGH/WPAHS faculty include;

Richa Agarwal, MD, who previously held appointments as Advanced Clinical Fellow, Heart Failure and Transplantation, at Columbia University and Visiting Clinical Fellow, Heart Failure at Northwestern Memorial Hospital, Chicago. She completed a clinical and research fellowship in pulmonary hypertension at the University of Chicago Medical Center, where she also completed her fellowship in cardiovascular disease. She is a graduate of Cornell University and New York University School of Medicine.

Kwame O. Akosah, MD, joins AGH from the University of Virginia Health System, where he was an associate professor of medicine. Dr. Akosah is a graduate of Westminster College and Howard University School of Medicine. He completed his internship in internal medicine at St. Vincent Medical Center in New York, where he was also the chief resident. He completed a fellowship in cardiology at the Medical Center of Virginia.

Amresh Raina, MD, completed fellowships in advanced heart failure transplantation and cardiovascular disease at the Hospital of the University of Pennsylvania, as well as a fellowship in nuclear cardiology and cardiovascular imaging at New York Presbyterian Hospital-Columbia University Medical Center. He is a graduate of Harvard University and received his medical degree from Columbia University College of Physicians and Surgeons.

Healthcare Professionals in the News

George Bekic, DO, was a cardiologist in private practice in Lumberton, NC, before joining AGH. He served as chief resident in the Department of Medicine at West Penn Hospital before completing a fellowship in cardiology at Geisinger Medical Center in Danville, Pa. While in North Carolina, he held academic appointments at University of North Carolina-Chapel Hill and Duke University Medical Center. He is a graduate of Gannon University and Nova Southeastern University College of Osteopathic Medicine.

Mithun Chakravarthy, MD, MPH, joins AGH after completing fellowships in interventional cardiology and general cardiology at West Penn Allegheny Health System. Prior to that, he was a resident in internal medicine at Temple University School of Medicine's campus at West Penn Hospital. Dr. Chakravarthy received his master's degree in public health at the University of Alabama-Birmingham, and his undergraduate and medical degrees at Gandhi Medical College, Hyderabad, India.

Michael A. Gaglia Jr., MD, MSc, comes to AGH from Washington Hospital Center/Georgetown University, where he completed fellowships in interventional cardiology and cardiovascular disease. He also completed a residency in pediatrics at University of Michigan Medical Center. He is a graduate of the University of Notre Dame and received both his medical degree and a master of science degree in clinical research from the University of Pittsburgh School of Medicine.

Emerson Honmin Liu, MD, joins WPAHS from Beth Israel Deaconess Medical Center, where he was Fellow in cardiology and Chief Fellow in electrophysiology. He completed a residency in internal medicine at Massachusetts General Hospital and a residency in general surgery at Emory University School of Medicine. He is a graduate of Harvard University and its medical school.

Manreet Kanwar, MD, who completed an advanced heart failure, transplantation and pulmonary hypertension fellowship at West Penn Allegheny Health System. Prior to this, she was the chief fellow in cardiovascular disease at St. John Hospital and Medical Center in Detroit. She is a graduate of the Government Medical College in Patiala, India. In 2009 she won the Joseph E. Johnson Award for outstanding leadership sponsored by American College of Physicians (ACP). This award recognizes an Associate who exemplifies the college's mission 'to enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine."

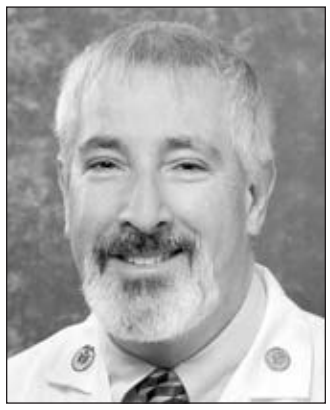
Moneal B. Shah, MD, completed a cardiac imaging fellowship at St. Francis Hospital in Roslyn, NY, and a cardiology fellowship at West Penn Allegheny Health System. He also completed an internship and residency at Ohio State University Medical Center. Dr. Shah is a graduate of the University of Akron and Northeastern Ohio Universities College of Medicine.

Rajiv S. Swamy, MD, who completed advanced training in coronary, peripheral and structural interventions as an interventional fellow at New York University Medical Center. He also completed a cardiology fellowship at University of Chicago Medical Center, where he was chief medical resident and an instructor of medicine. He graduated from Duke University and received his medical degree from University of Chicago-Pritzker School of Medicine.

J. Travis Wilson, MD, who completed fellowships in interventional cardiology and cardiovascular disease at AGH following an internal medicine residency at the University of Pittsburgh Medical Center. Dr. Wilson is a graduate of the University of Notre Dame and the University of Rochester School of Medicine and Dentistry.

