

# Western Pennsylvania Hospital News

The region's only monthly healthcare report

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## Inside ...

### What Does Accountable Care Mean for Facility Design?

By Jeri L. Steele, RN, EDAC

Originated by the Patient Protection and Affordable Care Act, an Accountable Care Organization (ACO) encourages Medicare providers to participate in the Medicare Shared Savings Program. The model ties provide reimbursement to quality metrics and reductions in the total cost of care. By striving to avoid duplication of services, preventing medical errors, and reducing hospital acquired infections, coordinated care can help ensure that patients receive the right care at the right time.



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### Why Should an Employer Consider Offering Their Employees Voluntary Benefits?

By Richard D. Bryer, Sr.



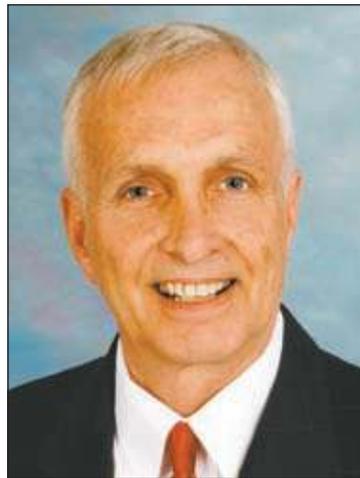
Voluntary benefits provide a great way for employers to offer their employees benefits without in-

curring the direct cost of buying benefits for everyone. The benefits landscape has changed and is changing rapidly. Rising healthcare costs, healthcare reform, older employees and changing family needs are influencing the way employers look at their benefits. Cradle to grave benefits are a thing of the past.

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## Physician-Hospital Integration: A Hot Issue for 2012 and Beyond

By Bruce Payton



Over the last several years, trends in healthcare reveal a marked increase in hospital and health system practice acquisitions, joint ventures, co-management and enterprise model physician arrangements, especially as it related to specialty physicians and their practices. This shift is no doubt causing a new dynamic to emerge related to hospital-physician relationships.

### Historical Practice Employment & Integration Models (Protect Market Share)

- Primary Care
- Family Practice
- Internal Medicine
- OB/GYN

### New Practice Employment & Integration Models (Grow Market Share & Service Offerings)

- Cardiology
- Other Specialists and Sub-specialties
- Orthopedics
- Hospitalists

Alignment is no longer 'one size fits all,' and there are many win-win opportunities and options available for both the hospital and the specialty physicians. However, structuring an arrangement that will please both hospital leadership and physician counterparts can be challenging, to say the least.

Based on the complexity of today's arrangements and the legal ramifications on both the hospital and specialty physicians, expert consulting and legal services for all facets of relationship-building activities has become a necessity. Further, with an aging population, changing reimbursement and practice bad

See **INTEGRATION** On **Page 8**

## Supervisor Training Pays Trained Leadership adds Value to Medical Practices

By Anita Gavett



In addition to allowing physician practices to focus on patient care and growing their business, the investment in effective supervisory training will help keep your practice compliant healthy and prevent potentially costly litigation in the future. Ensuring that your practice leadership team is well trained in human resources compliance and effective with HR systems is paramount in protecting your

organization and improving productivity of your greatest asset, your employees.

Employees recently promoted to supervisory roles are ideal candidates for HR training. The skills that made the employee successful in their role as an individual contributor may not apply in the new supervisory position. In addition to learning fundamental supervisory skills and management concepts such as planning, organizing, and employee motivation, supervisors should be well versed in tasks that involve complying with local and federal regulations such as with interviewing, hiring, and terminating employees as well as in managing and effectively documenting their team's performance. Successful supervisors should have the know how to handle difficult and complex situations associated with their role.

### WHAT ARE THE BENEFITS OF SUPERVISOR HR TRAINING?

Trained supervisory staff will help to ensure that your practice is compliant with human resources laws and regulations.

See **TRAINING** On **Page 8**

“  
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## Refunds for Breast Cancer Research



Pat Halpin-Murphy, President & Founder of the PA Breast Cancer Coalition, with her granddaughter Nora.

**By: Pat Halpin-Murphy,  
President & Founder  
PA Breast Cancer Coalition**

Benjamin Franklin may have said, “nothing can be said to be certain, except death and taxes,” but most of us spend a good deal of time trying to avoid both.

Now there is a way to advance these twin objectives with one single action: Donate your state income tax refund to support vital, life-saving cancer research taking place right here in Pennsylvania.

For the past 15 years, the Pennsylvania Breast Cancer Coalition’s *Refunds for Research* campaign has donated *every penny* it has raised – over \$2.8 million – to Pennsylvania-based researchers doggedly investigating ways to better detect, treat and eradicate breast and cervical cancers in women.

Since 1997, thousands of taxpayers have helped the PBCC award 65 competitive grants to the top researchers in the Commonwealth, including those at the University of Pennsylvania who are trying to improve doctors’ understanding of who is most at risk for breast cancer so they can intervene earlier and prevent the cancer from growing.

*Refunds for Research* are made possible through the kindness of strangers who donate their state tax refunds to breast and cervical cancer research.

Supporting this campaign is as simple as checking Line 35 on your Pennsylvania

tax return to contribute all or part of your refund. You get a break on next year’s state income taxes and you have the chance to truly make a difference in someone’s life – perhaps even your own.

The incredible success of *Refunds for Research* is a testament to the generosity of Pennsylvania taxpayers. Despite the challenging economic times, this charitable campaign continues to be one of the most popular refund donation options.

We are often told, “every dollar counts.” Well, in this case, that really is true. Contributions to *Refunds for Research* average just \$8 per gift, but have grown to total over \$2.8 million!

This success may be, in part, because people are more likely to contribute to a cause when they have been affected by it, or when they can pay tribute to a loved one who has been affected by it. Women have a 12 percent chance of developing invasive breast cancer at some point in their lives, and 1 in 8 will be diagnosed with it. Thirty-two women a day in Pennsylvania hear the heart-stopping words, “Your biopsy shows you have breast cancer.”

There is a good chance all of us know someone who has given this disease a face – and given the rest of us pause. Now we have researchers right down the road giving us hope.

There is no question research is the best weapon in our battle with breast cancer, but the American Cancer Society estimates that it takes at least 10 years to fully develop a drug or therapy from the laboratory to the prescription pad. With breakthrough research now underway throughout the Commonwealth, the future has never looked so promising.

Please consider donating your state tax refund to keep the momentum going and improve the lives of thousands of Pennsylvania women who are either fighting breast or cervical cancer, thanking God they beat it, or praying they won’t ever be diagnosed with it. With your help, we can fund the critical research to *find a cure now ... so our daughters won’t have to.*

When your W-2 arrives in the mail this month, don’t just recall Franklin’s “death and taxes” quote. Remember this one too: “Have you something to do tomorrow; do it today.”

## REFUNDS FOR BREAST CANCER RESEARCH



**Your** state tax refund  
**TODAY** can ensure  
her *tomorrows*.

**This tax season YOU** can help  
find a cure for breast cancer!

Look for the **PA Breast Cancer Coalition’s Refunds for Research line** (Line 35) on your state income tax form and donate your refund for breast cancer research.

For more information visit  
[www.PABreastCancer.org/Tax](http://www.PABreastCancer.org/Tax) or call 800-377-8828 x101.

**PA  
BREAST  
CANCER  
COALITION**

*Pat Halpin-Murphy, President & Founder*

*Help find a cure for breast cancer now...so our daughters won’t have to.*

# Small Physician Office Achieves Meaningful Use and Receives Stimulus Funding

The success of one small practice in Michigan is linked to the cooperation of their software supplier combined with their drive to further improve the quality of patient care. St. Johns Internal Medicine, P.C. achieved early Meaningful Use due to a strong working partnership with their IT vendor, Virtual OfficeWare, Inc., (VOW) headquartered in Pittsburgh, PA. Through their active collaboration, Dr. Christopher Beal, Internist at St Johns was able to complete Stage 1 attestation on June 21, 2011 and was awarded stimulus monies approximately nine weeks later.

St. Johns Internal Medicine is a small practice. They see approximately 100 patients each week in the office and operate entirely on a paperless Electronic Health Record. This system provides St. Johns' patients with state of the art access to information like verification of medication compatibility, insurance prescription coverage, electronic prescription, preventive health tracking and patient portal service connections (such as secure e-mail communication) with their physician.

Dr. Beal, the lead Internist and owner of St. Johns Internal Medicine has worked with General Electric's, Centricity EHR since 2005. He partnered with Virtual OfficeWare, an exclusive partner of GE Healthcare's Integrated Solutions business, to meet the specific needs of a small medical office. This partnership has proved vital to maintaining a leading edge in the ever-changing world of Health Information Technology.

Successful Meaningful Use Attestation was no small task. A complex set of changes occurred in

Dr. Beal's office. This included the implementation of a series of software upgrades and workflow adjustments. Implementation also included new electronic office forms and a series of training for the physician and office staff.

Proper assessments and pre-planning for Meaningful Use Attestation is vital. Project management and having a support system on standby is essential. "Virtual OfficeWare was so attuned to the specific needs of my office and could provide rapid technical support. The VOW staff provided excellent problem solving resources and training. Their cooperation provided a springboard to achieve success far more quickly than our office's initial expectations," stated Dr. Beal.

Healthcare IT has the power to transform medicine, to positively impact the quality of patient care, improve outcomes and increase operational efficiency. Although there will be challenges and obstacles present with technology advances, they can be overcome with focus, team organization and the aid of IT experts. Empower

technology and allow it to work for you.

Dr. Beal has identified some helpful tips when implementing an EHR for your practice:

**1. Identify the physician champion:** The physician champion is the individual that will provide the focus necessary for effective implementation. They will be the project manager, the liaison with the service providers and practice. Change is challenging for most individuals, so a change in the office culture is imperative to success. All employees must be well educated in the value EHR brings to the practice and patients. Your champion is imperative to the success of EHR implementation.

**2. Work with a physician consultant or an industry professional that provides an unbiased opinion:** Seek an unbiased and professional opinion from industry experts as to what system works best for practices of your caliber. Physician consultants can provide helpful metrics concerning the functionality and support of systems interwoven with technology companies as well as provide credible information on reputations of the providers.

**3. Connect with a sister site:** Take the time to schedule an on-site visit with a practice of your specialty. You will visually learn how your colleagues are utilizing an EHR and gain a better perspective on how you can adapt the EHR into your own practice. Educating your medical staff within this capacity allows you to form strong bonds and network with other EHR users that you can later reference and ask for help during implementations phases.

**4. Select an experienced EHR Partner:** Invest in a system that has a proven track record. Partner with an IT provider that has the experienced staff necessary for implementation and ongoing support. Paying less money for just an "adequate" system, can cost you more money and time in the future. Make sure the technology fits your needs, not your practice conforming to a rigid software application.

**5. Realize that implementation and attestation require a time investment:** Be aware that researching software and hardware along with selecting your EHR provider takes a few months. Then, the implementation process begins, which also takes several months. At this time, the final stage to attest requires 90 days of continual use. After successful attestation, monies are awarded. Collectively, the process can take nine months to one year. So, start soon to earn 2012 stimulus funds.

**6. Stay motivated and track your progress:** Keep records of your implementation process, which is important for attestation. Being awarded stimulus money is a process and patience is needed. Stay focused and motivated to gain the rewards at the end.

"Virtual OfficeWare provided the versatility we needed with an EHR system. After reviewing several options, their base product and custom software options gave us the scalability we needed. Their expert support team provided responsive service with comprehensive training, implementation and follow up," stated Dr. Christopher Beal, Internist.

Comprehensive software solutions are designed to be effective tools, helping physicians and their staff to become more efficient through the use of automation. Top tier systems will usually provide a substantial return on investment (ROI) over time. So, many providers inquire about ROI in the beginning stages of researching EHRs and want to obtain an amount of profit they can potentially recover from their investment. And although tools are in place, such as ROI calculators that can measure and evaluate potential profits, there is one benefit that cannot be quantified, and that is time.

A physician's career and personal life can be greatly enhanced through an EHR investment. A standard workday of 8am-5pm is more common for physicians utilizing an EHR. The review of patients' charts is easily accomplished during the patient encounter or can be reviewed by the doctor that evening at home through a secure online connection.

Dr. Beal is passionate about improving the care he provides for his patients and connecting the medical community through electronic Health Information Exchanges (HIEs). He understands that the lack of legible, accurate and current patient information leads to added expenses and even medically associated complications. His commitment to implementing an effective EHR and willingness to share his experience will help other practices and ultimately, help patients. The Meaningful Use Legislation contributed to helping Dr. Beal make his connected-healthcare goals a reality.

For more information, visit [www.virtualofficeware.net](http://www.virtualofficeware.net). †

**Submissions? Story Ideas? News Tips?  
Suggestions?**

**Contact Daniel Casciato at  
[writer@danielcasciato.com](mailto:writer@danielcasciato.com)**

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# Medical Facility Winter Woes: Avoiding Property Liability Disasters



**By Edgar Snyder, Esq.**

Winter is in full force, which also means it's the season for flu viruses, weather-related auto collisions, and sledding and skiing accidents. Hospitals and medical practices are busy treating patients, and it's easy to let snow and ice removal fall low on the priority list of things to do. The last thing you want is to have current patients sustain more injuries, when they're already seeking treatment for other medical problems.

Winter storms can quickly become treacherous. Snow and ice turn sidewalks into ice rinks. Cars slide out of control. People slip on black ice. Icicles form on spouts on buildings, waiting to fall.

It's especially important to make every effort to remove winter hazards to protect yourself, visitors, and patients alike.

## PREMISES LIABILITY – REMOVING SNOW AND ICE

Medical facility leadership is responsible for keeping their property safe – called premises liability. Winter weather causes numerous hazards, and you are legally liable for making sure you either remove or alert others of these dangers. It's important to know that you could be held responsible for any injuries that occur on your property if you:

- Fail to provide adequate warnings, like signs, that the floor is wet or damp
- Fail to provide adequate barriers to close off an area that is wet or damp
- Treat one part of a floor and leave a part untreated, so that the difference in conditions creates a hazard
- Don't fix rugs or mats that have curled edges
- Leave parking lots and sidewalks untreated and unshoveled past a reasonable amount of time
- Fail to remove icicles that pose a hazard to people walking near them
- Fail to keep any part of your property safe when you were aware of the problem and/or had time to fix it

## KEEPING YOUR MEDICAL FACILITY HAZARD-FREE

It's impossible to prevent wet floors and slick surfaces in your building, on sidewalks, and in parking lots – but you must take every precaution to fix them quickly and efficiently:

- If you have maintenance staff members who are in charge of snow and ice removal, they must be ready to shovel and salt parking lots and sidewalks as soon as possible. For large snowstorms, they should work around the clock to ensure people can get to emergency medical facilities.
- Maintenance staff should also regularly check all entrances for wet floors and post caution signs. You should always keep rugs by entrances instead of letting people step right on the slick surface of a wet floor.
- If you use mats, make sure they're effective. Using soaking wet mats are nearly as useless as having no mats at all. Swap wet mats with dry ones to keep people from slipping.
- If you use a professional company to remove snow and ice, communicate to make sure they will arrive early to allow patients and visitors to enter and exit the building safely.
- If your building is prone to forming icicles, hire professionals to remove them, or block off the area –

allowing plenty of room away from them – with brightly colored caution tape. A falling icicle can be fatal.

- Put up other signs and notices around your facility to alert people within the building of any safety hazards.

Winter weather brings enough trouble of its own. Hospital facilities should take every effort to review their winter weather policies. All new employees should review the policies during orientation, and it's a good idea to conduct employee training sessions annually. Employees in all departments should be prepared to mop up a wet floor or quickly tell someone about a slip hazard. It takes only a minute for a recovering patient to walk down the hall and slip on a puddle from melting ice. Maintenance staff should meet often to coordinate efforts to remove snow and ice, as well as other slip and fall hazards.

Protect yourselves legally by performing regular safety checks, removing snow and ice promptly, and keeping walkways dry and clear of tripping hazards. Effective communication and prompt action can do wonders for keeping patients, visitors, and workers safe. †

*Attorney Edgar Snyder has served the residents of western Pennsylvania and its surrounding regions for over 40 years. His law firm, Edgar Snyder & Associates, has represented over 30,000 people, including clients who were injured in slip and fall accidents. For more information, visit EdgarSnyder.com.*



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# How Celtic Healthcare Uses Social Media to Improve and Innovate Their Services



By Daniel Casciato

Celtic Healthcare recognizes social media as an integral part of their marketing, PR and communications strategy. They know that it is the way people communicate today. Celtic's mission is Innovative Healthcare at Home—so it is important that they also use innovative ways to communicate and interact with their customers and patients.

For Jodi McKinney, director of corporate communications for Celtic, social media is about sharing. "We open ourselves up to our customers, and we want to get to know them," she says.

"Through this sharing, we build credibility and trust. We want to know what our customers are thinking and what they want. Social media is an effective tool for analyzing collective intelligence and understanding our market position and helps us improve and innovate our services."

McKinney took some time to respond to a few more questions we had about social media, specifically the role social media plays at Celtic, how it raises awareness for their activities, and how to best leverage social media.

## What role does social media play in an organization's overall marketing and communications strategy?

We have completely revamped our website (<http://celtichealthcare.com>) this year to be more interactive and engaging for our customers. We regularly blog on general healthcare issues as well as specific blogs on homecare, hospice, and virtual care. Our website includes general information on our services, our company, and employment, as well as videos, a live feed of our Tweets, educational offerings, and other ways to be connected with us.

We have a general Twitter page @CelticHealth that covers a wide variety of subjects from healthcare reform to local healthcare news within our service areas to topics of interest and education for our consumers, but also more specific Twitter pages for those interested in just homecare issues @CelticHomecare, hospice issues @CelticHospice, and virtual care @CelticVirtual.

Our Facebook page (<https://www.facebook.com/CelticHealthcare>) is a place where our employees, our patients, and our customers regularly engage and interact. We post many pictures of activities within our company and/or with our customers, patient testimonials, and messages to inspire, entertain or educate our "fans."

Celtic Healthcare has a company LinkedIn page (<http://www.linkedin.com/company/celtic-healthcare-inc>) which is regularly updated with news and used for recruitment of top talent. All Celtic Executives' website profiles also have links to their LinkedIn profiles.

We also use a YouTube channel (<http://www.youtube.com/user/celtichealthcare1>) for posting video messages, as we know YouTube is the second largest search engine after Google.

## Tell us about some of the most common misperceptions organizations have about social media marketing?

- It's not important.
- I don't need to be involved.
- My customer's don't use it.
- It can be used the same as traditional marketing channels like print ads or television.

## What are some of the issues an organization could face without a successful social media strategy?

If you think it is not important or don't want to be involved or can't be bothered with social media, the problem is the conversation is happening anyway - with OR without you.

Wouldn't you rather be monitoring, following up, engaging, and responding to what is being said about you or your company? Social media is a news source for this generation. We are living in the technology revolution. We can ignore it, but that doesn't mean we aren't part of it anyway.

People heard of Bin Laden's assassination, Michael Jackson's death, and even the latest on Highmark and UPMC via social media channels long before they could read about it in the paper or watch it on the news.

## How can healthcare-related organizations better engage in social media?



For social media efforts to be effective, you must participate consistently and in a meaningful way.

### How has Celtic Healthcare used social media to raise awareness?

At Celtic Healthcare, we take corporate social responsibility seriously as can be surmised from a recent blog post: <http://celtichealthcare.com/1760/corporate-social-responsibility-drives-mission-at-celtic-healthcare/>.

We use posts, tweets, and blogs to discuss and educate our customers and patients on important issues that affect all of us like healthcare reform, innovations in healthcare, and also to raise awareness about local and/or national or global opportunities to be involved in that are important to them and us. We might talk

about a local Alzheimer's walk in Carlisle in one post, but also blog about World Hospice Day. It is an incredible opportunity as well as social responsibility that we take seriously.



Jodi McKinney

### What are some of your favorite social media applications/tools?

Hootsuite, Google Analytics and Google Alerts

### Many of us can't find enough hours in the day, how do you find the time on social media, and more importantly manage it?

As Director of Corporate Communications, I allocate a defined period of time every day for industry updates through Google reader subscriptions and to blog, post, and tweet.

### On a practical level, can a good social media strategy be outsourced, or does it need to be executed internally?

To be most effective, social media needs to be a part of and reflect the corporate culture, mission, and vision of an organization and be an integral part of the company's strategic plan. I believe that would be a challenge to outsource.

### What things should we absolutely avoid in terms of social media posts and tweets?

Celtic Healthcare has a written, clearly defined Social Networking Policy that has been distributed to all employees and is given to each new employee that requires written acknowledgement of receipt, understanding and agreement. Also, the goal of social media is to engage and educate—not advertise.

### Where can our readers find you on social media?

<http://www.linkedin.com/pub/jodi-mckinney/10/703/969>

<http://celtichealthcare.com>

<https://www.facebook.com/CelticHealthcare>

<http://www.youtube.com/user/celtichealthcare1>

<http://www.linkedin.com/company/celtic-healthcare-inc>

<http://twitter.com/#!/CelticHealth>

<http://twitter.com/#!/CelticHospice>

<http://twitter.com/#!/CelticHomecare>

<http://twitter.com/#!/CelticVirtual>

*As Director of Corporate Communications for Celtic Healthcare, Jodi McKinney oversees all communications, marketing, and PR initiatives at Celtic Healthcare. Jodi began her career at Celtic as Executive Assistant to the CEO, and through her communications strengths and strong work ethic, was promoted to Director of Sales and Marketing, Director of Business Development, and then to her current position as Director of Corporate Communications. Fueled by her passion for the Celtic team, she is working to build a strong corporate culture and create a presence for Celtic Healthcare as the benchmark for in-home healthcare excellence.*

For more information, visit [www.celtichealthcare.com](http://www.celtichealthcare.com). 

# How Social Media Helped Redstone Highlands Boost Its Online Presence

By Daniel Casciato

For WordWrite Communications CEO, Paul Furiga, social media provides another outlet to engage the audiences most important to you and build a relationship with them.

“Social media channels provide the perfect forum for your followers and fans to be an advocate for your organization,” he says.

WordWrite, one of Pittsburgh’s fastest growing public relations firms, helped Redstone Highlands Senior Living Communities, a continuing care retirement community in Westmoreland County, with enhancing its presence online and on social media. Beginning with Facebook, Redstone has expanded its presences to YouTube and Twitter, and has created its own version of “Senior Living 2.0.”

Established more than 30 years ago, Redstone has successfully communicated with its stakeholders, but communication methods have significantly evolved since Redstone’s inception in 1980. According to Furiga, Redstone joined the social media conversation with two objectives—an additional channel to raise funds for giving (particularly its Benevolent Care Fund, which provides for residents who have outlived their financial resources), and a way for its audience to get an inside look at resident and employee life, events, news and more.

Today, Redstone Highlands has three campuses in Greensburg, North Huntingdon and Murrysville, and offers a variety of quality housing choices for older adults who prefer to live with peace of mind in a comfortable community.

Hospital News wanted to learn more about Senior Living 2.0 and Furiga was gracious enough to respond to some of our questions via email.

## Tell us about some of the most common misperceptions organizations have about social media marketing?

One of the biggest misconceptions organizations have about social media is that they can use it like traditional marketing. You cannot use social media to just push message after message out to your audiences as if you are using a bullhorn. Social media is about building relationships through conversation.

## What are some of the issues an organization could face without a successful social media strategy?

Without a social media strategy you are missing the opportunity to engage potential customers and supporters. With a successful social media strategy, you can build relationships with potential customers, supporters or volunteers, so that when they or a loved one needs to make a healthcare choice your organization is part of the conversation.

## How can healthcare organizations better engage in social media?

I see a lot of healthcare organizations sharing only content about their own content, content that properly belongs in other channels such as ads or press releases. Your social media stream should be different because it’s about conversation – a good rule is one-third content generated by you about your organization, one-third outside content or information related to healthcare, and one-third engaging in conversations with your social media following.

## How did the WordWrite use social media to execute a social media campaign to raise awareness for Redstone?

The first step WordWrite Communications took in assisting Redstone was listening to determine the best channel to get started, which turned out to be Facebook. Redstone and WordWrite collaborated to determine the types of posts Redstone would be communicating. Once a process was in place with Facebook and the fan base grew, Redstone branched out to YouTube and Twitter. Facebook is used to share the daily activities of Redstone’s employees and residents as well as the senior living community as a whole. The Redstone Twitter channel has been used for a variety of announcements, including raising money for the Benevolent Care fund. Some of the regular features included “Twitter Tip Tuesday” and “Facebook Fact Friday” to give fans something to look forward to every week. WordWrite provided guidance to Redstone through its early days of social media implementation and has helped grow Redstone’s presence through its own social media channels and media relations.

## What are some of your favorite social media applications/tools?

One of my favorite social media tools is TweetDeck, because it allows you to stay organized. When you are the social media voice for multiple organizations it helps you to keep track of related activity. It also is a great forum for using



Twitter search. TweetDeck can also be used on your mobile device. Since social media doesn’t sleep, it’s great to be able to monitor it on the go. Hootsuite is another great tool for managing multiple accounts on Twitter, Facebook and even LinkedIn.

