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Inside ...

Using Your Social Language Skills to Communicate with Children with Autism

By Cherie River, MS-CCC-SLP



Did you ever wish you could follow your child to school? Do you find yourself longing to

be nestled on their shoulder so you can quietly nudge them to say "hi" to a friend or ask for a turn on the swings?

Don't you wish you could whisper in his ear the best "come-back" in the world when a mean spirited peer laughs at him? Your every instinct as a parent is to protect and help. This instinct is magnified when you have a child with Autism or a child with limited social skills. You are not alone.

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Liken Homecare: Helping You Take Care of Your Loved Ones

By Kathleen Ganster

It could be the most important person you ever hire – someone to take care of your mom, dad or



other loved one. It could be someone to relieve your caregiver. Or it could be someone that you refer to for the care of one of your patients. Choosing someone for home health care is a tremendous responsibility and one that Liken Homecare takes very seriously.

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Keep on Top of the Numbers



By Robert E. Dauer, Jr.

A high glucose reading could be an indicator of diabetes or it could be the result of a recently eaten cupcake. High blood pressure could be a risk factor for a heart attack or it could be caused by some bad news that the patient received right before her appointment. And a dramatic weight loss could be an indicator of anything ranging from an improved fitness

routine to depression.

A physician understands that a patient's numbers are an indicator of overall health, but a doctor must track them carefully over a long period of time to understand when the numbers are normal fluctuations and when they are cause for concern.

Likewise, the financial numbers of a physician's practice are an indicator of the overall health of the business, but only when they are tracked carefully and consistently. And while large hospitals may have a small army of business experts to monitor the numbers, in small practices it often falls to one of the doctors or as single administrator to keep on top of the numbers.

The key numbers for any business are revenues and expenses. And just as in managing personal finances, a business must live within its means. It's extremely important that small physician's offices operate with a budget in mind, and it's surprising how many don't. It can be easy for a busy doctor to operate with a "rough idea" of the budget, but that can often lead to a shock and serious financial trouble when the actual numbers are analyzed.

Small health care providers should organize revenue and expense data in a simple-to-follow format that allows for easy comparison of current budgets and performance with historical results. This method of comparison helps give physicians a baseline for interpreting and predicting their financial health. Spikes and dips in revenues and expenses are key areas where the practice owner should take a closer examination of the numbers.

See **NUMBERS** On **Page 7**

Opportunities and Challenges in Estate Planning



By Deborah F. Graver, CFP®, AIF®

On December 31, 2012, the Bush-era tax cuts will expire causing an immediate and impactful change in the federal transfer tax system, among other things. From an estate planning standpoint, we cannot be certain of what the 2013 tax rates and exemption amounts will look like, however if the tax cuts expire and no new legislation

is passed, all taxpayers with assets in excess of \$1.0 million will be affected. The result would be a significant increase in estate taxes due at death. As a result of this pending change, there may be a unique opportunity in 2012 to leverage your ability to gift asset for estate planning purposes. Why is that?

Let's start from the beginning.

The federal government imposes taxes on wealth transfers through its unified transfer tax system. The unified system is comprised of three parts: (1) an estate tax, (2) a gift tax, and (3) a generation-skipping tax. An estate tax is paid on the contents of one's estate. Transfers of wealth between living persons are subject to the gift tax. Transfers to grandchildren or more distant descendants are subject to the generation-skipping transfer tax.

The federal estate tax was first introduced into our tax system in 1916. In 1932 the gift tax was added when Congress realized that wealthy individuals could avoid the estate tax by transferring wealth during their lifetimes. At its inception, the estate tax ranged from 1% - 10% and was imposed on assets transferred at death in excess of \$50,000. Since its introduction in 1916, the estate tax has been as high as 77% (1941 - 1976) and sits today at about half that amount, 35%.

Today, the 35% transfer tax rate applies to assets in excess of \$5.12 million (called the exemption amount) which are

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3 New Changes for Facebook Pages



By Daniel Casciato

Has your healthcare organization been using HootSuite or another third-party app to schedule your Facebook Page posts in advance? If so, you may no longer need those apps since Facebook recently made some changes that allow you to schedule posts as well as dole out specific duties to multiple page administrators. You can also allot some of your practice's marketing funds to promote some of these posts to make it appear more frequently in your followers' newsfeeds.

But first, let's discuss how you can schedule your posts weeks and even months in advance. Facebook has made it

fairly simple to do this:

- From your Page, first choose the type of post you want to add to your page (status, photo/video, or event).
- Next choose the clock symbol in the lower-left of the sharing box, and select the year, month, date, hour, and minute, when you'd like your post to appear.
- Click schedule.

You can schedule a post up to six months in advance and at 15-minute intervals. Not only can you schedule a post to appear in the future, but you can also backdate any of your posts.

Another new change that you should be aware of is that Facebook now allows different roles for each of your Page administrators. There are now five roles you can assign each of your page administrator to: manager, content creator, moderator, advertiser, or insights analysis. Next you can assign these specific duties to the administrators: edit pages and add apps, create posts from the Page account, respond to and delete comments, send messages as the Page, create ads, and view insights.

To assign the role and specific duties:

- Open your Page's administration panel and click "Edit Page."
- From the left column menu, select "Admin Roles."
- Type the names of other people from your practice that you'd like to add in the open field.
- Click Manager below the name to choose what kind of admin you want to add.
- Don't forget to save the changes.



To change what kind of admin someone is, follow the same steps above and skip the third step. You'll need to enter your password to confirm the change.

Finally, one other new change Facebook Page administrators should be aware of is the ability to promote your posts to reach a larger audience. Currently, your average Facebook update will reach 16% of your followers organically. If those fans interact with your post by liking it or sharing, it can increase your reach by another 16%. Promoting your post places it onto your follower's newsfeeds more often to boost your views. But it will cost you some cash.

To promote a post:

- Click "Promote" to open a drop-down menu where you will see the denomination. Clicking on the denomination pulls up another drop-down menu.
- You can choose a budget of \$5 to \$20 and Facebook will let you know what the estimated number of views you can potentially receive with each dollar amount.
- After you enter the payment information, your post will then be pushed out to your follower's newsfeeds for three days.

Let us know what you think of these new changes! What other changes would you like to see Facebook make? Email me at writer@danielcasciato.com.



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3 Pre-Employment Tests Help You Hire the Best



By Michael Mercer, Ph.D.

Question: What's the easiest, cheapest and fastest way to have profitable, productive, and honest employees?

Answer: Hire profitable, productive, honest people!

Unfortunately, managers often hire underachievers or losers. Fortunately, pre-employment tests give managers a simple-to-use, quick, customizable way to hire the best.

ONLY 1 REASON TO SCREEN APPLICANTS

The sole reason to assess applicants is to predict – or forecast – how an applicant will behave on-the-job BEFORE you hire the person. It proves crucial to prediction this before hiring an applicant, rather than finding out the expensive way after you put the person on your payroll.

The main methods used to predict if an applicant will succeed on-the-job are:

- Interviews
- Reference Checks
- Pre-employment Tests

ALARMING RESEARCH

Large-scale research discovered most interviewers and reference checks make lousy predictions of actual on-the-job performance. Interviews and reference checks often are about as useful as flipping a coin!

On the bright side, pre-employment tests prove to be the best forecasters of actual on-the-job performance. Reason: Tests are developed with scientific research techniques so they objectively predict how an applicant will act on-the-job. In contrast, interviews and reference checks typically offer only subjective “guesstimates” of an applicant’s work potential.

3 TYPES OF PRE-EMPLOYMENT TESTS

Traits required for job success boil down to A + B + D:

A = Abilities – mental abilities – brainpower – to do the job

B = Behavior – interpersonal skills, personality and motivations needed to suc-



ceed

D = Dependability – work ethic, impulsiveness, theft/stealing, & substance abuse

As such, A + B + D = Success on-the-job. Importantly, you can use tests to predict an applicant’s Abilities, Behavior, and Dependability.

A = ABILITIES TESTS

Did you ever hire someone and, later, horrifyingly discover the person had the IQ of tire pressure? That person did not have brainpower to (a) learn the job or (b) solve problems on-the-job. Abilities tests help you avoid hiring people who lack brainpower to learn and do the job.

Five abilities tests tell you how well the applicant handles

1. Problem-Solving
2. Vocabulary
3. Arithmetic
4. Grammar, Spelling, & Word Use
5. Small Details

B = BEHAVIOR TEST

Each job requires crucial behaviors. For example, my research shows superstar sales reps often are money motivated, optimistic, and assertive. Many jobs require teamwork, friendliness, and customer service. To help you, behavior tests forecast applicants:

1. Interpersonal Skills
2. Personality
3. Motivations

For instance, a behavior test predicts three interpersonal skills: (a) friendliness, (b) assertiveness, and (c) teamwork. Five personality traits assessed include (a) energy level (b) optimism, (c) objectivity, (d) procedure-following, and (e) desire to

See **EMPLOYMENT** On **Page 5**



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Helping Injured Veterans Return to the Healthcare Workforce

By Debra S. Friedman



Many veterans are returning and due to return from overseas in the coming years. According to the Equal Employment Opportunity Commission (“EEOC”), about 25% percent of recent veterans report service-connected disabilities. Recognizing this trend, the EEOC issued guidance earlier this year for employers on the hiring and re-integration of disabled veterans into the workplace.

The EEOC’s guidance, which is focused primarily on the Americans with Disabilities Act (“ADA”), covers employers with 15 or more employees and prohibits employment discrimination against qualified individuals based

on disability, perceived disability and/or a history of a disability. Covered employers also must provide reasonable accommodations to qualified individuals with a disability, if the accommodations would allow the individual to perform the essential functions of the job.

RECRUITING VETERANS

There are many steps healthcare employers can take to recruit veterans, such as: stating in job ads that individuals with disabilities, including disabled veterans, are encouraged to apply; attending job fairs that connect job-seeking veterans with potential employers; making recruitment materials available in formats accessible to the visually and/or hearing-impaired; and posting jobs with Pennsylvania Career Link, a government agency that makes outreach efforts to veterans.

Healthcare employers recruiting veterans, or any disabled individual, must be careful about questioning a veteran about possible disabilities. While an employer may ask an applicant if he/she can perform the essential functions of the job, with or without accommodations, it is unlawful for an employer to ask an applicant for medical information. For example, an employer cannot ask a veteran returning from a combat zone in Iraq if he/she had or has a traumatic brain injury, post-traumatic stress disorder or any other medical condition.

ACCOMMODATING VETERANS IN THE WORKPLACE

Either during or after the hiring process, a veteran with a disability may expressly request an accommodation. In those situations, the employer must engage in an interactive process with the veteran. This process requires two-way communication



between the employer and veteran to determine what, if any, reasonable accommodations would enable the disabled veteran to perform the essential functions of the job. An employer is not required to implement a veteran’s suggestion for an accommodation if the accommodation would cause an undue hardship to the employer and/or if other, effective reasonable accommodations are available.

If an employer is aware that a veteran applicant or employee has a disability, but the disabled veteran does not ask for an accommodation, the employer should ask the veteran what accommodations, if any, the veteran believes will help. If a veteran does not disclose the fact that he/she has a disability, however, and the employer is not otherwise aware of it, the employer is not required to offer potential accommodations. Finally, even if the veteran’s condition is not an ADA-covered disability, the employer may be required pursuant to another federal law, the Uniformed Services Employment and Reemployment Rights Act (“USERRA”), to provide training or retraining if doing so would help the veteran perform the job.

There are many possible accommodations for veterans with service-connected disabilities, and finding the right one(s) requires individualized assessments. Examples of accommodations that may be needed include, but are not limited to: provision of a work environment with low levels of noise and/or light; physical workplace accommodations, such as desk adjustments for wheelchairs; regular breaks; access to handicapped parking and guardrails; additional time to learn tasks; time management devices; and/or provision of both written and verbal instructions.

In sum, all healthcare employers need to be mindful about veteran employment and reemployment so that they can best assist these individuals. Employers who make this effort likely will be rewarded with employees who have valuable work and life skills that can be put to good use in any workplace.

EMPLOYER RESOURCES FOR VETERAN ISSUES

Some of the resources available to assist employers in transitioning veterans back into the civilian workforce include the EEOC’s Guide Veteran’s and the Americans with Disabilities Act (ADA): A Guide for Employers: www1.eeoc.gov/eeoc/publications/ada_veterans_employers.cfm?renderforprint=1; America’s Heroes at Work: www.americaheroesatwork.gov; and the Job Accommodation Network (“JAN”): www.askjan.org. †

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focus on feelings or facts. Motivations uncover if an applicant strives to do a good job to (a) make lots of money, (b) provide customer service, (c) do creative work, (d) exert power or control, or (e) increase knowledge.

D = DEPENDABILITY TEST

Did you ever hire someone who had a lousy work ethic? Acted impulsive – and had accidents or safety violations or acted horribly? Stole from your company? Abused alcohol or drugs? Lied or was dishonest? That cost you loads of money and time! Dependability tests help managers avoid hiring problem employees.

A good Dependability test help you predict important work-related dependability factors, including:

1. Honesty
2. Work Ethic
3. Impulsiveness [related to accidents, safety violations, and rudeness]
4. Theft/Stealing concerns
5. Substance Abuse concerns

When you hire a “good apple” — and avoid hiring a “bad apple” — you make a big difference in your company’s productivity and profits.

CUSTOMIZE TESTS YOU USE

It is highly recommended you customize abilities and behavior tests for each job in your company. Note: You do not need to customize dependability tests.

You customize abilities and behavior pre-employment tests by conducting a benchmarking study.

Example: Let’s say you want to hire profitable, productive sales reps. Start by testing some of your current sales reps. Statistically pinpoint your superstar sales reps’ typical test scores. Then, when you test a sales applicant, you quickly will see if the applicant’s test scores were similar to – or different than – your superstar

sales reps’ test scores.

You, of course, would prefer to hire applicants (1) whose test scores are similar to your superstars’ test scores – plus also (2) impress you in interviews and other prediction methods you use. However, you could avoid hiring an applicant whose test scores are much different than your superstars’ test scores.

6 STEPS FOR PRE-EMPLOYMENT TESTING – TO HELP YOU HIRE THE BEST

You can hire the best using pre-employment tests by following these steps:

Step 1: Find a skilled Ph.D. – business psychologist whose expertise is in pre-employment testing You only would allow a skilled M.D. – surgeon to perform surgery on you. Likewise, you only want a Ph.D. – business psychologist who specializes in testing to help you find, custom-tailor, and use pre-employment tests.

Step 2: List jobs for which your company will profit if you hire highly productive employees.

Step 3: With your Ph.D. – business psychologist’s help, find tests that are (a) job-related, (b) valid, (c) reliable, and (d) customizable for jobs listed in Step 2.

Step 4: Customize the tests with expert’s guidance from the Ph.D. – business psychologist. Statistically uncover test scores of your superstar employees in job you listed in Step 2.

Step 5: Test applicants – and show preference for hiring applicants who score similar to your company’s most profitable, productive, superstar employees.

Step 6: Benefit from increasing profits and productivity when you hire the best.

Michael Mercer, Ph.D., is a business psychologist and nationally-known expert on pre-employment tests. Many companies use 3 pre-employment tests Dr. Mercer created – the 3 “Forecaster™ Tests” – to help them hire good, productive employees: (1) Abilities Forecaster™ Test, (2) Behavior Forecaster™ Test, and (3) Dependability Forecaster™ Test. Dr. Mercer wrote 5 books, including “Hire the Best – & Avoid the Rest™.” For more information, visit www.MercerSystems.com. †

Father's Day



By Nick Jacobs

As my dad lay dying in the bed on the right side of the semi-private room, the pain that I felt in my heart was indescribable. You see,

for all intents and purposes, my life had been pretty much perfect up to that point, and when the call came from the hospital that "I should come as quickly as possible because ... my father was most prob-

ably not going to be with us much longer," I could not have driven faster, not have run at a quick enough pace and not felt more pain than those words produced. It was a given that eventually my dad might die from his disease, lung cancer, but it was never clear to us that his passing at 58 years of age would occur so quickly.

Dad was the son of Italian immigrants who, like many of the people who came to this country in hopes of creating a better life for themselves and their families, ended up living in what was in essence a company owned home where they paid rent to their employer from their minimum wage salaries until my grandfather

passed and his widow, my grandmother, was evicted. It was the immigrant life that had caused my father to be somewhat of a pessimist and yet to embrace every one of our successes as if it was a Super Bowl win.

My dad had not been able to afford college, even with the offer of scholarship assistance, and he had worked his entire life in jobs that sometimes provided barely a middle class income to his family. His endlessly stated goal for his children was that we get a college education. He did not care about the field of concentration or what we decided we wanted to be, just that we were officially educated. Imagine his pride when both my brother and I completed our Master's Degrees and then continued to seek education beyond that level.

He was a very effective cheerleader and, at the same time, a strong and determined father who provided us with the roots that we needed to move forward and the freedom that was required for us to grow, thrive and survive on our own volition. But on July 5, 1975, 7-5-75, he was consuming the last hours of time that he had been allocated on this planet, and my heart was breaking. As tears streamed down my face, he leaned over, gasping for breath, and said, "Kid, you've got to toughen up."

I'm happy to report that I never have.

The death of my father in a traditional U.S. hospital in 1975 has steered many of my career and personal decisions. You see, from my perspective, my father's

death was a very real example of how people were and unfortunately are, in many cases, still being treated. It is what eventually took me into healthcare administration, the Planetree philosophy of care, and, most importantly, the American Board of Integrative Holistic Medicine. It also allowed us to appreciate the amazing good and healing that takes place in Palliative Care and Hospice as well. Bottom line, these organizations introduced us to the power of unconditional love.

I can still see the smile on my Dad's face, and then I recreate the unbelievable moment when he whispered to his nurse during one of his very last minutes of consciousness, "What did Dick Tracey do today?" He embraced humor, honor, dignity and love to the end. It is completely about providing unconditional love to patients, families and the people who actually provide the care. This is all about human dignity. It is about nurturing, caring and carefully selecting the appropriate words to give hope and support even in times of transition. This should be the future of healthcare in our country.

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 Health-care" and the humor book, "You Hold Em. I'll Bite Em." Read his blog at healinghospitals.com.

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- Henry David Thoreau

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ESTATE PLANNING From Page 1

gifted during one's lifetime or transferred at death. Married couples can also choose to share any unused portion of their spouse's exemption, which could increase the value of assets sheltered from taxation to \$10.24 million. So, we are living in very favorable times from an estate planning point of view in that only those with assets in excess of \$5.12 million (or \$10.24 million for married couples) would be subject to this tax. But all of that could change on December 31, 2012 when the Bush-era tax cuts expire.

If the Bush-era tax cuts expire and there is no new legislation in place, the rates for all three taxes, gift, estate, and generation-skipping will increase to 55% (from 35%) and the unified exemption amount will drop to \$1.0 million (from \$5.12 million). As part of his 2013 budget, President Obama has proposed a modification that would bump the transfer tax rate up to 45% and knock the exemption amount down to \$3.5 million. Under either scenario, the end result would be increased taxes due at the time of wealth transfer, as compared to 2012.

If you would like to leverage your ability to transfer assets in the most tax advantaged way, you may find 2012 as an opportunistic year to do so. We recommend that you coordinate your estate plan with your financial plan and discuss this matter with both your attorney and financial advisor. Please contact your financial advisor to discuss your specific situation and what estate planning strategies you might be able to take advantage of before the tax laws change. †

Deborah is President and Chief Operating Officer at Fragasso Financial Advisors. As an experienced financial advisor, she also meets with select clients and prospective clients to evaluate their current financial situation, establish achievable long-term financial goals, and create a strategic plan to help them accomplish those goals. Deborah's areas of expertise include risk management and estate planning. She joined Fragasso in 1993 after receiving her B.S. in Finance from Pennsylvania State University. She later received her MBA from the University of Pittsburgh in 1998. For more information, visit www.fragassoadvisors.com.

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Not all variations in revenues or expenditures are necessarily bad or good, but the manager of the practice should be able to identify the reasons for any deviations from the budget or the prior year's performance. A sudden drop in revenue could be because the cold and flu season was particularly mild this year, or it could mean that patients are leaving your practice for another doctor and you may want to consider a partnership with that physician. Understanding the deviations in your revenues and expenditures is essential to helping you anticipate the future of the business.

Keeping track of the numbers also helps you to view your progress and where you may need to improve your practice. Perhaps you have installed energy efficient light bulbs and air conditioners, and you can see that the savings in your electric bill means that you can buy some new exam tables. Or maybe you have cut a member of your staff only to realize that it's actually costing you more money because of the overtime that the rest of your employees must put in to cover the excess work load. The numbers are strong indicators of the direction which the practice should take, whether that means growing, shrinking, or possibly changing the types of medical services that are offered.

Many small health care providers forget that financial analysis should encompass not only their company, but patients and vendors as well. Making sure that your receivables are being paid on a timely basis is a critical factor in ensuring the financial stability of your company. Uncollected receivables is one of the top causes for the forced closure of many private physician's offices.

Your accounts receivable can be divided into four categories based on the age of the invoice: 0-30 days, 31-60 days, 61-90 days, and 90+ days. The longer it takes for an invoice to get paid, the less likely it is that the invoice will be paid at all. Aim to collect payment for as many invoices as possible within the first 30 days, ideally receiving payment for at least 50-60 percent of invoices in that time period.

Monitoring vendors is also important. Have your vendors consistently been able to provide the necessary goods on time at a reasonable cost? Late shipments can mean that you don't have the necessary equipment to perform procedures and have to reschedule patients. If your costs for a vendor have gone up, investigate the cause. Are you using more of the vendor's product or has pricing gone up? You may need to switch vendors to ensure that your costs are as low as possible.

For small health care providers, keeping on top of the financial numbers is essential to the health of the business. Whether it is the owning physician or the practice's business manager who is in charge of the finances, it is essential to collect, analyze and react to financial information on a regular basis.