For more information, visit www.pittsburghheartcare.org.

Erie Physicians to Join GI team at UPMC Horizon


Scott Henry

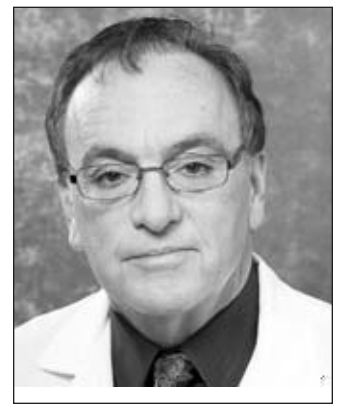

Robert Hower Jr.

UPMC Horizon will enhance its gastroenterology services and increase access to endoscopy procedures at its Greenville campus with the addition of five GI specialists affiliated with UPMC Hamot.

Scott Henry, MD, Robert Hower Jr., DO, David Levy, MD, Brian Ng, MD, and **Robert Schwartz, MD,** of UPMC Hamot – Bayfront Digestive Disease, Erie, will perform endoscopy procedures in the Greenville campus's endoscopy lab, located in the Ambulatory Services Department.

Dr. Henry is board certified in gastroenterology and internal medicine. He earned his medical degree from New York Medical College and completed residencies at North Shore University Hospital and Memorial Sloan-Kettering Cancer Center. He also completed a fellowship at North Shore University Hospital. Dr. Henry is a fellow in the American College of Gastroenterology and the American Gastroenterological Association and a member of the American Medical Association, the American Society for Gastrointestinal Endoscopy, and the Pennsylvania Society of Gastroenterology.

Dr. Hower, UPMC Hamot Division Chief of Gastroenterology, earned his medical degree from Lake Erie College of Osteopathic Medicine. He completed an internal medicine residency at what is now known as UPMC Mercy and a fellowship in gastroenterology at Allegheny General Hospital, Pittsburgh. He is board certified in gastroenterology and internal medicine and is a member of the American College of Gastroenterology, the American Gastroenterological Association, the Erie County Medical Society, and the Pennsylvania Medical Society.


David Levy

Dr. Levy earned his medical degree from Universidad Autonoma de Guadalajara. He completed a residency at Westchester County Medical Center and Bronx Lebanon Hospital Center and a fellowship at Westchester County Medical Center and Lincoln Medical and Mental Health Center. He is a fellow in the American College of Gastroenterology, the American Gastroenterological Association, and the American College of Physicians and a member of the American Medical Association, the Pennsylvania Society of Gastroenterology, and the American Society of Gastrointestinal Endoscopy.

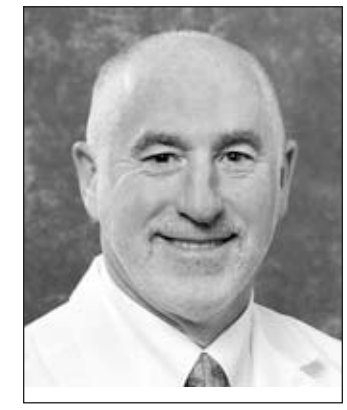
Dr. Ng earned his medical degree from SUNY Upstate Medical University, Syracuse, N.Y., and completed an internal medicine residency and gastroenterology fellowship at UPMC. He is board certified in gastroenterology and internal medicine and is a member of the American College of Gastroenterology, the American Gastroenterological Association, the Erie County Medical Society, and the Pennsylvania Medical Society.

Dr. Schwartz earned his medical degree from New York Medical College and completed a residency at Beth Israel Medical Center. He also completed a fellowship at Westchester Medical Center. Dr. Schwartz, who is board certified in gastroenterology and internal medicine, is a fellow in the American College of Gastroenterology and the American Gastroenterological Association and a member of the American Medical Association, the American Society for Gastrointestinal Endoscopy, and the Pennsylvania Society of Gastroenterology.

For more information, visit www.upmchorizon.com.

Healthcare Professionals in the News


Brian Ng


Robert Schwartz

Radioactive 'Seeds' Save Time

Magee-Womens Hospital of UPMC is the first and only hospital in western Pennsylvania to offer radioactive seed localization, an innovation allowing breast tumors that cannot be felt to be precisely located before surgery.

The procedure offers greater convenience and may potentially improve outcomes for some breast cancer patients. The seed is a tiny metal capsule containing a small amount of radioactive material which is inserted into the breast using a small-gauge needle and mammographic or sonographic guidance to mark the tumor site. During surgery, the seed can be detected using a special probe designed to detect the radioactive signature of the seed, allowing the surgeon to choose an incision site strictly based on cosmetic concerns and the location of the tumor. At Magee, the seed can be placed within the week prior to surgery, although most often it is placed shortly before surgery.