## Many of us can’t find enough hours in the day, how do you find the time on social media, and more importantly manage it?

I am a firm believer in the power of systems and processes. Get yourself on a schedule. For myself, I monitor and update at the beginning of the workday and at the end. If I have time in the middle of the day to take a peek, I do. Create a schedule and designate a time for your social media efforts.

## On a practical level, can a good social media strategy be outsourced, or does it need to be executed internally?

Redstone is a perfect example of a successful social media strategy that was outsourced initially. At first, WordWrite provided guidance and handled updates on the channels, with direction from Redstone. After learning to use the various tools, Redstone has been able to manage all the social media channels on their own, which is always our goal.

## What things should we absolutely avoid in terms of social media posts and tweets?

You have to be fully committed if you are going to carry out a social media strategy. Keep it consistent; you don’t have to post a million times a day. Your early research should find a rhythm that’s appropriate for your organization. Too many times I have seen organizations pick up with social media, create their accounts and then do nothing, which can be even worse than not having an account. Stick with it; if you are posting quality information and engaging with your fans then your efforts will be worthwhile.



Paul Furiga

## Where can our readers find you on social media?

You can find me on LinkedIn and on Twitter, @paulfuriga. You can find WordWrite Communications on Facebook, LinkedIn and on Twitter, @WordWritePR and Redstone on both Facebook and Twitter, @RedstoneHghlnds.

## Is there anything else our readers should know that I didn’t ask about?

Have fun with it! If you are having a good time with social media, it will show in your posts and tweets. Also, if your organization is posting information that your team finds interesting then it’s a good chance others will find it interesting as well.

*Before forming WordWrite in 2002, Paul Furiga was a vice president at Ketchum public relations in Pittsburgh. Prior to Ketchum, he spent 20 years in journalism. Paul came to town as editor of the Pittsburgh Business Times, a weekly business journal. Under his leadership, the paper was named best weekly in Pennsylvania. He previously spent six years as a correspondent and deputy bureau chief at Thomson Newspapers in Washington, D.C., covering four presidential conventions, the White House and Congress for a news service serving 115 daily papers. His journalism career began at The Cincinnati Enquirer, covering city hall, courts and special projects. He also earned the designation of Accredited Business Communicator; earned from the International Association of Business Communicators (IABC) and held by fewer than 10 percent of all communicators.*

For more information, visit [www.wordwritepr.com](http://www.wordwritepr.com). †

**INTEGRATION** From Page 1

debt on the increase, many specialty physicians, for the first time, are feeling some angst about their futures...

Corazon strongly believes that in today's competitive environment, hospitals and health systems MUST have strategies in place to protect or gain market share in critical specialty areas – and physician integration is key. Indeed, alignment can provide a practical and cost effective path to clinical, operational, and financial success, while alleviating the challenges associated with having to recruit new specialists, many of which are in short supply.

In working across the country, Corazon can attest to the dramatic “upswing” in practice acquisitions and employment, or at the very least, increasing interest in what a partnership relationship can mean for a hospital and/or a practice. But, in addition to growth in traditional partnering arrangements such as direct employment there is growing interest in some physician-hospital business arrangements, such as the “virtual employment” physician enterprise model and service-line-driven co-management agreements.

Are you ready for the future of hospital / physician integration?

Structuring successful arrangements can be daunting, especially given the legal restrictions and governmental regulations surrounding today's “deals,” and the industry focus on clinical and operational performance outcomes and transparency. Regardless of the alignment structure settled upon, the right hospital and physician governance structures to drive the partnership are a must.

Other decisions to be deliberated, for example, can be: member selection, “what's in” vs. “what's out”, integration within service lines and other physician practices, fair market valuation of the proposed venture, and so on. Only through understanding the options can you build the foundation required to be prepared for the future and the delivery of high-quality, efficient, and cost-effective care.

Corazon's Physician Practice & Alignment Services (PP&A) can assist with all facets of hospital / physician alignment and integration. Our proven approach of IDEA to INK to IMPLEMENTATION – I3, offers a step-by-step process for moving through all types of hospital / physician collaboration efforts, no matter the delivery model or its complexity. Corazon has been highly successful in assisting hospitals and physicians with finding a mutually-beneficial solution to working together.

Corazon believes that with the advent of pay for performance, accountable care in our midst, and new market forces dynamically changing hospital and specialty physician relationships, it is time for hospitals, health systems, and physicians to prioritize their partnering relationships. Doing so will help to maintain or grow service line presence and achieve the highest levels of market differentiation and improve the quality of care and delivery to patients. For all parties, partnering and alignment are becoming key, essential strategies to achieving success in the ever-changing healthcare future...and that's a trend that's likely to continue far into the years ahead. †

*Bruce is a Director at Corazon, Inc., the industry leader in program development and physician practice & alignment services for the heart, vascular, neuro, and ortho specialties. The Corazon team of experts delivers services spanning the spectrum of consulting, recruitment, and interim management to hospitals, health systems, and physician practices nationwide. To learn more, visit [www.corazoninc.com](http://www.corazoninc.com) or call 412-364-8200. To reach Bruce, email [bpayton@corazoninc.com](mailto:bpayton@corazoninc.com).*

**TRAINING** From Page 1

Consequently, untrained supervisory staff can lead to noncompliant actions and potential claims that can cost your medical practice time and money.

Ensuring that your supervisors are well trained will help them be in the best possible managerial shape and ready to lead their teams. Effective supervisory training can lead to improved employee morale and communication (both supervisory and subordinate), protection (against legal actions, disputes, or litigation), and effective and updated leadership skills and education of your supervisory teams will affect your bottom line in a positive way. Training will also provide your supervisors with opportunity for growth in their positions which will help an organization with succession planning goals.

When organizations improve the performance and skills of supervisors they are improving the performance of everyone in the organization. Supervisors with proper training will be able to direct and lead the staff more effectively helping to increase efficiency, leveraging employee performance, and help keep your practice compliant.

**WHAT ARE THE RISKS OF UNTRAINED SUPERVISORS?**

The financial impact of improperly managing employee relations or staffing issues can be immense. Retaliation claims are one of the most common discrimination claims and are on the rise. Equal Employment Opportunity Commission (EEOC) intake, relief obtained and charges resolved hit record highs in 2011, according to the Department of Labor. In addition, responding to even one wrongful discharge claim can cost your practice thousands of dollars in attorney fees and your staff's time. If the charge or complaint ends up going to trial, even if you win the case, it will cost your practice several thousand dollars. If you lose, you could be looking at *several hundred thousand dollars* in settlements, compensatory damages for pain and suffering, punitive damages, attorney fees, and back pay and benefits. Not to mention loss of productivity to the organization and negative publicity to your practice.

**SCHEDULE YOUR SUPERVISOR TRAINING TODAY**

There are a variety of supervisor training options such as seminars, on-line classes, and consulting services that can customize training for your organization. Many local community colleges offer low-cost supervisory courses or workshops. When selecting training topics, look for training and seminars that include:

- Hiring and employee selection
- Terminating employees
- Documenting discipline and performance issues
- Performance management
- Managing problem employees
- Wage and Hour Laws
- Controlling the risk of employment-related lawsuits
- Understanding employee leaves
- Overall HR compliance

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For more information, visit [www.virtualofficeware.net](http://www.virtualofficeware.net). †



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# A Disabling Injury or Illness— If it Can Happen to the Proverbial Someone Else, It Can Certainly Happen to You

# FINANCIAL PLANNING



**By Carol R. Hurley**

You may ask yourself “Do I need disability insurance?” Before you come up with an answer, check out some of these alarming statistics. One out of every 106 people will have an illness or accident that results in death. One out of every 88 homes will have a fire. One out of every 70 automobiles will be involved in an accident. One out of every eight people will suffer a disability at some point in their lives.

Every day, unsuspecting individuals find themselves unable to work because of an illness or injury. As a matter of fact, the younger you are, the higher the likelihood that you will acquire a disability. Conversely, the older you are, the longer your disability is apt to prevent you from working and earning an income.

In many cases being unable to work also means being unable to pay the bills. A disability can have catastrophic effects on both individuals and families and these effects are oftentimes irreversible. Individual Disability Insurance providers offer unique options that offer peace of mind as well as some financial protection for you and your family in the event of a serious illness or injury.

“But wait...” you might say. “Isn’t my employer responsible for making sure I am compensated fairly if I am hurt on the job?” Well, the answer is yes. However according to the Council for Disability Awareness, 95% of the disability claims filed in 2008 were NOT work related.

Therefore, Worker’s Compensation did not apply. Or, perhaps you believe that Social Security Disability Income (SSDI) will offer you financial relief if a disability occurs. Truth is, SSDI will only cover a portion of your income and approval for SSDI is by no means guaranteed. According to a 2010 study by the Social Security Administration around 75% of individuals applying for SSDI are turned down the first time and half get approved after going through an appeal process, which can take up to four years.

In today’s unstable economic conditions, living even a few months without a steady income can prove disastrous. Individual Disability Insurance is the absolute best way to ensure that your bills are paid and that your family is provided for. Many employers offer group disability policies; however there are oftentimes limitations placed on benefits.

If your employer offers affordable disability benefits, you may want to consider this offering. However, to truly safeguard the lifestyle you are accustomed to, look into an individual policy. Think of it as insurance for your paycheck. †

*Carol Hurley is Owner of Hurley Associates and President of Hurley Insurance Brokers. Hurley Associates is an insurance and financial services firm located in the Oakland area of Pittsburgh. Although well known for their full financial services and insurance planning, they have earned a reputation for their knowledge and experience in disability income planning and are recognized among the nation’s top disability insurance specialists. Established in 1988, Hurley Associates serves healthcare professionals nationwide. To learn more about their services, call 412-682-6100 or visit them on the web at [www.hurley2.com](http://www.hurley2.com).*

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# Do you have to pay employees for a pre-work staff meeting?



By Jane Lewis Volk

It may seem like gathering the staff of a hospital or other health care facility for a meeting before the workday begins is a simple way to make sure all staff members are on the same page.

But all staff members aren't on the same page – at least, not when it comes to which employees get paid for those pre-workday meetings and which ones don't.

The Fair Labor Standards Act (FLSA) divides employees into two categories: exempt workers, who don't get paid for overtime, and non-exempt workers, who do get paid for overtime, including

any meetings that take place outside of their normal shift if those meetings take them over 40 hours for the week.

And it can sometimes be surprising to find out which health care workers qualify or don't qualify for exempt status.

Health care employers who misclassify workers under the FLSA can find themselves slapped with lawsuits and steep back payments to employees, so it's important to classify workers correctly and compensate them accordingly.

The basic test for determining whether an employee is exempt or not requires an employee to qualify in each of these three categories:

**1. Salary level.** Any employee who makes less than \$23,600 per year (or \$455 per week) cannot be exempt, and any employee who makes more than \$100,000 per year is nearly always exempt.

**2. Salary basis.** To qualify as exempt, an employee must have a guaranteed minimum amount of money that he or she can count on receiving each week. The base pay may not be contingent upon the hours worked or the quality of the work. There are strict limitations on what may be deducted from the base salary.

**3. Duties.** Employees most commonly qualify as exempt if they fall into one of the following categories and the duties described constitute their primary duties:

- **Executive.** To qualify as an executive, an employee must regularly supervise at least two other employees, have management as a primary duty, and have genuine input into the hiring/firing and assignments of other employees.

- **Creative professionals.** Creative professions include actors, musicians, writers, and other similar workers.

- **Learned professionals.** The “learned professionals” category is what qualifies many healthcare workers as exempt. To qualify, the employee must primarily perform intellectual work that requires a level of education beyond high school or a trade school and must frequently exercise his or her discretion and judgment in important situations. This includes physicians and, usually, registered nurses.

- **Administrative professionals.** Administrative professionals are high-level employees who provide supportive services for the organization, such as accountants, public relations, human resources personnel and marketing employees. Employees must do non-manual work and have the authority to make significant decisions.

- **Outside salespeople.** This category only applies to salespeople who generally work “in the field,” i.e. not in the employer's office or place of business.

The FLSA requires that non-exempt employees be paid at least the federal minimum wage of \$7.25 an hour for all time worked. The FLSA also says that employers must pay a minimum of time and one-half the regular rates of pay for hours worked beyond 40 per week. The regular rate usually includes commissions, bonuses and incentive pay. Employers are required to maintain accurate time and payroll records for non-exempt employees and should do the same for their exempt employees, in the event they are later determined to have been misclassified. Liability or an employer's failure to compensate for time worked and for overtime hours can be staggering.

A recent court case between an employer and the Department of Labor should serve as a stark reminder to health care employers of the risk they take if employees are classified incorrectly or do not receive the compensation they are entitled to under the FLSA.

In the case in question, an investigation by the U.S. Department of Labor's Wage and Hour Division determined that the company was not paying security officers for daily pre-shift safety meetings that the employees were required to attend. At the end of the investigation, the company agreed to pay 280 workers a total of more than \$159,000 in back overtime wages.

In announcing the settlement, a spokesman for the Wage and Hour Division made it clear that failure to compensate hourly workers who are required to attend meetings outside of normal work hours is a violation of federal law.

Pre-shift meetings are not the only employee activities that some employers incorrectly consider to be “off the clock.” An employer must also compensate non-exempt employees for work performed at home, working through lunch, working before or after regular shifts, taking care of work-related equipment, job-related “volunteer” work and some travel time. Any employer who does not do so could be inviting a lawsuit — or a Department of Labor investigator — into the workplace. †

Jane Lewis Volk of Meyer, Unkovic & Scott can be reached at [jlw@muslaw.com](mailto:jlw@muslaw.com).

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## Have You Evaluated Your Current Anesthesia Staffing Model?



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

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

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

  
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# Walt Henry: Communicating Messages Key to Success

By Elizabeth L. Fulton

Walt Henry, director of marketing and development at the PT Group, earned an MBA in marketing for the Kellogg School of Management at Northwestern University. He worked in marketing for health and fitness groups before joining the PT Group in March 1991. At that time, the group had seven offices and seven licensed physical therapists. Since then it has grown to 22 sites with 20 licensed physical therapists.

Henry believes that his marketing of the PT Group has helped it to grow to what it is today by communicating its benefits, including:

- Same licensed physical therapist on each visit;
- Next business day appointment;
- Participation in most insurances;
- Fewer visits, fewer co-payments;
- Evaluation, treatment and home exercise program on first visit;
- Progressive treatment program;
- Program oriented to patient's results;
- Short waiting room time;
- Reports by next doctor visit;
- Convenient locations.

By communicating these key benefits and doing research and communicating the results, the group is able to attract more patients and physicians who recommend the practice.



Walt Henry

One of the things the group most often deals with are injuries and workers' compensation. The goal of the PT Group is to get workers back to work as quickly and safely as possible. "We try to keep jobs in Pennsylvania," Henry says. "Jobs are important."

In 1992 Henry focused on marketing physical therapy for women. The PT Group was seeing many women, especially those who had had mastectomies or incontinence. The research showed that these women were benefiting from physical therapy. The practice saw there was a need and convinced insurance companies and women to try physical therapy for a variety of problems. The group now not only provides physical therapy for sprains, strains and fractures, it also provides cancer rehabilitation and balance therapy.

Henry believes marketing is important for all health care practices, not just physical therapy practices. "Marketing is important in the way that patients and clients decide on an appropriate course of action," he says. "It is important to get information out to all parties, not just patients."

Through his marketing efforts, Henry has been able to make the PT Group a part of the communities in which its offices are located by presenting informational

# Physical Therapy & Rehabilitation



talks and sponsoring runs and walks.

In addition to marketing a successful physical therapy practice, Henry makes time for his family and other activities. He grew up in the Midwest, and in 1982 moved to Pittsburgh. Henry has been married for 34 years to his wife Cynthia, who is a teacher. His daughter, Elizabeth, lives in Zurich, Switzerland, and speaks four and a half languages. His son, Peter is in a five-man band in Brooklyn.

He is a member of the chamber of commerce and plays tennis and golf. "I'm very directed in getting good information out to people," he says. "I am oriented to helping people. I do work long hours, but I enjoy walks in the woods. I participate in tennis tournaments and golf events. I try to be helpful around the house."

But Henry admits that he has a passion to get information out especially when he talks to people who have had physical therapy. "Physical therapy can benefit many groups," he says. "We see people who have been in motor vehicle accidents. We see women for neck pain and leg pain – pre and post partum. We see older patients who've had hip and knee replacement."

Above all, Henry believes in physical therapy. He speaks not just as the marketing director. "I have been a patient six times," he says. "It works."

One of the things the group most often deals with are injuries and workers' compensation. The goal of the PT Group is to get workers back to work as quickly and safely as possible. "We try to keep jobs in Pennsylvania," he says. "Jobs are important."

Job growth is also something that Henry himself believes. "I encourage people in health care to be involved in marketing, public relations or community development – to keep the workforce in Pennsylvania," he says. "I encourage those in marketing or PR to look at health-related careers, however challenging."

For more information, visit [www.theptgroup.com](http://www.theptgroup.com).



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# Hospital Readmissions Reduced by Virtual Care Program



By Dr. Tonya Miller, PT, DPT

Individuals with chronic diseases often face many trips to the hospital each year. These readmissions to the hospital are challenging for both the patients and our healthcare system, and many are preventable.

Celtic Healthcare decided to take on the daunting task of readmissions for their chronically ill patients by establishing a Virtual Care Program in partnership with Carlisle Regional Medical Center in Carlisle, Pennsylvania. The program's goal is to ensure no interruption in patient care, which can go a long way toward reducing unnecessary read-

missions. In the program's two years, Celtic Healthcare has been able to reduce readmissions for individuals with heart failure from 14 percent to just under 5 percent.

## How It Works

Celtic Healthcare's Virtual Care Program has two components that work together. One revolves primarily around coaching; the other is telehealth care.

A Virtual Care Coach, who works closely with Case Managers, identifies patients most appropriate for participation in the program. The coach gets the necessary medical records and paperwork aligned before the patient is discharged from the hospital to ensure there is no gap in care due to incomplete information.

Involving a Virtual Care Coach, who is typically a Registered Nurse or Medical Social Worker, provides extensive care coordination, including assurance that prescriptions have been sent directly to the patient's pharmacy. Adding this accelerated layer of support is critical, because many times home care or follow-up physician appointments do not occur for several days after discharge. Research has found that the highest rate of re-hospitalization occurs within seven to 10 days after dis-



charge from the hospital.

The Virtual Care Coach often recommends telehealth technology. If this step makes sense, our Home Health Nurse sets up the telehealth program and teaches the patient how to take his own vital signs (weight, blood pressure and oxygen level) at the same time each day. The patient then reports through an automated telephone system. A specially trained nurse reviews the data on a daily basis. If something is not right, the nurse contacts the patient and, if necessary, the doctor. The nurse also schedules weekly phone education sessions with the patient to ensure that the patient understands lifestyle changes needed to be successful in managing his own disease.

## Why It Works

People with chronic diseases who require complex care frequently receive care in multiple settings. Healthcare professionals in these settings often work independently from one another, which can lead to lack of information about the care for the patient. When this occurs, patient care and safety is compromised. This can lead to rehospitalization.

## Patients Experience Empowerment at Home

Celtic Healthcare's program is designed to ensure both coordination and continuity of care. It is all about improving patients' confidence in their ability to care for themselves and learn when and why to alert their doctor or nurses if something doesn't seem right. Ultimately, getting patients to understand their vital signs and symptoms and what they mean will help prevent unnecessary readmissions.

Celtic Healthcare's goal is to keep patients at home, where they want to be. The program gives patients the opportunity to succeed at home, where they are comfortable. We know there still are going to be times when a patient needs to return to the hospital, but the program is helping prevent a significant number of preventable readmissions. Reducing heart failure readmissions to less than 5 percent speaks for itself. We know our program is working.

Better patient understanding leads to better quality of life and, ultimately, less of an impact on the healthcare system. Patient welfare is our priority. At Celtic Healthcare, we have created a program that is contributing to reducing preventable hospital readmissions and creating a better quality of life for our patients. †

*Dr. Tonya Miller, PT, DPT, is Eastern Regional Vice President for Celtic Healthcare. For more information, visit [www.celtichealthcare.com](http://www.celtichealthcare.com).*

## About Featured Thought Leaders

Each month in this space, Western Pennsylvania Hospital News will showcase one of its online Featured Thought Leaders. Want to enhance your marketing presence and reach a niche audience in the healthcare industry? Become a Featured Thought Leader for Western Pennsylvania Hospital News. As a Featured Thought Leader, you can submit articles regularly to the website as well as be listed in our online directory.

We will push your content through our three primary social media channels—Facebook, Twitter, and LinkedIn—to help increase your visibility. Each month you can send us articles, videos, podcasts, case studies, or white papers, for us to add to the home page of our site. Check out our current roster of Featured Thought Leaders at: [www.wphospitalnews.com](http://www.wphospitalnews.com).

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

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# VA Ambulatory Care Center Achieves LEED® Silver Certification with Design by Astorino

Another first-class design by Astorino has made the list of LEED® certified projects. VA Pittsburgh Healthcare System (VAPHS) Ambulatory Care Center was recently awarded LEED-NC Silver certification, using the LEED-NC Rating System version 2.2. The project achieved 33 credit points in addition to meeting all LEED prerequisites.

The new Ambulatory Care Center at the H. J. Heinz Division integrates primary care, specialty follow-up, physical rehabilitation, audiology, dental, prosthetics, rehab medicine, community services, outpatient pharmacy and patient education.



Photo taken by Dennis Marsico

## Taking Healthcare Green



With the goal of LEED certification in mind, Astorino with Associate Architect, HDR, designed the building with sustainable elements, such as: site selection for access to public transit and other basic services; bicycle storage and shower facilities for building occupants; water efficient waste; use of 25.1% and 47.7% of recycled materials and regional materials, respectively; and 73.3% of all new wood products from sustainably harvested and processed sources. Indoor environmental quality was emphasized through the use of low-emitting interior finishes, management of indoor air quality during construction, design for thermal comfort, and high efficiency filtration.

Other building features include:

- Clinical exam suites are arranged in small neighborhoods eliminating the stress and anxiety often induced by large medical settings.
- Clerestory allows daylight to permeate and enhance the healing environment of the first floor central atrium.
- Wireless clinical IT systems enhance the current computerized clinical patient record system.
- Within the clinical suites, exam room equivalents are the basic building blocks of the floor plan, providing ultimate flexibility for future clinical and administrative space changes without significant renovation.
- Introduction of healing gardens for outdoor treatment space, further enhancing clinical outcomes and increasing satisfaction.

More information is available at [www.pittsburgh.va.gov](http://www.pittsburgh.va.gov). †

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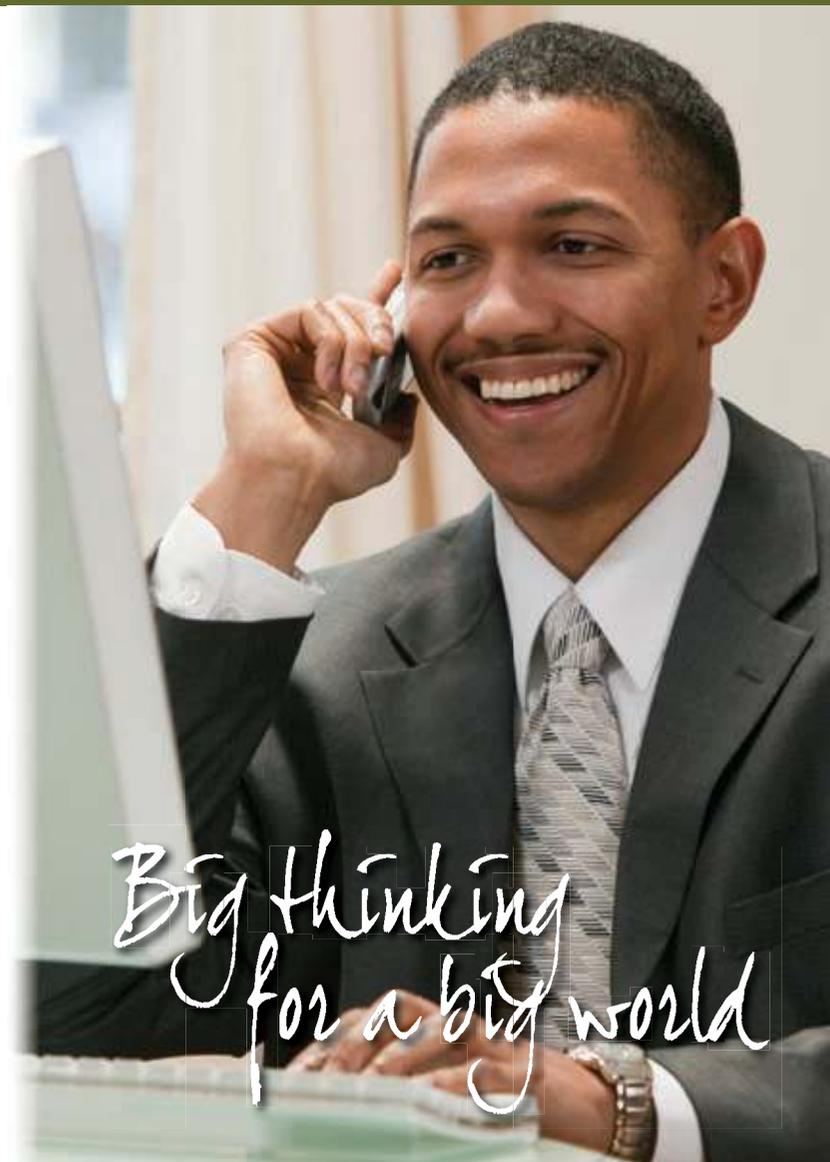
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# Make Procurement a Priority to Achieve Significant Healthcare Cost Reductions in 2012

by William Gindlesperger

An everyday challenge for healthcare industry executives is assessing how more can be done with existing resources. This is certainly true as hospitals, medical practices and continuing care facilities look for ways to squeeze every penny out of every dollar. One proven way of maximizing resources is to save on goods and services through the purchasing process.