Robert E. Dauer, Jr., of Meyer, Unkovic & Scott can be reached at red@muslaw.com. †

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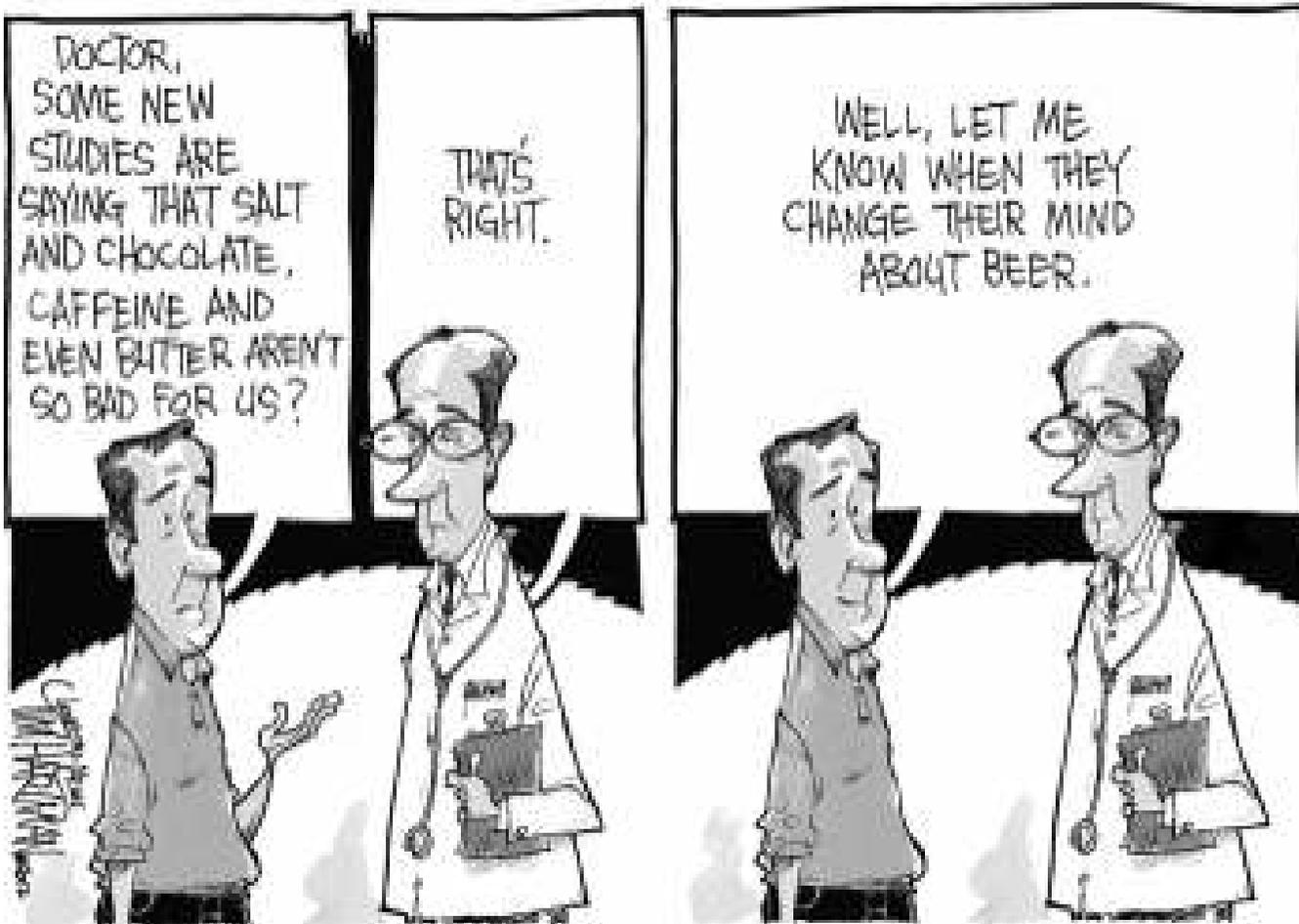
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Ethical Considerations for Using Human Genome Sequencing as a Diagnostic Tool in Health Care

By Aimee Zellers, M.A.

Genetic technologies are developing at a rapid pace. The arrival of personalized medicine is exciting and brings the promise of dramatically improved therapeutic results. It is conceivable that in a few short years it will cost a patient only a few hundred dollars to have their genome sequenced.¹ Genetic information provides valuable diagnostic information. However, the ethical implications of new genetic technologies—specifically, genome sequencing—brings to light some important implications in the delivery and use of genetic information in health care. There are three central ethical considerations that health care professionals must consider before deciding whether to adopt human genome sequencing as a diagnostic tool: giving information without the ability to provide any therapeutic measures, uncertainties in risk probabilities, and the sharing of results with the patient's family members.

The type of information a sequenced genome provides presents ethical dilemmas. The patient will be provided with information about their genetic health, which can be very useful in helping them to determine what type of life to lead. However, there are no medical therapies to address many genetic problems directly (e.g. Parkinson's and Alzheimer's); the most that can be offered is symptom management. Currently, there are no gene-transfer therapies adopted in the Western hemisphere. China has claimed success with Gendicine; but this therapy has not been adopted elsewhere.² Absent gene-transfer therapies, patients will be provided with potentially devastating information and have no medical alternative. This can have profound psychological effects. Therefore, when the option of genome sequencing is presented to the patient it is imperative that they truly understand the implication of the results.

Another ethical consideration revolves around interpreting the information revealed by sequencing an individual's genome. Take for example an individual who has their genome sequenced and is told they have a 10% chance of developing Alzheimer's disease after the age of 70. What does that "10%" actually mean? Is it an absolute one in ten chance; or is it a one in ten chance if a series of other genetic factors are expressed? The answer is unclear; even geneticists face challenges when describing the true value of genetic probabilities. Conveying this uncertainty in risk

Emerging Medical Devices

probabilities to patients will be extremely difficult. From an ethical position we must consider how such information would impact a patient's life decisions. If an individual is given this information at age 40, will they then wonder and worry for the next 30 years about their prospects? As genome sequencing becomes available more cheaply, the disclosure of relevant information must be considered as well as developing realistic ways to present risk probabilities to patients without creating undue fear.

The final ethical consideration that requires immediate attention pertains to the families of those individuals having their genome sequenced. Families share genetic material and the results of one individual's test will have implications for others in the family, particularly for biological siblings and children. When genetic information is being discussed, the familial implications must be considered as well as the privacy of both the patient and family members. A number of recommendations have emerged due to this ethical dilemma of health care professionals moral obligation to third-party relatives. It has been suggested that these issues be addressed in the initial informed consent process. Health care professionals should discuss implications for the patient's family and encourage patients to include close biologically-related relatives in some discussions. There should be a family-centered approach to informed consent with genome sequencing because the information affects not just patient but their immediate relatives.³

The ethical implications of adopting human genome sequencing as a diagnostic tool are immense and not limited to the three issues identified here; these are simply ones that must be addressed immediately as the technology become cheaper and readily available. Other ethical concerns such as storing genetic information, the impact genetic information may have in the insurance industry, and many others are important and must be seriously considered. Studies have shown that health care professionals lack adequate education regarding the implications of genetic information.⁴ In order to protect patient rights and ensure a high quality of care the ethical considerations surrounding genome sequencing must be addressed. †

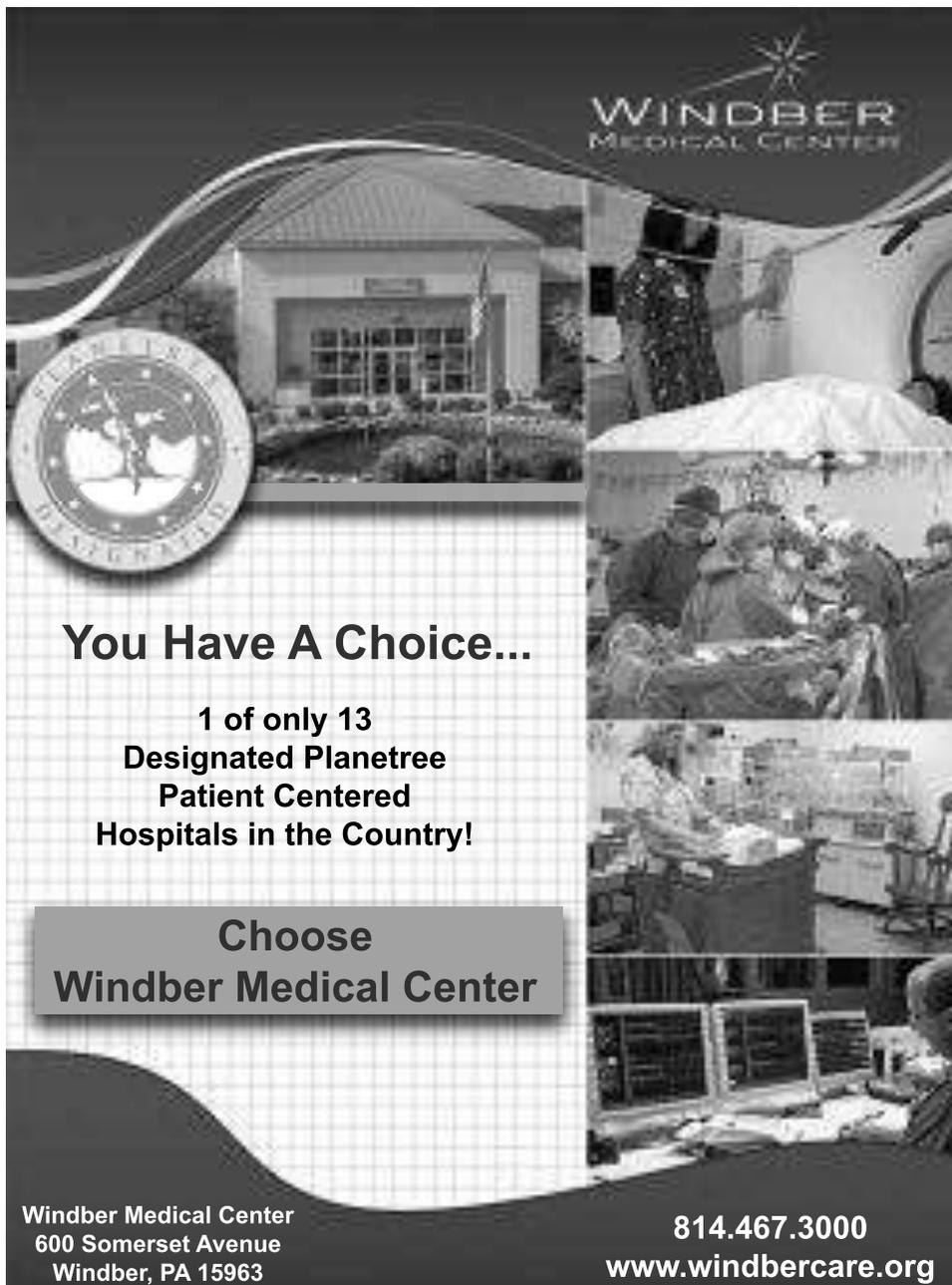
Aimee Zellers is the Director for Education Development at the Institute for Consultative Bioethics, based in Pittsburgh Pennsylvania. She is currently finishing her doctoral work in bioethics at Duquesne University.

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³ McGuire Amy L., Caulfield, Timothy, and Cho, M. K. "Research ethics and the challenge of whole-genome sequencing." *Nature Reviews Genetics* 2008 vol. 9, 153-154.

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Laser Technology Continues to Revolutionize Eye Surgery



By Dr. John P. Nairn and Dr. Lisa M. Cibik

LASIK has become one of the most common eye surgical procedures for vision correction. The laser allows surgeons to customize the refractive procedure for each patient's needs. This improves safety and efficiency when creating the corneal flap during the LASIK procedure. The femtosecond laser used in bladeless, all-laser LASIK directs tiny rapid pulses of infrared light to a precise, computer-controlled depth within the cornea to create the flap. The depth is determined and programmed by the surgeon. The high-energy light pulses (15,000 per second) of the femtosecond laser eliminate the need for a blade and result in faster flap creation.



These femtosecond lasers have been helping surgeons perform LASIK with unparalleled precision and safety for nearly a decade. This may no longer be considered revolutionary, but today cataract and retinal surgeons are leveraging the advantages of this advanced image-guided technology to perform laser-assisted surgical procedures.

LASER ASSISTS IN REDEFINING CATARACT SURGERY

The laser revolution in eye care has led to major changes in key steps in the cataract procedure. The innovative laser platform offers surgeons customizable, image-guided visualization and micron-level laser precision, enabling them to create more precise, reproducible incisions in the cornea and the lens. By automating some of the most important manual steps during traditional cataract procedures, the laser's potential to improve post-surgical outcomes will rapidly become the standard of care for cataract surgery. The laser now allows surgeons to deliver the benefits of precise femtosecond laser technology to even more of their patients. What exactly does that mean? Cataract surgery that is more precise and reproducible.

Laser Refractive Cataract Surgery offers a new level of precision and repro-

ducibility in ophthalmic surgery. The additional steps performed by the Laser to align the capsular and corneal incisions in three dimensions optimize the results of the procedure. This enhanced accuracy and reproducibility in refractive cataract surgery is reflected in the reports by early proponents of the system who note that however accurate their manual procedures seemed in the past, they see measurable improvements when performing laser-assisted procedures.

The femtosecond laser can perform anterior capsulotomy, lens fragmentation and all corneal incisions with exceptional reproducibility. The system performs these procedures according to the preferences of the surgeon, extending their expertise with laser precision. From clean three-plane corneal incisions to customized fragmentation patterns, surgeons can now create predictable cuts that carry through subsequent steps of laser-assisted cataract surgery.

LASER FACILITATES CHANGES IN ADVANCED RETINAL SURGERY

The introduction of a new vitrectomy machine with a laser component, along with a combination of other advancements in high speed cutting, intraocular pressure control, illumination, and other features allows for more surgeon control during retinal surgery. The newest lasers combine capabilities for performing advanced sutureless vitreoretinal surgery and retinal lasers with endo-laser facility for diabetic retinopathy and managing complicated retinal detachment cases. The advancement of 25G sutureless vitreoretinal surgery provides a faster recovery time for the patient and has significantly reduced the time needed for the procedure.

Vitreoretinal surgery requires extraordinarily precise movements by surgeons to reduce risks and complications and effectively treat retinal conditions.

Technology is ever-changing, and those technological changes impact healthcare in new ways every day. Nowhere is it more evident than in eye care. Laser and laser-assisted surgeries have opened doors to completely new approaches and techniques, allowing surgeons to perform these life-changing procedures more accurately, safer, with more predictable results, and shorter recovery times.

To find out more about the advantages the latest laser technologies offer your patients, contact Associates in Ophthalmology, the first eye care practice in the Tri-State area with bladeless, computer-controlled laser technologies for LASIK, Cataract and Retinal surgeries. Visit www.AIOEyeSurgeons.com. 

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Mutually Inspired

Tomorrow's Computer Analysts Supported by Excela Health Today

Finding qualified network administrators is a challenge when technological advances outpace the knowledge and skills of potential hires. Excela Health is helping computer-savvy young people overcome these barriers to future employment through a new relationship with Eastern Westmoreland Career and Technology Center.

The health system made what promises to be the first of many annual donations of excess inventory to William Beldham, instructor of the Computer Engineering Technology class which is part of the Cisco Networking Academy of Cisco Systems, Inc. Cisco considers the academy the world's largest classroom with over 1 million current students.

May 30, Derry Area graduate Aaron Burd, Excela's manager of Network Operations, and Eric Pickup, network analyst, delivered a number of routers, switches and wireless access points retrieved from various locations across the system, which will be used for hands-on training of high school students from his alma mater, as well as Greater Latrobe and Ligonier Valley School Districts.

"We have been using simulation software because we do not have the devices necessary to complete some practice networks," noted Beldham. "Because the simulator software does not have all the router or switch features, we have been limited. There is nothing like having actual devices to configure, recover and reset, etc."

Burd was delighted to find a new home for the well maintained Cisco hardware that had reached its useful lifetime saying, "As we sunset equipment, we realized the tremendous benefit that a donation to the EWCTC program would have now and in the future."

Cisco Systems is a leader in its field, with approximately 75 percent of all computer networks worldwide operating via its equipment. In its prime, the health system's hardware would be worth thousands of dollars. While gently used, this gift will enable the school to strengthen its curriculum at a time when few schools have discretionary dollars to invest. Excela also benefits because the donation provides a positive alternative to costly disposal or recycling of obsolete computer equipment.

In corresponding with parents and school administrators regarding the value of his program Beldham wrote: "No other subject will open as many doors in the 21st Century, regardless of a student's ultimate field of study or occupation, as Computer

Emerging Medical Devices

Engineering Technology. At a time when computing is driving job growth and new scientific discovery, it is unacceptable that the country has too few qualified IT professionals to fill available positions. There is a clear and compelling need for IT students to be prepared to fill computer and Information Technology needs of industry; while the rate of job growth continues to exceed the supply of certified professionals to fill these positions by more than 200 percent, schools are training fewer students for these positions year after year. It is a failure to America's youth as well as a failure to America's global competitiveness."



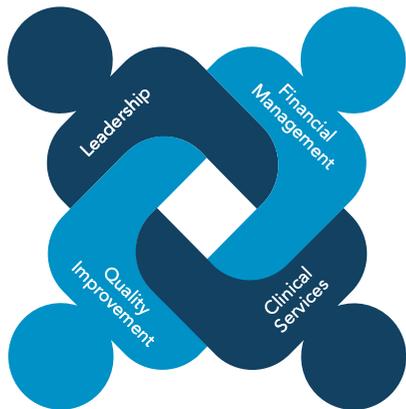
Excela's Eric Pickup and Aaron Burd discuss router donation with class instructor William Bedlam.

Beldham plans to use the Cisco equipment to help further his students' ambitions after graduation. The computer technology program is a three-year course. The highly interactive class gives students a practical look at computer networking and troubleshooting. Those who work hard are able to leave EWCTC with several certificates and 23 college credits that will accelerate them to a career after high school.

Shane Somers, 17, a junior at Greater Latrobe is one of the few advanced students in the training program. The teen was pleased to see firsthand the new equipment that he had only read about thus far, "In the computer world certificates are more valuable than degrees," Somers said as he admired the equipment. Somers has completed his third year at EWCTC, and leaves with four certificates. Somers expects the certificates to help springboard him to college and the Navy where he will study security and access control.

For more information, visit www.excelahealth.org.

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WVU Healthcare Surgeon Implants Diaphragm Pacemaker in Quadriplegic Pediatric Patient

It all happened in a matter of seconds. In one second, Meg Throckmorton of Waynesburg, Pa., was a regular 16-year-old practicing for an upcoming dance competition. In the next second, she couldn't feel her arms or legs and was struggling to breathe.

The trick – a standing back tuck – was one she had done a thousand times. Meg's mom, Dolly, said it was her aerial trick of choice. To complete it, she was going to flip backwards from a standing position and use her hands to tuck her knees to her chest. But, somewhere between standing and landing the tuck, something went terribly wrong.

"There was one girl – who has done duets with Meg in the past – in the room with her at the time, and she said it was almost like Meg was suspended in the air and then she came down on her head," Dolly said.

Meg was air lifted to WVU Healthcare's Jon Michael Moore Trauma Center, where it was determined that she had suffered a high cervical spine injury. She was admitted to the pediatric intensive care unit (PICU) at West Virginia University Children's Hospital. The next morning, she underwent neck surgery, which was performed by orthopaedic surgeon John France, M.D.

In addition to being quadriplegic as a result of the injury, Meg was unable to breathe on her own, which means she needed a ventilator to breathe for her.

Jennifer Knight, M.D., was the trauma surgeon on call the evening of Friday, April 13, when Meg arrived at WVU Healthcare and was brought in to consult on her case. She also is the same surgeon who was first

in the state to implant a diaphragmatic pacemaker in an adult patient.

The device, NeuRx DPS, is currently being used in less than 35 cities nationwide, according to its manufacturer, Synapse Biomedical. WVU is the only center using the device in West Virginia.

An upper spinal cord injury breaks the connection between the brain and the diaphragm – the brain can no longer tell the diaphragm to contract. But for some people who suffer this type of spinal cord injury, a pacemaker for the diaphragm can be put into place to help them breathe. Just as a pacemaker for the heart helps to control the heartbeat, a diaphragmatic pacemaker stimulates the diaphragm to contract, allowing the patient to breathe.

The pacemaker is approved by the U.S. Food and Drug Administration for use in patients 18 years old and older. Meg is 16. Dr. Knight and others on her care team knew that she would greatly benefit from the pacemaker. The procedure won swift approval after an emergency assessment by WVU's Institutional Review Board and from WVU Healthcare's chief of staff, Michael Hurst, M.D., D.D.S. They determined that the two-year age difference did not put Meg at any significant risk.

Following surgery to implant the pacemaker on Friday, April 20, Meg returned to the PICU. When the device was turned on, she was able to spend a full 12 hours off the ventilator. Since the surgery, she has been able to come off the ventilator for periods of time every day. Though she is not yet off the ventilator com-

pletely, Knight said Meg will eventually get to that point.

Meg's surgery makes West Virginia University's medical center only the second in the country to use the device on a young patient, after Case-Western Reserve University in Cleveland. It is also the earliest the device has ever been implanted after injury.

"There are two reasons for that," Knight said. "The first is that Meg was taken to a trauma center that does the procedure, and the second is that we started planning for the surgery almost immediately after she arrived. Everyone involved in Meg's care worked very hard to make this happen as quickly as possible. And, it worked perfectly. Everyone did exactly what they were supposed to do to get it done."

"They say you'll go to the ends of the earth for your child, and when something like this happens, you don't really have a choice," Dolly said. "We are very thankful for the care Meg received, for as horrible as the situation was."

