

Texas Court Sheds Light on Fraud, Kickback and Whistleblower Issues



By William H. Maruca

A recent decision from a federal district court in Texas analyzes a number of controversial physician-hospital relationships and explores the limits on *qui tam* whistleblower suits.

In *U.S. ex. Rel. Parikh v. Citizens Medical Center*, three cardiologists who formerly practiced at Citizens sued the hospital, its administrator and a cardiologist employed by the hospital, alleging a variety of False Claims Act (FCA) violations including improper bonuses and financial incentives to physicians, violating Texas's ban on the corporate practice of medicine and providing worthless and unnecessary medical services.

See **FRAUD** On **Page 10**

What is Your Healthcare Institution's Resolution to Transform and Succeed in 2014?



By Thomas Demko

Many of us in Western Pennsylvania have lived the majority of our lives here. A head-hunter once told me that Western Pennsylvania is simultaneously the hardest region of the country to recruit talent into – or out of. We like it here.

While Pennsylvania's population, in raw numbers, has barely grown from 11.8 million people in 1970 to 12.7 million in 2010, our relative population has decreased due to tremendous growth in Sunbelt states.

See **RESOLUTION** On **Page 3**

Facebook "Likes" Are Protected Free Speech



By Beth Slagle

The Founding Fathers may not have had the foresight to protect Facebook activity in the Bill of Rights, but courts are increasingly applying old media First Amendment protection to new forms of media.

A recent court case illustrates many courts' prevailing view of employees' protected rights to use social media for the same purposes that they may use traditional media. In the case, six former employees of the Hampton, Virginia sheriff's office sued the sheriff for wrongful discharge.

See **FREE SPEECH** On **Page 5**

Myofitness: Helping Organizations Keep Employees Healthy

By Kathleen Ganster

"An ounce of prevention is worth a pound of cure," Benjamin Franklin.

When it comes to health, the old Benjamin Franklin adage is certainly true. And companies are becoming more and more proactive in keeping their employees fit and healthy, which in turn, reduces days off due to illness, lowers inpatient and outpatient care and reduces absenteeism. And that reduces expenses.

"Researchers at The University of Pittsburgh have looked at ways to implement population health management and prevent chronic illness and found that the workplace is an ideal setting," says Jordan Taradash, Chief Operating Officer for Myofitness.

"By leveraging the dynamics of workplace relationships, organizations can see better group results than if employees went about it on their own."

According to statistics provided by Taradash, wellness and fitness programming can significantly reduce medical care expenditures for employers over a three to four-year program time-frame, primarily due to fewer chronic illnesses and visits to healthcare providers.

As the largest fitness and wellness company in Western Pa., Myofitness has over 20 years of experience in the field.

See **MYOFITNESS** On **Page 20**



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RESOLUTION From Page 1

In that same period, the population of California, the nation's most populous state, has increased from 20 million in 1970 to 37 million in 2010, according to the US Census.

This population shift has dropped Pennsylvania's ranking from the 3rd most populous state in 1970 to the 6th most populous by 2010.

As long-term residents of our part of the state, many of us have lived first-hand through the restructuring of our economic foundation from a manufacturing-based economy to a service economy. Western Pennsylvania has generally weathered the economic shift rather well compared to other heavy-industry locations such as Detroit, Cleveland, and St. Louis.

Our success and survival was due to the willingness and foresight of many businesses, organizations, and institutions to adapt to the changing economic realities and forge plans for our region to become a leader in new economic industries – technology, education, and healthcare.

Since the paradigm shift in manufacturing, we've also witnessed the complete transformation of another industry in the past 10 years: retail. The retail industry has completely morphed from a brick-and-mortar experience to a menu of consumer choices – on-line, catalogue, and in-person shopping. At one time, pundits were prognosticating that the brick-and-mortar store was dead, to be replaced completely by the on-line experience. But retailers and consumers know the answer is never that simple, and ultimately retailers landed on a complex medley of consumer touch points as their solution – the latest of which is the mobile device. Consumers search for products and services via any of the avenues convenient to them and avail themselves to the products in the manner they choose.

Walmart has recently embarked on a program to compete more effectively with Amazon – the world's largest on-line retailer – by improving their on-line shopping experience to be a better, less complicated and more satisfying on-line experience. They can then utilize their existing brick-and-mortar stores as the distribution network for at-home delivery. It is far cheaper to develop a premium on-line experience than to build a brick-and-mortar distribution network.

So within our lifetimes we have seen tremendous shifts in how business is conducted in the steel, manufacturing, and retail industries, and we have their

transformational models as examples of what succeeds –and what doesn't.

We now stand at the tipping point of another economic shift in a newer industry – healthcare. Are you prepared to transform your healthcare business fast enough to remain viable – like manufacturing was forced to do a generation ago? And will you survive if you don't? The healthcare model is changing rapidly, and that pace of change will not subside.

The Affordable Care Act has changed the criteria healthcare providers are measured against – from financial performance to the quality of your clinical performance as benchmarked against national standards. That means every institution must compete on a national stage – there will be no slack for regional isolation or demographic peculiarities. Reimbursements will be based on quality of care, not volume. Are you prepared to make sustainable margins for your institution on Medicare reimbursements?

Facilities that embrace a paradigm shift in the delivery of quality care will be the ones that succeed. That may mean re-imagining the entire delivery model from an operational, on-line and physical plant perspective. Developing a comprehensive strategic operational and physical masterplan is a first step in assuring your successful future.

SOME RESOLUTIONS TO CONSIDER FOR 2014 ARE:

- Complete a process map of every department

and apply a lean-process plan to eliminate waste to your operational model.

- Evaluate your physical plant to judge whether it is even remotely affordable for the Medicare reimbursement model.

- Re-think the healthcare institution – transforming it from a Hill-Burton dinosaur to 21st century virtual model. Perhaps an entire new mix of community based outpatient facilities, on-line presence, and a smaller, newer, more efficient critical care unit is the new hospital of the future. Think banking.

- Make your on-line experience relevant to the patient's needs. Does it provide a path for the patient to enter information that results in the visit being more effective and efficient? Or is it just a glorified advertisement for you? In other words – is it all about you or all about the patient?

- Make your pricing strategy transparent to the patient – and develop a plan to operate profitably on that transparent plan.

- Don't be a General Motors and wait for the government to transform you. Instead – take the lead and transform yourself. Make that your resolution for the next year.

What is your healthcare institution's resolution to transform and succeed in 2014? †

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Using Facebook Embedded Posts to Boost Your Audience Engagement



By Daniel Casciato

Are you using embedded posts to improve your website traffic and social engagement?

Embedded Posts allow you to place public posts by your business page (such as www.facebook.com/wphealthcarenews) or an individual (such as myself) into the content of your organization's own website or even on your blog. Only public posts from Facebook Pages and profiles can be embedded.

Let's say you find an interesting post on CNN's or Fox News' Facebook pages that you would like to share with your audience. If either of those pages allow you to

embed their posts, you can add it to your website or blog.

The first thing you will need to do in order to embed a Facebook post is to check that the post is public by hovering over the audience selector. If the post is public, you can embed it. If it's marked as private, you will be unable to embed it.

An embedded post will show any media attached to it, as well as the number of likes, shares, and comments that the post has. Embedding posts will let your readers see the same rich information that is shown on Facebook.com, and they will enable people to follow or like content authors or Pages directly from the embed.

You can also find and retrieve the embed code directly from the post itself. If the post is public, click on the icon that appears in the top right corner of the post on Facebook.

One of the reasons you want to embed posts is that it can potentially help in-



crease the engagement level of your own Facebook page. Your audience can easily share your content by embedding the post on their own website or by clicking the "share" button to distribute your content to their Facebook friends. Your readers can also "like" your page from an embeddable post.

According to Facebook.com, you can discover great public posts on Facebook by one of three ways:

— Liking the pages or following the profiles of public figures and news publishers: You can like the page or follow the profiles of popular public figures such as celebrities, musicians, and sports figures. You can also like news publishers and follow journalists to find breaking news updates and commentary to embed.

— Browsing Hashtag feeds: You can find comments and updates by browsing through hashtag feeds, like this feed for the popular hashtag [#throwbackthursday](#). Click on hashtags that people are using to see a feed of posts that include that hashtag. Learn more about hashtags on Facebook [here](#)

— Facebook Interest Lists: Facebook interest lists are a great way to browse posts by public figures you are interested in. You can subscribe to Interest Lists that exist already like "Photographers" and "Hollywood on Facebook" by searching for them [here](#) or you can create your own.

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



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FREE SPEECH From **Page 1**

The employees alleged that the sheriff fired them as retaliation for their support of his opponent's campaign. The support that one of the former employees gave was to click "like" on the opponent's Facebook page.

The lower court dismissed the lawsuit, saying that merely clicking a button was not the equivalent of expressing an opinion that would be considered protected free speech. The court stated that to constitute free speech, the employee would have had to take much more substantive actions than one click.



The employees appealed, backed by briefs from both Facebook and the American Civil Liberties Union. The appeals court ruled in favor of the employees and reinstated the lawsuit.

In rendering its decision, the appeals court applied the standards used for older forms of communications, noting that clicking the "like button" leads to a published statement that is "pure speech." The appeals court declared that there was no constitutional difference between hitting the "like" button and typing a message of support on a computer keyboard, which would be protected speech.

The lesson for employers is that courts take social media, including the simple click of a "like" button, as seriously as any other traditional form of media communication.

Health care employers should keep the court's opinion in mind when writing or reviewing their social media policies. Any employee rights of speech that are protected under law are similarly protected on social media. For example, the National Labor Relations Act (NLRA) protects the right of workers to discuss wages and working conditions with their fellow workers. An employer's policy banning employees from saying anything negative about the company would be overly broad and therefore violate the NLRA.

While employers should avoid overly broad social media policies, they should extend their policies and the consequences of legally prohibited behavior to social



media. For example, an employer may include a policy stating that discriminatory remarks based on age, sex, religion or race will not be tolerated in discussion in the workplace or in any public forum, including on social media. Health care employers should also make sure that their social media policies prohibit the posting of any photos, videos, names or any other information that may identify patients to ensure compliance under the Health Insurance Portability and Accountability Act (HIPAA).

As the courts increasingly defend employees' use of social media for protected speech, health care employers must walk a very thin line when disciplining any employee for a comment or action on social media. As a general rule, employers should ask whether the same comment or action made on the Internet would be protected if it were made in a more traditional form of communication before taking any punitive action against an employee.

Beth Slagle is an attorney at Pittsburgh-based law firm Meyer, Unkovic & Scott. She can be reached at bas@muslaw.com.

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Glucotrack®: A Key Advance in Noninvasive Blood Glucose Self-Monitoring



By Avner Gal

Among those with diabetes, the importance of being diligent about self-monitoring blood glucose cannot be overemphasized—nor can anyone deny that the current state of self-monitoring leaves something to be desired. The finger-prick, the blood and the coated strips can be messy, complicated to use and painful—and these issues can contribute to patient noncompliance. A goal of the medical device community has been to develop a blood glucose monitoring device that is noninvasive but still highly effective, and thereby remove what are believed to be among the two most significant barriers to frequent

monitoring of blood glucose by diabetes patients: pain and cost.

To meet this need, Integrity Applications, based in Ashkelon, Israel, has developed the GlucoTrack® model DF-F non-invasive blood glucose measurement device, which represents a key advance in this area. It is designed to help people with diabetes obtain blood glucose level measurements without the pain, inconvenience, incremental cost and difficulty of conventional (invasive) spot finger stick devices.

The GlucoTrack device takes advantage of the natural physiology of the ear lobe and uses an ear lobe clip to deliver blood glucose readings in about a minute, thanks to a trio of technologies: ultrasonic, electromagnetic and thermal. In June 2013, Integrity Applications received CE Mark approval for the GlucoTrack DF-F model device. As a result, Integrity may sell the device in the 28 member states of the European Economic Area, although it has not yet commenced sales.

There are two components to the GlucoTrack DF-F device: the Main Unit and the Personal Ear Clip (PEC). Supporting up to three different users, the Main Unit is similar to a smartphone in size, weight and functionality. It features an easy-to-use touchscreen, uses a built-in lithium-ion rechargeable battery and includes a USB port for data downloading. The device both displays and speaks out loud the results of a blood glucose reading, and has memory capacity large enough for 1,000 readings per user. The PEC is comfortable and adjustable, individually calibrated, and has an operational lifespan of up to six months (although more frequent replacement or recalibration might initially be required by some regulatory authori-

ties), which cuts down on costs.

Why use the ear lobe as the monitoring site? From a usability point of view, the ear lobe is non-intrusive, so utilizing it for blood glucose monitoring is convenient for the user.

More importantly, the ear lobe contains a large number of capillary vessels, and the flow of blood within it is relatively slow, thus providing favorable conditions for obtaining more accurate measurements. In addition, the relatively small amount of fat and nerves in the ear lobe, as well as the lack of bones, reduces the “noise” and thus helps to ensure a more accurate reading. In addition, the ear lobe remains stable in size over an adult’s lifespan, which lengthens the period of time for which a calibration will remain valid, because users do not have to adjust the PEC due to a change in ear lobe size.

As a noninvasive device, GlucoTrack does not measure blood glucose levels directly; instead, it harnesses three independent technologies to measure physiological phenomena that correlate with the user’s glucose level. These measurements—which are transmitted from the PEC to the Main Unit—are subsequently analyzed using an algorithm that translates them into blood glucose level readings. Significantly, GlucoTrack does not use optical technology, which, based on others’ experience, was found to be impractical for use in noninvasive glucose monitoring.

Once calibrated, the GlucoTrack model DF-F is able to measure blood glucose levels at any desired time, making it the right solution for a wide range of diabetes patients. Although CE Mark approved, it is not yet available for purchase, since Integrity is still in the preparation phase for production. The device is expected to be available within the European Economic Area during the first half of 2014. Integrity also intends to apply for clearance from the U.S. Food and Drug Administration to market the GlucoTrack model DF-F in the United States. If and when Integrity Applications obtains FDA clearance for GlucoTrack, Americans with diabetes might also benefit from access to this noninvasive technology. †

Avner Gal is President & CEO of Integrity Applications, a medical device company focused on the design, development and commercialization of non-invasive glucose monitoring devices for use by people with diabetes. He can be reached at avnerg@integrity-app.com.



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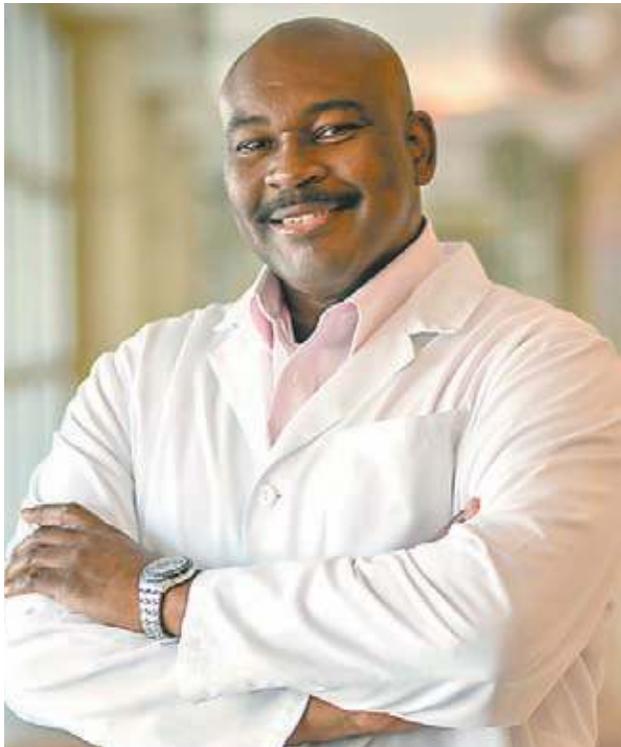
Human Papillomavirus is the most common sexually transmittable infection, yet it can be difficult to detect and if left unchecked can lead to cervical cancer. That's why the number of physicians testing for the virus is climbing. To better serve doctors and their female patients, Excelsa Health now offers HPV testing in its laboratory speeding the time to diagnosis and treatment.