Often relegated to back-office operations, procurement has earned its place at the strategic decision-making table of any organization that wants to improve its bottom line. According to the most recent survey of chief procurement officers by Capgemini, 79% of chief procurement officer respondents stated that procurement must be more focused on "improving an organization's bottom line." The Capgemini survey also found that more than 70% of purchasing functions now report directly to boards of directors and more than a quarter report directly to chief executive officers.

Given the growing importance of procurement, there are some basics that must not be overlooked to establish a cost-effective and efficient program:

**Plan properly** - Consult with departments within the organization to determine projected needs, timetables, quality and quantity requirements, budgets and frequency of orders. Inadequate planning will lead to problems. Centralize purchasing of similar items where possible.

**Assign accountability** - Establish roles and responsibilities so all know who is responsible for such key decisions as quantity, quality, design, deadlines, final approvals, etc. Get as many decision-makers as possible involved in the planning process so all bases are covered from legal to shipping.

**Ensure transparency** - Make sure all participants in the procurement process, internal and external, know that procurement ethics will be applied to ensure fairness and avoid favoritism or any relationship that may seem questionable.

**Be legally compliant** - Be meticulous with all contracts, orders and licensing agreements so ensure that are legally sound with every client before the procurement process is initiated.

**Welcome innovation** - Seek new approaches to procurement that were not available just a few years ago. New procurement technology, such as automated vendor selection technology, is reducing the cost of custom goods and services by an average of 42%.

**Be clear** - Communicate in a way that is easily understood and in a way in which

all participants are informed in a timely manner about key decisions, tasks, quality, quantity, deadlines, changes and delivery.

**Establish payment terms** - Do not leave anything to chance regarding how payments to the successful vendor are to be calculated once they have been awarded the contract. Make payments on time.

**Document everything** - Ensure that the whole process is adequately documented and recorded to demonstrate the decision-making processes to others. This contributes to full accountability by all involved and serves as an archive for reference with future similar jobs.

These basics come together when a competitive bidding environment is established for printers, staffing agencies, uniforms manufacturers, medical specialty suppliers and other healthcare vendors. Of all new approaches to vendor bidding on the market, the one that is producing the best results is the automated vendor selection technology that is noted in the "Welcome Innovation" bullet point above. Savings of 25% to 50% on procured goods and services, such as printing and manufactured specialty parts, are being reported. The strength of this process is it has the buyer establish a database of pre-qualified vendors that the buyer maintains so the database is up-to-date from project to project. All vendors in the database are carefully vetted so the buyer knows that regardless of pricing a quality job will be delivered on time by a trusted supplier. When job specifications are entered into the computer, the automated vendor selection procedure matches the specs with the capabilities of all vendors in the buyer's database but only invites those best qualified to do the work to bid. Low bid typically wins, and prices are discounted because vendors usually bid on the work to fill production gaps or downtime.

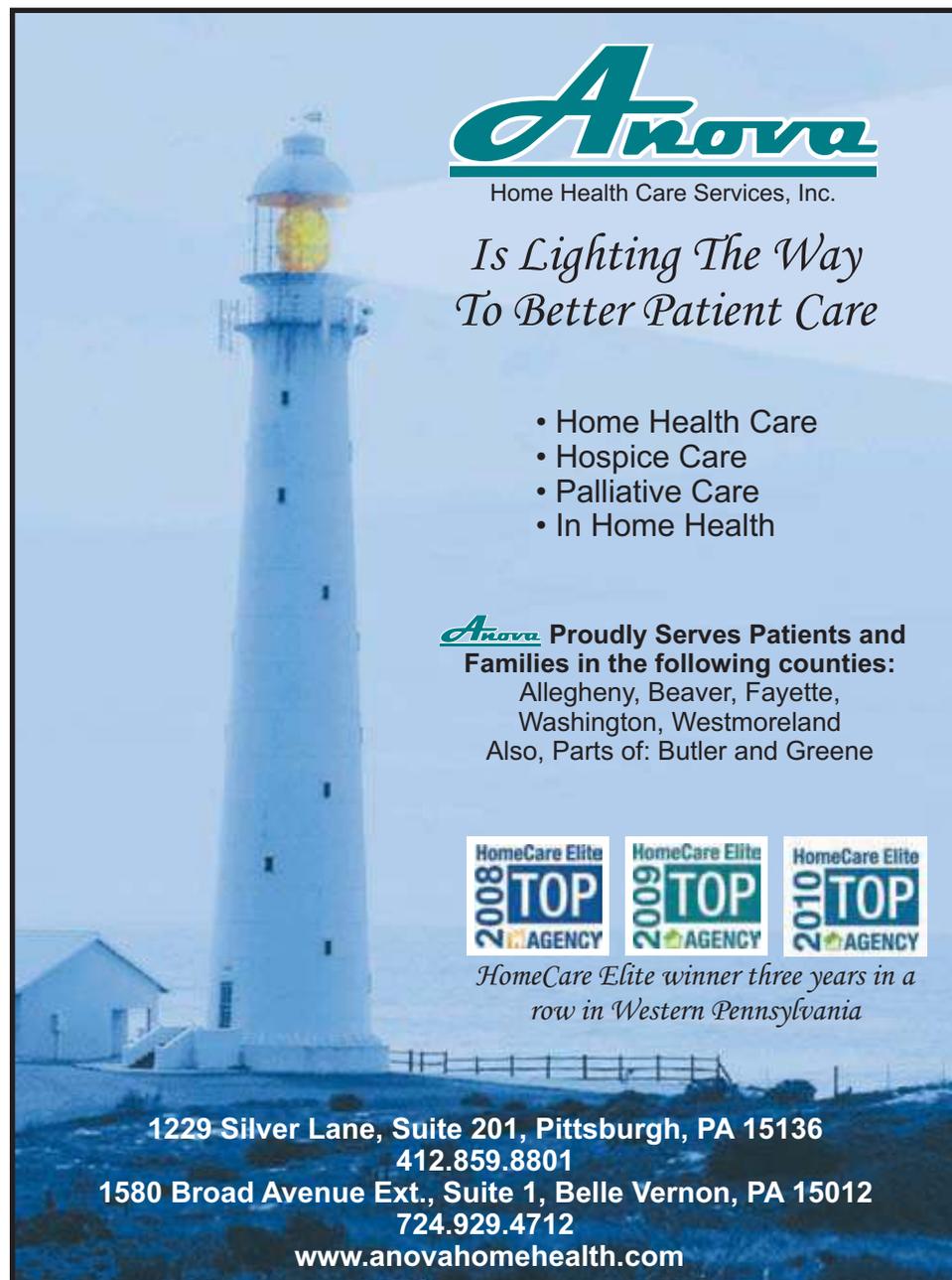
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With advances such as this, every healthcare chief executive officer, chief financial officer and chief procurement officer should take notice and make a 2012 resolution to improve bottom-line results by controlling expenses with procurement innovation that will bring antiquated procurement processes into the 21st Century. †

\*U. S. Patent No. 6,397,197, Patent No. 7,451,106, post-Bilski Patent No. 7,788,143, and Continuing Application 12/855,423 (collectively, the AVS Technology®) – This thicket of patents covers all custom goods and services, not just print. To inquire about licensing, contact Anthony Hawks at 888-876-5432 or Michael Cannata at 905-773-2207.

*William Gindlesperger is Chairman and Chief Executive Officer of e-LYNXX Corporation. He is a nationally recognized entrepreneur, inventor, author and consultant. He founded ABC Advisors and its successor, e-LYNXX Corporation, in 1975. Profit, non-profit and government organizations alike have benefited from his strategic insight and innovation that result in measured and substantial cost reduction. His firm handles more than 200 on-going consulting assignments at any given time. Among its contracts is one with Educational & Institutional Cooperative Purchasing to assist colleges, universities and other institutions nationwide with procurement and spend management. A native of Chambersburg, Pa., Gindlesperger is a graduate of Dickinson College in Carlisle, Pennsylvania.*

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# UPMC Young Athlete Program Seeks to Alleviate Little League Injuries



by Elizabeth Pagel-Hogan

If you played recreational or little league sports as a child you would be surprised at the changes in youth athletics that have occurred in the past two decades. One of the most startling changes is the skyrocketing rate of surgeries on high school athletes already showing degenerative tendon damage.

UPMC Sports Medicine recently introduced the Young Athlete Program to address the needs of the youngest competitors.

According to the U.S. Centers for Disease Control, high school athletes rack up an estimated 2 million injuries and 500,000 doctor visits and

30,000 hospitalizations annually. In response to these statistics the American Orthopaedic Society for Sports Medicine (AOSSM) initiated STOP (Sports Trauma and Overuse Prevention) Sports Injuries campaign in early 2007.

“This is a national issue, the competitive play of young athletes,” explained Tara Ridge, from the UPMC Centers for Rehab Services. “They are playing year round and specializing in a sport. 15 years ago they might have been competing a few months out of the year and in the past they switched sports throughout the year, muscle groups developed differently. Now they are specialized and there are imbalances and overuse injuries.”

Ridge noted a rise in doctor visits, physical therapy and surgeries. The Young Athlete Program hopes to provide services complementary to what pediatricians have traditionally offered coupled with parental education.

“We’ve taken the expertise of managing a patient and coupled it with managing the athlete,” explained Ridge. “Let’s 9 year old develops shoulder and elbow pain from baseball. Pediatricians are trained in triaging and ruling out injuries so they might order an x-ray. The x-ray doesn’t show an injury so the pediatrician says the child can return to play when pain stops. The child returns to play and experiences a flare up of injury.”

“But from our perspective there’s usually a mechanical reason for pain,” Ridge continued. “That 9 year old is playing 3 games a weekend, throwing 120 pitches,

and the mechanical problem adds up.”

The top three sports that lead to overuse injuries, according to Ridge, are baseball, swimming and running.

“Baseball especially is an asymmetrical, unilateral biased sport. they are not balancing things out. That’s been the biggest issue,” said Ridge.

The Young Athlete Program also contains an educational component. Therapists and physicians are devising ways to explain to a competitive nine year old that fixing a mechanical problem now can mean playing and performing longer.

“We’re working on developing the most effective way to educate this population. They don’t always have the maturity to manage their injuries and rehab.” To effectively address these injuries, parents need to know about programs like Young Athlete.

To reach parents, UPMC Sports Medicine has been relying on educating their athletic training staff in over 50-60 local high schools as well as experimenting with new technology.

“We’re developing a sports medicine app specific to baseball players - a one-stop shop on pre-season training with video, FAQs on managing acute injuries and a tracking mechanism for things associated with overuse injuries,” Ridge said. “Little League has to count the number of pitches thrown based on age group but those pitch counts don’t cross over when you’re kid crosses over to multiple leagues.” This app would allow parents to monitor cumulative pitches, both in and out of competition.

Staff from the Young Athlete Program have eagerly accepted invitations to share their services at community events and they are working to educate pediatricians as well as parents.

“Sports injury management is so specialized it hasn’t been part of pediatrician’s training,” said Ridge. So UPMC Sports Medicine hosted a CEU session to educate local practices.

“We know parents are expecting pediatricians to provide best available resources but we’re not sure that’s always happening. We are looking for ways to make the process of care to be seamless,” said Ridge.

For more information visit [UPMCSportsMedicine.com](http://UPMCSportsMedicine.com). †

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Two positions available. This is a regular full-time tenure-track 10 month position with benefits. Anticipated start date of this position is August 2012. Applicants must electronically attach scanable unofficial transcripts when applying to this posting.

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Master's degree in nursing; current Pennsylvania RN license; clinical experience. Applicants for teaching assignments are expected to have strong communication skills. Applicants are expected to have post-secondary teaching experiences; work experiences in the discipline to be taught; and knowledge of industry-related software and systems, including industry certifications, where appropriate. Degrees must be from an accredited institution.

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## Embracing A New Model of Research



By **Richard Gliklich, MD**

With increasing healthcare costs and emerging questions regarding the safety and effectiveness of various therapies in typical clinical practice, the importance of research under real-world conditions is growing. Such research aims to answer questions such as whether a new or existing therapy is safe, effective or better than alternatives. At the same time, recent government mandates, such as the Health Information Technology for Economic and Clinical Health (HITECH) Act, or payer requirements for data for payment are placing an increasing premium on electronic health records

(EHR) and reporting of quality outcomes data. Many practices and hospitals are actively investing in new infrastructure, such as EHRs to meet these needs. These same investments could potentially be applied to enable the practice or institution to readily participate in real-world research, something not feasible even just a few years ago.

Used by regulators, payers, providers, and patients for supporting important regulatory, reimbursement, and prescribing decisions, real-world research is the monitoring and evaluation of medical products as they are prescribed and used in actual practice. Real-world research can help answer questions of safety, including identifying potential adverse events and expanding the knowledge of the risk-benefit profile of a drug or device. It can answer questions of efficacy and effectiveness, including helping to identify which products are most appropriate for which patients as well as evaluate patients' adherence to medications. Real-world research can also be used for expanding the understanding of specific disease or therapeutic areas and help build the evidence needed to develop more effective therapies.

The more common approach to conducting real-world research is through observational research, the practice of simply observing how providers and patients are behaving in routine practice. However, there is a growing recognition that the other approaches to real-world research, including experimental studies, also known as randomized clinical trials (RCT), and database studies – the evaluation of already existing data that was collected through data sources such as electronic health records (EHR) or claims databases – are necessary to developing a full understanding of how a product performs in the real-world.

Practices and hospitals can participate in real-world research programs directly through a research sponsor, such as a pharmaceutical or device manufacturer, the government, or a clinical specialty association, or through a research partner that is

running the study on behalf of the sponsor. Some research partners, such as Outcome and Quintiles, also offer research networks that allow providers to actively select the types of studies and areas of research that would want to participate in and then be contacted whenever studies arise in their pre-selected interest areas. Providers can also leverage existing technologies, including EHRs, that provide direct access to real-world research through evolving integration standards, such as the Retrieve Form for Data Capture (RFD), which allows the data entered in an EHR to automatically fill the forms necessary for participation in real-world research studies – eliminating duplicate data entry.

Providers are typically reimbursed for their participation in real-world research either from the sponsor of the study or through an incentive program, such as the Centers for Medicare and Medicaid Services (CMS) pay-for-reporting programs Physician Quality Reporting System (PQRS) and Meaningful Use. Providers can also gain other value from their participation in these studies, including contributing to medical science and publications, obtaining benchmarking data and practice guidelines, and improving the quality of care through clinical measure reporting.

As greater pressure is put on healthcare providers to improve clinical outcomes, practices and hospitals are put under more financial strain as they implement more systems and tools to meet these requirements. Real-world research offers providers the ability to contribute to medical science and participate in programs that can lead to improved patient care and potentially leverage their investments in infrastructure to generate new sources of revenue. †

*Richard Gliklich, MD is President of Outcome, A Quintiles Company*

### Pitt Project Uses Technology to Increase HIV Testing, Treatment in Appalachia

A project based at the University of Pittsburgh Graduate School of Public Health (GSPH) that uses webinars and other telehealth technologies to improve the healthcare and the health outcomes of HIV-positive people living in hard-to-reach communities in Appalachia recently received a \$200,000 award from the U.S. Department of Health and Human Services Health Resources and Services Administration.

The award establishes the Telehealth AIDS Education and Training Center Appalachian Project (TAAP), an effort to provide consultation and training to federally funded community health centers in Appalachia in Maryland, Ohio, Pennsylvania, Virginia and West Virginia. The project builds upon the expertise of the Pennsylvania/MidAtlantic AETC and includes partners at West Virginia University, Inova Healthcare of Virginia and the University of California at San Francisco, University of Maryland, Ohio State University, University of Cincinnati and Virginia Commonwealth University.

Linda Frank, Ph.D., M.S.N., associate professor of infectious diseases and microbiology at GSPH, is the principal investigator of the project, which assists clinicians in community health centers and provides more timely HIV testing, diagnosis and treatment for individuals in remote and medically underserved areas of Appalachia.

The Appalachian Telehealth Project connects physicians, dentists, nurses, physician assistants and other professionals who work in Appalachian community health centers to test, treat and maintain persons with HIV in care. The project uses webcasts to provide clinical consultation from university experts, forums to share best practices and opportunities to develop clinical skills and receive training in areas such as HIV testing, clinical diagnosis and treatment as well as caring for women, substance users, adolescents and other hard to reach populations.

For more information, visit [www.upmc.com](http://www.upmc.com). †



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## It's a Matter of Perspective.

### What Does Accountable Care Mean for Facility Design?



**By Jeri L. Steele, RN, EDAC**

Originated by the Patient Protection and Affordable Care Act, an Accountable Care Organization (ACO) encourages Medicare providers to participate in the Medicare Shared Savings Program. The model ties provide reimbursement to quality metrics and reductions in the total cost of care. By striving to avoid duplication of services, preventing medical errors, and reducing hospital acquired infections, coordinated care can help ensure that patients receive the right care at the right time. To achieve these goals hospitals are faced with redesigning inpatient care models.

Improving access to primary medical care, such as bolstering the ambulatory services sector so patients can be treated before they become ED patients, can reduce the burden placed on the inpatient setting. Additionally, implementation of "lean management" and work process concepts helps to streamline the workplace as it has in various industries by eliminating wasted effort to allow delivery of the most efficient and effective patient care. These process changes inherently improve the patient experience and the workplace for the medical staff, a true win-win.

In Fredericksburg, Virginia leaders of the Mary Washington Hospital envisioned a "No Wait ED." By forming a multidisciplinary team and incorporating tools and concepts of lean operations, the staff was able to make substantial changes to their process so patients receive not only outstanding but efficient medical care.

To begin this transformation, the team developed a super track system for level 4 and 5 patients. The system defines a new process, with fewer beds and staff, that gets patients to physicians and on their way home much more efficiently. Applica-

tion of ambulatory care services allow these low acuity patients to be treated with a speed similar to if the patient were in a physician's office.

A second team developed the Rapid Assessment, Treatment, and Efficient Disposition (RATED) System for level 3 patients. Identified by a triage nurse, these patients are seen by medical care providers within 15 minutes. The time from treat-to-release has been reduced from more than 4 hours to fewer than 3 hours, at the same time the number of visits has increased from 72,000 to more than 100,000 per year. The walk-out-without treatment-rate among walk-ins has been reduced from 14 % to 2 %. The ED at Mary Washington Hospital now sees 100,000 patients a year with 50 beds. This facility serves as a great example of how process improvement can make a significant difference.

Efficiency of care is only one area of improvement needed. Hospital patients have a 1-in-20 chance of acquiring an infection during their stay and routine cleaning does not always remove pathogens from contaminated surfaces.

Utilizing materials such as copper and silver can mitigate infection risk. Copper has been shown to reduce environmental bio burden by 97% and the risk of hospital-acquired infections by more than 40%. Silver is also highly effective in controlling infectious organisms and can be imbedded into fabrics, mixed in paint or plaster, or applied as a protectant coating or plating.

A number of devices in the marketplace that harness and use UVC light can be used as "weapons of pathogen destruction". Rooms are cleaned faster, improving the efficiency of environmental services. Use of Xenex, a mobile, robotic device that combats germs with blasts of UV light disinfects a hospital room in 5 to 10 minutes, resulted in a 67% drop in infections from C. diff. at Cooley Dickenson Hospital in Northhampton, Massachusetts, and a 35% reduction of MRSA infection incidence at Cone Health, in North Carolina.

New personal protection standards in medical apparel are possible with the advent of Vestex, a new fabric finished with a hydrophobic barrier and the antimicrobial Semeltec.™ A four-month, cross-over trial in a medical ICU found that Vestex scrubs were associated with a significant decrease in MRSA and C.diff burden when compared to standard scrubs.

Engineering systems can play a major role in the development of healthy facilities. There is significant evidence that supports the use of UV light sources in air handling equipment to reduce or eliminate the growth of bacteria and mold, keeping the coils clean and maintaining the energy efficiency of the unit. HEPA filters are a common solution; however, they only filter the air to .3 microns. Many viruses are smaller and may not be trapped.

In the end, solutions must be valued on the ability to improve the patient environment versus the cost to the hospital. However, marked improvements in service efficiency can help offset additional expenses incurred with new equipment and redesign. †

*Jeri Steele does healthcare research and design at Stantec in Butler, Pennsylvania. Jeri can be reached at [jeri.steele@stantec.com](mailto:jeri.steele@stantec.com).*

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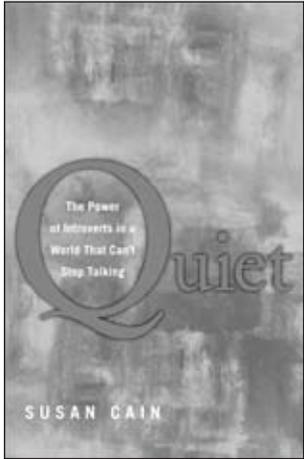
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# “Quiet: The Power of Introverts in a World That Can’t Stop Talking” by Susan Cain

c.2012, Crown \$26.00 / \$28.00 Canada

333 pages, includes index



You had to go, so you did – kicking and screaming. Really, you must admit that it was nice of the boss to host the holiday party. In these tough economic times, she didn’t have to do it. She paid for food, a band, even door prizes. Everybody seemed to have a good time.

Everybody but you.

If you’d had your druthers, you’d have stayed home, feet up, with a good book. But no, you went to the party, and in the new book “**Quiet: The Power of Introverts in a World That Can’t Stop Talking**” by Susan Cain, you’ll find out why you hated every minute of it.

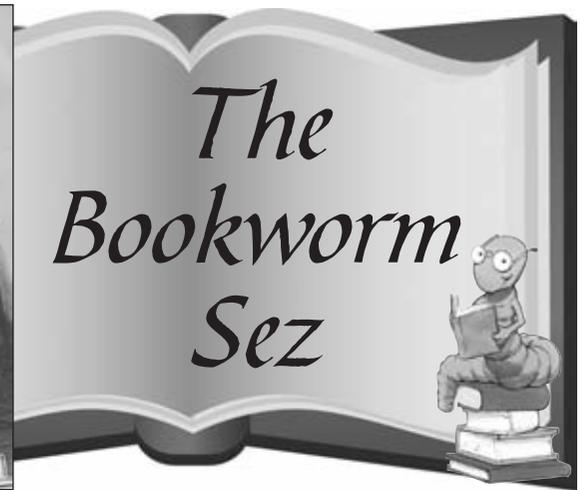
From the moment you were born, your life was shaped not only by your gender and ethnicity but also by the personality you inherited: scientists know that 40-50% of who you are came from nature rather than nurture. They also know that by the time infants are four months old, they can tell which babies will grow up to be introverts and which will become gregarious adults.

Though we all fall on an introvert-extrovert spectrum with varying degrees of either (and an odd mix of both), the lifestyle of a full extrovert is “enormously appealing.” Cain says that there is an “extrovert ideal” in our society that’s not found in many cultures. We’re pushed to be outgoing and bold, both in school and at work.

But will it make us more successful, or healthier?

Not necessarily – and maybe.

Studies show that we believe loud, fast talkers to be smarter, but Cain says that introverts who are allowed to perform in sync with their personalities can be better leaders with deeper ideas and more creativity. As for health, many introverts are



more sensitive than most to sight, sound, smells, and pain. They’re hyper-alert, physically, but that could lead to anxiety.

So, since we all need to learn to get along, what can you do?

If you’re an introvert, practice being more open, but don’t overdo it. Learn to tap into your strengths but heed your inner-self, and don’t hesitate to seek out “down-time” if you need it.

If you share workspace with an introvert, take advantage of his or her tendencies, talents, thoughts, and creativity. After all, the new Einstein, Proust, Seuss, Gandhi, or Newton might be sitting in the next cube over...

Tired of feeling nervous, overwhelmed, weird? Or are you on the verge of firing a non-team-player? Either way, stop what you’re doing now and read “Quiet.”

As a “closet introvert” from way back, I was absolutely delighted at the things author Susan Cain unearthed. Not only does she give us a basic history of introversion and a round-up of scientific knowledge about it, but she also offers help and advice for introverts, their loved ones, and their supervisors.