Now, Meg will spend the next several weeks in Atlanta, Ga., at the Shepherd Center, a private, not-for-profit hospital specializing in medical treatment, research and rehabilitation for people with spinal cord injury and brain injury. The Shepherd Center staff are trained to treat diaphragmatic pacemaker patients.

"She will live a pretty normal life with some limitations," Knight said. "She's a fighter, and her family is very strong."

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

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Allegheny General Hospital Launches Robotic Minimally Invasive Heart Surgery Program

When doctors at Allegheny General Hospital (AGH) informed Joseph Scolero that heart bypass surgery could improve his health, the 73 year-old from Cranberry Township had complete faith in their expertise. Diagnosed with congestive heart failure 12 years ago, Scolero has become accustomed to following the advice of his medical team. Still, after watching his wife recover from two open heart surgeries, the idea of undergoing the same procedure at his age was more than a little unsettling. Fortunately, the doctors at AGH had something quite different in mind.

In March, Scolero became one of the first patients at AGH to undergo robotically-assisted minimally invasive coronary artery bypass surgery. The groundbreaking procedure enables surgeons to perform single or multiple vessel revascularization with significantly less trauma and risk compared to the conventional open chest surgical approach.

Currently the only program of its kind in western Pennsylvania, robotic heart surgery continues a long-legacy of pioneering advancements at AGH in the fields of cardiology and cardiovascular surgery. In the 1990s, cardiac surgeons at the hospital were among the nation's first to perform the earliest generation of minimally invasive "keyhole" heart bypass procedures.

Over the past decade, AGH has also developed one of the state's leading robotic surgery programs, providing patients with less invasive surgical options for a host of medical problems. Last July, the hospital's kidney transplant team joined a short list of leading medical centers in the country using robotic surgery to less invasively remove kidneys from live donors, and its urologic and gynecologic surgeons have been longtime leaders in robotic assisted laparoscopic techniques.

"We are extremely excited and proud to introduce this new capability to our patients in the Pittsburgh region. The opportunity to combine Allegheny General's advanced expertise in cardiac surgery with the latest in minimally invasive robotic surgical technology is a major step forward in the treatment of coronary artery disease and one that has proven to be of tremendous benefit to those who are good candidates for the procedure," said AGH cardiothoracic surgeon Walter McGregor, MD, director of the hospital's robotic cardiac surgery program.

With traditional coronary artery bypass surgery, surgeons access the heart

Emerging Medical Devices

through a long incision in the chest wall and a separation of the breastbone at the front of the ribcage. Robotic heart surgery is a closed-chest procedure that is performed using the da Vinci Surgical System, a state-of-the-art technology that allows surgeons to work on the heart through just a few small incisions.

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

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

With the assistance of a specialized surgical team stationed at the bedside, da Vinci's robotic arm instruments are inserted into the patient through three half-inch incisions made between the ribs. Using hand controls and foot pedals to manipulate the robotic arms, the surgeon performs the delicate surgical tasks that allow for bypassing of blocked arteries in the heart with segments of a healthy vessel from the chest called the internal mammary artery. Unlike conventional open-heart surgery, the procedure is performed while the heart is still beating and does not require use of a heart lung machine.

"A surgeon's ability to safely and effectively harvest the internal mammary artery is absolutely critical to the success of coronary artery bypass surgery. Whereas with previous minimally invasive techniques this task was compromising, the robotic system affords a level of surgical precision that is unprecedented and actually improved over what we routinely achieve through the more invasive open chest approach," Dr. McGregor said.

Dr. McGregor said the ideal candidate for robotic surgery is generally someone with single vessel disease or someone with multiple vessel disease who can be treated with a combination of surgery and coronary stent implantation – referred to as a hybrid therapeutic approach. The decision on which course of treatment to pursue is made by the surgeon in close consultation with the patient's cardiologist.

"We are fortunate to have forward thinking cardiologists at AGH who are interested in evolving coronary disease treatment. As our experience with minimally invasive heart surgery grows and the potential of this sophisticated robotic technology becomes better understood, the ideal indications for its use will continue to develop," Dr. McGregor said.

The advantages of robotic heart surgery are considerable, including lower risk of infection, less scarring, shorter hospital stays, reduced blood loss and a quicker recovery. Beating heart bypass surgery also mitigates complications associated with stopping the heart and using a heart-lung machine, including kidney failure and respiratory distress, Dr. McGregor said.

Scolero said the difference between his wife's recovery from traditional open heart surgery and his experience with robotic surgery were remarkable.

"Two weeks after surgery I was already able to drive my car and just over a month later I was back to all of my normal activities. My heart was in such bad shape, I thought to myself, 'what do I have to lose' in being one of the first to have this new surgery. It turned out to be a great decision," he said.

For more information, visit www.wpahs.org.



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Disagreement over the TV Volume Setting



By Rich Filar

Disagreement over the television setting can be problematic even in families where no one has hearing loss, so it is no great surprise that this is a great issue among families with one or more hearing impaired members. Market research shows that enhancing the television viewing situation was rated the most desired improvement in terms of wireless capabilities.

Many in the hearing healthcare industry predict that overcoming the obstacle of an inconvenient gateway device would represent a breakthrough for the industry and for users.

The ReSound Unite TV Streamer accessory is such a breakthrough- it connects to the audio output of a television or other audio device and transmits the sound directly to the hearing instruments. The hearing instrument program used for audio streaming can have the hearing instrument microphones turned off or on according to whether the user also wants to be able to hear and converse with others while listening to the streamed sound.

The delay in transmission of the sound from the Unite TV Streamer to the ReSound Alera hearing instruments is critical for sound quality. The delay in the streamed sound to the ReSound Alera is 18 ms, which is the lowest of current technologies in hearing instruments. Delays exceeding 25 to 30 ms can be perceived as clear echoes when direct sound is also audible to the wearer. At 18 ms delay range it can actually be beneficial for the wearer in terms of speech recognition. The Unite TV Streamer accessory delivers great transmission range with no intermediate device and great sound quality.

The hearing impaired wearing Alera hearing aids can listen to the volume of the television at the volume they wish while still being able to engage in a conversation with their family members. No more TV volume disagreements!

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Caring for Caregivers



By Kendra White

In most caregiving situations, the primary focus is on the person receiving the care. That is understandable, but it often means that specific challenges related to caregiving are overlooked or considered secondary issues.

It is important to understand that caregivers face a unique set of challenges, not the least of which is remembering to care for their own health and well-being while caring for a loved one.

Caregivers need to remember: It's OK to take care of yourself when you're caring for someone else.

Sometimes, caregivers feel guilty about taking care of their own needs when a parent or a spouse has a serious illness or condition that requires their time and attention. But, failing to care for yourself can increase stress and pressure and make you a less effective caregiver.

It is important to learn how to thrive and not just survive as a caregiver.

An estimated 5.8 to 7 million Americans provide care to persons 65 years of age or older who need help with their everyday activities. Physical and mental health problems have often been linked with caregiving.

AARP Magazine reports that nearly 23 million households contain a caregiver, most often a woman, who is taking care of someone 50 or older. And, an estimated 43 percent of caregivers are themselves 50 or older.

Issues that caregivers need to address:

- **Guilt.** This can include guilt about the fact that a spouse or a loved one is sick and you are not, or guilt about wanting to take care of your own needs while your loved one needs care.

- **Anger.** This can include anger over being placed in such a situation, or simply frustration that your own needs are not being met.

- **Regret.** This can include feeling sorry for yourself at missing out on enjoyable activities.

- **Resentment.** This can include resenting your loved one for placing you in this situation.

How to address these issues: Recognize the sources of caregiving stress and identify what you can and cannot change.

What caregivers need to do to manage their own self-care:

- **Take responsibility.** Realize that you are responsible for your personal well-being



and getting your needs met. This includes maintaining activities and relationships.

- **Be realistic.** Understand what the person you are caring for can and cannot do. Understand his or her medical condition.

- **Focus on what you can do.**

- **Communicate effectively.** It is your responsibility to tell others about your needs and concerns.

- **Learn from your emotions.** Do not repress or deny your feelings but listen to what they are telling you.

- **Get help when needed.** Help can come from community resources, family and friends, or professionals. Don't wait until you are overwhelmed or exhausted to ask for help

- **Set goals and work toward them.** Be realistic. †

Kendra White is the Community Relations Coordinator for UPMC for Life. For more information, visit www.upmchealthplan.com.

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Highmark Launches Call-In Care Advocate Program to Members

Highmark Inc. recently announced that it has launched a new telephone-based support service, myCare Navigator, where members can call 24 hours a day, seven days a week to talk with a care advocate to find a doctor, schedule an appointment directly with a provider, transfer medical records from one provider to another and more.

The service is free and can be accessed by calling 1-888-BLUE-428 and selecting the myCare Navigator prompt. myCare Navigator is available to Highmark individual members who are under 65 and those who receive health insurance through their employer.

"Highmark understands that our members are often overwhelmed with the health care system, and we want to be able to provide them support to more easily get the care they need," said Steven Nelson, senior vice president of health services strategy, product and marketing at Highmark. "Our market research showed that 92 percent of members were interested in using a service like this, which said to us loud and clear, 'we need help.'"

myCare Navigator can help members with a variety of health care-related tasks such as finding doctors, specialists or coordinating second opinions; scheduling prompt appointments; transferring medical records across providers; helping members understand their prescription drug coverage; and ultimately, getting maximum value from their health coverage.

"myCare Navigator takes Highmark's commitment to members to the next level. It helps members more easily navigate the complex health care system," said Nelson.

Highmark members can currently discuss benefits-related questions by calling a Highmark member service representative and can also discuss care-related questions by calling a Highmark Blues On Call nurse. myCare Navigator advocates will coordinate with these two established services and also provide additional value-added services to the member.

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

Health Care Law Delivers Free Preventive Services

The Centers for Medicare & Medicaid Services (CMS) recently announced that the Affordable Care Act helped 573,472 people in Pennsylvania with original Medicare receive at least one preventive service at no cost to them during the first five months of 2012. This includes 32,573 who have taken advantage of the Annual Wellness Visit provided by the Affordable Care Act.

Nationally, 14,297,266 people in Medicare received at least one free preventive service during the first five months of this year. This includes 1,100,592 people who benefited from the Annual Wellness Visit. In 2011, 32.5 million people in Medicare received one or more preventive benefits free of charge.

"Thanks to the health care law, millions of Americans are getting cancer screenings, mammograms and other preventive services for free," said CMS Acting Administrator Marilyn Tavenner. "These free preventive services are helping people in Medicare stay healthy and lower their health care costs."

One of the major goals of the Affordable Care Act is to help people stay healthy by giving them the tools they need to take charge of their own health and prevent health problems before they happen.

Prior to 2011, people with Medicare faced cost-sharing for many preventive benefits such as cancer screenings. Under the Affordable Care Act, preventive benefits are offered free of charge to beneficiaries, with no deductible or co-pay, so that cost is no longer a barrier for seniors who want to stay healthy and treat problems early. The law also added an important new service for people with Medicare — an Annual Wellness Visit with the doctor of their choice — at no cost to beneficiaries.

For more information on Medicare-covered preventive services, visit: <http://www.healthcare.gov/law/features/65-older/medicare-preventive-services/index.html>. ↑



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Choosing Individual Plans



By Andrea Gioia

For many reasons – including the cost and comprehensiveness of coverage – individual health insurance plans have taken a back seat to employer group plans, which have long been considered the best – and, for some, the only – option when it comes to health insurance.

That is no longer necessarily the case. Economic uncertainty has resulted in an increase in the number of unemployed persons. Technology advances have increased the number of self-employed persons. And rising health care costs have forced more and more small businesses to reconsider whether they can afford to provide health coverage for their employees.

erage for their employees.

Add to that the fact that more health insurers are creating more choices for consumers in the individual market and suddenly individual plans become something that an increasing number of people are interested in learning more about.

REASONS TO CHOOSE AN INDIVIDUAL PLAN

By definition, a group coverage plan must be some variation of a one-size-fits-all type of plan. For some individuals covered by such plans, this means paying for coverage you do not need, or not having specific coverage you do need.

And, naturally, if you have insurance through your employer, once you leave your job, you also leave your health insurance. An individual plan goes with you wherever you need to go with your career.

Group plans do not have the flexibility to offer a customized plan because the provisions of the policy are negotiated between the insurer and the company. Deductible amounts and co-payment percentage are determined in advance. With an individual plan, you can select different cost shares and you can choose to have certain provisions included or excluded from your policy.

THINGS TO LOOK FOR IN INDIVIDUAL PLANS

One of the advantages of getting an individual plan is that you can have a health care policy that better fits your specific needs. To do so, however, means that you need to find the plan that makes the most sense for you and your health situation. You can have direct control over your policy and its benefits. You can choose to have certain provisions included or excluded. And, you can choose your deductible amount and the cost of co-payments.



You should also be sure to choose a plan that enables you to choose the hospitals and doctors you want. Some individual plans do not offer maternity or behavioral health benefits, so if those things are important to you, you should look for them. In all plans, preventive care is covered in full.

Disadvantages of individual plans:

- Price. Individual policies can be very expensive, especially for those considered to be high risk or someone who has pre-existing conditions.
- Potential rejection. Some pre-existing conditions, such as congestive heart failure, Parkinson's disease, and Cystic Fibrosis, can cause an applicant to be rejected for coverage.

Types of individual plans:

- Traditional fee-for-service
- Health maintenance organization (HMO)
- Preferred provider organization (PPO)
- Point of Service plan (POS)
- Exclusive provider organization (EPO).

A high deductible PPO plan that is compatible with a tax-advantaged Health Savings Account is often the best option for people who do not have many doctor visits in a year, but still want major medical coverage. For those who would want more comprehensive individual health insurance coverage, a PPO or EPO plan with a lower deductible might be preferable. Routine doctor's office visits and preventive care are covered and your co-payment can vary depending on the plan you choose.

In some ways you can shop for insurance plans much like you shop for other major purchases. Compare the types of plans available, compare the rates and compare the coverage and benefits. In the end, you can find the plan that best fits your health needs.

Despite the changing marketplace, it is unlikely that individual plans will supplant employer group plans anytime soon.

Employer group plans continue to be the most popular, in large part because they offer the most comprehensive coverage, because they are largely subsidized by the employer and because there are tax breaks associated with them. For the consumer, such plans are generally less expensive than individual plans and that will continue to make them a popular choice. †

Andrea Gioia is the Executive Director for Product Innovation for UPMC Health Plan.

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Gateway Health Plan® Health Awareness Series (H.A.S.) is Good Medicine for Pittsburgh Seniors

“Good morning everybody,” says Dr. Shawn Files, Medical Director, Gateway Health Plan®, as she cheerfully greets everyone at the Mt. Washington Senior Center. “We’re going to discuss something many of you probably already have heard of... high blood pressure.”

“Oh yeah, we know that topic well,” the group wryly replies. They come here to listen to Dr. Files who will answer their specific questions and offer advice on the importance of keeping their doctors appointments and taking their blood pressure medications regularly.

The Health Awareness Series (H.A.S.), sponsored by Gateway Health Plan®, is a collaboration with Pittsburgh Citiparks and Giant Eagle Pharmacy. Over the next six months a new health topic will be presented at the City’s five senior centers, located at Brighton Heights, Greenfield, Homewood, Mt. Washington and South Side. The topics include shopping smart for better nutrition, heart disease, breast cancer, and vaccinations for the elderly. The goal of H.A.S. program is to provide a free public service to the community and educate Pittsburgh seniors about health issues specific to them.



At today’s high blood pressure workshop, Dr. Files goes over what high blood pressure is (anything over 140/90 is considered high) and how seniors can work on reducing it. The discussion brings forth questions about nutrition and food.

“Can I fry my fish?” asks on man in the crowd. “Oh no, we

don’t want you to do that,” says Dr. Files.

“How else should I prepare it?” he asks.

“You may bake it or broil it. A nutritionist will be here next month and she’ll bring you information on how best to prepare fish,” adds Dr. Files. She advises them to stay away from excess salt, because it is used in everything from canned soups to frozen dinners and quickly raises blood pressure.

Dr. Files later asks the audience what things they can do to control their high blood pressure. The challenge with seniors is that many are on more than one medication to control it, and the dosages can fluctuate between office visits. “I know it can be very confusing for some of you,” says Dr. Files.

“I know all my pills, because the doctor tells me what I need to take,” says 89-year-old Dolores Dalessio, from Mt. Washington. “I write them all down and take them at the same time every day so I won’t forget.”

“That’s what everyone in this room should be doing,” agrees Dr. Files. “Your prescriptions will change a lot of hands by the time it gets into yours. If something doesn’t look right, ask questions,” recommends Dr. Files.

While we cannot control family history’s part in high blood pressure, one thing we can control is exercise, such as swimming, yoga or walking. “I can’t walk much



anymore, but I do watch on my TV and they have couch-exercises for people my age,” says a gentleman who didn’t wish to give his name. “I may look silly sitting on my sofa, but it’s better than nothing,” he laughs.

Dr. Files touches upon the smoking issue and says that is the number one thing people can do right away to lower their blood pressure. “I know it’s a hard habit to break, but there are a lot of newer tobacco cessation products that really do work,” says Dr. Files.

“Patients may be intimidated by doctors in a white lab coat. Because of this, they are less likely to ask questions or remember what the doctor tells them. The Gateway Health Awareness Series (H.A.S.) is helpful because the experts meet them in a non-clinical setting where they may feel more comfortable asking questions,” Says Carol Allen, Director of Public Affairs and Program Development, Gateway Health Plan®.

For a complete schedule and list of specific times and locations for Gateway’s Health Awareness Series (H.A.S.) near you, visit www.gatewayhealthplan.com. †

BLOOD PRESSURE AWARENESS FOR SENIORS:

Many people older than 65 have high blood pressure. This condition happens when blood pumps through your arteries at a higher pressure than normal. If left untreated, it can result in a heart attack or stroke. Making simple changes such as quitting smoking, watching what you eat and exercising can lower your blood pressure.

It is recommended that people over 65 should have their blood pressure checked every year during regular yearly exams. You are more likely to have high blood pressure if:

- someone in your family has it
- you don’t exercise
- you are overweight
- you have diabetes
- you drink too much alcohol and/or smoke
- you eat too much salt
- you have a lot of stress

More information about high blood pressure can be found at www.americanheart.org.

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Navigating the Healthcare System



By S. Ramalingam, MD, MBA

In order for patients to get quality care that is timely, appropriate, and affordable, they must be able to navigate the healthcare system in an effective way. That is not always an easy task.

Part of the reason things are so complicated is the fault of the system. Actually, there is no single American health-care “system,” a fact that no doubt accounts for much of its complexity.

A complex system that is difficult for consumers to navigate compromises both health care efficiency and clinical consequences. Both results are unacceptable, one

in terms of costs, the other in terms of the health and well-being of employees.

When the system is too difficult to navigate, patients may respond by delaying care. They may fail to get any care. Or, in some instances, they may receive care in an inappropriate setting such as an emergency room. Such results not only drive up the cost of care, but also reduce its effectiveness.

Complexity can compound misunderstanding and miscommunication. Miscommunication can result in overuse, underuse, or inappropriate use of services and rises costs. We need health care to be both simplified and coordinated. The effort must be made to fix the disjointedness of health care.

The lack of healthcare “literacy” can make navigation more difficult and can affect outcomes. People who have a hard time understanding instructions may struggle to manage their conditions. This can result in more hospital visits, more money spent on health care and poorer health.

Navigation of health care requires coordination of care, which is a role that has traditionally been handled by generalists – that is, primary care physicians (PCPs). But today’s reality is that many people now get much of their care from specialists. As a result, the patient often receives what could be called fragmented care. There’s no coordinating with a central party.

That is why patients need one place they call their “medical home.” It can be a PCP or a specialist, but it needs to be one place where all their information is kept and coordinated.

Health plans understand one of their most important roles is to coordinate and



facilitate a patient’s information with the people who deliver the care.

POOR NAVIGATION CONSEQUENCES

When a consumer has difficulty navigating the healthcare system it can compromise both health care efficiency and clinical consequences. Health care consumers pay the price for poor coordination of services.

Poor coordination of services also can lead to inappropriate utilization of services. For example, when an emergency room is used for non-emergencies, the ability of ER personnel to do the best they can is compromised. Any time care is provided that could have been delivered in a more appropriate setting, costs are increased and quality of care can sometimes be diminished.

EASING NAVIGATION

There are some alternative methods to ease navigation that are being developed. That includes such innovations as group medical appointments, which could expand the time a patient is with a doctor and possibly improve the discussion of conditions and treatments.

Group appointments not only save time but also provide patients with peer-to-peer interaction that the patients can relate to. When you have a group of people who share the same condition, they can talk about their experiences in a way that only someone with firsthand experience can, and they can be very effective in transmitting some information about their conditions.

Integrated delivery systems are another possible way that navigation of the system can be eased. Integrated delivery systems – which are networks of health care providers and organizations designed to provide coordinated services to a defined population – allow multiple health services to be managed by the same organizing entity. This can improve coordination of care and be easier on the patient.

A health plan can be an important part of this because it has access to all of the claims data of its members and it has the capacity to share that information with providers. That way a provider gets a clearer picture of a patient’s condition and history and can make more effective and efficient care decisions. †

S. Ramalingam, MD, MBA, is Senior Medical Director for UPMC Health Plan.



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Shared Decision Making



By Stephen E. Perkins, MD

In health care, the concept of shared decision making is becoming more accepted, both by patients and physicians alike.

Shared decision making acknowledges that there is no single right answer for everyone and that many medical decisions involve value judgments. Medical interventions have risks and benefits that many patients may value differently.

In shared decision making, the decision process is shared between patient and provider. Shared decision making doesn't remove the physician's opinion from the ultimate decision; instead, it gives weight to a patient's opinion when a legitimate choice is available.

Shared decision-making encourages physicians to include, as part of their treatment routine, consultations with patients about options and outcomes. In this way, the patient can relay his or her opinions about the options resulting in a shared decision about treatment.

