Western Pennsylvania
Hospital News
The region's only monthly healthcare report

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Indiana, PA

Issue No. 3, 2012 $3.00

Inside ...

The Patient Centered Medical Home

By Linda Weiland

The Patient Centered Medical Home is an apparently simple idea—a patient has a relationship with a primary care physician who looks after his or her overall health. One would like to think health care already worked this way. Maybe it did at one time — imagine Marcus Welby or the doctors in Norman Rockwell paintings.

This simple idea is being driven by some alarming statistics about the present state of health care in the United States.

The first problem is overall quality. While no universal consensus exists about determining U.S. rankings in world health statistics, the bottom line is that we are far and away the biggest spenders, but in terms of health care quality we are not in the global top 10 (or top 20 or 30, depending on the study). The United States boasts brilliant doctors and cutting-edge medicine for treating disease, but we fall short on care that maintains health and helps avoid the onset of preventable disease.

The United States has the world's most expensive health care, whether measured by per capita spending, public spending or percentage of Gross Domestic Product (GDP). Health care now takes up roughly 16 percent of U.S. GDP; at present rates of annual increase, it will approach 25 percent in the not-too-distant future. With a per capita spend of almost $6,000 (our nearest competitor Switzerland spends just under $4,000), the total annual cost of U.S. health care now stands at a whopping $2 trillion, despite the fact that major gaps in access and affordability continue to exist.

Universal agreement across the political, health care and economic spectrum says that growth in the cost of U.S. health care must be curbed, especially in the face of a generation of baby boomers hitting retirement age.

Linking the problems of cost and quality, the Patient Centered Medical Home (PCMH) concept reverses the existing system where reimbursement rewards providers for treating sick patients, rather than rewarding them for keeping patients healthy.

The concept is a not a new idea. The American Academy of Pediatrics coined the phrase "Medical Home" in 1967, and in 2007, a wide range of medical associations agreed to joint principles of medical homes. As part of the overall health care reform efforts of government and private

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TOP 10 OSHA Citations in the Healthcare Industry

By Tiffani Hiudt Casey

OSHA identified the following general industry standards as the top cited among hospitals, medical centers, doctors' offices, and clinics from October 2010 through September 2011: bloodborne pathogens, hazard communication, electrical – wiring methods, respiratory protection and use the proper recordkeeping forms. Rounding out the top cited standards in hospitals and medical centers are lockout tagout, general criteria in recordkeeping, maintenance of exit routes and asbestos were also among the top standards cited. Doctors' offices and clinics include recordkeeping summaries, design and construction of exit routes, medical services and first aid and general requirements for personal protective equipment in their top cited standards.

A more detailed look at the specific standards is important, however, to identify where the most critical issues within those particular standards may arise in an employer's facility. In the last six months of 2011, the most frequently cited standards among hospitals, medical centers, doctors' offices and clinics are as follows:

Hospitals and Medical Centers

1. Failure to train under the BBP standard
2. Failure to implement and maintain an exposure control plan under the BBP standard
3. Failure to engineer out hazards/ensure handwashing under BBP standard

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MMIC's Mobile Medical Units Provide Innovative Solutions for Healthcare Facilities

Driven by the global need for mobile healthcare solutions, MMIC (Mobile Medical International Corporation) manufactures world-class transportable surgical facilities that are easily configured to meet a variety of medical needs. MMIC's leading product in hospitals and healthcare facilities is their Mobile Surgery Unit™, or MSU™. These U.S. healthcare code compliant transportable surgical units provide innovative solutions for facilities undergoing renovations and upgrades, facilities experiencing overcapacity or in the event of a disaster. Singular in their quality and accreditation, MSUs are essentially surgical hospitals on wheels that can be set up to be fully functional by two people in one hour, making them ideal for disaster readiness applications as well as international and humanitarian missions. MMIC's products are state licensable, Joint Commission accreditable and CMS certifiable.

One of the most striking factors about MMIC's products is the cost savings that government, private and public hospitals have documented in the use of MSUs to support their projects. MSUs can replace operating rooms being renovated or added to avoid outsourcing surgeries while maintaining the revenue stream. The largest commercial project to date is MMIC's work with the Miami VA Medical Center where five MSUs and one Mobile Staff Unit™ are in use. As the Miami VA planned the total shutdown of its operating rooms, the use of mobile units allows the renovation project to be completed in record time, saving the VA money and allowing veterans to continue being served at their own facility.

"We aim to provide patients with the highest standard of care when hospitals are in need of on-site solutions," said Rick Cochran, President and CEO of MMIC, and also the 2011 National Small Business Administration's person of the year. "From global humanitarian projects to our work with the U.S. Department of Veterans Affairs, we provide the critical mobile technology that facilitates the important work of our healthcare customers."

These mobile units meet U.S. healthcare standards of care to maximize patient safety, and adhere to the Facility Guidelines Institute's principles for the design and construction of healthcare facilities. For facilities undergoing construction, MSUs provide outstanding infection control and contaminant-free environments for patients. In addition to the MSUs, which are suitable for a wide range of surgical applications, MMIC also manufactures Endoscopy, Intensive Care, Laboratory/Pharmacy, CT Scan, Dental, Ophthalmology, Breast Care and Dialysis mobile medical units.

For more information, visit www.mmicglobal.com.

The Mobile Surgery Unit by MMIC.

Allegheny General Hospital Cardiac Surgeons Perform Region's First SynCardia Total Artificial Heart Implantation

Cardiothoracic surgeons at Allegheny General Hospital (AGH) have become the first in western Pennsylvania and among an elite group in the world to replace a failing human heart with the latest generation total artificial heart implant, introducing a new, life-sustaining treatment option for the most critically ill patients with end-stage heart failure.

The SynCardia temporary Total Artificial Heart, developed by SynCardia Systems Inc., was implanted into a 62-year-old Pittsburgh man at AGH on Friday, February 17 by a team of cardiac surgeons and physicians from the hospital's Advanced Heart Failure, Transplant and Mechanical Circulatory Support Program.

"We are extremely proud to be the first cardiovascular team in Pittsburgh to offer this revolutionary technology to patients with advanced heart failure. AGH has a distinguished history of pioneering achievements in the treatment of complex cardiovascular diseases and the SynCardia Total Artificial Heart is another significant milestone in that legacy," said George J. Magovern, MD, Chair, Department of Thoracic and Cardiovascular Surgery at AGH and the West Penn Allegheny Health System (WPAHS).

The SynCardia Total Artificial Heart is currently approved by the Food and Drug Administration (FDA) as a bridge to transplant for patients who suffer from end-stage biventricular heart failure, a condition in which both sides of the heart become weakened and cannot pump blood adequately throughout the body. More than 950 have been used in patients worldwide to date.

To implant the SynCardia device, surgeons remove the left and right ventricles and the four natural valves of the heart, leaving the left and right atria, aorta and pulmonary artery intact.

Although transplantation is still the treatment of choice for those with end-stage heart failure who do not respond to other medical or surgical treatments, a shortage of donor organs limits the option of transplantation for many, according to Stephen Bailey, MD, director of AGH's Division of Cardiac Surgery and Surgical Director of Cardiac Transplantation and Mechanical Circulatory Support Program.

More than 3,100 patients are currently waiting for heart transplants in the United States, according to the United Network for Organ Sharing, and the average wait time is 168 days.

"This device can be a life-saving measure for patients whose only other option is an immediate heart transplant," said Dr. Bailey, who led the AGH surgical team that performed the SynCardia implant procedure.

"The total artificial heart leads to recovery of end organ function in the most critically ill patients, allowing transplantation to be performed when the patient is more stable – which ultimately helps facilitate better outcomes following transplantation," Dr. Bailey said.

Dr. Bailey said AGH's first SynCardia recipient is progressing well and has been added to the heart transplant waiting list.

The SynCardia Total Artificial Heart is powered with air and vacuum provided by a pneumatic driver that weighs more than 400 pounds, requiring patients to remain in the hospital while on the device.

AGH, however, is one of 30 US medical centers participating in the clinical trial of SynCardia's Freedom portable driver, which allows patients using the SynCardia Total Artificial Heart to leave the hospital while waiting for a donor heart. The Freedom driver weighs slightly more than 13 pounds and may be carried by the patient in a backpack or shoulder bag.

Twenty three people in the United States so far have gone home with the lightweight, portable device as participants in the study.

"Patients can live with artificial hearts for a significant period of time, but the goal is to get them a transplant as soon as they are medically ready," said Raymond Benza, MD, Medical Director of AGH's Advanced Heart Failure, Transplantation and Mechanical Circulatory Support Program.

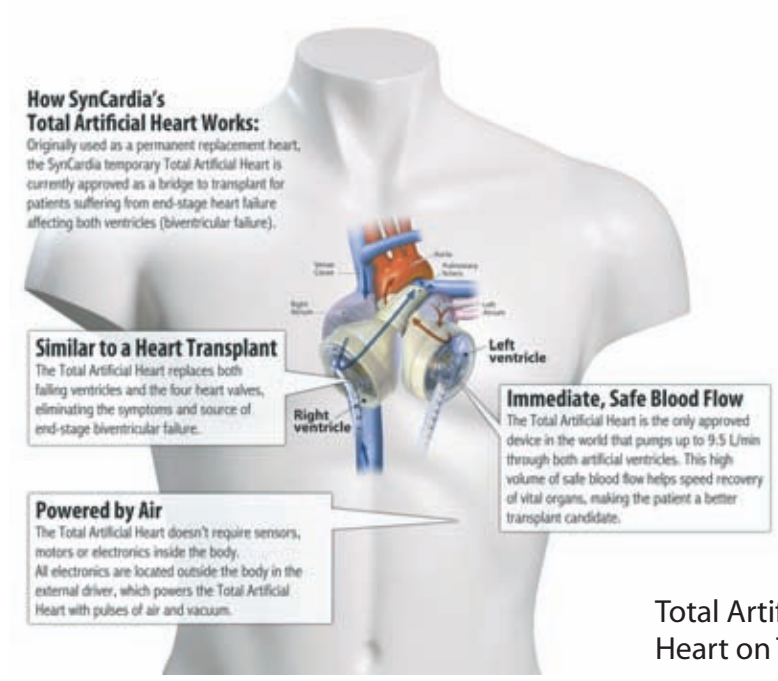
"We hope to enroll our patient in the trial of the portable driver so that he can fully recover and resume a reasonably normal lifestyle and activities for as long as it takes until a donor heart becomes available."

The longest that a patient has been supported by the SynCardia technology as a bridge to successful heart transplantation was 46 months, according to the company.

"Adding the SynCardia Total Artificial Heart to AGH's armamentarium of therapies for complex cardiovascular disease further establishes our Cardiovascular Institute as a leading referral center in the region for advanced cardiovascular care," said Srinivas Murali, MD, Medical Director of the Cardiovascular Institute and Director of WPAHS' Division of Cardiovascular Medicine.

"This state-of-the-art technology is yet another example of our multi-disciplinary team's dedication to improving lives through innovative patient care and research," Dr. Murali said.

Under the direction of Drs. Benza and Bailey, the heart transplantation program at AGH has achieved a success rate that exceeds the national average and boasts the highest one-year survival rate of any transplantation program in Pennsylvania over the past two years, according to the national Scientific Registry of Transplant Recipients. This year the hospital also was one of just three heart transplant programs in the country noted for better than expected patient outcomes.



Total Artificial Heart on Torso

Heritage Valley Health System first in Region to use 3D Technology for Total Knee Replacement

Heritage Valley Health System is the first health system in Southwestern Pennsylvania to offer knee replacement patients Stryker's Triathlon Custom Fit Knee with ShapeMatch Technology. This 3D technology is designed to customize the knee replacement procedure to each patient through the use of 3D imaging software that creates a customized pre-operative surgical plan for each patient. Upon surgeon review and approval of the plan, single-use ShapeMatch Cutting Guides are developed for each patient based on the patient's MRI or CT scans, allowing each physician to work in the cleanest of environments at the time of surgery.

At Heritage Valley, the Custom Fit Knee Technology is being led at its Sewickley campus by Drs. Stephen Thomas and Jeffrey Mulholland, Orthopaedic Surgeons with Greater Pittsburgh Orthopaedic Associates. Dr. Thomas is also a trainer for other surgeons interested in the Custom Fit Knee technique.

ShapeMatch Technology is only available for use with Stryker's Triathlon Knee System which has demonstrated the best performance among the most frequently used brands of total knee implants as measured by revision rates in the National Joint Registry of England and Wales.

Triathlon's single radius knee implant is designed to work with the body to promote easier motion and, a study has shown, a more rapid return to functional activities after surgery. Additionally, it's the only implant available with Stryker's patented X3 Advanced Bearing Technology. Based on laboratory testing, X3 has demonstrated a lower wear rate which may result in a longer lasting implant7, making this technology particularly important for younger patients.

Long-term demand for total knee surgery in the U.S. has been projected to continue increasing from 0.5 million procedures in 2005 to 3.48 million procedures in 2030. "The ability to contain costs and increase efficiencies while providing a new knee replacement technology like ShapeMatch to the community is important for our health system to meet the demands for total knee patients well into the future," said Kathy Harley, Vice President of Surgical Services at Heritage Valley Health System.

Stryker's ShapeMatch Technology has the potential to positively impact hospital costs associated with various stages of the patient care continuum during knee surgery. A study has shown that a reduction in instrumentation may provide a shorter procedural time which may increase the potential capacity for additional procedures per day.

"I'm excited to offer patients undergoing knee replacement surgery the Triathlon Custom Fit Knee with ShapeMatch Technology," said Dr. Thomas, "It gives me the ability to customize the procedure to each patient's unique anatomy and reaffirms Heritage Valley's commitment to provide our patients with leading orthopaedic technology and care."

For more information, visit www.heritagevalley.org.

St. Joseph Pain Center first in Ohio to use Motion Sensing Technology

Chronic pain affects an estimated 116 million American adults. For some, chronic pain is so severe that it interferes with working, eating, participating in physical activity and enjoying life.

That's why the St. Joseph Pain Management Center in Howland is pleased to announce it is the first pain management center in Ohio to offer the AdaptiveStim™ with RestoreSensor™ neurostimulation system, the first and only chronic pain treatment to provide effective pain relief and convenience by automatically adapting stimulation levels to the needs of people with chronic back and/or leg pain.

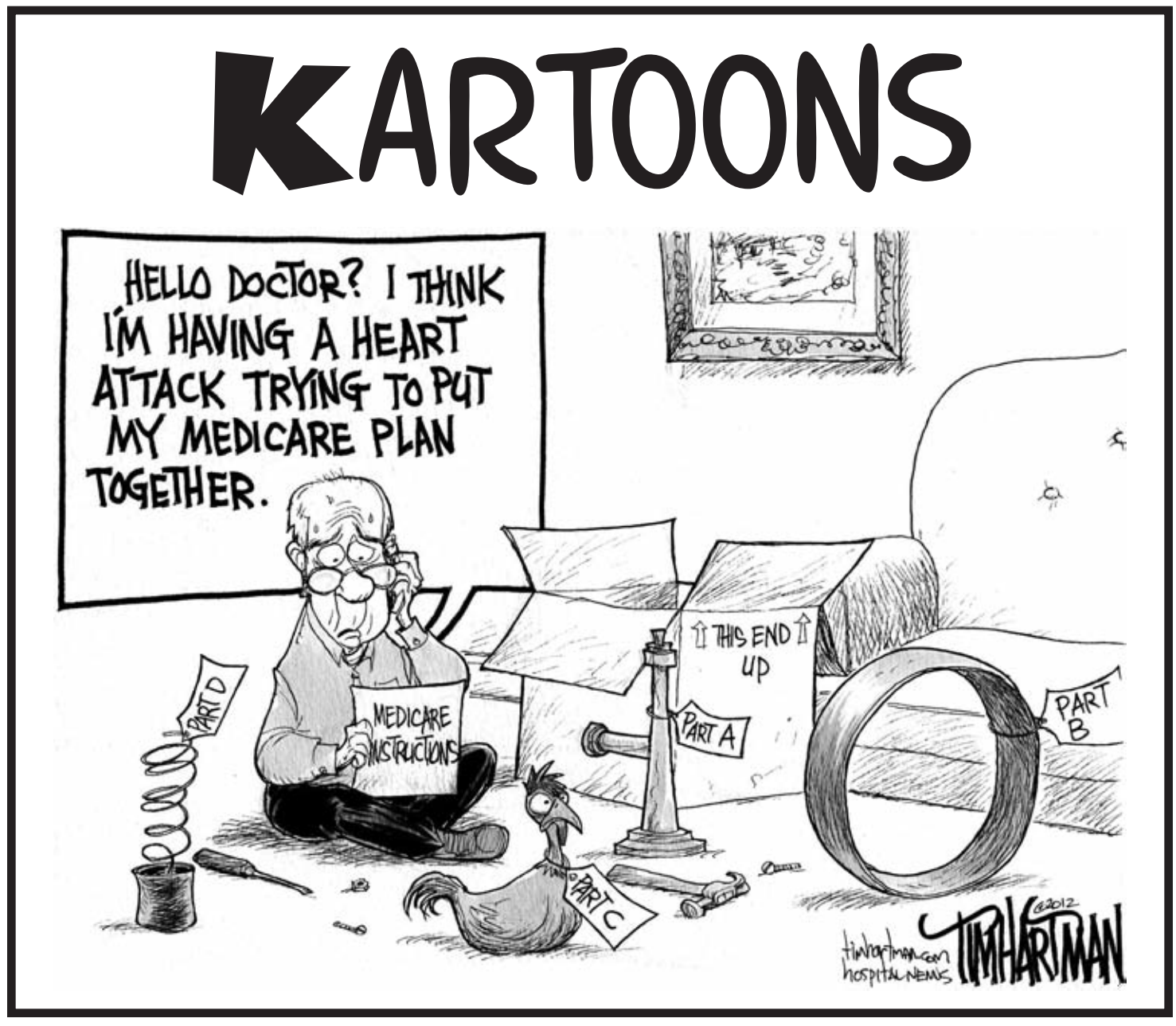
Traditional neurostimulation systems consist of an implantable medical device similar to a pacemaker to interrupt pain signals from reaching the brain. A change in body position can result in an increase or decrease in the intensity of stimulation as a patient's spinal cord moves closer or further away from the stimulation site. As a result, patients may need to make frequent manual adjustments to their stimulation levels as they move, using a handheld patient programmer.

No need for manual programming. AdaptiveStim with RestoreSensor reduces the need for manual programming changes by automatically adapting stimulation levels to the needs of the patient by recognizing and remembering the correlation between a change in body position and the level of stimulation needed. It also records and stores the frequency of posture changes, providing objective feedback to clinicians to help understand how a patient's individual stimulation requirements are changing over time.

"Chronic pain is a disabling condition," said Dr. Tracy L. Neuendorf, St. Joseph Pain management center medical director. "And this new technology will help our patients enjoy the activities of daily living without worrying about adjusting stimulation levels ¬ this new system does it all for them."

The St. Joseph Pain Management Center offers proven methods of treatment for people with chronic pain. The pain management team includes physicians and other health care professionals specially trained in the alleviation of pain that has been unresponsive to usual treatment methods.

For more information, call 330-841-4032.



Amendola Communications—Using Social Media to help Clients Achieve Business Goals

By Daniel Casciato

Amendola Communications is a full-service public relations (PR), marketing, and social media firm serving healthcare and healthcare information technology (IT) companies. The company has decades of experience in all facets of the industry and has worked with Fortune 500 companies as well as start-ups, successfully launching new companies and technologies.

Amendola has been recognized as one of the nation's top five IT industry's "Best-of-the-Best" small PR agencies by *PR Source Code* for three consecutive years, for being the most responsive and reliable, and consistently meeting or surpassing editors' needs. It has had the pleasure of telling the stories and successes of not only technology companies, but also the hospitals and physician practices across the country that are early adopters of technology, helping to shape the evolution of healthcare delivery.

Amendola experiences social media from two different perspectives: how it helps its clients achieve their business goals and how it connects with journalists, clients, and potential clients. Social media helps its clients enhance their brand through search engine optimization (SEO), building thought leadership, and demonstrating how their services and products solve universal healthcare problems.

In fact, its clients have been tapped as sources for journalists as a direct result of their tweets. As a PR and marketing firm, social media helps Amendola Communications keep on top of breaking news and trends, inform clients of relevant news in real-time, create editorial opportunities for its clients, and connect with journalists online. It has used Twitter to pitch stories to editors and follow reporters on Facebook to see what's top of mind for them.

Western Pennsylvania Hospital News recently corresponded with Caroline Hagel, social media manager at Amendola Communciations, via email to get her thoughts on how and why social media has become an important communication tool for her firm.