Baffled limelight lovers will learn a lot from this book, but the real appeal of it will come to people who are happier backstage. If you’re reticent, retiring, and rejoiceful over it, “Quiet” is a book you’ll shout about. †

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



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# Tips for Steering Clear of Problems with Pain-Med Prescribing

By Mary-Lynn Ryan

The following tips will help you prescribe narcotics/opioids appropriately to patients in chronic pain:

**Obtain a thorough history and determine the specific cause of pain.** In an article on treating patients' pain, Eliot Cole, MD, a physician associated with the American Academy of Pain Management, advises, "Do not call [a patient's] pain a headache or backache but try to find a specific pathological process to explain why your patients hurt."<sup>1</sup> Stephen Richeimer, MD, Chief of Pain Medicine at the University of Southern California, says, "Assessment is a key issue. The history and physical examination provides the information that allows the physician to judge if the patient is legitimately in pain or if the patient is improperly seeking drugs."<sup>2</sup>

**Document well.** Cole advises, "Chart everything you see, think, feel, and hear about your patients. Leave nothing to the imagination of the future reader... Explain what you are doing, why you believe opioid analgesics will be helpful or continue to be helpful, what alternatives have been considered, that your patient agrees to the treatment, and how you intend to follow your patient over time."<sup>1</sup> Richeimer agrees: "Good record keeping is part of good medicine, and it is also your best protection from frivolous lawsuits," he says.<sup>2</sup>

**Ask chronic-pain patients to agree to use a single pharmacy.** Discussing pain treatment with the patient and getting the patient to agree to certain parameters associated with long-term pain management are mutually beneficial strategies: they help you avoid inadvertently supplying medication that might be diverted for street sale, and they reassure the patient in pain that he or she can count on obtaining needed medication. An especially useful rule is that the patient will use a single pharmacy for all pain medications.

**Make use of a written pain medication agreement with chronic-pain patients.** A signed agreement by the patient that he or she will follow rules for obtaining pain medication will improve the likelihood of appropriate behavior by the patient. It discourages patients from seeking an unlimited supply of medication and helps staff members verify the legitimacy of refill requests.

**Monitor patients over time on their needs for and use of pain medication.** Richeimer observes that patient trustworthiness "can only be assessed by monitoring the patient over time."<sup>2</sup> Cole suggests talking with patients periodically to reduce dosage appropriately, as well as periodically ordering "urine drug screens for... pa-

tients of concern to document that you are able to recover their prescribed medications."<sup>1</sup>

**If you keep controlled substances in your office, establish a reliable process for safeguarding and reconciling such medications and for tracking their distribution.** The federal Drug Enforcement Administration (DEA) requires physicians who administer or dispense controlled substances from their offices to have effective controls to guard against theft and diversion. Controlled substances must be stored in a securely locked, substantially constructed cabinet. Using a controlled substances inventory log can help you account for each and every dose of medication that goes through your office.

These strategies are aimed at fostering appropriate pain management within the limits of professional practice. Furthermore, they can help physicians and staff consistently meet regulatory requirements on the management of pain medications.

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Mary-Lynn Ryan is a consulting risk management specialist with PMSLIC Insurance Company and The NORCAL Group.

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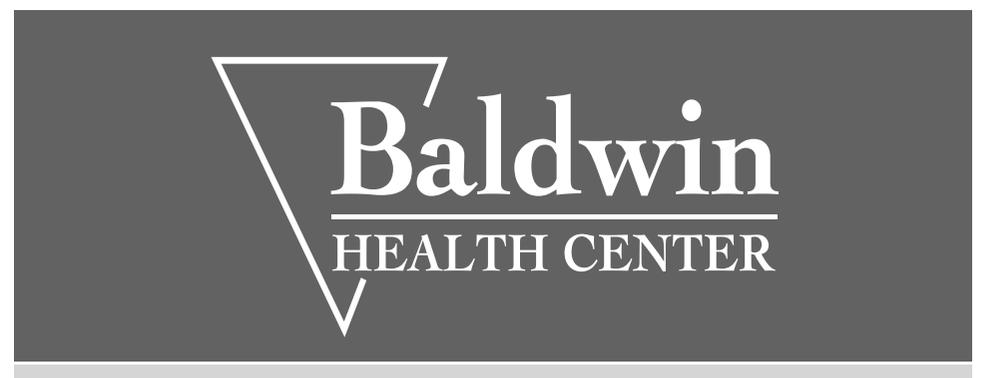
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# Completely Satisfied “Tops” the Charts with Patients



**By Grace Zarnas-Hoyer**

Cura Hospitality’s “Completely Satisfied” service philosophy is “tops” with patients, enhancing the customer service component, while supporting the hospital’s patient satisfaction scores and their peer group rankings. Introduced over a year ago, dining assistants are equipped with “Completely Satisfied” tools including a new menu, a “sorry we missed you” card, and discharge cards.

Patients may order off a menu and dining assistants take their order bedside. The menu also indicates healthy choices, which are marked with a pyramid that designates the better choice. While patients determine their order, dining assistants will review the daily specials and assist patients with special diets as prescribed by their attending physician.

A “sorry we missed you card” is placed on the patient’s bedside table if a dining assistant has missed seeing the patient upon their arrival, which includes the dining assistant’s contact information.

Upon being discharged from the hospital, patients receive a special “discharge card” that features a note from the dining services team thanking the patient for the opportunity to serve them high-quality nutritious meals.

Some of the recent enhancements made to the Completely Satisfied program include upgrading Cura’s customer satisfaction approach with instant communication via cell phones and pagers; more interaction with nurses, patients and managers at all levels; therapeutic diet information booklets; and constantly monitoring feedback daily.

According to Cura District Manager Janet Schuch, cell phones at St. Clair Hospital in Pittsburgh, Pa, and Mercy Medical Center in Baltimore, Md, enhance communication. “For example if a patient’s diet has changed or if a patient needs another cup of coffee, the nursing or kitchen staff, and even the patient, can call the dining assistant directly.”

At Indiana Regional Medical Center in Indiana, Pa., patients receive Therapeutic diet information which arms patients with a basic overview of their therapeutic diet and dietary guidelines including serving sizes per food group, physical activity requirements and calorie needs.

“The goal for 2012 is to share best practices, so that all hospitals will be able to implement what has contributed to their hospitals’ success,” said Schuch. At Mercy Medical Center for example, Pods, or multiple serving units, were implemented in the back of the house to shorten the length of tray assembly and to improve patient satisfaction. Each pod is self contained, with everything needed to assemble patient trays located within the pod. The dining assistant who assembles the tray is responsible for delivering the tray to the patient, granting more ownership to the dining assistant.

At St. Clair, the hospital’s marketing department has a unique partnership with Cura marketing. This direct correlation between the organizations helps to create a stronger connection between our support staffs.

Schuch emphasizes that while Completely Satisfied provides the resources, the goal is to consistently implement these tools. “Our teams do an excellent job, but we must remember that we are constantly being measured. Customer service must remain in the forefront daily to enhance exceptional patient experiences,” said Schuch. †

*Grace Zarnas-Hoyer is the public relations manager for Cura Hospitality. For more information, visit [www.curahospitality.com](http://www.curahospitality.com).*

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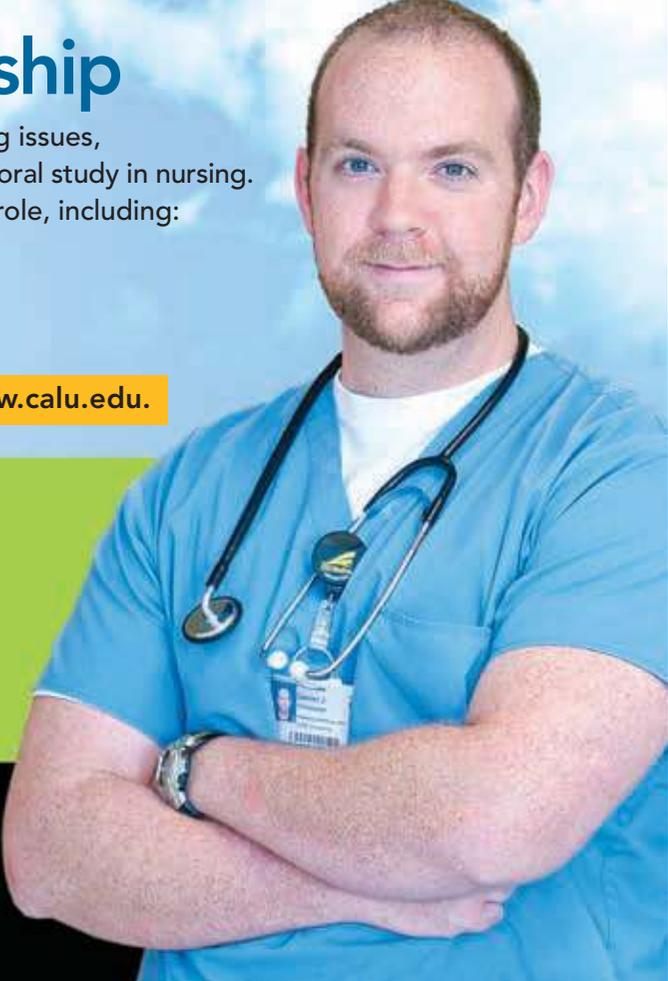
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# Why Should an Employer Consider Offering Their Employees Voluntary Benefits?



**By Richard D. Bryer, Sr.**

Voluntary benefits provide a great way for employers to offer their employees benefits without incurring the direct cost of buying benefits for everyone. The benefits landscape has changed and is changing rapidly. Rising healthcare costs, healthcare reform, older employees and changing family needs are influencing the way employers look at their benefits. Cradle to grave benefits are a thing of the past. Employers are faced with very tough decisions when it comes to benefits and the cost of providing them. They need to remain competitive,

but also spend benefit dollars wisely.

The biggest thing driving benefit decisions is healthcare. Healthcare remains the number one concern for employers and employees. Employers and brokers have struggled with effective ways to curve the costs of healthcare. Wellness programs, claims management and self-funding arrangements are among a few ways that have been implemented. However, employers are continuing to make drastic changes to their healthcare plan to keep it affordable. The result of these changes are more employees are left with increased exposure in the form of higher deductibles, co-pays and cost sharing. With these increased costs, employees are left with increased gaps in their benefit package.

In addition, because of increasing healthcare costs; employers are faced with decisions on the other company paid benefits provided to employees. Benefits like short term disability, long term disability, life benefits and retirement. Employers are dropping these benefits, or reducing the level of coverage in order to keep pace with the rising healthcare costs. This also leaves gaps in the employee's benefits and exposes them to additional out-of-pocket costs. Are there any other solutions to this dilemma?

One strategy that employers are pursuing is to offer their employees voluntary plans to help fill the gaps that are left behind due to changes made in the medical plan. This strategy shifts the responsibility of insuring an employee's personal insurance needs to the employee. Employees can customize plans that fit their own personal needs.

There are many different types of plans that an employer can offer their employees. Each plan fits a specific need and plans can be tailored to each employer's specific needs. Listed below are some plans:

1. **Short Term Disability** – Provides employees with an income replacement benefit for periods of 3, 6, 12 or 24 months.
2. **Long Term Disability** – Provides employees with income replacement benefits to age 65.
3. **Life Insurance** – Offers employees choices between temporary or permanent life options.
4. **Cancer Insurance** – Helps employees with the indirect expenses related to cancer treatment.
5. **Accident Insurance** – Provides employees with payments to help off set medical bills, lost wages or out-of-pocket costs.
6. **Critical Illness Insurance** – Helps with the costs associated with treating a major illness such stroke or heart attack.
7. **Medical Gap Coverage** – Helps employees with deductibles on high deductible health plans.
8. **Legal Insurance** – Provides basic legal services for employees.

## VOLUNTARY BENEFITS OFFERS THE EMPLOYEES A NUMBER OF ADVANTAGES:

1. Employees have a broad choice of plans that can be tailored to their personal needs.
2. Employees receive modified underwriting and guaranteed issue coverage options.
3. Employees receive the convenience of payroll deduction.
4. Benefits are portable.
5. Most coverage's provide benefits for dependents.
6. Some plans can be purchased through the company's cafeteria plan.
7. Rates for these products are far more stable than premiums for medical.
8. Some plans are guaranteed renewable for life.
9. Pricing on these products may be far less expensive as opposed to the retail insurance market.

## VOLUNTARY BENEFITS OFFERS THE EMPLOYER A NUMBER OF ADVANTAGES:

1. There is no direct benefit cost to the employer. Most plans do not require an employer contribution.
2. Employers can offer as many or as few of the options as they choose.
3. There is very little administration on the employer's behalf if plans are set up correctly.
4. Offering these plans can help with retention and turnover issues.
5. Employers use these plans as a recruiting tool for employees.
6. These plans genuinely help employees with their out-of-pocket expenses. When employees use these plans and claims are paid, there is a feeling of good will and morale among the employees.

There are many carriers that offer these types of products. Some carriers spend a lot of money marketing their products, while others choose marketing through direct agents. What is important to know is that the quality of a carrier's products is not measured by the amount of advertising it does. It is a good idea and prudent to have a Voluntary Benefit Consultant or Professional Enrollment Firm provide you with a thorough product analysis. More experienced firms will be able to show you the difference between the products, policy, delivery and service. A thorough analysis will objectively reveal each carriers strength and weakness so you can make an informed decision for your employees.

In summary, Voluntary Benefits provide a win-win for the employer and employees if implemented professionally. Employees like having choices in their benefit options, and employers like the cost effectiveness of offering these plans. None of us know what healthcare will look like down the road. One thing is for certain, voluntary plans will provide the safety net that employees will need and the mechanism for employers to provide it! †

*Richard D. Bryer, Sr. is President of Worksite Benefits Group. For more information, visit [www.worksitebenefitgroup.com](http://www.worksitebenefitgroup.com).*

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# Canterbury Tales

By Rafael J. Sciuolo, MA, LCSW, MS

“Beautiful!” “Very warm and inviting.” “Exactly what is needed.”

These were among the comments we heard during the January 26 open house event for Family Hospice’s new inpatient unit, The Center for Compassionate Care Canterbury, in Lawrenceville.

Family Hospice and Palliative Care is proud to debut our second inpatient unit in Allegheny County. It will open to patients on February 27 and is centrally located in the City of Pittsburgh’s Lawrenceville neighborhood.

More than 100 local health care professionals attended our open house and toured the 14-private room unit that boasts picturesque views of the city. The Center for Compassionate Care Canterbury is located on the campus of Canterbury Place, a UPMC Senior Community at 310 Fisk St.

Modeled after our original Center for Compassionate Care in Mt. Lebanon, which opened in 2007, the new inpatient unit operates under Family Hospice’s license and offers a full-time Family Hospice staff, including a palliative care certified physician, nurses, social work and spiritual care.

With our Center for Compassionate Care in Mt. Lebanon and now at Canterbury, Family Hospice provides the most inpatient hospice rooms in the region.

Patients and families at The Center for Compassionate Care Canterbury will be afforded the full continuum of care which includes interdisciplinary team care, support for family and loved ones, and complementary therapies.

In addition to private patient rooms, The Center for Compassionate Care Canterbury also features a family room, kitchen area, and by this summer, we plan a tranquil roof-top garden just off the family room. Families also have access to Canterbury Place’s chapel and free parking garage. As with The Center for Compassionate Care in Mt. Lebanon, the new inpatient unit features 24/7 visitation and family pets are welcome.

I was proud to conduct the ribbon-cutting ceremony with Deborah Brodine, President of UPMC Senior Communities. Just prior to dedicating the unit, Deborah told those gathered that “Canterbury Place is proud to partner with Family Hospice to offer another level of service to the community. This collaboration will help ensure that Pittsburgh residents and their families have access to care that meets their individual goals and needs.”



Family Hospice board member Kim Ward Burns; UPMC Senior Communities President Deborah Brodine; and Family Hospice President & CEO Rafael Sciuolo.

# Making the Most of Life

Along with the CompassionateCare provided for patients and families, this new venture really speaks to a sense of community.

Canterbury Place residents visited the space and offered their support. Our professional partners from local hospitals expressed their appreciation for having this new resource at their disposal. And many volunteer candidates have already shown interest in donating their time at the unit, including students from nearby colleges.

Our second inpatient unit allows Family Hospice to continue to extend the reach of our CompassionateCare to the community. Since 1980, we have been privileged to touch the hearts and lives of our patients, families and loved ones. Family Hospice recognizes the fact that we come into contact with people and families at a most crucial time – that is why compassion is at the heart of what we do.

The Center for Compassionate Care Canterbury is no different. We thank those who attended our open house - and we look forward to the opportunity it provides to serve the community. †



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



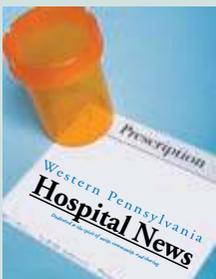
Attendees at The Center for Compassionate Care Canterbury open house included (left to right): Karen Buratti, UPMC Shadyside; Theresa Davenport, UPMC Shadyside; Eric Horwith, Family Hospice; Diane Metzger, UPMC Shadyside; Kathy Little, Family Hospice; and Nancy Keller, UPMC Shadyside.



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# Mass. Carveout in HC Law Highlights Need for Real Reform



**By Tim Murphy**

Last month, nineteen state hospital associations wrote to President Obama, imploring him to rewrite an obscure provision in his 2010 healthcare law that mysteriously rewarded hospitals in Massachusetts with an extra \$367 million every year in federal Medicare funding. Because of this minor linguistic tweak to the Medicare funding formula known as the “hospital wage index,” Massachusetts’ hospitals will collect an additional \$3.5 billion in taxpayer money over the next decade largely at the expense of hospitals in the other 49 states including Pennsylvania.

Beyond illustrating how broken Medicare’s payment policies really are, the Massachusetts set-aside is a troubling reminder for the American public that Congress had to — as former Speaker Nancy Pelosi put it — “pass the bill, so you can find out what is in it.”

The Patient Protection and Affordable Care Act (PPACA) is chock-full of these kinds of special deals that were slipped into the thousand-page bill without notice, and continue to be uncovered only as the Administration hurriedly works to implement the law.

There are other provisions in PPACA that have and will negatively impact the region’s hospitals, which have suffered unfairly for years under the current wage index. For example, as part of PPACA’s \$500 billion in Medicare cuts, the Medicare Inpatient Prospective Payment System will be slashed by \$112.6 billion in the coming decade.

Community hospitals are finding that an existence as an independent entity is becoming increasingly difficult in part because federal healthcare payment systems are broken. Unfortunately, there are additional challenges on the horizon. The President’s 2013 fiscal year budget would cut hospitals and nursing homes by another \$63 billion. And due to the failure of the so-called “Supercommittee” to reach an agreement on long-term deficit reduction last November, a mandatory two percent cut in Medicare reimbursements to providers is looming.

None of this is to suggest that reforms to Medicare are unnecessary, and it is well documented that the Medicare Hospital Insurance Trust Fund is running out of money even with these cuts. The Congressional Budget Office (CBO) estimates the fund will reach insolvency in 2020, and the CMS Actuary has stated the fund could be exhausted as early as 2016. Under the rosiest of projections, the Hospital Insurance Trust Fund will run out of money in 12 years.

Reforming Medicare is critical for ensuring our nation’s senior citizens continue to have access to the quality health coverage that they have spent their entire working lives paying into. However, the Medicare program cannot be fixed on the backs of the nation’s hospitals alone.

PPACA — and its indiscriminate cuts to Medicare and hospitals — must be repealed so that Congress can work together for real healthcare reforms that will protect our seniors, strengthen Medicare for the future, expand access to quality care, and allow our hospitals to stay open and thrive.

Real healthcare reform begins with implementing quality reforms that improve patient care and save money. Medicare is plagued by barriers, burdens, and bureaucracy that require acts of Congress to fix one piece at a time. We have to go line-by-line into Medicare and find the opportunities where costs can be lowered. Reforming the known flaws and implementing the kinds of cost-saving measures that are desperately needed in an antiquated program will improve care for seniors and yield incalculable savings —instead of just handing out taxpayer money to hospitals in Massachusetts. †

*Congressman Tim Murphy is a fifth term member of the U.S. House of Representatives who relies on his three decades as a psychologist to advocate for meaningful reforms in the U.S. healthcare system. As a senior member of the Energy and Commerce Subcommittee on Health, and the co-chair of both the House Doctors Caucus and the Mental Health Caucus, Tim works to educate his colleagues and the public on ways to make healthcare more affordable and accessible for all families without a government takeover of the healthcare system. Congressman Murphy also serves as a Lieutenant Commander in the U.S. Navy Reserve Medical Service Corps, working with wounded warriors with Traumatic Brain Injury and Post Traumatic Stress Disorder.*



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# Lisa Lane Burbidge Unmasks the Diverse Healing Power of Art Therapy

by Christopher Cussat



Lisa Lane Burbidge, MAAT, ATR-BC, LPC describes herself as a mother, an artist, and an art therapist—in that order. But on top of all this, Burbidge is a survivor who has found solace, healing, and expression in her creative outlet and art-related profession. In other words, and to quote her, “Creativity is essential.”

As a Registered and Board Certified Art Therapist (ATR-BC), Burbidge is also a Licensed Professional Counselor (LPC) in Pennsylvania. She currently works at Chestnut Ridge Counseling Services, Inc. in Greensburg, PA—a community-based, outpatient mental health clinic. “We provide outpatient therapy and psychiatric care for all ages. My current caseload patients’ ages

range from 4 to 68 years old,” she adds. Burbidge has a small, but growing, art therapy private practice in Greensburg as well which serves clients of all ages and backgrounds—including college students and veterans.

Burbidge says that she has been an artist since she had a coffee can full of crayons, was laying on the floor, and coloring at her grandmother’s house—perhaps 45 years ago. Although she started dabbling in her artistry at a very young age, Burbidge believes that it is never too late to find one’s creative spark. In fact, her own grandmother began painting at age 65.

She attained her Graduate Degree in Art Therapy from Seton Hill University in May 2000 and received an undergraduate degree in Art, with minors in Psychology and Art Therapy, from Carlow University in 1996. The art bug surely seems to run in the family, because like her grandmother, Burbidge’s daughter is also an amazing artist who is currently completing her third year of college for art education.



In addition to being an art therapist and working with art everyday for her job, Burbidge also occasionally creates her own art, does self-art therapy, and sells small artworks on the side. She explains that her preferred media changes with her life. “I began my own personal journey into art and art therapy by painting. A series of Horse Paintings became my primary expression as well as my therapy. Soon after living through separation, divorce, and single parenting of a toddler—

I quickly [and thankfully] learned about the benefits of art therapy first-hand. This was PERFECT!

Burbidge is very open about discussing her own personal healing. She mentions that she got clean and sober and became an alumnus of Gateway Rehab in January 1987. “As an artist, I always felt the power of healing and expression through my own paintings. I love masks as well and I created a series of self-portrait masks (again both artistry and art therapy) in order to soul search and grow into my new life and profession by exploring myself and sharing them with others.”

As a woman who is herself in recovery from addiction, Burbidge has also worked with women in early recovery from addiction for about 10 years. She shared her art and art therapy with them and they also made masks as part of the rehabilitation. “I recall

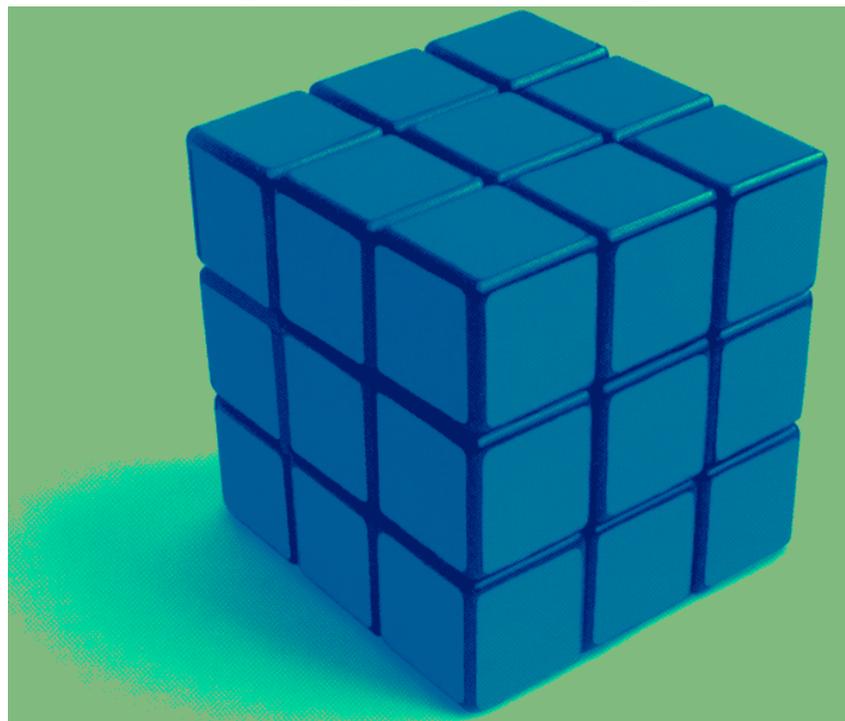


a young woman whose mask’s mouth appeared sewn shut—it was a very powerful image—so powerful she told me it scared her.” Burbidge further explains, “After completing a series of her own self-portrait masks which were so beautiful and exuding such a powerful African spirit, she revealed her truth. That first mask with the mouth sewn shut was the forecaster of suppressed memories of her childhood abuse she had never spoken of.”