Some conditions such as chronic back pain, early-stage breast cancer, and early-stage prostate cancer are conditions that fit well into the model for shared decision making. The doctor provides evidence-based treatment information to the patient and, in turn, receives input about goals, concerns and preferences.

When talking to your doctor about your condition and treatment choices, there are a few things to remember:

● Don't be afraid or too intimidated to ask questions

● Your feelings do matter

● Sometimes a medical decision needs to be made without knowing exactly how it will turn out.

Tips to Follow Before Talking to Your Doctor:

● Take a list of questions to your doctor visit.

● Bring a friend or family member to help you remember concerns or even remember your conversation later.

● It is OK to take notes.

● At the end of the visit, recap what you understand or even ask your doctor to summarize.

Remember, if you feel that you understand all of your options and have had an open communication with your doctor, you will leave your doctor's office feeling better informed and more in control of your healthcare.

A good health care decision will be informed and evidence based, but it will also take into consideration the patient's concerns and values. Both patient and provider need to weigh the pros and cons of any decision.

ADVANTAGES OF SHARED DECISION MAKING

● Shared decision making increases patient satisfaction and may lead to better outcomes.

● Patients who are empowered to make decisions have more favorable health outcomes, including decreased anxiety, quicker recovery and increased compliance with treatment regimens.

● Greater patient involvement leads to lower demand for health care resources.

Shared decision making can be difficult because it balances two elements that can be in opposition to one another. One is the patient's right to have input into their treatment options; the other is a physician's responsibility to provide the best evidence-based health care.

However, when it works correctly, the treatment course will be one that reflects



what is most important to well-informed patients who understand their options and the potential outcomes of treatment.

ELEMENTS OF SHARED DECISION MAKING

According to the American Medical Association (AMA), there are three "core" elements of the formal shared decision-making process:

● **Clinical information.** This is a synthesis of relevant scientific evidence about the patient's medical condition, available treatment options, potential risks, and the benefits and outcomes for each option. Ideally, the clinical information should reinforce what a patient has already learned from his or her physician.

● **Values clarification.** This is designed to help patients evaluate the more subjective elements of their medical condition and options. There are physical, emotional and social aspects of each treatment option and patients need to see how their lives might be affected by various treatments. Patient testimonials may be used or questionnaire-type tools that can help patients evaluate their choices and priorities for treatment.

● **Guidance and communication.** This is what helps patients synthesize the clinical and values information to make a decision with which they are comfortable.

Stephen E. Perkins, MD, is Vice President of Medical Affairs, for UPMC Health Plan.

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UPMC Health Plan Call Center Wins Global Call Center of the Year Award from ICMI

UPMC Health Plan's call center was named the Global Call Center of the Year in the large call center category by the International Customer Management Institute (ICMI) at ACCE (Annual Call Center Conference and Expo) in Seattle, Wash. UPMC Health Plan joins a prestigious group of prior winners including New York Life, Capital One Financial Corp., and American Express.

UPMC Health Plan won the ICMI gold award for large contact centers, which recognizes call centers that make a commitment to superior service and have done the most to deliver a quality customer experience. The ICMI award honors the contact center teams that have most enhanced the image of the call center profession and also achieved the highest standards of excellence in customer service.

"UPMC demonstrated for the selection committee its true partnership with the organization and a strong return on investment in its success in creating an expedient, accurate and seamless experience for customers," said Layne Holley, chairman of the awards selection committee, which comprises industry experts and analysts. "This center is obviously dedicated to continuous improvement in its service to customers and its brand – exactly what we look for in our search for the Global Call Center of the Year."

"Winning the ICMI Global Call Center of the Year award is a great honor and helps to reinforce the dedication and commitment that UPMC Health Plan has given to outstanding member experience," said Mary Beth Jenkins, Senior Vice President



and Chief Operating Officer for UPMC Health Plan. "This selection recognizes the hard work, focus and enthusiasm that the call center team gives to the service they provide for all UPMC Health Plan members. UPMC Health Plan's Call Center is part of a small elite group that holds the status of J.D. Power Certified Call Centers and this new award continues to reinforce that our service is exceptional."

The UPMC Health Plan call center ensures excellence for all of its members by focusing on one-call resolution, by employing a service-driven and knowledgeable team, and also by utilizing state-of-the-art call center technology. UPMC Health Plan demonstrates its commitment to improving the member experience by listening to the voice of the consumer through all feedback and survey channels and then taking action to address members' thoughts, ideas and suggestions.

ICMI is the leading global provider of comprehensive resources for customer management professionals who wish to improve customer experiences and increase efficiencies at every level of the contact center.

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



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For an appointment at Dr. Price's Bloomfield office, please call **412.578.1116**.

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Your Heart — Managing Your Mouth Helps Manage Your Heart



By: R Piero, D.D.S.

Cardiovascular disease (CVD) claims the life of one American every 37 seconds according to the American Heart Association's 2009 Heart and Stroke Statistical Update.

CVD includes an assortment of diseases that are often used (or misused) in reference to the general term

“heart disease”. Among those are *Atherosclerosis* (hardening of the arteries caused by *Arteriosclerosis*, calcium deposits, and/or *Atherosclerosis* fat deposits), *Heart Attack* (sudden death of part of the heart), *Stroke* (damage to part of the brain caused by lack of blood oxygen or leakage of blood outside the vessel walls), *Arrhythmia* (abnormal rhythm or rate of heart beat), *Angina* (heavy, tight squeezing pain in the chest), *Hypertension* (high blood pressure), *Congestive Heart Failure* (weak heart pumping action causing a buildup of fluid lungs and other body tissues).

There are risk factors for CVD that one can't control. These include age, gender, and family history. Roughly 80% of the people who die of heart disease are 65 and older, but it is the leading cause of death for all Americans over the age of 35. And those with a parent with heart disease are at a higher risk of developing the disease themselves.

There are risk factors, however, that everyone can

control and of which we have heard about for many years - stop smoking, eat more fruits and vegetables, eat less fat, exercise, limit alcohol. Some of these lifestyle changes may feel painful and best efforts can be sabotaged by setbacks.

One risk factor, that is linked to increase chances of Cardiovascular Diseases, and has just become more evident in the research findings, is Periodontal Disease. This information is not currently widespread due to the relative newness of the research. There has been growing evidence, although up until recently, inconclusive, that a strong link was present. Now, according to the American Academy of Periodontology, “Researchers have found that people with periodontal disease are almost twice as likely to suffer from coronary artery disease as those without periodontal disease.” (<http://www.perio.org/consumer/mbc.heart.htm>)

The researched explanation can get very technical and often only understandable to a professional in the medical field. However, an attempt will be made to simplify and summarize the information in order to provide an understanding of the cause and effect relationship between Periodontal Disease and Cardiovascular Disease.

Periodontal Disease is a bacterial infection of the gums. This infection causes two things to happen. One, the inflammation increases the levels of C-Reactive Protein (CRP) in the body. CRP is released by the body in response to an injury or infection. A 2002 study published by The New England Journal of Medicine concluded that increased levels of CRP are strong predictors of Cardiovascular Diseases.

Second, studies published in the Journal of Periodontology have pointed to the likelihood that bacter-



ial infections promote plaque in arteries. Over time, arteries are hardened and narrowed leading to the increased risk of heart attack. Periodontal Disease is a chronic infection of the soft tissue around the teeth.

Periodontal Disease is one risk factor that can be managed successfully by individuals. Although oral surgical procedures may be necessary for severe cases, most treatment plans require sound oral hygiene. The American Dental Association recommends brushing teeth twice a day, flossing once a day, and professional cleanings twice a year. †

Dr. Piero, a practicing dentist for over twenty five years, is the inventor of Dental Air Force® (www.dentalairforce.com). Articles published are on periodontal health related to heart disease, respiratory health, diabetes, strokes, and other systemic diseases. He is the Executive Editor for Journal of Experimental Dental Science due to be published in July 2012 and a contributing author to Hospital Infection Control: Clinical Guidelines. He also has a soon-to-be published book on periodontal disease and how it impacts overall health and economics.



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Using a Diabetes Patient's Own Liver Cells as a Novel Source of Insulin



By Sarah Ferber, Ph.D.

Diabetes currently afflicts approximately 285 million people worldwide, about 6.4 percent of the global population. The World Health Organization projects that this number is set to rise to 366 million by the year 2030. According to the American Diabetes Association, 1.9 million new cases of diabetes are diagnosed in people aged 20 years and older in 2010, an estimated 7.0 million Americans have undiagnosed diabetes, and another 79 million have pre-diabetes. In addition, approximately 25.8 million children and adults in the United States—8.3% of the population—have diabetes.

Several kinds of treatment for diabetes are currently available, but all of them present specific drawbacks to the patient. For example, insulin therapy can trigger everything from weight gain to hypoglycemia, and its administration must be constantly controlled and monitored by the patient.

A novel approach to this problem is currently being pursued by a small biotech company named Orgenesis, which initiated its approach by asking the following question: What if a diabetes patient's own cells—extracted from his or her own mature tissue—could be made to produce insulin, secreting the compound automatically when needed? This particular variety of cell therapy is a form of what has been dubbed “autologous cell replacement.”

For years, the concept of harvesting stem cells and re-implanting them into one's own body to regenerate organs and tissues has been embraced and researched in animal models. The treatment being developed by Orgenesis consists of several steps. First, a standard liver biopsy is taken from a diabetes patient in a clinical center and sent to a laboratory. In the lab, the liver cells are first propagated in vitro. Some of these cells are then manipulated with a therapeutic agent (i.e., the “master regulator” PDX-1 that governs pancreas development, or additional pancreatic transcription factors in adenovirus-vector) that converts a subpopulation of liver cells into different cells with pancreatic islet phenotype and function.

The therapeutic agent triggers a cascade of events, converting the cells into “autologous insulin-producing” (AIP) cells. These cells now act similarly to the beta cells that produce insulin in the pancreas of healthy individuals. Insulin is not only produced, but also stored and secreted in a glucose-regulated manner.

Back at the clinical center, the newly formed AIP cells are then transplanted in a standard infusion procedure back to the patient's liver where they secrete insulin. Since the initial liver cells were taken from the patient himself or herself, there is no chance of rejection. Orgenesis has successfully tested its technology in mice, rats and pigs, and is working toward initiating clinical trials in humans.

The surprising capacity to activate pancreatic lineage in the liver was first demonstrated in mice by systemic PDX-1 administration using recombinant adenovirus gene delivery. PDX-1 plays a dual and central role in regulating both pancreas organogenesis in embryo and beta cell function in adults. The capacity of PDX-1 to direct pancreas development has been demonstrated in mature fully differentiated liver in vivo, both in mice and in *Xenopus*, possibly via a process called trans-differentiation. This describes an irreversible switch of one type of differentiated cell into another differentiated cell.

AIP therapy seems to be safer than other options, as it does not alter the host genome but only alters the set of expressed genetic information that seems to be highly specific to the reprogramming protocol. In addition, no human organ donations or embryo-derived cells are required.

This form of therapy, if proven to be workable in clinical trials, would provide several advantages over other insulin-dependent diabetes therapies currently being studied. First, it frees the patient from daily involvement in the monitoring of blood glucose levels, numerous insulin injections and watching food intake and exercise. Indeed, the body itself is now continuously controlling blood glucose levels. In addition to avoiding the chance of autoimmune rejection, the procedure is only minimally invasive.

In summary, the use of adult human liver cells for generating functional insulin-producing tissue may pave the way to autologous implantations, thus allowing the diabetic patient to be the donor of his or her own insulin-producing tissue. †

Sarah Ferber, Ph.D. is Chief Science Officer and founder of Orgenesis, a development-stage company with a novel therapeutic technology dedicated to converting a patient's own liver cells into functional insulin-producing cells as a treatment for diabetes. She can be reached at info@orgenesis.com.



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Reducing One's Risk for Developing Osteoporosis

By Dr. Judith Black



As we age, our bones naturally begin to weaken. It is never too early or too late to start thinking about your bone health, and taking action to make sure your bones are as strong as they can be. Being aware of lifestyle and nutrition habits, and taking action to make healthy changes if necessary will help you to build strong bones to last a lifetime, or strengthen overall bone health if you're getting started a little later in life.

Whether we develop osteoporosis or not depends on the thickness of our bones coupled with our overall health. Diet and physical activity, two factors which we can control, can slow the progress of developing this condition or lessening its complications.

Most people know that osteoporosis is a condition that affects many older women, but men can develop it as well. It is less common in men, however, because they have naturally larger and stronger bones. It is a disease that causes bones to become weak, brittle and porous, resulting in an increased risk for fractures, especially of the hip, spine and wrist.

Building stronger bones is one of the easiest lifestyle changes we can make since it begins with eating right and exercising. If we consume adequate calcium throughout our lives, osteoporosis is virtually 100 percent preventable.

Women and men of all ages can keep their bones strong and minimize the development of osteoporosis by taking a few simple steps.

Choose at least two to three servings of foods from the dairy group each day. Choose other foods that contain calcium, including tofu, calcium-fortified orange juice, canned fish with bones and dark-green leafy vegetables.

Take a calcium supplement. Some nutrition authorities recommend that women of all ages take a calcium supplement as an extra precautionary measure to guard against bone loss. Calcium carbonate and calcium citrate are the most common forms. Calcium is best absorbed in doses of 500 mg or less. To maximize calcium absorption:

- Do not take your calcium supplement at the same time as your daily multi-vitamin.
- Take calcium supplements with food, and space the dosage throughout the day.
- Drink plenty of fluids, and don't take calcium supplements with soft drinks,

coffee or iron supplements.

- Avoid calcium supplements made from dolomite, oyster shell and bonemeal, which may be contaminated with lead.

Get adequate Vitamin D, which is important for optimal calcium absorption. Adequate amounts may be obtained through fortified milk, egg products and 10 minutes of sunshine each day. If you do not drink milk or get adequate sunshine, consider taking a Vitamin D supplement – 400 to 800 IU daily.

You can dramatically improve your bone strength and density by exercising regularly. Many community organizations, hospitals and insurers offer access to fitness programs at no or low cost, and they are worth checking out. Highmark, for example, offers Medicare Advantage members access to the SilverSneakers Fitness program throughout its service area. If you can't get to a fitness center or an organized program, your doctor will be able to advise you on what exercises would be good for you.

I always tell my patients when we talk about getting and staying healthy to avoid smoking at all costs. There is no question that smoking is bad for one's overall health, but it has a significant impact on your bones, heart and lungs.

Simple adjustments around the house will help, as well. Remove loose wires, cords and throw rugs from floors and make sure rugs are anchored and smooth. Install grab bars and nonskid tape in the tub or shower. Make sure halls, stairways and entrances are well-lit. Install a night light in your bathroom and turn lights on if you get up in the middle of the night. Install nonskid rubber mats near your kitchen sink and stove. Clean up spills immediately. Make sure stair treads, rails and rugs are secure. And finally, wear sturdy, rubber-soled shoes.

Because your health matters, making simple adjustments now can ensure your bone health will be as good as it can be as you age.

Dr. Judith Black is medical director for Senior Markets at Highmark Inc. For more information, visit www.highmark.com.



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Using Your Social Language Skills to Communicate with Children with Autism

By Cherie River, MS-CCC-SLP

Did you ever wish you could follow your child to school? Do you find yourself longing to be nestled on their shoulder so you can quietly nudge them to say “hi” to a friend or ask for a turn on the swings?

Don’t you wish you could whisper in his ear the best “comeback” in the world when a mean spirited peer laughs at him? Your every instinct as a parent is to protect and help. This instinct is magnified when you have a child with Autism or a child with limited social skills. You are not alone.

As a Speech Language Pathologist I often find myself ending a session by telling the parent “If only I could be there on the playground...” When we are engaged in the natural turns and twists in life as adults we rely on our social language skills to get us out. We rely on the subtle facial gestures and body cues by the listener to know if they are interested in our story or checking out the conversation across the room. We rely heavily on social language skills at work to get new contracts or promotions by simply being likable and friendly.



We rely on social language skills from ordering food the way we prefer in a restaurant to allowing a more hurried shopper to quickly roll their cart in front of our cart. We rely on social language skills to build friendships and to fall in love. Parents need to know how important it is to talk to their child about their social experiences. How do parents approach such off-limit topics with their child? Simple! Just analyze what YOU did today that required social language skills.

Did you get annoyed today when waiting in line at the bank and someone else very cleverly got in front of you? Confess that you did nothing and said nothing and held it all in. Tell your child what you wished you would have said. Give your child funny scenarios where you

could over-reacted. After bursting into laughter together ask your child why that option might not work so well. Then ask him to come up with creative ways to make the person know that it is not polite to line-jump.

After you discuss your social language experiences in which you felt awkward

or uncomfortable, it opens the door for your child to feel safe sharing his most vulnerable experiences he encountered at school today. Feel free to laugh and come up with absurd ideas on how he could have responded. Allow your child to try to think of solutions with you. Avoid saying things like “Haven’t I told you to stand up for yourself??” That means nothing to a kid who thrives on order, routines, and scripted responses.

Kids with poor social skills can’t just pull the words out of the sky to “stand up” for themselves. They need to be taught. They need to be told that we all feel awkward and search for the right way to say things even as adults. Kids need confidence knowing that their “comebacks” are

funny and well-timed! Give your child specific examples of what he could have said in that situation at school. If you can’t think of the right words (like you couldn’t at the bank today) teach him a gesture to brush off a peer’s remark. Have him look in the mirror and practice things like shrugging his shoulders or making a “whatever” expression on his face.

Practice makes perfect even when it comes to social language skills. Be sure to share your ideas and discussions with your child’s teachers so they can help carry-over.

Also, remember that we all had to be taught social skills. Not one of us was born with the knowledge of each nuance of life. Kids with limited social skills just need a little more real-life help and encouragement. So, we may not be able to follow them onto the playground and whisper in their ear but we sure can share our own struggles with social language and allow our children to see that we all need to work on it. †

Cherie River, MS-CCC-SLP is the Director/Owner of River Pediatric Therapies. If you have questions about your child’s social skills please call 412-767-5967 for a free screening or visit www.riverspeech.com.



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Make End-of-Life Care a Priority in Pennsylvania

By Rafael J. Sciuolo, MA, LCSW, MS

Here's an easy question to answer: Can you find many parents that haven't talked with their kids about the dangers of smoking? Alcohol? Drugs? Sexual activity? Early education and life lessons are essential components of positive development. Think about it as you consider this...

It's something we all will face at some time, but most of us choose not to talk about – or even think about. Eventually, we will be involved in deciding upon a plan of care for a loved one with a life-limiting illness.



End-of-life care discussions between physician and patient are vital.

It may be a parent, grandparent, sibling, or close friend. Of course, it's not easy to imagine, but charting a course of action is necessary. For those receiving end-of-life care, the priorities are comfort, dignity, and quality of life. Respecting the wishes of patients and their loved ones is at the heart of hospice care. And making those wishes known ahead of time is vital.

Hospice often meets families in a time of crisis – such as when they receive “bad news” about a loved one. Emotions run high and stress builds. This is certainly not the ideal time to be making important decisions. The significance of advance care planning cannot be overstated. Having “the conversation” with a doctor and loved ones ahead of time means it's that much easier to provide comfort that the patient needs.

The Massachusetts Senate recently recognized just how important this is, by passing the “Palliative Care Awareness” amendment, requiring all doctors and nurses to talk with dying patients about their end-of-life options. This is a huge step in ensuring patients get the care they want by informing them of all their choices.

The Massachusetts Senate recently recognized just how important this is, by passing the “Palliative Care Awareness” amendment, requiring all doctors and nurses to talk with dying patients about their end-of-life options. This is a huge step in ensuring patients get the care they want by informing them of all their choices.

Making the Most of Life

Why was legislation needed? Because a recent study published in the journal *Cancer* (Jan. 2010) shows that only 26% of 4,000 physicians surveyed said they discussed hospice options with their patients. If the study reflects doctors' practices, then only one out of four provide their patients with information about end-of-life care.



And, who doesn't want to make informed choices? Whether we're buying a new car, home, or making another major investment, it pays to do your homework. In her book *The Cost of Hope: A Memoir* (2012), author Amanda Bennett recalls her husband's end-of-life journey and the myriad of procedures to which he was subjected while dying. Bennett suggests that he – and others – may have been better off with a “health coach”, someone who works with patients and loved ones to understand their options and make the best choices.

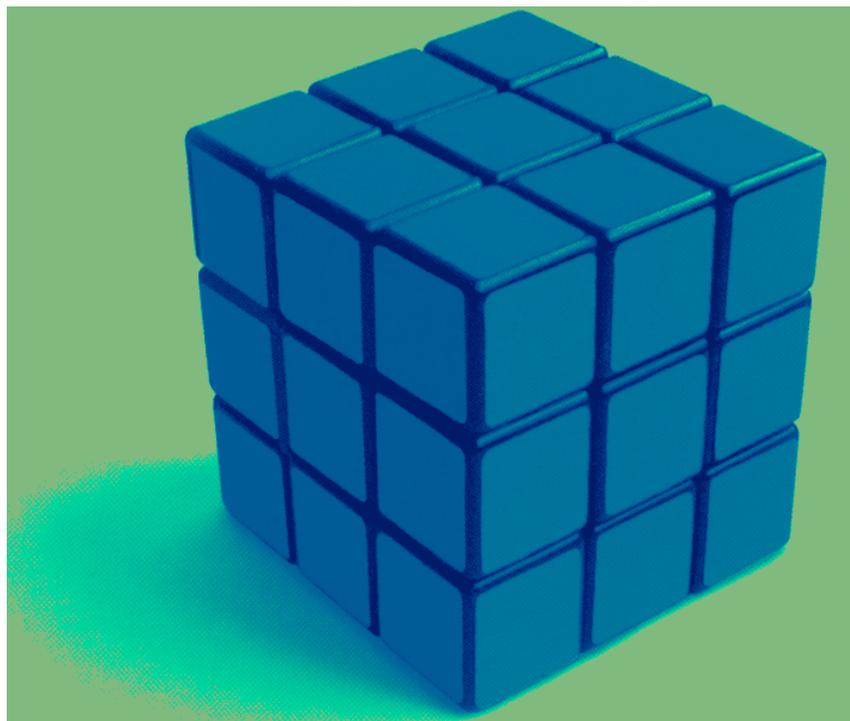
Our staff at Family Hospice and Palliative Care hear the same comment all the time: “I wish someone had told us sooner about hospice.”