As a part of the new guidelines for HPV testing, doctors begin ordering HPV tests after a woman turns 30 years old.

The sample is collected at the same time as a Pap test and held for 21 days in case re-testing is necessary.

While the Pap smear looks for abnormal cells, the HPV test checks the patient for the active virus.

"HPV is a common virus, but can clear rather quickly in younger people. After the age of 30, if a woman is carrying the virus, she is at a greater risk for cervical cancer," said Bruce Williams, DO, gynecologist and obstetrician with the Excelsa Health OB-GYN practice of Gyno Associates, Inc. in Latrobe. "Having this test available in-house not only provides us an opportunity to track the virus locally, but decreases the time patients spend wondering if their results are positive."



Bruce Williams, DO

Since the implementation of in-house HPV testing in July, Excelsa Health has reduced turn-around time for results by two-thirds, while processing nearly 100 HPV tests per week.

If a patient does test positive for the virus, Excelsa Health also offers physicians the option of requesting genotyping.

The laboratory can genotype for strains 16 and 18 of HPV; these specific types have been known to cause cervical cancer.

"This testing ability provides quality, comprehensive care to female patients and gives the clinician a full-rounded picture of the patient," said Debbie Glessner, a cytologist at Excelsa Health Latrobe Hospital. "With these results the physician can determine a comprehensive form of treatment with the focus of preserving the cervix."

Although physicians do not typically order HPV testing for women prior to age 30, patients concerned of exposure to the virus may ask their care provider to order the test. To guard against HPV, a vaccine is available to males and females ages 9 to 26.

"The best audience to reach is young men and women who are not sexually active so they may get the vaccine as a prevention against HPV prior to exposure," said Dr. Williams.

The HPV vaccine can be administered by Dr. Williams or the patient's primary care physician.

Native to the Bahamas, Dr. Williams is among the newest additions to the Excelsa Health Medical Staff. He attended the Lake Erie College of Osteopathic Medicine at its Erie campus and completed his OB/Gyn residency at Akron City Hospital in Akron, Ohio.

He was practicing in Atlanta, Ga. when he heard of Excelsa Health.

"I wanted to get away from the larger city when I spoke with a friend who told me about this area," said Dr. Williams. "He said it was a smaller area that feels like a larger city, and when I came to visit I was blown away."

Certified in da Vinci robotic assisted surgery, Dr. Williams specializes in minimally invasive procedures.

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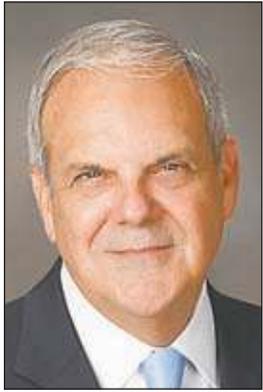
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Starting with a CLEAN SLATE



By Nick Jacobs

In the book “Change or DIE” there is a reference to the fact that, when confronted with life altering decisions, about 90% of us make the choice not to change, not because we are suicidal or obtuse, but because resisting change seems to be built into our DNA.

Immediately before my son went to college, he appeared in the kitchen and asked us if he could “get some things off his chest.” He wanted to start this next part of his life with a clean slate. The first thing that came out of his mouth was, “Dad, your car does go 140mph,” and that was the beginning of about thirty very uncomfortable

minutes of reconciliation.

As we enter the New Year, there is at least one thing that I’d like to “get off my chest,” because it has become increasingly apparent to me that I’m conflicted. I’ve always embraced the underdog in both my life and my career. As a teacher, my personal mission was usually wrapped around helping some kid who could have easily gone to the dark side. This typically was accomplished by motivating him or her into attaining a goal that was perceived to be unattainable. It was a “Climb every mountain” scenario where their own self-worth became evident to them, and they realized that all of life does not have to be bad. Many of those students are still my friends decades later.

My reconciliation to you today is that I was a rabid believer in finding a way to provide healthcare to all of the citizens of the United States. Like millions of others in this country, my own job experiences sometimes took me to the brink of being uninsured and there was no family trust for us to dig into to cover our health insurance costs.

As a hospital CEO, I had also seen those very tragic cases where the young mom had underestimated the speed with which infant illness can progress, and due to her lack of understanding of the healthcare system, waited a day too long to bring her

baby to the Emergency Room where it died in her arms.

My position also allowed me to understand the Charge Master and cost shifting so that the poor could be taken care of regardless of their ability to pay. It was the uninsured or underinsured, working poor who typically were hurt the most by this system because they not only were billed full charges (which never happened to those of us who had insurance), but they were also turned over to bill-collectors. These under-insured could literally have their homes taken from them for the unpaid balance of some catastrophic event and the resulting charges.

Consequently, when the Affordable Care Act looked as if it was going to pass, my defending the poor mentality kicked into high gear; that was until I realized that the first such healthcare bill to pass since 1948 was the definitive reconciliation package. It looked like a duck but smelled like fertilizer. Hospitals lost \$500B in Medicare fees while pharmaceutical and insurance companies maintained all but a small percentage of their previous profits. (They are huge employers in our country.)

Fee for service was still the primary driver while wellness and prevention took a typical back seat in the program and family practice and internal medicine physicians were still financially undervalued. Worst of all, the government clearly displayed its inconceivable ineptness by creating a catastrophic misfire during the computerized enrollment roll-out.

I’m sure that my desire to support the underdog will never fully vanish, but the fight to support this camel shaped bill has created quite a quandary for me. Yes, I’d still rather spend a trillion dollars on healthcare than on war, but people are getting hurt in both scenarios, and it appears to be, like so many other government decisions, all about the lobbyists. †

Nick Jacobs, FACHE, International Director of SunStone Management Resources and an officer on the American Board of Integrative Holistic Physicians, is currently consulting in Integrative Medicine and Pharmacogenomics and writes the blog, healinghospitals.com.

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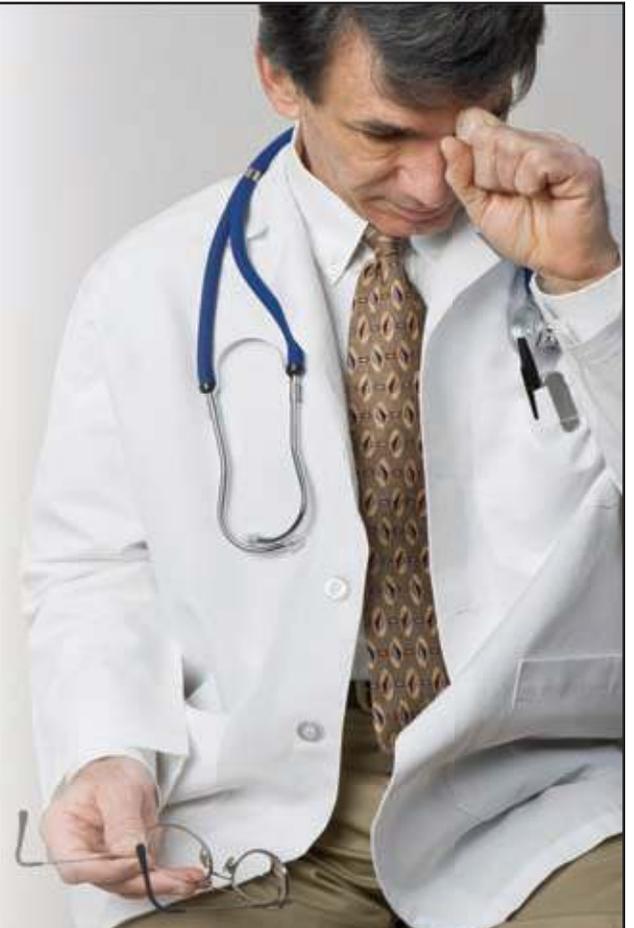
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Give Now or Give Later? Taxes Make it Complicated



By **John W. Powell**

Just how much taxes will take from what you leave your family depends upon how you structure your last will and testament.

Thus for most physicians, the time to think about estate planning is when they start to think about taxes, which means when they start to make a good living after years of school and low-paid residency.

In other words, the time to start estate planning is as soon as a doctor goes into practice.

Estate planning usually comes down to a careful balance of how much someone should give to beneficiaries during his or her lifetime and how much he or she should save to bequeath in a will.

But how to strike that balance relies on a set of complicated calculations that are unique to each individual situation and the current set of laws.

Historically, there have often been wild fluctuations in federal estate and gift tax levels from year to year that have made estate planning a difficult guessing game. For example, many people faced a dilemma at the end of 2012 as many estate tax breaks were set to expire.

If Congress had not acted by the end of the year, the amount of tax-free gifts that one person could give was set to drop from \$5.12 million to \$1 million. Furthermore, the top tax rate on amounts more than \$1 million was set to rise from 35% to 55%. Thus, many people scrambled to give away portions of their wealth before the end of the year.

Congress finally stepped in to make a new law – but not until nearly midnight on January 1, 2013 - after many people had already made their gifts. Congress passed the American Tax Relief Act (ATRA) that, among other tax provisions, permanently set the top estate tax rate at 40% and defined the tax-free exemption as \$5 million, tied to inflation in the future.

In 2013, the exemption stands at \$5.25 million. ATRA also increased the top

marginal income tax rate from 35% to 39.6% and increased top marginal taxes on income from dividends and capital gains from 15% to 20%.

Unfortunately, ATRA does little to simplify the question of give now or give later. Even though some of the provisions are described as “permanent,” it only means that they have no set expiration date. Congress can still change the law in the future as it deems necessary.

At this time, the best way to determine an appropriate estate planning strategy is to calculate the taxes owed in a variety of scenarios with an experienced advisor who is an expert in the provisions of ATRA and other federal and state tax laws. The advisor will have to take the following factors into account:

- The donor’s current and projected net worth
- The donor’s life expectancy
- The income tax level of both the donor and recipient
- The types of assets intended for transfer, and their current and projected value
- The future likelihood of the sale of any assets
- The anticipated total federal income and transfer tax rates
- The anticipated total state income and transfer tax rates of both the donor’s and recipient’s state of residence.

Complicated tax laws may deter some people from taking the time to plan their estates, no matter the size. But without a tax strategy, health care professionals who have worked hard to build wealth for their families may find their substantial legacies significantly diminished by taxes. An experienced consultant who knows the details of tax laws can ensure that all appropriate taxes are paid while preserving the highest amount of an estate for a person’s loved ones. †

John W. Powell is an estate and business planning attorney for the Pittsburgh-based law firm Meyer, Unkovic & Scott. He can be reached at jwp@muslaw.com.

Editor’s Note: A version of this article appeared last month with an incorrect photo.



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FRAUD From **Page 1**

The hospital moved to dismiss the suit, asserting that the whistleblower plaintiffs failed to plead sufficient grounds for a FCA violation and citing governmental immunity as a county-owned hospital. The court agreed to dismiss some, but not all, of the counts and allowed the case to proceed.

The FCA permits private individuals who provide original information of fraud (referred to as “relators”) to bring suit on behalf of the federal government and to share in the recovery, which can include treble damages and civil penalties of up to \$11,000 per violation.

The three cardiologists claim that the hospital violated the FCA by, among other acts, paying emergency room physicians bonuses in exchange for referring cardiac cases to their hospital-employed competitors, paying those employed physicians excessive compensation and entering into other improper deals with other physicians on the hospital’s staff designed to induce them to refer Medicare business to the hospital and its affiliates (and to steer that business away from the cardiologists).

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The suit claims the hospital engaged in prohibited transactions with its employed emergency room physicians, cardiologists and hospitalists, and also employed those physicians directly in violation of state law prohibitions. It also alleges improper dealings with non-employed gastroenterologists, urologists and other specialists.

The court noted that two laws that often serve as FCA predicates are the Anti-Kickback statute (AKS) and the Stark self-referral law. The hospital responded by stating that the cardiologists had not alleged that they falsely certified compliance with AKS and Stark.

The court disagreed, stating that numerous courts have held that allegations referring to cost reports and enrollment applications are sufficient to plead certification as required for FCA liability.

The hospital next tries to convince the court to dismiss the case because the cardiologists did not allege any specific referrals were improperly induced, noting that they are one of only two hospitals in the community.

The court noted that all that was required for a case to go forward is a pleading that the hospital made kickbacks with the intent of inducing referrals, and they plead particular details of a scheme paired with reliable indicia that lead to a strong inference that claims were actually submitted. The court looked at each set of allegations separately:

With regard to the employed ER physicians, the cardiologists cited a bonus formula that allocated half of the hospital Chest Pain Center’s revenues to the referring ER Physicians as bonuses.

The court held that the variable pay based on referrals is sufficient to state a claim under the AKS despite the hospital’s attempt to invoke the “personal service” safe harbor.

With regard to the hospital-employed cardiologists, the plaintiffs claimed that their pay more than doubled upon becoming employees despite the hospital losing \$400,000 - \$1,000,000 per year on the deal, due to their lucrative cardiac surgery referrals. Again, the court considered these allegations sufficient to state a claim.

However, the claims involving the employed hospitalists were different, according to the court. The court noted that it can only speculate how the hospitalists are receiving improper compensation, by what means the hospital is attempting to induce them to make referrals, or how the hospital is supposed to benefit from their referrals. These claims were dismissed.

The claims involving the gastroenterologists medical directorship and colonoscopy fees were allowed to proceed. Unlike with the hospitalist allegations, Relators have pleaded the specifics of the alleged scheme that the hospital and its administrator award screening days, and therefore \$1,000 daily bonus payments, to gastroenterologists based on their referrals.

The plaintiffs will need to prove these allegations in later proceedings in order to prevail. Similarly, the hospital’s deal with physicians who had invested in a competing lithotripsy venture with which the hospital had an exclusive contract was deemed sufficient to allege a violation if the improper intent could be proven.

The final group of claims was dismissed by the court for lack of detail. Among the improper inducements were free travel for a “leadership conference,” discounted rent and refurbished office space, free medical care for one physician’s injured son, and free computers, EKG machines, flat screen televisions, furniture, and/or fish tanks.

The court also tossed the claims relating to the corporate practice of medicine, stating that the FCA is not a general “enforcement statute” for federal—or state—“statutes, regulations, and contracts” and that only violation of laws which are a condition or prerequisite to federal payments can support a FCA claim.

The court disregarded the hospital’s immunity defense because qui tam relators in a FCA case are acting on behalf of the government itself, not as private parties.

This case is a textbook example of the kinds of transactions which, if proven, can land hospitals and physicians in costly and risky litigation.

It remains to be seen if the plaintiffs will be able to successfully prove their claims, but a number of Citizen’s Hospital’s initial defenses have failed to stop the case from going forward.

Careful planning, legal analysis and documentation, particularly of fair market value and compensation methods, is the best way to protect against whistleblower suits. †

William H. Maruca is a healthcare partner with the firm Fox Rothschild LLP. He can be reached at wmaruca@foxrothschild.com or 412.394.5575.

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Using PR to Position Your Medical Practice or Business as a Leader



By Jim Farrell

Perhaps you are the CEO of a regional ambulance firm, seeking to win a lucrative transport contract for a large hospital, but you are up against some serious competition. Or, maybe you are the General Manager of a growing Physical Therapy practice; you have just completed a key acquisition of a competitive practice and want to leverage the news to build your market share.

How do you have your company stand out and be top of mind?

Don't underestimate the value of public relations when it comes to marketing and positioning your company as a

leader in your industry.