Such experiences have only solidified Burbidge’s commitment to the profession of art therapy. “The power of expression is also the power of creativity for healing and transitioning from illness to health, and from addiction to recovery. I truly believe that art therapy is vital to healing—all areas of healing: physical, mental, and spiritual.” Additionally, Burbidge believes that art therapy fits perfectly with other treatments and therapies very well. “It enhances the medical and psychological, as well as the spiritual and cognitive—adding to the healing of the whole person.”

Burbidge continues to create her own art when she can and she still loves to draw horses and mandalas. But she admits that she has had very little time for her own art recently. “As I have begun a private practice last year, the demands on my time have increased and there is much less time for art. Yet, I hope to have a studio in the future—not only for my own personal use, but also as a place for people to come and create! In this way, I would be doing both my own creative expression as well as helping others to heal, grow, and even possibly exhibit and show their art someday.”

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## West Penn Hospital Emergency Department Reopened on February 14

Officials from Highmark and the West Penn Allegheny Health System (WPAHS) joined community leaders earlier this month to celebrate the restoration of emergency medical services at The Western Pennsylvania Hospital in Bloomfield. West Penn Hospital's newly equipped and renovated emergency department opened at 8am on Tuesday, February 14, and marked the hospital's rebirth as a full service healthcare provider.

"Today is a great day for the people of Bloomfield and its surrounding communities, many of whom have relied upon West Penn Hospital as source of exceptional healthcare services throughout their lifetime. The opening of this state-of-the-art, beautifully refurbished emergency department represents another critical step towards a very bright future for this hospital, West Penn Allegheny Health System and our emerging healthcare provider organization," said Kenneth R. Melani, MD, Highmark President and Chief Executive Officer.

In November, Highmark and WPAHS announced an affiliation agreement between the two organizations that, pending regulatory approvals, will considerably strengthen the health system and position it as the center piece of a new and innovative integrated healthcare delivery system for the region. Among the consequences of WPAHS' recent financial difficulties was a significant downsizing of West Penn Hospital and the closure of its emergency department on December 31, 2010.

According to Thomas Campbell, MD, Chair of Emergency Medicine for WPAHS and the former medical director of West Penn Hospital's emergency department for more than two decades, emergency medical care is a vital community resource that often serves as the front door to a hospital's full spectrum of clinical and support services.

"It is absolutely fitting that we are reopening West Penn Hospital's emergency department on Valentine's Day, because one thing that has always distinguished this hospital and its outstanding staff is a love for this community and the commitment to every single person who comes through these doors that they will be treated with dignity, compassion and the highest quality of care possible," Dr. Campbell said.

"Our dedicated employees are thrilled to once again have the opportunity to fulfill that



Kenneth R. Melani

important mission, and we are delighted that so many have come back to work in this wonderful new facility," he said.

Two recent job fairs at West Penn have attracted more than 2,000 interested applicants for jobs throughout the hospital.

The new West Penn Hospital emergency department features a redesigned patient entrance on South Millvale Avenue, 23 patient beds and a number of technological upgrades, including a 128 slice CT scanner (to be installed in March) and a fast track patient triage system.

Complimenting the emergency department opening is a significant expansion of inpatient services and other facility enhancements at the hospital, including newly renovated medical, surgical and intensive care units that offer all-private patients rooms and upgraded labor and delivery capabilities.

The improvements are all components of a much broader plan to revitalize and modernize West Penn Hospital so that it is poised to play a central role in meeting the healthcare needs of the region for many years to come.

"As an emergency physician, I am particularly excited to help share this terrific news today with the residents of Bloomfield, our employees, medical staff and the many community leaders who have been tireless advocates for this hospital over the years. The reopening of the West Penn Hospital emergency department signifies the beginning of the fulfillment of our promise to restore and enhance essential services at this proud and beloved institution," said Keith T. Ghezzi, MD, WPAHS Interim President and Chief Executive Officer.

Dr. Ghezzi said future plans for West Penn Hospital include expanding the hospital's overall capacity to 300-350 private patient rooms; further expansion and renovation of its labor and delivery facilities; the return of cardiovascular services; remodeling of the hospital's lobbies and waiting rooms; and renovation and reorganization of the hospital's Mellon Pavilion to accommodate more physician practices and better coordinate patient care services.

Other existing services at West Penn that are expected to also grow as the hospital transitions back into a full service community hospital include its nationally recognized Burn Center and bone marrow transplantation program, Institute for Pain Medicine, Sleep Disorders Center, radiation oncology program, breast diagnostic program, pelvic floor disease center, Jones Institute for Reproductive Medicine, Lupus Center of Excellence and Joslin Diabetes Center.

For more information, visit [www.wpahs.org](http://www.wpahs.org). †

## New & Notable



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## New & Notable

### The Tomayko Group Announces Ownership Role in CardioLogic, LLC

Pittsburgh-based The Tomayko Group (TTG) of integrated health care companies has acquired majority ownership in CardioLogic, LLC, a nuclear cardiology management firm based in Bala Cynwyd, Pa.

“CardioLogic is known in eastern Pennsylvania, New Jersey and Delaware for excellence in developing and managing cardiac nuclear imaging labs,” says John Tomayko, president and owner of The Tomayko Group, which manages 44 nuclear testing facilities in multiple states. “The firms complement one another in their mission and focus. The Tomayko Group is contracted with several hospitals in western Pennsylvania to run nuclear imaging labs while CardioLogic is contracted with the University of Pennsylvania’s Penn Presbyterian Medical Center’s cardiology division. Together, the firms cover the state, serving premier health systems at each end and private practice physician groups in between. We view the CardioLogic presence as a platform for expansion.”

The Tomayko Group is a vertically integrated healthcare services company that provides health systems, private practices and select corporations with diagnostic imaging services, pharmaceutical products and distribution, and health promotion programs. The Tomayko Group’s integrated services include:

- diagnostic imaging equipment leasing and sales
- equipment maintenance
- licensing and accreditation support
- diagnostic staffing solutions
- pharmaceutical products and distribution
- financing for nuclear systems, ultrasound cameras and stress systems
- biometric and vascular screening programs for employers

Dan McNally, who will remain CardioLogic’s president, says his firm’s nuclear imaging expertise, regional focus and reputation for attention to detail made the company a natural fit with The Tomayko Group.

“Our companies share the same core values,” says McNally. “CardioLogic already enjoys a long-standing relationship with The Tomayko Group in the areas of nuclear imaging equipment, financing, maintenance and applications support. Through this transaction, we now strengthen our access to a more diverse radioisotope supply and distribution network. This will provide a more secure supply for our customers in the event of shortages, which have plagued the industry in recent years.”

McNally continued, “We are excited to partner with one of the largest nuclear medicine providers in the United States in order to better serve our clients. Importantly, though, we will continue to operate as a small, entrepreneurial firm locally, but with the support and resources of a much larger and established business.”

For more information, visit <http://tomaykogroup.com/>. †

### Jameson Health System Welcomes Dr. Charles Wagner

Jameson Health System is recently announce the addition of the primary care practice of **Charles Wagner, D.O.**, Board Certified physician. Dr. Wagner is accepting all new patients with offices at the Jameson Hospital South Campus, 1000 South Mercer Street in New Castle, Pennsylvania.

With more than ten years of experience as an internal medicine physician, Dr. Wagner has extensive training and expertise in disease prevention, total body wellness and the management of chronic conditions and illnesses. Board Certified by the American Osteopathic Board of Internal Medicine, Dr. Wagner received his medical degree from the Ohio University College of Osteopathic Medicine and completed residency at Youngstown Osteopathic Hospital.

Dr. Wagner is one of five physicians recently recruited as part of the health system’s five-year strategic plan to bring on twenty new doctors to serve the community by year 2014.

For more information visit, [www.jamesonhealth.org/primarycare](http://www.jamesonhealth.org/primarycare). †

## Healthcare Professionals in the News

### New OB/GYN Joins UPMC Northwest Medical Staff

Obstetrician and gynecologist **Ira S. Abramowitz, MD**, recently joined the medical staff at Magee Women’s Specialty Services at UPMC Northwest in Franklin and Clarion.

A physician board-certified by the American Board of Obstetrics and Gynecology, Dr. Abramowitz earned a medical degree at State University of New York–Downstate Medical Center through Fifth Pathway–Lutheran Medical Center, Brooklyn, NY, as well as a medical degree at Universidad Del Noreste, Tampico, Tamaulipas, Mexico. He completed obstetric and gynecologic internships at SUNY–Downstate Medical Center affiliates, as well as a residency and chief residency at the same location.

Dr. Abramowitz is a member of the American Association of Gynecologic Laparoscopists and the Society of Laparoendoscopic Surgeons. He is a fellow of the American College of Obstetrics and Gynecology. His special interests include high-risk obstetrics and minimally-invasive gynecologic surgeries, including laparoscopic hysterectomies.

Dr. Abramowitz joins James Ham, MD, William T. McGrail, MD, Eric Fackler, MD, John Myers, DO, and Bart Matson, DO, at Magee Women’s Specialty Services at UPMC Northwest.

For more information, visit [www.upmc.edu](http://www.upmc.edu). †



Ira S. Abramowitz

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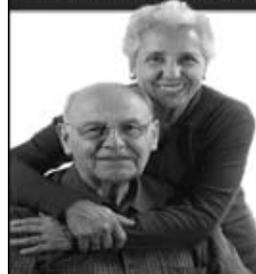
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## Allegheny County Medical Society Announces Newly Elected Officers

Rajiv R. Varma, MD, has been installed as the 2012 president of the Allegheny County Medical Society (ACMS). Dr. Varma is the 147th president of the local physician organization. Four other physicians will assume new leadership roles as elected officers. The 2012 ACMS officers are:



Rajiv R. Varma

### Rajiv R. Varma, MD, 2012 ACMS President

Dr. Varma is a pediatric neurologist certified in pediatrics and neurology with special qualifications in child neurology. He is clinical director of the pediatric neurology division of Children's Hospital of Pittsburgh of UPMC.

A member of ACMS since 1987, Dr. Varma has been very active with the Society in addition to his service on the board of directors from 2003 to 2005 and again in 2008 to 2010. He was a member of the Legislative Committee from 1993 to 2006. He was chair of the Member Benefits Committee in 1999 and participated on the Membership Committee from 2000 to 2005, serving as vice chair in 2000 and chair from 2001 to 2005. Dr. Varma was the Board of Directors Presidential Appointee from 2000

to 2002. He served on the Nominating Committee in 2006 and the Finance Committee in 2008 and 2010. He was a member of the Awards Committee in 2009. He participated on the Peer Review Board in 2010 and was chair of the Bylaws Committee that same year. Dr. Varma served as ACMS treasurer in 2008, secretary in 2009, vice president in 2010 and president-elect in 2011, serving on the Executive Committee during that time. At the state level he served as an alternate delegate to the Pennsylvania Medical Society from 1993 to 1995 and in 2002. Dr. Varma served as a delegate to the Pennsylvania Medical Society from 1996 to 2001; 2003 to 2008 and 2010 to 2011. Dr. Varma has also served on the PMS Strategic Planning Committee for several years.

Dr. Varma is a member of many professional and scientific societies, including the American Academy of Neurology and the Child Neurology Society. In addition, Dr. Varma is involved with the United Mitochondrial Disease Foundation.

Dr. Varma earned his medical degree from Prince of Wales Medical College in Patna, India, in 1974 and then served as senior house officer in Royal Gwent Hospital, England. From there, Dr. Varma moved to Michigan where he completed his pediatrics residency at the Hurley Medical Center and Children's Hospital of Michigan.

In 1980, Dr. Varma came to Pittsburgh as a pediatric neurology fellow at UPMC and Children's Hospital. Prior to joining Children's, Dr. Varma was chief, division of child neurology and vice-chairman of pediatrics at Mercy Hospital of Pittsburgh.

Dr. Varma and his wife, Dr. Swarna Varma, reside in Upper St Clair. They have three children.

### Amelia A. Paré, MD, 2012 ACMS President-Elect

Dr. Paré is a plastic surgeon certified by the American Board of Plastic Surgery. She is in private practice and is affiliated with Jefferson Medical Center, Washington Hospital, St. Clair Memorial Hospital and UPMC. She is also affiliated with the University of Pittsburgh and is a fellow of the American College of Surgeons.

Dr. Paré has been a member of ACMS since 2000. In addition to serving on the board of directors since 2009, she served on the Nominating Committee from 2003 to 2004 and in 2007. She has also served on the Communications Committee since 2006, becoming its chair in 2008. Dr. Paré participated on the Legislative Committee in 2007 and the Awards Committee from 2007 to 2009. Dr. Paré was a member of the finance committee in 2009 and was the Board of Directors Presidential Appointee from July 2007 to 2008. She served as ACMS treasurer in 2009, secretary in 2010 and vice president in 2011, serving on the Executive Committee during that time.

At the state level Dr. Paré served as alternate delegate from 2000 to 2002 and, since 2003, as delegate to the Pennsylvania Medical Society, serving as chair of the ACMS delegation in 2011. In addition, Dr. Paré has been on the Pennsylvania Medical Society Political Action Committee (PAMPAC) since 2005, and currently serves as chair of the committee. She is also a member of the American Society of Plastic Surgeons, Pennsylvania Medical Society, Pittsburgh Plastic Surgery Society and the Harvard Alumni Society. On behalf of physicians in this area, Dr. Paré has visited local legislative offices, as well as those in Harrisburg and Washington.

Dr. Paré earned her bachelor of science degree in chemistry from Harvard University and studied at Oxford University in England. She received her medical degree from Hahnemann University School of Medicine in 1992. She trained in general surgery at St. Luke's-Roosevelt Hospital Center, University Hospital of Columbia University College of Physicians in New York City, where she served as chief resident of general surgery. She completed specialized training in aesthetic, plastic and reconstructive surgery at UCLA, where she also served as chief resident. She has worked with Doctors Missions in Honduras.

Dr. Paré and her husband Kyung Park, MD, reside in Upper St. Clair with their son.

### Kevin O. Garrett, MD, FACS, 2012 ACMS Vice President

Dr. Garrett is a board certified general surgeon, practicing at UPMC St. Margaret Hospital, where he serves as chairman of surgery. He is a clinical professor of general surgery at the University of Pittsburgh School of Medicine.

Dr. Garrett has been a member of ACMS since 1985, serving on the board of directors since 2006. He was a member of the Nominating Committee in 1999 and the Medical-Legal



Kevin O. Garrett

serving as treasurer, council member and program chair.

Dr. Garrett received his bachelor of science degree in chemistry from Carnegie Mellon University. He earned his medical degree at the University of Pittsburgh School of Medicine and served his surgical internship and residency in general surgery at the University of Pittsburgh School of Medicine.

He and his wife Jennifer reside in Allison Park with their three children.

### John P. Williams, MD, 2012 ACMS Secretary

Dr. Williams is chair of the department of anesthesiology at the University of Pittsburgh where he is the Peter and Eva Safar Professor of Anesthesiology. Board certified in anesthesiology and critical care medicine, Dr. Williams has been the associate medical and scientific director for international operations for UPMC since 2007. In addition, Dr. Williams is a diplomate of the American Academy of Pain Management and was a member of the Analgesic Guidelines Committee of the American Society of Clinical Pharmacology and Therapeutics from 1994 to 2004.

A member of ACMS since 1998, Dr. Williams was a member of the Communications Committee from 2000 to 2001. He was a member of the Legislative Committee from 2002 to 2007, serving as its chair in 2007. Dr. Williams has served on the Board of Directors since 2006. He was a member of the Membership Committee from 2008 to 2010 and was chair of the Awards Committee in 2010. He has also served as an alternate delegate to the Pennsylvania Medical Society from 2002 to 2004 and as a delegate from 2005 to 2010. He has also served as an alternate delegate to the AMA for the PMS.

Dr. Williams received his medical degree from the Baylor College of Medicine. He completed his internship at St. Joseph Hospital in Houston, Texas, and his residency in anesthesiology at the University of Texas Medical School in Houston and a fellowship at Guy's Hospital in London, England.

Dr. Williams has dedicated his career to education and research with a clinical emphasis on cardiac illness and cardiac surgery. He previously served as chief at UPMC Presbyterian Hospital from 1999 to 2001 and as interim chair from 2001 to 2002. He has also served as the director of cardiac anesthesiology and co-director of intensive care at UCLA and prior to that at the University of Texas, Houston.

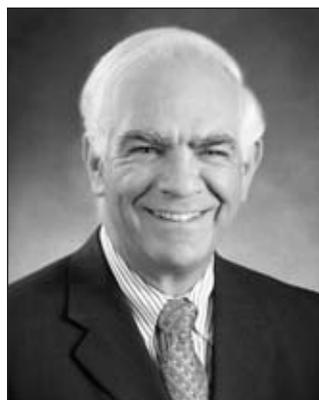
Dr. Williams and his wife Valerie reside in Gibsonsia with their three children.



John P. Williams



Amelia A. Paré



Lawrence R. John

### Lawrence R. John, MD, 2012 ACMS Treasurer

Dr. John is a board certified family practitioner. He is in private practice and is affiliated with the University of Pittsburgh Medical Center and UPMC St. Margaret.

A member of ACMS since 1977, Dr. John has served on the board of directors since 2007. He was a member of the Communications Committee from 2007 to 2010 and has also served as co-chair the ACMS Primary Care Working Group since 2008. At the state level, Dr. John was an alternate delegate to the Pennsylvania Medical Society from 2008 to 2009 and a delegate since 2010, serving as vice chair of the ACMS delegation in 2011.

Dr. John is a member of the By-Laws and Credentialing Committees at UPMC St. Margaret. He is chairman of the Risk Committee (USO), University of Pittsburgh Medical Center (UPMC), as well as a member of the PAC Committee (Advisory Panel for University Service Organization), UPMC. Dr. John has been a clinical instructor in the department of family medicine, University of Pittsburgh School of Medicine since 1997. In addition, he has been the Fox Chapel team physician, performing sports evaluations for all athletes and providing on-field physician coverage for all football games since 1980.

Dr. John is a member of several professional organizations, including the American Academy of Family Physicians, ACMS, Pennsylvania Medical Society and the American Medical Association.

Dr. John received his undergraduate degree from Notre Dame in 1972 and received his medical degree in 1977 from Case Western Reserve University School of Medicine. He completed an internship in family practice in 1978 and completed his residency in family practice in 1980, both at St. Margaret Memorial Hospital.

Dr. John and his wife, Dr. Martha D. John, reside in Fox Chapel. They have four children.

For more information, visit [www.acms.org](http://www.acms.org).

## J.C. Blair Wound Healing Center Brings on New Physician

J.C. Blair Memorial Hospital is pleased to welcome podiatrist **Christina Rowe, DPM**, to its medical staff. Dr. Rowe, who works with Advanced Regional Center for Ankle and Foot Care, now sees patients in the J.C. Blair Wound Healing Center on Wednesday mornings and in her private practice in the J.C. Blair Specialty Clinic on Wednesday afternoons.

A Cresson native, Christina Rowe, DPM, earned her Doctor of Podiatric Medicine from Temple University School of Podiatric Medicine, and completed her undergraduate studies at the University of Pittsburgh. She completed her residency training at the Philadelphia VA Medical Center.

Dr. Rowe has a special interest in wound care patients, after seeing many wound patients during her residency.

J.C. Blair Wound Healing Center offers transcutaneous oxygen monitoring which determines the level of oxygenation available to the wound to promote healing. They also offer doppler evaluation of pulses, which determines blood flow available to transport nutrients and medications to the wound. J.C. Blair also offers hyperbaric oxygen therapy. In this treatment, the patient breathes 100% oxygen at increased atmospheric pressures. This increases the oxygen levels in the body tissue to aid in the promotion of healing and the fighting of infection.

Dr. Rowe often sees patients that are referred to her from the Emergency Department and then directed to follow up with the Wound Healing Center until their wound is healed. If she sees a patient in her podiatry practice with a hard to heal wound, she often refers them to the Wound Healing Center, so she can follow up with them there with more specialized care.

Dr. Rowe is a podiatrist with Advanced Regional Center for Ankle and Foot Care, with offices in Altoona, Tyrone, Ebensburg, State College and Huntingdon. Her colleagues include Drs. L. Jolene Moyer, Gary Raymond, William Wiedemer and Matthew Sable.

For more information, please visit [www.jcblair.org](http://www.jcblair.org).



Podiatrist Christina Rowe, DPM, educates her patient Elicia Frye during a visit to the J.C. Blair Wound Healing Center.

## Healthcare Professionals in the News

### Jefferson Regional Women's Health Services Expands with Addition of Fifth Gynecologist

Women's Health Services at Jefferson Regional Medical Center continues to grow with the addition of a fifth gynecologist. John Dempster, president and CEO, announced that **Thomas J. Cunningham, MD**, has joined the practice of Anthony Gentile, MD and Associates.

Dr. Cunningham previously was an attending physician at Wishard Memorial Hospital, Indianapolis, and an assistant clinical professor in the Department of Obstetrics & Gynecology at Indiana University School of Medicine.

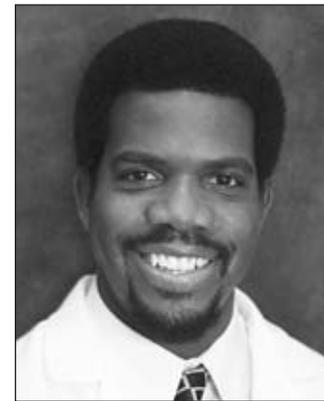
He earned his medical degree at the University of Pittsburgh School of Medicine and his Bachelor of Science degree in biology at the University of Maryland. He completed a residency in obstetrics and gynecology at Indiana University School of Medicine and is certified by the American Board of Obstetrics and Gynecology.

Dr. Cunningham specializes in minimally invasive surgical procedures. Minimally invasive surgery results in much faster patient recovery times, very small aesthetic incisions that are barely noticeable, and significantly decreased patient discomfort requiring less analgesic pain medications, he said.

Dr. Cunningham joins Dr. Gentile and three other gynecologists in the group: John Alexander Sunycz, MD; Lawrence J. Glad, MD; and Christine B. Wilson, MD.

Also joining Dr. Gentile's practice as gynecology physician assistant is Jennifer Erny, PA-C. Jennifer earned her Master of Physician Assistant and Bachelor of Science in Health Sciences degrees at Duquesne University. She previously worked as a cardiology PA and electrophysiology PA at Jefferson Regional Medical Center.

For more information, visit [www.jeffersonregional.com](http://www.jeffersonregional.com).



Thomas J. Cunningham

### Shriners Hospital Names New Nurse Manager for Surgical Services Department

**Michelle Battko, RN**, has been selected as the new nurse manager of surgical services at Shriners Hospitals for Children—Erie. Michelle has been a staff nurse at the hospital for the past nine years, starting in the Extended Post Anesthesia Care Unit (EPACU)/Inpatient Unit, to her most recent position of RN3 in both the operating rooms and Outpatient Clinic.

Michelle is a graduate of the Saint Vincent School of Nursing in Erie and is currently working on her master's degree in nursing at Gannon University in Erie.

An avid horse enthusiast, Michelle serves as co-district commissioner of the Lost Hounds Pony Club in Edinboro, PA, an organization for individuals ages 6-25, designed to help them gain knowledge of all aspects of horse riding, care and management.

For more information, visit [www.shrinenet.org](http://www.shrinenet.org).

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## Southern Alleghenies Elite Orthopedics Opens

Southern Alleghenies Elite Orthopedics opened Jan. 3. Elite Orthopedics is a unique, full-service orthopedic physician practice serving Blair, Huntingdon, Bedford, Clearfield, Cambria, Centre and Somerset counties from its office at Gateway Centre, 601 Hawthorne Drive, across from the YMCA in Hollidaysburg. It is also an affiliate of Altoona Regional Health System.



Dr. Charles Harvey

**Dr. Charles Harvey**, formerly of Blair Orthopedics, is now with Elite Orthopedics. Dr. Harvey is a board-certified orthopedic surgeon who specializes in spinal (neck and back) disorders and total hip replacement.

**Dr. Corey Schutt**, a fracture specialist with University Orthopedics Center, will begin with Elite Orthopedics on Feb. 6. Dr. Schutt is a fellowship-trained orthopedic trauma surgeon with unique skills in all aspects of fracture care.

**Nicole Vranka** is the office manager. Vranka received her Bachelor of Science in Healthcare Administration and Psychology from Slippery Rock University in 2004. She will manage the daily operations of the practice. She was previously employed by Virginia Brain and Spine Center Inc. in Winchester, Va.

**Erin Allison** is a physician assistant. Allison received her Masters of Physician Assistant Science degree from Saint Francis University in 2004. She will assist the physicians in surgery as well as care for the patients in the office. She was previously employed by Blair Orthopedics.

**Cathy Osmolinski** is the front desk receptionist. She will greet and check in all patients. She previously worked at Drayer Physical Therapy and Mainline Medical Associates.

**Carol Myers** is the telephone operator. She previously worked at the Blair County Public Defender's office and Mainline Medical Associates.