Considering that our state has the third highest elderly population in the country (according to the U.S. Census Bureau's *2012 Statistical Abstract*), Pennsylvania should follow the example set in Massachusetts.

Those discussions about drugs, alcohol, sex and more make a lot of sense. So too does legislation requiring doctors to engage in end-of-life care counseling with their patients. Contact your legislator and ask him or her to make end-of-life care a priority in Pennsylvania. †

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

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How Much Green is Too Green?



By Russ Sullivan, RE. LEED A.P.

In today's design and construction industry it is imperative that the design and construction of buildings address sustainability. To include some aspect of LEED (Leadership in Energy and Environmental Design) is often the goal. Sustainable design is one of the hottest subjects in the design and construction industry today. Why are owners, architects, engineers, designers, and contractors interested in sustainable design? A few good reasons include:

- Reduced pollution emitted into the environment
- Conservation of natural resources for our children's children

- Protection of natural habitats
- Development of eco-friendly building practices

Sustainable design and construction is loosely defined as: *creating buildings and communities that conserve natural resources*. This includes using renewable resources as much as possible to preserve non-renewable resources for future generations. A far reaching definition of sustainable architecture includes the concept of zero emission buildings or buildings that function without polluting.

LEED design is a national certification system developed by the US Green Building Council, a non-profit company that encourages the design and construction of buildings to use fewer resources, reduce energy consumption, and provide a healthy work environment. The LEED Certification System is voluntary, and addresses most building types including new construction, major renovation, existing buildings, commercial interiors, schools and homes. LEED certification is intended to reduce operating costs, increase occupant comfort, and enhance building marketability. For the reasons listed above, every project, every design, every building should include the most sustainable design and the highest LEED certification available. Right? Well . . . Maybe.

Have a discussion about sustainability with a salty old building engineer or plant

maintenance supervisor. The conversation typically goes like this: We would like you to invest additional money into this new energy saving device. The device is going to reduce your utility bills. The engineer or plant supervisor asks:

- What is my return on my investment?
- What is the life cycle cost of the new system?
- Will I at least save enough energy dollars during the life of the equipment to pay for the equipment?

All of these important questions can be answered with the help of a Life Cycle Cost Analysis. Would a building owner invest \$100,000 now in order to create a return of \$4,000 a year for the next 20 years? Of course not. Why would a building owner invest additional dollars for a piece of energy-saving equipment when the energy-savings over the life of the equipment will not pay for itself?

The only way to be sure that a piece of equipment, device, or system is a good investment is to complete a life cycle cost analysis. With the use of computers and software available today, the cost to do a life cycle cost analysis is insignificant with respect to the project cost. There are several programs on the market that can create a bin or block method building model in less than an hour and provide realistic results. Of course there are also programs available that may require 40 hours to construct a computer model, run an hour by hour analysis, and produce incredibly accurate results. In either case, the life cycle cost analysis incorporates:

- The additional installation cost and first time cost of the system being evaluated
- The potential energy savings due to the increased efficiencies of different types of systems
- Maintenance costs
- Fuel costs
- The revenue penalties or rewards stemming from tax credits

The result will be the total cost to operate the system for the life of the equipment or the life of the study. Multiple system types can be modeled and a life cycle cost analysis and return on investment completed for each system. As with any energy analysis, the accuracy of the analysis is directly proportioned to the accuracy of the program inputs.

Please understand that I am not saying not to do sustainable design or obtain LEED certification for buildings. We have always strived for energy efficiency and responsible design; this is at the core of our training. The current drive "to be green" may lead to decisions that do not support an economic rationale. LEED is a system that helps to provide a framework for sustainable buildings but needs to be thoroughly analyzed to make intelligent decisions. With a balance of appropriate energy savings (to achieve LEED points) with the proper equipment selection (using a life cycle cost analysis) an economical system design and sustainable construction project will be achieved. If there are other benefits to increasing the investment of energy saving equipment then life cycle cost analysis may not be as relevant.

So how much green is too much green? . . . A life cycle cost analysis can help frame the discussion to reach an informed decision.

Russ Sullivan is a professional engineer and LEED Certified Senior Associate at Stantec Architecture and Engineering LLC. Russ works out of the Stantec Butler, Pennsylvania Office and can be reached at russ.sullivan@stantec.com.

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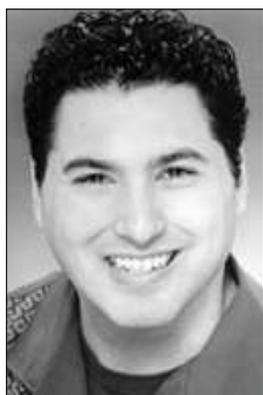
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Joshua C. Bartolovich is a Movie Extra who also Goes the Extra Mile as a Patient Care Technical Assistant



By Christopher Cussat

Joshua C. Bartolovich says that he is as simple of a person as it gets. But this Patient Care Technical Assistant (PCTA) who has appeared in multiple major motion pictures has anything but a simple and standard life! Bartolovich lives in Sarver, Pa. with Danielle, his wife of three years. “I do not live outside our means and we always make the best of what we have with our friends and family,” he adds.

Bartolovich is a 2000 Freeport Area Senior High School graduate and has had his EMT designation from Butler County Community College since 2006. Before becoming

a PCTA, Bartolovich worked on an ambulance. He explains, “I used to work and volunteer my time with Saxonburg ambulance until health issues caused surgeries and made me take a step back. All my life I grew up around firemen and firewomen—so this type of work was always a natural calling for me.” Bartolovich notes that he originally became an EMT to help those in need and he still tries to keep his ties to the fire and EMS communities. “Not so much as I would like to now, but it’s still there!”



Joshua Bartolovich on the set of “Jack Reacher.”

Currently, Bartolovich works as a PCTA which he describes as pretty much being a nursing assistant that is cross-trained as a unit secretary. This is his primary objective while working in the urgent care area of the Emergency Room (ER) at Butler Memorial Hospital, where he has been for the past five years. “Five years prior to that, I was working as a contract employee within the hospital as a Security Guard Shift Leader,” he adds.

Always looking toward the future and advancing his career, Bartolovich is also planning to attend nursing school to eventually become an RN. “The best part of working in the ER has made me realize that when I do get my

RN, I want to be a flight nurse—I was always drawn to the fast-paced, hustle and bustle of getting a patient taken care of. The feeling you get when you actually save a life or being a part of the team that helps care for that patient and involved in decision making is great!”

Bartolovich says that being an extra on a movie set was never a dream of his. “For two years I followed the rumor mills online that Pittsburgh was going to be the new Gotham City for Christopher Nolan’s, ‘The Dark Knight Rises.’ So for a year I was like, ‘Yeah right,’ because Chicago was always used as Gotham. Then when I saw the casting notice for extras coming to Pittsburgh I told my wife that I wanted to go and try it.” Even though he was really back and forth on the whole idea of attending open casting calls, Bartolovich stuck out the long lines and the hours of waiting while being herded together like cattle in a downtown hotel. He was literally seen with the last group of the day and was one of the last people to get his photo taken for casting consideration. But his patience and persistence paid off, for as they say, you know the rest of the story—Bartolovich was cast as a Gotham City police officer for the movie! He recalls, “I still have that voicemail saved because I remember standing up and screaming, ‘YES!!! I GOT IT!!!’”

Although Bartolovich has no intention on trying to “make it big,” he is recognizable in the second trailer for “The Dark Knight Rises” and his first stint in film has led to other on-screen opportunities. He explains, “Being a part of this Batman movie was awesome and it opened the door for other films. I also got to play a Pittsburgh police officer in the movie, ‘Jack Reacher,’ starring Tom Cruise.” In addition, Bartolovich notes that seeing how movies are made has taken the “magic” out of some of it. “But now I also have a higher respect for actors and actresses that we have all looked up to,” he adds.

Bartolovich explains that he is drawn to film because making movies is similar to the hard work he grew up observing. “As a kid, I was always around firemen, steel workers, and people who worked very hard for a living.” There is even a little movie connection in his genealogy, which happened to also inspire his later EMS ambitions. “My grandfather was on the set of ‘Striking Distance’ on the river as a rescue technician when they jumped the boat. He always told me since I really couldn’t get into the fires directly (due to having asthma) that I should get into EMS to help people who are in need.” He adds that his grandfather also took him to the Cheswick Cinemas all the time to see every kind of movie that came out. “So in a sense, doing this was just like being connected to him still. I even wore his dress shoes on the set of ‘The Dark Knight Rises’—they were a size too small, but I wanted a piece of him with me.”

When asked if he were not working in his current health-related profession, Bartolovich wasn’t sure whether he would pursue film work as a career. “This is really tough for me to answer. The arts have always been around and now that I am more ‘in the know,’ I now really know what I’m getting myself into.” As far as being famous, Bartolovich assures that he’s really not interested in making it big. “I am not looking to be discovered or have any intention on attending workshops for acting. I like my privacy and being an extra is just bragging rights and a cool story I will be able to tell my kids.”



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Electronic Health Records – The Sequel!

By Ken Doerbecker



Welcome back to the continuing saga. In our first article in March we pointed out that:

- EHR is a key issue for most practices.
- A good implementation can be a significant benefit, and visa versa.
- Choosing the right EHR vendor and a trusted local advisor is key.

Since finding a trusted local advisor is probably the most foreign subject to you, let's expand on that in this article. This advisor should be able to do three key things:

1. Interpret and evaluate the EHR vendor's claims and go to bat with them in your behalf when necessary.
2. Fill in the inevitable holes in the vendors support services and capabilities.
3. Manage the process of upgrading your in-house network to the vendor's requirements.
4. Provide ongoing management and support of the completed network.

The best, in fact the only, way to know if an advisor can make the cut for the first three areas is to check out how well they've done this for other similar practices in the past. Fortunately, the medical community is a relatively close knit group and most of your peers will be more than willing to share their experiences in this regard. There tends to be no middle ground here, they either love them or hate them. Ask the advisor for a list of ALL their medical clients in your locality. Then, pick a few that are similar to yours and check them out with the key practitioners and practice manager. It's normal for opinions to vary even within a single office, but you'll soon get a feel if this is the pony you want to ride. When I say "similar", I mean size, number of locations, and whether the data you deal with tends to be subjective narrative, such as in a surgical practice, or highly quantifiable, such as in a pediatricians office.

Ongoing network management and support is an area that has undergone significant advancement in recent years, and continues to evolve at a rapid rate. Here are some things to look for and questions to ask:

How will they know if something is not working or starting to deteriorate? If their answer is that you will call them and they will respond, run. Run very fast. This model is referred to as "break/fix" and is out of date. However, many advisors still work this way. This will cause you to suffer unnecessarily long and disruptive

outages. An advisor who is on their toes, will be monitoring your network 24/7 for anomalies that could spell trouble. They'll know about it before you do and be able to resolve them BEFORE they cause you any trouble. This is called "managed services" and it's the only way to go.

If they are confident that their managed services system works, they will be willing to offer you a fixed monthly price for managing your network. This puts the risk of any problems, and the associated motivation to avoid them, on the advisor, not you. If they are not willing to take this risk, you have to wonder why. Best not to wonder, move on, other's will do this.

How many people do they have to work on issues in your behalf? Many of these advisors are one man shops, or what we call the Lone Ranger. They tend to be very competent people with great credentials and experience. Problem is, what happens when they are unavailable? Answer, you wait. They become more unavailable as they add clients and the probability that they will have two critical things to do at the same time inevitably increases. More traditionally, they are unavailable when they are sick, away in school, on vacation, or when their kids are sick. Make sure there will be at least several backup people to your "normal guy". This is called "critical mass" in the service business. They don't need dozens, but a few is the minimum.

That brings up their size and structure. You want a company that has a track record and good plans for the future. Changing advisors can be a real hassle, so you want a "partner" that doesn't change very often. You should expect to get a key contact person who will make sure you are happy and being well served. In some organizations this is your salesman. This works, but its better if you have an assigned senior tech that has the ability and authority to manage their resources in your behalf. This will be your right hand man and, in time, you should be able to feel like they work for you. "One stop shopping" so to speak. Ask to meet this person before you make any decisions. Size wise, an intermediate size organization is probably your sweet spot. Too big (> 30 people) and you get lost in the shuffle, too small (< 5) and they can't handle you.

Automation and tracking is another key capability. You would be surprised how many normal maintenance activities can be codified and performed automatically. This obviously reduces labor costs, but more importantly, ensures that these activities are being performed properly, even when human resources get scarce or diverted. Such things as software patches, temporary file deletion, disk defragging, antivirus and spyware signature file updates and scanning, performance statistics, network asset inventories, change identification and management, and error logging and alerting should all be handled in this way. Remember, you don't have to know what all these things are, just ask how they handle them and nod occasionally during their answer.

I hope you have found these tips useful. As always, 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. †

Ken Doerbecker is President to Perfection Services, Inc. After a 28 year career as an executive at IBM in field engineering, education, systems engineering, and sales management, Ken 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.

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“The 8-Minute Organizer” by Regina Leeds

c.2012, Da Capo Lifelong Books

\$13.99 / \$16.50 Canada 218 pages

Somewhere on the top of your desk, you keep a calendar.

The calendar is next to a few important files you need for work. You stash a dedicated pen with the documents, just so it’s handy, and you’ve paper-clipped some notes there, just as a reminder. You’ve even color-coded the folders.

And if you could ever find those folders, you’d find the calendar – which you haven’t actually seen since last Tuesday.

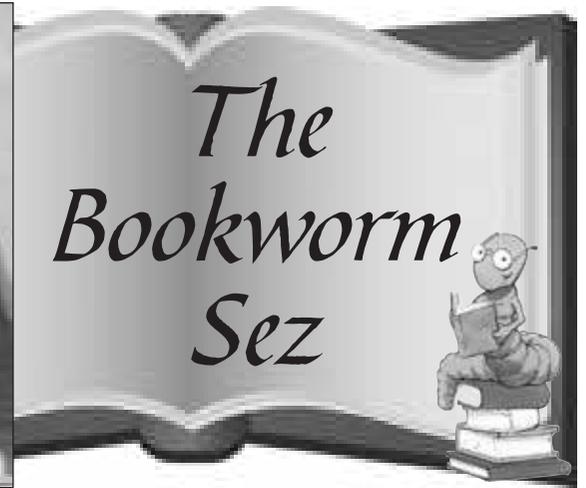
There’s a desk somewhere inside your mess, and now there’s hope for you, too. Read the new book “The 8-Minute Organizer” by Regina Leeds and you’ll reclaim your office in almost no time at all.

Have you ever noticed how, sometimes, you can’t think straight when you’re sitting at your desk? Regina Leeds knows why: clutter is noisy, she says. It “seems to emit a frequency that makes clear thinking virtually impossible...”

Yeah, you need to organize, but your mess may as well be a mountain. Leeds says that it needn’t be overwhelming, though. Clutter can be tackled in three easy steps, and you can do it in mere minutes.

Before you get started, try to understand how your office got this way in the first place. Was your childhood home in disarray? Were your parents messy or neat? Are you sharing office space with someone who’s also disorganized? Knowing these answers will help you break bad habits and determine where you’re headed.

Next, take stock and *eliminate* that which is unneeded, outdated, superfluous, or redundant. Don’t be afraid to shred paper, and if there’s too much to comfortably



do in 8 minutes, then spend 8 minutes looking for a shredding service. Toss old magazines, junk mail, and catalogs.

Next, make a set of “action files” and start sorting. *Categorize* paper to create a system that makes sense to you (but don’t overdo; keep it simple). Store receipts and important information in a safe place, and if you don’t know what’s important, ask your accountant. Categorize office supplies, too, so you know what you’ve got. This step, by the way, can be done in 8-minute increments over several days’ time.

Lastly, *organize* what’s left. Archive. Scan to your computer. Rearrange. And once you’ve found your calendar, set a date to do it all again next month.

Pick up a copy of “The 8-Minute Organizer,” and you’ll see a lot about de-cluttering your home. You may think that isn’t going to help your business any, but admit it: messy here, probably messy there.

And neither has to be that way. Author Regina Leeds helps her readers start small by putting a time limit on what’s done, by working in baby-steps, and by offering support and a little cheerleading. Leeds makes organization seem easy, and her no-nonsense common-sense takes the stress out of cleaning a mess.

I liked “The 8-Minute Organizer” because I think it’s one of those things you can use in the office right now. If your goal is to become a neatnik, grab this book... just as soon as you find that missing calendar. †

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



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A Geriatric Care Manager's Take on Aging with Grace

By Erin Lewenauer

Geriatric Care Manager Cindy Smith works at the Visiting Nurses Association (VNA) of Western PA, an organization located at 154 Hindman Road in Butler, which aims to greatly improve each patient's quality of life. The association brings skilled nursing, rehabilitation, and personal care services right to a patient's home. Teamed with a physician, VNA's dedicated experts are an indispensable part of life as one ages.

"The VNA provides services to a rather rural population," says Smith. "There are challenges inherent in that services are much more limited in these areas and as Geriatric Care Managers trying to help older adults remain at home, we have to be very creative. As the entire health care arena changes and funding for various programs decrease, it becomes more critical to help these folks utilize what resources still exist."

Geriatric Care Management is a relatively new field combining various modalities: traditional counseling, social work, and nursing. The VNA can help with anything from cancer care and oncology to speech therapy to nutritional counseling. Additionally, their Geriatric Care Managers can serve as a buffer or mediator between siblings who disagree on what is best for their parent, de-escalating family conflict.

"My job has allowed me to share and participate in the decision-making required when older adults and their families are transitioning to needing a different level of care or greater assistance at home," says Smith. "Most older adults and their families are unfamiliar with resources and entitlements that can provide assistance with care needs."

The majority of counselors or social workers employed by facilities or hospitals can only provide assistance during the patient's length of stay while Geriatric Care



Management offers assistance throughout the continuum of care including hospitalization, placement in a rehab facility, home health care, nursing home or personal care, and even hospice.

"With assistance from a Geriatric Care Manager, the transition to a different level of care can be seamless," says Smith.

Cindy Smith's desire to enter this complex field was fueled by her long career as a Medical Social Worker with the VNA. She received her Bachelor's degree in Sociology from Indiana University of PA and her Master's degree in Community Counseling from Slippery Rock University. She is a Certified Care Manager as well as a Licensed Professional Counselor. Smith's first professional job was working as a Protective Services Caseworker with a local Area Agency on Aging. Her selfless dedication to patients is apparent; in addition to working full-time at VNA, she sees clients at a community mental health center as an outpatient therapist for older adults.



Cindy Smith

"My employment through VNA, working with nurses, therapists, and home health aides, has provided me with a complete knowledge of the struggles, challenges, and opportunities for older adults to improve at home," says Smith. "It is so insightful to visit with clients in their home. I enjoy working with them because many have a genuine appreciation for their life and have been able to prioritize and recognize the really important elements. Most of us, as we grow older, experience many losses, not just through death but psychosocial losses such as retirement, our health, our appearance, our children moving away, and financial limitations: the greatest loss being our own mortality. There is great wisdom achieved in coming to terms with loss and accepting it for what it is...change."

The weight of these losses may present themselves in the elderly as depression, anxiety, or somatic complaints. However, there are a myriad of resources and services available to older adults and it is important to have that information early, before the services are actually needed.

"Planning is a very important part of growing older and getting accurate and complete information is a crucial first step in being able to make realistic decisions about aging," says Smith. "I always tell potential clients, 'I can tell you in under two hours what it might take you two months to find out on your own.'"

To contact Cindy Smith, call 724-282-6806. The Visiting Nurses Association offers no-obligation consultations. Call their Customer Center for more information toll-free at 1-877-862-6659 or visit www.vna.com. †

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Cura Hospitality Dining Team at Providence Point Presents Taste Sensations

The Cura Hospitality dining team at Providence Point, a premiere retirement community in Pittsburgh, PA, recently presented “Taste Sensations”, an event that the Cura team created where residents have the opportunity to taste test foods of the globe or have an opportunity to experience unique ways to flavor foods in a healthful manner.



Executive Chef Cameron Clegg presents to Providence Point residents during a Taste Sensations learning event.

Cura Executive Chef Cameron Clegg presented different kinds of international cheeses including gorgonzola, brie and a tiramisu dessert with mascarpone cheese topped with coffee syrup to a group of more than 50 residents. According to Pat Waterman, a resident at Providence Point, “I’ve attended several of the Taste Sen-



sations events that Cura has hosted. These events are a learning experience, coupled with delicious food. Chef Cameron is wonderful and will answer questions about the food and provides recipes so we can prepare his creations in our homes,” said Mrs. Waterman, who is also a member of the community’s hospitality committee, an organization where residents will work together with Chef Cameron, voicing their suggestions and ideas to the Cura team.

Chef Cameron was also joined by Alicia Koloski, RD, who presents the nutritional values and health benefits of the foods featured. “Alicia was very helpful and pointed out the calorie counts. It was interesting, but I knew the higher calorie cheese was going to taste better than the low-cal option,” laughed Waterman.

Judy Snyder is also a resident at Providence Point who enjoyed attending the Taste Sensations event. “Chef Cameron makes himself available, and works with ideas that come from the residents. During Taste Sensations, Chef Cameron exposes us to foods that we have never tasted before,” said Snyder.

At a past event, Snyder learned how to flavor foods using olive, sesame, walnut and grape seed oils. “I had purchased grape seed oil at a party, but didn’t know how to use it. What I learned was that grape seed oil preserves the taste of the foods that I’m eating.” Snyder adds that Chef Cameron gives residents a history of the foods presented.