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

Companies often think the only reason to be involved social media is to generate new clients. They often say, "Our client is a hospital CEO and hospital CEOs are too busy to be on Twitter." While the validity of that statement is debatable, there are so many other reasons to participate in social media. Posting regularly on Facebook, Twitter, and other social sites can boost a company's SEO. Consider this: if your company isn't using social media, how are you going to monitor and influence what others are saying about your company? Social media is the best, most immediate way to find out what your clients and your industry think about your brand. It is a tool for monitoring and managing potential crises. Plus, social media is a great way to gain the attention of reporters and editors to help publicize an organization. Blogs, specifically, are the best way to demonstrate thought leadership. A corporate blog is the one place a journalist or potential client can go to learn about executives' views on everything - from the company's offerings, to trends, to industry news.

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

The biggest risk an organization might deal with is backlash from an unhappy customer. Clients communicate via social media sites more than virtually any other communication channel and they expect the companies and brands they deal with to be online as well. It's a 24/7 world and customers expect a quick, immediate response when they're upset. If you don't have a strategy to handle dissatisfied customers, social media – whether you are active or not - can get ugly very quickly. Social media is on the front lines, enabling you to proactively identify an issue, but organizations also need a process to quickly escalate issues so they are managed right away. Some companies have even earned a reputation for great customer service by intervening swiftly through social media, so its function in improving customer satisfaction cannot be underestimated.

How can healthcare organizations better engage in social media?

The healthcare industry is often thought of a laggard when it comes to embracing new ways of doing things, like adopting new technologies. Social media offers healthcare organizations an opportunity to break out of the stereotype and proactively offer their expertise to consumers or patients, whether it is advice from a doctor or online wellness management tips or resources.

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

Caroline Hagel

A tweet scheduler like Hootsuite is key. It not only schedules tweets, but helps you keep track of the topics and tweeps (people on Twitter) you're interested in following. I also like tweetreach.com. It will analyze your last 50 tweets and offers free analysis on the number of people exposed to your tweets.

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?

If it's a priority and you identify goals around engagement, it's easy to get done. You schedule it into your day, just like the rest of your work. Some updates can be scheduled at the beginning of the day using tools like Tweetdeck and Hootsuite. Once you get involved, it becomes an enjoyable part of your day where you can connect with others.

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

There are pluses and minuses to both methods. A dedicated, internal person may have insight into a company that an external person cannot because they're not immersed in the environment every day. However, it can be challenging to keep up-to-date with the constant changes on the many different social platforms. Foursquare and Facebook come out with new offerings and change their look several times a year. Using a PR agency or social media agency gives the advantage of having multiple people with knowledge of different platforms to maximize a corporation's social media efforts. If you are considering outsourcing social media, make sure your agency is experienced, has a deep understanding of your industry and your offerings, and is aligned and connected with the full scope of your company's strategic and tactical initiatives.

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

Steer clear of online arguments. Always remember social media is public and having a public argument won't do you or your brand any good. Spirited discussions are fine, but disagreements are better worked out offline. Done right, social media is a great opportunity to narrow the communication gap with consumers and lend expertise and online support to consumers and patients who are looking for resources and guidance on the Web.

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

Our healthcare/healthcare IT PR agency has been able to launch and maintain successful social media campaigns because too few out there have a sharp focus on the healthcare and healthcare IT space. Social media is an investment in both time and talent and should be considered an essential part of your integrated communications and marketing strategy. It is here to stay and will continue to grow and evolve year after year. If you aren't a part of the conversation or still uncertain how it can benefit your business, we urge companies to take a first step by monitoring conversations around their brand, industry and topics of interest.

Can we get a brief bio on you?

I serve as the social media manager for Amendola Communications and am responsible for executing social media, thought leadership, and public relations strategies to raise industry and customer awareness for an organization. The Amendola social media team manages multiple social media accounts on behalf of our clients and specializes in enhancing an organization's overall web presence. Prior to joining AC, I worked for nearly 8 years in broadcasting as a news reporter and meteorologist. I also had another life as an insurance agency owner. You can find me on Twitter @CarolineHagel.

Where can our readers find you on social media?

Follow us on Twitter @AmendolaComm or on Facebook at www.facebook.com/AmendolaCommunications, or find us on LinkedIn at http://www.linkedin.com/company/amendola-communications. But, our biggest successes are behind the scenes, supporting our clients through social media and public relations. We look forward to connecting with you!

IKM—Using Social Media to Raise Brand Awareness

By Daniel Casciato

IKM is an architecture, planning and interior design firm from Pittsburgh that has been providing professional design services for over 100 years. Its mission is to provide innovative and informed architecture that positively impacts the world through understanding, exploration and decision making. Healthcare-related projects such as the UPMC Hillman Cancer Center, West Penn Allegheny Oncology Network Infusion Centers, UPMC Mercy Institute for Rehabilitation and Research, Allegheny General Hospital Cardiovascular Institute, and WPH Forbes Hospital OR Suite are some of the local projects designed by IKM.

Like other marketing-savvy organizations today, IKM is taking advantage of the opportunities social media offers to connect with its customers as well as potential customers. *Western Pennsylvania Hospital News* invited Patty Swisher, Director of Marketing/PR for IKM, to respond to some of our social media questions via email. Swisher has been with the firm for 15 years. In addition to marketing communications, she also manages the majority of its social media communication initiatives.

What role does social media play in your overall marketing and communications strategy?

Social media plays an active role in IKM's communication strategy in raising brand awareness. We collaborate with our clients and consultants to provide highly specialized professional design services. Social Media allows us to reach different segments of the public with targeted messages about what we do.

Why did IKM decide to execute a social media campaign in the first place?

Initially, IKM decided to execute a social media campaign related to recruitment and retention of staff. We had a crop of newly hired, graduate architects. They were actively communicating via social media so it was an informal way to reach out and respond with positive messages about the firm. Since becoming involved with social media we have realized its enormous potential and have worked to become familiar with the nuances of the various platforms.

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

One of the greatest misperceptions that organizations have is that clients are not active in social media. While I would strongly agree that today, Ms. Vice President of Hospital X is not going to purchase architectural services via a Facebook ad, that does NOT mean that he/she is not participating in social media. *Hospital News*' 7,500+ contacts alone are proof that key constituents are actively involved in social media on a regular basis. The other big misperception that I would mention suggests that social media is free. While there does not have to be a dollar outlay to begin to use social media, there are numerous factors that must be considered, each with cost implications. Staffing, Time, Resources, Content, Software, and Hardware are all very general factors that can contribute to the "cost" of social media.

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

Some of the issues an organization can face without a social media strategy may include:

- Aimless participation aka waste of time—without a strategy an organization doesn't know what it wants to achieve therefore has no direction;
- Unpreparedness—without a strategy an organization may be caught off guard with negative comments, crisis response, or a larger than expected positive response that results in damaging a reputation; and
- Becoming irrelevant—without a strategy an organization risks being unknown, out of touch and irrelevant to the marketplace.

How can today's healthcare organizations better engage in social media?

Today's healthcare organizations can better engage in social media by more narrowly defining their target audiences and key messages. It's the 'shooting at the flock' theory, the more you target the general population the fewer people you will reach with your target messages. Identifying where key groups of constituents are and targeting those individuals with messages that are specific, timely and relevant, organizations will have more success with social media.

Also, healthcare organizations need to remember that social media is just one tool in the communication toolbox. It is not the answer to all communication issues. It needs to be integrated into the overall communication plan. This also means using social media networks, communities to spread messages. As you know, IKM is an architecture firm, one of our key target markets is healthcare. We follow many healthcare organizations on Twitter. As an ally of our healthcare clients we regularly pass along their messages of events, press releases, and general news to our audience to help increase the reach this is an excellent example of using the network to increase message reach.

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

IKM uses Facebook, Twitter, and LinkedIn actively. We also are on Google+ and an industry specific community called Architizer. I like Facebook because of the reach and ease of mixed-media use. You can share updates, photos, and even video fairly easily on Facebook. IKM uses Facebook for recruitment and retention of staff. We share industry news and firm-related news including project updates and posts that provide a glimpse into the IKM office culture.


Patty Swisher

In my opinion, Twitter is one of the best ways to build community and increase reach. I, personally, am a huge fan of Twitter, I regularly engage in Tweetchats and have "met" many great people on this social platform.

Besides Twitter two of my favorite "tools" (since this is a design and construction issue!) are Hootsuite and Buffer. Hootsuite is a third-party platform that allows you to manage or post to multiple accounts including Facebook, LinkedIn and Twitter all at the same time or selectively as you determine appropriate. It also permits keyword or #hashtag searching via Twitter, tracking mentions and direct messages, and scheduling of tweets. Hootsuite is the 'dashboard' I prefer. Buffer is a great add-on app as well. Buffer provides flexibility. I'll explain more below.

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 hear this all of the time, particularly with small businesses or sole practitioners. Yes, it can be a significant time commitment to participate in social media. I would encourage everyone to consider this as they make their communications plan. Understand what you want to accomplish and the resources that must be allocated in order to achieve those goals. Using tools like Hootsuite and Buffer allow participants to manage their social media efforts. For example, I commute to the office on public transportation. I use that time (30 min, 2X each day) to read and catch up on posts. I forward, share and respond based on what I find. Typically, I do this from my smart phone. Once I'm at the office, with the tool mentioned above, Buffer, I can schedule multiple postings to occur throughout the day. I have 6 or 7 times prescheduled in the program for updates. When I come across something that I want to share, I add it to my Buffer account and I can forget about it. The program takes care of posting it when specified. I can tailor messages, share links, or include photos or images with my updates. It is a great tool, clearly I'm a fan and happy to share this with anyone who asks.

What does IKM tweet or write posts about?

IKM tweets about current events, industry news, cool architecture, innovative design trends/topics, our project updates, job postings or happenings in the office. One of the rules of social media, that I'm sure you covered in previous articles, is the balance between self promotion and educating and informing your audience. Too much self promotion is frowned upon, a good way to lose fans and followers. So we try to keep self promotion to a minimum. But, I am always thinking social media. The staff in my office have called me the paparazzi because I rarely go to a meeting without my smart phone (with camera) or my DSLR to take photos. If we're having a design review on the programming of a particular hospital unit I will attend, take photos, and tweet about it.

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

One of the best pieces of advice is to be responsible for what you write, consider that you are signing your 'electronic signature' to each tweet or post you send. Exercise common sense; use good judgment. Always be sensitive to other people's privacy. Respect copyrights and fair use and protect confidential and proprietary information. Generally, treat others as you would want to be treated.

Where can our readers find IKM on social media?

IKM is on Facebook at www.facebook.com/ikminc. We are on Twitter at https://twitter.com/ikminc; LinkedIn at www.linkedin.com/company/ikm-inc. You can find me on Twitter @pmswish.

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

While social media has been around for a number of years, social media is new to the design and construction industry and how that interaction occurs with the healthcare community is still unfolding. I like to say social media is about the conversations happening online. It's growing by leaps and bounds and new tools and platforms are being developed everyday.

Stantec It's a Matter of Perspective.

A Patient's Perspective

By Bruce Knepper, AIA

I am an Architect. My specialty is healthcare.

My formal education and 35 year career have taught me many lessons about healthcare design and construction. Some classic architectural lessons hold true like: "Form ever follows function." There are lessons like the effects of color, texture, and light on the human mind. Lessons about basic structure and even the fundamentals of electrical and mechanical engineering have come my way. Those lessons, and all that experience, pale when compared to what I learned when I entered the hospital as a patient. I was admitted to my client's facility - a facility that I helped design.

Truth be known . . . I did not want to be a patient – anywhere. I think most people feel that way. Short of a planned pregnancy, who would want to stay in a hospital?

As a designer I used to believe that all a patient needed was a well thought-out and appointed environment. The spaces should be clean, well lit, and the temperature comfortable – so simple. As a patient I expected those basic attributes but I also wanted so much more.

To put my feelings in today's terms . . . "It was all about me."

What is wrong with **ME**? How is this illness or condition going to affect **ME** and my family? Maybe a bit self-centered (my wife loves me but she does not like me as a patient) but I think many patients act the same way I do and the hospital staff that understands this routinely score high on patient evaluations.

Before I even arrived at the hospital my journey was riddled with fear, concern, anxiety, and questions . . . dozens of questions. Where do I park? Did I remember the forms? Where is the entrance? Where is the department? Who do I see?

Once inside and registered, I soon realize that I am no longer in control of my day. I am told where to go, who to see, what to wear, what forms to complete and sign. I am asked and answer multiple times who I am and why I am here. I am then told where to wait. Yes . . . the dreaded wait. As I navigated my way through this maze my training would often kick-in. These spaces and this time spent waiting would be a great opportunity for creative distraction. Is there something that can distract me from my day, my immediate issues, my turn in line? WIFI comes to mind.

Now, inside the department, I am somewhat settled. Or am I? I would like to know who invented the backless hospital gown. This person most certainly was not a patient when they dreamed this up. I understand that it makes the job of getting to my surface easier but my legs are cold. Where is that draft coming from? Can I have a warm bathrobe? I know this may sound picky but for heaven's sake I'm a grown man wearing a drop cloth with a slit up the back. Where's the respect?

I am now completely under the control of the staff. To some patients this may be comforting, for me this is a real problem. I have developed an "I Want List".

1. I want to know where my doctor is.
2. I want to know where my nurse is.
3. I want to know when my procedure begins.
4. I want to know who that person with that tray of needles is.
5. I want to know what happens next.
6. I want to know where the bathroom is.

Communication is powerful and yet, at the most crucial times, so elusive. Information gives me some sense of control – it will make me a better patient. I have learned in my life that schedules are merely "targets of time". I understand delays. But if there is a delay – please tell me why and when we get to it.

When the procedure is complete – talk with me about it. Tell me what you saw. Show me what you did. Use the technology available to help me understand. Be direct and honest. Talk with me about where **WE** (you and I) go from here and when I get my life back. What do **WE** do next?

I know that if you help me with my health issue, communicate clearly, and care about me – I will appreciate your splendid facility.

Now about this hospital gown—can I take it home and use it as a drop cloth?

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Maggie Leffler Finds Inspiration for Her Words in Family, Patients, and a Life Well-Balanced

by Christopher Cussat

Maggie Leffler has found balance in her life and that is a good thing. As a novelist, family doctor, and mother of two sons ages three and seven, she definitely has a lot going on.

Originally from Maryland, Leffler first came to Western Pennsylvania for her residency at UPMC St. Margaret Hospital. As fate would have it, she met her husband (who is also a family doctor) on the first day of her residency at St. Margaret's! "We have stayed in Pittsburgh ever since," she adds. As a board certified family practitioner, Leffler currently works for West Penn Allegheny Health Systems, and sees patients of all ages.

Leffler is also the author of two novels published by Bantam Books: *The Diagnosis of Love* and *The Goodbye Cousins*. The first book is about a young physician who moves to England to reclaim her life the year after her mother dies. The second book is about a few of the minor characters from the first book and their search for family. "I am just finishing my third novel now about a whole new cast of characters," she adds.

Very often, family members can inspire and instigate an artistic drive. Leffler is no different. In fact, she feels that her inclination toward writing was sparked in part by her maternal grandmother. "She was the author of five books, a lawyer, as well as a mother of five," Leffler explains. "As a little girl, I found her to be incredibly inspirational."

Even since her childhood, Leffler says she has always been writing stories, novellas, and screenplays. This helps her to balance and moderate the stressful nature of working in the health care field. "Redirecting some of the emotional energy that goes into practicing medicine into a fictional world is also restorative for me," she notes.

Leffler believes her ability to stay up late often helps her balance her professional time demands with dedicating time to her artistic interests. "I have always been a night owl—and I write a lot at night, after I get my boys into bed!"

When asked if she would ever desire to write novels full-time, Leffler contends that finding and living with a balance between her medical career and creative output has been a perfect match for her. "I would certainly consider the option, but for me, writing works better as part of a dual career with medicine."

She concludes that working with people everyday not only gives her personal enjoyment and fulfillment in her medical profession, but these experiences also often inspire her creativity. "I really enjoy interacting with people, listening to their stories, and trying to solve problems—at this point, I can't imagine one without the other."

For more information about Leffler, her novels, and her essays, please visit: www.MaggieLeffler.com.

OSHA From **Page 1**

4. Poor housekeeping under the BBP standard
5. Failure to use personal protective equipment under the BBP standard
6. Failure to keep BBP training records and a Sharps Injury Log
7. Failure to implement and maintain a written hazard communication program
9. Failure to provide material safety data sheets under the hazard communication standard
10. Failure to ensure proper labeling of chemicals under the hazard communication standard

Doctors Office and Clinics

1. Failure to implement and maintain an exposure control plan under the BBP standard
2. Failure to train under the BBP standard
3. Failure to engineer out hazards/ensure handwashing under BBP standard
4. Poor housekeeping under the BBP standard
5. Failure to implement and maintain a written hazard communication program
6. Failure to make the Hepatitis B vaccination available under the BBP standard
7. Failure to prepare exposure determinations under the BBP standard
8. Failure to use personal protective equipment under the BBP standard
9. Failure to provide post exposure Hepatitis B vaccination under the BBP standard
10. Failure to train employees under the hazard communication standard

While full compliance with the standards can be difficult, there are steps employers can take to minimize these hazards and avoid costly citations.

First, healthcare employers should regularly audit their safety and health compliance by performing facility-wide and recordkeeping inspections and reviews. The focus of the audits should be in those areas where non-compliance is most likely, including both those standards identified above, and those issues specific to the employer's facility and company history. For example, if the employer has had previous citations from OSHA, those standards should be a focus of the audit to prevent repeat citations, especially if they occurred in the last five years since they can be the basis for repeat violations. This includes citations from other company facilities as well.

Healthcare employers should also review their first reports of injury, OSHA 300 logs and workers compensation records to look for patterns of injuries related to potential safety infractions. Finally, employers should perform walk-through inspections of their facilities looking for potential hazards and safety violations promptly correcting any hazards they locate. The information gathered from these audits and inspections should be used improve in areas where safety compliance is found to be deficient, including implementing new procedures and policies.

Second, healthcare employers should audit their training practices, especially in relationship to BBP and Hazard Communication. Failure to train citations are common as just one missed employee can result in a citation. They also can be difficult to defend if multiple employees are involved (the more employees that violate the rule the more likely it was not properly implemented). Refresher training is critical to remind employees of their obligations. Training records are critical in the event of an OSHA visit.

While not all hazards, and therefore not all potential for citations, can be eliminated, taking the above-steps will go a long way in reducing the likelihood of their existence.

Tiffani Hiudt Casey is an attorney with Fisher & Phillips LLP, one of the nation's leading law firms in the field of labor and employment law. A significant portion of Tiffani's practice is devoted to workplace risk management preventing OSHA citations, injuries and fatalities. She advises employers in OSHA recordkeeping, hazard assessment and self-audits, corporate-wide safety compliance, maintaining effective safety training and safety management programs, disciplining unsafe employees, inspection preparedness, workplace violence prevention, and health and wellness initiatives. Tiffani concentrates on providing her clients with day-to-day preventive advice to reduce the likelihood of employment demands, charges, and litigation. For more information, visit www.laborlawyers.com.

A Well-Designed Infusion Center Contributes to Better Patient Care

By Patty Swisher

One of the defining characteristics of the current state of hospital design and construction is that most of it is done on existing facilities. The majority of hospital design projects involve upgrading existing hospital departments, often times while the department itself or those immediately adjacent remain fully operational. The challenges this reality presents are many; dealing with the noise, dust and disruption has become the standard operating procedures of those who work in hospital design and construction. To achieve a well-executed design at the Mellon Pavilion Infusion Center site it was worth the effort for the West Penn Allegheny Oncology Network (WPAON).

This project was part of a system wide initiative of the WPAON to improve its cancer treatment facilities. Initially, IKM surveyed all of the thirteen WPAON sites and recommended changes for improving the patient experience, streamlining throughput and supporting the facilities' positive impact to the revenue stream. The Mellon Pavilion site was the sixth of the WPAON facilities to be renovated as part of the initiative. The renovation program was a component of re-thinking the WPAON approach and the design reflected the sense of constant improvement that WPAON brings to patient care.

"Good design definitely impacts the bottom line in healthcare facilities," says John Schrott, president of IKM Incorporated, architects. "There is a lot that we can do to make the hospital operate more efficiently. A nurse working in a well designed unit is less distracted from the patients' needs and less fatigued throughout the work shift. The aim is to allow the nurses to deliver care more effectively. The goal is better patient care and the design is driven by the study of how better care is given, hence the concept of 'evidence-based design.'

For the WPAON infusion center the design was influenced by a broad base of evidence about how cancer patients respond best to treatment and how the caregivers operate best. The considerations went well beyond purely clinical, taking even cultural observations into account.

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Healthcare Real Estate, Design & Construction

Hard Bid Verses Negotiated—Thinking Out Of The Box Prevails in Health Care Facilities Construction

By James Cooper

For years, the normal way of obtaining bids for construction work required at Health Care Facilities whether it's new or renovation construction is to go through a laborious process of identifying multiple contractors for the work to be performed, and then bidding the project.