Public relations (PR) is a great vehicle for telling a medical practice's story in a factual, yet beneficial style. A PR campaign, properly implemented, will let thousands of readers, listeners and viewers (and as importantly, decision-makers!) know more about who you are, what you do. The right campaign can tip the scales in your favor as to why they should utilize your products and/or services.

Media gatekeepers – editors, publishers, programmers and webmasters – do not give away their space easily. But they are generally interested in good, quality content that informs and educates. They carefully evaluate the material they review to determine what best suits their viewers or readers; and, if it provides value, it's likely to find its way into print or online. When a company's public relations outreach matches the needs of the editorial gatekeepers, then everyone wins.

Your legitimate news can further your marketing goals by bringing you increased visibility and credibility. Some say we are a nation of cynics, but when something appears in print or is reported on television or online (and it is someone other than us saying it), that third-party validation carries with it significant weight and credibility.

HERE ARE A FEW LEGITIMATE EXAMPLES OF SELF-PROMOTION:

1. You open a new business; or, your current business opens a new location.
2. Your company wins an award or achieves professional recognition
3. You win a new client or contract
4. You add staff members, or promote existing ones.
5. You develop a new product



6. You are involved in a charitable cause (for example, you mount a campaign to collect money for the United Way and raise a sizeable dollar figure)

These basic announcements are additionally good springboards for publicity; and PR-savvy companies and organizations try to get these seen on an on-going basis, usually several times a month.

The even greater value of PR comes when it is taken to a higher level – where a business or medical practice showcases its expertise through feature articles or by being quoted as an industry source in the media.

Suppose a healthcare writer for a respected regional magazine is doing an article on trends in physical therapy, or how the Affordable Healthcare Act (Obamacare) may affect the cost of ambulance transportation, the Physical Therapy practice or ambulance services provider who is the quoted source in these articles gets a little closer to “top of mind.” Companies who are successful in being quoted in articles can then take these articles and use them in their marketing: post the links to their LinkedIn, Twitter or Facebook accounts.

Similarly, a CEO or officer of a company may actively seek opportunities to contribute ‘guest’ articles (perhaps on how to prevent sports injuries, or how the Affordable Care Act will impact payments for Physical Therapists). Or, the ambulance company CEO who wishes to be more visible, might offer an article about the benefits of having people trained in the use of AEDs (defibrillators) in public buildings. Or offer guest articles on the state of the healthcare industry and where it is going in the next decade.

For the medical practice owner, getting on the radar screen of industry writers and editors/webmasters is an excellent strategy. These are relationships that are usually developed over time. It begins with sending legitimate news announcements about your organization to the right sources – and then follow-up with an offer to be interviewed or contribute articles.

Good PR is worth its weight in gold.

PR can be a powerful and persuasive way to communicate a company's message. It is, all too often, an underutilized form of marketing that is among the most effective tools at the business owner's disposal. Use it to fullest advantage. Good luck in the new year, and good publicity! †

(Editor's note: Jim Farrell is the president of PR First, a public relations/marketing company, with offices at 2048 Washington Street, Hanover, MA 02339. For additional information, call (781) 681-6616. e-mail: jfarrell@prfirst.com.)

The Most Annoying Workplace Words or Phrases of 2013



By David M. Mastovich, MBA

Another year of game-changing decisions, radical breakthroughs and thinking outside the box.

Engagement, networking and a lot of moving parts helped us get all of our ducks in a row.

We did more with less and a guru helped us ideate to achieve scalability.

Irregardless, I could only dream of combining big data and thought leadership to make it happen.

The bottom line is it's time for the adult in the room to take ownership and sacrifice to achieve alignment of my 13 Most Annoying Workplace Words or Phrases of 2013:

13. Innovation — People use it to describe ordinary rather than extraordinary actions. Instead, let's innovate how we use the word innovation.

12. Pivot — If your political campaign, business strategy or sports team is failing, simply say you plan to “pivot” in another direction.

11. I Could Care Less — People think they are emphasizing how little they care. But, if you could care less, you would. I couldn't care less if you use it correctly though.

10. A Mute Point — If you want to convey a “speechless point,” use mute. But a moot point is one that doesn't matter.

9. Bandwidth — The term became common when talking about internet usage and morphed into a description of resource allocation. I just don't have the bandwidth to say any more.

8. Unique — The word means one of a kind, not unusual. Push the envelope of

misuse by saying something is very unique.

7. Passion — Meant to describe intense emotion, passion is now used in job interviews, during staff meetings and to describe what one enjoys. I have a passion for Oreos and milk. Right.

6. Transparency — The truth is increased use of this descriptor for being open and honest almost moved it into the top 5.

5. Moving Forward — As opposed to Moving Backward in time, this one describes what will happen in the future.

4. Leverage — As a noun, it means to maximize advantage. Turning leverage into a verb describes how a situation can be manipulated. I guess you could leverage your leverage.

3. Robust — Sure, coffee can be robust. But most products, services and activities aren't really strong and vigorous.

2. Let's Take This Offline — Hopefully, you won't be out of pocket so we can circle back and take this offline.

1. Literally — I literally can't write any more overused phrases. Oops. That would mean I was physically unable to do so.

At the end of the day, you might push back on my list. But, it is what it is. Literally. †

David M. Mastovich, MBA is President of MASSolutions, an integrated marketing firm based in Pittsburgh focused on improving the bottom line for clients through creative selling, messaging and PR solutions. He's also author of “Get Where You Want To Go: How to Achieve Personal and Professional Growth Through Marketing, Selling and Story Telling.” For more information, go to www.massolutions.biz.

It's All in the Details— Daniel Saftner and Macroscopic Solutions are Exposing Nature's Seldom Seen Artistry



By Christopher Cussat

Daniel Saftner creates amazing and beautiful works of art from the nearly imperceptible. He is co-founder of Macroscopic Solutions, a company that sells novel imaging technologies that capture ultra-high resolution images of tiny objects. According to Saftner, scientific researchers are currently using these technologies across multiple disciplines to image and archive their tiny, or macroscopic, specimens. “Our signature-imaging device, the Macropod, was designed for scientific research—but along the way, it has also been applied to medicine, industry, and art,” he adds.

Happily describing himself as a “science geek,” Saftner holds a B.S. in Geology and enjoys spending his time learning more about the geosciences, as well as interdisciplinary studies within Biology and Physics. But Saftner is much more than his self-inflicted stereotype denotes—in fact, he recently earned his “Returned Peace Corps Volunteer” status, having completed a two-year service as a Physics teacher in Cameroon, Africa.

He is also an artist in many forms. Saftner has been a musician since the age of 14, which is when he first picked up a guitar. “Since then, I have continued following my passion for music, playing in multiple cross-genre musical groups, and even learning a few other instruments—including drums and bass,” he notes. As a photographer, with a focus in macrophotography, Saftner enjoys imaging the tiny world that we often know very little about. “I strive to make my own discoveries through macrophotography, and inspire others to do the same,” he explains.

The medium of his company’s (Macroscopic Solutions) artwork is photography, specifically macrophotography. “Macrophotography allows us to view the tiny world in a way that has oftentimes, never been seen before,” says Saftner.



Through proper imaging techniques, even the tiniest of objects can be viewed with incredible detail and natural color. “The general theme of our photographs is ‘natural science’ and we mostly image biological (insects, arachnids, etc.) and geological (rocks, minerals, etc.) specimens,” he notes. Saftner wholeheartedly believes that there is much to be learned about a tiny object by observing it in incredibly high resolution. “We strive to enhance the research of scientists, while exposing young minds to science through remarkable images,” he adds.

The work of Macroscopic Solutions combines photography and scientific research. Saftner explains, “Our signature-imaging device, the Macropod, captures ultra-high resolution, 3D images of macroscopic objects—this is extremely beneficial to the scientific community because it inspires them to make new discoveries and enhances their chances of meeting this goal.” These high quality images continue to reveal the unknowns of countless scientific specimens and reveal their unique natural beauty. “Additionally,” Saftner continues, “the natural textures and colors of macroscopic subjects are utilized artistically and scientifically—also, it is a very rewarding experience to bring these two unique disciplines together.”

As a lifelong lover of both art and science, Saftner admits that for the most part, the two disciplines had always served two different purposes in his life. “I had never used the two outlets together, until the idea of the Macropod arose.” He adds that the Macropod acts as the perfect medium to combine artistic and scientific approaches. “A huge goal that I have in life is to make an everlasting contribution to the scientific community, through both research and technology—and I believe that the Macropod is the perfect start to reaching this goal.”

Saftner does believe in a natural connection between the creative arts and science. “My personal work and views make this evident, as you can find incredible detail in the natural textures and colors of incredibly tiny objects.” He says that this natural beauty, whether it is within his own field of study or not, is how he defines visual art. “I think that without the beauty of nature and the beings found within it, there would have been no original inspiration for the creative arts, especially visual arts, music, and performing arts.” Saftner states that there are many other examples (outside of his own personal work) that make him believe in this strong connection between creative arts and science as well as health. “For example, therapeutic music often captures and utilizes natural sounds, such as chirping birds and flowing water, to address some common health issues—this is a wonderful combination of music and health,” he explains.

“Whether or not you use the Macropod, we are here to provide you with novel imaging techniques,” Saftner offers. In fact, Macroscopic Solutions does more than sell a product, it offers a service. “We are providing support to scientific researchers, museums, photographers, and others—helping them achieve their imaging and research goals,” he says. Saftner recommends that anyone interested should consult Macroscopic Solutions with any of their macroscopic imaging needs. “Tell us if there is something that you would like us to image—whether you are just curious, or if you are in need of the information that is concealed by a minute object—you deserve to see the tiny world become larger-than-life!”

Macroscopic Solutions is constantly working on new innovations that will enhance scientific research and visual arts. Stay up-to-date with Macroscopic Solutions’ latest news at: www.macroscopicsolutions.com and www.facebook.com/macroscopicsolutions. If you would like any more information about Macroscopic Solutions, please feel free to contact Daniel Saftner directly at: Daniel@macroscopicsolutions.com.



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Providing Quality End of Life Care to Families in Western PA

By Kathleen Ganster

It is easy to think about only the patient when hospice care enters the picture, but care involves so much more. It involves care of the loved ones close to the patient.

And that includes of course, providing their loved one with the best possible medical care, but also paying attention to their needs.

When the Hondal and Waseleski family had to obtain hospice care services for their wife and mother, Eleanore, Gateway Hospice led the way for the family through this phase of her life.

“We couldn’t have done it without them. I don’t mean to sound cliché, but they walked the walk, not just talked,” said Sandra Waseleski, daughter of Eleanore.

Eleanore had suffered from Alzheimer’s for years, but she was able to remain at home, cared for by her beloved husband, Joe.

“Then my mom lost her ability to walk and was admitted to the hospital for tests,” Waseleski said.

It was the beginning of a difficult stage for the family as Eleanore’s health deteriorated and they realized they needed more assistance to keep her at home for the remaining stage of her life, something important to the family.

Recommended by the family’s physician, Gateway Hospice met with the family while Eleanore was still hospitalized.

“The social worker paid us a visit and explained the philosophy of hospice, the services available to Mom through Gateway, and the roles of the various caregivers who we would come to know in the weeks ahead,” she said.

That referral by their physician made a world of difference to the family.

“We arranged for their services – a very easy process - and they were there as soon as we brought Mom home to the house she loved,” Waseleski said.

While the family had developed routines to help her mother with coping with Alzheimer’s before her health deteriorated, now they had to learn a whole new wealth of skills and create new routines. The nurses, social worker and other Gateway Hospice employees lead the way.

The nurse helped Waseleski and her father learn how to care for Eleanore including proper wound care, giving personal care and even preparing food the correct consistency.

“Who knew there were different consistencies of pureed food,” Waseleski laughed.

The social worker helped them with the other sides of care.

“She helped us walk through the services Mom would receive and she reminded us that, in addition to the visits by nurses, aides, social worker and chaplain, Gateway was only a call away if we had a question or an emergency,” she said.

Waseleski said the initial hours after her mother was released from the hospital were “mentally exhausting for Dad and me.”

Having the Gateway team next to them made the whole process easier.

“Through those first hours, the social worker was extraordinarily comforting, demonstrating care for all of us and a willingness to answer any questions that we had,” she said.

The visit from the Gateway Chaplin the next day helped ease their minds in other ways.

“We were appreciative of the spiritual care and comfort he provided,” Waseleski said.

As Eleanore’s final phase of life progressed, the family came to know and depend on the Gateway Hospice caregivers as they became part of the new routine of care.

“Everyone from Gateway was extremely respectful of how life was changing for everyone in our family unit,” she said.

And while the care of her mother was the most important focus of the hospice care, the care and attention to her father, her brother Tim, and herself were also important.

“They were obviously very skilled, but what stood out were their empathy, their patience, their sensitivity and their willingness to listen,” she said.

The caregivers became an integral part of their lives during the last two months of Eleanore’s life.

“We looked forward to their visits. We needed their reassurance, their professionalism and their grounded conversation,” said Waseleski.

In her words, they became part of the family.

“They became our newest family members, one who primarily cared for Mom, but who, by extension, cared for us as well,” she said.

When Mrs. Hondal died on January 18th, the Gateway Hospice caregivers assisted the family through yet another difficult time.

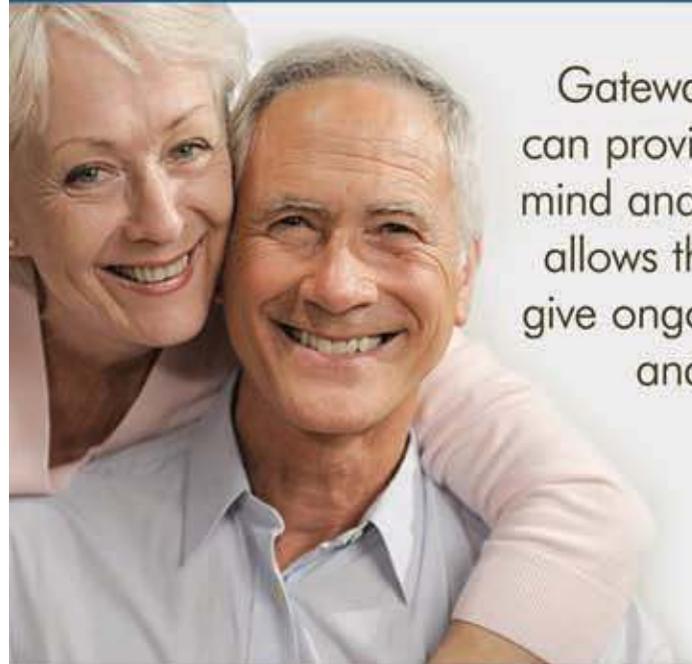
“Our night nurse helped us through the next few hours and helped us deal with our tears and the tasks at hand – she even called the funeral director. We didn’t know what to do,” she said.

A year later, Waseleski said that the bereavement care was also an important service for the family. As she looks back at that phase in her family’s life, she realizes the impact those caregivers had made in their lives.

“We have made a place for them in all of our hearts. Gateway helped us through one of the most difficult parts of life,” she said, “They are exceptional human beings and professionals.”

For more information on Gateway Hospice services visit www.gatewayhospice.com or 412-536-2020. †

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Nursing Next Steps ... PhD or DNP?

By John Chamberlin

For some nurses, obtaining a PhD or DNP can help them conduct research, influence policy and patient care, as well as continue their compassion for service, at a higher level. If this is a path you are currently investigating, the interview below with University of Pittsburgh School of Nursing may be helpful.