Residents also enjoyed cheddar soup topped with a slice of smoked cheddar and a caramelized pear crisp with gorgonzola cheese and cranberries. “All of it was delicious. I haven’t met a cheese I didn’t like,” laughed Waterman.

The Taste Sensations event demonstrates Cura’s Living Lifesm philosophy, a commitment to nourishing the body and spirits of our seniors. “We believe our responsibility to our residents and guests goes beyond serving nutritious, healthy and delicious food. Through Living Lifesm, we offer activities and food entertainment events that increase socialization, wellness and memory support among older adults. Most importantly, these activities enhance life around great food,” said Cheryl Torre-Rastetter, Cura General Manager of Dining at Providence Point.

For more information, visit www.curahospitality.com or www.providencepoint.org.



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Free Alzheimer's Training Now Available To Local Family Caregivers

The local Home Instead Senior Care® office is offering a unique approach to help area families in Southeast Allegheny County manage the challenges of Alzheimer's and other dementias, diseases that eventually rob seniors of their memories and independence. Free training for families caring for these older adults is now available through online e-learning modules, available at HelpForAlzheimersFamilies.com.

The Alzheimer's or Other Dementias CARE: Changing Aging through Research and EducationSM Training Program offers a personal approach to help families care for seniors with Alzheimer's disease at home, where 60 to 70 percent live, according to the Alzheimer's Association.

"Until there is a cure, we offer an interim solution," said David Baron, owner of the Home Instead Senior Care office that serves Southeast Allegheny County.

The foundation of the Alzheimer's CARE Training Program is an approach called "Capturing Life's Journey®" that involves gathering stories and experiences about the senior to help caregivers provide comfort while honoring the individual's past. Because people with Alzheimer's disease have difficulty with short-term memory, the Capturing Life's Journey approach taps into long-term memory.

The Home Instead Senior Care network assembled the top experts in Alzheimer's disease to develop the CARE approach. Also serving on the panel is geriatrician Dr. Eric Rodriguez, an associate professor of medicine in the geriatrics division of the University of Pittsburgh. He provides primary care and consultative services to older adults at the University of Pittsburgh Medical Center Benedum Geriatric Center located at Montefiore Hospital. "The training we're offering to families is the same kind of training our professional CAREGiversSM receive," he noted.

The program for family caregivers consists of four classes: Alzheimer's Disease



or Other Dementias Overview; Capturing Life's Journey; Techniques to Manage Behaviors; and Activities to Encourage Engagement. Also available is a free guide for those who are caring for a loved one with Alzheimer's disease or other dementias. Called *Helping Families Cope*, the guide includes advice to help families keep their loved ones engaged and manage behaviors.

"CARE is a wonderful hands-on approach that helps caregivers deal with the behavioral changes that too often accompany these disorders – one of the biggest stressors for caregivers," said Dr. Jane F. Potter, chief of the Division of Geriatrics and Gerontology at the University of Nebraska Medical Center. "There was previously no good program available using adult education techniques to provide hands-on practice in learning how best to help people who have dementia. This is huge," she added.

"The preferred environment for those with dementia is generally at home," said Potter, who served on the expert panel to help develop content for the Alzheimer's CARE Training Program.

And yet, families caring for seniors with Alzheimer's at home are dealing with challenging behaviors such as anger, aggression, wandering and refusing to eat, according to research conducted for the Home Instead Senior Care network.

"That makes the Alzheimer's Disease or Other Dementias CARE Training Program a solution for the many families in our area who are being impacted each day by devastating side effects of this disease," Baron said.

For more information about free family caregiver training or to obtain a free copy of the *Helping Families Cope* booklet, contact the local Home Instead Senior Care office at 412-205-3345 or visit HelpforAlzheimersFamilies.com. †

Rehabilitation at St. Barnabas: The Many Steps to Success

By Megan Hoffman & Amy Wincek

St. Barnabas Rehabilitative Care, part of St. Barnabas Medical Center is located in Gibsonia, PA and offers both inpatient and outpatient rehabilitative treatments such as; aqua, physical and occupational therapies. What most people don't know is that St. Barnabas Rehabilitative Care is open to the public and offers a broad range of exceptional therapeutic services.

Patients at St. Barnabas can utilize the Crystal Conservatories for aqua therapy. One inspiring rehabilitation story comes from Hailey Hengelsberg. Hengelsberg is a twelve-year-old with autism who has suffered from epilepsy and mild cerebral palsy resulting in weakened muscles and some spasticity much of her life. For years Hengelsberg's family searched for a solution. Many doctors recommended aqua therapy for Hailey. In 2011 she was given the treatment and exercises she needed at the St. Barnabas Crystal Conservatories.

Hengelsberg now attends aqua therapy at St. Barnabas twice a week where she spends a full hour with certified personnel. These exercises promote relaxation, ankle strength, standing balance, and posture building. Hengelsberg loves the program and is now receiving the treatment she needs to overcome a lifetime of physical weakness.

"I am sure there are other families who may not even know there is a Crystal Conservatories, who would benefit from this program," Hengelsberg's mother adds, "so Hailey and I are happy to spread the word."

St. Barnabas also offers excellent physical and occupational therapy. After retiring at the age of 73, Bonnie Miles took up a part time job to fill up her free-time. However, the hours spent standing led to the development of a small sore on her

right foot. Miles tried to cure the ailment herself, but found that the condition worsened and it soon became impossible for her to walk.

Miles was diagnosed with severe peripheral vascular disease and surgery was recommended to amputate her leg above the knee. In November 2011, she came to St. Barnabas for rehabilitation. The staff cared for her amputation, making sure it remained clean. Miles received aggressive therapy to improve her upper body strength, recover her balance and maintain the range of motion on her amputated leg.

Miles credits her therapists at St. Barnabas, family and friends for helping her get where she is today. "I can feel the motivation all around me," she remarked. Rehabilitation at St. Barnabas helped Miles utilize her abundant determination, courage and strength to make a positive recovery.

Rehabilitation after a serious injury is another specialty. Hard-working farm owner, 90-year-old Louis Hortert, fell two stories from the hay loft on his farm and landed on a concrete surface. After spending the next 30 days hospitalized and in trauma care with several broken bones, Hortert was transferred to St. Barnabas for intensive rehabilitation therapy.

When Hortert arrived at St. Barnabas he needed total care for all his daily living activities, however, the intensive therapy increased his strength and helped him regain his independence. Hortert has since, returned home to his family and his farm.

Hortert attributes his successful recovery to the dedicated rehabilitation team at St. Barnabas. "I'm not thankful for what happened to bring me here, but I am thankful for all the wonderful people I met here who helped me in my recovery," he remarks.

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



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Liken Homecare: Helping You Take Care of Your Loved Ones

By Kathleen Ganster

It could be the most important person you ever hire – someone to take care of your mom, dad or other loved one. It could be someone to relieve your caregiver. Or it could be someone that you refer to for the care of one of your patients.

Choosing someone for home health care is a tremendous responsibility and one that Liken Homecare takes very seriously.

“We’ve been in business for 40 years and know how important it is to take care of loved ones,” said Sue Janosko, Director of Operations.

Liken Homecare provides exactly that – home health care for those who need assistance with a variety of activities and tasks including personal hygiene, home-making, transportation, companion services and other more.

“This can be for seniors, those recovering from surgery or illness, or the disabled,” she said.

According to Janosko, the home health care services may be stand alone services for someone needing a little or a lot of assistance, or the services may compliment other health care services. They may also assist with relieving caregivers.

“The first thing we do is an assessment wherever the client may be – whether it is in their home, a hospital or long-term care facility. Then we develop a plan of care,” she said.

One advantage of Liken Services is that they do all the important clearances and background checks for their employees so that clients don’t have to be burdened with these duties. It also means that services can start immediately if necessary – qualified employees are already cleared and ready to go, said Janosko. Additionally, they are certified and licensed to provide home care services – another important factor when considering services for loved ones.

“We also make sure that the caregivers are a good fit,” said Janosko.

Liken Services provides services in Allegheny, Beaver, Butler, Washington and Westmoreland Counties, but they can also help locate caregivers in other areas, provided they have a bit of time to actively recruit employees in the outside area.

Janosko said that they can assist for as little as an hour or as much as everyday. “Some services have minimum requirement – we don’t. We work with the families and other caregivers,” she explained.

Liken also works with other service care providers to provide assistance in areas they don’t serve or to compliment their services. One of these providers is Home Instead Senior Care.

Lucy Novelly, Franchise Owner/CEO, South Hills and Washington County, said the one-on-one home health care is important to their clients and their families.

“Many times we are able to allow our clients to stay in their own homes instead of moving to a facility,” she said, “And we can give families peace of mind.”

It is family members who often reach out to Liken or Home Instead for their services.

“Many times we have family members call and say, ‘I’ve been taking care of mom and I just can’t do it alone anymore,’” said Novelly.

Novelly said they provide the services the clients can do by themselves any more.

“We provide home care that doesn’t require a prescription – it can be on a short or long term basis,” she said.

Interim HealthCare provides home health care to individuals from birth to the elderly. Often they are contacted by health care providers about their patients soon to be released from a hospital or other services according to Roy Buchta, regional executive vice president.

“Sometimes this may mean providing services for a few weeks while others may need help on a long-term basis. We have had patients for 10 years or more, espe-



Lucy Novelly



Sue Janosko

cially if it is a pediatric or disabled adult,” he explained.

Interim HealthCare provides services based on the individual’s needs, whether it is help with daily chores and activities to skilled therapy said Buchta.

“Many of the services for health care may be covered by insurance,” he explained. Interim HealthCare services Southwest Pennsylvania and Northern West Virginia.

More information on Liken Services may be found at www.likenservices.com Information on Home Instead is available at www.homeinstead.com/swpittsburgh. For more information on Interim HealthCare visit <http://www.interimhealthcare.com/pittsburghpa/>.

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Mission Pharmacy: A Look Inside Long Term Care Pharmacy Services

By John Chamberlin

There are certainly a number of commonalities between running a retail pharmacy and a long term care pharmacy – quality staff, timely order processing and coordination of benefits. However, running an efficient long term care pharmacy that can provide timely, convenient, consistent high quality and high-touch services can be a challenge. Kittanning-based Mission Pharmacy Services is doing just that.

As a long term care pharmacy, Mission Pharmacy provides services to personal care and long term care facilities and their residents. Services provided to their clients include:

- A pharmacist manager
- A consultant pharmacist
- Coordinators for billing and medical records management
- Dispensing and clinical pharmacy services, medical supplies, hospice supplies, infusion supplies
- Computerized medical records
- Electronic medication records
- Quality Assurance (QA)
- Staff Education Services educational services for the facilities serviced
- One to two deliveries per day
- EMAR services, currently we have 11 facilities/15 group homes using EMAR
- Bulk Exchange Staff

The story of Mission Pharmacy Services begins with many of the current employees who have worked together for over thirty years - primarily through three companies. The history started with Klingensmith Adult Care, a family owned independent pharmacy, which eventually was sold to NCS HealthCare. NCS HealthCare was eventually sold to another national provider, LTC Pharmacy Services. In 2000 some former employees of these 3 companies, recognized an opportunity within their niche and formed Mission Pharmacy Services.



According to Vince Politi, RPh, Partner/Pharmacy Director, “We wanted to take the best aspects of independent family businesses—caring staff, focus on customer service and patient needs—and combine them with the best disciplines of a larger business: consistency, reporting, and accountability. To date, I think we have been very successful at accomplishing both.”

Politi continues, “In the book “The Lifecycle of companies” there is the example of young companies making decisions on the elevator between the first and third floors, versus mature companies needing a six month process to make a decision. While it takes Mission Pharmacy a little longer than an elevator ride to make decisions, we are still a younger more flexible organization that can adapt to the changing times.”

Providing outstanding long term care pharmacy services is an endeavor in balance. Mission Pharmacy Services achieves that balance by verifiable pricing, utilizing technology in a cost effective manner and by instilling the fundamental values in every aspect of service and delivery.

“The philosophy of getting the right medicine, to the right person at the right time at the right dose is the cornerstone of our business,” says Politi.

The executive management team and pharmacists of Mission Pharmacy Services have years of experience in institutional long-term care, acute and sub-acute managed care, assisted living, and healthcare systems. This includes experience in working with outcomes management, formulary development, and managing capitation programs. In addition to providing pharmacy delivery systems, Mission Pharmacy Services offers a wide range of consulting services utilizing their staff of Personal Care Home administrators, nurses and geriatric pharmacists.

Additionally, Mission Pharmacy Services provides clinical wellness programs to their clients. These help to educate caregivers which, in turn, improves care to their residents and decreases medication related problems. Whether client educa-

tional needs relate to medications and their administration, disease state management, QA, Medicare/Medicaid, infection control, Omnibus Reconciliation Act (OBRA), Occupational Safety and Health Act (OSHA) or medical supply usage, Mission Pharmacy Services can provide that education. Mission also hosts an annual CEU program that attracts over 245 local health professionals. At this event, vendor opportunities are available for healthcare companies in which they can display their services for the attendees and offer quality choices for facilities.

When calling the pharmacy during regular business hours, the caller is greeted by a live person answering the phone to avoid hassles that auto-answering machines may have. After hours, a pharmacist is always on call.

To assure that everything goes as expected, from script order to delivery, Mission Pharmacy Services also has its own team of drivers. They make daily and STAT deliveries assuring meds are always available when the resident needs it.

The final step in Mission Pharmacy’s “high touch” approach to long term care pharmacy is the Electronic MAR software that Mission uses. Seeing a photo of every patient along with their profile helps give the pharmacist/pharmacy staff a better picture of who they are serving. The prescription being filled is not just a number, it is a person who has real needs.

For more information on building a true patient-care partnership with your agency and Mission Pharmacy, contact Denise Minton, Director of Sales & Marketing for Mission at 724-545-1600. †

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Preventing Workplace Injuries: A Group Effort



By Dennis Liotta, Esq.

In a profession like healthcare – where employees treat injuries and try to improve patients’ quality of life – it seems only natural to protect workers as much as possible. And yet thousands of healthcare professionals sustain injuries every year – they’re more at risk than workers in any

other industry.

Businesses, including healthcare facilities, are required to have insurance protecting injured workers. Employees injured on the job may be eligible to receive Pennsylvania workers’ compensation payments.

However, the best thing to do is to make on-the-job safety and security a priority. Whether you’re a social worker, a nurse, or a senior executive, know that preventing workplace injuries is a group effort.

STEP 1: BUILDING SAFETY, WET FLOORS, AND PATIENT CARE REGULATIONS

It may seem simple in theory, but because many healthcare systems are quite large, accidents in and around the buildings can become an issue for patients, visitors, and employees. Buildings should have no code violations, and when problems arise, all employees involved should work as quickly as possible to fix the situation. Hallways should remain clear from slip, trip, and fall hazards. Automatic doors should function correctly.

Here are just a few other ways in which employees can injure themselves on the job:

- Slipping and falling on a wet floor that has no caution sign
- Tripping over rugs or mats with curled edges, or falling down stairs that are in need of repair
- Slipping and falling in parking lots, on sidewalks, and near entrances
- Suffering injuries from an elevator that isn’t functioning correctly or hasn’t been inspected
- And more

Also, building security should be a priority as well, although it may not relate to Pennsylvania workers’ compensation. Security employees should monitor all patients, visitors, and people entering and leaving the medical facility. Enforce slow, cautious driving in parking lots, so that employees aren’t in jeopardy.

STEP 2: EMPLOYEE TRAINING AND COMMUNICATION

Because preventing injuries in the workplace is a team effort, all employees should be trained and receive regular communication about regulations, procedures, and ways they can stop accidents before they happen. Make workplace safety part of your employee orientation, if it isn’t already. Include a section on healthcare facility safety in your employee e-newsletters. When you have employee meetings, reinforce the importance of work safety in all departments – whether you have direct access to patients or an office job. All healthcare employees are susceptible to accidents,

and you need to know how to work together to limit injuries in the workplace.

STEP 3: WHEN A WORK INJURY OCCURS

Sometimes work injuries are unavoidable. You may be a supervisor, and an employee may have reported an accident to you. Or, you may be the one who was injured.

An injured employee should report the accident to his or her supervisor immediately. The supervisor should file a “First Report of Occupational Injury.” The insurance company has 21 days to accept or deny the work injury. If the insurance company accepts the employee’s work injury, he or she will receive a Notice of Compensation Payable or Notice of Temporary Compensation Payable with Statement of Wages attached. If the insurance company denies the work injury, he or she will receive a “Notice of Compensation Denial” in the mail. At that point, the worker would need to file a Claim Petition.

Many large healthcare employers have company doctors. If a list of physicians is posted at the workplace, the injured worker must be treated by those doctors for the first 90 days. After the 90-day period, the employee can choose a personal medical professional. However, the employee may be required to see a company doctor every six months for an Independent Medical Exam, or IME.

EVERY PERSON COUNTS

Workers’ compensation is available to injured healthcare workers, but wouldn’t it be great to help prevent thousands of injuries every year? Workplace safety is critical to prevent accidents from occurring



on the job. Eliminating hazards, adhering to regulations, employee communication – they’re all part of a puzzle. Paying attention to every piece will help employees to focus on providing quality healthcare to others. †

Attorney Dennis Liotta, a partner at the law firm of Edgar Snyder & Associates, has over 20 years of experience helping injured workers get the workers’ compensation benefits they deserve. For a comprehensive overview of the Pennsylvania Workers’ Compensation system, download a free guide at: <http://www.edgarsnyder.com/workers-comp-guide>.

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MDPV — New Designer Drug Dangerous & Potentially Addictive

By Christopher Cook

Face-eating cannibal zombies. Naked men growling at police while hiding under a slide at a children's playground. American media is awash with stories about crazed men and women intoxicated on what they call "bath salts", but what are they really? Why would anyone deliberately ingest something that has a very high likelihood of making them psychotic? What should healthcare practitioners be on the lookout for with their own patients?

To answer our first question we have to say first and foremost these drugs are not actually bath salts. They are sold as "bath salts" simply to avoid detection and suspicion. One cannot exactly place on their website or convenience store shelf, "High-Powered Stimulant with Hallucinogenic Properties!!" can they? "Bath Salts" typically refer to a drug called MDPV, or Methylenedioxypropylvalerone. MDPV is a potent stimulant similar in structure to MDMA (Ecstasy), but at Greenbriar our patients tell us there is little similarity between the two drugs. MDPV is most often used intranasally, but can be smoked, swallowed, or injected. Our patients disclose that the "high" is around 3 hours, but the physical effects (tachycardia, bruxism, hypertension, insomnia and other effects) can last up to 10 hours. This is significant because when the "high" wears off patients frequently re-administer, and are thus compounding the physiological effects.

Generally the only practitioners that will come in contact with a patient under the influence of MDPV are Emergency Room physicians and nurses, and this is always because something has gone wrong. The generally accepted treatment is IV/IM benzodiazepines to reduce the drug's effects on the brain and body, but this does not always reportedly work; in those cases general anesthesia had to be used. It is also important to note that IV fluids are recommended to reduce the risk of rhabdomyolysis.

It is also significant to mention that MDPV is not the only new designer drug out there. There is mephadrone, another stimulant, and also "Spice" and "K2" which are chemically similar to THC. There is also widespread use of these chemicals; they just have not been involved in anything as gruesome as what happened in Miami. In the drug and alcohol treatment field we used to only see this type of drug used by teenagers and young adults. This is no longer the case. More and more adults are using this type of chemical because they are very hard to detect in a typical urine



drug screen. We have seen a fairly dramatic upswing in patients reporting they consistently use or have used MDPV and others specifically to beat a urinalysis. We have seen many professionals and students all using "bath salts" and the like.

The reasons this is concerning are obvious. We are experiencing another wave of designer drugs, and it is not the "typical user" doing them. It is important to remember this happens every few years, and is really not anything new. We saw it with ecstasy, crystal meth, ketamine, and now these drugs. Unfortunately, we now have to add more drugs to our drug test panels, more knowledge to our repertoire, and keep our eyes open for the signs and symptoms of their use. In this field we are always two steps behind, but we do catch up! †

Christopher Cook, B.A., CADC is a member of the clinical and community services team at Greenbriar Treatment Center. Through Greenbriar, he provides trainings on topics such as Substance Abuse in the Workplace, Current Drug Trends, Drug Testing 101, and other topics related to substance abuse. He also performs clinical evaluations and admissions at Greenbriar. In order to reach him: ccook@greenbriar.net, or 724-255-8571.