One problem with going this route is if the budget has been set by the Health Care Facility. For example, if the budget is set at $100,000 and all of the bids come in well in excess of this amount (such as $125,000 - $175,000), the decision is typically made to go with the lowest responsive bidder.

A method worth considering is to identify quality contractors that meet all the criteria of the Health Care Facility. This is where thinking *"out of the box"* comes into play—negotiating and working closely with a few chosen construction firms on a rotational basis. Value Engineering can be performed to identify areas where costs can be reduced and maintain the same high level of a quality finished project.

Some areas that could be considered is the following areas:

- Emergency Repair – 24-7 response required
- Normal Scheduled Maintenance Work (project size should be established up to $50,000)
- Renovation Projects up to a set dollar cap amount (projects sizes up to $250,000)
- Design of Interior/Exterior Space
- Evaluate Existing Facilities in place

The first step is to identify two to three quality construction firms. An initial meeting is set up to establish the ground rules, introduce the teams, discuss all concerns on both sides of the desk, and determine guidelines that fit both the Health Care Facility and the Contractor.

This process should be hassle free, with no up front commitments or contracts signed. The benefits are multiple, and both parties then know what is required.

An Open Book policy should also be established, meaning that the construction company would show all receipts for each project. Cost plus arrangement, profit percent established, typically 10% minimum.

All Field Employees would have to undergo a background check, be ICRA trained, as well as have and maintain a valid driver license.

A quality sub-contractor list would be established by the Health Care Facility and Contractor. For each project, quotes would be received from at least two sub-contractors (electrical, mechanical, flooring, etc.) The sub-contractor list can be added to or contractors eliminated when quality issues, etc. come up.

The sure benefits of this route of handling small construction projects under $100,000 are as follows:

- No need to bid work
- Saves Time
- Known/proven Construction Companies would be performing the work
- Hassle Free process

Some Health Care Facilities have their own in house Facilities Managers and even some have multiple carpenters and other work force on staff. With downsizing and correct sizing, many organizations are taking a look at every department, and none are immune to cuts. Some Health Care Facilities are eliminating departments and hiring outside firms to maintain their property.

In these tough economic times, the way business has been done for years just do not work when it comes to protecting and increasing the bottom line for organizations. Especially for Health Care Institutions, *"thinking out of the box"* is well worth taking a look at.

James Cooper, President of Sterling Contracting, has spent the last 14 years in the Health Care Facilities renovating multiple Health Care Facilities in Pennsylvania and West Virginia. Sterling Contracting has continually worked with Health Care Facilities to assist them in increasing their bottom line, while maintaining state of the art facilities. Sterling Contracting would be happy to meet with you to review your requirements and offer its suggestions/recommendations. For more information, visit James Cooper www.sterlingcontractingllc.com or call 412-881-6001 x 205.

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At the West Penn infusion center this translated into focusing the design, and the budget, on the common areas and especially on the infusion stations. The IKM design took into account the need for space for the family or friends, since chemotherapy patients generally are accompanied by someone close. For these caregivers, respite areas were designed along the perimeter to give them windows and light.

While this is a nod to the caregivers, the desired result is also better patient care from a staff that has more engaged caregivers involved in the process.

Special emphasis was put on the design of the infusion area, patient lobbies and respite areas. The infusion stations receive plenty of light, with the windows separated from the patients by individual blue poly-resin panels. The panels were also used as dividers between infusion stations in a vertical curved wave that give the impression of water and offer a beautiful, soothing visual effect. The casework and lighting fixtures were upgrades in the patient areas but the tight budget dictated vinyl tile for the flooring. Saturating flooring colors in a creative pattern allowed a cost-effective choice to contribute to the overall success of the design.

Despite program changes midway through the project, the opening date remained unmoved. In the end the Center's opening was right on time. The infusion center offers patients a place that is both bright and soothing. The West Penn Allegheny Oncology Network has a space that assists in their patients' fights of cancer. The finished space is also the result of a well-executed design.

For more information on IKM, visit www.ikminc.com.

The Value Proposition: Meeting the Challenge to Attract and Retain Top Physicians

By Jim Moniz, MSFS

As a variety of economic, geographic and demographic conditions have resulted in physician shortages throughout the country, the challenge of attracting and just as critical retaining top physicians is poised to only get worse. As such, healthcare practices must employ specific physician recruitment and retention strategies that speak both to doctors as individuals, their role within the practice and to the practice as a whole.

Certainly, a competitive salary with a built in bonus plan is a key factor in attracting and retaining top notch physicians, specialists and surgeons. Every compensation dollar represents an investment by the medical practice that should produce a return – one measured both in physician commitment and increased productivity. Compensation strategies, however, must not only meet the needs of the medical group, but must also speak to the individual goals and dreams of the key physicians. If a physician has a clear vision of the impact his/her performance has on the group performance, a vested interest in the organization's success is developed, consequently creating a sense of ownership for the physician.

Healthcare environments that continue to successfully foster loyalty and achievement often do so through short-term incentive programs. Medical practices have the imperative to give proper weight to both short and long-term incentive programs when building a compensation design framework.

The fundamentals of a good incentive plan include the elements of vision, potential, communication and motivation. A sound incentive program projects the potential that can be realized if incentive promises are fulfilled – by both the medical practice and individual physicians. However, in the absence of well-defined indicators and a "best practices" framework for the long-term, even the most comprehensive program can fall short.

Indicators, which are sometimes referred to as measures and metrics in a medical practice's reward strategy, are pivotal to a comprehensive incentive program. Medical practices might include both general practitioners and specialists, with both bringing different opportunities for revenue into a facility.

A General Practitioner may see a high number of patients at a relatively low cost, compared with a surgeon who can generate a much larger revenue stream with just a couple operations. It can therefore be difficult to determine the extent to incentivize physicians, as the number of patients seen may vary widely. Ultimately, any incentive program must be built for the long-term; in that way a higher probability for retention exists.

The role of indicators is straightforward; they seek to improve performance, influence behavior and create focus. But these elements can only be achieved through communication and consistent reinforcement that promotes a practice-wide mindset of employee ownership.

Without a base of thoroughly defined indicators, employee motivation can collapse, creating a domino effect that can negatively impact an organization's structure and culture in short time.

By incorporating a few well thought out approaches to the design, implementation and communication of physician compensation strategies, medical groups can ultimately secure a path toward growth.

Jim Moniz is CEO of Northeast VisionLink, a Boston based executive compensation firm that works nationally with businesses, physician groups, medical practices, hospitals and other industries on strategies for recruiting, retaining key performers using rewards initiatives. To contact Jim, email him at jmoniz@vladvisors.com.

Building a Robust Succession Management Process

By Michael A. Couch

In a 2011 survey by Right Management, 91% of participating companies indicated that they had made some attempt at succession management but only 9% had a formal process. Seventy-Five percent acknowledged that they needed help to make their succession management process stronger.

If an organization counts itself in the 75%, what can be done to build a more robust process?

Build the Business Case. Succession management is no different from any key business process. It will more likely create value if the business case is firmly established from the start. Build a *Value Map* – a map that builds a clear linkage from key business goals to potential outcomes from SM that will help leverage the goal to the components or capabilities of the success process that will create the required outcome.

Build Leadership Commitment. Leadership commitment is a hallmark of any successful change management effort. In a 1997 HBR article, John Kotter called this "forming a powerful guiding coalition", a critical mass to assure that something worthwhile is accomplished. This is a natural outgrowth of the business case. The "what's in for the organization" and "what's in it for me" should be clear at this point. HR leadership plays an important role but the key is building commitment with line managers. As Kotter also said, "No matter how capable or dedicated the staff head, groups without strong line leadership never achieve the power that is required."

Build A Robust Process. The value map will define the key components of the succession management process. It will also assure that the process always has a strong link to business strategy, another hallmark of a robust process. The most often cited requirement for an effective SM process is a valid and reliable method of assessing talent. The best assessment practices are candid, facilitated, and behavior-based team discussions that do not require preparation or paperwork and do not depend solely on a single manager's assessment.

Build A Differentiated Process. Differentiated in two respects - Not all jobs/roles are the same and not all talent is the same. The SM process should clearly differentiate Pivotal roles from other roles in the business. Pivotal roles generate wealth for the firm and value for customers. They are usually a small percentage of total jobs and often require talent that is a rare commodity. There is also a wide variance in performance – not everyone can do them well. Talent planning for pivotal roles must be spot-on.

The talent assessment process will distinguish the capability of employees. How employees with different capabilities are handled must also be differentiated. The past CEO and Chairwoman of Xerox, Anne Mulcahy, stated in a 2009 NY Times article that "Not everybody is created equal, and it's important for companies to identify those high potentials and treat them differently, accelerate their development and pay them more. That process is so incredibly important to developing first-class leadership in a company.

Build Accountability and Follow Up. So the organization has a clear business case, committed leadership and a robust process that differentiates. That will all be for naught unless talent action plans are created for which managers are held accountable. As a plus, it is very difficult to have candid talent discussions (See Building a Robust Process) and just walk away without discussing ,"OK, now what do we do?" The company will have a clear picture of talent strengths and gaps. Now it needs to build a prioritized action plan that will significantly improve the talent picture. A 2010 survey by the Institute for Corporate Productivity (I4CP) showed that leaders in high-performing organizations are more likely to have talent specific goals and objectives.

Build Talent Data Into Business Intelligence. The data that flows from an SM process can be managed with spreadsheets. Pivot tables are a great way to slice, dice and filter the data to answer different talent questions, measure the process effectiveness or track progress.

- How many pivotal roles have ready-now, high potential back-ups?
- How many high-potentials have been in their present job more than 3 years?
- What % of pivotal roles were filled from within?

The list could be endless. The Value Map will help focus the analysis.

Tracking the SM data in relational, multi-dimensional business intelligence software offers an even more powerful means of analysis. Better yet, there are a host of integrated HRIS/Employee Performance Management/Talent Management systems available. It is one of the fastest growing HR Technology tools.

As president of Michael Couch & Associates, Inc., Michael A. Couch likes to help businesses grow. He made a career out of improving the performance of organizations as an internal consultant, a business executive and now in his own consulting practice, Michael Couch & Associates Inc. (www.mcassociatesinc.com).

Succession Management Defined

Succession Management (SM) is a deliberate and systematic effort to identify leadership requirements, identify pools of high-potential candidates at all levels, accelerate the development of mission-critical leadership competencies in the candidates through intentional development, select leaders from the candidate pools for pivotal roles and then, regularly measure progress.

Lead from your Strengths

By Patrick Ogburn

Many times, leaders who attain a level of success by advancing through their chosen professional discipline reach a level where their strengths don't seem to be getting them the results they expect at the next level. "What got you here won't get you there" is the title of a recent business book by Marshall Goldsmith. The reason the title is so catchy is that it expresses an idea that's been around for a while, and contains some intuitive truth.

Tone it Down?

Very often, strong leaders are told they need to "tone down" their strengths. All of us have known leaders who seem to exhibit too much of a good thing, and we have shorthand names for some of the more common examples: "know-it-alls," "flavor of the day" leaders who leave people bewildered as they rapidly jump from initiative to initiative, or the ever popular "control freak." Clearly we could point out aspects of overused strengths in each of those leaders, and most would agree that they seem to need to "tone it down" in some way. It's often not a simple matter of toning down a strength. Rather, it's more often a matter of better understanding and judiciously applying the *real* strength, and/or balancing that strength with new talents and perspectives that help to make more productive use of the best of who you are.

To illustrate the point, let's look at a real story of a leader, a technical expert who became a leader of people. In this case Kelly (not his real name) is a Ph.D. scientist, and has analytical skills well beyond your typical leader. He clearly and quickly sees to the heart of most technical issues, effortlessly fashioning elegant solutions before most people understand the problem. Suddenly, when leading other competent people, his best skills don't seem to be helping. His skilled and well educated employees don't want his elegant solution — they want to create their own. Truth is, he probably wants them to do that also.

Misapplied Strength

Very often, this is the point at which some well meaning coach will say: "You need to throttle back your analytical and problem solving skills." In fact, many times he had been told that very thing. Not so fast. While there is merit in the intentions, the suggestion is rooted in incomplete logic: "If a skill is getting in the way, don't use it as much." What this misses is that the skill or "strength" as we'll call it, is not the issue. The issue is behavior. A subtle distinction, but it makes all the difference when making an adjustment. In this situation, the behavior of solving direct reports' problems for them is one aftereffect of applying the problem solving strength – or more accurately stated: *mis*applying that strength.

OK – Now what?

The real question, especially for the practical minded among us, is "What do I do with this insight?" Here are five things you can do to move the needle:

1. Do the hard work of understanding your unique mix of strengths. Sometimes by simply building self-awareness you will move in the right direction. There are many ways to do this, including multi-rater feedback, assessments, and dialogue with people who know you.

2. Work towards balance. Very often, rather than simply "scaling back" your

strengths, better results can be gained by identifying counterbalancing strengths, that, if applied, could help you be more effective. In our example, Kelly could be more effective by strengthening his receptivity behaviors. By intentionally eliciting and reinforcing solutions from others, he would be able to mitigate some of the counterproductive effects of overusing his own analytical ability.

3. Look for ways to *reframe* and reapply your strengths. Sometimes the shift can be achieved by reframing the challenge to which you are applying your best self. In Kelly's case, rather than being a great scientist managing his team of technical experts, he can reframe his role as a leader of great technicians. First and foremost a leader of people, whose depth of knowledge in his field strengthens him as a leader. The shift is subtle, but can be profound, moving his focus onto developing others rather than showcasing his own skills.

4. Build in mechanisms for ongoing feedback. Development is, by its nature, a challenging and somewhat risky endeavor. Rarely do we get it right the first time. Find people you trust to give you meaningful feedback. If you have direct reports, cultivate dialogue with them that will allow them to give you meaningful feedback.

5. Make sure that you don't do this alone. Develop relationships with leaders you respect *for their ability to lead others.* Use them to get meaningful, objective coaching.

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Unresolved Conflict Develops Long-Term Unpredictable Consequences

by Alyson Lyon, MBA

As hospital and health system leaders position their organization for future reimbursement models, it is vital to consider that properly managed conflict has been identified as the #1 cost containment strategy available to effective leaders. Unresolved and mismanaged conflict leads to hidden agendas, lack of timely communication and reduced collaboration resulting in patient care mistakes, increased turnover and lost opportunities.

W. Edwards Deming, known as the Father of the Quality Evolution, said "it's impossible to predict the long-term consequences of poor quality." The same can be said of unresolved conflict.

Costs related to mismanaged conflict include:

- Increased management activities - Managers spend more than 25% of their time working on reducing conflict.
- Poor decision-making due to poor communication
- Less efficient workload – workload is restructured to accommodate employees in conflict.
- 'Presenteeism' - a term that describes a person who "retires on the job." They intend on leaving the job, but don't. They have lower commitment to their job and reduced moral. It's estimated that presenteeism may be as much as three times that of absenteeism (WarrenShepel (online), Health & Wellness Research Database, 2005).
- Absenteeism due to stress-related illness and the desire to avoid the conflict
- Employee replacement costs including termination costs, recruitment and effective onboarding time – the national average of voluntary resignations due to unresolved conflict is 65%
- Litigation and dealing with grievances

Why conflict isn't addressed?

- General discomfort with emotions related to conflict – just hope it will go away
- Fear that intervention will assume responsibility for the resolution
- Most hospital leaders and physicians have not had the benefit of in-depth conflict resolution training
- Lack of establish protocols for resolving conflicts within the organization
- Inability to acknowledge the existence of conflict when present

Avoiding conflict isn't an option. The Joint Commission recognizes the value of teamwork and mandates the development of a conflict resolution process in order to provide high quality patient care through collaborative working relationships. Clearly, managers and leaders must resolve conflict and channel the outcome to positively impact the work environment. This may seem obvious to most - but not always easy to implement without ongoing leadership development and the involvement by neutral facilitators. Effective leaders know what they are prepared to handle and when they need support.

In a recent case, the hospital Executive Committee took immediate action when they received an email from a Director of Nursing detailing another explosive interaction with a disruptive senior physician. The nurse manager followed protocol by contacting Human Resources and formally reporting the incident. In the formal report and in the email she expressed her anger and frustration because she and her staff regularly experienced verbally abusive interactions with this physician and others in the hospital. In the email, she mentioned taking legal action against the physician and the hospital system if the behavior didn't stop. The EC acted swiftly by personally reaching out to the Director of Nursing, seeking advice from the hospital attorney and contracting with a conflict coach consultant.

The consultants began a two-coach conflict resolution process with the physician and the Director of Nursing. The conflict coach worked on the underlying issues to extract the root cause and found answers that an insider could not find through discussion and investigation.

As a result, a harassment suit never materialized; the physician and the Director of Nursing came to a greater understanding of each other and made a commitment to work together as a team. Both continued their work with the coaches and modeled the way for others who were dealing with stress related anger and broken trust. Organizationally, the leadership development program was expanded to include emotional intelligence, conflict resolution and stress management. The conflict resolution process took about two months and the executive leadership coaching continued for another six months.

A significant cost benefit from the hospital's financial investment of working with a conflict coach consultant – aside from resolving the conflict with an independent outsider's perspective –included the long-term leader development approach for a model for growth and sustainability.

What can leaders do to reduce the cost of conflict?

- Increase self-awareness and understanding of conflict warning signs
- Become aware of people's passive / aggressive behaviors
- Take responsibility for personal and professional leadership development
- Ask for help through a mediator, ombudsman or conflict coach
- Develop others
- Act swiftly – the cost of delay has an unpredictable cultural impact

Alyson Lyon, MBA is an Executive Leadership Coach, Educator, Business Consultant and one of the founding partners of Higher View Coaching & Consulting LLC specializing in conflict resolution – litigation avoidance, leadership development, managing relationships and team dynamics.

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Devine Medical Practice Consulting: Helping Physicians Adjust to Electronic Medical Records

By Elizabeth Pagel-Hogan

Physicians face many struggles today, from financial concerns, to not seeing enough patients, to not caring for patients the way they want, to recruiting new physicians. Many times Electronic Medical Records (EMR) will help solve these and other challenges.

For over six years, physicians have been turning to Janice Devine at Devine Medical Practice Consulting hoping she will wave her EMR magic wand and solve their problems.


Janice Devine

"One of the first things I have to tell them is that if you don't have a well-run practice, an EMR will hurt you," she says. "Having sound operations and standardization are the keys."

Devine works with single physicians to larger doctor groups and shares her 25-plus years of physician practice operations expertise. Early in her career, she worked at Jefferson Regional setting up newly recruited physician in their own practices. She then moved to Highmark where she was Operations Director for 400 physicians and four primary care centers. At West Penn Allegheny Health System, she prepared them for the implementation of EMR into their primary care network of 145 physicians.

Devine opened her own consulting company with the goal of implementing EMR but 50 percent of her business is still in operational management and evaluation of physician practices.

"EMR is merely a tool," she explains. "If you don't run well on paper, you'll be a disaster on EMR."

Clients are typically struggling by the time they seek out Devine's company. An EMR implementation may fail due to lack of planning, not understanding the changes necessary in workflow, and minimal training. Other times, a practice may not have a strong IT infrastructure and is not equipped to handle a whole new level of cost, and security involved in maintaining electronic records.

Devine always cautions her customers that an EMR implementation is a big undertaking. In fact, it's probably the single biggest financial investment physicians will make in their practice besides their training—and that they should not underestimate the costs and time involved to learn their new system. As she educates practices looking at an EMR, Devine also warns that some staff members may not have the skills, desire, training, or background to be successful in an EMR environment. This is just one of many ways that Devine can help a practice. Her services include an assessment of the current staff's skill levels and the practice's overall operations.

"We go in to see how computer literate they are to estimate how the training will go. Some people don't want to learn but they have to understand this is how the practice will function moving forward," Devine says.

Devine currently sees a huge gap in medical staff training when it comes to EMR.

But once all of those issues are on the table—the costs, time, staff training and new workflows —Devine says that positive change can happen. Right now, change is the constant that Devine sees in healthcare.

"When I speak to hospital boards and administrators, I try to help them see that the physician of today is not the old physician. They don't have the willingness to give up their social life and family or go into private practice. Money isn't their main motivation," explains Devine. "Patients are changing as well; patients are a little more informed and are consumers. They want convenience and the technology."

Devine also reminds hospital administrators that an EMR is essential to recruiting new doctors from a new generation to their group.

"New physicians are being trained on EMR; they don't know how to do paper," explains Devine. "They want to be mobile and text orders to staff. EMR is the tool to help you do those things."

Finally, Devine tells her clients that EMR will help them in the new landscape of healthcare.