**Tammy Wilson** is the surgery scheduler. She will schedule all surgical and nonsurgical appointments. She previously worked at Blair Orthopedics.

**Alexis Shunk** is a licensed practical nurse and will be responsible for all nursing duties. She previously worked at University Orthopedics Center.

**Darla Wherry** is the checkout receptionist. She will handle checkout duties for all patients. She was previously employed by AseraCare Hospice.

Physician assistant **Ryan Andrews** of Altoona joined Elite Orthopedics on Feb. 6. Andrews graduated from Penn State with a bachelor's in kinesiology, athletic training option, and received his master's in physician assistant studies from DeSales University in Center Valley, Pa.

For more information, visit [www.AltoonaRegional.org](http://www.AltoonaRegional.org).



Nicole Vranka



Erin Allison



Cathy Osmolinski



Carol Myers



Tammy Wilson



Alexis Shunk



Darla Wherry



Ryan Andrews

## Healthcare Professionals in the News

### Hospitalist Program Up and Running at UPMC Horizon

UPMC Horizon kicked off 2012 with a full expansion of its hospitalist program at its Greenville campus, which includes the addition of a full-time physician. At the same time, a new family medicine physician will join Greenville Medical Center-UPMC as a longtime medical staff member retires.



Thomas Pineo

**Thomas Pineo, DO**, who has practiced family medicine at Greenville Medical Center-UPMC for more than 10 years, joined UPMC Horizon's hospitalist program in January. He joined Paul Lange, MD, Roy Sartori, DO, Tanima Shaheed, MD, Debra Drapola, CRNP, and Emmy Burkett, PA-C, who are all part of the hospitalist program.

UPMC Horizon adopted the hospitalist model last year in response to trends occurring both locally and nationally in health care. The program began at the Shenango Valley campus early in 2011 and expanded to the Greenville campus in the fall.

The hospitalist program is not the only change UPMC Horizon and Greenville Medical

Center-UPMC face in early 2012. **Victor Colaiaco, MD**, who has practiced in Greenville for 33 years, will retire at the end of December, and **Alicia Baker, DO**, family medicine, joined Greenville Medical Center-UPMC in January.



Alicia Baker

Dr. Baker earned her medical degree from Ohio University College of Osteopathic Medicine. She completed a psychiatry internship at University of Arizona Health Sciences Center and a family practice residency at Phoenix Baptist Hospital, where she served as chief resident. Dr. Baker is certified by the American Board of Family Medicine. Her special interests include mental health, dermatology, and women's health.

Dr. Baker joins family medicine physicians James Liszewski, MD, and Briana Yee-Providence, MD, and internal medicine physicians Todd Jones, MD, Troy Jones, MD, Philip Lee, DO, and James Perry, MD, at Greenville

Medical Center-UPMC.

For more information, visit [www.UPMCHorizon.com](http://www.UPMCHorizon.com).

### Family Hospice Names Irene McFadden Director of Organizational Advancement

Family Hospice and Palliative Care, Western Pennsylvania's leading non-profit hospice organization, has announced the hiring of **Irene McFadden** as director of organizational advancement.

In her role, McFadden will work to build and strengthen Family Hospice's partnerships with hospitals, health systems and post-acute care facilities. She is also responsible for facilitating Family Hospice's strategic planning efforts.

"We look forward to Irene helping Family Hospice grow through sound partnerships while protecting the high standard quality of care provided to our patients and their loved ones," said Rafael Scullo, President and CEO of Family Hospice.

A Western Pennsylvania native, McFadden has more than 30 years experience in health care. She spent 15 years in local hospital administration and has 15 years experience as a health system consultant. Prior to her position as director of organizational advancement, McFadden served on Family Hospice's Board of Directors for 20 years. She resigned her board position before taking on this current role.

McFadden resides in the North Hills.

For more information, visit [www.familyhospice.com](http://www.familyhospice.com) and [www.facebook.com/familyhospicepa](http://www.facebook.com/familyhospicepa).



Irene McFadden

## New Physicians Join UPMC Horizon and UPMC Hamot

**Raymond Wynn, MD, FACR**, radiation oncologist, has joined the UPMC Cancer Center at UPMC Horizon as the center's medical director.

Dr. Wynn is associate director of UPMC Cancer Centers' Radiation Oncology Network and is a clinical professor of radiation oncology. He most recently served as executive medical director of The Regional Cancer Center, Erie, Pa., an affiliate of UPMC Cancer Centers.

Nationally Dr. Wynn has served as a member of the board of trustees for the National Medical Association, and is active in the American College of Radiation Oncology, the American College of Radiology, by which he has been honored as a fellow, and the American Society for Radiation Oncology. He earned his medical degree at Meharry Medical College in Nashville, completed an internship in internal medicine at the University of Louisville in Kentucky and a residency in radiation oncology at the University of Rochester School of Medicine and Dentistry, where he was also chief resident. An American Cancer Society Clinical Oncology Fellow recipient, Dr. Wynn was fellowship-trained in neuro-radiation oncology at the University of Rochester.

Dr. Wynn's clinical and research interests include IMRT, IGRT, hypo-fractionated stereotactic radiotherapy, brain tumors and prostate cancer. He provides radiation oncology services at the UPMC Cancer Center facility located at UPMC Horizon's Shenango Valley campus, which opened earlier this year.

**Raymond F. Sekula Jr., MD**, director of the Cranial Nerve Disorders Program at UPMC Hamot, Erie, will have office hours twice a month at Parkside Orthopedics-UPMC, located at 1599 N. Hermitage Road, Hermitage.

Dr. Sekula earned his medical degree from Georgetown University and completed advanced training in neurological



Raymond F. Sekula Jr.

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## Healthcare Professionals in the News

surgery at the Allegheny Neuroscience Institute, Drexel University, including fellowships in minimally invasive neurosurgery, and skull base and microvascular surgery. He is board-certified in neurosurgery.

His work has been published in peer-reviewed journals concerning a variety of topics including trigeminal neuralgia, hemifacial spasm, Chiari malformation, cerebral aneurysms, tumors of the brain and spinal cord, traumatic injury of the brain and spinal cord, stereotactic radiosurgery, and adult neural stem cells, and he is frequently invited lecturer around the world. In his research, funded by the National Institutes of Health, Dr. Sekula has developed one of the largest operative experiences with microvascular decompression surgery for patients with trigeminal neuralgia, hemifacial spasm and other cranial neuralgias in the United States.

Dr. Sekula is a member of the American Association of Neurological Surgeons, Congress of Neurological Surgeons, the Advisory Board of the Trigeminal Neuralgia Association and the Hemifacial Spasm Association. Before joining UPMC Hamot in 2011, he served as co-director of Allegheny General Hospital's Center for Cranial Nerve Disorders.

*For more information, visit [www.upmchorizon.com](http://www.upmchorizon.com).*



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## Conemaugh Physician Group Welcomes New Cardiologist



Roshan Patel

Roshan Patel, MD, has joined Conemaugh Physician Group Cardiology and is now seeing both inpatients and outpatients at Conemaugh Memorial Medical Center.

Dr. Patel is board certified in Internal Medicine, Cardiovascular Disease, Interventional Cardiology, Nuclear Cardiology and Echocardiography. He completed a Cardiology Fellowship at Michigan State University's Sparrow Hospital in East Lansing, Michigan and a Clinical Interventional Cardiology Fellowship at the Mount Sinai Medical Center in New York, NY. Prior to coming to Johnstown, Dr.

Patel served as an Attending Physician for Rockford Cardiology Associates in Rockford, Illinois.

Dr. Patel looks forward to calling the Johnstown region home along with his wife who, this summer, will begin physician residency training with Conemaugh Memorial's Family Practice residency.

Conemaugh Physician Group Cardiology is a team of experienced, fellowship trained physicians who specialize in the treatment of cardiac related disease. Specialized services include General Cardiology, Echocardiography, Stress Testing, Nuclear Cardiology, Interventional Cardiology, Coronary Angiography and more. CPG Cardiology serves patients at Conemaugh Memorial, Conemaugh Miners and Conemaugh Meyersdale Medical Centers and at several outpatient locations including Ligonier, Everett and Hastings.

For more information, visit [www.conemaugh.org](http://www.conemaugh.org).

## Healthcare Professionals in the News

### Medical Director Key to Transition

In December, Southwest Regional Medical Center announced an agreement to partner with Emergency Resource Management Inc. (ERMI). ERMI, part of UPMC, is one of the largest employers of emergency medicine physicians in Pennsylvania. The agreement also provides a medical director who will oversee the medical services provided. **Paul Beck, M.D.**, began serving as interim medical director beginning Jan. 1, 2012.

The goal is for patients to be seen by a healthcare professional within 30 minutes of walking in the door. The current average is 33 minutes and dropping since ERMI began. Dr. Beck will also provide administrative support to ensure quality and speed of service for patients presenting to the Southwest Regional Medical Center emergency department. He is assigned to Southwest Regional for approximately 6 months to ensure a smooth transition. At the end of 6 months a permanent director will be named.

Dr. Beck started his career as an emergency medical technician in 1983 and became a paramedic in 1986. He went on to attend medical school at Penn State University, completed residency at the University of Michigan and did a fellowship in EMS at the University of Pittsburgh. He previously served as Associate Medical Director for STAT MedEvac and as Medical Director for Tulsa LifeFlight for 2 years.

In addition to the medical director, ERMI now provides Southwest Regional Medical Center with physician coverage 24 hours a day, 365 days per year. Mid-level providers, such as Physician Assistants or Certified Registered Nurse Practitioners, will be available 20 hours per day, 365 days per year. All insurances previously honored are still accepted for patients presenting for emergency care.

Altogether, ERMI serves approximately 475,000 patients each year. As an affiliate of UPMC, ERMI provides access to invaluable resources, quality, expertise and stability. With a national shortage of emergency physicians, many community-based hospitals are looking to the economies of scale offered by management partners such as ERMI.

The emergency department at Southwest Regional Medical Center treats over 24,000 patients each year. The emergency department has eight treatment rooms with immediate access to laboratory testing and diagnostic services, which range from x-ray to CT exams. Many patients with conditions serious enough to require admission are able to receive care at Southwest Regional. The inpatient services consist of 31 medical/surgical beds, five Intensive Care Unit beds, a 15-bed Surgical Care Unit and 26 behavioral health beds.

For more information, visit [www.sw-rmc.com](http://www.sw-rmc.com).

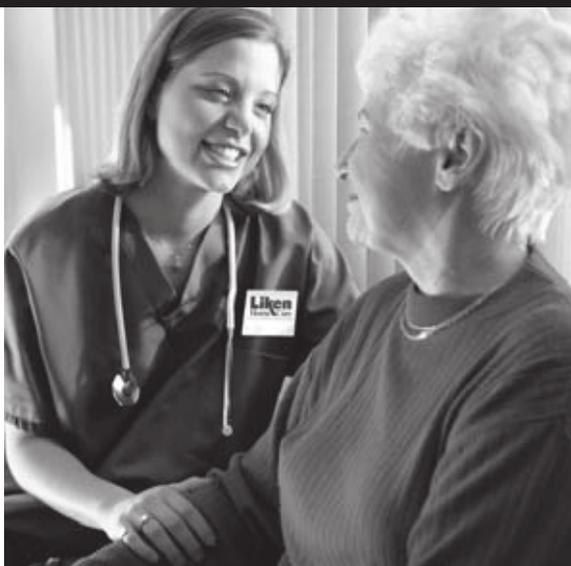


Dr. Paul Beck, MD, Interim Medical Director for ERMI, will lead the transition to ERMI in the emergency department at Southwest Regional Medical Center.

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## Tucker Arensberg Strengthens Long Term Care Practice



Stacy Mikelonis

Tucker Arensberg announces the hiring of **Stacy Mikelonis, JD, MBA, MHA, NHA** as an associate in the Health Care practice group. “Ms. Mikelonis brings years of experience as a nursing home administrator to our practice,” said Michael Cassidy, head of the health care practice group. “This allows us to serve, even better, our clients in the health care and long term care industries.”

Tom Peterson, Managing Shareholder, added “We have many attorneys across all practices who work with health care and long term care providers on everything from labor law to Health I.T. Stacy’s experience as an executive in the long term care field gives us additional depth that will be beneficial to

our clients.”

Stacy Mikelonis most recently was the Chief of Licensed Facilities, Clinical Services and Quality at the United Methodist Services for the Aging, Asbury Heights. Stacy is a graduate of the Duquesne University School of Law, the University of Pittsburgh Graduate School of Public Health and the Katz Graduate School of Business.

Tucker Arensberg is a 75-attorney law firm headquartered in Pittsburgh with an office in Harrisburg. The firm concentrates in general business law practice, banking, insolvency and creditors’ rights, estates and trusts, health care, litigation, mergers and acquisitions, school and municipal law, technology and intellectual property, environmental, labor and employment, real estate, energy, and workers’ compensation law.

For more information, visit [www.tuckerlaw.com](http://www.tuckerlaw.com). †

## Healthcare Professionals in the News

### Allegheny Valley Hospital Welcomes Thoracic Surgeon

Allegheny Valley Hospital (AVH) is pleased to welcome thoracic surgeon, **Lana Schumacher, MD** to its medical and surgical staff.

Dr. Schumacher received her medical degree from UCLA Charles R. Drew Medical School in Los Angeles. She completed her surgical internship and residency at Stanford University Hospital in Stanford, California and her cardio-thoracic fellowship at the University of Pittsburgh Medical Center. Dr. Schumacher is board-certified by the American Board of Surgery and Thoracic Surgery.

Dr. Schumacher joins Robert Keenan, MD, Richard Maley, MD and Mathew VanDeusen, MD in the McGinnis Thoracic & Cardiovascular Surgical Associates practice in Natrona Heights at 1600 Pacific Avenue, Suite 9.

For more information, visit [www.wpahs.org](http://www.wpahs.org). †



Lana Schumacher



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## AGH Heart Surgeon Named to Prestigious National Post

**George J. Magovern, MD**, Chair of West Penn Allegheny Health System's Thoracic and Cardiovascular Surgery program and a distinguished heart surgeon at Allegheny General Hospital (AGH), has been appointed as a director of the American Board of Thoracic Surgery (ABTS).

Dr. Magovern is the only Pittsburgh area physician elected to the Board and he will serve a six-year term running through October 2017. As a member of the ABTS executive team, Dr. Magovern will play a critical role in ensuring the quality of thoracic surgery care in the United States by helping direct the process of evaluating and certifying thoracic surgeons who meet the field's specific educational, training and professional requirements.

The ABTS is one of the boards that comprise the American Board of Medical Specialties (ABMS). Through ABMS, the boards work together to establish common standards for physicians to achieve and maintain board certification. In addition to his role on the ABTS board of directors, Dr. Magovern serves as a certifying examiner for the ABTS and is a member of its Cardiac Consultant Subcommittee.

Dr. Magovern has practiced at AGH for more than 25 years and he also serves as Program Director of the hospital Thoracic Surgery Residency Program and Surgical Director of the hospital's Gerald McGinnis Cardiovascular Institute.

For more information, visit [www.wpahs.org](http://www.wpahs.org).

## St. Elizabeth Health Center Earns American Heart Association's 'Get With The Guidelines' Gold Award

St. Elizabeth Health Center has received the Get With The Guidelines®-Heart Failure Gold Quality Achievement Award from the American Heart Association.

The award recognizes the health center for achieving an aggressive goal for treating heart failure patients: Some 85 percent of heart failure patients comply, for at least 24 months, with core standard levels of care as outlined by the American Heart Association/American College of Cardiology secondary prevention guidelines.

Get With The Guidelines® (GWTG) is a quality improvement initiative that provides hospital staff with tools that follow proven evidence-based guidelines and procedures in caring for heart failure patients to prevent future hospitalizations.

Under GWTG, heart failure patients begin aggressive risk-reduction therapies such as cholesterol-lowering drugs, beta-blockers, ACE inhibitors, aspirin, diuretics and anticoagulants before they are discharged from the hospital. Before leaving the hospital, heart failure patients are also counseled about thyroid management, the use of alcohol and drugs, and are referred for cardiac rehabilitation.

Some 5.7 million people suffer from heart failure according to the American Heart Association. Statistics also show that 670,000 new cases are diagnosed each year and that more than 277,000 will die of heart failure.

For more information, visit [www.HMpartners.org](http://www.HMpartners.org).

# HONOR ROLL

## Ed Pitchford Receives 2012 AANP Nurse Practitioner Advocate State Award

**Ed Pitchford**, president and CEO of Charles Cole Memorial Hospital, (CCMH) is the recipient of the 2012 American Academy of Nurse Practitioners (AANP) Advocate Award for Excellence for providing leadership and advocacy for nurse practitioners in Pennsylvania.

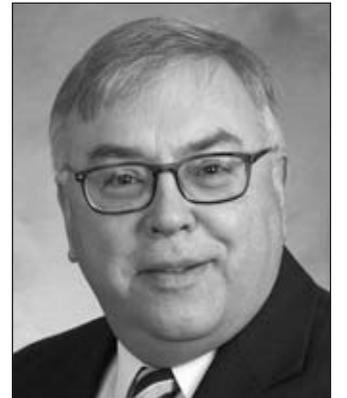
Each year, the AANP recognizes a nurse practitioner (NP) and a nurse practitioner advocate in each state. The advocacy award recognizes the efforts of individuals, other than nurse practitioners, who have made a significant contribution toward increasing the awareness and acceptance of the nurse practitioner profession.

Patti Thum, CRNP at Charles Cole Memorial's Northern Potter Health Center in Ulysses, stated that the 2012 State Award for Excellence nomination noted that Pitchford is supportive of independent Nurse Practitioners' practices and he values their ability as primary care providers, as demonstrated by his recent development of an institutional policy change at CCMH. Additionally, Pitchford assisted with a policy that offers tuition reimbursement to CCMH Nurse Practitioners that are pursuing a Doctorate of Nurse Practice degree.

Pitchford's health care administration career spans more than 30 years, beginning as an independent auditor and consultant to CCMH before spending 14 years in Kalamazoo, Michigan as an executive for Borgess Health Alliance and as the President of ProMed Healthcare. He currently serves on the Board of Directors of the Hospital and Healthsystem Association of Pennsylvania, its Public Payer Policy Committee and the American Hospital Association Regional Policy Board for NY, NJ and PA. Pitchford is also active with the National Rural Health Association including participation in its Rural Fellowship program.

Pitchford will receive the award in June at the AANP 27th National Conference in Orlando.

For more information, visit [www.charlescoleshospital.com](http://www.charlescoleshospital.com).



Ed Pitchford

## Trauma Surgeon Initiated into American College of Surgeons



Alex Guerrero

**Dr. Alex Guerrero** was among 1,591 initiates from around the world who became fellows of the American College of Surgeons during convocation ceremonies at the college's recent 97th annual Clinical Congress in San Francisco.

Dr. Guerrero practices with Altoona Trauma/Emergency General Surgery, a unique physician practice that provides care to trauma patients and general surgery patients, especially those who need acute surgical care resulting from medical/surgical disease or injury.

He received a medical doctorate in 2004 from Oregon Health & Science University. In 2009, Dr. Guerrero attained board certification from the American Board of Surgery. He has a

strong professional interest in trauma surgery and holds membership in other professional societies, including the Royal Society of Medicine.

By meeting the college's stringent membership requirements, fellows of the college have earned the distinguished right to use the designation of "F.A.C.S." (Fellow, American College of Surgeons) after their names.

An applicant for fellowship must be a graduate of an approved medical school; must have completed advanced training in one of the 14 surgical specialties recognized by the college; must possess certification by an American surgical specialty board or appropriate certification by the Royal College of Physicians and Surgeons of Canada, and must have been in practice in the same geographic locations for at least one year at the time of his application. Before admission into fellowship, the surgeon must further demonstrate ethical fitness and professional proficiency, and his acceptance as a fellow of the college must be approved by three-fourths of its board of regents.

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## American Liver Foundation Announces Honorees Tribute to Excellence 2012

The American Liver Foundation (ALF) will recognize five individuals that have demonstrated the highest levels of dedication and commitment to the Allegheny Division of the ALF at their 6th annual awards luncheon.

This year the Allegheny Division will honor the following five people for their tireless dedication to the American Liver Foundation and the fight against liver disease.



George Mazariegos

**Dr. George Mazariegos**, Pediatric Transplant Surgeon, Children's Hospital of Pittsburgh of UPMC

**Dr. Paul Lebovitz**, Division Director, Gastroenterology, West Penn Allegheny Health Systems



Paul Lebovitz

**Donato Coluccio**, Chef and owner of Donato's Fox Chapel

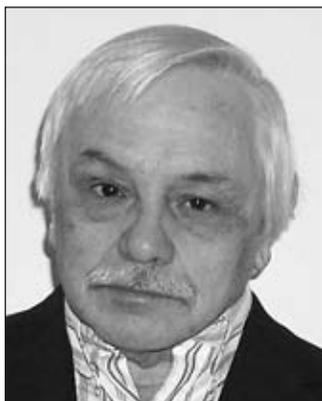
**Dr. Karl Williams**, Allegheny County Medical Examiner



Donato Coluccio

**Richard Zelechowski**, Western Pennsylvania PBC Support Group member

The Tribute to Excellence began in 2007 by honoring Dr. Thomas E. Starzl, MD, PhD, the "Father of Transplantation" and naming a research grant in his name. Since then the ALF has strived to honor those individuals and organizations that have demonstrated the



Richard Zelechowski

highest levels of dedication and commitment, who have devoted time, talent and treasure to the American Liver Foundation in a meaningful way through advocacy, education and fundraising, and who forge paths of leadership for others to follow in the fight against liver disease.

The mission of the American Liver Foundation is to facilitate, advocate and promote education, support and research for the prevention, treatment and cure of liver disease.

For more information, visit [www.liverfoundation.org](http://www.liverfoundation.org).

## Children's Hospital Pediatric Surgeon, Pitt Researcher Receives 2011 Hartwell Biomedical Research Collaboration Award to Generate an Artificial Intestine

**David Hackam, M.D., Ph.D.**, a pediatric surgeon and scientist at Children's Hospital of Pittsburgh of UPMC and the University of Pittsburgh School of Medicine, received a Hartwell Biomedical Research Collaboration Award for 2011, which will provide funding toward Dr. Hackam's goal of developing an artificial intestine.

Dr. Hackam, 2008 Hartwell Investigator, collaborating with John March, Ph.D., 2007 Hartwell Investigator and associate professor of biological and environmental engineering at Cornell University, will receive \$543,571 in direct costs from The Hartwell Foundation over three years to pursue their proposal for the "Generation of an Artificial Intestine for the Treatment of Short Bowel Syndrome in Children."

Short bowel syndrome (SBS) is a condition in which the body is unable to absorb food after a significant loss of functioning intestine, which can occur from diseases such as necrotizing enterocolitis (NEC), Crohn's disease or birth defects where the intestine does not develop normally.

To address the complications of SBS, Drs. Hackam and March have proposed building an artificial intestine using cultured intestinal stem cells from recipient intestines that can grow on a synthetic three-dimensional novel bioscaffold.

Their team will produce a bioscaffold to support the growth and differentiation of intestinal stem cells, optimizing cell growth in a three-dimensional "gut tube" reactor or artificial intestine. They will implant the tube into mice with surgically-created SBS and coat the intestine with a nutritional formula to test if the host can absorb nutrients through the artificial intestine. They also will look at the safety and effectiveness of implantation of the artificial intestine in a pig model of SBS, which is more akin to the condition seen in humans and more comparable in size.

For more information about Dr. Hackam and his research, please visit <http://www.chp.edu/CHP/hackamlab>.

# HONOR ROLL

## Jameson Hospital Director of Nursing, Donna Cochran Honored as American College of Cardiology Pennsylvania State Liaison

**Donna Cochran, RN, BSN**, Jameson Hospital Director of Nursing, has been appointed as an American College of Cardiology Pennsylvania State Liaison.

In her new role with the American College of Cardiology (ACC), Cochran will serve as a state representative working with the Cardiovascular Team Council and ACC Staff to promote membership, national educational opportunities and energize current members by providing them with opportunities to participate in local activities. Previously, she served as District III Liaison of the Pennsylvania Chapter of the American College of Cardiology Executive Council.

A four time recipient of the Anne K. and Warren J. Hoye Award given to Jameson Health System employees who design successful and innovative programs that impact the health status and wellness of the community, Cochran won in 2002 for initiating the Lung Center Program; in 2004 for implementing a new cardiac angioplasty program; in 2010 for developing a new PICC or peripherally inserted central catheter line insertion program; and in 2011 for establishing Vascular Clinic services at Jameson Hospital.

Cochran has been an employee of Jameson Health System since 1996.