Western Pennsylvania Healthcare News (HN) recently spoke with Donna G. Nativio Ph.D., C.R.N.P., F.A.A.N., Associate Professor and Nurse Practitioner, and Director, Doctor of Nursing Practice (DNP) Pro-gram and Catherine M. Bender, Ph.D., R.N., F.A.A.N., Professor, Nursing and Clinical and Translational Science Institute, PhD Program Director of the University of Pittsburgh School of Nursing.

HN: Describe the students and what they typically are looking to do post doctorate work?

Dr. Nativio: To characterize them as a group, they range from newly graduated with a BSN to those with many years of varied nursing experience who aspire to a career focused on care of pa-tients in all heath care settings. They seek to be prepared at the highest level for a leadership career in hands-on care and/or designing care through oversight of systems of care and/or teaching others to provide care in a faculty role.

Dr. Bender: Students graduating from our PhD Program expect that post-doctoral work will pre-prepare them to launch their independent research career.

HN: What is the distinctive difference between the University of Pittsburgh's doctorate programs and other programs?

Dr. Nativio: The University of Pittsburgh Doctor of Nursing Practice Program offers more special-ty choices than most DNP Programs. Our specialty areas of concentration encompass 6 choices for Nurse Practitioners, 2 for Clinical Nurse Specialists as well as specialty preparation in Nursing Administration and Nurse Anesthesia. We have expert faculty to support learning in each spe-cialty area.

Also we require a focused and rigorous Capstone Project that allows the student to develop an area of expertise that they can build upon and extend following completion of the DNP Pro-gram. In both curriculum and Capstone the emphasis is on quality outcomes.

Those in the post MSN to DNP may study full or part time on site or on line.

Dr. Bender: There are many qualities that make Pitt's PhD Program in the



School of Nursing among the best in the country. First and foremost are the extraordinary faculty that teach and mentor the PhD students.

Our faculty are senior researchers with outstanding, highly productive programs of research. Thus they are uniquely qualified to mentor PhD students as they learn to become researchers.

Our school is unique in that it is the only School of Nursing in the U.S. to be awarded three T32 grants from the National Institute of Nursing Research.

These T32 awards support the training of PhD students and post-doctoral training in the areas of cancer survivorship, genomics and technology.

HN: Typically, doctorate students are adult learners with families, full-time jobs, etc. How does the University of Pittsburgh support the student as they work through the doctorate degree?

Dr. Nativio: DNP students may extend or accelerate their progress to degree completion depend-ing on their specific needs and capabilities. They may study full or part time.

Teaching or Research Assistant positions that provide tuition support may be available as is ex-pert assistance from our Student Services office in applying for student loans and scholarship of-ferings. Upon admission students are assigned an academic advisor who tracks academic progress with each student and helps in revising a program of study if family responsibility, work demands, health or other personal issues arise.

Dr. Bender: Our school offers financial support to full-time PhD students so that they can focus on their doctoral study and maintain the balance that is needed to attend to the needs of their families and other commitments. Our faculty are also particularly sensitive to the needs of our PhD students to balance their scholarly work with the needs of their families.

HN: Do most students seem to have employer sponsored tuition or self-pay?

Dr. Nativio: It is rare for the employer to cover all academic costs, some pro-



Catherine Bender



Donna G. Nativio

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vide tuition assistance, a few students are supported by family but most DNP students pay their own tuition through savings or student loans.

Dr. Bender: Most students receive support, toward their PhD, from the School of Nursing. It is an extraordinary opportunity for focusing on their doctoral study.

HN: Typical career path for a post DNP student?

Dr. Nativio: DNP programs across the nation began 8-10 years ago so the typical career path is still to be defined. Many have become active in professional and community organizations, published in peer reviewed journals and done international, national and regional presentations.

Many are important members of our ‘community of interest’ and assist us in teaching and mentoring current DNP students, advise us on curriculum and help recruit new students.

Dr. Bender: The typical career aspiration of our PhD graduates is obtaining an academic position in a research intensive university. They are well prepared for these positions given that Candidates for the PhD program have typically been

involved in research, have presented their re-search at national forums and have published papers in their area of research interest.

If you are looking to elevate your nursing career to the doctorate level, take time to evaluate your options. Understand the educational differences in respect to the eventual career path you plan to choose. Understanding your endpoint will help you choose the correct educational track.

Before ending this article, it seems fitting to provide a quote from the Dean, University of Pittsburgh School of Nursing, Jacqueline Dunbar-Jacob, Ph.D., R.N., F.A.A.N.

“The School of Nursing is research intensive with a strong academic environment. Our doctoral programs are designed to prepare graduates to generate (PhD) or use (DNP) research to improve the care of patients, to educate the next generation of nurses either in the university or in the clinical setting, and to provide leadership to the future directions of nursing. We are very proud of the contributions that our graduates make to health care and to nursing.” †

La Roche College Introducing Master's in Special Education Program

In the summer of 2014, La Roche College will launch a Master's Degree in Special Education.

The Master's in Special Education program will prepare candidates to foster academic, social and emotional growth of students with special needs in order to maximize their abilities. The program will offer three curriculum tracks: an M.Ed. in Special Education with Special Education Certification; an M.Ed. in Special Education with an Autism Spectrum Disorders (ASD) Endorsement; or an ASD Endorsement. Candidates will develop the expertise to successfully teach students with special needs and work effectively with their families and community agencies.

“The Master's in Special Education program will meet the needs of local teachers who are required to take additional college credits to maintain their certification,” Education Department Chair Kathryn Silvis said. “The option for an endorsement in Autism Spectrum Disorders (ASD) is especially exciting because

this area is a growing need for school districts, and current teachers can complete the requirements for the ASD endorsement in just one year.”

Visit laroche.edu to learn more. Interested candidates also may contact Assistant Professor Dr. Natalie Rugg at natalie.rugg@laroche.edu or the Office of Graduate Studies & Adult Education at 412-536-1260 or graduateadmissions@laroche.edu.

About La Roche College: A private, Catholic, co-educational college north of Pittsburgh founded by the Sisters of Divine Providence in 1963, La Roche welcomes students of all religions, ethnic origins and talents. Undergraduates may choose from more than 50 majors, including the top 10 majors most in demand among today's college students. La Roche combines a quality educational experience with clubs, athletics, social and community volunteer activities, spiritual well-being and more to prepare students for life in a constantly changing global society. †



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Activities for the Mind, Body & Soul

Both seniors and adult children agree: staying physically active is a major challenge for older adults, according to research conducted for the Home Instead Senior Care network.*

But what does that mean to a senior's everyday life and to family caregivers looking to help and motivate their loved ones?

For many older adults, inactivity is the first step down a road that leads to frailty and decline. Family caregivers as well as seniors want to do everything possible to keep that from happening.

The National Institute on Aging says that seniors are more likely to stay active if they:

1. Think they will benefit from activities
2. Participate in activities they enjoy
3. Believe the activities are safe

Keeping an older adult's mind, body and social life active can prevent or even reverse frailty, experts say. Family caregivers assisting seniors are in a unique position to help them figure out what activities will work best, according to Stephanie Studenski M.D., M.P.H., an authority and researcher of mobility, balance disorders and falls in older adults, who serves as director of clinical research for the University of Pittsburgh Institute on Aging.

Dr. Studenski says, "A key is simple activities that seniors find pleasurable or enjoyable. If possible, engage frail older individuals in what they'd like to do. And don't separate the mind, body and soul activities. Seniors need to stay active doing things they find meaningful and helpful to others, even if they can no longer get out of the house."

The National Institute on Aging Exercise and Physical Activity Guide points out that regular exercise and physical activity are important to the physical and mental health of almost everyone, including older adults.

They can help maintain and improve endurance, strength, balance and fitness; help improve the ability to do things; help manage and prevent diseases like diabetes, breast and colon cancer, osteoporosis and heart disease; and help reduce feelings of depression.

Being active may also help improve mood and may maintain some aspects of cognitive function, such as the ability to shift quickly between tasks. Emerging data also suggests that engaging in social and productive activities may help maintain well-being.

For more information and to download these resources, go to: www.GetMomMoving.com

To download these resources, go to: **ACTIVITIES FOR THE MIND BODY AND SOUL.** †

*The Boomer Project (www.boomerproject.com) completed online interviews with 523 seniors and 1,279 adult caregivers, ages 35-62, with a parent, stepparent or older relative for whom they or someone in their household provides care.

CAREGivers from Home Instead Senior Care can make a difference in the lives of older adults and their families by providing support with activities of daily living to help keep them independent for as long as possible. For more information about Home Instead Senior Care visit www.homeinstead.com/greaterpittsburgh or call 1-866-996-1087.



Health care providers know that for medically fragile and technology dependent children and their families, challenges continue after the child stabilizes.

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RX Map Helping to Avoid Costly Hospital Readmissions

By John Chamberlin

Nearly 12 months ago, the Hometown Pharmacy chain began offering a revolutionary concept of customized packaging for patient prescriptions. Hometown Pharmacy's RXMap medication packaging systems allows for patients, who are receiving multiple daily doses and/or multiple medications per day to have their prescriptions packaged in the same bubble packaging and marked for the day and time of day the prescriptions are to be taken. The MAP stands for "Medication Adherence Packaging".

But RXMap hasn't stopped at a single mission. The company is now intimately involved in helping personal care and long-term skill nursing facilities reduce costly re-admissions of their patients to local hospitals. According to Shawn Nairn, RPh, operations director and partner of Hometown Pharmacy, "The reason we developed RXMap is that, now, more than ever, patient's compliance to medication is part of the healthcare paradigm. To reduce re-admissions and, and subsequently healthcare costs, we need to help patients to be more compliant with their medications so that they stay healthier and stay out of the hospital. We look at our RXMap system as a way of assisting long-term care providers with their tasks. Ultimately, it will improve patient outcomes which benefits the patients, there families and also the healthcare facility."

For example, the Manor Care facilities in the Pittsburgh area been working with RXMap for approximately a year. Amanda Skerlak-Laporte, Regional Director of Operations at Manor Care states, "Our patients have found RXMap beneficial to them in that, at the time of discharge, they are able to eliminate an additional stop at the pharmacy due to Hometown Pharmacy delivering the RXMap medication system to them at the skilled nursing facility prior to discharge or at their home once they get there. In addition, the added features and benefits to this program are, most importantly, assisting them in maintaining their medication compliance, as well as the increased communication between the pharmacy and the patients PCP and the convenience of routine delivery of medications to their home post discharge."

A previous article in Healthcare News stated, "On a national level, patients who

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

To further substantiate the issue, a recent article from the Health Affairs blog states, "The Centers for Medicare & Medicaid Services calls avoidable readmissions one of the leading problems facing the U.S. health care system, and in an effort to turn things around is now penalizing hospitals with high rates of readmissions for patients with certain conditions."

The numbers are disturbing and disappointingly familiar. According to the federal government, one in five elderly patients winds up back in the hospital within 30 days of leaving.

The cost is troubling, too. The readmission of Medicare patients alone costs \$26 billion annually, \$17 billion of which is spent on return trips that wouldn't need to happen if patients received proper care during their first visit."

And that's where RXMap plays a vital role. The RX Map program allows people to take multiple doses of multiple medications without opening all of the pill bottles every time or, helps coordinate multiple doses of multiple medications for the caregivers in long-term care facilities, therefore making them more efficient and proficient. It eliminates the need for the staff to spend time coordinating medication dosages.

As Nairn states, "We work with hospitals when they discharge patients to help ensure that these patients have the best chance at a healthy recovery and to try to avoid the chance that the patient ends up re-admitted. So while we are helping patients with the RXMap system, we are also helping our contractual partners be efficient."

Skerlak-Laporte, agrees, "This partnership has been an exciting service for the patients of our HCR ManorCare facilities and has provided them with another opportunity to assist in preventing a re-hospitalization post discharge."

For more information on RX Map, visit, www.myrxmap.com or call 1-877-RX-Maps. †

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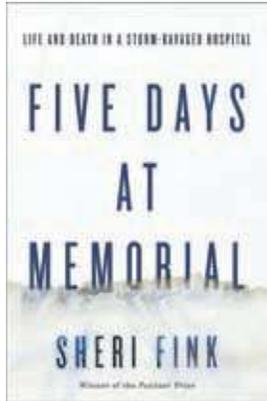


“Five Days at Memorial: Life and Death in a Storm-Ravaged Hospital” by Sheri Fink

Book Information: c.2013, Crown
\$27.00 / \$32.00 Canada 558 pages

You know exactly what you’d do.

You’re prepared with a drill, if the house catches fire. In case of gunfire, you’ve got a plan in mind. You’ve watched TV coverage of crimes, disasters, and floods enough to have envisioned how you’d react to each of those.



You know what you’d do in a crisis – or do you? Could you ignore your inner voice and do something wrongly right? That’s what allegedly happens in the new book “Five Days at Memorial” by Sheri Fink: one of our country’s worst disasters may’ve led to one of medicine’s most questionable acts.

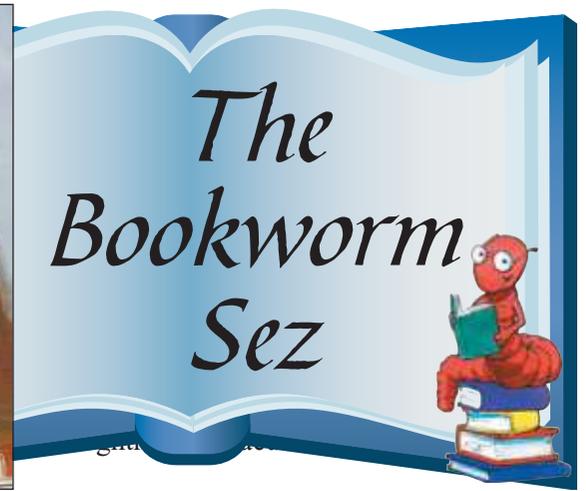
When Southern Baptist Hospital opened in New Orleans in 1926, its founders hoped it would be “the greatest hospital in all the Southland.” Indeed, it had the sturdiest of buildings: when Hurricane Betsy hit in 1965, the campus barely blinked.

There was no reason, therefore, to believe that the hospital (renamed Memorial Medical Center the mid-1990s) couldn’t withstand Hurricane Katrina.

As Katrina approached land on August 28, 2005, there were as many as 2,000 people at Memorial, including staff and families, 183 Memorial patients, and 55 patients belonging to LifeCare, a “hospital within a hospital” that rented facilities at Memorial. There were also hundreds of staff-owned pets inside, for safety’s sake.

At first, the atmosphere was light-hearted. It was obvious by the “little shimmy shake” of the floor-to-ceiling windows and the devastation outside that the storm was dangerous, but staff was optimistic.

And then the levee broke. Water poured into the building, the hospital’s generators became waterlogged, air conditioning failed, and the temperature skyrocketed inside. Plumbing shut down, and fetid odors wafted through each floor. Evacuations were denied (or sporadic), whispers of “martial law” circulated, and optimism



requested that beloved companions be euthanized. A few nurses wondered if they would ever leave Memorial alive.

And then someone asked a quiet question: “Why should we treat the dogs better than we treat the people?”

Inflammatory? You bet. And the subject of a months-long, post-Katrina investigation, all of which author and Pulitzer Prize-winning author Sheri Fink details in this huge, totally absorbing book.

“Five Days at Memorial” begins with tip-of-a-shark-fin anxiety and quickly descends into chaos, which perfectly displays a mere taste of what happened to the survivors you’ll meet here.

That’s the first half of this book, before Fink’s story turns into something conversation-worthy, something that (admit it) everyone’s reluctantly thought about. From there, and during the legalities that Fink recounts, readers have a front-seat view of finger-pointing, tracks-covering and fact-finding that also became policy-changing.

Once you start it, it’s hard to let go of a book like this because the memory of what happened is still awfully fresh. Like the events surrounding that week, eight years ago, “Five Days at Memorial” can’t be forgotten - so reading it is exactly what you should do. †

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.