Without the availability of radioactive seed localization, certain breast cancer surgeries require patients to undergo a procedure called breast needle localization in which a preoperative wire is inserted into the breast to identify the location of the breast lesion. The wire can remain in the breast for several hours and is used to guide the surgeon during the operation later the same day.

"From a scheduling perspective, breast needle localization requires the patient to arrive at the hospital well in advance of her surgery, which often causes significant inconvenience for her, especially if an early-morning operation is planned," said Jules Sumkin, D.O., chief of radiology at Magee. "In addition, the entrance site of the wire through the skin often is not where the surgeon prefers to make an incision when taking tumor location and cosmetic concerns into consideration. Radioactive seed localization solves both issues."

To date, Magee radiologists have performed over 500 radioactive seed localization procedures, making it the most experienced program in the country.

"This technology is convenient for the patient, surgeon and the radiologist, and, more importantly, shows promise in improving surgical outcomes," said Marguerite Bonaventura, M.D., a surgical oncologist with Magee who worked with Dr. Sumkin to bring the technology, which was pioneered at the Mayo Clinic, to Pittsburgh. "Studies suggest radioactive seed localization results in more precise removal of small breast cancers and reduces the need for a second surgery due to incomplete removal of the abnormal tissue."

For more information, visit www.upmc.com.

New & Notable

Blind & Vision Rehabilitation Services Launches Program for Adults with Disabilities

Through a grant from the Highmark Local Workforce Initiative Fund, a donor advised fund of The Pittsburgh Foundation, Blind and Vision Rehabilitation Services of Pittsburgh (BVRS) is offering a new program to prepare adults with disabilities for employment. Participants will learn skills necessary for using computers to find and apply for jobs online and skills to market themselves to employers, along with interviewing preparation and organizing job searches.

For more information, contact Diane Celidonia at 412-368-4400 ext. 2229 or dcelidonia@pghvis.org.

The Highmark Local Workforce Initiative was created to recognize organizations that demonstrate the proven ability to make an impact in diverse rural and urban neighborhoods where there may be minority populations, individuals with a disability, veterans or displaced workers seeking career opportunities and advancements.

To be eligible, individuals need to be 18 or older; have a documented disability; not currently employed; and not currently receiving vocational funding. Participants will receive assistive computer technology instruction on locating web-based tools for job searching; creating resumes and cover letters; navigating online forms and job applications; and discovering Internet resources for networking. The program also will cover job readiness skills, such as preparing for interviews.

For more information, visit www.pghvis.org.

Award-Winning Investigative Reporter Reveals New Details in the Last Case of Medical Icon Dr. Thomas Starzl, Father of Transplantation


Luis Fabregas

Transplant pioneer Dr. Thomas Starzl, the man who performed the world's first successful liver transplant in 1967, wanted one last chance at reshaping medicine: A potentially life-altering plan in the liver transplant surgery of college student Katy Miller.

The former homecoming queen became one of ten patients enrolled in a special protocol at the University of Pittsburgh Medical Center, the world-renowned transplant hospital that once catered to patients from as far as the Middle East. The protocol's goal was groundbreaking: to allow transplant recipients to live without harmful doses of immunosuppression.

Katy's case was a failure. Its collapse prompted a feud involving Starzl, hospitals administrators and the man who performed the surgery, Dr. Amadeo Marcos. In "A Transplant for Katy: Heartache and Betrayal at the Transplant Capital of the World," investigative reporter Luis Fabregas recounts in startling details the story of a young woman who put her life in the hands of the most trusted names in medicine.

The book, based on Fabregas' reporting, reveals how Katy's death also opened the door to an unheard of study about complications in liver transplants. The study, led by Starzl, found that complications among patients who received the once-popular surgery in Pittsburgh were occurring more often than anyone expected. Starzl, then 80, blamed Marcos for the surgery's failure.

"His personal behavior includes lying about complications," said Starzl, who for several months after Katy's death was banned from stepping into the Pittsburgh transplant institute bearing his name. The book reveals how administrators accused him of breaking privacy laws as he collected data about the surgeries.

New & Notable

"A Transplant for Katy" weaves a compelling story of hope and betrayal, centering on the lives of an enthusiastic college student and a surgeon recognized around the world as a medical superstar.

Fabregas, a veteran medical journalist, brings his medical background into his writing, describing the liver transplant surgery in remarkable detail.

Katy, who before her death at age 21 was enrolled at Indiana University of Pennsylvania, went through the transplant surgery in November 2005 even though she might have lived years without experiencing any serious problems.

"This is the best option I have right now," Katy told her parents.