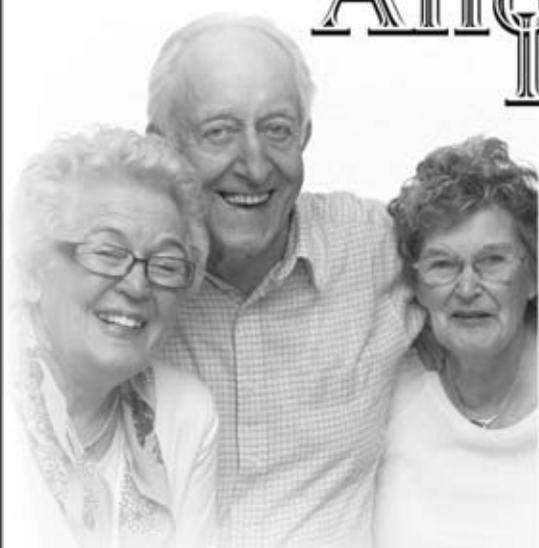
To learn more, visit [www.jamesonhealth.org/cardiac](http://www.jamesonhealth.org/cardiac).



Donna Cochran

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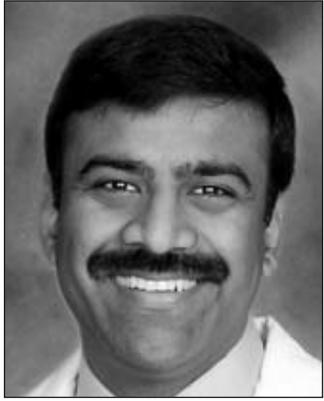
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## Dr. Ravi Alapati Named Fellow of American College of Surgeons



Ravi Alapati

**Ravi Alapati, M.D.**, a specialist in advanced laparoscopic surgery and board certified general surgeon, was inducted as a Fellow of the American College of Surgeons during convocation ceremony at the College's recent 97th annual Clinical Congress in San Francisco.

Dr. Alapati is the medical director of Sharon Regional's bariatric surgery program, specializing in Gastric bypass, the Lap-Band system, and the new Vertical Sleeve Gastrectomy procedures. He also specializes in SILS (Single Incision Laparoscopic Surgery) for gallbladder and appendix; laparoscopic surgery for gastric reflux, hiatal hernias, ventral hernias, inguinal hernias, solid organ and colon resections; cancer surgery, general surgery, colonoscopy, and gastroscopy. He recently performed the first laparoscopic splenectomy (removal of the spleen) at Sharon Regional.

Dr. Alapati completed a five-year general surgery residency at St. Vincent's Catholic Medical Center in New York and a laparoscopic surgery fellowship at Westchester Medical Center in Valhalla, New York. He was recently selected to the list of "America's Top Minimally Invasive Surgeons" by the Consumers Research Council of America. He is a member of the Society of Laparoendoscopic Surgeons (SLS), Society of American Gastrointestinal and Endoscopic Surgeons (SAGES), American Society for Metabolic and Bariatric Surgery (ASMBS), and the American Medical Association.

The American College of Surgeons is a scientific and educational organization of surgeons that was founded in 1913 to raise the standards of surgical practice and to improve the care of the surgical patient. The College is dedicated to the ethical and competent practice of surgery and its achievements have established it as an important advocate for all surgical patients.

Dr. Alapati is associated with general surgeons Ravi Sachdeva, M.D., Gene Marcelli, M.D., and Craig McKinney, M.D. in General Surgical Specialists with offices on Garden Way in Hermitage.

For more information, visit [www.srhs-pa.org](http://www.srhs-pa.org).

# HONOR ROLL

## M. Ann Wetzel, M.D. Retires After 26 Years of Practice



M. Ann Wetzel

Obstetrician/gynecologist **M. Ann Wetzel, M.D.**, retired Dec. 30 after 26 years of practice in Blair and Cambria counties.

Dr. Wetzel became a member of the Altoona Hospital Medical Staff in 1985. She had private practices in Altoona and in Patton since 1989. Immediately prior, she shared a practice with Suhas Hasabnis, M.D. She first practiced with Glendale Medical Associates.

Throughout her tenure, she worked with the Women's Health and Wellness Program, the Pregnancy Care Center and Altoona Family Physicians.

Dr. Wetzel graduated from Juniata College, Huntingdon, with a bachelor's degree in pre-

med.

She is a graduate of Tufts Medical School and did her residency at Rush Presbyterian-St. Luke's Hospital in Chicago, where she specialized in OB/GYN.

For more information, visit [www.altoonaregional.org](http://www.altoonaregional.org).

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## West Penn Hospital's Robert Cicco, MD, Named Pediatrician of the Year by the American Academy of Pediatrics, Pennsylvania Chapter

**As Practicing Clown, Doctor has Delivered Smiles, Good Health to Local Children for More than 30 Years**



Robert Cicco

The Pennsylvania Chapter of the American Academy of Pediatrics (AAP) has named **Robert Cicco, MD**, pediatrician and neonatologist at The Western Pennsylvania Hospital, Pediatrician of the Year.

This prestigious award is given annually to a Pennsylvania Fellow of the AAP who exemplifies the ideals of the pediatric profession and participates in the type of activities that are the foundation of the AAP.

The award will be presented to Dr. Cicco at the March 24 meeting of the Allegheny County Medical Society.

The AAP Pennsylvania Chapter awards "Pediatrician of the Year" to those exhibiting "behavior that exemplifies the ideal pediatrician." The honoree must be involved in advocating for children's health and/or increased access

to health services, inspiring parents to seek high-quality, ongoing pediatric care and role modeling ideal pediatrician behavior.

Dr. Cicco has practiced in Pittsburgh for more than 30 years and is associate director of the Neonatal Intensive Care Unit at West Penn Hospital.

Dr. Cicco is a well-known advocate for children's health, having published numerous op-ed pieces in support of health insurance coverage for all children. A practitioner of family-centered care, he works with new parents at West Penn Hospital to help them become more confident and competent in their parenting abilities. He has been a long-time advocate for families in the NICU and early intervention settings. He has given numerous presentations across the country on the issues of parent/professional partnerships, family centered care, humor in the healthcare setting and developing advocacy skills.

In addition to his medical career, Dr. Cicco is a practicing clown and children's entertainer who performs for a number of local charitable and community organizations. Through this work, he has learned that developing one's sense of humor and appreciation of the human spirit contributes as much to "good health" as any medicine.

He is a Past President of Parent Care, a national association of parents and professionals that advocates for family centered NICU care. He has also served on the Board of Directors of the National Perinatal Association.

Dr. Cicco is a past president of Pennsylvania Chapter of the American Academy of Pediatrics and also serves as the co-chairman of the Committee of the Fetus and Newborn for the state chapter. In addition, he is a member of the Committee to Establish Recommended Standards for Newborn ICU Design and chairs the planning group for the Academy of Pediatrics Annual Conference, which attracts 12,000 attendees annually.

He has served on numerous health department Advisory Committees over the years and currently serves on the Advisory Committee for the Pennsylvania metabolic screening program and the Allegheny County Health Department's child death review team. He is the Pediatric Advisor for the PA Department of Health's EPIC-EHDI program, which provides education and evaluation of hospital newborn hearing screening programs. He also is Vice Chair of the Board for the Pennsylvania Partnerships for Children, an independent advocacy organization dedicated to improving the well being of all children in PA.

Over the past 13 years, he has been actively involved in assisting neonatal clinical and educational activities in Romania and Moldova. He and his wife of 38 years, Anita, live in Scott Township and have four sons and six grandchildren.

For more information, visit [www.wpahs.org](http://www.wpahs.org).

# HONOR ROLL

## UPMC Physician Receives the First Annual Moore Memorial Award for Pancreatic Cancer Research

**Randall Brand, M.D.**, director of UPMC's Gastroenterology Malignancy Early Detection, Diagnosis and Prevention Program and a pancreatic cancer expert, was the 2011 recipient of the national Hirshberg Foundation for Pancreatic Cancer Research's First Annual Moore Memorial Award. The award was presented last fall during the Second Annual Purple Palooza Gala in Steubenville, Ohio, which raises money for pancreatic cancer research.

Dr. Brand's research studies focus on the early detection of pancreatic cancer and pancreaticobiliary disorders. He specializes in the care of individuals at high risk for developing the disease.

For more information, visit [www.upmc.com](http://www.upmc.com).

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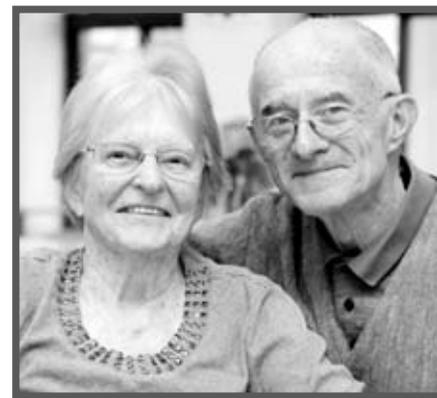


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## Mary Ann Scully Excellence in Nursing Award Honors Outstanding Nurses

The American Heart Association honored the outstanding work of cardiovascular nurses at the 4th annual Mary Ann Scully Excellence in Nursing Award breakfast today. This event celebrates the best and brightest of nurses in the region, in addition, highlights an individual nurse for their lifetime accomplishments in the field of cardiovascular nursing.

The winner of the 2012 Mary Ann Scully Excellence in Nursing Award is **Tamara**



(Left to right) Bonnie Anton-nurse project coordinator and Mary Ann Scully Nursing Award Task Force; Tammy Maihle honoree; Dr. William Follansbee, professor of medicine and director of nuclear cardiology at UPMC, Mary Ann Scully Nursing Award Task Force

# HONOR ROLL

**“Tammy” Maihle, CRNP**, Children’s Hospital of Pittsburgh of UPMC. This year Maihle celebrates 32 years of caring for her “heart kids” at Children’s Hospital. She has spent the past 15 years in the pediatric cardiothoracic surgery department providing and directing exemplary care for the smallest of cardiac surgery patients. In addition, Maihle has served as an adjunct nursing faculty member for several universities and nursing schools throughout western Pennsylvania and has published in textbooks; authoring a chapter titled *“Nursing Care of the Pediatric Cardiac Patient.”* Among her many specialties, Maihle plays an integral role in Dr. Bill Neches *Heart Camp for Kids*, an annual summer camp for children with heart disease.

Mary Ann Scully was a registered nurse who spent her entire career, spanning more than 35 years in cardiovascular nursing. She was known for her passion for nursing and devotion to her patients.

When Mary Ann died in 2007, the American Heart Association established the Mary Ann Scully Excellence in Nursing Award as a fitting memorial to her career, and as an opportunity to recognize the excellence in cardiovascular nursing throughout our region.

The criteria for the Mary Ann Scully Excellence in Nursing Award are:

- Lifetime commitment to cardiac nursing
- Exhibits quality and compassionate patient care
- Demonstrates exemplary commitment to the mission of the American Heart Association
- Committed to continued education and teaching
- Outstanding leadership in the nursing field

This year, six local nurses were honored and recognized at the breakfast. Maihle was presented with the award at the Pittsburgh Heart Ball on Feb. 25 at the David L. Lawrence Convention Center.

To learn more, visit [www.heart.org](http://www.heart.org). †

## Pennsylvania Physician Provides Free Health Care to Working Poor

After completing medical school and a residency in internal medicine, **Zane Gates** ultimately returned home to Altoona, Pa., where he grew up poor in a public housing project. He opened his own free clinic in a van to provide care to the working poor—those who can’t afford to buy private coverage but earn too much to qualify for Medicaid. After partnering with Altoona Regional Health System, Gates’ van-based clinic grew into Partnering for Health Services, which provides access to free health care to about 3,500 people in the Altoona area.

For his determination to provide compassionate health care to those most in need and his work throughout the Altoona community, Gates has been named one of 10 recipients of the *Robert Wood Johnson Foundation Community Health Leaders Award*. The award honors exceptional men and women who have overcome significant obstacles to tackle some of the most challenging health and health care problems facing their communities. Gates will receive the award during a ceremony at Baltimore Marriott Inner Harbor at Camden Yards in Baltimore, Md., on November 9.

Gates was inspired by his experience making “street rounds” with Jim Withers, MD, a 2002 *Robert Wood Johnson Foundation Community Health Leader*, who leads Operation Safety Net to provide medical care to homeless persons in Pittsburgh. “When I was caring for the homeless, I realized you don’t need a fancy hospital or clinic to practice medicine,” Gates said. “All you need is your heart, stethoscope, mind, and ears to listen to people.”

As a child, Gates suffered from attention deficit hyperactivity disorder. Yet his mother, who had already faced more than her fair share of personal tragedies by the time she gave birth to him at age 44, told him not to worry about his difficulties. “It’s what makes you special, and some day you’re going to help a lot of people,” Gates’ mother would tell him.

His mother’s years of hard work and guidance paid off when he successfully completed pharmacy school, then medical school, at the University of Pittsburgh. During his first semester in medical school, his mother died. “My mother was everything to me. I was lost. Looking back, I don’t know how I made it through medical school.”



Zane Gates

Years later, Gates founded the Gloria Gates Foundation in tribute to his mother. Today the Foundation provides mentoring and academic enrichment for more than 100 children in two Altoona housing projects, including the one where Gates grew up.

Gates’ clinic, Partnering for Health Services, now has eight volunteer doctors and a handful of paid staff. The clinic provides free care and medications and allows patients to purchase hospital-only insurance coverage for \$99 a month to receive surgery and inpatient care at Altoona Regional Health System hospitals.

“This model of coverage proves that access to health care coverage can be expanded affordably,” said Gates, who also works full time as director of the Altoona Community Health Center, a federally qualified clinic that receives government funding to treat underserved and uninsured people. “We need to turn our current model on its head. We need a system where the providers and the insurers actually work together to lower costs and improve care,” he said.

*Community Health Leaders* National Program Director Janice Ford Griffin said that the selection committee honored Gates for the breadth and depth of his commitment to people most in need. “Gates demonstrates leadership throughout and on behalf of all the residents of Altoona. Through his work in the community, at the Altoona Regional Health System, the federally qualified health center, and the attention and creativity he brings to assuring quality care for the “working poor,” he engages and touches nearly all the lives and institutions in Altoona,” Griffin said.

For more information, visit [www.altoonaregional.org](http://www.altoonaregional.org). †

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## Family House & EQT Foundation Join Forces in "Fueling Families into a Better Future"

Family House announces a generous grant award from the EQT Foundation to enable Family House to purchase and operate a natural gas vehicle (NGV) which will be used to transport Family House guests to and from the local hospitals.

For nearly 3 decades, Family House has been providing affordable and supportive lodging for patients and families seeking medical care for life-threatening or serious illness in any Pittsburgh area hospital. Serving over 137,000 families in its 29 year history, Family House offers accommodations and transportation, as well as a nurturing environment which eases the financial and emotional stress for families undergoing medical crises.

"For decades, Family House has worked to promote goodwill throughout our community," said Charlene Petrelli, EQT Foundation President. "The EQT Foundation's grant will not only help Family House serve more patients on a regular basis, but will also allow them to switch to a clean-burning natural gas vehicle (NGV) – benefiting the environment and the community at large."

NGV's have a direct, positive impact on our air quality and the environment. As a readily available alternative to gasoline, CNG is made by compressing natural gas and is drilled from domestic natural gas wells. The use of natural gas versus gasoline and other fossil fuels reduces pollution and aids in maintaining a clean and healthy environment. It's estimated that the shuttle will save Family House almost \$12,000 yearly in fuel costs.

This shuttle will serve Family House guests with loved ones in area hospitals which have underserved or no transportation alternatives. With the addition of the NGV shuttle, Family House will have the capacity to reach out to these families who are in desperate need of supportive and affordable lodging.

Family House guests will also be able to utilize the shuttle to get to local stores and other destinations as needed. The generous gift from the EQT Foundation will allow Family House to serve up to an additional 1200 to 1500 family per year. Currently 12,000 families a year reside with Family House while seeking medical treatment for life-threatening or serious illness in Pittsburgh medical facilities.

"We are thrilled to be the beneficiary of the tremendous generosity displayed by the EQT Foundation," says Christie Knott, Executive Director of Family House. "The partnership between EQT and Family House is one that we treasure and the families staying with us will be the ultimate beneficiaries. We are fortunate to have such wonderful corporate partners such as EQT who contribute to the overall health and wellness of our region."

The twelve passenger shuttle will be ADA compliant, with increased safety features and have the capacity to access two wheelchairs with a mechanical lift. Family House expects the shuttle to be road worthy by this summer and plans on having a "christening" event at the EQT natural gas filling station in the Strip District. In the meantime, Family House's employees, volunteers and guests will be educated on the benefits of the shuttle and the generous gift made by EQT.

For more information, visit [www.familyhouse.org](http://www.familyhouse.org).

## Integrating Mental Health and Pediatric Primary Care, Pediatric Alliance Partners with Wesley Spectrum Services

For more than a decade, Pediatric Alliance has been providing primary and specialty care to children in the Greater Pittsburgh Area. The organization has helped families navigate a challenging and evolving health care landscape. Its continued commitment to help families is even greater today, as it recently announced a partnership with Wesley Spectrum Services.

Wesley Spectrum Services is at work for over 3,000 children and over 7,000 family members right now in unique school, mental health, and family programs across western Pennsylvania.

This partnership is aligned with our efforts over the last year to improve quality through the development of a Patient Centered Medical Home. The National Center for Mental Health reports that 75 percent of children with diagnosed mental health disorders are seen in primary care settings.

Addressing children's mental health needs has become an increasingly important consideration for pediatricians who often are the first to identify mental health concerns, but have limited resources that can provide timely, comprehensive, mental health treatment. Now, our partnership with Wesley Spectrum provides a reliable resource for primary care physicians, and affords patients the opportunity for convenient, timely treatment in a familiar, comfortable environment. This relationship also promotes improved coordination of care and takes advantage of what pediatricians can add to mental health treatment:

- They have a long-term relationship with the family and the children.
- They have expertise in working with children with special needs.
- They have experience in the design and methods of the Patient Centered Medical Home.
- They understand the prevalence of the mental health conditions and are trained to diagnose.
- They can offer early intervention and prevention.

For more information, visit [www.pediatricalliance.com](http://www.pediatricalliance.com).

## Around the Region

### Forbes Regional Hospital Brings State-of-the-Art Robotic Surgery to Eastern Suburbs

Just two weeks after West Penn Allegheny Health System and Highmark announced plans to dramatically enhance Forbes Regional Hospital through a major investment in its facilities and programs, doctors at the hospital became the first in the eastern suburbs to offer patients access to state-of-the-art robotic minimally invasive surgery.

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 Surgical System by Intuitive has become a new standard of care in minimally invasive surgery that is available only at select hospitals around the country.

For patients, da Vinci offers all the benefits of minimally invasive surgery, including less pain, less blood loss, a shorter hospital stay and faster return to normal daily activities. At Forbes Regional, the da Vinci will initially be used for prostatectomy surgery in the treatment of men with prostate cancer, and for gynecological procedures such as hysterectomies. Plans are also in place to expand its use to additional clinical areas such as thoracic, cardiovascular and colorectal surgery.

The da Vinci system allows surgeons to see targeted anatomy in high magnification, brilliant color and a natural depth of field. The system's robotic instruments exceed the natural range of motion of the human hand and afford a fail-safe design that minimizes the possibility of human error.

Sitting at a console several feet away from the operating room table, surgeons maneuver da Vinci's four robotic arms which are stationed at the patient's side and view the surgical field through a high resolution endoscopic camera mounted on one of them. Unlike conventional laparoscopic surgery, where surgeons must look up and away from hand held instruments to a nearby monitor to see the targeted anatomy, da Vinci keeps the surgeon's eyes and hands positioned in line with the instruments at all times.

By providing surgeons with superior visualization, dexterity and precision, the technology makes it possible to perform minimally invasive procedures involving even the most complex tissue dissection or reconstruction.

For more information on the da Vinci Surgical System, visit [www.intuitivesurgical.com](http://www.intuitivesurgical.com).

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## SRMC Earns ACR Accreditation in CT

Southwest Regional Medical Center has been awarded a three-year term of accreditation in computed tomography (CT) as the result of a recent review by the American College of Radiology (ACR). CT scanning, sometimes called CAT scanning, is a noninvasive medical test that helps physicians diagnose and tailor treatments for various medical conditions.

"We are 1 of just over 300 facilities in the United States to receive this gold seal standard of accreditation for CT," shared Dave Liberatore, lead diagnostic imaging technologist.

The ACR gold seal of accreditation represents the highest level of image quality and patient safety. It is awarded only to facilities meeting ACR Practice Guidelines and Technical Standards after a peer-review evaluation by board-certified physicians and medical physicists who are experts in the field. Image quality, personnel qualifications, adequacy of facility equipment, quality control procedures, and quality assurance programs are assessed. The findings are reported to the ACR Committee on Accreditation, which subsequently provides the practice with a comprehensive report they can use for continuous practice improvement.



Dave Liberatore (left) and Adam Patton, MD, Radiologist, stand in front of the newly accredited computed tomography machine at Southwest Regional Medical Center. Dr. Patton is a full time radiologist and reads many CT studies performed at Southwest Regional Medical Center.

"I am so proud of the hard work and commitment demonstrated by our staff everyday," said Jeanne Bell, director of diagnostic imaging. "This is a process we voluntarily chose to complete to ensure we are meeting the highest level of accountability possible."

The ACR is a national professional organization serving more than 34,000 diagnostic/interventional radiologists, radiation oncologists, nuclear medicine physicians, and medical physicists with programs focusing on the practice of medical imaging and radiation oncology and the delivery of comprehensive health care services.

For more information, visit [www.sw-rmc.com](http://www.sw-rmc.com).

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## Around the Region

### Grove City Medical Center's Home Health Services Named to HomeCare Elite

Grove City Medical Center's Home Health Services was recently named to the 2011 HomeCare Elite, which recognizes the country's top-performing home health agencies. Using an analysis of performance measures in quality outcomes, process measure implementation and financial performance, HomeCare Elite identifies and ranks the top 25 percent of agencies. Grove City

Medical Center's Home Health Services is one of 67 Pennsylvania agencies receiving recognition from HomeCare Elite; there are more than 500 agencies statewide.

Grove City Medical Center's Home Health Services has been providing in-home care for patients in the area for nearly 25 years. In recent years, the growing need for in-home nursing care across the country has expanded the industry to over 1 million health care providers. GCMC's Home Health Services is comprised of nurses and nurse aides, supported by a social worker, physical therapist, occupational therapist and a speech therapist.

In 2011, the agency's staff provided care for more than 600 new patients, which represented a significant increase over previous years. "With the national focus among those who pay for health care services working to keep patients out of hospitals and in their homes,

the need for in-home care is surging dramatically," said Karen Greggs, RN, Director of GCMC's Home Health Services.

Along with regular mandatory reporting of its performance measures to the appropriate regulatory agencies, a major component of the Home Health Service's quality improvement is the measuring of patients' experiences through the use of surveys, which consistently rates among the highest level of satisfaction.

Brad VanSickles, Vice President of Operations and Patient Care Services credits the remarkable patient support for the Home Health Services agency to "the commitment of Karen and her staff to providing excellent compassionate care. We are certainly proud of this achievement," said

VanSickles, "but even more pleased with the continued positive relationship we have with the people of our community."

For more information, visit [www.gcmcpa.org](http://www.gcmcpa.org).



Karen Greggs, right with her staff of Grove City Medical Center's Home Health Services.

### Saint Vincent Foundation Provides Funds for Health Center Projects

The Saint Vincent Health System Foundation has awarded more than \$300,000 in grants for the purchase of equipment that will directly benefit patients at Saint Vincent Health Center. The Foundation, which is the fundraising and endowment arm of the Health System, is dedicated to ensuring the highest level of quality care by supporting the needs of physicians and patients at Saint Vincent.

The Foundation pledged a majority of funds to the Saint Vincent Heart and Vascular Center for a quantity of medical equipment, including the most sophisticated cardio mapping technology which allows electrophysiologists a more precise view of a patient's heart.

In addition, the Foundation also provided funds for the most advanced digital mammography system for the Saint Vincent Women's Center. This equipment provides physicians with clear and precise all-digital images rather than images on X-ray film and further enhances Saint Vincent as the region's most comprehensive and most responsive provider of breast diagnostics, surgery, and breast health advocacy in this region.

The Saint Vincent Foundation, created in 1989, is dedicated to ensuring available funding for the health system's immediate, most pressing needs and to building an endowment to assure the continuation of the Saint Vincent health care ministry for generations to come.

For more information, visit [www.svhs.org](http://www.svhs.org).

## Heritage Valley Health System Announces Heritage Valley Medical Group, Inc.

Effective January 1, 2012, Heritage Valley Health System's two largest physician practice organizations, Tri-State Medical Group, Inc. and Sewickley Valley Medical Group, Inc. have consolidated into one organization, Heritage Valley Medical Group, Inc.

The new organization, comprised of 124 employed physicians located in 50 offices throughout Southwestern Pennsylvania and eastern Ohio, includes family practice and internal medicine physicians as well as specialists in cardiology, geriatrics, rheumatology, general surgery, cardiothoracic and vascular surgery, pulmonary, endocrinology, psychiatry, gastroenterology, vein medicine and electrophysiology. Heritage Valley Medical Group will be governed by a 16-person board of directors made up of physicians and non-physician members and co-chaired by Stephanie Perry, MD and Jay Zdunek, DO.