Merry Christmas and a Happy New Year!

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Why Not?

By Barbara Ivanko



The photo in our local papers early this month brought a smile to my face. A woman from Green Tree named Marie celebrated her 104th birthday with a visit to Santa Claus. The photo showed Marie atop Santa's lap at The Mall at Robinson – both of them smiling with joy. This marked the sixth straight year that Marie spent her birthday with St. Nick.

At first glance of the photo, I instantly loved her spirit, her enthusiasm and her attitude. Marie took her place in line at the mall and made sure she enjoyed every minute of her visit.

And why not?

There are no rules stating that at a certain age, we're too old to visit Santa Claus. In the true spirit of the holidays, he welcomes everyone with equal enthusiasm. There is no age limit on making a wish list, or dreaming about something special, or doing what you love.

A few years ago, Marie thought the same thing: Why not? Why not visit Santa as part of her birthday celebration? Why not give him her wish list?

At Family Hospice and Palliative Care, we feel the same way. While we know that there are no age limits to those who deal with life-limiting illness – there's also no limit to our efforts in helping every patient make the most of life.

Every patient able to do so is encouraged to embrace the things in life that make him or her happy. For some, it may be time with loved ones. For others, it may be renewal of marriage vows with their spouse. And some others may find happiness in special outings to events, popular destinations, or even Santa's lap.

That's one of the beautiful things about hospice. Compassionate end-of-life care is not about giving up; it's not about being hooked up to multiple machines; and it's not a place where people "go to die."

Hospice embraces the kind of spirit that Marie shows. Hospice is all about making your own health care choices; spending quality time with those you love; and living every day to its fullest.

Karen Wyatt, a physician and author of *What Really Matters, 7 Lessons for Living from the Stories of the Dying*, is quoted as saying: "Everything around us is going to have an end. Once we know that, as the dying person does, we savor life more, instead of focusing on what will happen down the road."

How true! It's all about perspective. It's all about how we choose to live our

Making the Most of Life



Embracing the things they love enhances quality of life for hospice patients.

lives.

As we look forward to 2014, and make the traditional New Year resolutions, we have the opportunity not only to live our lives to the fullest, but to help those around us do the same.

Let's share our life's wish list with someone special. Let's join Marie in proclaiming "why not" as we embrace each new day.

On behalf of the staff and board of directors at Family Hospice and Palliative Care, I extend our warmest wishes for the new year. . . 🙏

Barbara Ivanko is President and CEO of Family Hospice and Palliative Care. She has more than 20 years experience in the health care and hospice and is an active member of the National Hospice and Palliative Care Organization. She may be reached at bivanko@familyhospice.com or (412) 572-8800. Family Hospice and Palliative Care is a non-profit organization serving nine counties in Western Pennsylvania. More information at www.FamilyHospice.com and www.facebook.com/FamilyHospicePA.



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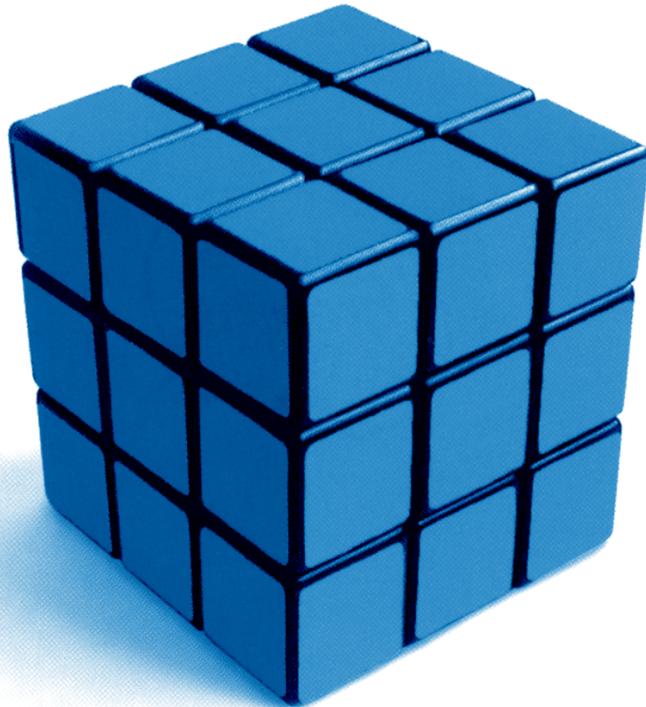
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MYOFITNESS From Page 1

They work with employers to create custom programming tailored to fit an organization's specific wellness needs and the goals of each employee.

Myofitness was created 21 years ago by Tim Schilcher, Taradash's partner, as an in-home personal fitness company.

"Tim developed a niche in this area by delivering scientific, evidence-based programs to his clients. Instead of body building, Tim employed functional training that focused on the core muscles and using your body instead of equipment," explains Taradash, "It was a groundbreaking approach at the time."

Taradash, who has a master's degree in Public Health in epidemiology, joined Schilcher over three years ago to combine Tim's fitness philosophy with a systematic approach suitable for large organizations.

"We looked at the research and felt we could offer important services," he says.

And together, Myofitness Wellness was born. Their tag line, "Engineering Wellness" tells you exactly what they are all about.

Myofitness still has the personal fitness practice available for individuals looking for specific types of training, but company wellness has become the focus of their efforts.

When a company begins a partnership with Myofitness, a team of wellness experts do a deep immersion with company representatives to uncover the key health and wellness challenges facing the organization. Then a specific plan is developed to fit the organization's and its employees' unique needs and goals.

"The leadership discussion covers how the wellness and fitness program fits into their vision of the company," Taradash says.

"We don't just apply cookie cutting, one-size fits all programming to every company," Taradash says.

"We use focus groups, employee surveys, and health risk assessments, among other tools, so we can develop an evidence-based, comprehensive wellness program that will show results."

Using their team of wellness experts, Myofitness provides all the services onsite. These services include screenings, classes, individual counseling, diet and nutrition coaching, and a host of other wellness services.

Also, all of these services can be accessed through a proprietary web-based portal, set-up on behalf of the company by Myofitness, for the organization and its employees to track progress, register for new courses and webinars, and engage in competitions.

According to Taradash, they create fitness competitions that provide a fun venue to kick-off programming.



"It is a great way to engage a population – we have co-workers team up and compete in step challenges, fitness minute sprints and other healthy competitions," he says.

"The web-based programs are a big benefit," Taradash says.

Billed as "Wellness on Demand," classes and programming are available for employees to use at their convenience – even if they are overseas on business.

"They can log on through the portal to see how much saturated fat they ate yesterday, log fitness minutes or even take a yoga class. This unique platform is also how we make wellness a family affair. When we work with a company's employees, family members also get access to our portal for free," he says.

In their efforts to create wellness through-out the community, Myofitness is providing free services to the fitUnited program, an initiative by United Way of Allegheny County to battle childhood obesity. Myofitness has provided web portal services to help engage the community and children in fitness activities.

Even though Myofitness works with different organizations, Taradash stresses, the vision for Myofitness is about inspiring entire communities to take better care of their mental, physical, spiritual, and emotional health.

"Our communities form the basis of our lives. If we are to succeed in the battle to prevent illness and change the health care paradigm in this country, we must all fight together," Taradash says.

For more information on Myofitness visit www.myofitness.com, 412-820-3000 or email at info@myofitness.com. †

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EXCELLENCE. EVERY PATIENT. EVERY TIME.

Partnering with Celtic Healthcare is a Team Effort

By Kathleen Ganster

Caring for patients, writing reports, researching cases...there isn't enough time in a physician's day to take care of every task.

That is why a partnership with Celtic Healthcare might make sense for many doctors.

"We provide the continuum of care in the standard that our patients have come to expect from their physicians. We can be a valuable resource for physicians," said Kim Kranz, vice president of hospice.

Celtic Healthcare offers home healthcare and hospice care for patients in post-acute and chronic health stages, working in a team with the patients' physicians. Teamwork is something that Celtic stresses.

"It is a team effort to keep someone's loved one in their home, no matter what stage of their life. And of course, the physician is an important part of that team," said Kranz.

Celtic works with the physician to determine what level of care is appropriate and necessary for a chronically or seriously ill patient. The Celtic caregivers are able to take the time to work closely with the family and patient to ensure not only that level of medical care is provided, but other needs are met as well.

"There isn't a one care fit all. We have to make sure we are integrating all of the services each individual patient needs along with their own wishes," she said.

The Celtic healthcare team can provide an assessment of the patient to the physician to enhance collaboration and ease the burden of the physician's load.

And that might mean having important discussions and planning in advance.

"We can have those difficult conversations with families. Our caregivers get to really know their patients and often know when it is most appropriate to have the conversation about mom or dad's care and when to move them to the next level," Tonya Miller, vice president of home health said.

Part of the Celtic's role is to provide resources not only to the families and patients, but to the primary physicians.

"Once the physician directs them (the patients) to us, we are there for them as a resource. We can provide ongoing services that make their role a bit easier," Miller said.

Just like the patients' physicians, Celtic strives to keep their clients from going "back and forth and back and forth" to the hospital, but to be healthy and comfortable in their own homes. And that means working with the physicians to ensure that care.

An important component to make this possible is the advanced technology utilized by Celtic in their Virtual Chronic Care methodology. That methodology has been proven to reduce unnecessary hospital re-admissions of chronic patients by 85%.

"Physicians can log on through their portal and access patient records, review test results and sign off on medical orders. That reduces the paper transactions and is another way Celtic reduces the burden to the physicians," Miller said.

Kranz added that the immediate and easy accessibility to the Celtic patient app and technology is "extremely unique."

"We are leaders in the area of technology in home healthcare and that is going to keep us ahead of the curve. To have that app available right at the bedside of the patient saves time and is extremely efficient," she said.

Another important resource from Celtic is the Journey Program, complete with a



Journey Care Counselor, a member of the healthcare team who works with patients and families to help them make informed decisions on the appropriate level of care at the appropriate time based on their individual's wishes.

"The Journey Program has increased the satisfaction of the healthcare experience for everyone - not just the patients, but their families," Miller said.

Patients with chronic serious and/or terminal illness want or need to know more about advance illness and end-of-life care options and their families work with the Journey team to make those important healthcare decisions in this phase of their lives.

Every aspect of care for the patients ties into that important goal - teamwork.

"We can work with physicians to make their lives easier and to make our patients more comfortable and happy. That is what is important," Kranz.

To learn more about how Celtic Healthcare may assist you with your patients, visit www.celtichealthcare.com.



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Mount Nittany Health recently opened the doors of a newly renovated facility which houses its relocated **Pediatric Clinic** and the newly founded **Children's Advocacy Center (CAC)**. With the co-location of these two programs in one building, Mount Nittany Health has taken a leadership role to provide safe and convenient access to professional care for children who have been victims of abuse.



While access to specially trained Pediatricians was important for the CAC, so was security and the need to maintain the highest level of privacy for victims of abuse. Alternatively, the Pediatric side needed to be open, welcoming and create a playful, exciting environment. JPT met these design challenges by providing two separate entrances with secure interior passages between the separate functions. The use of color, shapes and lighting were used to engage children and help soften their experience of a doctor visit. A more understated approach for the CAC allows visitors to feel that a special place was created for their protection and care.



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5 Ways to Support Senior Patients and Their Families During the Holidays

The holiday season is an excellent opportunity to support your senior care patients and their families by preparing them to address any health changes they may notice in their aging loved ones. Holiday gatherings can provide a good backdrop for families to broach these concerns in a gentle, non-confrontational manner.

Here are five ways you can support them in this process.

Provide a Senior Safety Checklist. Remind family members of tips for general safety, such as ensuring the patient has a cane, walker or other proper support if she has difficulty walking; removing throw rugs or other potential tripping hazards; and installing grab bars and no-slip strips where needed. A Senior Safety Checklist will provide an added peace of mind.

Connect Seniors with Home Helper/Companion Services. Recommend Outlets for Social Engagement. Since social seniors generally have a healthier and more optimistic outlook on life, ask your patients about their friends and encourage the patient's family members to do the same. If a patient doesn't have a strong social network, help the family connect her with enjoyable community activities or companionship services.

Connect Seniors with Home Helper Services. Trouble keeping up with housework is common as seniors experience a decline in health. If the family notices the house looking more unkempt than usual during a holiday visit, connect them with senior care services that include light housekeeping.

Refer Medication Reminder Services. Ask family members to keep tabs on how well their senior loved one follows her medication schedule and to notice whether she is taking the correct pills at appropriate times. Recommend home care services with medication reminders if she needs help maintaining a medication schedule.

Help Them Recognize Common Conditions of Aging. The simple checklist in this "Look-And-See Signs of Aging" article can be especially helpful as family members visit their loved ones and assess what level of at-home assistance is needed.

If family caregivers feel hesitant to confront a loved one about health and safety concerns or meet with resistance once they do, you might want to share this *free 40-70 Rule® Conversation Starter Booklet* with them. It contains conversation starters to help families discuss their concerns in a diplomatic and productive way.



For senior patients who need more assistance with tasks of daily living such as housekeeping or adhering to a medication schedule, you may wish to refer the family to local in-home care services. The Home Instead Senior Care® network offers free, no-obligation care consultations that allow patients and families to sit down and discuss care options with a home care professional. The holidays are the perfect time to schedule an appointment when all family members are present. Get in touch with Find a Home Instead Office near you local franchise office to help your patients schedule a free consultation.

CAREGivers from Home Instead Senior Care can make a difference in the lives of older adults and their families by providing support with activities of daily living to help keep them independent for as long as possible. For more information about Home Instead Senior Care visit www.homeinstead.com/greaterpittsburgh or call 1-866-996-1087. †

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Trouble in Paradise



By Michael Campbell

Addiction rehab in Florida may not be the best choice.

As winter arrives in Pennsylvania, the “destination rehabs” in Florida crank up their marketing efforts. Sometimes families find it easier to convince someone to get help for a drug or alcohol problem if treatment sounds like a nice vacation. The sales pitch can be very tempting, and the photos on the Internet include lots of palm trees and wide beaches.

Unfortunately, the stories we hear at St. Joseph Institute and at other PA rehabs paint a different picture. Here’s a common story told by a mother from Pittsburgh.

“I was searching the Internet for rehabs in Western PA and called one of the facilities listed. The program sounded great, they said they took our insurance, and we were well into the admission process before they told us they were located in Florida. We flew my daughter down -- and then the problems began. Housing was in a series of townhouses in busy neighborhoods, and the residents were bused to a center for the program. Our insurance only covered four days, and we had to self-pay almost \$20,000. The individual counseling was minimal, and no effort was made to create an aftercare program.”

With far less regulation than exists in most other states, Florida has a growing number of rehab facilities, representing the “good, the bad, and the ugly” of addiction treatment. The lure of sunny skies can deflect attention from the most important question, “Is this the best program for me?” The hundreds of stories heard across the state each year encouraged us to share some reasons to be wary.

IDENTIFY TO WHOM YOU ARE TALKING

The “destination” websites are made to look as if they are nearby and built to serve the people of Pennsylvania. Many Florida centers have websites in all 50 states and get top Google ranking as rehabs in Pittsburgh, Harrisburg, Cincinnati, or Buffalo. Only after they have your personal information, and the admission process has begun, do you realize that the location is a Florida city.

ACCEPTING INSURANCE IS ONLY THE BEGINNING

There is no pre-authorization for addiction treatment and many insurance com-

panies are very reluctant to help the addict or alcoholic. Many plans have admission criteria that rule out people seeking treatment at the front door. Other insurance companies will approve a few days or a couple of weeks, but stop coverage before treatment is complete. Before you invest in a plane ticket, you need to know the “fine print” in your plan, and the experience a rehab facility has had working with an insurance plan like yours. A good facility will do its very best to ensure there are no “financial surprises.”