Instead, she became deathly sick a year after the surgery. After her mother begged doctors for a second transplant, Katy received it, only to die a few weeks later. Her death devastated Starzl, who had pursued what many consider the Holy Grail of organ transplantation: freeing transplant recipients from crippling anti-rejection drugs.

"I've never actually seen such an outpouring of grief," said Starzl, a recipient of the National Medal of Science, the nation's highest scientific honor.

Starzl, 86, retired from clinical medicine in 1991 but continued research until 2009. Findings of his complications study were published in the Journal of Hepatology.

Luis Fabregas is an award-winning, investigative/medical journalist based in Pittsburgh, Pa. Over more than two decades working in the health care field, including 13 years as a medical/investigative reporter for the Pittsburgh Tribune-Review, Fabregas has written about hospital infections, health care economics and organ transplantation.

His 2001 series "Hannah's Story," about a five-year-old girl with terminal cancer, and his 2005 special report "Born to Fight," about a couple who lost one of premature twin babies, received first place writing awards from the National Association of Hispanic Journalists. His 2008 series, "Transplanting Too Soon," received a first place award from the Association of Health Care Journalists, the Carnegie Science Award, the 2009 top investigative prize from the National Association of Hispanic Journalists and several other state awards.

Fabregas earned a master's degree in communications and a bachelor's degree in journalism from Duquesne University in Pittsburgh.

Drs. Lin and Hansen Honored


James Lin


Danielle Hansen

James Lin, D.O., and **Danielle Hansen, D.O.,** Director and Associate Director respectively of the LECOM Institute for Successful Aging, have received national appointments. Dr. Lin was named the Chair of the Division of Geriatrics for the American College of Osteopathic Internists; Dr. Hansen was appointed as Vice Chair. Dr. Hansen lectured recently on "Transitions of Care" at the organization's national convention with more than 1300 attendees.

Dr. Lin is also the Vice President of Senior Services & Adult Living for Millcreek Health System, a Geriatric Medicine Specialist with Medical Associates of Erie and a Clinical Professor of Geriatric Medicine at the Lake Erie College of Osteopathic Medicine (LECOM). He received his medical degree from LECOM and completed his residency in Internal Medicine at Millcreek Community Hospital. He completed a Geriatrics fellowship at the New Jersey Institute for Successful Aging at the University of Medicine and Dentistry of New Jersey.

Dr. Hansen is a Geriatric Medicine Specialist with MAE, Vice-President of Acute Care Services at Millcreek Community Hospital (MCH) and Clinical Assistant Professor of Internal Medicine at the Lake Erie College of Osteopathic Medicine (LECOM). She received her medical degree from LECOM and completed her Internal Medicine Residency and Geriatric Fellowship at MCH. She is the 2008 recipient of the American College of Osteopathic Internists Humanism and Excellence in Teaching Award, and past recipient of the Alice J. Coppola Internal Medicine Award. She is currently in practice at the LECOM Institute for Successful Aging which is located at the LECOM Medical Fitness & Wellness Center.

Learn more at www.lecom.edu.

HONOR ROLL

Altoona Regional Announces Retirements


Sharon Ciccarella

Sharon Ciccarella, R.N., B.S., administrative director of Cardiology at Altoona Regional Health System, retired earlier this year with 43 years of service.

Sharon graduated from the Altoona Hospital School of Nursing in 1968 and was immediately hired as a staff nurse in the surgical unit. She transferred to ICU in 1972, and in 1980 became manager of the heart catheterization labs. In 1985, Sharon was promoted to director of Cardiology. She then obtained her Bachelor of Science degree in Healthcare Administration from St. Joseph's College.

Her areas of responsibilities include Cardiac Rehabilitation, Pulmonary and Respiratory Care, Hyperbaric, the Vascular Institute and the Neuroscience & Stroke Program. She previously supervised Physical Medicine and Rehabilitation.


Carol Makdad

Ciccarella has volunteered for the American Heart Association on the local, state and national levels and with the MS Society. She lives in Altoona.

Carol Makdad, a registered nurse in Maternity at Altoona Regional Health System, also retired this year with 29 years of service.

She was hired after graduating from the Altoona Hospital School of Nursing in 1967 and worked as a 5E staff nurse for a year. She returned in 1971-72 and worked on 6E and 7E. For the next decade as her husband pursued his military career, she worked as a nurse in New Mexico, Colorado, New Jersey, Virginia and Delaware.

They returned to Altoona in1983 and Makdad was hired as a charge nurse on third shift. She became certified in inpatient obstetrics in 1993.

For more information, visit www.altoonaregional.org.