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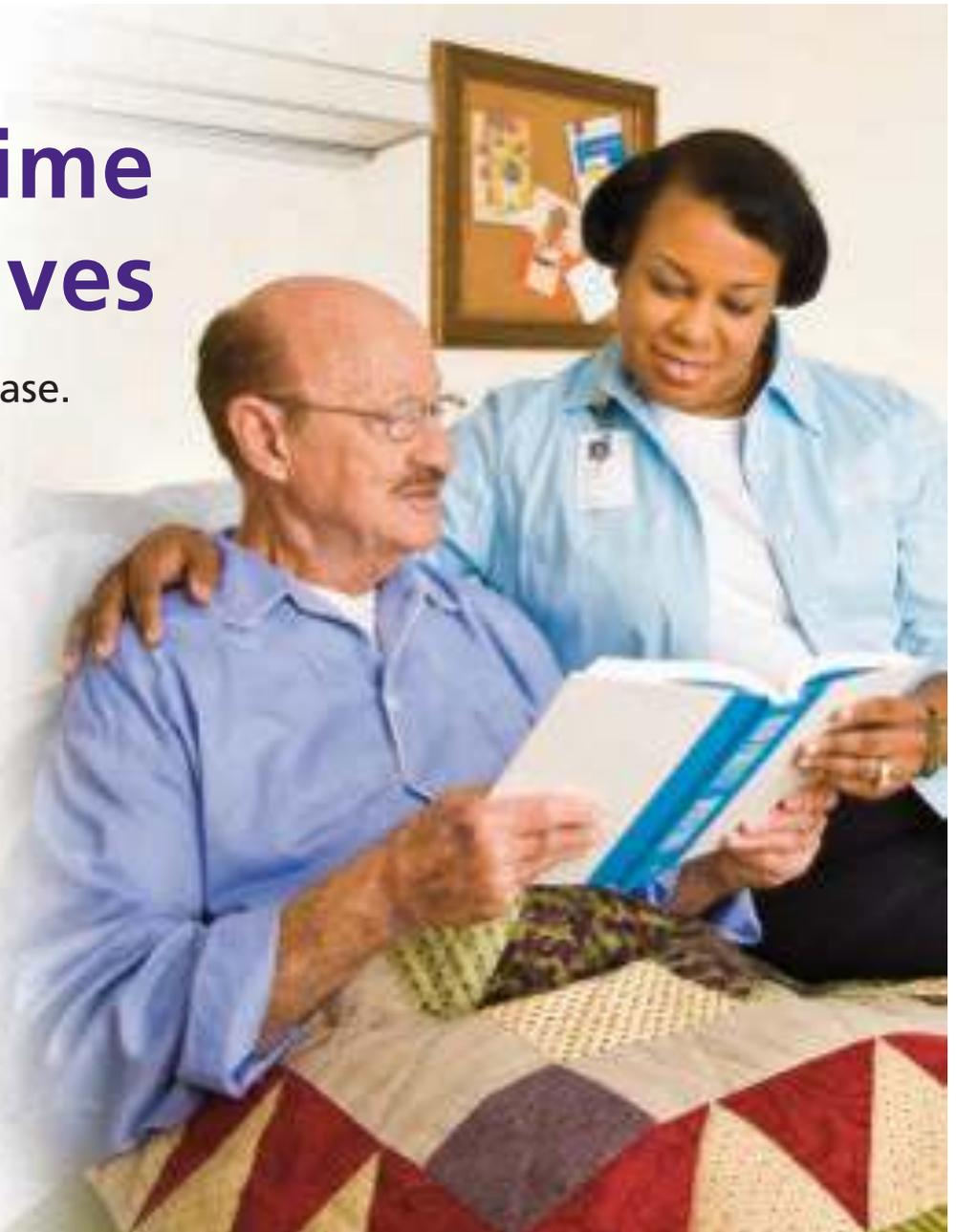
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Pills Anonymous Website Continues to Help Patients Recover from Pill Addiction

By Daniel Casciato

A crisis can occur suddenly, oftentimes without warning, and demands a quick response to the situation. It can interfere with normal routines and create uncertainty and stress. And ultimately, it can threaten your reputation.

As a Los Angeles-based crisis management and public relations consultant, Jonathan (last name protected) has spearheaded some very successful national crisis planning campaigns in his long career. However, none was more successful than overcoming his own personal crisis.

Jonathan is a recovering alcoholic and drug addict. Following two relapses, he has been clean and sober for more than 12 years now. He describes himself as a typical recovering alcoholic who began drinking at the age of 14 and began smoking marijuana three years later. But it didn't stem from his family life. His father, a career state department officer, was a workaholic and his mother was a housewife.

"Because I was a child of the 60's, there was a whole of drugs and alcohol around," he says. "And I did both addictively through the age 40. I was a functional alcoholic—I managed to keep my job and do it very well."

However, the combination of using drugs and alcohol wreaked havoc on his personal relationships. He tried many things in his life to get better, including 17 years of visit psychologists. He was first able to get clean and sober in 1991 by going to Alcoholics Anonymous (AA) meetings but, after three years in AA, became addicted to prescription drugs. That's what ended up causing both of his relapses.

"I went to many meetings," he says. "I went through the basic 12-step formula of recovery - got myself a sponsor and was of service to others. However, I ended up going to a treatment center after my two relapses and went through a 7-month treatment program."

Jonathan still attended AA meetings and the fledgling (at the time) Pills Anonymous (PA) to help him deal with his primary addiction of prescription pills. The first Los Angeles area PA meetings took place at his home with four people. There are now almost 40 chapters across the country.

He says that his biggest fear about quitting his addiction was not thinking he'd be able to enjoy anything while sober.

"I was also worried about dealing with pain," he says. "What would happen if I get hurt - would I need pain medication?"

Jonathan learned that he could enjoy life being sober and it was possible to deal with pain in a healthy way without using mind-altering medications.

"The biggest thing that I learned is that I can't do this on my own," he adds. "I was incapable of it and I needed help from others. I'm a smart guy but I couldn't stay sober on my own."

Jonathan highly recommends AA for those who are still struggling with their alcohol addiction.

"It's worked consistently for the last 60-70 years," he says. "It doesn't matter how old you are or how young you are. If you're sick and tired of being sick and tired, it's possible to be in recovery. Go to the meetings frequently, get a sponsor to help you, find a higher power and learn to be of service to others. Do what we do and you'll get what we got. I proved that."

Four months after his final relapse in June 1998, Jonathan started a Pills Anonymous Web site, www.pillsanonymous.com to allow those who are currently in recovery from addiction to medications to share their experience, strength and hope with those who would like to be in recovery from the same addiction.

"There was no central PA organization and because I was already Internet savvy, I thought if we started a site people around the country could talk to each other," he says when asked why he started the Web site. "I also thought it would be a good way to keep myself clean and sober."

The site is not meant to be a substitute for live meetings, but a valuable addition to those meetings and a safe haven for those seeking to learn about



12-step recovery. Jonathan, now 60 years old, is looking ahead to continued success in his business so he can retire in a few years.

"In my profession I have achieved what I wanted to achieve," he says. "I've been blessed with considerable success. But now I'd like to be able to spend more time with my natural family and my recovery family."

For more information on Pills Anonymous, visit www.pillsanonymous.com.

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4 Tips for Managing Mobility in Healthcare

By Daniel Casciato

Tablets and mobility are exploding everywhere, so it should not come as a surprise that many healthcare organizations are also joining in the mobile platform revolution, or mHealth as it's now being called. Since the healthcare industry is heavy regulated, there are some strict compliance rules that you need to adhere to. As a result, the complexities of these rules may cause some practices to balk at timely adoption.

Visage Mobile, a cloud-based mobile management company, recently shared some of this information in a webinar. Bzur Haun, CEO of Visage and a mHealth industry expert, led the webinar and shared advice on the steps necessary to effectively grow a healthcare mobility program and how to control your mobile costs. Haun also offered these tips on how the overwhelmed healthcare IT person can start:

Establish and Enforce Policies: Policies that every employee signs-on to dictating appropriate use of mobile devices in a healthcare environment is essential

and can save a lot of headache should non-compliance or legal issues arise.

“Carefully developing and customizing these policies in conjunction with risk and legal officers in the organization, and then ensuring every employee has received, reviewed and agrees to such policies, is a first critical step in ensuring compliance and organizational risk reduction,” he noted.

The second step is enforcing these policies—most employees aren't devious, so it only takes one automatic email notifying them of a policy breach to let them know that mobility policy is taken seriously.

Watch the Mobile Bills: According to an In-Stat report published last summer, telecom spending by the healthcare and social services sector reached \$16 billion in 2010. Of that total, 40 percent was dedicated to mobility. The market for mobile technologies in healthcare reached \$1.8 billion in 2005, according to the research, and spiked to \$7 billion in 2010.

Monitoring and optimizing carrier plans can literally save companies thousands of dollars.

Take Security Seriously, Before it's Too Late: In November, non-profit industry organization the Healthcare Information and Management Systems Society (HIMSS) released a report that detailed Mobile Device Management best practices. Haun said that healthcare organizations have many resources available to them—for instance, the remote wipe and lock capabilities of MDM solutions can reduce the data leak risks associated with lost or stolen devices.

Monitor and Regulate Use of Applications: According to Med City News, the market for healthcare smartphone apps is expected to double in 2012 to reach total revenues of \$1.3 billion.

Last year, the market increased seven-fold to close at about \$718 million, a study from research2guidance found.

“What this means is that both providers and developers have each recognized the benefits of mHealth,” said Haun. “And it's up to the former to ensure that the use of new apps is controlled and governed by the IT department.”

Creating approved apps and managing these apps will enable the efficient distribution, tracking and adhering to security protocols at any large organization.

What other mHealth tips can you share with our readers? Email me at writer@danielcasciato.com and we'll share your responses with our readers. †



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John Drstvenssek

Conemaugh Memorial Medical Center Welcomes Emergency Medicine Physician

Conemaugh Memorial Medical Center welcomes Emergency Medicine physician **John Drstvenssek, MD, FACEP**. An Ohio native, Dr. Drstvenssek brings 35 years of Emergency Medicine experience to Conemaugh.

Dr. Drstvenssek attended medical school at Ohio State University, followed by a Family Practice Residency at Mount Carmel Medical Center and an Occupational Medicine Residency at the University of Cincinnati.

Dr. Drstvenssek is board-certified by the National Board of Medical Examiners, American

Healthcare Professionals in the News

Board of Emergency Medicine, and the American College of Emergency Physicians. He is certified in basic cardiopulmonary resuscitation, advanced cardiac life support, basic and advanced trauma life support, basic disaster life support and pediatric advanced life support.

In addition to practicing medicine, Dr. Drstvenssek enjoys visiting and spending time with his family, golf, fly-fishing and playing guitar.

For more information, visit www.conemaugh.org.

Hospital Council Appoints New Vice President and New Coordinator



Denis Lukes

Hospital Council of Western Pennsylvania recently appointed **Denis Lukes, CPA**, as vice president of Payor Relations and Reimbursement.

As vice president of Payor Relations and Reimbursement, he works with Chief Financial Officers of the region's hospitals and also manages Hospital Council's Flash Survey and other special financial surveys. Lukes also works on reimbursement-related issues impacting Medicare and Medical Assistance payments to hospitals and works directly with commercial payors as well. He also serves as a key staff member to several Hospital Council member Committees and work groups.

Prior to joining Hospital Council, Lukes 30 years of experience including serving as vice president, Finance, for the West Penn Allegheny Health System. Besides holding

other positions at the West Penn Allegheny Health System, he also served in key financial positions at the St. Francis Health System, including vice president of Finance. He also worked as a consultant with a national hospital turn around firm and began his career with Arthur Andersen and Company.

He holds a bachelor of Science degree in Business Administration from Indiana University of Pennsylvania. He is a certified public accountant and is a member of the Healthcare Financial Management Association (HFMA).



Carmela Breslin

Hospital Council also recently appointed **Carmela Breslin** as coordinator of Data and Special Projects.

As coordinator of Data and Special Projects, she works on the data collection for Hospital Council's primary financial and human resources surveys. In addition, she works on special projects such as on a community-wide health literacy project.

Before joining Hospital Council's staff, Breslin served as an Administrative Resident with Hospital Council while completing her master's of Public Health in Health Policy and Management from the University of Pittsburgh in Pittsburgh, Pennsylvania.

She received her bachelor of Art's degree in Health, Science, Society and Policy from Brandeis University in Waltham, Massachusetts and while there, served as a leg-

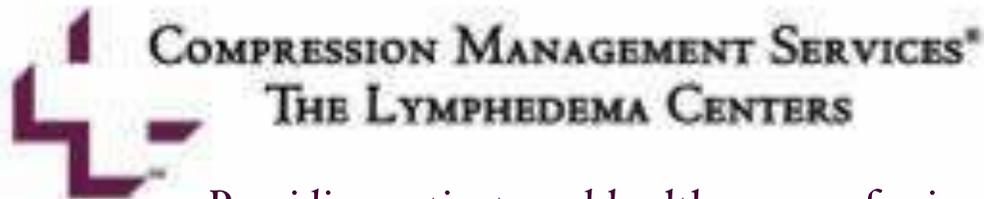
islative intern for Massachusetts State Senator Susan Fargo.

Hospital Council of Western Pennsylvania is a regional trade association serving acute care hospitals, long term acute care, long term care and specialty facilities in a 30-county area of Pennsylvania. Hospital Council provides its members with data and information, operational assistance in several areas including in quality and clinical services, education, and other support.

For more information, visit www.hcwp.org.

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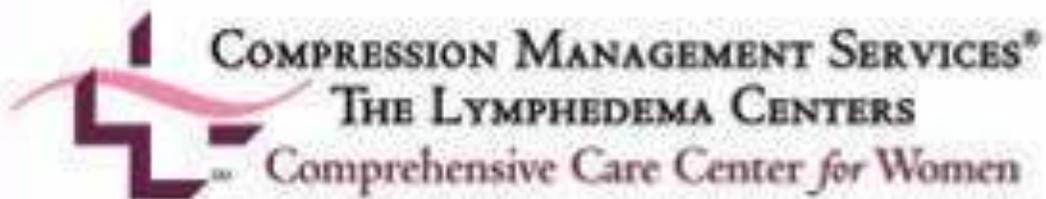


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Fellowship Trained Electrophysiology Specialist Leading Creation of New EP program at Conemaugh Memorial Medical Center



Genevieve Brumberg

Conemaugh Physician Group Cardiology has chosen Genevieve Brumberg, MD, to lead the creation of a new Electrophysiology (EP) program for the region. Dr. Brumberg is board certified in both Internal Medicine and Cardiovascular Disease. She completed a fellowship in Cardiovascular Disease and is currently finishing a second Fellowship in Cardiac Electrophysiology, a subspecialty which deals specifically with the treatment of heart rhythm disorders.

Electrophysiology involves medical treatment of irregular heartbeats, abnormal heart rhythms and related conditions. Often we are able to successfully treat patients with medication or implantable devices like pacemakers, but sometimes more advanced treatments like cardiac ablation are needed and this area is where the EP lab will be-

come such a valuable tool for our community.

Ablations are non-surgical, endovascular procedures in which a thin, flexible catheter is inserted into a vein in the groin and threaded up into the heart. Heat or a cooling agent is then sent through the catheter, extinguishing the electrical triggers and circuits which cause arrhythmias.

Prior to her fellowship training at University of Pittsburgh Medical Center (UPMC), Dr. Brumberg completed an Internal Medicine Residency at Thomas Jefferson University Hospital in Philadelphia, PA. Dr. Brumberg is a graduate of Jefferson Medical College and completed her undergraduate degree at the University of Pittsburgh where she graduated Suma Cum Laude.

A Pennsylvania native, Dr. Brumberg is looking forward to starting full time at Conemaugh Memorial this summer. She and her husband, who is also a cardiologist, reside in Latrobe with their two-year-old daughter.

For more information, visit www.conemaugh.org. †

Local Attorney Receives Certification in Elder Law

Jennifer A. Rose, of Julian Gray Associates, located in Moon Township and Upper St Clair, has successfully completed the certification requirements offered by The National Elder Law foundation (NELF), which is the only organization approved by the American Bar Association to offer certification in the area of elder law.

Jennifer becomes the 6th Certified Elder Law Attorney (CELA) at Julian Gray Associates, which makes it the only elder law firm in the United States with six Certified Elder Law Attorneys.

Jennifer assists clients in all aspects of asset preservation as it relates to long-term care expenses including pre-planning, the Medicaid application process and VA Benefits planning. Jennifer also specializes in Special Needs Planning including estate planning for parents of children with special needs to coordination with personal injury attorneys to maximize law suit proceeds for plaintiffs with special needs.

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

Healthcare Professionals in the News

Catholic Hospice Director Completes Doctorate of Nursing



Cristen Krebs

Cristen Krebs, Founder/Executive Director of Catholic Hospice earned her Doctorate in Nursing Practice from Robert Morris University 2011. This doctorate will allow her to fulfill additional roles in her hospice work in order to enhance delivery of end of life care to Catholic Hospice patients.

Catholic Hospice is the area's only independent non-profit hospice program in the Pittsburgh region. Abiding by the Church's teachings on end of life care, Catholic Hospice is also the area's only pro-life hospice. In addition, with Krebs' doctorate, Catholic Hospice is the area's only program under the direction of a doctorally prepared CRNP. Additionally, Krebs is the Founder of HALO – Hospice Advocacy & Leadership Organization, a hospice consulting and educational organization which focuses on

raising awareness of patient rights at end of life as well as fraudulent practices in hospice which is a growing concern across the nation.

Previously Krebs had served as Founder & Executive Director of Good Samaritan Hospice. Under her tenure, the first hospice residence, the Good Samaritan House; was erected in Allegheny County in an effort to provide a home to those at end of life who could no longer safely remain in their own homes.

Krebs has been nominated for numerous awards in recognition of her diligence and ethics related to improving care to those at end of life. She was awarded the Carlow College *Woman of Spirit Award* in 2003 and the Zonta International *PennySmith Status Women Award* in 2008 for improving the legal, political, economic and professional status of women.

For more information, visit www.catholichospicepgh.org. †

The Alliance for Excellence Announces New CEO

The Alliance for Excellence in Hospice and Palliative Nursing (The Alliance) has announced that Sara (Sally) K. Welsh MSN, RN, NEA-BC has been named its new Chief Executive Officer (CEO). The Alliance includes the Hospice and Palliative Nurses Association (HPNA), the National Board for Certification of Hospice and Palliative Nurses (NBCHPN®), and the Hospice and Palliative Nurses Foundation (HPNF). Ms. Welsh received her BSN from Armstrong State College in Savannah, GA and MSN in Administration from Armstrong Atlantic State University in Savannah, GA. Welsh holds a Nurse Executive, Advanced credential from the American Nurses Credentialing Center. She is from Savannah, Georgia and began her new role with The Alliance organizations on June 4.



Sara (Sally) Welsh

Welsh brings deep experiences in health care administration and executive leadership in a variety of settings, including hospice and home care and hospital-based clinical oncology. Prior to accepting her new role as the Alliance CEO, she served as the Vice President of Patient Care Services and Chief Nursing Officer for THA Group, Inc. in Savannah, GA with responsibility for the clinical operations of the home care, hospice and palliative care program providing services in six locations in Georgia and South Carolina with an average daily census of 500 - 550.

Additionally, Welsh previous served as Executive Director of Clinical Oncology at the Curtis & Elizabeth Anderson Cancer Institute at Memorial University Medical Center, Inc. During her tenure, she held the positions of Associate Chief Nursing Officer and Interim Chief Nursing Officer/Vice President, where she assisted in the development of a pharmacy assistance program, expanded palliative care services, and implemented a Nursing Professional Practice Model and a Nursing Research Program. She was also involved with developing a Nursing Center of Excellence, a Nursing Excellence Philanthropy Fund, and a Nursing Strategic Plan. She also assisted in the design and opening of the Curtis & Elizabeth Anderson Cancer Institute.

Welsh's areas of expertise include strategic planning, fiscal management of operational and capital budgets, program development, regulatory and accreditation compliance, clinical research, grant procurement, and education. She currently serves as a member of the Board of Directors for the Georgia Nurses Association and is the Chapter President for the Southeast Atlantic HPNA Chapter.

To learn more, visit [The Alliance for Excellence in Hospice and Palliative Nursing at www.TheAllianceForExcellence.org](http://TheAllianceForExcellence.org) or call 412.787.9301. †



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 For details, visit www.pbghpa.com.

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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.

DIGITAL DOCUMENT SCANNING

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Locally owned, locally operated. Managing your files in the digital world need not be a challenge! Save costly staff time and money with our Targeted Services approach to solving your document problems. Working within the guidelines you establish, we develop the best program for converting and maintaining your files. Our services include analysis, solution recommendation, scanning or micro-filming and conversion of files to meet your needs. All performed professionally and confidentially. COMPUCOM Inc. has been serving document management clients since 1978 with progressive technology that lets you concentrate on your business while we keep you running efficiently. Call for a free, no cost consultation.

COMPUCOM Inc.

412-562-0296

www.compucom-inc.com

DOCUMENT MANAGEMENT

ALPHA SYSTEMS

Alpha Systems provides innovative data and document management solutions that improve financial outcomes and enhance the patient information lifecycle. Our state-of-the-art applications and flexible methods of information collection and retrieval, data conversion, scanning and indexing, bridge the gap between paper and electronic environments, eliminating bottlenecks and ensuring a steady flow of complete and accurate information. Alpha Systems capabilities include Document Scanning, Electronic Document Management Software, Computer Assisted Coding and Electronic Discovery Services. For nearly four decades of expertise and a feature-rich platform combine to improve workflows and bring instant ROI to all processes from pre-registration and clinical documentation to coding and billing. Backed by the highest security standards, Alpha Systems integrates easily into most inpatient and ambulatory information systems.

EMPLOYMENT DIRECTORY INTERIM HEALTHCARE HOME CARE AND HOSPICE

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

Contact Paula Chrissis or Julia Szazynski, Recruiters
1789 S. Braddock,
Pittsburgh, PA 15218
800-447-2030
fax 412 436-2215
www.interimhealthcare.com



ST. BARNABAS HEALTH SYSTEM

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

EXTENDED CARE & ASSISTED LIVING

ASBURY HEIGHTS

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

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

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.

OAKLEAF PERSONAL CARE HOME

"It's great to be home!"

Nestled in a country setting in a residential area of Baldwin Borough, Oakleaf Personal Care Home provides quality, compassionate care to adults who need assistance with activities of daily living. As we strive to enhance the quality of life of our residents, our staff constantly assesses their strengths and needs as we help them strike that fine balance between dependence and independence. Oakleaf offers private and shared rooms, all located on one floor. Our home includes a spacious, skylighted 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.oakleafpersonalcare-home.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!

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

CELTIC HEALTHCARE

Delivering innovative healthcare at home. Home healthcare, hospice, virtual care, care transitions and disease management. Learn more at www.celtichealthcare.com

GATEWAY HOSPICE

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

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

INTERIM HEALTHCARE HOME CARE AND HOSPICE

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

For more information or patient referral, call
800-447-2030. Fax 412 436-2215
1789 S. Braddock, Pittsburgh, PA 15218
www.interimhealthcare.com

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. Liked 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.