"You can't show you're a good player in an ACO if you can't produce your data and show patient compliance and outcomes. You cannot show that with a paper record," she says. "But the good news is that when I get a doctor successfully on an EMR, I've never had one want to go back to paper. The doctors and staff say, 'wow how did we do this all these years on paper?'"

For more information, visit www.devinemedconsulting.com.

Technology In The Workplace Divides Generations

By James R. Long, Ph.D.

It has been well documented that for the first time, there are 4 generations represented in today's workforce. The experiences of people born during a specified time period were exposed to certain social, political and economic circumstances that influenced their way of viewing among other things their attitude toward work. This includes Radio Babies or seniors, born before 1945; Baby Boomers born 1945-1963; Generation X born 1964 - 1982 and Generation Y, born 1983-2003.

Established medical practices in particular are subject to "Radio Babies" that are long-time employees. Many Baby Boomers still work because they are the largest population in numbers among the four generations. Technology and its impact are one of the ways we can distinguish one generation from the other and can cause conflict in the workplace.

Radio Babies were accustomed to gaining news of events around the world from radio announcements broadcast several days after the event. Baby Boomers grew up with television and typically learned of reports from around the world from television feeds the next day. Generation X had the advantage of computers communicating information for publication the same day as the event. Generation Y has benefited from advanced computer technology creating the opportunity to receive a direct feed as events are occurring. Think of the difference in the speed of communication when comparing World War II, Viet Nam, Desert Storm and Iraq. This message delivery creates expectations across the generations. Gen Y expects to get results immediately; Gen X wonders who is slowing down the process of getting things done. Baby Boomers are working overtime to fix something that can be done better than before and Seniors expect things to take time.

Each generation faces the challenge of understanding and communicating with each other. Generation X would rather e-mail you than talk on the phone. They also tend to view organizational meetings as a waste of time. Supervisees of Gen X Managers prefer meeting by telephone or in person to discuss issues when their manager believes most questions can be managed sufficiently by e-mail.

Generation Y is the group that is the least conventional in their thinking and can be the most frustrating to supervisors and managers. Gen Y was raised with all of the technological advantages and believe they know how to get the job done faster and better than their superiors. They also don't accept the idea that you have to work your way up to the top. In some situations where their job requires significant technological expertise, Gen Y's see little value in standard work schedules and no justification for having to work in an office when they could function remotely from home.

Communication in the workplace is always an important performance consideration. Communication issues created by generational experiences are complex and go beyond technology differences.

James R. Long, Ph.D., is the CEO, 21st Century Employee Assistance Partners. 21st Century Employee Assistance Partners provides workforce training, conflict resolution skills and on-going management support to create a balance in the workplace. Creating a work environment that appreciates older employees' experience and welcomes the contributions of newcomers can make it possible to capitalize on the widely diverse skills and knowledge each generation brings to the workplace. For more information visit www.21stcenturyeap.com.

Electronic Health Records — The Good, the Bad, and the Ugly!

By Ken Doerbecker

A survey published in the most recent edition of the AMA newsletter indicates information technology is currently the number one issue for medical practices. Feedback we've received here at the PA Hospital News shows choosing and implementing electronic health record systems (EHR) is the key concern. Unless you've been living under a rock for the past two years, this is probably not news to you. Let's face it; the thought of changing the entire process you use within your practice can produce high levels of anxiety.

The good news is that life on the other side of a successful EHR implementation can be significantly better. Well implemented, EHR systems have significantly improved the workflow, reduced costs, and improved profitability in many practices. One early implementer we worked with saw a 23% increase in profits last year.

Better access to patient records has been a godsend in many situations particularly those where patients are seen at multiple locations. Patients transferring in or referred by other practitioners utilizing EHR can also benefit greatly from this.

This is not to downplay the challenges of any EHR implementation. It will require that all constituents: vendors, consultants, practitioners, partners, administrators, and assistants maintain an open and positive attitude towards this change. It will require a sincere and serious commitment on the part of the partners. There will be disruptions, but proper planning can minimize the impact of these events. Employees adverse to transition and change will have a more difficult time adjusting. Some may not make it.

The keys to success are selecting the proper product in the first place, insuring your IT infrastructure is able to properly support the product, and selecting the right key employees to lead the project. The decision also has to be made whether it's better to implement EHR on your own in-house systems versus entrusting this key system to a cloud-based solution.

This series of articles will attempt to enlighten practices on these issues and assist them in making these decisions.

First let me point out that this may be a beautiful opportunity for practices to clean up your in-house workflow. Any EHR implementation is going to require that either you change the way you do business to conform to the product or visa versa. In reality this usually ends up being a bit of both. Suffice to say this is your chance to fix all those glitches you've been unhappy with over the years.

Next, let's address the issue of in-house versus cloud-based year EHR. With an in-house system you buy the EHR product and install it on your internal server's network and workstations. This provides you with the highest degree of control over your destiny. These are usually the most customizable solutions and add to the asset base of your practice. It will likely require upgrades to your existing equipment and perhaps your network. This will need to be assessed before making this decision. With a cloud-based solution, you use your current workstation and network equipment to access the server over the Internet. The EHR vendor provides the server and the software to you. This is normally done with a monthly fee billed over and over as long as you use their product.

While there are many things to consider in this decision, it usually boils down to size. A smaller practice with one or two doctors may opt for cloud-based solutions. Larger practices will likely find that it's more economical to buy the product for a one-time fee and be done with it (except of course for periodic updates). In reality, given that most practices operate multiple locations and that many practitioners like the ability to work from home, even an in-house system will be implemented using cloud-based techniques. While we have done both types, in-house systems seem to be the most frequent choice.

Then comes the task of choosing an EHR vendor. Daunting to say the least. All EHR products are required to achieve certification for meaningful use annually. The government has a list of functions required to do so that expands every year. If the EHR vendor cannot clearly show that their product can perform these functions, they will lose certification and the practice will not be reimbursed for the implementation. This aggressive schedule of updates will no doubt be fatal to many of the small EHR vendors. In other words, stick with the major providers.

The Certification Commission for Health Information Technology, CCHIT, is maintaining this program on behalf of the government. Details can be found on their website at www.cchit.org. These details change almost daily.

Restraints placed on the size of this article make it impractical to think that we can cover all of the considerations in selecting a vendor here. Suffice to say you should find a trusted local advisor who can assist you in this effort and is willing and able to see it through the final implementation and beyond.

If you have additional questions or need clarification on any of these points, please feel free to e-mail me at info@psipc.com. I'll be happy to discuss this with you further and provide you with the knowledge that we've learned from our own implementations. Good luck, see you next month.

After a 28 year career as an executive at IBM in field engineering, education, systems engineering, and sales management, Ken Doerbecker founded Perfection Services, Inc. to provide professional information technology support to the small business community in western Pennsylvania. In the 18 years PSI has been in business it has spawned 3 other spinoff businesses and now serves over 200 businesses with total end-to end technology support. Ken can be reached at kdoerbecker@psipc.com or 724 935-0300 x702 and welcomes the opportunity to answer your questions about your IT needs.

Leadership Profile: James Troup, Chief Executive, BI Consulting

By Daniel Casciato

Carnegie, PA-based BI Consulting is a subsidiary of physician-owned and operated Pediatric Alliance, a practice with nine divisions, 12 locations and 47 providers throughout the region. As an early adopter of the NextGen EHR/EPM system, Pediatric Alliance formed BI Consulting a year ago to leverage its IT resources and capabilities, making them available to other NextGen product users throughout the country.

James Troup

Today, BI Consulting and its 7-member firm offers a unique understanding of how NextGen products are successfully deployed across multiple practices and specialties, including: Pediatrics, Endocrinology, Gynecology and women's health services, and FQHC (Federally Qualified Health Centers). The firm partners with numerous health care practices that can benefit from its years of managing and supporting physicians groups and implementation experience.

BI Consulting offers full cycle implementation and support, project management, workflow analysis and support. It helps its customers build applications and templates, support upgrades and software releases, as well as upgrade support.

Western Pennsylvania Hospital News recently sat down with the chief executive of BI Consulting, James Troup, to learn more about the company and its plans for the future.

What was the driving force behind the formation of BI Consulting? BI consulting was born out of Pediatric Alliance, about four years after its purchase of the NextGen EHR/EPM system. During that time, Pediatric Alliance invested heavily in its IT infrastructure, especially around staffing and became an expert in the application. As a result, NextGen begin using Pediatric Alliance as a support site and as a reference. At that time, I thought that since we have these NextGen experts in-house, we should leverage that expertise in the community and form a subsidiary. Since Pediatric Alliance had been successfully supporting all 12 of our locations and 47 providers, why couldn't we do that for other groups?

Who would you say are your most valuable customers? Any group or heath-care provider using any NextGen application or product . We can be an add-on for large companies with robust IT department. Or, we can be the NextGen support for a small group that wants to outsource the work completely.

What would your best customers say are the main reasons they conduct business with you? One is that we are providers as well as consultants. We work with our providers daily. Because we're also a provider organization, we understand that aspect of the business, and we are able to apply that knowledge to our consulting work. We are also able to have an efficient system supported by our IT consultants. Additionally, when Pediatric Alliance began using NextGen, we learned how to customize the reporting aspects for ourselves to meet our specific clincial and business needs. So, now we can also offer customized reports and templates that don't come out of the box for our customers.

How would you describe the biggest challenges facing your customers and how can BI Consulting help provide solutions? With meaningful use—the HITECH Act—the deployment of an EHR needs to be well-thought out and planned from the design of the enterprise architecture , the applications templates and office workflow, as well as the training of staff. We have been able to help those organizations that didn't plan well, or those who feel the urgency to do it now because of the HITECH Act meet these obligations

What is the organization's top priorities for the next 12-18 months? New customer acquisition as well as learning about our customers and their additional needs. We are supporting six groups right now, and learning more about how else we can help and prepare them. The big push now is getting everyone to Meaningful Use.

As you think about the future of BI Consulting, what are you most excited about? How technology is changing the way providers practice medicine, and how technology can be aligned with physicians and have a positive outcome. We have seen it from the provider side and consulting side—it's exciting to see teh interplay between the two.

What do you like best about working for Pediatric Alliance/Bi Consulting? We have a very team-based approach. We have different experts on our team from an EHR training expert, project managers, to a -report developers, technicians and other technology professionals. . Everyone is working towards the same goal. We want to make sure our customers are moving forward with their technology deployment and to begin to get a return on investment on their technology .

For more information, visit www.biconsultingpa.com.

Why Should Nonprofits Consider Using an Investment Advisor?

FINANCIAL PLANNING

By Dotti Bechtol and Michael Fertig

Are you involved with or have a favorite charity? Is that charity doing all it can to preserve capital and generate income so that it can continue to fulfill and sustain its mission?

The last few years have produced many challenges for nonprofits. The state of the economy has donors and grantors turning conservative and more selective in their giving. It's more important than ever for endowments, board-directed funds, and other surplus capital to be protected and conserved.

Many engage a professional to help with the critical job of managing the organization's endowment and surplus funds. Investment advisors can help nonprofits preserve their capital by using their expertise to bring together all the pieces of the financial picture to coordinate with the strategic plan of the organization. By taking a holistic approach toward financial management, an ethical and thorough advisor will work with boards of directors and executive directors to provide clarity in the financial planning and investment process. The advisor will combine its knowledge, methodology, and experience to collaborate with the board to develop a sound approach for helping to meet the goals of the organization. Advisors are trained, certified, and held to a high ethical standard requiring them to put the organization's interests above their own.

The process begins with ensuring the advisor, the executive director, and the board conduct a thorough discovery process and gain agreement on a complete understanding of the nonprofit's needs, goals, challenges, and opportunities. A one-size-fits-all approach doesn't work. Each organization is unique; and there must be well-established communication between the organization and the advisor.

The discovery process must include a discussion about functional segregation of assets, spending needs, and risk tolerance. That discussion will produce a plan on how to protect and grow the funds by allocation of assets and appropriate diversification to keep risk in line with the tolerance level of the organization.

A financial advisor will also bring value-added services to the relationship to build what should be a long-lasting partnership between the advisor and the nonprofit. An example of a value-added service would be helping with governance issues such as ensuring the organization has a sound Investment Policy and Guidelines Statement and guidance on how to galvanize the efforts of the board.

Working with a financial advisor helps ensure that, as a board member, you are doing all you can to protect the assets of the organization and fulfill your fiduciary duties. A recent study on similar fiduciary assets in retirement plans conducted by the consulting firm of Aon Hewitt, and advice firm Financial Engines, shows that the median annual return with the help of an advisor is almost three percentage points higher than the return for those investing on their own, even after taking fees into consideration.

You probably hire a mechanic to repair your car; an architect to design your building; an accountant to understand your taxes. Consider working with an investment advisor to help achieve the goals of your nonprofit. All advisors are not the same. Consider using an advisor that is fee-based. That helps avoid any potential bias that may come from commission-based products.

As a community, we should each do our share by supporting our nonprofits that provide such necessary and valuable services. Join a board, make a donation, volunteer for your favorite charity because a healthy nonprofit sector is necessary to make our community a better place to live, work, and raise our families.

If you'd like to discuss what is keeping your favorite charity from efficiently achieving its mission and what interferes with your organization's ability to meet its goals, please call Dotti Bechtol, Fiduciary Asset Business Development Officer at 412-227-3208. Dotti will be happy to discuss their nonprofit services, or you can email her at dbechtol@fragassoadvisors.com. To learn more about Fragasso, visit www.fragassoadvisors.com.

ABOUT THE AUTHORS:

Dotti Bechtol is Fiduciary Asset Business Development Officer of Fragasso Financial Advisors, a fee-based investment management and financial planning firm headquartered in Downtown Pittsburgh, named by Barron's as one of the top 100 advisors in the United States[1]. Prior to joining Fragasso, she spent 15 years in the nonprofit sector, serving on Boards and, for 7 years, as CEO of a health-related 501(c)(3). She uses her prior experience to develop clients in the nonprofit community by guiding them toward understanding how to preserve capital and generate, at a minimum, sufficient income to meet their needs. She graduated summa cum laude from Chatham University with a BA in Economics and Psychology. Dotti is on the Advisory Board for the Pittsburgh Vintage Grand Prix, races in their annual race in Pittsburgh and instructs individuals on how to drive on racetracks. She also serves on the Board of Governors for the Rivers Club in Pittsburgh.

Mike Fertig is Managing Director, Foundation and Endowment Assets at Fragasso Financial Advisors. He works with Dotti in developing clients in the nonprofit community that would benefit from Fragasso's investment management and fiduciary consulting. He joined the firm in 1993. Michael is a graduate of Slippery Rock University with a major in Political Science. He is currently working toward his CFP® or Certified Financial Planner ™ designation through the College for Financial Planning in Denver. Michael serves on committees for the South Hills Chamber of Commerce and also coaches youth baseball through the Bethel Baseball Association and youth football for the Bethel Park Junior Hawks.

[1]Factors included in the rankings: assets under management, revenue produced for the firm, client satisfaction, regulatory record, and philanthropic work

Gazing Into the Future of Hospital Financial Management

FINANCIAL PLANNING

By Jan Jennings, LFACHE, AMHFMA

An old rule of thumb is that a hospital needs (requires) 150 percent of depreciation in the form of free cash year in and year out in order to maintain the physical plant and equipment, replace old technology and acquire new technology. Less than one in five hospitals met this standard in the most recently recorded fiscal year. More concerning, it is estimated that less than one percent of American hospitals broke even on the Medicare program last year.

Despite all of the political bickering in Washington, D.C. there is uncanny bi-partisan consensus to reduce federal support for the Medicaid and Medicare Programs for U.S. hospitals. Why? Hospitals have minimal political support. It is breathtaking to take in the political clout of the pharmaceutical industry. Medicare Part D was rammed through the George W. Bush Administration with no offsets and with extraordinary ease. American hospitals have not seen anything on this level since the passage of Medicare itself in 1965. With unlimited political contributions permitted by U.S. corporations to political campaigns and the extraordinary restrictions for political contributions from the hospital sector, we are simply outgunned in the political arena.

For those of you feeling warm and comforted by the Affordable Care Act (Obama Care), it is scheduled to remove $550 billion over the next ten years in federal support for the Medicaid and Medicare Programs.. Of course, it is possible the U. S. Supreme Court will invalidate Obama Care in the June deliberations of the high court. Alternatively, if a Republican President is elected in November, all standing candidates for the Republican nomination are committed to repeal Obama Care.

There are or have been other attacks on Medicaid and Medicare funding. Many state houses have already dramatically reduced Medicaid funding and hundreds of hospitals are reeling in an effort to balance their budgets as a consequence. And then there are the speculative proposals to whack away at the Medicare Program. When the congressional Super Committee was debating ways and means to reduce the federal budget late in 2011, the Obama Administration offered an additional $320 billion in Medicare cuts, over the next ten years, to move the process along. When the committee efforts failed, pre-agreed cuts hit many federal departments. Scheduled for January 1, 2013, under Medicare Sequestration, is a 2 percent across the board cut to all Medicare payments to all Medicare providers. While the total is unknown, this is a serious blow to those communities with a heavy Medicare patient care load.

To illustrate that these cuts are by no means partisan, the point person for Republican federal fiscal policy if Wisconsin Representative Ryan (R) has proposed $6.2 trillion in federal cuts from all areas over the next ten years. The Ryan Plan provides some definition to the so-called "Medicare Voucher Option." This is by no means clear with respect to how these cuts will impact Medicare providers and Medicare subscribers, but there is no question that the impact would be unimaginable.

With all of the political volatility in Washington, D.C., it is most likely that none of these cuts, as defined, will ever see the signature of a U.S. President on a piece of federal legislation. The people I trust are the leadership of the Healthcare Financial Management Association and they predict an eight to twelve percent cut in Federal support to the Medicaid and Medicare programs over the next five years. This will close hundreds of marginal U.S. hospitals and cripple essential community providers all over the United States.

I reviewed this material with a focus group from the *Institute for Healthcare Executives and Suppliers* recently. The most thoughtful take away for me from one of the hospital CEO's in attendance was, "You have to start now to prepare for an unknown future, otherwise you will be left in the dust." I would strongly urge you to read the case study of Dr. Gary Kaplan, Chairman and CEO of Virginia Mason Medical Center in Seattle, Washington. Therein lies the future to hospitals that deserve to be open and providing the highest quality and affordable care. Should you avoid this opportunity, you are either near retirement or willing to proceed at your own peril.

Jan Jennings is president and Chief Executive Office of American Healthcare Solutions. For more information, visit www.americanhs.com.

Statistical Relevance in a Pool of One

By Neal Hurley

"On average…" How many times have you used that phrase and what does it really mean? If a man stands with one foot in a tub of boiling water and his other foot in a tub of ice water, then "on average" he must be comfortable. Right?

As an insurance professional, I see plenty of actuarial statistics regarding death and disability. For example, a 30 year old has a 1 in 4 chance of suffering a long term disability prior to age 65 that lasts more than 90 days. Is this statistic any more relevant to you than the example above?

To an actuary, this ratio is a starting point when devising a price structure for a disability insurance carrier. She knows that with a large pool of insureds, there is a certain predictability on the number of claims and so a cost can be calculated for anyone wishing to enter the protection of the pool. The smaller the pool, the greater the deviation from any actuarial predictability. Hence, the greater likelihood of either extremely large profits or catastrophic losses. To the actuary, it is simply a mathematical calculation with financial implications.

On the flip side, what does it mean to you, an individual? Absolutely nothing! Nada! You don't have a 1 in 4 chance of anything; there are no 4 tries to get to retirement. *There is only 1 of you, so you will either suffer a disability or you won't, making your chances 0% or 100%.* The actuary's comment to that would be that for you, as an individual, "a pool of 1", there an incalculable risk of disability.

You own a home, a car, some jewelry, perhaps even a boat or weekend cottage. These are all valuable assets but they are not your "most" valuable asset. As a professional, your greatest asset is you and your continued ability to earn a living. After all, it is that asset that makes all your other assets possible. So now what? Wouldn't it be reasonable to protect that most valuable asset, just as you do your home, your car, etc.? Is it not equally, if not more, important?

Disabilities do happen; they do ruin careers and they do devastate families - both financially and emotionally. As with all your "hard assets", the insurance industry has also created various products to help manage the risk of the loss of your income.

Personal Disability Insurance can replace a significant portion of your income if illness or injury keeps you from working or causes your income to drop, allowing you to maintain your household and your family's lifestyle. An Own Occupation definition of disability can add an extra measure of protection.

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A Retirement Protection Policy makes deposits to your retirement plan when a disability interrupts your regular retirement contributions. Disabilities don't necessarily mean you won't need retirement funds someday.

If you are a business owner, a Business Overhead policy will pay fixed office expenses, keeping your business alive. This gives you time to either, recover and return to work or to sell the business that is still open. Additional business policies are also available to cover other specific needs.