HONOR ROLL

President of the W. PA. Chapter of the Institute of Management Consulting Recognized with Achievement Award

James R. Surman

President of the W. PA. Chapter of the Institute of Management Consulting, USA, (IMC), **James R. Surman, CMC®,** was presented the rare recognition of achievement award at a joint meeting of the IMC, USA and the ICMCI, International Association in Orlando, Florida on October 3, 2012.

The award is only one of three ever given in 23 years by the organization and was in recognition for his development of and efforts provided in the local Western Pennsylvania chapter. The mission of the Institute of Management Consultants USA is to promote excellence and ethics in management consulting through certification, education and professional resources. CMC® (Certified Management Consultant) is the certification mark awarded by the Institute of Management Consultants USA and represents meeting the highest global standards and ethical canons of the profession, and is compliant with ISO/IEC 17024 recognized internationally by the ICMCI in 48 countries.

Surman, for the past 21 years, has been President of the management consulting practice of Resource Productivity Institute, Inc. (RPI) a local consulting firm that focuses mainly on hospital financial turnarounds across the United States and Canada. He was, for nine years prior to starting RPI, Inc., a Senior Manager with the "Big 4" accounting and consulting firm of C&L (currently known as PriceWaterhouseCoopers).

Photo Front Row L-R: Angela Merriman, Kim Vranich, Leanne Clark, Tina Schilling, Jess Harbaugh, Sandy Dominos; 2nd Row; Fran Watson, Amy Walker, Jackie Neves, Heather Vitko, Jess Matcho, Tom Dolges, Sandy Horner

American Association of Critical-Care Nurses Recognizes Conemaugh Memorial's Six-Ashman Intensive Care Unit with Silver-Level Beacon Award for Excellence

The American Association of Critical-Care Nurses (AACN), Aliso Viejo, Calif., recently conferred a silver-level Beacon Award for Excellence on the 6 Ashman Intensive Care Unit at Conemaugh Memorial Medical Center.

The Beacon Award for Excellence recognizes unit caregivers who successfully improve patient outcomes and align practices with AACN's six standards for a healthy work environment.

Units that achieve this three-year designation meet national criteria consistent with Magnet Recognition, the Malcolm Baldrige National Quality Award and the National Quality Healthcare Award.

AACN President Kathryn E. Roberts, RN, MSN, CNS, CCRN, CCNS, applauds the commitment of the caregivers at the 6 Ashman ICU for working together to meet and exceed the high standards set forth by the Beacon Award for Excellence. These dedicated healthcare professionals join other members of the exceptional community of nurses who set the standard for optimal patient care.

"The Beacon Award for Excellence recognizes caregivers in stellar units whose consistent and systematic approach to evidence-based care optimizes patient outcomes. Units that receive this national recognition serve as a role model to others on their journey to excellent patient and family care," she explained.

Nursing Units that aspire for the Beacon Award are evaluated on 42 criteria in six categories.

- *Leadership Structures and Systems*
- *Appropriate Staffing and Staff Engagement*
- *Effective Communication, Knowledge Management, Learning and Development, Best Practices*
- *Evidence-Based Practice and Processes*
- *Patient Outcomes*

"We are pleased with this recognition and delighted that our employees on 6 Ashman are so passionately committed to providing the best care for our patients and their families," says Claudia Rager, RN, BSN, MBA, Vice President, Patient Care Services, Conemaugh Memorial.

AACN honors 6 Ashman Intensive Care at Memorial Medical Center and other Beacon Award for Excellence recipients with an announcement in *AACN Bold Voices*, the monthly award-winning member magazine distributed to more than 90,000 acute and critical care nurses nationwide.

AACN also honors awardees at the National Teaching Institute & Critical Care Exposition, the world's largest educational conference and trade show for nurses who care for acutely and critically ill patients and their families.

Learn more at www.conemaugh.org.

Heart Program at Forbes Regional Hospital Receives Accreditations

HONOR ROLL

The Heart and Vascular Center at Forbes Regional Hospital recently received ACE cardiac catheterization accreditation and Heart Failure accreditation status from the Society of Chest Pain Centers.

Only the second program in the state to do so, Forbes Regional has been fully accredited for cardiac catheterization by Accreditation for Cardiovascular Excellence (ACE)™, an organization dedicated to ensuring adherence to o the highest quality standards for cardiovascular and endovascular care.

ACE accreditation is a professional review of an organization's structure, internal processes, patient safety practices, and clinical outcomes to determine if it meets the standards established by experts in cardiac and endovascular care. ACE is sponsored by The Society for Cardiovascular Angiography and Interventions and the American College of Cardiology, the two leading professional cardiovascular organizations, jointly representing over 40,000 practitioners.

"We are incredibly excited about this recognition," said Aashish Dua, MD, Medical Director of the Forbes Regional Cardiac Catheterization Labs. "It is further proof that the care that is provided at the Heart and Vascular Center at Forbes Regional is the best in the region."