Get Act 106 protection. Pennsylvania has a unique law referred to as Act 106 that requires an insurance company to pay for a full treatment program based on a doctor’s recommendation. Each year this law ensures that thousands of people get the treatment they need – without fighting with their insurance company or facing a denied claim. Most out-of-state rehabs do not know how to use this legislation to ensure that their PA residents get the maximum support from their insurance plan.

Consider the need for family counseling. Relationship problems is one of the top three reasons for relapse. Many people need to start family counseling while in rehab and their families need to learn how to break the patterns of enabling and emotional dependency that are so often present with addiction. Because of the cost of family participation during treatment in Florida, this important aspect of is often overlooked.

Aftercare planning is critical. Recovery from addiction requires a strong aftercare program with lots of community support. Too often we have treated someone who relapsed after receiving treatment in Florida and found that aftercare was a missing piece. Recently a Florida rehab called me asking for help finding a counselor in Pittsburgh, stating that their directory did not list any. Suffice to say I was not filled with confidence by their knowledge or approach.

Don’t trust the pictures. Florida has some of the most exclusive rehabs in North America, but also some that are located in tired motels that could no longer attract tourists. Make sure the pictures are real and the facility is of a standard that you find acceptable.

All rehabs are not the same. There are many different approaches to addiction treatment and you want to ensure that the program you select is right for you. If you will benefit from one-on-one counseling, make sure this is offered with the level of intensity you need. Many addiction rehab programs offer group therapy and individual counseling that amount to little more than a checking-in session. If you suffer from trauma, abuse, PTSD, anxiety, or depression, inquire as to whether there is expertise in this area, and whether the therapists have at least master’s level qualifications. Make sure you are comfortable with the spirituality or philosophy that underpins the program. We have had several transfers to our treatment center because people were uncomfortable in the Florida rehabs run by the Church of Scientology.

Addiction treatment can be expensive and may be critical to saving your life. Chose it carefully and do not be swayed by the false marketing techniques that populate the Internet. Remember that while Pennsylvania does not have palm trees and warm weather in February, it has some excellent treatment facilities and top addiction professionals. My advice: focus on getting well, overcoming your addiction, and establishing a strong recovery. Then reward yourself with a nice Florida vacation. 🌴

Michael Campbell is the President of St. Joseph Institute, an addiction treatment center near State College in Central Pennsylvania. He holds a Master of Science degree in Leadership and Business Ethics. www.stjosephinstitute.com

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FLAG Therapeutics and Duquesne University Announce Exclusive Worldwide Licensing Agreement for Novel, Dual-action Targeted Oncology Compounds

Agreement encompasses a broad IP estate and library of anti-cancer compounds engineered for improved efficacy and tolerability

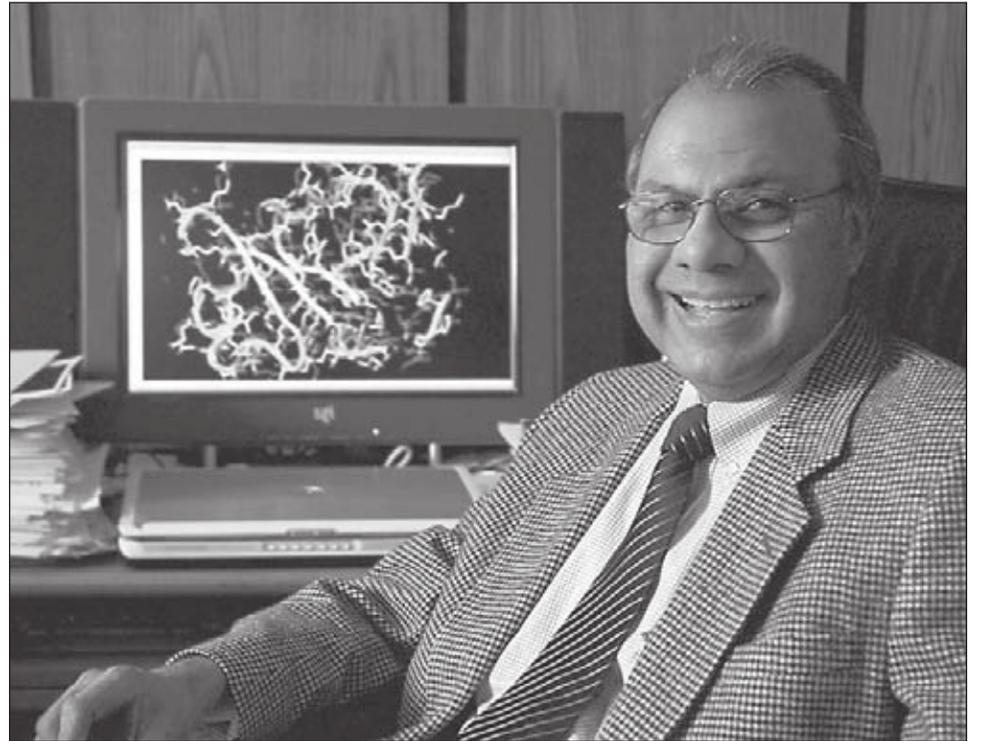
FLAG Therapeutics Inc. and Duquesne University today announced an exclusive worldwide licensing agreement for two novel classes of small molecule, water-soluble drugs designed to target and destroy cancer cells: anti-angiogenic/anti-tubulin (AA/AT) compounds and folate-targeted anti-cancer (FTAC) compounds. The agreement represents one of the largest licensing ventures in Duquesne's history and encompasses the career portfolio of renowned cancer researcher and Duquesne professor Dr. Aleem Gangjee. A vast library of compounds and an intellectual property portfolio protected by over 50 US and international patents and patent applications are included in the deal.

The AA/AT compounds included in the agreement are the first compounds ever to combine the dual-action of the two major classes of anti-cancer drugs into a single molecule. An emerging understanding of tumor vasculature highlights the importance of simultaneously attacking tumors with both drugs, but current treatment combination regimens often miss the window of opportunity due to different dosing schedules and pharmacokinetics. FLAG Therapeutics' dual acting AA/AT compounds deliver a simultaneous anti-angiogenic and anti-tubulin assault on the tumor. By attacking the tumor when it is most vulnerable, FLAG hopes to increase drug efficacy while decreasing the potency of the anti-tubulin activity for improved tolerability. In addition, FLAG's AA/AT compounds are designed to circumvent the two major mechanisms of drug resistance (P-glycoprotein (PGP) and -III tubulin over-expression) that limit the utility of current therapies.

The second class of drugs, FTAC compounds, is designed to selectively bind to sites found almost exclusively on certain cancer cells and interrupt cell multiplication. Traditional anti-cancer drugs indiscriminately kill cells as they divide, the result being that while rapidly dividing cancer cells bear the brunt of the toxic activity, fast dividing normal cells (blood cells, mucosal linings and hair follicles) incur collateral damage. FLAG's FTAC compounds are engineered to specifically and selectively bind to targeted cancer cells to avoid harming healthy cells.

Frank Sorgi, Ph.D., president and chief executive officer of FLAG Therapeutics, stated, "I am pleased to partner with Duquesne University to further develop AA/AT and FTAC

Around the Region

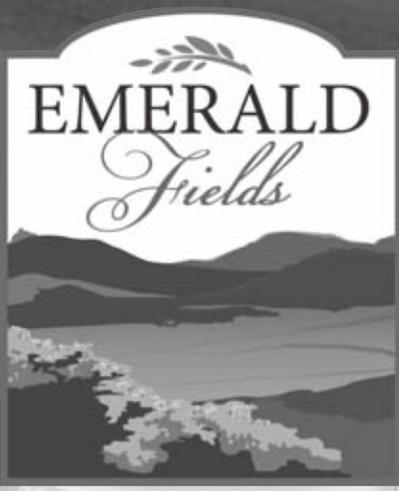


Aleem Gangjee

compounds. Dr. Gangjee is a highly respected researcher, and FLAG is honored to be in the position to advance his discoveries from the bench, into the clinic, and ultimately to individuals in need of new cancer therapeutic treatment options." Dr. Sorgi continued, "We already have identified lead clinical candidates, each supported with encouraging comparative in vivo data versus current therapies, and we look forward to rapidly advancing these compounds into clinical trials."

Dr. Alan Seadler, associate provost for research and technology at Duquesne, commented, "We feel this licensing agreement provides the best possible strategy to develop the discoveries of Dr. Gangjee and hopefully provide life-saving drugs to people battling cancer. We are particularly pleased to be working with FLAG Therapeutics to reach this goal."

To learn more about FLAG Therapeutics, please visit Information on FLAG Therapeutics' website is not incorporated by reference into this press release. For more information on Duquesne, visit www.duq.edu.



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Pitt Unlocks Trove of Public Health Data to Help Fight Deadly Contagious Diseases

In an unprecedented windfall for public access to health data, University of Pittsburgh Graduate School of Public Health researchers have collected and digitized all weekly surveillance reports for reportable diseases in the United States going back more than 125 years.

The easily searchable database, described in the Nov. 28 issue of the *New England Journal of Medicine*, is free and publicly available. Supported by the Bill & Melinda Gates Foundation and the National Institutes of Health (NIH), the project's goal is to aid scientists and public health officials in the eradication of deadly and devastating diseases.

"Using this database, we estimate that more than 100 million cases of serious childhood contagious diseases have been prevented, thanks to the introduction of vaccines," said lead author Willem G. van Panhuis, M.D., Ph.D., assistant professor of epidemiology at Pitt Public Health. "But we also are able to see a resurgence of some of these diseases in the past several decades as people forget how devastating they can be and start refusing vaccines."

Despite the availability of a pertussis vaccine since the 1920s, the largest pertussis epidemic in the U.S. since 1959 occurred last year. Measles, mumps and rubella outbreaks also have reoccurred since the early 1980s.

"Analyzing historical epidemiological data can reveal patterns that help us understand how infectious diseases spread and what interventions have been most effective," said Irene Eckstrand, Ph.D., of NIH, which partially funded the research through its Models of Infectious Disease Agent Study. "This new work shows the value of using computational methods to study historical data — in this case, to show the impact of vaccination in reducing the burden of infectious diseases over the past century."

"We are very excited about the release of the database," said Steven Buchsbaum, deputy director, Discovery and Translational Sciences, for the Bill & Melinda Gates Foundation. "We anticipate this will not only prove to be an invaluable tool permitting researchers around the globe to develop, test and validate epidemiological models, but also has the potential to serve as a model for how other organizations could make similar sets of critical public health data more broadly, publicly available."

The digitized dataset is dubbed Project Tycho™, for 16th century Danish nobleman Tycho Brahe, whose meticulous astronomical observations enabled Johannes Kepler to derive the laws of planetary motion.

"Tycho Brahe's data were essential to Kepler's discovery of the laws of planetary motion," said senior author Donald S. Burke, M.D., Pitt Public Health dean and UPMC-Jonas Salk Chair of Global Health. "Similarly, we hope that our Project Tycho disease database will help spur new, life-saving research on patterns of epidemic infectious disease and the effects of vaccines. Open access to disease surveillance records should be standard practice,

and we are working to establish this as the norm worldwide."

The researchers selected eight vaccine-preventable contagious diseases for a more detailed analysis: smallpox, polio, measles, rubella, mumps, hepatitis A, diphtheria and pertussis.

By overlaying the reported outbreaks with the year of vaccine licensure, the researchers are able to give a clear, visual representation of the effect that vaccines have in controlling communicable diseases.

"Infectious disease research is critically dependent on reliable historical data to understand underlying epidemic dynamics. However, my colleagues and I repeatedly find ourselves digging out historical datasets from various sources in different states of preservation," said Dr. van Panhuis.

"By digitizing and giving open access to the entire collection of U.S. notifiable disease data, we've made a bold move toward solving this problem."

The researchers obtained all weekly notifiable disease surveillance tables published between 1888 and 2013 — approximately 6,500 tables — in various historical reports, including the U.S. Centers for Disease Control and Prevention's Morbidity and Mortality Weekly Report.

These tables were available only in paper format or as PDF scans in online repositories that could not be read by computers and had to be hand-entered. With an estimated 200 million keystrokes, the data — including death counts, reporting locations, time periods and diseases — were digitized. A total of 56 diseases were reported for at least some period of time during the 125-year time span, with no single disease reported continuously.

"This work by the Tycho Team is remarkable and represents the next step in making government data accessible and useful," said Bryan Sivak, U.S. Department of Health and Human Services chief technology officer and entrepreneur in residence. "This is a great example of how our policies on open data and public access accelerate the use of computer-readable data by researchers and application developers to create new tools and provide valuable insights into the nation's health."

All these data now can be explored and retrieved by everyone on the Project Tycho Web site www.tycho.pitt.edu.

The open access release of these data has ignited a collaboration with the United States Open Government Initiative and, in the near future, the Project Tycho database will be available on the HealthData.gov Web pages.

"Historical records are a precious yet undervalued resource. As Danish philosopher Soren Kierkegaard said, we live forward but understand backward," explained Dr. Burke. "By 'rescuing' these historical disease data and combining them into a single, open-access, computable system, we now can better understand the devastating impact of epidemic diseases, and the remarkable value of vaccines in preventing illness and death."

Additional co-authors on this paper include John Grefenstette, Ph.D., Su Yon Jung, Ph.D., Nian Shong Chok, M.Sc., Anne Cross, M.L.I.S., Heather Eng, B.A., Bruce Y. Lee, M.D., M.B.A., and Shawn Brown, Ph.D., all currently or formerly of Pitt Public Health; Vladimir Zadorozhny, Ph.D., of Pitt's School of Information Sciences; and Derek Cummings, Ph.D., of the Johns Hopkins University Bloomberg School of Public Health.

This research was funded by the Bill & Melinda Gates Foundation Grant 49276 and NIH grant U54GM088491.

The University of Pittsburgh Graduate School of Public Health, founded in 1948 and now one of the top-ranked schools of public health in the United States, conducts research on public health and medical care that improves the lives of millions of people around the world.

Pitt Public Health is a leader in devising new methods to prevent and treat cardiovascular diseases, HIV/AIDS, cancer and other important public health problems. For more information about Pitt Public Health, visit the school's Web site at www.publichealth.pitt.edu. ↑

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Monongahela Valley Hospital Is the First and Only Hospital in Southwestern PA to Offer Latest Radiation Therapy

Some people who have been diagnosed with cancer will travel hundreds of miles from their homes for the latest treatments.

People in western Pennsylvania have access to one of the latest therapies at Monongahela Valley Hospital's (MVH) Charles L. and Rose Sweeney Melenyzer Pavilion and Regional Cancer Center, in Carroll Township. MVH is the first and only hospital in western Pennsylvania that offers radiation therapy treatments using the new Elekta Agility that includes a multi-leaf collimator (MLC) device that provides precise, high-resolution beam shaping to target tumors. Use of the MLC device enables medical professionals at MVH to administer higher doses of radiation at multiple sites simultaneously.

It delivers radiation to the unique contours of the tumor while reducing the risk of exposure to healthy tissue.

"Our new MLC, with a groundbreaking design which features leaf speeds that are twice as fast as conventional beam shaping devices, enables the radiation oncology team at MVH to offer a new level of conformance to tumor targets for rapid, accurate patient treatments," said Mohsen Isaac, M.D., MVH's director, Radiation Oncology and clinical assistant professor at Temple University School of Medicine.

An MLC is a device composed of many individual tungsten "leaves" that shape beams of therapeutic radiation that are delivered from different angles around the patient. The Agility is equipped with 160 MLCs which is twice the number of leaves used in most typical treatment centers. It also includes ultra-fast leaf movements.