As with any other insured product related to your health, you must meet the insurance carrier's health criteria in order to use these products to shift the risk from your pool of 1. So, if you are feeling pretty good this week and you haven't done it before, maybe this is your opportunity to dust off the old "round tuit" and take a look at these risk management tools. By the way, on average, how many times does opportunity knock?

Neal Hurley is Disability Insurance Specialist at Hurley Associates and a Principal of Hurley Insurance Brokers, Inc. Established in 1988, Hurley Associates provides insurance products and services to healthcare professionals nationwide. To learn more about their services, call 412-682-6100 or visit them on the web at www.hurley2.com.

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providers, PCMH is being advanced as an approach to solving the intertwined problems of spiraling costs and fragmented care between primary care physicians, medical specialists, hospitals and other providers.

PCMH looks especially to preventive measures to help control chronic conditions, one of the main drivers behind health care costs. The healthy 50 percent of the U.S. population accounts for only 7 percent of health care costs. The 10 percent of the population considered at-risk for chronic disease accounts for 19 percent of costs; people with chronic conditions with co-morbidities make up only 7 percent of the population but account for 23 percent of costs. And patients with advanced illnesses, just 3 percent of the population, account for fully 29 percent of health care costs.

The PCMH system rewards physicians for time spent on patient counseling and education, reporting clinical outcomes and coordinating care with other physicians and health care providers. Physicians meet performance measures focused on care coordination, access, chronic care management and prevention and wellness. Benchmarks include clinical measures for common chronic conditions such as asthma and COPD, diabetes, coronary artery disease, congestive heart failure and hypertension.

Ultimately, physicians also are measured by how much their patients use other health care services, including emergency room visits and hospital admissions and re-admissions.

The PCMH concept isn't new to Highmark. After participating in the Pennsylvania Governor's Office of Healthcare Reform Pilot beginning in 2009, the prominent health insurer introduced a two year pilot PCMH program in 2011, with expansion scheduled for summer 2012.

Practice transformation is required for successful Patient Centered Medical Homes. To that end, Highmark's pilot provides physician practices with prospective payments to help cover initial transformation expenses. One element that is critical to the success of a medical home is care coordination. Highmark supports practices with care coordinators who work directly with patients and the practice staff to develop a model for the clinical support professionals—certified registered nurse practitioners (CRNPs), physician assistants and others—who play a vital role in care coordination in the PCMH.

One crucial aspect of the PCMH is also one of the most simple: communicating with patients. The goal is that providers will be able to spend more time listening and talking to patients and families and following up to ensure they understand medication instructions or contacting diabetic patients who have not had an eye exam. Simple outreach makes patients feel cared for and ensures they take steps to keep their health under control.

Another cornerstone of the PCMH is information technology to communicate efficiently with the many caregivers who may be involved in the care of one patient—a model that also will help practices comply with the meaningful use guidelines for electronic health records that have been established by the Centers for Medicare and Medicaid Services (CMS).

In the busy day-to-day reality of physician practices, PCMH seems like a tall order. Initial progress may be slow, but practices now in the first wave of accredited PCMHs report that treatment and medication compliance improved within a short time. PCMH will be an important element in a health care landscape that controls the costs— human and economic— of chronic diseases.

Linda Weiland is Vice President of Provider Network Innovation and Partnerships for Highmark Inc. She is responsible for Highmark's pay for quality performance strategies and programs. She is also responsible for the management of dedicated clinical consulting resources and partnerships with providers to derive provider performance improvement in care quality, care delivery, patient safety and improved patient clinical outcomes; and management of Highmark's Patient Centered Medical Home care delivery models. Weiland holds a master's degree in business administration from the University of Pittsburgh, Joseph M. Katz Graduate School of Business and a bachelor's degree in healthcare administration from the University of Pittsburgh. For more information, visit www.highmark.com.

Making the Most of Life

favorite memories and common interests with her volunteer visitors. The conversations were so enjoyable that time flew right by.

"Would you stay an extra hour with me?" Josephine would ask. Her volunteers enjoyed the time together as much as she did.

While not every hospice worker always has extra time, it's what we do with that time that matters. Through its various services, hospice helps patients and their loved ones make the most of every day through meaningful engagement and enrichment. It is our goal that every staffer makes a difference, by serving patients and families with compassion and respect.

An hour's time can be significant. Sixty minutes of football decides a champion. Sixty minutes of news brings us up-to-date on the day's happenings. Old friends can get together for coffee and catch up over the course of an hour. And an hour in the garden can brighten the look of your home.

We try to never lose sight of the significant things that can be accomplished in an hour's time. It may be as simple as one of our nurses taking the time to explain the benefits of hospice and answering the questions of concerned family members. Or a social worker making sure a patient receives all of the services and benefits that they possibly can. And it could be the time spent between our bereavement counselor and a loved one who is grieving. That time means something different to each person – and to each it is precious in a unique way,

Josephine passed away with a Family Hospice volunteer at her bedside – and with a faint smile on her face. She felt blessed to enjoy so many "extra hours" with her friends and caregivers.

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

One Extra Hour

By Rafael J. Sciullo, MA, LCSW, MS

We turned our clocks ahead on March 11 for Daylight Savings Time, gaining that coveted "extra hour" that has become a rite of spring.

Beyond the actual daylight, the move seems to have a profound psychological effect. The extra hour helps shake the winter doldrums improves the overall mood of the population.

In end-of-life care, an extra hour can mean so much more.

Josephine was a hospice patient who cherished her extra hours. She did not have much in the way of family, so her team from Family Hospice and Palliative Care were like family to her. Diagnosed with ALS, she eventually suffered from the limited mobility that comes with the disease. But, Josephine did not allow ALS to stop her from enjoying her "extra hours."

Josephine welcomed the opportunity to experience the full continuum of care

No matter the circumstance, the time hospice personnel spend with those they serve is precious.

offered by Family Hospice. Of course, she received regular visits by our clinical staff and social workers – but also took part in expressive art and music, received massage and physical therapy, spiritual care counseling, and she looked forward to the visits she received from Family Hospice volunteers.

Never shy to express what she was feeling, Josephine would often ask some of her Family Hospice team members for that extra hour.

There was the time that Leonard, her Family Hospice spiritual care specialist, was visiting. The two enjoyed a lengthy discussion about a number of meaningful topics. Sensing their time was just about up, Josephine asked: "There is so much more I want to discuss, can you stay an extra hour?"

"Well," Leonard replied, "you are my last scheduled appointment for the day – so yes, let's keep this conversation going."

And the visits by our volunteers were always a highlight. Josephine loved sharing

Hospitals as Centers for Healing

by Nick Jacobs

In a New York Times Op-ED by Theresa Brown on March 15th entitled *Hospitals Aren't Hotels*, she clearly articulated the company line regarding the new patient centered care requirements being imposed upon hospitals by previously the Bush and now the Obama administrations through CMS. Although Ms. Brown is most probably a world class nurse, she echoes the sentiment being expressed by many healthcare leaders regarding the realities of current thinking in hospital care. In her op-ed, she writes that *"A lot of what we do in medicine, and especially in modern hospital care, adheres to this formulation. We hurt people because it is the only way we know to make them better."*

Having been in senior management in healthcare for over twenty years as an officer and for the last dozen years prior to my retirement as a CEO, this type of rationalizing was a constant symphony. My experience was very different because it was from the patient's point of view. Almost ironically, prior to entering the healthcare field, I was the CEO of a Convention and Visitors Bureau, and I saw firsthand what could be done in healthcare. The irony for me was that, once I was in a position to introduce a more patient centered environment in hospitals, the push back was relentless and unending. That was until I became a CEO and took an unmovable stand on this issue.

You see, this is not a situation where patient centered care resulting in higher acceptance wouldn't work; it is a situation as so aptly described by Ms. Brown where "We hurt people because it is the only way we know to make them better." Once while observing a young child being treated in the Emergency Room I heard blood curdling screams. After the treatment was complete, we brought that team of care givers together to discuss what had happened. During that conversation, we asked if any type of topical pain killer could have been used. Their response was, "Yes, of course, we just never did it that way." It was *done that way* from that day forward.

What we are missing here can best be described by reading the poem "Calf Paths," by Sam Walter Foss in which he describes a walk taken by a medieval calf that ended up being the foundation laid for what later became a road, then a primary street through a medieval town and finally a major highway. Healthcare is based on conservative tradition, and it is well known that, as stated by a seasoned VA nurse at a presentation that I gave, "We are famous for eating our young if they don't follow the traditional path set out for them by our healthcare ancestors."

Our hospital offered massage, stress management, music, aroma, pet and all other types of therapy. We had 24 hour visiting, beds for our visitors beside their loved ones and double beds in the OB suites. We baked bread in the hallways, had popcorn machines and live music in the lobbies, but most importantly, we provided our employees classes in emotional intelligence and sensitivity. We provided them with the knowledge that every aspect of what we did we did as a Good Samaritan. We embraced the philosophy of "Doing unto others what we would have others do unto us," and then we capped that with a commitment to provide *unconditional love* to our patients and their families.

The result? This hospital had the lowest restraint, readmission, lengths of stay and infection rates of it 18 peer hospitals. But most importantly, even though the patients came from the same pool of humanity, we had the lowest mortality rates. But here's the real irony for this lesson, our employee and patient satisfaction rates were in the highest possible percentages. Treat people with kindness, love and respect. Explain to them when they will hurt and why and then respect their needs. That's not a hotel. It is a center for healing.

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

Avoid These Public Speaking Traps!

By Maureen Murray, MSEd

Most of us would much rather be in the audience than be the speaker. But our jobs often require that we speak at workplace meetings or conferences. You can increase your chances of being a confident and effective speaker if you avoid these three major public speaking traps:

Making it about yourself

Feeling anxiety before we speak is a natural reaction to our fear of looking foolish or uninformed in front of others, especially our peers. As a result, we feel pressure to deliver an excellent presentation, to really nail it. That's where the anxiety becomes a vicious circle——we're nervous about speaking which feeds into anxiety about doing a perfect presentation.

Here's how to break the cycle of anxiety: Consider speaking as service As you prepare to speak, think of ways your message will help your listeners, i.e., reducing stress, making jobs easier, saving time and/or money. This shifts your attention from you to your audience, and reduces self-consciousness because the emphasis is on now on them and not on you. When we consider speaking as service—-how can I help?—-we become more persuasive and worry less about our performance. We're too busy helping others.

Action step: Write on an index card: "How will this presentation help my listeners?" List your three most important answers. Look at the card as you practice, and take it with you to the presentation or meeting to remind yourself that your job is to serve your audience. This will shift the focus away from you, and reduce your anxiety in the process.

Over preparing and under practicing

Presentations require practice! But because we want to provide valuable content, it's tempting to keep searching for yet another scientific study or fact to include in our remarks. It's also tempting to keep tweaking the PowerPoint until the day of the presentation. Over-preparing a major trap because it consumes time we should devote to practicing our presentation. Remember that a smooth and engaging delivery is more effective than a rushed and choppy delivery loaded with every possible fact.

Practice your presentation out loud. Sitting at your computer and practicing the presentation in your mind is not adequate preparation. You must practice out loud for two reasons. First, for comfort: You don't want the first time you hear the remarks coming out of your mouth to be the time it counts! You do want the sound of your voice speaking the remarks to sound familiar. This will generate a secure and confident feeling of "I know this."

The second reason to practice out loud is timing. It takes about 25 percent longer to speak your remarks out loud than it does to say them in your head. Practice out loud to avoid the stress of running out of time before you run out of material.

Action step: In addition to practicing your entire presentation out loud several times, practice your opening few sentences an additional five times to help you get through that first—-and toughest—-minute.

Failing to keep the audience engaged

You're presenting valuable content with poise and presence to an interested audience. But as time passes, you notice that attention is starting to wane. Your challenge is to take steps to keep your listeners alert and engaged. This is especially important if you must speak after a meal, deliver a long presentation or one that provides a lot of data, such as a healthcare presentation.

There are many ways to keep listeners engaged such as questions, relevant stories or anecdotes, show of hands ("How many of you…"), handouts with blanks to complete, brief partner activities, and having them share how they will implement the learning.

Action step: Write at least three specific ways you will engage the audience of your next presentation.

These strategies will not only make your session more interesting and memorable, but will help you to develop more confidence as a speaker.

Maureen Murray, MSEd, is a national speaker, trainer, and coach with extensive experience presenting to groups and coaching individuals in the healthcare industry to speak with more power, presence and poise to grow their careers. Contact her at 412-561-1577, mmurrayha@aol.com or www.maureenmurrayassociates.com.

A Story of Strength in the Face of Tragedy

By John Ellis

On a sunny Pittsburgh afternoon in June last year, Neil Alexander received the kind of news we all dread. The progressive muscle-twitching he had experienced for the previous 18 months was diagnosed as Amyotrophic Lateral Sclerosis (ALS), the devastating and incurable condition better known as Lou Gehrig's disease.

During the days that followed, as Neil struggled to process his doctor's findings, he focused on his family – his wife, Suzanne, their daughter Abby, 10, and eight-year-old son, Patrick. Concern about their security when he was gone; thoughts of his wife with whom he now knew he would not grow old, children he would not see blossom into adulthood, future grandchildren he would never know.

But then Neil, 46, transformed the crushing news of his diagnosis into a courageous rallying call for fellow sufferers of the disease. He and Suzanne established a fund at The Pittsburgh Foundation, *LiveLikeLou.org*, to raise public awareness about ALS, to help finance critical medical research and to provide urgently-needed support for victims and their families in Western Pennsylvania.

The fund is named for baseball legend, Lou Gehrig, to honor the example he set for all people living with ALS.

"There are still moments every day when I think I've been cheated, that Suzanne and I have been robbed of our future together, how the disease has taken away our plans and our hopes for our family," said Neil.

"But I have decided not to spend my time being angry. We are all living with limited time on this earth and I am on the same journey that everyone is going to take at some point. Unlike most people, I am able to personalize my journey, and hopefully in the time I have left there is a lot we can do to help others."

Neil and Suzanne are not alone. The support that has gathered around them from family, friends, neighbors, co-workers and volunteers resembles a small, devoted army, all committed to helping them personally and raise money for the fund. Neil's work colleagues – he is Director of Corporate Services with leading financial management firm, Hefren-Tillotson, Inc. – have already hosted fundraising events and more are planned.

Neil will use a special website – bearing the same name as his family's fund, *LiveLikeLou.org* – to provide fundraising updates and to receive contributions. He plans to document the relentless progress of his disease with photographic and narrative journals on the site, and Neil and Suzanne recently hosted their 20th wedding anniversary party where they renewed their marriage vows. Instead of gifts, donations were requested for their fund.

"For many ALS patients and their families, this diagnosis means financial ruin," said Neil. "The equipment, medication, home modifications, communication and transportation devices are all extremely expensive and urgently needed soon after diagnosis. Suzanne and I are fortunate because we are financially secure, and we have a strong network of family and friends willing to help us. We are grateful and want to spend this next chapter helping other ALS families who are less fortunate."

The Alexanders

Neil and Suzanne are very much aware of what lies before them. Most ALS patients pass away within two to five years of their diagnoses. Approximately 10 percent benefit from a plateau or slow progress of the disease, extending their life expectancy to 10 years or more.

The mission that Neil and Suzanne have set for themselves – to raise money for research into ALS and to find a cure – at times seems daunting. The disease was first identified in 1874, and since then, little scientific progress has been achieved, even though more than 5,000 individuals are diagnosed with ALS each year in the United States alone. A similar number die of the disease in the U.S. every year, and at any one time there are approximately 30,000 ALS sufferers.

But, like Gehrig before him, Neil proudly continues the fight for people with ALS. "We are doing it for the benefits we can create for other sufferers of ALS and their families, for the hope that renewed research may bring, but also as a vehicle for personal growth for our kids so they will know that we didn't let this happen without a fight."

John Ellis is Vice President Communications for The Pittsburgh Foundation. For more information about Neil and Suzanne and their LiveLikeLou.org Fund at The Pittsburgh Foundation, please visit: www.LiveLikeLou.org.

Physician Office Safety Practices: Ailing and In Need of Standardization

By Sandie Colatrella, RN, BSN, CLNC

There are an infinite number of cases that illustrate those who have fallen victim to adverse medical events and personal injuries which occur in physician offices. Consider the 4 year old boy who was electrocuted in an Internist's waiting room when he touched a bare electrical wire on an aquarium. The employee who, when taking out the trash, is stuck by a needle and becomes infected with Hepatitis C. An 85 year old woman that trips on a curled and frayed carpet entering a physician's office- falling and breaking her hip. The 40 year old woman , in for a weekly allergy shot, who goes into anaphylactic shock where there is not adequate resuscitation equipment in the office, no physician on site and the patient dies waiting for the ambulance to arrive.

Research on risk mitigation within hospitals and larger health care institutions has grown precipitously and given traction to national patient safety initiatives. However, despite this awareness, physician offices, which are far and wide the most utilized sector of the health care system, have lagged behind in establishing standards for implementing vigorous safety plans. Statistics tell the story. It has been estimated that 24% of preventable adverse medical events and one out of every four medication errors occur during office visits. Outpatient medical errors also precipitate 5% of hospital admissions involving pediatric patients. Liability can arise from variety clinical, environmental and access issues, such as ADA compliance, poor lighting, icy sidewalks and missing fire alarms and extinguishers. What infection control measures are in place? Are there policies that address scheduling and follow up? Does the number of patients scheduled per hour allow adequate time for thorough patient care? Are there follow up procedures in place for reporting test results and for scheduling follow up appointments? Is there a patient education program? What staff training programs are in place? Some items seem like common sense, like keeping corridors free of obstructions and medications locked, to ones that are more complicated.

Let's take emergency preparedness for an example. To start, every physician must assess his or her own risk. Each office must consider the type of emergencies that they should be prepared to deal with; for example, the internist and cardiologist are more likely to see cardiac emergencies; the immunologist, doing allergy testing, is more inclined to see iatrogenic complications. Physicians should have appropriate emergency equipment that meets the demographic of patients commonly treated in their practice—adults, pediatrics, asthmatics, seizures—physicians should consider these factors when developing a plan. Also, both the equipment and the emergency protocol must reflect the level of the staff's training and experience. No office should stock equipment that cannot be safely used by the office staff. No medication should be made available if office personnel cannot manage the drugs most common side effects, such as respiratory depression that may result from benzodiazepine use. If no one in the office is proficient in intubation, having a laryngoscope is not necessary, but in every office, it is essential to have staff that is trained in basic CPR that remains proficient in bag-valve mask ventilation.

AED's are now more frequently available in public spaces such as airports, sports arenas and government buildings, so it is not unreasonable to think a physician office building and/or offices should be equipped with the device. The newer AEDs have voice and visual prompts that allow for ease in training, use and safety; this combined with falling prices (between $800-$1500)—AEDs are increasingly being seen as a standard emergency equipment for all medical practices and especially for practices at high risk for cardiac arrest, such as cardiology, family and geriatric practices. Survival rates, when rapid defibrillation is employed, are reported to be as high as 90% in medically supervised environment. The target time is less than 5 minutes for collapse-to-shock interval. The survival rate decreases by 10% for every minute until a defibrillation shock is delayed. Leading to the point, that even in the absence of an AED, part of an effective plan is the ability to quickly identify an emergency situation and a timely and appropriate response. Knowing the number for an ambulance service; notifying the local emergency department of the patient's history and information that will be valuable for triage, are equally important to more positive outcomes.

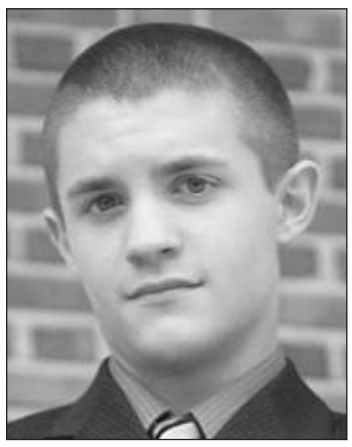
Certainly, the days of having an epi pen and tongue depressor wrapped in gauze in the drug cabinet for emergencies are gone. John Brewer, NREMT-P, ALS/CPR Instructor with Tri-Community South EMS and Dental Education, Inc., Pittsburgh, PA emphasizes the need for every physician and dental office having a basic emergency kit. This kit should include oxygen (minimum of 1-e cylinder), a variety of basic masks, a cannula, O-2 nebulizer mask, a variety of sizes of bag valve masks, pocket masks, a glucometers with strips, a bottle of baby aspirin, a bottle of nitroglycerin tablets, albuterol, an adult/pediatric epi pen, (2) pre-filled epinephrine 1:1000 (as back up to epi pen), (2) Benadryl 50 mg, IM, (2) 1 cc syringes, (2) 3 cc syringes and a tube of cake icing (for patients in diabetic shock). Offices need to be prepared to manage a medical emergency for at least 10 minutes. Add an AED and basic life support training for the staff, at $35.00 for two years certification, and it is difficult to argue the cost compared to the fact every primary care office will experience one to five medical emergencies per year and the peace of mind it will bring. Policies and procedures should be concise and reviewed on a routine basis.