ACE is committed to helping facilities that deliver interventional cardiovascular care to provide gold-standard healthcare by measuring the facility's practices, personnel, processes and outcomes against nationally-accepted best-practice standards. Implemented to supplement existing quality-improvement programs, the ACE outcomes-based accreditation promotes uniform benchmarks, and improves appropriate utilization via an independent, third-party evaluation of facilities and practices.

In addition to ACE cardiac catheterization accreditation, the Heart and Vascular Center at Forbes Regional received full Heart Failure Accreditation status from the Society of Chest Pain Centers (SCPC).

"This accreditation is a reflection of our commitment to providing the highest level of care to our heart failure patients," said Forbes Heart Failure Program Medical Director Steven Hussein, MD.

Heart failure is a leading cause of morbidity and mortality in the United States. Approximately five million patients in the United States have heart failure. In addition, heart failure patients are responsible for 12 to 15 million physician office visits per year and 6.5 million hospital days. SCPC's goal is to help facilities manage the heart failure patient more efficiently and improve patient outcomes.

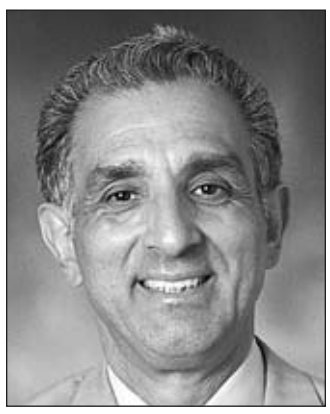
Forbes Regional Hospital has demonstrated its expertise and commitment to quality patient care by meeting or exceeding a wide set of stringent criteria and undergoing an onsite review by a team of SCPC's accreditation review specialist. Forbes Regional's protocol-driven and systematic approach to patient management allows physicians to reduce time to treatment and to risk stratify patients to decrease their length of stay. Key areas in which a facility with Heart Failure Accreditation must demonstrate expertise include the following:

- Emergency Department Integration with Emergency Medical Services
- Emergency Assessment of Patients with Symptoms of Acute Decompensated Heart Failure-Diagnosis
- Risk Stratification of the Heart Failure Patient
- Treatment for Patients Presenting to the Emergency Department in Heart Failure
- Heart Failure Discharge Criteria from the Emergency Department, Observation Stay or Inpatient Stay
- Heart Failure Patient Education in the Emergency Department, Observation and Inpatient Unit
- Personnel, Competencies and Training
- Process Improvement
- Organizational Structure and Commitment
- Heart Failure Community Outreach

In addition to the accreditations for cardiac catheterization and heart failure, the Heart and Vascular Center at Forbes Regional is a certified Chest Pain Center and Stroke Center. The open-heart surgery program has also been recognized as one of the best in the nation for three consecutive years by the Society of Thoracic Surgeons (STS) – the only program in Western Pennsylvania to do so.

For more information, visit www.wpahs.org.

Conemaugh Memorial Pharmacist Named Hospital Pharmacy Director of the Year



Paul Troiano

Paul Troiano, RPh, MS, FACHE, Corporate Director of Pharmaceutical and Respiratory Care Services at Conemaugh Memorial, has been named Hospital Pharmacy Director of the Year by Health Connect Partners, an organization that connects hospital providers and suppliers through educational meetings and conferences.

Upon receiving all nominations and testimonials, the senior leadership team at Health Connect Partners, who represent some 300 hospitals nationwide, vote and name the recipient. The Hospital Pharmacy Director of the Year award is given each year during Health Connect Partners Spring Conference.

Troiano brings more than 25 years of pharmacy and management experience to the Conemaugh Health System. His professional highlights include work in community and hospital-based pharmacies, as well as pharmaceutical consulting services. He is currently a part time faculty for the Duquesne University School of Pharmacy and previously served in the same capacity at the University of Missouri-Kansas City School of Pharmacy.

He is actively involved in several professional organizations, including the American Society of Healthsystem Pharmacists and is the educational board chairperson for HealthConnect Partners. He is a Fellow and certified healthcare executive in the American College of Healthcare Executives (ACHE). He is also a published author who regularly presents at seminars of professional pharmacy organizations, pharmaceutical companies and health care administrators.

Learn more at www.conemaugh.org.

Our special focus areas are not limited to print.
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Resource Directory

Contact Harvey Kart to find out how your organization or business can be featured in the Western Pennsylvania Healthcare News Resource Directory. Call 412.475.9063, email hdkart@aol.com or visit wphealthcarenews.com.

CHILDREN'S SERVICES

THE CHILDREN'S HOME OF PITTSBURGH & LEMIEUX FAMILY CENTER

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.