"While our new MLC includes twice the number of leaves and is twice as fast, it reduces treatment times by more than half," said Dr. Isaac. "Patients are not only treated faster, but more importantly, they benefit from the MLC's enhanced targeting

Around the Region

capabilities which improve treatment outcomes and reduce organ at risk (OAR) potential complications.

Additionally, shorter treatment times result in increased patient comfort and convenience. It also allows faster and safer Stereotactic Brain Radiosurgery, Stereotactic Body Radiosurgery and Volumetric Arc Therapy (VMAT)."

At MVH, skilled oncologists, surgeons, nurses, radiation therapists, social workers, nutritionists, pharmacists and case management coordinators help patients win the battle against cancer using advanced technology with a personalized approach. In addition to the Image-Guided Radiation Therapy (IGRT), MVH offers:

- High-Dose Rate Radiation Therapy (HDR) — a form of brachytherapy or internal radiation therapy which involves the placement of a high-energy radiation source inside the body near the tumor for brief periods of time

- Volumetric Arc Therapy (VMAT) — a therapy that uses single or multiple radiation beams to sweep in uninterrupted arcs around the patient to speed treatment delivery and reduce treatment times

- 4-D Imaging — one of the latest advances in cancer therapy, this process using 4-D CT to capture the image of the tumor, its movement and the movement of the body's organs to accurately treat tumors located on or near organs that move

- Stereotactic Brain Radiosurgery — used in the treatment of brain and spinal tumors as well as brain metastases

- Stereotactic Body Radiosurgery — used for small isolated tumors that lie outside the brain such as inoperable early lung tumors with excellent results

MVH's Cancer Program which includes medical oncology, chemotherapy, radiation therapy, diagnostic radiology and surgical services, is accredited by the American College of Surgeon's Commission on Cancer.

For more information, call 724-258-3040. †

Children's Community Pediatrics Now Offers 24/7 Access to Care for Common Illnesses through On-line Video Appointments

Families in Pennsylvania now can access Children's Community Pediatrics (CCP) board-certified pediatricians for many common illnesses day or night through a virtual visit using a computer with a webcam.

These new pediatric virtual visits, part of UPMC AnywhereCare, are just one part of an expanded MyUPMC.com online patient portal providing access to UPMC's world-class care to anyone located in Pennsylvania.

Through UPMC AnywhereCare, children ages 3 and older can be evaluated and receive treatment for many common symptoms and diagnoses from CCP pediatricians through a video connection 24 hours a day, seven days a week.

MyUPMC.com builds on UPMC's existing patient portal known as UPMC HealthTrak. Parents seeking a Children's AnywhereCare visit for their child will need to have a "proxy" relationship established prior to seeking online care.

The proxy provides parents with access to view their child's health information online and access online care. Parents who do not have a UPMC HealthTrak account or established proxy can sign up online at <https://myupmc.upmc.com> or speak with their CCP provider.

After requesting a virtual visit through the portal, a scheduler will call within 15 minutes and schedule a video appointment with a board-certified CCP pediatrician, typically within one hour. Conditions that currently are being evaluated and treated are cold, cough and conjunctivitis (pink eye).

The cost of a UPMC AnywhereCare visit is a flat fee of \$38. Patients who have UPMC Health Plan coverage may pay a lower co-pay amount for their child's virtual visit.

"These conditions might not rise to the level of a trip to the emergency department, or even to the physician's office, but can be challenging for families to deal with because it can cause kids to miss time from daycare or school and parents to miss time from work for appointments," said Kathy Guatteri, president, CCP.

"UPMC AnywhereCare allows them to have their children evaluated by a board-certified CCP pediatrician with quick, convenient access to treatment. It also can provide

continuity of care with a child's CCP pediatrician, since the virtual visit automatically becomes part of the child's electronic record at UPMC."

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



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Kane Introduces Telemedicine; Glen Hazel Center Will Be First RAVEN Participant

Kane, Allegheny County's skilled nursing and rehabilitation centers, will be introducing telemedicine at its locations in Glen Hazel, McKeesport and Ross Township.

This advancement is possible through cooperation with the UPMC Technology Development Center, Center for Connected Medicine, Division of Geriatric Medicine, and Department of Biomedical Informatics.

"Bringing telemedicine to the Kane Centers will improve the speed and efficiency with which residents receive medical consultations when there is a change in their health, and it will also reduce the need to transport residents to a hospital or emergency room, which is difficult for some of them," said County Executive Rich Fitzgerald. "Kane continues to adapt to the needs of our community by offering long-term care, short-term care, rehabilitation services, and dementia care in secure units. Telemedicine is the next logical step in ensuring quality, efficient care for residents."

This endeavor is part of a larger initiative called RAVEN, led by UPMC Community Provider Services, which was awarded a \$19 million grant from the Centers for Medicare & Medicaid Services (CMS). RAVEN is an abbreviation for "Initiative to Reduce Avoidable Hospitalizations Using evidence-based Interventions for Nursing Facilities in Western Pennsylvania." It focuses on long-term nursing facilities that are enrolled in the Medicare and Medicaid programs.

Telemedicine allows a clinician to remotely perform a history and physical examination of the eyes, ears, nose, throat, lungs, heart, abdomen, skin, extremities and nervous system. The device, known as "Telly," will also allow family members with a telephone or computer to be involved in decisions about treatment options and/or change to the care plan, which may include transporting the resident to a hospital.

Around the Region

Dr. Steven Handler, Medical Director of Telemedicine and Health Information Technology for RAVEN and Medical Director for Long-Term Care Health Information Technology for UPMC Senior Communities will be introducing Telly at Kane Glen Hazel.

"Based on our feasibility study at UPMC Canterbury Place, telemedicine used by nurse practitioners to conduct consultations primarily for an acute change in condition in the nursing home is effective in the medical management of residents, avoids the need for face to face visits, and can help avoid resident transfers to the hospital/emergency department," said Dr. Handler.

Telly does not replace the usual direct, face-to-face care that a resident receives, and it is not used for routine medical examinations. Telly is used to help a physician or nurse practitioner assess a change in a resident's usual state of health, such as breathing, heart function, pain or skin finding.

"We recognize that a patient's physician or nurse practitioner is sometimes not available at the skilled nursing facility to evaluate and treat the resident when there is a change in their usual state of health," said Kane Executive Director Dennis Biondo. "The goal is to provide continuous access to high-quality health care and health-care professionals."

The telemedicine consultations will be conducted by Certified Registered Nurse Practitioners (CRNPs) who function within a collaborative practice agreement with the attending physician, and they will conduct telemedicine consults for residents with acute changes in condition and/or palliative care needs when after hours Telly coverage is available. †

PA Department of Welfare Helps Fund AGH Patient Clinic in Punxsutawney Designed to Enhance Heart Failure Care, Reduce Hospitalizations

Heart failure patients in rural Punxsutawney, Pennsylvania can now more conveniently access some of the nation's leading cardiovascular disease specialists from Pittsburgh's Allegheny General Hospital (AGH) right in their hometown thanks to a new clinic that aims to reduce hospital admissions for this increasingly prevalent disease.

With the help of a grant from the Pennsylvania Department of Welfare, AGH's Cardiovascular Institute has opened a heart failure clinic at Punxsutawney Hospital. A physician, nurse practitioner and pharmacist at the clinic will help local heart failure patients manage their illness and ideally prevent unnecessary hospitalizations.

"Comprehensive disease management is the best way to keep heart failure patients out of the hospital, but such programs are offered mostly in urban tertiary care hospitals," said George Sokos, DO, a heart failure cardiologist at AGH and Project Director of the new AGH Punxsutawney heart failure clinic. "These services have shown to improve patient quality of life and long-term outcomes, and both providers and payors are increasingly recognizing the need for them in rural settings, where rising incidence and hospitalization rates for heart failure have become a serious concern."

Heart disease is the leading cause of hospital admissions in the United States, and the numbers are expected to increase as the population ages. Ten percent of Americans age 65 and older suffer from heart failure. As of 2009, the direct and indirect cost of treating heart failure stood at \$37 billion, according to the National Institutes of Health, and that number is expected to triple by 2030.

According to Srinivas Murali, MD, Director of the Division of Cardiovascular Medicine at AGH and Medical Director of

the hospital's Cardiovascular Institute, reducing heart failure related hospitalizations and emergency room visits in both rural and urban settings can significantly enhance the experience of patients battling the disease while lessening the economic burden it places on the healthcare system.

"It is without question that many heart failure patients can live their lives without repeated hospitalizations if their care is closely managed and based on existing best practices. With the disease management program implemented in this new clinic, we expect to greatly improve the quality of heart failure care in the Punxsutawney area and ultimately throughout all of rural Pennsylvania as our model becomes a standard across the commonwealth."

In addition to routine medical visits, the staff at the Punxsutawney heart failure clinic will help patients recently discharged from the hospital with medication adjustments and monitor their vital signs and adjustment to daily living post-hospital.

Many patients from the Punxsutawney area come to AGH for heart failure treatment, Dr. Sokos said, but it is a four-hour drive roundtrip with no public transit options available.

"Regular office visits, though time-consuming, are crucial to keeping heart failure in check," he said.

The clinic expects to treat 200 patients in its first year of operation. The goal is eventually to expand the service to other rural hospitals and to add telemedicine consults.

"The heart failure clinic has been well-received in Punxsutawney, and patients tell us they appreciate not having to drive to Pittsburgh for treatment," said Zuhdi Dajani, MD, cardiologist and director of the Punxsutawney clinic. "Our outstanding staff offers care that is patient-centered and individualized, as well as cost-effective."

Besides Dr. Dajani, clinic staff also includes Norman Fry, BSN, RN, Nurse Coordinator; Mike Kacsma and Darlene Brink, Nurse Practitioners; Emily Conrad, Tom Moore and Maggie Edmonds, Pharmacists; Janet Huot, Dietitian; and Rachelle Bray, Director of Cardiopulmonary Services.

The heart failure program at AGH is one of the region's and nation's most advanced clinical services, employing specialized cardiologists, cardiovascular and thoracic surgeons, physician extenders, nurses, dietitians, physical therapists, pharmacists and social workers who provide integrated, patient-focused health care for inpatients and outpatients. This approach has resulted in superior outcomes, with AGH ranked in the top 10 percent nationally in Centers for Medicare Services (CMS) mandated heart failure core measures and in-hospital mortality. AGH was also named one of the nation's Top 50 Centers for Cardiovascular Care by leading healthcare industry analyst Thomson Reuters.

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



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Weirton Medical Center, Allegheny Health Network Form Alliance to Advance Local Heart Care

Weirton Medical Center (WMC) and the Pittsburgh-based Allegheny Health Network announced today a strategic alliance that will significantly improve the delivery of high quality, comprehensive heart care services to residents of Weirton and its neighboring communities through greater collaboration between cardiologists and cardiac surgeons at each system.

WMC has also entered an exclusive agreement with Vardhan Reddy, MD, FRCS, FACC, one of the region's preeminent cardiac surgeons, for the coordination of cardiovascular disease care at the hospital. Under his direction at WMC, patients from the Weirton area who require heart surgery and other advanced cardiovascular care will now have seamless access to those services at Allegheny Health Network's Cardiovascular Institute.

"This alliance will guarantee an unmatched continuum of high quality care for local heart patients. Together with our team of outstanding WMC cardiologists, including Dr. Stanley Mannino and Dr. Cherian John, we will determine the best course of treatment for each patient, taking advantage of WMC's terrific interventional cardiology services and giving patients who require more invasive surgical and advanced cardiovascular care the opportunity to transition to Allegheny Health Network in Pittsburgh," said Dr. Reddy.

A graduate of the world renowned Texas Heart Institute, Dr. Reddy has performed more than 5,000 cardiovascular and cardiothoracic procedures in twenty years of practice. He will now be performing all of his surgical procedures at Allegheny Health Network's West Penn Hospital, while managing his patients' post-surgical follow-up care at WMC.

WMC is the leading local provider of interventional cardiology care – including heart catheterization, angioplasty and stenting - through its Percutaneous Coronary Intervention (PCI) program and Chest Pain Center.

"We have invested millions of dollars over the years in our cardiovascular capabilities to ensure that patients have access to the latest technology for heart procedures. With this new alliance, we are providing the opportunity to for a seamless continuum of highly advanced cardiovascular care to patients whose needs extend beyond interventional cardiology," said David Artman, WMC Director of Operations.

The healthcare providers of Allegheny Health Network have a long and distinguished history of providing state-of-the-art cardiovascular disease care. At West Penn Hospital that includes comprehensive cardiac surgery capabilities such as heart bypass and valve replacement, pacemaker and defibrillator implantation and complex peripheral vascular procedures. The hospital recently invested \$10 million in facility improvements and tech-

Around the Region

nological upgrades to its Cardiovascular Institute.

According to Srinivas Murali, MD, Medical Director of the Allegheny Health Network Cardiovascular Institute, establishing greater coordination of cardiovascular care between a growing community hospital like WMC and the quaternary services of Allegheny Health Network will not only benefit patients tremendously from a clinical perspective but ensure that the resources of both organizations are utilized in the most efficient and effective manner.

"Weirton Medical Center does an exceptional job of caring for patients with heart disease," Dr. Murali said. "We are excited to become an extension of WMC's cardiac program and look forward to accommodating patients from Weirton with the leading-edge cardiovascular capabilities and great compassionate caregiving that our Network is known for."

WMC's alignment with Allegheny Health Network will also provide patients from the Weirton area enhanced access to the nationally recognized cardiovascular and thoracic surgery program at Allegheny General Hospital, including its heart transplantation, mechanical heart assistance, robotic heart surgery and pulmonary hypertension surgery programs.

"It's because of Allegheny Health Network's incredibly impressive capabilities in the practice of cardiac surgery that we wanted to turn to the best for these life-saving procedures. As a community facility we know how important access to the latest technological innovations and leading physician expertise is for exceptional patient outcomes," Artman said.

WMC Director of Communications Kelli McCoy said the hospital will also provide important support services to make the surgical experience in Pittsburgh as convenient as possible, including luxury transportation to and from the city.

"This major development represents a new era in heart care in our community and we are committed to ensuring that the experience of our patients is as positive as it can be. Heart surgery can be a very stressful and frightening ordeal for patients and their loved ones. With this alliance, we hope to provide our patients with the peace of mind that they are in the best hands from start to finish," McCoy said.

McCoy said WMC is planning to further expand the reach of its services with the opening of new offices in both Imperial and Robinson Township in the near future. The goal is to provide more healthcare options to those currently under-served along the Route 22/30 Corridor between Weirton and Pittsburgh.

"We are very excited about what the future holds for WMC and the patients we care for," she said. †

High Anxiety Levels May Increase Long-Term Risk of Stroke

People with high levels of anxiety may be at an increased risk for stroke, according to a new study published today in the journal *Stroke*. Researchers from the University of Pittsburgh evaluated more than 6,000 participants and found those with the highest levels of anxiety are 33 percent more likely to suffer a stroke, as compared to their less anxious counterparts.

Previous studies have found that higher levels of anxiety are associated with increased risk for coronary heart disease; few studies have investigated the connection between anxiety and stroke. This study is the first to report an association between higher anxiety symptoms and an increased risk for stroke, despite other risk factors such as depression.

"Anxiety is a very common condition in the general population, but it's also a modifiable behavior," said Maya Lambiase, Ph.D., post-doctoral scholar in the Department of Psychiatry at the University of Pittsburgh School of Medicine and lead author of the report. "Assessment and treatment of anxiety has the potential to not only improve overall quality of life, but also reduce the risk of cardiovascular diseases, such as stroke, later in life."

Anxiety disorders affect nearly 20 percent of American adults in any given year, and are characterized by feelings of fear, unease and worry, often lasting at least six months. Feelings of stress and anxiety are also common in people who feel depressed or have other mental health problems, including alcohol or substance abuse. Stroke, which occurs when blood flow to a part of the brain stops, is the number four killer and a leading cause of disability in the U.S.