It is a common misconception that if the medical office does not have the equipment because it is not mandated by some regulatory agency, that the physician will not be held accountable for a bad outcome that results. If a patient-physician relationship is established, the physician has an obligation to treat within his or her scope of practice; within the standards of care for that specialty. In some states, there is a duty-to-assist, even if not a medical professional, even if only means calling 9-1-1. There are states that failure to do so is considered a misdemeanor; some even carrying fines if a person does not render assistance. Most hospitals and state licensing agencies require physicians maintain basic CPR certification so it is considered reasonable, within a physician's scope of practice, that CPR is performed if appropriate. Medical professionals should not be lured into a comfort zone feeling ill fated resuscitation efforts in their office will be covered under Good Samaritan Laws.

Good Samaritan Laws are written to protect those who choose to serve and tend to others who are injured or are ill. These laws encourage people to act without hesitation or fear of being sued for unintentional injury or wrongful death. Such laws however are not universal and do not generally apply to medical professionals or professional emergency responders. Even when working in a volunteer capacity, medical professionals are not always covered under Good Samaritan Laws. Fundamental to these laws is the legal principle of "imminent peril" where the victim's life must be in danger and the Good Samaritan must act rationally, in good faith to their level of training. In a physician office, when emergency intervention is necessary, some, not all states will recognize the event under the Good Samaritan Law as long as no reward or financial compensation has been received for the service. In some states, even if you are not a medical professional, you must have formal CPR training and certification to attempt to resuscitate a victim. It is important for physicians to be familiar with both common and civil state laws as they pertain to their responsibilities to their patients and visitors in their office, as well as outside of their work environment.

Physicians and their staffs should not fall victim to poor safety policies any more than their patients. The notion that implementing a safety plan will require additional staff and strain already stressed financial resources many times stands in the way of physicians moving forward with a legitimate plan of action. But in reviewing the avoidance costs versus the positive return on investment both for the patient and the practice, there should be no debate. The "Hazard Warning" sign at the entrance of every physician office can be taken down by the establishment of a discerning safety committee and policy manual driven to prevent medical errors and avoidable accidents and injuries. Physician Office Site Standards are now available through credible sources, including medical specialty societies, CMS, MGMA, ECRI, OSHA and professional safety consultants. There are generic checklists and sample policies and procedures available that can serve as a foundation and facilitate the physician's ability to execute a program that will reap rewards well worth the expense and effort.

5 Things To Look For When Entering The Cloud



By Joshua Dronzek

When discussing cloud computing, many have the misconception that it is prohibitively expensive or that it is simply not something that their business could benefit from. The truth is that it usually more affordable than you may have thought and just about anyone stands to gain from it in one way or another. Here are the top ten reasons why you may want to consider moving your business into the cloud.

1) Ease Of Access/Availability - Currently, your practice has hundreds, possibly thousands of patient and/or client files in cabinets stacked to the ceiling. Although this method may have worked for years, there are much more efficient alternatives. As everything goes digital, so must you. When your documents and files are stored in the cloud, searching is instant. You simply type in what you are looking for and with the click of a button, your documents can be found. Utilizing cloud storage also ensures that your data is stored at a secure offsite location that is accessible around the clock, 24/7.

2) Security - Storing data in a cloud environment is immensely more secure than having the documents stored in your office in paper form, or sitting on your own server. Put into perspective, here are a few dangers that could arise if you choose to store your own documents and files onsite: What if the building burns down? How secure is your server? Who monitors your office when you leave at night? Most offsite storage companies employ highly trained developers and security personnel to monitor and safeguard your data both physically and electronically. When looking for a cloud storage solution, be sure to ask about this. Note that some companies publicly release this information about their data centers, while others do not.

3) Portal Technology - So what's a portal? Basically, when your documents are stored in a cloud environment, the cloud provider or developer has the ability to allow users of your choosing to access these files remotely. This can improve productivity in many ways. Patients could log into your portal and change their demographic data, contact information, allergies, current medications, and more. Doctors can also log in and see all of their patients and corresponding information. Most cloud providers do not offer this feature because of the complex coding and development time that is involved, but a select few do however. If this is important to your business, be sure to ask about this.

4) Future Proof – One thing that haunts some cloud computing providers is outdated technology. Make sure that the cloud enabled application of your choosing is built on current technology so that it will be relevant and supported for years to come.

5) Price – Price is, of course, always a huge factor when thinking about migrating to a cloud-based solution. Here are some questions you may want to ask yourself and your solution provider:

a) Is there a per-user cost involved? Is there a site license option?

b) Am I entered into a contractual obligation? Do I need to purchase a separate maintenance contract?

c) Are there hardware and/or installation costs?

d) How long does migration take and is there a cost involved to migrate legacy data?

So, where should you start?

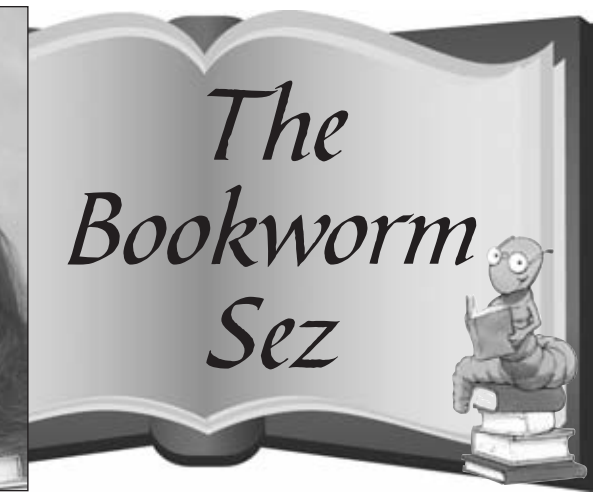
Utilizing cloud-based solutions can be extremely beneficial in many ways, but problems could also arise. A great resource to learn about common problems and solutions is TruthAboutSoftware.com - They provide real life answers to common problems. One final word of advice is that if your business or organization must comply with HIPAA regulations; make sure that the company you choose to store your data is also compliant.

Joshua Dronzek is CEO of GreySignal, Inc. Bring your practice or organization online with GreySignal's technologies. GreySignal, Inc. is a Pittsburgh based data management & cloud technologies company servicing clients worldwide with its products that include offsite backup, SaaS applications, domains, hosting, virtual & dedicated servers, SSL certificates, and more. GreySignal offers many incentive programs and also has many partner & reseller programs available. For more information, visit www.greysignal.com; call (888) 803-9194; or email sales@greysignal.com.

"Uncommon Service: How to Win by Putting Customers at the Core of Your Business" by Frances Frei and Anne Morriss

c.2012, Harvard Business Review Press $29.95

U.S. & Canada 247 pages



You've never had a worse shopping experience in your life.

The store wasn't even busy that day, but there was nobody on the sales floor. When you finally did spot a human being with a nametag, she was surly and the cashier snarled a sarcastic "thanks" before literally throwing your purchase in a bag and shoving it across the counter.

Shocked, you knew two things for sure: you'll never shop there again, and you would never allow your employees to behave that way. You know good customer service when you see it, but in the new book "Uncommon Service" by Frances Frei and Anne Morriss, you'll learn how to do it best.

We've all been there: standing with our mouths open, utterly stunned by the presence of abysmal customer service. It's irritating, it's maddening, and somebody's losing business over it. So how can you make sure you're not the one losing?

Frei and Morriss say that the first – and hardest – thing to do is to "have the stomach to do some things *badly*." And to achieve that, you must understand The Four Service Truths, the first of which is that you can't be good at everything.

Yes, indeed, excellence comes at a price. There are certain things about your business that your customers value more than others. What's not important to them probably shouldn't be overly important to you.

But you can't give stellar customer service away for free. Someone has to pay for it, whether you raise prices (the easy way to do it), reduce costs, or you teach your customers to do some of the hard work for you (the fun way to do it). The good news is that the fun way "gets the most attention."

Though it's easy to point fingers, you should understand that bad customer service is not the fault of your employees. Your hiring process might be all wrong. Maybe the job is designed poorly or IT tools are overwhelming. Perhaps training is inadequate, or you're giving employees too many tangible incentives and not enough pride in their jobs.

Finally, know that customer management is important. Give customers some level of involvement. Let them serve themselves. And if all else fails, fire them.

"Uncommon Service" starts out as dry as a museum bone. There were a lot of heavy sighs in my house at the beginning.

But then authors Frances Frei and Anne Morriss started to make things sound fun for both customers and employees, and that's pretty exciting. Through examples from internet, banking, retail, and service industries, they prove that their Four Truths are real truths and, though there are some dig-in-deep exercises, most of what is suggested is easy to do and will give any business owner more insight to their business.

I liked this book, and I think you will, too, because – hey! - don't we all know a lot of businesses that badly need a copy of it? To stay certain that you're not one of them, read this soon because "Uncommon Service" is uncommonly helpful.

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.

Custom Packaging Prescriptions—RxMap First In PA

By John Chamberlin

As partner and owner of Professional Specialized Pharmacies, LLC, which operates five Hometown Pharmacy stores in the Pittsburgh area, Shawn Nairn has been in the retail pharmacy business for 12 years. Additionally, he is a partner of a long-term care pharmacy called Mission Pharmacy Services.

Given his success in the retail pharmacy industry and the strong desire to provide more convenient, secure manners of distributing medications to patients, Nairn has now concentrated his focus into personalized packaging of multi-dose medications.

As Nairn states, "The reason we developed RxMap is that, now, more than ever, patient's compliance to medication is part of the healthcare paradigm. To reduce healthcare costs, we need to help patients to be more compliant with their medications so that they stay healthier and stay at home longer."

The RxMap packaging systems allows for patients, who are receiving multiple daily doses and/or multiple medications per day to have their prescriptions packaged in the same bubble packaging and marked for the day, and time of day the prescriptions are to be taken. In Nairn's terms, "The RxMap program allows people to take multiple doses of multiple medications without opening all of the pill bottles every time."

In the home setting, there may be family caregivers to parents, who have to separate the patient's dosages each day to insure compliance. The RxMap system provides the patient's medications already separated and labeled and then delivers it to their home, i.e. morning dosage, afternoon dosage.

Director of Sales and Marketing, Lynette M. Tomasetti says, "The first interaction for an RxMap customer is a pharmacist discussing the medications with the family or patient either over the phone, in person at the store or even at their home. The pharmacist then contacts the primary care physician and explains the RxMap process. It's a very high-touch pharmacy approach."

Nairn calls it "a concierge pharmacy."

A key point to remember is that while RxMap can help seniors, it also applies to any patient that takes multiple doses and multiple medications. For example seizure patients or patients with a complicated regimen of medications for autism can also benefit from the RxMap program.

Nairn realizes that there will be many questions about this new service from patients, patient families' as well healthcare providers. For example:

- "Who provides the quality assurance on the dosages and packaging?"
- "What does this kind of customized service cost?"

Shawn Nairn creating an RxMap Bubble Package along with pharmacist, Sarah Hoover.

- "How easy is it to get refills?"

With the RxMAP system, a registered pharmacist will call the patient's physician(s) to verify all medication doses, quantities and directions. Once all of the medication information is recorded, the pharmacist will organize the pills in the packaging according to the directions of the physician and ensure that medications do not interact with one another.

As far as the cost, there was originally a $14.95 per month service fee for the RxMap program but due to its success they have decided to offer it for free. Customers will only be responsible for the cost of their normal co-pays. And as for refills, Hometown Pharmacy keeps track of them and will automatically refill the patient's medications and deliver them. The pharmacist communicates with the physician to stay up to date on physician orders.

As a physician or other healthcare professional, you can suggest this service to your patients. They can be enrolled in the RxMap program by simply calling Hometown Pharmacy at 412-539-1331. There is also an online application through www.MyRXMap.com.

What the Health Industry Needs to Know About Trade Secrets

By David Oberdick

If a company owned a million-dollar diamond, they certainly wouldn't leave it sitting out in the middle of an office – it would probably be protected with countless security systems. Yet every time an employee logs into the office computer system, the company's highly valuable trade secrets, sometimes worth even *billions* of dollars, sit at his or her finger tips, and many employers in the medical industry don't know how to protect their information.

In a recent trade secrets case that resulted in the largest intellectual property verdict of 2011, St. Jude Medical, Inc. was awarded $2.3 billion for the misappropriation of trade secrets by an ex-employee. In the case, a former hardware design engineer of St. Jude Medical was accused of leaking secret documents with information about making implantable medical devices, such as pacemakers and defibrillators, to a Chinese start-up company in which he owned a 48 percent stake. The court ruled that the documents were protected trade secrets and that the employee's transmission of the information to another company was illegal.

The case should be a wake-up call to all companies in the health industry about the importance of protecting trade secrets. Trade secrets are similar to patents, but the fundamental difference is that trade secrets are kept confidential whereas patents require public disclosure. Additionally, patents have a limited life span but trade secrets can be kept indefinitely so long as the protected information remain confidential and not known publicly. The Coca-Cola® formula is the prototypical example of a trade secret. While it could have been protected as a patented formula, it instead has been safeguarded in a confidential manner and held for a long time as a trade secret. These two advantages can make trade secrets incredibly valuable.

Trade secrets can also cover a much wider variety of information than patents, especially in the health care industry. Trade secrets can include not only the obvious intellectual property categories, such as new inventions, technologies and improved processes, but also materials such as customer or patient lists and contacts, marketing tactics, pricing/discount information, and vendor contracts and other information. In fact, there have been numerous trade secret lawsuits that have involved doctors or medical product sales representatives who have used patient lists of their former employers to set up a competing practice.

Because of the wide range of information that can be considered trade secrets, every health care company from large research hospitals to small, individual doctor's offices should understand what their trade secrets are. Courts generally define trade secrets as any information developed by a company that is not generally known in the industry and provides economic benefit to the company because it is kept confidential.

Confidentiality is the biggest problem with trade secrets since the information has no protection once it has been revealed, whether by accident or on purpose. Thus, it is extremely important that companies make every possible effort to keep all sensitive material confidential. The law does not protect information that the company does not take reasonable steps to keep secret.

The biggest challenge to confidentiality is usually the company's own employees, such as in the case of St. Jude Medical. Health care companies should adopt a strict confidentiality policy and clearly explain it to all employees before they begin work at the company. As a condition of employment, the company should require all employees to sign a non-disclosure agreement. When an employee leaves the company, the company should conduct an exit interview, collect physical documents and electronic information and reiterate the trade secret policy. The employer may even consider requiring a departing employee to sign a written acknowledgement that he or she understands the trade secret policy and will not divulge any company secrets.

Other steps health care employers should take to protect trade secrets include:

- Protect digital information with passwords which are given to a limited number of staff.
- Store physical documents in locked filing cabinets.
- Label all sensitive files as "confidential." Make sure that they are marked as such at the top of each document or file.
- Require any outside vendors or contractors to sign non-disclosure agreements.
- Make sure that the trade secret policy is written in the employee handbook and continually reiterate the policy through periodic memos or newsletters, updates to the policy, annual performance reviews and staff meetings.
- Follow smart document destruction procedures, such as shredding.
- After an employee leaves, change passwords for confidential files to which they previously had access.
- Have exiting employees certify in writing that they have returned all copies of secret material and given back all company property, such as electronic devices.
- Require employees to sign restrictive covenants, such as non-competition agreements, which preclude a former employee from working with a competitor in a position where a risk of use (or, more accurately, misuse) of confidential and proprietary information would exist. Such restrictions are typically subject to reasonable limitations as to geographic and temporal scope.

All health care companies, from small doctor's offices to major medical device developers and research hospitals, have valuable information to protect that could mean the difference between a thriving business and a lagging one. Building a strong internal policy system of confidentiality is the most important thing that a company can do to protect the information that gives it an economic edge.

David Oberdick of Meyer, Unkovic & Scott, LLP can be reached at dgo@muslaw.com.

Excela Health Announces Personnel News

Two physicians on the Excela Health medical staff specializing in pulmonary and critical care medicine recently received additional board certification in Sleep Medicine. Newly credentialed by the American Board of Internal Medicine in this subspecialty are **Elie Abdallah, MD** and **Richard Kucera, MD,** of Pulmonary and Critical Care Associates in Greensburg,

This specialty area of medicine deals with the prevention, assessment and treatment of sleep disorders and associated behavioral and emotional problems. Through a team approach, physicians and specially trained registered sleep professionals work together to treat insomnia, excessive daytime sleepiness, sleep apnea/snoring, narcolepsy, nocturnal mynoclonus (strong leg kicking during sleep), restless leg syndrome, circadian rhythm disorders linked to jet lag or shift work, as well as sleep-related movements and behaviors such as nightmares, sleep walking, sleep talking and seizures.

Eligibility requirements for physician board certification involve 10 years of practical and clinical experience in the field of sleep medicine and completion of an extensive certification exam. Annual continuing education credits are required to maintain certification.Excela Health provides sleep studies in collaboration with LifeLine Centers for Sleep Disorders.

Excela also announced that **Maureen Brant**, employee relations coordinator at Excela Health Latrobe Hospital, is newly credentialed as a Senior Professional in Human Resources (SPHR®). She joins Laurie English, HR Shared Services, in holding this distinction at Excela Health. Certification is based on experience and educational requirements as well as an exam, and is valid for three years.

To receive certification, Brant demonstrated knowledge of Strategic Business Management; Workforce Planning and Employment; Human Resource Development; Employee and Labor Relations as well as Risk Management.

For more information, visit www.excelahealth.org.

Blind & Vision Rehabilitation Services Names New Board Member

Blind & Vision Rehabilitation Services of Pittsburgh recently welcomed to its Board of Directors: Dr. Laura A. Pallan, a board-certified ophthalmologist. Dr. Pallan is a native of Pittsburgh and obtained her undergraduate and medical degrees from the University of Pittsburgh. She has been practicing in the Pittsburgh area for the last 16 years, and her area of expertise is cataract surgery and diseases of the eye.

For more information, visit www.pghvis.org.

Healthcare Professionals in the News

Altoona Regional Foundation for Life Seats New Officers

Altoona Regional's Foundation for Life, which raises funds to support exceptional nonprofit health care for everyone in this region, seated new officers for 2012-15 at its December board meeting. They are: Neil Port, chair; Barbara Kooman, vice chair, and Nancy Campbell, secretary/treasurer. Ann Benzel is chair emeritus.

In addition, Bill Wallen and Jack D. Schocker, M.D., were reappointed for three-year terms on the Foundation for Life board.

Other board members are Joseph L. Antonowicz, M.D.; James P. Burke, M.D., Ph.D.; Sherry L. DelGrosso; Nancy Devorris; Ray Eckenrode; Michael A. Fiore; John A. Freas; Michael Settimio, and Carlos Wiegering, D.C.

The Foundation for Life, a private 501(c)(3) nonprofit organization, will host two fund-raising events this year: Annual Golf Classic on June 25 at Scotch Valley Country Club and Holiday Splendor on November 9 at the Calvin House.

To make a tax-deductible donation to the Foundation for Life, call 889-6406 or visit www.altoonaregional.org/gift_giving.

New Foundation for Life officers (from left) Ann Benzel, chair emeritus; Neil Port, chair; Barbara Kooman, vice chair, and Nancy Campbell, secretary/treasurer.

Canonsburg General Hospital Welcomes Director of Environmental Services

Lauren McKinley

Lauren McKinley of Coraopolis was recently appointed the Director of Environmental Services at Canonsburg General Hospital. McKinley received her Bachelor of Science degree from Cornell University, School of Hotel Administration in Ithaca, NY. She has previously worked as Assistant Director of Environmental and Linen Services with ARAMARK at Ohio Valley General Hospital. McKinley has experience with supervising teams of employees and works hard to reach customer service and quality goals.

For more information, visit www.wpahs.org.

Altoona Regional Health System Announces Personnel News


Jim Kimble

Altoona Regional Health System recently hired **Jim Kimble** as director of Environmental Services. Kimble, who is relocating from Chattanooga, Tenn., has more than 18 years of experience in environmental services. He has worked for large health care management companies, in addition to Xanitos, the current manager of Environment Services at Altoona Regional. Before coming to Xanitos two years ago, Kimble worked for other national providers and served as an area director by managing environmental services and laundry operations for hospitals and nursing homes in Tennessee, West Virginia, Maryland, Virginia, North Carolina and Pennsylvania. Raised in Scranton, Jim is a 1992 graduate of Penn State University with a bachelor's degree in Health Planning and Administration.