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CONSULTING

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Often families are overwhelmed with how to find appropriate care and services for their aging parents, spouses, or loved ones. Sometimes, you have to make a quick decision and move a loved one into a long-term care community such as a personal care home, retirement community, assisted living facility, Alzheimer's or memory-care community, or nursing home.

Age & Dignity Consulting provides guidance and education about long-term care and housing options for Pittsburgh area seniors and their families.

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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 Gibsonia, Allegheny County, and Valencia, Butler County. Enjoy great pay and benefits in the fantastic suburban setting. Both campuses are a convenient drive from the Pennsylvania Turnpike, Routes 8, 19 and 228, and Interstates 79 and 279. Contact Margaret Horton, Executive Director of Human Resources, St. Barnabas Health System, 5830 Meridian Road, Gibsonia, PA 15044. 724-444-JOBS; mhorton@stbarnabashealthsystem.com., www.stbarnabas healthsystem.com.

EXTENDED CARE & ASSISTED LIVING

ASBURY HEIGHTS

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:
500 Providence Point Blvd., Scott Twp
(www.providencepoint. org)

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Presbyterian SeniorCare is the region's largest provider of living and care options for seniors (Pittsburgh Business Times, 2012), serving approximately 6,000 older adults annually. Established in 1928, the non-profit, faith-based organization is accredited by CARF-CCAC as an Aging Services Network. In addition, Presbyterian SeniorCare was awarded five-year accreditation in 2011 as "Person-Centered Long-Term Care Communities" for all of its nursing communities. Providing a continuum of options in 56 communities across 10 western Pennsylvania counties, Presbyterian SeniorCare offers independent and supportive apartments, personal care, world-renowned Alzheimer's care, rehabilitation services, skilled nursing care and home- and community-based services. For more information please call 1-877-PSC-6500 or visit www.SrCare.org.

ST. BARNABAS HEALTH SYSTEM

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

WESTMORELAND MANOR

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

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

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

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Interim HealthCare is a national comprehensive provider of health care personnel and services. Interim HealthCare has provided home nursing care to patients since 1966 and has grown to over 300 locations throughout America. Interim HealthCare of Pittsburgh began operations in 1972 to meet the home health needs of patients and families throughout southwestern Pennsylvania and northern West Virginia and now has offices in Pittsburgh, Johnstown, Somerset, Altoona, Erie, Meadville, Uniontown and Morgantown and Bridgeport WV. IHC of Pittsburgh has been a certified Medicare and Medicaid home health agency since 1982 and a certified Hospice since 2009. We provide a broad range of home health services to meet the individual patient's needs - from simple companionship to specialty IV care and ventilator dependent care to hospice care - from a single home visit to 24 hour a day care. IHC has extensive experience in working with facility discharge planners and health insurance case managers to effect the safe and successful discharge and maintenance of patients in their home.

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www.interimhealthcare.com

LIKEN HOME CARE, INC.

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

MEDI HOME HEALTH AND HOSPICE

Medi Home Health and Hospice, a division of Medical Services of America, Inc., has a unique concept "total home health care." We provide a full-service healthcare solution to ensure the best patient care possible. Every area of service is managed and staffed by qualified professionals, trained and experienced in their respective fields. Surrounded by family, friends and things that turn a house into a home is what home care is all about. Our home health care manages numerous aspects of our patients' medical needs. Our Hospice care is about helping individuals and their families' share the best days possible as they deal with a life-limiting illness. Most benefits pay for hospice care with no cost to you or your family. Caring for people. Caring for you. For more information or for patient referral please call 1-866-273-6334.

PSA HEALTHCARE

At PSA Healthcare, we believe children are the best cared for in a nurturing environment, where they can be surrounded by loving family members. We are passionate about working with families and caregivers to facilitate keeping medically fragile children in their homes to receive care. PSA Healthcare is managed by the most experienced clinicians, nurses who put caring before all else. Our nurses are dedicated to treating each patient with the same care they would want their own loved ones to receive. PSA is a CHAP accredited, Medicare certified home health care agency providing pediatric private duty (RN/LPN) and skilled nursing visits in Pittsburgh and 10 surrounding counties. The Pittsburgh location has been providing trusted care since 1996, for more information call 412-322-4140 or email scoleman@psakids.com.

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Can a Simple Courtesy Policy be Illegal?

By Jane Lewis Volk

For many health care employers, it's common sense to expect employees to be courteous to patients, vendors, coworkers and superiors.

So it may come as a surprise to many that including a "courtesy policy" in the employee handbook could be a violation of the National Labor Relations Act (NLRA).

In a recent case, the National Labor Relations Board (NLRB) decided an employer's policy intended to promote courtesy and decorum unlawfully chilled its employees' federal right to engage in conversation with others about their working conditions.