HOSPITALS**Kindred Hospitals
of Pittsburgh**

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

Kindred Hospital Pittsburgh
7777 Steubenville Pike Oakdale, PA 15071

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

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

For referrals and admissions, call:
412-494-5500 ext. 4356
www.kindredhealthcare.com

PEDIATRIC SPECIALTY HOSPITAL**THE CHILDREN'S HOME OF PITTSBURGH & LEMIEUX FAMILY CENTER**

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

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

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**FOUNDATION RADIOLOGY GROUP**

As one of the country's largest radiology practice, Pittsburgh based Foundation Radiology Group was founded to revolutionize the practice of radiology in the community healthcare setting. Joint Commission certified, our innovative ability to blend talent, workflow, quality and technology is designed to deliver world class imaging services to patients across the region.

For more information, visit www.foundation-radiologygroup.com.

REAL ESTATE SERVICES**GRUBB & ELLIS**

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

Bartley J. Rahuba
600 Six PPG Place
Pittsburgh, Pa. 15222
412-281-0100
Bartley.rahuba@grubb-ellis.com



Prudential

Preferred Realty

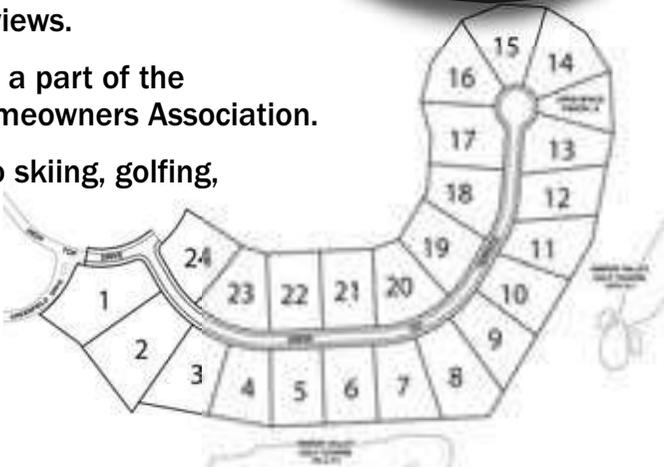
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Hidden Valley's NEW Green Tee Community

- Located in the area surrounded by the 14th, 15th, 16th and 17th holes of the golf course.
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- Green Tee will be a part of the Hidden Valley Homeowners Association.
- Close proximity to skiing, golfing, biking, hiking, and State Parks.

Call for more info:
1-800-244-3777



Hidden Valley Resort's first new residential development by Buncher Resort Development Group, LLC are condo flats. Call for more information 1-800-244-3777

DIRECTIONS: From the West, take PA Turnpike exit 91 (Donegal) and turn left onto Route 31 to the entrance of the resort (8 miles). From the East, take PA Turnpike exit 110 (Somerset) and follow Route 31 West (11 miles) to the resort's entrance.



www.CastletownCommunity.com
Call **Bob Lancia** at 412-367-8000 x276

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

Franklin Park's Exclusive Community

- Custom designed and built homes by Brennan Builders and Sosso Builders
- Packages starting at \$650,000
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- Cul-de-sac plan (no through streets)
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- Protective covenants



Preferred New Construction: *Borough of Ohioville*



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NEW HOME LIVING



106 Congressional Lane - \$379,000

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- Home Sites overlooking beautiful Seven Oaks Golf Course
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Jan Livingston 724-776-3686 x 398 or 724-601-5574

Open Sundays 1-4pm • www.SevenOaksCommunity.info

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.

*Lots regularly priced from \$49,000 to \$82,500. Certain restrictions apply. See agent for details. Must build within 1 year of lot purchase.



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AT CAMP TREES

Look what our builders can do for you!

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Lisa Fuller 412-335-6449

www.TheVillageAtCampTrees.com
Visit: Fri, Sun, Mon 1-4pm or Sat 9-12:30pm

DIRECTIONS: I-79, EXIT 78, RIGHT ON 228 EAST, RIGHT ON MARS VALENCIA ROAD, RIGHT AT CAMP TREES ROAD

EXECUTIVE *Living*

616 Saint James St.

This stately Victorian has it all. All the convenient, luxurious amenities without sacrificing all the turn of the century detail and charm! Meticulously renovated from top to bottom, boasting a large gourmet kitchen that opens to an adjacent 2 story great room, finished lower level, 3 car integral garage, dramatic master suite with his and her walk-in closets, and 6 spacious bedrooms and 4 full and 2 half baths! Experience Shadyside living in its finest representation! Best of all, you're only 2 blocks from all the desirable shopping and dining found on Walnut Street.



Cindy Ingram and Ken Clever
Coldwell Banker
412-363-4000
www.ingrampattersonclever.com



Moon Twp. \$774,900

Premier gated community. Cherrington Manor is the setting for this fabulous Robt. Loebig masterpiece loaded with amenities. Fabulous 2 story wall of windows bathe Great Room in sunshine, just steps from 31 ft. gourmet stainless and granite kitchen. Sensational entertainment area features 1 of homes 5 stone fireplaces, full wet bar, with walk out to covered patios. Unbelievable owner's suite w/sitting area, judges paneled 1st fl. office, distinctive Teak flooring and all just minutes from Pgh. Intl. Airport & downtown.

RE/MAX Renaissance Realty West

Keith DeVries,
Owner - CRS, GRI
412 269-1400 Office
724 777-3456 Mobile
keithd@remax.net



Center Twp. \$489,000

Home of Distinction. Grand 2 story entrance welcomes friends and family to this custom built, 4 bdrm. brick Provincial in Center Twp's premier neighborhood. Offering elegance & style in over 4500 total sf, entertaining is a breeze with 20 ft. sunken Fam. Rm aside granite kit w/ wet bar. French doors



lead to private 1st fl office and located on a beautifully landscaped level site. Escape Allegheny taxes in Beaver Co.!



Center Twp. \$284,000

Summer Fun! Vacation on rear omnistone patio surrounding 24' heated pool or relax in shaded hot tub - This 4 Bdrm. California style ranch has quality upgrades thruout - Offers wonderful open floor plan ideal for entertaining 1 or 5! Gorgeous Amish built kit w/ stainless appliances. Floor to ceiling stone frpl - Temp controlled cedar wine cellar - Low maint. professional landscaping and only \$4035 taxes!



UNITY TWP \$740,000 Approx 8000 finished sq ft on 1.7 acres. Pellis built with incredible detail. Marble foyer with dual staircase, Olive wood flooring from Italy in LR & DR. Incredible great room with 2 story fireplace. Gorgeous eat in kitchen with granite counters and glass tile back splash, opens to family room. Phenomenal master suite with huge walk in closets and extra large marble master bath. Upper level 4th bedroom could be play room, craft, exercise room.



UNITY TWP \$569,000 Enjoy privacy and a Million \$ View from the deck or covered patio at this showplace on 26.50 acres! Gorgeous Amish-built chef's kitchen w/ commercial stove and high end appliances! Breakfast area, Ideal family home with incredible wood flooring and wood work throughout, custom built and is a must see. French doors lead to master suite, an expansive 2 story entry makes a great first impression. HUGE walk-out lower level game room w/guest suite, bar, billiard area, and surround sound - ideal for watching the game!



UNITY TWP \$569,900

See the morning sunrise from almost every room! Incredible view from this beautiful 2 story

with marble entry, 4 bedroom-each with private bath and large walk in closets! Heated garage w/ water hook up and driving range! Granite island kitchen w walk out to deck, see thru FP between dining and living rooms, 1st fl laundry, office and den! Vaulted ceiling in master with skylights and gas line to add FP. Omni stone drive, Fenced side yard! Inside & out freshly painted within last year! Surround sound & more!

Scott Ludwick

108 Old Rt 30
Greensburg Pa 15601
724-838-3660 ext 648
www.scott@scottludwick.com



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Virtual Tours at www.HoneywillTeam.com

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- Very exciting floor plan w/ granite Kitchen

Virtual Tours at www.HoneywillTeam.com

MCCANDLESS TOWNSHIP \$329,900



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- Great kitchen & open floor plan • 4 Br, 2/1 baths

Virtual Tours at www.HoneywillTeam.com

PINE TOWNSHIP \$899,000



- Custom Victorian, multi-level • 6 Br, 4/1 baths
- Large family room, beautiful views

Virtual Tours at www.HoneywillTeam.com

HAMPTON TOWNSHIP \$598,500



- Multi-level Contemporary, very stylish!
- Kit remodel 2011, Italian cabinetry • 4 Br, 3/2 baths

Virtual Tours at www.HoneywillTeam.com

HAMPTON TOWNSHIP \$729,000



- Custom built, 6 car heated garage! • 4 Br 4/1 baths
- Fin walkout game room, close to everything

Virtual Tours at www.HoneywillTeam.com

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

North Strabane \$399,750

Crème de la crème! This home is beautifully finished with extras galore and strategically built on a prime cul-de-sac lot. This home brings the most popular Chesapeake floor plan to life with the builders additional amenities found throughout. This home is perfect for your family with all the style, finishes and amenities. Within minutes to all Washington County and Pittsburgh services. A one of a kind lot, location and outdoor living areas! MLS #918264



Peters Township \$449,500

A+ lot with mature flora and fauna, wildlife and private, level rear yard. Soaring cathedral 2-story Foyer + sunken cathedral Living Room, gracious step up Dining Room, two large Family Rooms, 700 feet of double decking, new ceramic tile Bath with granite, Den and huge walk-in in Master with room to expand Bath. Two finished Game Rooms with Full Bath and Sauna on lower level ready for you to enjoy. So much house and fantastic yard! MLS #917594



Peters Township \$939,000

Epitome of elegance, styled with grace and quality. Warm, inviting home with outstanding features. Governor's drive, grand 2-story Foyer, split stairs, hardwood, granite, columns, deep mouldings and custom built-ins. Morning Room with fabulous desk area. Trayed backlit Master with Exercise/Sitting Room. Full Bar with Game Tables, TV Room, Play Room, second Laundry and Bedroom with Full Bath. Level landscaped lot with lighting and cathedral sunlit deck. MLS #919681



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Karen Marshall

Sharon Regional to Open New Satellite Medical Facility in Neshannock

Sharon Regional Health System announced a new Neshannock Diagnostic and Specialty Center, a satellite medical facility located at 2915 Wilmington Road in New Castle.

The new Neshannock Diagnostic and Specialty Center will bring specialty physicians to Lawrence County in the areas of cardiology, orthopedics/spine surgery, pulmonology, general surgery, and vascular surgery, along with a full complement of diagnostic tests including walk in laboratory and x-ray services, cardiac-vascular-general ultrasound, EKGs, and Holter monitors for cardiac patients (x-ray services will be available August 1). The center will accept all physician requests for diagnostic tests regardless of hospital affiliation.

The board certified cardiologists who will see patients at the Center are part of Sharon Regional's award-winning Heart and Vascular Institute, and include James Ryan, M.D., Jose Millan, M.D., Nicola Nicoloff, M.D., and Ronnie Mignella, M.D.

Other specialists who will see patients by appointment at the Neshannock facility include Brian Shannon, M.D., orthopedics/spine surgeon; Neven Kosic, M.D., pulmonologist; Gene Marcelli, M.D. and Craig McKinney, M.D., minimally invasive general surgeons; and John Ambrosino, M.D., vascular surgeon.

As an additional service to the community, staff from the Neshannock Diagnostic & Specialty Center and Sharon Regional will also be offering community health education programs and screenings for area residents.

Linde Finsrud Wilson, CEO of Sharon Regional, expressed appreciation to area physicians and community members who encouraged Sharon Regional to bring a specialty medical facility to Lawrence County. "During the past several years Sharon Regional has had residents from the New Castle area express their desire for greater access to specialists in their community," said Wilson. "The opening of the Neshannock Diagnostic and Specialty

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Center fulfills that need by providing New Castle area residents with convenient access to highly qualified physician specialists and diagnostic testing," Wilson added. "We've also noted a significant increase in patients from the New Castle area who are choosing Sharon Regional for their care, and bringing these services closer to them will make that access even easier," Wilson concluded.

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



Neshannock Diagnostic and Specialty Center.

An Evening in Camelot Proves Enchanting for Monongahela Valley Hospital

On May 19, it was just another Saturday night in Western Pennsylvania, but for the 600 guests who attended Monongahela Valley Hospital's Twenty-Fourth Annual Gala, "An Evening in Camelot," it was truly an enchanting evening. The ballroom of the Westin Convention Center in Pittsburgh was transformed into a medieval festival complete with a castle, knights and jesters.

The event, which was sponsored by the Mon-Vale Health Resources Fund Development Committee and MVH's Office of Fund Development, recognized four exemplary individuals and the MVH Medical

Staff for their commitment to excellence with Dimensions In Performance Awards.

Charles F. Muia was the recipient of the 2012 Rose Award for Dimensions in Philanthropy. For nearly 50 years, this long-time Donora resident and businessman has been involved with community, civic, industrial and economic development organizations throughout the Monongahela Valley.

"Chuck has always looked out for the community," said Louis J. Panza Jr., president and CEO of MVH. "Whenever there is a need, he asks us what he can do to help."

Durga Malepati, M.D., whose specialty is pediatrics, and her husband, Vasu N. Malepati, M.D., who is an otorhinolaryngologist, were the recipients of 2012 Gibbons Award for Dimensions in Community Service. For more than 15 years, the Malepatis and their children participated in extended missions to provide health care and supplies to people of all ages in all parts of the world. Residents of McMurray, Pa., they have traveled to impoverished areas in 12 countries on four continents.

"They give of their time," said Chito M. Crudo, M.D., who as an MVH-affiliated surgeon is a colleague of the Malepatis. He also has joined them on mission trips. "Vasu has an inner feeling. He not only provides medical care to the people, but he brings suitcases filled with candy and toys for the children."

Gala 24 marks the second time that the MVH Medical Staff received a Dimensions

Award. This year, the Sickman-Levin Award for Dimensions in Medicine was awarded to the Medical Staff. This group of dedicated physicians are leaders among leaders. In addition to providing their talents and expertise in a variety of specialties in the hospital and at affiliated sites, many MVH physicians volunteer their time out in the community.

"I am so proud and honored to be president of Monongahela Valley Hospital's Medical Staff," said R.G. Krishnan, M.D. who accepted the award on behalf of physicians. "We have a dynamic relationship between the medical staff, administration and the board. We work together to provide the best care for our patients."

Aldo L. Bartolotta of Monongahela was the 2012 recipient of the Pallone Award for Dimensions in Board Leadership. Mr. Bartolotta, who owned and operated supermarkets throughout the Valley and surrounding areas, enjoys a reputation throughout the



Honored with the 2012 Dimensions in Performance Awards were from left: Charles F. "Chuck" Muia, Aldo Bartolotta (seated); President of MVH Medical Staff R.G. Krishnan, accepting for the entire Medical Staff; Durga Malepati, M.D., and Vasu N. Malepati, M.D.

area for his community and civic dedication. In 2000, a Resolution of Appreciation was adopted to honor Mr. Bartolotta on his retirement from active service on the Mon-Vale Health Resources' (MVHR) Board of Directors and the Monongahela Hospital's Board of Trustees. The resolution called attention to his "many years of distinguished service and dedication of time, thought and energy" to the health care system as a board member. He then transitioned to emeritus status.

"Aldo is a leader in business and in the community," said John D. Fry, chairman of the MVH Board of Trustees and the MVHR Board of Directors. "He's very close to the community and able to relate to both the board and the hospital."

The Mon Vale Health Resources Fund Development Committee was formed in 1988 and the Office of Fund Development was established in 2011. Approximately \$122,000 was raised from an "Evening in Camelot," bringing proceeds from the 24 Galas to more than \$2.4 million.

Gala 24 began at 6 p.m. with cocktails and hors d'oeuvres followed by dinner at

7 p.m. with entertainment by Return to Zero, direct from performances in Orlando, Florida at Disney World, Universal Studios and Sea World. "An Evening in Camelot" concluded with a coffee bar and dancing by Pure Gold.

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

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Children with Heart Conditions Experience Summer Fun at Children's Hospital of Pittsburgh of UPMC's Annual Heart Camp

The Dr. Bill Neches Heart Camp for Kids offers children with heart disease the opportunity to trade in doctor's appointments for warm weather and pool time. The camp, sponsored by the Heart Institute at Children's Hospital of Pittsburgh of UPMC, gives kids a test-free, pain-free vacation and the chance to interact with nurses and doctors in a non-medical setting.

More than 130 children from across the region will travel to western Pennsylvania this week to enjoy traditional camp activities such as fishing and crafts while sharing with each other the challenges of living with heart conditions. Heart Camp will be held from June 12 to 16 at Camp Kon-O-Kwee in Fombell, Pa., and will provide campers between the ages of 8 and 16 the chance to meet, interact and relate to other children who have similar medical conditions.

The camp, established in 1991 by Children's Hospital, is the first in the nation dedicated solely to children with heart disease. It is named in honor of founding Children's cardiologist William Neches, M.D., who retired in 2005 after 33 years at Children's Hospital.

Heart disease affects approximately 1 percent of all children born in the United States, yet very few who have heart disease are aware of others with the same problems. The camp helps children and adolescents with heart disease feel less isolated by introducing them to other children like themselves.

Campers are encouraged to make new friends, share their experiences, and participate in camp activities to the best of their abilities, without fear of being judged by others. Physicians, nurses and other members of the Children's Hospital staff, as well as the counselors and camp directors, supervise activities throughout the four-day outing. Campers also have

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the opportunity to discuss issues and concerns related to their disease with their doctors, nurses and peers.

"Heart Camp gives children the opportunity to enjoy many activities such as swimming and hiking, but also gives them time to interact with their doctors and nurses outside of the medical setting, said camp co-director Linda Russo, M.D., a cardiologist at the Heart Institute at Children's. "The close friendships the campers also develop are helpful to their long-term healing and progress."

Campers also have role models in their Heart Camp counselors and junior counselors, all of whom have heart conditions and were campers themselves at one time. They can speak from experience about their past hospitalizations, tests, surgeries and illnesses, and are proof that children with heart disease can become normal, functioning adults.

"Watching the campers spend time and interact with their counselors who have been in the same medical situation as they and are now leading normal lives, gives these kids hope that they can have bright, active futures," said camp co-director Susan Miller, M.D.

Some new additions to camp this year will include the "Dancing with the SCARS" dance contest, where mini Mirror Ball trophies will be given to all participants. Campers also will get the chance to experience the "Splash Pad," which resembles a mini water park.

Heart Camp is supported through the generosity of organizations such as the American Heart Association, as well as many other private and corporate donors. The camp is a program of the Heart Institute at Children's. The Heart Institute cares for infants, children and young adults with all types of heart disease and for adults with congenital heart disease, including many who have undergone heart transplants.

For more information about the Heart Institute or Heart Camp, please visit www.chp.edu/heart. †

Shriners Erie Becomes Ambulatory Facility; Children's Hospital to Establish Specialty Care Clinics

Officials at Shriners Hospitals for Children® – Erie announced today that the facility is now officially an ambulatory surgery center and outpatient specialty care center, following a successful licensure survey by the Pennsylvania Department of Health. While retaining the Shriners Hospitals for Children corporate name, the facility will be known as the Erie Ambulatory Surgery Center and Erie Outpatient Specialty Care Center. Erie is the first facility in the Shriners Hospitals system to undergo this transformation.

In addition, officials from Shriners Hospitals and Children's Hospital of Pittsburgh of UPMC announced that they have signed an agreement for Children's Hospital to lease a portion of the Erie Shriners second floor to establish Children's Hospital Specialty Care Center Erie. The center, operating as an independent outpatient satellite of Children's Hospital, will begin seeing patients this summer. It will be staffed by physicians from Children's Hospital on a rotating basis, and include such pediatric subspecialties as endocrinology, gastroenterology, nephrology, neurology, neurosurgery and pulmonology.

"This transformation of the Erie Shriners facility has been in the planning stages for nearly three years," said Charles R. Walczak, Erie Shriners administrator. "Under this new ambulatory model we will be continuing our mission that began in 1927 by providing ambulatory pediatric medical services, including ambulatory surgery, outpatient rehabilitation and outpatient medical care through our Outpatient Clinic. Children will continue to have access to these services regardless of their family's ability to pay."

Inpatient surgeries (those requiring at least an overnight hospital admission) remain available to any Shriners patient that needs such care, but those surgeries have been transitioned to partnering hospitals: Shriners Hospitals for Children® - Philadelphia, Children's Hospital of Pittsburgh of UPMC or UPMC Hamot in Erie. Such surgeries will be performed by Shriners' physicians, and all pre-surgical and follow-up care continues to be provided at the Erie Shriners facility.

The Erie Shriners Ambulatory Surgery Center and Outpatient Specialty Care Center will maintain all of its other clinical services such as physical therapy, occupational therapy, radiology, movement analysis, care coordination, etc.

The new leasing agreement with Children's Hospital involves portions of the second floor of the Erie facility which used to house the inpatient unit.

"With this new agreement, pediatric subspecialists from Children's Hospital will come to Erie on a regular basis to see children for outpatient care," said James Roach, M.D., pediatric orthopedic surgeon at Children's Hospital and medical director of the Shriners Erie Ambulatory Surgery Center. "Children's Specialty Care Center will allow families from the Erie region to receive expert subspecialty medical care for their children that is among the best in the world without having to leave their community and travel long distances."

Though located at the Erie Shriners facility, these new subspecialty clinics will be under the direction of Children's Hospital.

"With the Shriners continuing to provide expert pediatric orthopedic care, and Children's Hospital establishing other pediatric subspecialty clinics on our second floor, the Erie Shriners facility will become a regional centerpiece for medical care for children," Walczak said. "Over time, we will lease space to other pediatric providers of care that will complement the existing services in the facility."

For more information, visit www.shrinenet.org. †

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Jane and Rick

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