Mehrdad Ghaffari, M.D., medical director of Altoona Regional Health System's Sleep Center, has received certification in sleep medicine from the American Board of Internal Medicine. Board certification in sleep medicine signifies clinical competency and expertise in the diagnosis and management of sleep-related disorders. Dr. Ghaffari also is board certified in internal medicine, pulmonary medicine and critical care medicine. Altoona Regional's Sleep Center, now located at Station Medical Center, 17th Street and 9th Avenue, Altoona, is in its 20th year of helping people with sleep disorders. The Center has performed nearly 5,000 sleep studies just in the past five years.


Mehrdad Ghaffari

Darlene K. Newman, LPN, an Atlas abstractor in Altoona Regional's Health Information Management department, Altoona Hospital Campus, recently retired with 43 ½ years of service. She was hired in 1968 as a licensed practical nurse on a medical/surgical/gynecological floor. After 10 years, she transferred to the Medical Records department, where she took patient histories at the bedside for physicians until 1981. Darlene then became an Atlas abstractor, the person responsible for collecting morbidity and mortality rates for certain procedures for the Pennsylvania Health Care Cost Containment Council (PHC4). Newman resides in Altoona.


Darlene K. Newman


Diana Seymour

Also, retiring is **Diana Seymour,** medical laboratory technician, from the Altoona Regional Health System Laboratory, Altoona Hospital Campus, with 46 ½ years of service. Altoona Hospital hired Seymour 1965, one day after she completed the hospital's yearlong Medical Laboratory Assistant program. In 1997, she graduated from St. Francis University with an associate degree in Medical Laboratory Technology. She was named "most outstanding student" in her graduating class. Seymour lives in Altoona.

For more information, visit www.altoonaregional.org.

Healthcare Professionals in the News

HMHP Names New Chief Financial Officer


Matthew Love

Humility of Mary Health Partners (HMHP) announced the appointment of Matthew Love to the position of Senior Vice President of Finance/Chief Financial Officer. He will begin his duties on February 13, 2012.

Before accepting the position with HMHP, Love served as the Vice President of Strategy, Planning and Operations for Methodist Healthcare's Lebonheur Children's Hospital in Memphis, Tennessee. He also was the Executive Co-Director of UT Pediatric Specialists, a multi-specialty group practice.

Prior to that, he held the position of Vice President of Finance and Corporate Decision Support at University Hospitals Case Medical Center in Cleveland. He brings a wealth of experience in finance, revenue cycle management, and contract review.

Love, a fellow with the American College of Healthcare Executives (ACHE), earned a Bachelor of Science in Industrial and Systems Engineering from The Ohio State University and a Master of Business Administration from Cleveland State University.

Love will oversee the general finance areas for HMHP, physician practices, health information management, revenue cycle, patient financial services, and patient admitting / registration.

Love fills a position formerly held by Don Kline who was promoted to chief financial officer for Catholic Health Partners' (CHP) Northern Division.

Learn more about HMHP online at www.HMpartners.org.

Gateway Health Plan Announces New Hires

Janice Prewitt

Gateway Health Plan® (Gateway) has named **Janice Prewitt, RN, CCM, CPHQ**, as the Vice President, Health Services the company announced today. Ms. Prewitt will report directly to Michael Blackwood, President and CEO, Gateway Health Plan® and become a member of the senior management team.

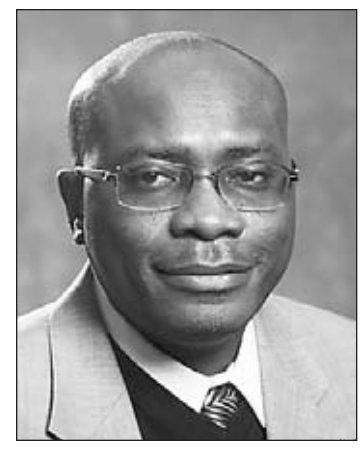
Prewitt has been involved in managed care for the past 27 years, having worked for some of the most prominent companies in the field, including United-Healthcare care for eight years as a Vice President for Health Services; Care Source for six years as a Senior Director; as well as Anthem Blue Cross-Blue Shield and Kaiser Permanente.

Her scope of responsibilities has included Utilization Management, Care Management, Preventive Health & Wellness, Disease Management, Credentialing and Quality Improvement. She has implemented a number of member and provider quality incentives and programs over those years. She is experienced in both Data Informatics and Integrated Care Management projects and her Quality Improvement programs have resulted in significant improvements in both HEDIS and CAHPS scores. Prewitt has been involved in pediatric populations and prenatal programs serving high risk populations. She has helped design and implement specific programs for sickle cell, COPD, end-stage renal disease, congestive heart failure, asthma and diabetes.

As an experienced nurse, Prewitt has held executive operational responsibility for the oversight of many other health care professionals, which has yielded both positive clinical results as well as financial savings. Most recently, she has served as the Senior Program Manager in Health Operations for the Blue Cross Blue Shield Association in Washington, DC, covering five million federal employees across the country. Prewitt provided oversight to all Blue Cross-Blue Shield Plans to ensure that they had Disease Management programs operating in five of the most prominent chronic disease categories.

Healthcare Professionals in the News

Additionally, **Austin Ifedirah, MBA and DDS,** has been named as Vice President, Medicare at Gateway and will assume the leadership role for the Gateway Health Plan Medicare Assured(r) HMO SNP product. Dr. Ifedirah will report directly to Michael Blackwood, President and CEO of Gateway and become a member of the senior management team.



Austin Ifedirah

Dr. Ifedirah has extensive experience in the Medicare Special Needs Plan arena. From 2005-2009 he served as Senior Director of Operations, Market Head and Director of Special Needs Plans for XL Health Corp. In Baltimore, MD. He helped their Plans grow to 80,000 members in the first year of operations with revenues of $1.2 billion. From 2002-2005

he served as the Manager for Business Development for Elder Health HMO, Inc. in Baltimore where he led a 3-county expansion, leading to significant growth and Plan expansion into Washington, DC. He led the strategy formulation, due diligence, market entry/development, network expansion and regulatory filings for Elder Health during this time period. He led successful development on new markets in Texas for their Medicaid/Medicare products in seven metropolitan areas and developed partnerships with long term care providers resulting in an $80 million product line exclusively for them.

In the early '90's, Dr. Ifedirah practiced general dentistry and oral surgery after taking over a failing practice and increased patient flow by 200 percent, while turning a profit in his first year. For the last two years, Dr. Ifedirah has served as President/CEO of Aegis Healthcare in Springfield, VA, a Medicare/Medicaid certified Home Health Agency where he established fiscal parameters and oversaw all operations to satisfy board expectations. At Aegis, he was accountable for federal certification, solvency, planning and all aspects of administration.

Dr. Ifedirah earned his Master's of Science in Business Administration from the Darden Graduate School of Business Administration at the University of Virginia in 2002, and his Doctor of Dental Surgery degree from the University of Benin in Nigeria in 1991.

For more information, visit www.gatewayhealthplan.com.

Landau Building Company Announces New Hire

Jeremy Bowlby

Landau Building Company is recently announced that **Jeremy Bowlby** has joined the company as a Project Manager.

Bowlby brings over six years of experience in private and public commercial construction. He has been involved in restoring, renovating and constructing commercial buildings, including LEED certified projects. Bowlby holds a Bachelor of Science Degree in Civil Engineering from the Pennsylvania State University and a Master of Business Administration from the Katz Graduate School of Business at the University of Pittsburgh. Prior to joining Landau, Bowlby worked in the Pittsburgh area as a project engineer and project manager on projects totaling over $35 million.

For more information, visit www.landau-bldg.com.

HONOR ROLL

Esteemed Children's Hospital of Pittsburgh of UPMC Cardiologist Awarded the Peter and Ada Rossin Endowed Chair in Pediatric Cardiology

Steven A. Webber

Steven A. Webber, MBChB, MRCP, chief of the Division of Pediatric Cardiology at Children's Hospital of Pittsburgh of UPMC, has been awarded the Peter and Ada Rossin Endowed Chair in Pediatric Cardiology.

The Peter and Ada Rossin Endowed Chair in Pediatric Cardiology is a jointly recognized academic chair within the University of Pittsburgh School of Medicine and Children's Hospital. The Rossin Foundation focuses its funding on health care and education and is committed to supporting organizations that enhance the lives of people in western Pennsylvania.

Dr. Webber is co-director of the Heart Institute, medical director of Pediatric Heart and Heart-Lung Transplantation at Children's, and is a professor of pediatrics and clinical and translational science at the University of Pittsburgh School of Medicine.

The Heart Institute at Children's Hospital, led by Dr. Webber and Victor Morell, M.D., is comprised of a team of more than 170 professionals who provide a continuum of care for patients with congenital heart disease from fetal diagnosis through adulthood (through its Adult Congenital Heart Disease Center). More than 15,000 patients are cared for annually through the Institute's 15 locations and more than 30,000 diagnostic tests, 750 cardiac catheterizations and 500 surgical cases are performed.

Dr. Webber's research focuses on strategies to improve outcomes for children with advanced heart failure, including those who have received heart transplants. He leads a team of researchers performing innovative multi-institutional clinical research to improve the outcomes of pediatric heart transplant recipients who struggle with infections, tumors and organ rejection. His work has been supported by more than $15 million in research grants from the National Institutes of Health. Specific areas of research include prevention of malignancies after transplantation, improved immunosuppressive medication regimens, mechanisms of graft rejection and understanding how genetic differences in patients predispose them to different outcomes. One important goal of this research is to help understand racial differences in patient outcomes after transplantation.

Dr. Webber is a founder and past-president of the International Pediatric Transplant Association, which is dedicated to advancing transplantation in children. He also is past-president of the Pediatric Heart Transplant Study, a research consortium of over 30 leading pediatric heart transplant centers in North America. He is a past board member of the International Society of Heart and Lung Transplantation and currently sits on the board of the American Society of Transplantation. Dr. Webber is the editor-elect of the journal *Pediatric Transplantation* and is the incoming chair of the Thoracic Committee of the United Network for Organ Sharing. He is the co-editor of several textbooks devoted to the field of solid organ transplantation.

For more information, visit www.chp. edu.

VA Butler Honors WWII And Korean Era Women Veterans

Retired Colonel Gary Kuhn thanked the three women Veterans for their service and then presented each woman with their medals.

VA Butler Healthcare recently held a ceremony to honor WWII and Korean Era women Veterans in the Adult Day Health Care (ADHC) Program. Marine Corps Veteran Helen Erdos, Air Force Veteran Marianne Heasley and Army Veteran Marie Miller were presented with military medals they earned during their service, but never received.

"We wanted to honor a generation of women who served their country in a time of great need, but did not receive the recognition or benefits their male counterparts earned," said William Kircher, Event Coordinator and ADHC Therapist. "One of the women was a living 'Rosie the Riveter,' in that she worked on and welded ships in the Pittsburgh region for the war effort, just as her famous counterparts did on the Eastern and Western Coast shipyards."

The ceremony began with the pledge of allegiance and opening remarks from VA Butler's Director John Gennaro and VA Butler's Women Veteran Program Manager Brenda Sprouse. Retired Colonel Gary Kuhn then presented each woman with their medals, as well as a history booklet about their service. Following the ceremony, a reception with refreshments was planned for all Veterans, family members, and guests sponsored by American Legion Post 778.

"Even if the history books don't always show it, women have been playing an essential role in the U.S. military for hundreds of years," said Sprouse. "Women were and are an important part of our armed forces. It is an honor and privilege to serve them every day at VA Butler Healthcare."

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

Conemaugh Health Foundation Scholarship Awarded to Rad Tech Student

The Conemaugh Health Foundation has awarded a $500 scholarship to student Brandon Cook of the Conemaugh School of Radiologic Technology.

"I knew I loved technology, I was fascinated by anatomy and I loved working with people," writes Cook in his submitted scholarship essay regarding his future career as a Radiologic Technologist.

Eligible candidates for the scholarship are individuals enrolled as full-time Radiologic Technology student with a grade point average of 3.0 or better. Candidates must exhibit a pattern of good class and clinical attendance and demonstrate a professional attitude and clinical competence.

After graduation, Brandon wishes to continue his education by specializing in Magnetic Resonance Imaging (MRI) or Computed Technology (CT).

For more information, visit www.conemaugh.org.

Gloria Mongelluzzo, Program Director of the School of Radiologic Technology (left) and Louise Pugliese, Director of the School of Nursing (right) present a $500 Conemaugh Health Foundation Scholarship to Brandon Cook, Radiologic Technology student.

Gateway Health Plan Pharmacist Receives Research Prize

Melinda Kozminski, PharmD., Gateway clinical pharmacist, received the 2012 Wiederholt Prize for her research published in the March/April issue of the *Journal of American Pharmacists Association* (APhA). Dr. Kozminski will receive her award at the APhA's Annual Meeting and Exposition next month in New Orleans.

Melinda Kozminski

Kozminski was selected for her APhA paper titled, "Pharmacist Integration into the Medical Home: Qualitative Analysis." Her research focused on analyzing the acceptance of integrating a pharmacist directly into a family medicine practice. The pharmacists involved had direct patient care experience and split their time between two different family medicine practices with the results being overwhelmingly positive. Dr. Kozminski led research that included 83 interviews with physicians, nurses, staff, and patients from August 2009 to June 2010.

The researchers discovered that many of the healthcare professionals valued the pharmacists as an important new member of the practice, providing additional evidence that the role of the pharmacist is changing and expanding into a more clinical and patient-centered role.

Dr. Kozminski's research was partly funded by the Pennsylvania Pharmacists Association Educational Foundation, as well as in-kind support from the University of Pittsburgh, and UPMC St. Margaret.

Collaborating with Dr. Kozminski on her research include: Rachelle Busby, PharmD.; Melissa Somma McGivney, PharmD.; Patricia M. Klatt, PharmD.; Stephanie R. Hackett,PhD; and Joel H. Merenstein, M.D., all from the University of Pittsburgh and UPMC St. Margaret or UPMC Health Plan. At the time of this study, Dr. Kozminski was a community practice resident at the University of Pittsburgh School of Pharmacy.

The Wiederholt Prize was established to recognize the best published paper in JAPhA describing original investigation in the area of economic, social and administrative scientists.

The APhA Awards and Honors Program is the profession's most comprehensive recognition program. In 2011, APhA recognized numerous individuals, organizations and schools/colleges of pharmacy for their contributions to advancing the profession of pharmacy. Through its awards program, APhA believes it can stimulate research, practice innovations, quality publications and leadership development that will improve medication use and advance patient care.

For more information, visit www.GatewayHealthPlan.com.

HONOR ROLL

Local Caregiver Honored For Dedication to Pennsylvania Seniors

Alice Greenway

Brookline resident **Alice Greenway** has been named the 2012 Direct Care Worker of the Year by the Pennsylvania Department of Aging. She is being recognized for her commitment and service to the older adults who are local clients of Home Instead Senior Care, her employer of 3.5 years, which is the world's largest provider of non-medical home care and companionship services for seniors.

"It was an absolute privilege to nominate Alice," said Kim Witt, general manager of the Home Instead Senior Care in South Hills. "She represents everything that we all would want when selecting a caregiver for our own loved one. She's smart and quick to read people. She's calm, and quietly assumes the lead without you realizing it.

"She has a terrific sense of humor and humility, but most importantly, to Alice, it's never about Alice - it's always about her clients. The world is a better place with someone like Alice in it," Witt added.

Described as the "best of the best" by Lucy Novelly, franchise owner and chief executive office for the South Hills and Washington County Home Instead Senior Care offices, Greenway will receive an all-expense paid trip from the Allegheny County Area Agency on Aging for herself and a guest to Hershey in May to receive the award, which will be presented during the PA Partners Conference Governor's Achievement Awards Luncheon. She also will receive a $500 cash prize courtesy of the Pennsylvania Home Care Association.

"Families count on us to select and hire the best CAREGivers to care for their senior loved ones. Alice is the best of the best, and we are committed to employing and developing exceptional individuals like Alice," Novelly said. "It is an honor to employ people to care for people in our local communities, so that older adults can remain in their own homes longer while supporting the family caregivers."

For more information, visit www.homeinstead.com/greaterpittsburgh.com.

Sharon Regional Establishes Health Foundation

David Grober

The Sharon Regional Health System board of directors recently announce the formation of the Sharon Regional Health Foundation, a separate 501(c)(3) non-profit subsidiary that will have a dedicated leadership board comprised of community members. **David Grober** will assume the role of president and executive director of the newly formed foundation. Grober was most recently the vice-president for college advancement at Thiel College in Greenville, PA and is a lifelong member of the community.

The mission of the Sharon Regional Health Foundation is to enhance and promote health care services offered in the communities served by Sharon Regional Health System through partnerships, fundraising, and stewardship. The efforts of the Foundation will benefit both the Health System and the community by ensuring the most modern technology and highest level of care is available locally for current and future generations; by allowing Sharon Regional to remain a strong, independent Health System governed by a local board of directors; by raising funds to help offset the financial challenges presented through health care reform; and by providing opportunities for people and organizations both locally and from outside the area to invest resources in a manner that meets their philanthropic goals. The Sharon Regional Health Foundation will work collaboratively with the Community Foundation of Western Pennsylvania and Eastern Ohio.

Linde Finsrud Wilson, chief executive officer at Sharon Regional, said the development of the Foundation is directly related to the growth and increased utilization of Sharon Regional, and the critical role the Health System plays in the community. "Sharon Regional is experiencing significant growth in both utilization and in the number of new physicians who are choosing to refer their patients to Sharon Regional for inpatient care and diagnostic testing," Wilson stated. "As the region's largest provider of healthcare services, we want to ensure we have the resources to continue to offer our patients and their families the most advanced technology delivered with the highest level of service, so our patients do not have to leave the area for specialty care. The Sharon Regional Health Foundation will greatly assist in these efforts. We also know that healthcare reform will present financial challenges to community hospitals. Our community wants and deserves healthcare that is delivered locally, and the Foundation will ensure we continue to do this for generations to come," Wilson concluded.

Grober brings an extensive background of development and fund raising experience to Sharon Regional. His 22 years of fundraising at Thiel College were highlighted by the securing of a $25 million estate gift in 2011 for endowment, the largest donation in the college's history. He previously served as division director of the United Way of Southwestern PA, the director of annual giving at Westminster College, and executive director of the United Way of Lawrence County. He earned a bachelor's degree cum laude from Kent State University and is a member of the Mahoning/Shenango Planned Giving Council, and also serves as a board member of John XXIII Home in Hermitage.

"My family has enjoyed decades of quality care here at Sharon Regional and I am honored to help further the mission of the Health System during this time of growth," Grober said. "As a community, non-profit hospital now supported by the structure of a foundation, we will offer an outlet for those wishing to express their personal thanks through charitable giving. Through those efforts we'll take another step to further position Sharon Regional as the region's healthcare leader, while serving as the best possible community partner," Grober added.

For more information, call 724-983-7317 or email developmentfund@srhs-pa.org.

Around the Region

Mon Valley Hospital Receives $145,860 Grant to Reduce Hospital Readmissions

Earlier this month, the Highmark Foundation announced a two-year $145,860 grant to Monongahela Valley Hospital to support the Assisting Care Transitions Program. The program will ensure safety, accuracy and completeness during transitions of care following discharge in order to decrease hospital readmissions and emergency room visits for chronic obstructive pulmonary disease and congestive heart failure patients.

On a national level, patients who are discharged from hospitals with a clear understanding of their after-care hospital instructions, including how to take medications, are 30 percent less likely to be readmitted or revisit the emergency room than patients who lack this information.

"The goal of the Highmark Foundation grant is to help Monongahela Valley Hospital improve patient outcomes, which will be achieved by implementing best practice recommendations for their patients," said Highmark Foundation President Yvonne Cook.

Based on patient volume statistics, Monongahela Valley Hospital estimates that readmission reductions will result in annual savings of $170,000.

"The grant will allow a clinical pharmacist to visit with each patient and his or her caregivers prior to discharge," said Monongahela Valley Hospital Senior Vice President Donna Ramusivich. "The clinical pharmacist will provide education related to prescribed medications and act as a bridge between attending physicians and their patients."

A U.S. Department of Health and Human Services study shows a statistically significant reduction in preventable adverse drug events when clinical pharmacists are employed within a hospital setting. The same study revealed significant decreases in medication errors for geriatric patients at the time of discharge and lower instances where patients were readmitted.

For more information, visit www.highmarkfoundation.org.

Around the Region

Geneva College Hosts Master of Science in Organizational Leadership Conference

Geneva College's Master of Science in Organizational Leadership (MSOL) program, in partnership with Serving Leaders, will host the annual MSOL/Serving Leaders Conference on Thursday, April 19, 2012. This conference serves individuals and organizations in Western Pennsylvania by equipping them in serving leadership and connecting them with like-minded partners.