The organizational change is seamless for patients who do not need to make any changes with insurers. In addition to traditional office practice hours, many Heritage Valley Medical Group physicians have privileges at both the Sewickley and Beaver campuses of Heritage Valley. Signage and communications with patients will reflect the Heritage Valley Medical Group name in the near future.

For more information, visit [www.heritagevalley.org](http://www.heritagevalley.org). †

## UPMC St. Margaret Health Centers Provide Behavioral Health Services

Patients of the UPMC St. Margaret New Kensington, Bloomfield-Garfield, and Lawrenceville Family Health Centers have access to additional health care services thanks to a \$265,000 grant awarded to the St. Margaret Foundation.

The grant money assisted the health centers in adding a part-time psychiatrist and a full-time behavioral specialist to their staff. Between 20 and 25 percent of the patients seen at the health centers have a diagnosis that requires a referral to a behavioral health provider. With the addition of these new staff members, behavioral health issues can be conveniently treated in conjunction with patients' physical health care needs.

The Foundation received \$100,000 from the Richard King Mellon Foundation; \$65,000 from The Pittsburgh Foundation; and \$50,000 each from The Fine Foundation and Staunton Farm Foundation.

The UPMC St. Margaret New Kensington, Bloomfield-Garfield, and Lawrenceville Family Health Centers have been recognized by the National Committee for Quality Assurance (NCQA) as a Physician Practice Connections® – Patient-Centered Medical Home™ (PPC®-PCMHTM). The health centers received Level 3 recognition — the highest level designated by the NCQA for using systematic, patient-centered, and coordinated care management processes. With achieving this status, and integrating behavioral and physical health services, the centers strengthen their delivery of high-quality holistic care.

For more information, visit [www.upmc.edu](http://www.upmc.edu). †

## Landau Completes New Projects

Landau Building Company has completed the one-story 7,000-square-foot hospital addition at WVU Hospitals Chestnut Ridge. Landau has begun interior renovations at the facility. The 11,000-square-foot project is expected to be complete by September 2012.

Phase I of the WVU Hospitals LINAC (Linear Accelerator) project in the Radiation Oncology Department was completed in December 2011 by Landau Building Company. Phase II of this 6,000 SF, one story renovation began in January 2012. Construction is expected to take five months.

Landau Building Company has also been contracted by Robert Morris University to construct their new media arts building, The Wayne Center. The new facility will be a combination of two existing buildings tied into a new 3-story structure. The Wayne Center will be approximately 37,000 square-foot and will include media art workshops on the first floor and faculty offices on the second and third floors. The projected completion date is August of this year.

Landau Building Company has completed a new Operating Room & PACU (Post-Anesthesia Care Unit) Renovation at UPMC Shadyside. The project included a new clinical engineering laboratory and a new operating room with special functions for a da Vinci Surgical Robot. The architect was Radelet McCarthy Polletta.

Finally, Marks-Landau Construction, a wholly owned subsidiary of Landau Building Company, has completed construction of the MedExpress facilities located in Martinsburg, WV and in Fairmont, WV. Construction of a new MedExpress facility is underway in Hagerstown, MD. MedExpress is an urgent care facility that is open 7 days a week, 12 hours a day.

For more information, visit [www.landau-bldg.com](http://www.landau-bldg.com). †

## Around the Region

### Clarion University–Venango Campus Announces New Online Bachelor's Degree in Health Care Leadership

Last month, the Board of Governors of the Pennsylvania State System of Higher Education approved a new online bachelor's degree program that will be offered by the School of Nursing and Allied Health at Clarion University–Venango Campus beginning in fall 2012.

The Bachelor of Science in Allied Health Leadership degree is a bachelor's degree-completion program for individuals who have earned associate degrees or completed accredited certificate or diploma programs in allied health fields. It will be of interest to allied health professionals such as respiratory therapists, occupational therapists, medical lab technicians, surgical technologists, dietitians, medical office assistants, dental professionals and others in similar fields, including programs offered at the Venango Campus and at other colleges and universities. The new degree program is offered online to accommodate the busy schedules of students including working professionals, who might otherwise be unable to realize their academic and career advancement goals while balancing work and family obligations.

The new degree will position graduates to assume roles in health services management, health care education and medical sales, among others. Business courses included in the curriculum will also prepare students for graduate education in health policy, health care administration, business administration, and other areas. Graduates of the new degree program will be well positioned to enter Clarion University's online Master of Business Administration degree program if they choose.

"This new degree was developed in response to a need expressed by hospitals throughout western Pennsylvania and by our own graduates," said Dr. Christopher M. Reber, executive dean of Venango Campus. "It's also a perfect example of what we term a 'stackable' degree, whereby graduates can realize significant career advancement and resultant salary increases in a relatively short period of time by systematically progressing from a diploma or associate degree to bachelor's and graduate degrees through online programs, often with tuition assistance from their employers."

Demand for health care managers is projected to increase nationally by 16 percent through 2018. In Pennsylvania, it is estimated that openings for medical and health services managers will increase by 13,190 positions by 2014.



Dr. Christopher M. Reber, executive dean of Clarion University–Venango Campus; Aaron Rosen, 2009 graduate of Clarion's associate degree program in respiratory care, now a registered respiratory therapist working at UPMC Northwest and a clinical preceptor for Clarion's respiratory care program; and Renee Bloom, chair of Clarion University's Department of Allied Health

Aaron Rosen is a 2009 graduate of Clarion's associate degree program in respiratory care, now a registered respiratory therapist working at UPMC Northwest and a clinical preceptor for Clarion's respiratory care program. "I am thrilled to hear about this opportunity not only for myself and my own education and career, but for the other graduates in my position," he said. "This program will open the door to more productive and beneficial roles within our local medical community."

"As evidenced by the success of the medical imaging sciences program and applied technology programs, Clarion University–Venango Campus has found its niche in offering unique academic programs in high-demand fields," said Renee Bloom, chair of the Department of Allied Health. "This degree will produce graduates who will function as hybrid health care professionals with business administration, clinical and liberal knowledge and skills—a mix that is highly practical for health care leadership roles."

Future plans for the new degree program include exploring the addition of a track in education that will provide an option for students who are interested in becoming leaders in educational programs for allied health.

The program is offered through a collaboration of Clarion's School of Nursing and Allied Health, offered at the Venango Campus, the College of Business Administration, and the Office of Graduate and Extended Programs. With more than 600 students, Clarion's School of Nursing and Allied Health, located at the Venango Campus, offers one of the largest nursing and allied health programs in the 14-university Pennsylvania State System of Higher Education.

For more information, visit [www.clarion.edu/venango](http://www.clarion.edu/venango). †



## Resource Directory

Contact Harvey Kart to find out how your organization or business can be featured in the Hospital News Resource Directory. Call 412.475.9063, email [hdkart@aol.com](mailto:hdkart@aol.com) or visit [wphospitalnews.com](http://wphospitalnews.com).

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

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Offers experienced nurses and therapists the opportunity to practice their profession in a variety of interesting assignments – all with flexible scheduling and professional support. Assignments in pediatric and adult home care, school staffing, and home health or hospice visits. Full or part-time - the professional nursing and healthcare alternative throughout southwestern Pennsylvania since 1972.

Contact Paula Chrissis or Sondra Carlson, Recruiters  
1789 S. Braddock,  
Pittsburgh, PA 15218  
800-447-2030  
fax 412 436-2215  
[www.interimhealthcare.com](http://www.interimhealthcare.com)



### 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](mailto:mhorton@stbarnabashealthsystem.com), [www.stbarnabashealthsystem.com](http://www.stbarnabashealthsystem.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](http://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](mailto:slauer@baptisthomes.org).

Or visit us at Baptist Homes

489 Castle Shannon Blvd.,  
Mt. Lebanon.

([www.baptisthomes.org](http://www.baptisthomes.org)).

Providence Point:

500 Providence Point Blvd.,  
Scott Twp

([www.providencepoint.org](http://www.providencepoint.org))

#### KANE REGIONAL CENTERS

Allegheny County's four Kane Regional Centers provide residential skilled nursing care and rehabilitation for short-term and long-term needs. The centers -- located in Glen Hazel, McKeesport, Ross Township and Scott Township -- offer 24-hour skilled nursing care, hospice and respite care, Alzheimer's memory care, recreational therapy and social services. Visit [www.kanecare.com](http://www.kanecare.com) or call 412.422.6800.

### OAKLEAF PERSONAL CARE HOME

"It's great to be home!"

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

3800 Oakleaf Road,  
Pittsburgh, PA 15227

Phone 412-881-8194,

Fax 412-884-8298

Equal Housing Opportunity

#### PRESBYTERIAN SENIORCARE

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](http://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](http://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.

Carla M. Kish, Director of Admissions

2480 S. Grande Blvd.,

Greensburg, PA 15601

724-830-4022

## HOME HEALTH/HOME CARE/HOSPICE

### ANOVA HOME HEALTH AND HOSPICE

Anova Healthcare Services is a Medicare-certified agency that has specialized care in home health, hospice & palliative care, and private duty. Anova concentrates their care within seven counties in South Western PA. Through Anova's team approach, they have developed a patient-first focus that truly separates their service from other agencies in the area. Home Health care is short term acute care given by nurses and therapists in the home. Private duty offers care such as companionship, medication management and transportation services. Hospice is available for people facing life limiting conditions. With these three types of care, Anova is able to offer a continuum of care that allows a patient to find help with every condition or treatment that they may need. Anova's goal is to provide care to enable loved ones to remain independent wherever they call home. Anova Knows healthcare ... Get to know Anova!

1229 Silver Lane, Suite 201  
Pittsburgh, PA 15136  
1580 Broad Avenue Ext., Suite 2  
Belle Vernon, PA 15012  
1-877-266-8232

### BAYADA NURSES

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

www.bayada.com  
Adult Office  
Phone 877-412-8950  
300 Oxford Drive, Suite 415,  
Monroeville, PA 15146  
Pediatric Office  
877-374-5331  
300 Oxford Drive, Suite 410,  
Monroeville, PA 15146

### CELTIC HEALTHCARE

Delivering innovative healthcare at home. Home healthcare, hospice, virtual care, care transitions and disease management. Learn more at [www.celtichealthcare.com](http://www.celtichealthcare.com)

### GATEWAY HOSPICE

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

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

### INTERIM HEALTHCARE HOME CARE AND HOSPICE

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.

For more information or patient referral, call  
800-447-2030  
Fax 412 436-2215  
1789 S. Braddock,  
Pittsburgh, PA 15218  
[www.interimhealthcare.com](http://www.interimhealthcare.com)

### LIKEN HOME CARE, INC.

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

For more information write to Private Duty Services, 400 Penn Center Blvd., Suite 100, Pittsburgh, PA 15235, visit our website [www.likenservices.com](http://www.likenservices.com), e-mail [info@likenservices.com](mailto: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](mailto:scoleman@psakids.com).

### VITAS INNOVATIVE HOSPICE CARE® OF GREATER PITTSBURGH

VITAS Innovative Hospice Care is the nation's largest and one of the nation's oldest hospice providers. When medical treatments cannot cure a disease, VITAS' interdisciplinary team of hospice professionals can do a great deal to control pain, reduce anxiety and provide medical, spiritual and emotional comfort to patients and their families. We provide care for adult and pediatric patients with a wide range of life-limiting illnesses, including but not limited to cancer, heart disease, stroke, lung, liver and kidney disease, multiple sclerosis, ALS, Alzheimer's and AIDS. When someone becomes seriously ill, it can be difficult to know what type of care is best ... or where to turn for help. VITAS can help. Call 412-799-2101 or 800-620-8482 seven days a week, 24 hours a day.

## HOSPITALS

### Kindred Hospitals of Pittsburgh

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

**Kindred Hospital Pittsburgh**  
7777 Steubenville Pike Oakdale, PA 15071

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

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

For referrals and admissions, call:  
412-494-5500 ext. 4356  
[www.kindredhealthcare.com](http://www.kindredhealthcare.com)

## IT SERVICES

### ASCENT DATA

Ascent Data is Western Pennsylvania's trusted provider for data center services, including managed hosting, colocation, server virtualization, private cloud hosting, data security and business continuity solutions. Customer infrastructure and applications are protected in a secure, resilient, state-of-the-art SAS 70 Type II compliant data center in O'Hara Township, near Pittsburgh, PA. By outsourcing applications and infrastructure to Ascent Data, companies can dramatically improve operational efficiencies and reduce business risk, as well as free up human and financial resources to focus on core business objectives. Ascent Data is a proud sponsor of the Pennsylvania Chapters of the Medical Group Management Association (MGMA) and American College of Healthcare Executives (ACHE). For more information, email [inquiries@ascentdata.com](mailto:inquiries@ascentdata.com), call 866.866.6100 or visit [www.ascentdata.com](http://www.ascentdata.com).

## MEDICAL TRANSCRIPTION

### CMS MEDICAL WORDS

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

## PEDIATRIC SPECIALTY HOSPITAL

### THE CHILDREN'S HOME OF PITTSBURGH & LEMIEUX FAMILY CENTER

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

## PUBLIC HEALTH SERVICES

### ALLEGHENY COUNTY HEALTH DEPARTMENT

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

333 Forbes Avenue,  
Pittsburgh, PA 15213  
Phone 412-687-ACHD  
Fax: 412-578-8325  
[www.achd.net](http://www.achd.net)

## RADIOLOGY

### FOUNDATION RADIOLOGY GROUP

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For more information, visit [www.foundationradiologygroup.com](http://www.foundationradiologygroup.com).

## REAL ESTATE SERVICES

### GRUBB & ELLIS

Let our team focus on your real estate needs so that your team can focus on providing superior health care services at your facilities. The local Grubb & Ellis office can provide your health system with comprehensive management services as well as innovative transaction strategies. We offer experienced professionals in the field of management services, which would include facility management, lease administration, financial reporting, engineering, maintenance, purchasing and construction oversight. Our national purchasing agreements can help to lower the cost of your materials and supplies. Property, plant and equipment assessments can be performed by our service specialists, and recommendations made related to preventive and predictive maintenance. The transaction team would assist you by creating a highest and best use analysis for your existing properties, making acquisition and dispositions recommendations, handling tenant and lessee/lessor relations, providing standardized lease templates and by being available for strategic consulting sessions. Collectively we offer an experienced and trusted group of real estate advisors who would be committed to the success of your health system as well as maximizing the value of your existing assets and lowering your operating costs. Please contact me to learn a little more about Grubb & Ellis and the potential benefits that can be offered if our teams are given a chance to work together. For more information contact:

Bartley J. Rahuba  
600 Six PPG Place  
Pittsburgh, PA 15222  
412-281-0100  
[Bartley.rahuba@grubb-ellis.com](mailto:Bartley.rahuba@grubb-ellis.com)

## REHABILITATION

### THE CHILDREN'S INSTITUTE

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

For more information, please call 412-420-2400  
The Children's Institute  
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[www.amazingkids.org](http://www.amazingkids.org)



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# Health Care Event & Meeting Guide

## Blind & Vision Rehabilitation New Outlook Class

March 7  
Call 412-368-4400 to register.

## Canada-United States Healthcare Information Technology Summit

March 8-9  
Doubletree Hotel & Suites, Pittsburgh  
Register online at [www.wphimss.org](http://www.wphimss.org)

## UPMC's 16th Annual Children's Ball

Carnegie Science Center  
March 10  
Email [ogina@pmsmf.org](mailto:ogina@pmsmf.org) or call 412.647.4285

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

Saint Vincent College campus near Latrobe  
March 10  
Call 724.537.2638 or visit [www.excelahealth.org](http://www.excelahealth.org).

## Human Resource Triage for Physician Practices

Hosted by Virtual OfficeWare Human Resources Consulting  
Friday, March 30, 8:30 am – 11:30 am  
HYATT PLACE Pittsburgh Airport  
To register, visit [www.virtualofficeware.net/HR-Consulting-Services](http://www.virtualofficeware.net/HR-Consulting-Services).

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

Schenley Park  
May 13  
Register at [www.komenpittsburgh.org](http://www.komenpittsburgh.org).

## Intel International Science and Engineering Fair

Request for Judges and Volunteers  
May 15-16  
Visit [www.societyforscience.org/intelise2012](http://www.societyforscience.org/intelise2012) or  
email [judging@societyforscience.org](mailto:judging@societyforscience.org)

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If this sounds like the place for you, send resume or apply in person to:  
875 Greentree Rd., Six Parkway Center, Pgh, PA 15220  
Phone (412) 921-2209; Fax (412) 921-2552  
Visit our website [www.bethanyhospice.com](http://www.bethanyhospice.com) EOE

## Western Pennsylvania Hospital News

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### CONTACT THE NEWSROOM:

Hospital News welcomes story ideas, etc.  
Call Daniel Casciato at 412.607.9808 or  
email [writer@danielcasciato.com](mailto:writer@danielcasciato.com).

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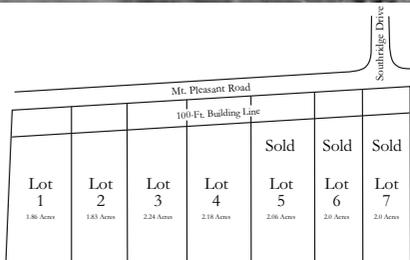
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VISIT: North 79, Left 910, Left Nicholson, Left Rochester, Left North Shevlin, Right Charles Way to Scarlett Ridge.



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From I-79: Take Exit 75 toward US-19 S/Warrendale. Turn left onto Warrendale Bayne Rd / Red Belt. (1.5 mi) Right - Markman Park Rd. (0.1 mi) Left - Pleasant Hill Rd. (0.7 mi) Bear left to stay on Pleasant Hill Rd. Left onto Copper Creek Lane.



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**SHADYSIDE** - Wonderful Condo Unit! Well kept building. 1st level, 2 bedroom 2 full bath condominium, expansive living room & dining room with sliding glass doors to patio, large eat-in kitchen, lots of windows and light, integral garage (fee), party room & exquisite lobby. Walk to Walnut Street & Highland Avenue, shopping, dining, the park and hospitals.  
5825 Fifth Avenue, \$217,000



5996 Penn Ave. S  
Pittsburgh, PA 15206  
412.363.4000  
Helene Prince 412.537.4759  
or Pat Truschel 412-478-6190

**South Park \$282,000**

The perfect family home situated on a beautifully landscaped, level lot. Outstanding Kitchen remodel and Great Room addition with rear deck that overlooks wooded rear yard. Oversized romantic Master Suite with stone fireplace. Fabulous lower level Game Room fully equipped for all sporting events with built-in Niles surround-sound stadium speakers, eating area, wet bar and Powder Room. Make this unique home yours. The living spaces will warm your heart! MLS #904132



**South Side \$379,900**

Swanky new South Side living with extras galore! Energy star construction and features a two car garage, roof top deck with views of Pittsburgh, loft, maple cabinets, stainless appliances, 9 foot ceilings, hardwood floors, granite, floating cabinets in baths, dumbwaiter, Anderson windows and transoms. Wine bar & recessed lighting in center island kitchen. Open design with optional second floor laundry and bar or walk-in closet option for third floor. Pre-wired for security. Last unit left! MLS # 858850



**Upper St. Clair \$895,000**

Eclectic beauty offering richly appointed amenities in a bright open floor plan with unique contemporary flair. Marble and hardwood floors, arched entries, etched glass doors, first floor and lower level Dens with built-ins, wonderful sunlit Family Room, gourmet stainless & granite Kitchen, elegant Master Suite, generously sized Teenage or In-Law Suite. This home offers elegant living, space, prime location and a noted school system. MLS # 888590



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**ADAMS TOWNSHIP \$1,199,000**



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Virtual Tours at [www.HoneywillTeam.com](http://www.HoneywillTeam.com)

**OHIO TOWNSHIP \$390,000**



• Northridge Community • Sunlit 10 x 13 Morning Room! • 4 Br 2/1 Baths  
Virtual Tours at [www.HoneywillTeam.com](http://www.HoneywillTeam.com)

**PINE TOWNSHIP \$367,500**



• Karrington Woods • Custom Built Brick Home • 4 Br 3/1 Baths  
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**BRADFORDWOODS \$224,500**



• End Unit Townhome w/ wooded setting • Maple floors & cabinets • 2 Br 2/1 baths  
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**HAMPTON TOWNSHIP \$729,000**

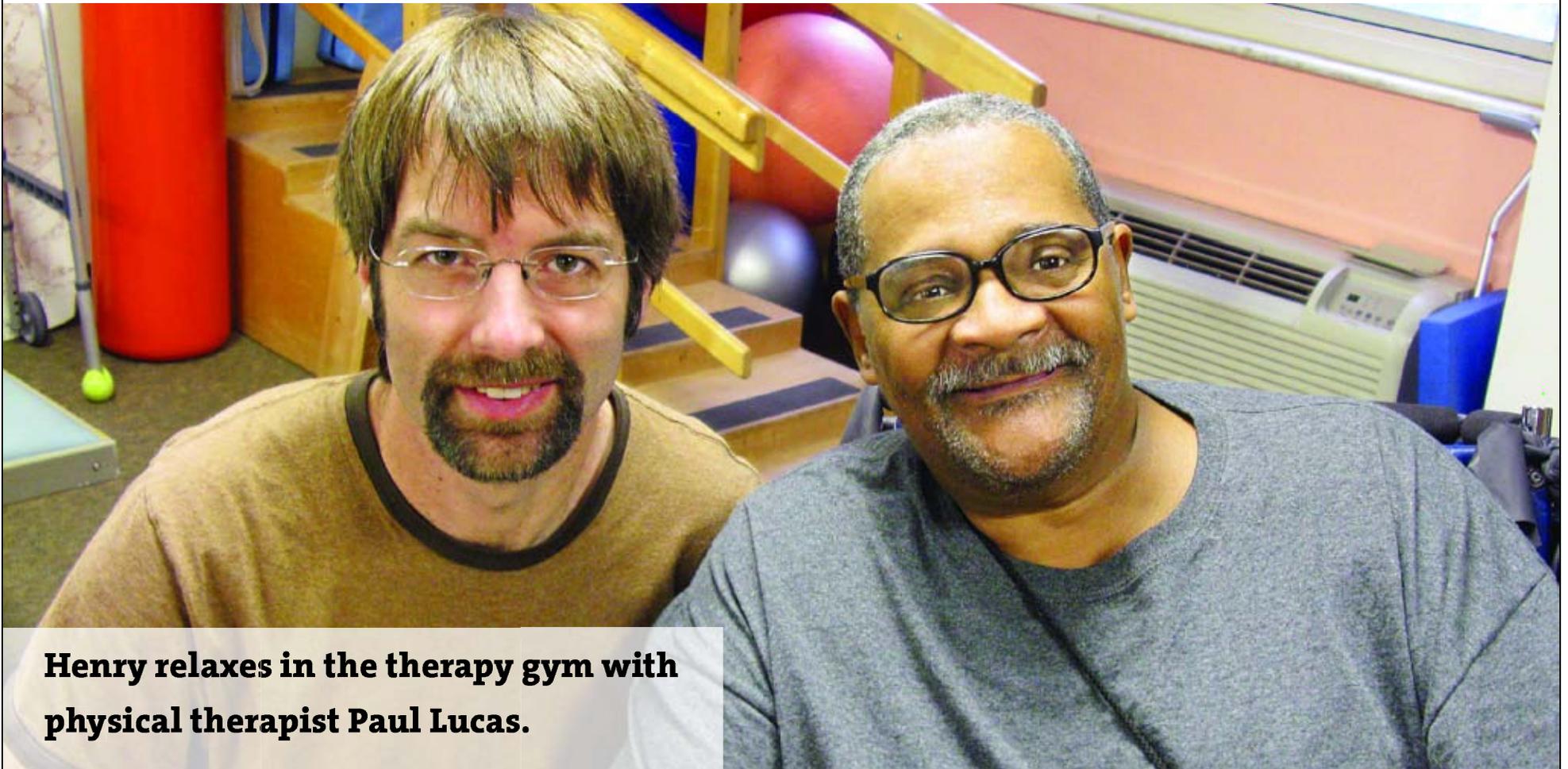


• Custom built w/ chef's kitchen • Heated 6 car garage • 4 Br 4/1 Baths  
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# “The Staff Is Hardworking.”

—Henry Cook, Duquesne, PA



Henry relaxes in the therapy gym with physical therapist Paul Lucas.

“For several years, I’ve worked as a truck and shuttle-bus driver. I’m a good driver, but when a deer darted into the road one morning and hit my car, even I couldn’t avoid *that!*”

“After the accident, I was rushed to UPMC-Presbyterian. A trauma team operated on my fractured hip, and I had a partial hip replacement. Ten days later, I was ready for rehab. I chose The Commons at Squirrel Hill.

“The staff is hardworking and they always find time to listen to you. I was so pleased with my rehab experience that I returned to The Commons at Squirrel Hill after a problem with my new hip led to a *total* hip replacement. I wouldn’t go anywhere else.”

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**412-421-8443**





## Jane and Rick

Jane and Rick were new grandparents and avid walkers. Jane suffered extensive injuries when she was hit by a car. After several surgeries, she transferred to HCR ManorCare where she received intensive medical and rehabilitation services to help regain her ability to care for herself and learn to walk again.

Jane is now back home and along with Rick enjoys taking the grand kids to the park for the afternoon.

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