The policy seemed simple on its surface: "Courtesy is the responsibility of every employee. Everyone is expected to be courteous, polite and friendly to our customers, vendors and suppliers, as well as to their fellow employees. No one should be disrespectful or use profanity or any other language which injures the image or reputation of [the employer]."

The problem with the policy is that employees might interpret it differently. While one employee might view the policy as a reminder to act professionally, another might consider the policy to mean something along the lines of the old adage "If you can't say something nice, don't say anything at all."

And that's where the policy runs afoul of the NLRA.

The NLRB reasoned that employees might think that the policy prohibited conversations by employees with their co-workers, supervisors, managers or third parties about objections to their working conditions and seeking the support of others in improving them. The policy was therefore held to be unlawful.

Some employers may contend that this decision takes the "could construe" reasoning to an extreme. As noted in the dissenting opinion, the issue should be whether employees would "reasonably" understand a challenged policy to prohibit protected activity, not whether the language "could possibly" do so.

The decision reflects an ongoing battle between employers and the NLRB. As social media and other forms of technology allow employee misbehavior and complaints to be captured easily and quickly spread across the internet, many employers are attempting to protect their reputations by more closely regulating employee behavior.

The result has been an increase in overly-broad employee behavior policies that are meant to protect the reputation of the company, but often chill employees' protected rights in the process. The backlash from the NLRB has been closer scrutiny of employee policies and handbooks, and increasingly strict interpretations of the law, such as its decision on courtesy policies.

Until the pendulum swings back to a more reasonable interpretation, the NLRB decision stands as law. Employers are well-advised to keep this in mind in drafting workplace policies and rules. Employers should not over-reach in their efforts to maintain appropriate levels of decorum in their workplaces.

While profanity can certainly be prohibited, "respect" in the workplace, as anywhere else, cannot be achieved through mandate.

Jane Lewis Volk is an employment attorney at Pittsburgh-based Meyer, Unkovic & Scott and can be reached at jlv@muslaw.com.

Health Care Event & Meeting Guide

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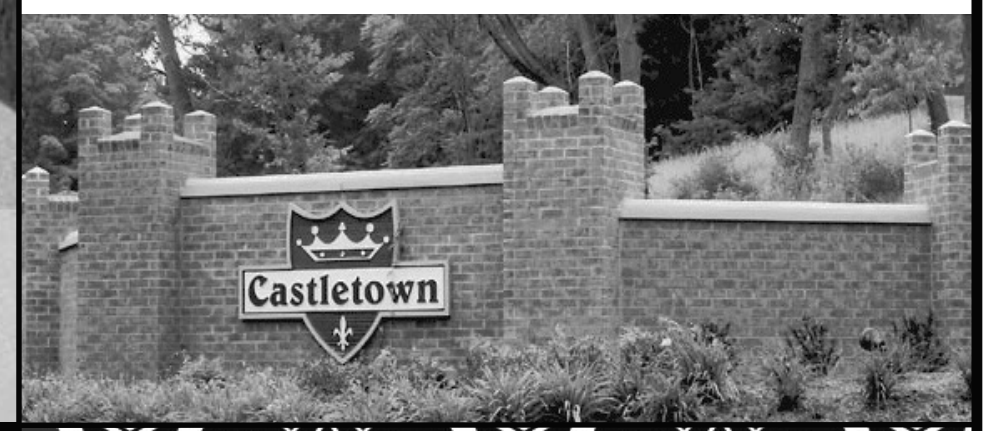

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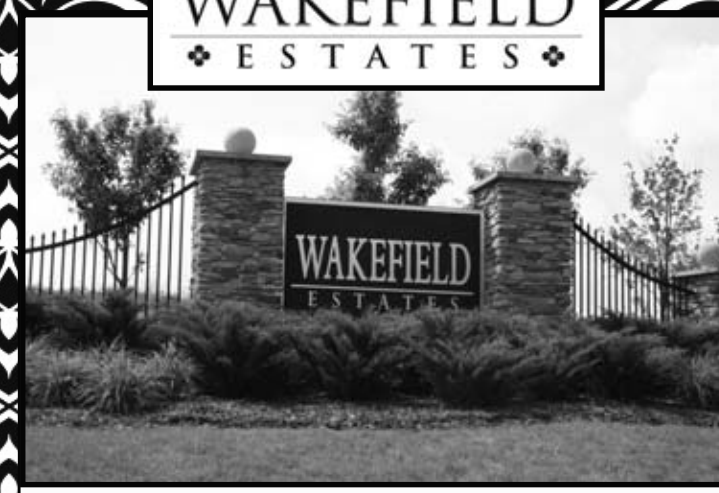

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