Each year, the conference features a number of nationally renowned keynote speakers. For 2012, speakers include Dan Cathy, President and COO of Chick-fil-A; Mark Miller, Chick-fil-A Vice President of Training and Development; and Dr. John Stahl-Wert, President and CEO of Serving Leaders, Pittsburgh Leadership Foundation.

Cathy is the son of Truett S. Cathy, founder of Chick-fil-A. He has defined his role as CEO by saying, "I work in customer service." Cathy's personal passion is to see the fulfillment of Chick-fil-A Corporate Purpose: "To glorify God by being a faithful steward of all that is entrusted to us. To have a positive influence on all who come in contact with Chick-fil-A."

Miller began his career with Chick-fil-A in 1977 working as an hourly team member. He joined the corporate staff in 1978 and since that time has held several leadership positions. Today, he is the Vice President of Training and Development. He is also a member of the Operations Council and the Strategic Planning Team for Chick-fil-A, Inc. In addition to his work at Chick-fil-A, Miller is a frequent speaker at leadership events around the world. He co-authored with Ken Blanchard the book *The Secret: What Great Leaders Know and Do* and the just released book, *Grow*.

Stahl-Wert works to provide highly-rated leadership development services, including a six-month leadership cohort program, one-on-one coaching, leadership team development and one-day leadership seminars. He is co-author of the international best-seller *The Serving Leader*, and also of *Ten Thousand Horses and With: A True Story.*

Kim Tillotson Fleming

In addition to the conference presentations and workshops, the annual Serving Leader Award will be presented. This year's recipient is Kim Tillotson Fleming. The award is annually presented to a person of faith who implements servant-leadership qualities in their life and work. Recipients are selected by a group of Geneva College's MSOL alumni, as well as representatives from Serving Leaders and the Pittsburgh Leadership Foundation.

Fleming is the chairman and chief executive officer of Hefren-Tillotson, Inc., which is a private financial firm based in Pittsburgh that offers planning and investment advisory services for individuals, foundations, trusts and qualified retirement plans. She had been the president of Hefren-Tillotson since 1996 and, in December 2010, was chosen to be the chairman and chief executive officer.

In 2009, Fleming was voted one of the "Top 25 Women in Business" by the *Pittsburgh Business Times*, and in 2003, she was honored by the Pennsylvania Department of Community and Economic Development as one of "Pennsylvania's 50 Best Women in Business." She has also been named an Athena Award finalist and, in 2005, received the YWCA "A Tribute to Women Leadership" award for business.

In addition to her role at Hefren-Tillotson, Fleming serves on the boards of Allegheny College, Allegheny Conference on Community Development, the Buhl Foundation, Pittsburgh Civic Light Opera, Dollar Bank, Imani Christian Academy and UPMC Health Plan. She has also served on the capital campaign committees for the Children's Institute of Puttsburgh, the University of Pittsburgh Cancer Institute and Children's Hospital.

Fleming is an economics graduate of Northwestern University, and holds several professional designations. Outside of the work place, she participates in missions work, staying involved with local, national and international projects.

The 2012 MSOL/Serving Leaders Conference will be held at Pittsburgh Marriott North from 9 a.m.–4 p.m. The cost of the conference is $89 for MSOL alumni and students, and $99 for the general public. This price includes continental breakfast and lunch. Contact MSOL at 724-847-2715 or msol@geneva.edu. Register for the conference online at http://www.geneva.edu/object/msol_leadership_conference_register.

J.C. Blair Laboratories Receive Accreditation

J.C. Blair Memorial Hospital's Cardiopulmonary and Laboratory Departments have been awarded accreditation by the Accreditation Committee of the College of American Pathologists (CAP), based on results of a recent onsite inspection.

The laboratory's medical director, Harry N. Kamerow, M.D., was advised of this national recognition and congratulated for the excellence of the services being provided. J.C. Blair Memorial Hospital's Cardiopulmonary and Laboratory Departments are one of more than 7,000 CAP-accredited laboratories worldwide.

"The Main Laboratory has been accredited by CAP since 1980," said Laboratory Clinical Director Matt Lieb, MT. "CAP holds us to a very high standard. This long-standing history of accreditation is a testament to how we've maintained excellent quality care through the years."

The CAP Laboratory Accreditation Program, begun in the early 1960s, is recognized by the federal government as being equal to or more stringent than the government's own inspection program.

During the CAP accreditation process, inspectors examine the laboratory's records and quality control of procedures for the preceding two years. CAP inspectors also examine laboratory staff qualifications, as well as the laboratory's equipment, facilities, safety program and record, in addition to the overall management of the laboratory. This stringent inspection program is designed to specifically ensure the highest standard of care for all laboratory patients.

"The accreditation from the College of American Pathologists for the Main Lab and the Blood Gas Lab is an example of the commitment J.C. Blair has made to excellence, and represents the continued progress in bringing high quality healthcare to our community," said Cardiopulmonary Clinical Director Craig Cloud RRT,CPFT.

For more information, visit www.jcblair.org.

Butler Health System and The Ellwood City Hospital Sign Management Agreement

Earlier this month, the Boards of Trustees of The Ellwood City Hospital (ECH) and Butler Health System (BHS) announced that they have entered into a 5-year Management and Collaborative Initiatives Agreement. Under the agreement, Ray Beck, ECH President & CEO, will become a member of the BHS executive team. Mr. Beck will continue to have primary responsibility for The Ellwood City Hospital. ECH will maintain its Board of Trustees and governance structure.

Ken DeFurio, BHS President & CEO, said, "The Board of Trustees at ECH decided that it wanted a strategic partner. ECH faces the same uncertain and difficult future that challenges Butler Memorial Hospital and all U.S. hospitals. After a period of due diligence, our organizations decided that there is an excellent cultural fit, and both organizations are committed to working together to improve upon existing foundations of high quality and solid financial performance. This is proof that in these turbulent times it is possible for independent community providers to come together, work collaboratively, and do it with mutual respect – all for the betterment of the communities they serve."

Beck added, "I look forward to working with Ken and the Butler management team as we create a different model for hospital collaboration. This is an excellent opportunity for us to build upon existing relationships with physicians already providing care in both communities."

The agreement formally takes effect on July 1, 2012. Beck and DeFurio said the transition process between the two organizations has already started.

For more information, visit www.butlerhealthsystem.org.

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 or visit wphospitalnews.com.

CHILDREN'S SERVICES

THE CHILDREN'S HOME OF PITTSBURGH & LEMIEUX FAMILY CENTER

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

Facebook: http://www.facebook.com/ChildrensHomePgh
Twitter: http://twitter.com/ChildrensHome
YouTube: http://www.youtube.com/user/Chomepgh
5324 Penn Avenue,
Pittsburgh, PA 15224
(412) 441-4884

THE EARLY LEARNING INSTITUTE (TELI)

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

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

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Kirby Bates is a national firm specializing in nursing and healthcare executive retained search, interim management, consulting, and coaching services. Over the past twenty-two years, we have filled hundreds of leadership positions and provided numerous consultations and coaching services. We have been owned and operated by women nursing executives since our founding in 1988. We remain mindful of the factors that allowed our firm to grow over the years – candidates who return as clients, and clients who return for multiple engagements. Our diverse team is committed to creating a culturally complimentary workforce. We stay focused on what we know and do best – shaping exceptional healthcare teams.

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ST. BARNABAS HEALTH SYSTEM

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

EXTENDED CARE & ASSISTED LIVING

ASBURY HEIGHTS

For over a century, Asbury Heights, operated by United Methodist Services for the Aging, has been providing high-quality compassionate care to older adults in Southwestern Pennsylvania. Asbury Heights is a faith-based, non-profit charitable organization located in Mt. Lebanon. Through various accommodations, services and amenities, the needs of independent living residents can be met. For residents requiring more care, the continuing care community also offers assisted living, nursing and rehabilitative care and Alzheimer's specialty care. The Health and Wellness Center is headed by a board certified, fellowship trained geriatrician. Residents may be treated by on-site specialists or retain their own physicians. Rehabilitative therapies are also available on-site. A variety of payment options are available to fit individual financial situations. The application process is very quick and easy and does not obligate the applicant in any way. For more information, please contact Joan Mitchell for independent living; Michele Bruschi for Nursing Admissions; or Lisa Powell for Assisted Living at 412-341-1030. Visit our website at www.asbury-heights.org.

BAPTIST HOMES SOCIETY

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

Or visit us at Baptist Homes
489 Castle Shannon Blvd.,
Mt. Lebanon.
(www.baptisthomes.org).
Providence Point:
500 Providence Point Blvd.,
Scott Twp
(www.providencepoint. org)

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 or call 412.422.6800.

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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.

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.

ST. BARNABAS HEALTH SYSTEM

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

WESTMORELAND MANOR

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

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

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!

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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

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, e-mail info@likenservices.com or call 412-816-0113 - 7 days a week, 24 hours per day.

MEDI HOME HEALTH AND HOSPICE

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

PSA HEALTHCARE

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

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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.

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Kindred Hospital Pittsburgh
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Kindred Hospital Pittsburgh - North Shore
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Kindred Hospital at Heritage Valley
1000 Dutch Ridge Road Beaver, PA 15009

For referrals and admissions, call:
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www.kindredhealthcare.com

IT SERVICES

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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

RADIOLOGY

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Bartley J. Rahuba
600 Six PPG Place
Pittsburgh, Pa. 15222
412-281-0100
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
1405 Shady Avenue,
Pittsburgh, PA 15217-1350
www.amazingkids.org

Health Care Event & Meeting Guide

Shake Your Booties
Sponsored by The Children's Home of Pittsburgh & Lemieux Family Center
March 31
Heinz Field
Visit www.childrenshomepgh.org/shake-your-booties-2012.

Take Care Tips for Caregivers
Seminar by KDKA-TV news anchor Jennifer Antkowiak
Sponsored by Family Hospice & Palliative Care and John F. Slater Funeral Home, Inc.
April 11
12-2 p.m.
South Hills Country Club in Whitehall
Call 412-881-4100 or email communityservice@johnfslater.com.

Finding Time for Quality and Safety Education for Nurses: QSEN Competency and Program Outcomes
April 12
5:30-9:00 p.m.
Sewall Center at Robert Morris University
Register at www.rtconnections.com.

Family House Gifting Gala
April 14
6:30
Fairmont Hotel
To purchase tickets, visit www.familyhouse.org.

St. Barnabas Health System's Founder's Day 2012 Celebration
April 26
5:30 p.m.
Omni William Penn Hotel
Call 724-443-0700, x5310 or visit www.stbarnabashealthsystem.com to purchase tickets.

International Association for Education in Ethics
May 1-3
Power Center at Duquesne University
Visit www.duq.edu/healthcare-ethics/iaee.

National Foot and Ankle Fellowship Meeting
Sponsored by the Greater Pennsylvania Education Foundation
May 11-12
Mid-Atlantic Surgical Systems Lab and Conference Center
790 Holiday Drive, Building 11, in Green Tree
Register online at www.gpef.org.

Komen Pittsburgh Race for the Cure
May 13
Schenley Park
Register at www.komenpittsburgh.org.

Intel International Science and Engineering Fair
Request for Judges and Volunteers
May 15-16
Visit www.societyforscience.org/intelisef2012 or
email judging@societyforscience.org

Ohio Valley General Hospital's 27th Annual Golf Fundrive
June 11
Allegheny Country Club in Sewickley
Call 412-777-6359 or email ahrabik@ohiovalleyhospital.org to register.

Western Pennsylvania
Hospital News
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Castletown

www.**CastletownCommunity**.com

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DIR: North I-79 take exit 73, left Route 910, left Nicholson Rd to stop sign, right Rochester Rd to Castletown on right.

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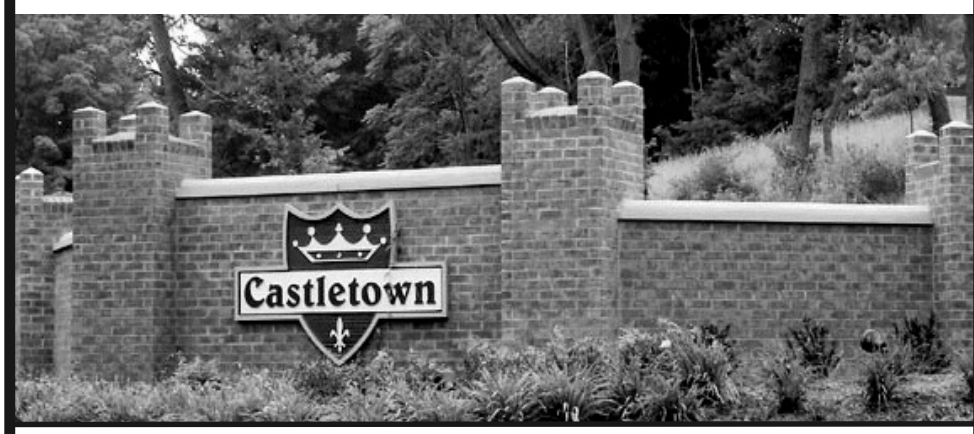
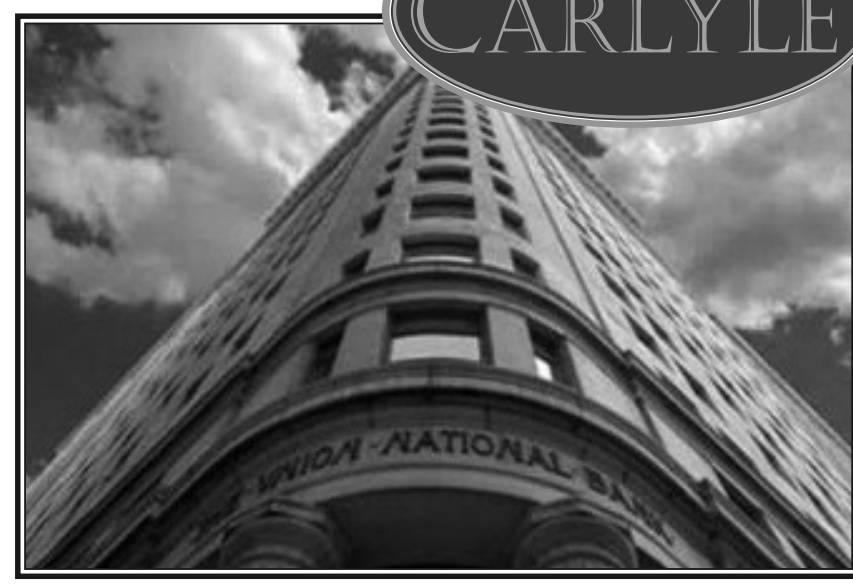
- Sidewalks throughout
- Protective covenants



Prudential Preferred Realty Introduces...

THE CARLYLE



Located in Downtown Pittsburgh • Starting at $308,000

Purchase in the Carlyle by March 15, close within 90 days, and the developer will pay 2 years of condo fees.*

Tony Mete 412-367-8028 x 215

**Offer applies to the Park Avenue, Ambassador, Grand and Alex Townhouse.*

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A home for everybody.

Single Family Homes -
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Semi-private courtyards and loads of available upgrades

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SEVEN OAKS

NEW HOME LIVING

106 Congressional Lane - $379,000

98 Muirfield Place - $279,000

- 1st year social dues and reduced golf dues included
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- Single Family Homes and Carriage Units available
- Carriage Units starting from $269,000
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Rt. 376 to Brighton Twp Exit 36, Left off the ramp, to stop sign, Right on Tuscarawas Rd., 3.5 miles to Right on Lisbon Rd., then Right onto Dano Drive, Right onto Congressional.

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SEWICKLEY HEIGHTS
$2,750,000

5 Bedrooms, 5 full & 2 half Baths
With almost 11 acres of gentle rolling hills and mature trees as your setting, this home is masterfully designed and is loaded with luxurious amenities. Renovated from top-to-bottom, this home as it all: a half-million dollar home automation system, finished lower level wine, billiards, and home theater rooms, a 4 car garage, and separate carriage house and office space. Luxury, privacy and exclusivity.

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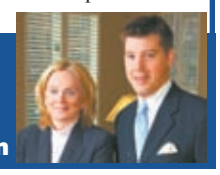

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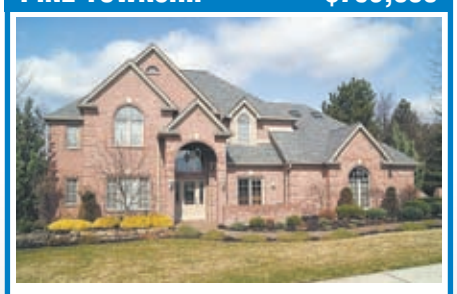
PINE TOWNSHIP $795,000

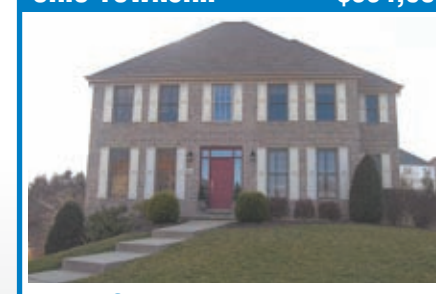


• North Park Manor, stunning interior!
• Incredible Kit w/ 9' ceilings! • 4 Br 4/1 Baths
Virtual Tours at **www.HoneywillTeam.com**

PINE TOWNSHIP $318,500

• Contemporary Multi-Level, Very Open!
• 2 Story Great Room w/ Fireplace! • 4 Br 3/1 Baths
Virtual Tours at **www.HoneywillTeam.com**

OHIO TOWNSHIP $384,900

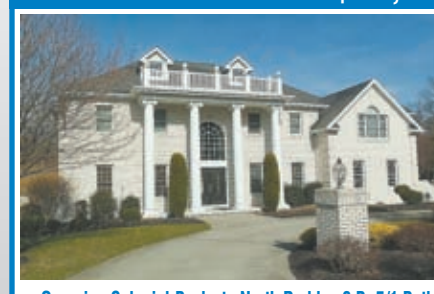


• Granite Kit w/ hardwood floors
• Tray ceiling in all bedrooms • 4 Br 2/1 baths
Virtual Tours at **www.HoneywillTeam.com**

PINE TOWNSHIP $899,000

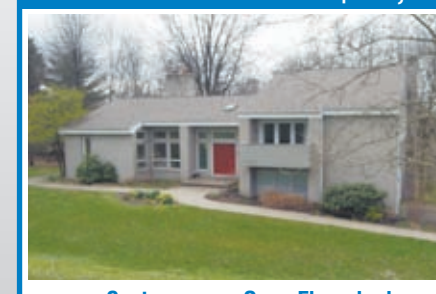
• Custom Victorian, 2.1 Acres! • 6 Br 4/1 baths
• Cuvee Kitchen - high-end appliances
Virtual Tours at **www.HoneywillTeam.com**

MCCANDLESS TOWNSHIP $949,000



• Georgian Colonial-Backs to North Park! • 6 Br 5/1 Baths
• Incredible custom outdoor amenities!
Virtual Tours at **www.HoneywillTeam.com**

HAMPTON TOWNSHIP $598,500



• Contemporary Open Floorplan!
• Kitchen remodel 2011 • 4 Br 3/2 baths
Virtual Tours at **www.HoneywillTeam.com**

412-367-8000 ext. 237 • Toll Free: 1-800-245-6482 • Email: Linda@HoneywillTeam.com • www.HoneywillTeam.com

New Eagle
$159,900

This custom built ranch is sure to delight you. A table top level lot and entry and a wonderful fenced rear yard with gazebo. Hardwood floors, eat-in Kitchen opens to Family Room with log burning fireplace, updated baths and newer Game Room. Additional rear Game Room with wet bar. Newer electrical service and Pella windows. Updated roof and shutters installed approximately 7 years ago. MLS #905787

Peters Township
$245,000

A lovely corner lot on a quiet street will entice you. Wonderful front porch and awning covered rear patio. This well maintained home is ready for you! Updated throughout with KraftMaid Kitchen, appliances, baths, hot water tank, furnace, A/C, some windows, floors and carpeting. Darling inside with first floor Family Room. Lower level complete Game Room, Den, Bedroom and Full Bath. Pre-inspected with all repairs completed! MLS #907670

Bethel Park
$179,900

Exposed hardwood, fully renovated Kitchen, remodeled Baths and new windows. Two Bedrooms on first floor plus versatile second floor that can be fully integrated with the main level or can be used as an In-Law/Teenage Suite, Apartment or Office complete with a Kitchen hook up, Full Bath, Living Area, Bedroom and Separate Entrance. Located within minutes to community amenities. MLS #882823

Karen Marshall • Keller Williams • 412-831-3800 ext. 126 • karenmarshall@realtor.com • www.TheKarenMarshallGroup.com

KELLER WILLIAMS REALTY *Karen Marshall*

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.

YOUR CHOICE FOR:

- **Rehabilitation services**
- **Post hospital care**
- **Skilled nursing**
- **Long-term Care**
- **Alzheimer's Care**
- **Hospice Services**

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