"Most of the focus up until this point has been on depression. These findings underscore the importance of also considering anxiety when considering cardiovascular diseases," noted Rebecca Thurston, Ph.D., associate professor of psychiatry at Pitt and co-author of the study. "These findings encourage practitioners to assess and treat anxiety, as well as to reconsider popular notions such as 'worried well' – this worrying may not make us so well."

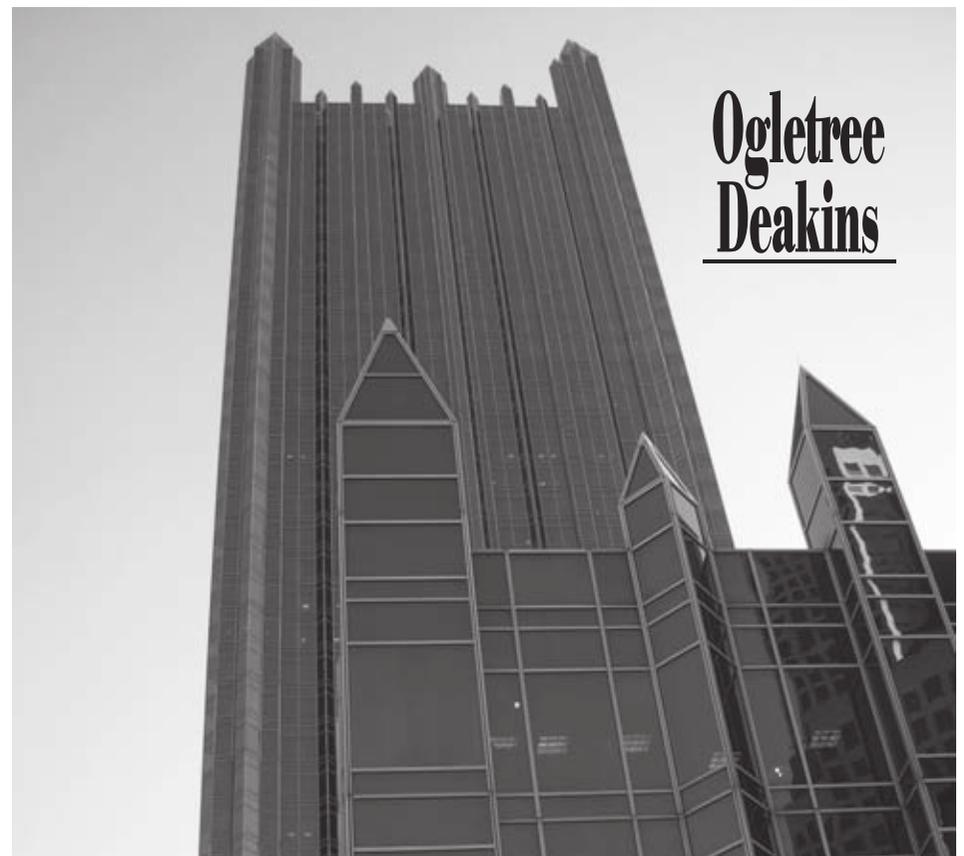
Researchers studied people aged 25 to 74 who had not experienced a stroke and were representative of the general U.S. population. All participants were enrolled in the National Health and Nutrition Examination Survey (NHANES), which collected data from 1971-1975. Participants filled out a questionnaire that measured anxiety and depression levels, and were then followed for a period of up to 22 years. Researchers tracked stroke occurrences in these people through death certificates as well as hospital and nursing home reports.

"Even a modest increase in anxiety was associated with an increase in stroke risk, so greater education and awareness of anxiety management is important," added Lambiase. The researchers also noted that people with high anxiety levels are more likely to smoke and be physically inactive which may help explain part of the anxiety-stroke link.

Co-authors on this study include Laura D. Kubzansky, Ph.D., of the Harvard School of Public Health, and Rebecca C. Thurston, Ph.D., of the University of Pittsburgh.

This study was funded by the National Heart, Lung, and Blood Institute (HL07560) and the National Institute of Mental Health (MH092707-01) of the National Institutes of Health.

For more information about the School of Medicine, see www.medschool.pitt.edu. †



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AHN Names VP of Interprofessional Education



Donamarie Wilfong

Donamarie Wilfong, DNP, has been named Corporate Vice President of Interprofessional Education at Allegheny Health Network. In her new role, Dr. Wilfong will lead the coordination, development and standardization of interprofessional education throughout the network, promoting education, scholarly research and innovation using simulation as a teaching tool. She also continues to serve as Director of Clinical Education at the Simulation, Teaching and Academic Research Center (STAR.)

Since its inception in 2007, the STAR Center has educated 63,000 people from within and outside Allegheny Health Network with the most advanced medical simulation training techniques available. It was the first simulation center in the region to earn accreditation from the Society for Simulation in Healthcare.

She is a longtime nursing educator and researcher, and the author of many publications and presentations. Dr. Wilfong received her Doctorate of Nursing Practice degree from Waynesburg University and her MSN in nursing education from the University of Pittsburgh. †

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People and Awards

Children's Hospital of Pittsburgh of UPMC Named to Leapfrog Group's Elite National List of Pediatric Hospitals that Provide Highest Levels of Safety and Quality

Children's Hospital of Pittsburgh of UPMC is one of only 13 pediatric hospitals in the nation named to The Leapfrog Group's 2013 class of Top Hospitals, based on the results of a survey that measures hospitals' performance in patient safety and quality.

While several agencies and organizations collect and publicize hospital quality data, the Leapfrog Hospital Survey, now in its 12th year, sets a high standard for comparing hospitals' performance on the national standards of safety, quality and efficiency that are most relevant to consumers and purchasers of care. The survey provides a comprehensive picture of how patients fare, what resources are used to care for patients, and how management promotes safety and quality.

"Our primary goal is to deliver the highest quality of care in the safest, most efficient manner possible utilizing state-of-the-art technology and a family centered care philosophy," said Christopher Gessner, president, Children's Hospital. "Being named a Leapfrog Top Hospital is an indicator that we are well on our way to achieving that goal."

Children's is a pioneer in the development and use of an electronic medical record (EMR) system, which was implemented in 2002. This system, which electronically stores each patient's full medical history, has drastically reduced potential medical errors and streamlined processes, making Children's one of the nation's most progressive children's hospitals.

"The field of hospitals considered for this year's elite Leapfrog Top Hospital distinction was more competitive than ever. By achieving the Top Hospital accolade, Children's Hospital of Pittsburgh of UPMC has demonstrated exemplary performance across all areas of quality and patient safety that are analyzed on the Leapfrog Hospital Survey," said Leah Binder, president and CEO of The Leapfrog Group.

Children's was selected as a Top Hospital out of a record number 1,324 hospitals participating in The Leapfrog Group's annual survey. The list includes 22 Top Rural Hospitals, 55 Top Urban Hospitals, and 13 Top Children's Hospitals. The selection is based on the results of the Leapfrog Group's annual hospital survey, which measures hospitals' performance on patient safety and quality, focusing on three critical areas of hospital care: how patients fare, resource use, and management structures in place to prevent errors.

In addition to Children's Hospital of Pittsburgh of UPMC, the 2013 Leapfrog Top Children's Hospitals are:

- Boston Children's Hospital
- Children's Hospital Los Angeles
- Children's Hospital of Orange County
- Children's Hospitals and Clinics of Minnesota St. Paul
- Children's Mercy Hospitals South Campus
- DMC Children's Hospital of Michigan
- East Tennessee Children's Hospital
- Lucile Packard Children's Hospital at Stanford
- Nationwide Children's Hospital
- Phoenix Children's Hospital
- Texas Children's Hospital West Campus
- University Hospitals - Rainbow Babies & Children's Hospital

For more information, visit <http://www.chp.edu>. †

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Conemaugh Memorial Receives Get With The Guidelines-Stroke Silver Plus Quality Achievement Award

Award demonstrates Conemaugh Memorial's commitment to quality care for stroke patients

Conemaugh Memorial Medical Center (MMC) has received the American Heart Association/American Stroke Association's Get With The Guidelines®-Stroke Silver Plus Quality Achievement Award. The award recognizes Conemaugh Memorial's commitment and success in implementing a higher standard of stroke care by ensuring that stroke patients receive treatment according to nationally accepted standards and recommendations.

To receive the Get With The Guidelines-Stroke Silver Plus Quality Achievement Award, Conemaugh Memorial achieved at least 12 consecutive months of 85 percent or higher adherence to all Get With The Guidelines-Stroke Quality Achievement indicators and achieved at least 75 percent or higher compliance with six of 10 Get With The Guidelines-Stroke Quality Measures during that same period of time, which are reporting initiatives to measure quality of care.

These measures include aggressive use of medications, such as antithrombotics, anticoagulation therapy, DVT prophylaxis, cholesterol reducing drugs and smoking cessation, all aimed at reducing death and disability and improving the lives of stroke patients.

In addition to the Get With The Guideline-Stroke award, MMC has also been recognized as a recipient of the association's Target: Stroke Honor Roll, for improving stroke care. Over the past quarter, at least 50 percent of the hospital's eligible ischemic stroke patients have received tissue plasminogen activator, or tPA, within 60 minutes of arriving at the hospital (known as 'door-to-needle' time). A thrombolytic, or clot-busting agent, tPA is the only drug approved by the U.S. Food and Drug Administration for the urgent treatment of ischemic stroke. If given intravenously in the first three hours after the start of stroke symptoms, tPA has been shown to significantly reverse the effects of stroke and reduce permanent disability.

"With a stroke, time lost is brain lost, and the Get With The Guidelines-Stroke Silver Plus Quality Achievement Award demonstrates that our staff is committed to providing care that has been shown in the scientific literature to quickly and efficiently treat stroke patients with evidence-based protocols," said Dr. David Carlson, Chief Medical Officer of the Conemaugh Health System.

"Conemaugh Memorial is to be commended for its commitment to implementing standards of care and protocols for treating stroke patients," said Lee H. Schwamm, M.D., chair of the Get With The Guidelines National Steering Committee and director of the TeleStroke and Acute Stroke Services at Massachusetts General Hospital in Boston. "The full implementation of acute care and secondary prevention recommendations and guidelines is a critical step in saving the lives and improving outcomes of stroke patients."

Get With The Guidelines-Stroke uses the "teachable moment," the time soon after a

People and Awards



Leslie Moran, Director Neuroscience; Steve Dentel, Senior Director, American Heart Association; Lois Tessari, Nurse Manager; Michelle Wozniak, Nurse Manager; Wendy Kalmanir, Stroke Nurse.

patient has had a stroke, when they are most likely to listen to and follow their healthcare professionals' guidance. Studies demonstrate that patients who are taught how to manage their risk factors while still in the hospital reduce their risk of a second heart attack or stroke. Through Get With The Guidelines-Stroke, customized patient education materials are made available at the point of discharge, based on patients' individual risk profiles.

"The timing on this topic is so important," says Dr. Todd Lynn, Interim Medical Director of Conemaugh Memorial's Stroke program. "The number of acute ischemic stroke patients eligible for treatment is expected to grow over the next decade due to increasing stroke incidence and a large aging population."

According to the American Heart Association/American Stroke Association, stroke is one of the leading causes of death and serious, long-term disability in the United States. On average, someone suffers a stroke every 40 seconds; someone dies of a stroke every four minutes; and 795,000 people suffer a new or recurrent stroke each year.

For more information, visit www.conemaugh.org.

Critical Care Physician Joins Conemaugh Physician Group

Conemaugh Physician Group is pleased to welcome critical care physician **Joshan Suri, MD.**

Dr. Suri is board certified in Internal Medicine, Critical Care and Infectious Disease. He is a graduate of the National University of Malaysia and completed his residency training at Saint Vincent Hospital, Major Affiliate of University of Massachusetts Medical School in Worcester, Massachusetts. Dr. Suri completed one year of Nephrology Fellowship at Texas A&M Health Science Center College of Medicine in Temple, Texas. He also completed a Fellowship in Infectious Diseases at the University of Utah School of Medicine in Salt Lake City, Utah, and a Fellowship in Critical Care Medicine at the Oregon Health and Science University in Portland, Oregon.



Joshan Suri

"We are very pleased to welcome Dr. Suri to the team," says Dr. Christopher Begley, Conemaugh Physician Group – Critical Care and Medical Director of the Pulmonary Lab and Respiratory Care department at Conemaugh Memorial. "He brings great training and experience and will be a real asset to the patients."

Dr. Suri chose a career in critical care medicine because of the exciting and complex physiology involved and the opportunity to help patients. "Taking care of the critically ill really challenges you to do your best," says Dr. Suri. "As a critical care physician, I can really help impact the outcomes for patients. It is a very rewarding field."

In addition to seeing patients at Conemaugh Memorial Medical Center, Dr. Suri will also get to work with resident physicians, something he enjoys and looks forward to.

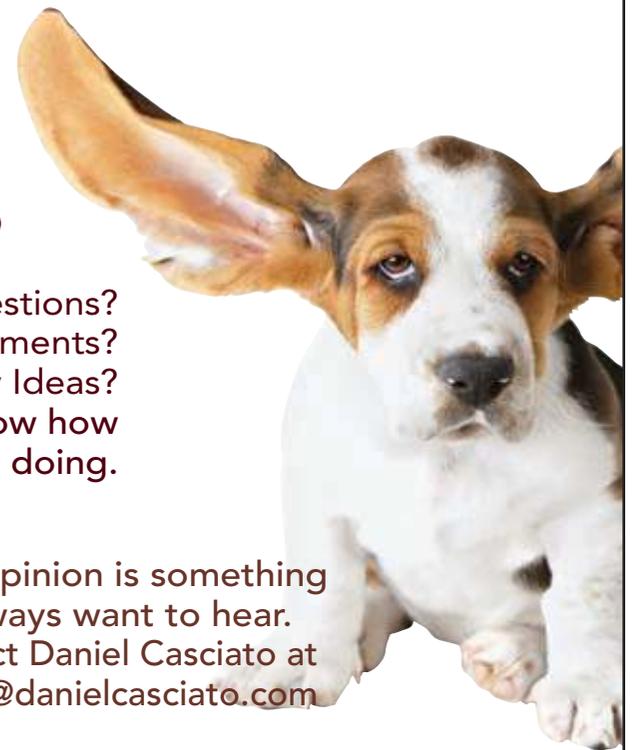
When not practicing medicine, Dr. Suri enjoys hiking and reading and is fluent in many languages including Cantonese, Mandarin, Malay, Thai and Hindi.

To learn more log on to www.conemaugh.org.

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NEWS

Duquesne Names Turocy Director of Pre-Health Advisement Programs

Duquesne University has named **Dr. Paula Sammarone Turocy**, associate professor of athletic training in the Rangos School of Health Sciences, its director of Pre-Health Advisement Programs, effective Jan. 1, 2014.

In this role, Turocy will be responsible for expanding the current post-baccalaureate-pre-medical program's strengths and relationships with Temple University Medical School, Lake Erie College of Osteopathic Medicine and other medical programs to prepare Duquesne students not only for medical school, but also for entry into other professional medical and health programs.

The University is extending and reorganizing its services for students who plan careers in the health sciences to reflect an environment that is changing with ever increasing speed.

"I am very excited to take on this new challenge and develop a comprehensive pre-medical and pre-health educational program that can prepare students to be admitted to not only medical school, but also dental, veterinary and other medical/health professional programs," said Turocy. "I hope that what will make our program unique is that our students also will embody Duquesne's mission of serving God by serving patients with a primacy of care—putting the patients' needs and health first."

Turocy was the founding chair of Duquesne's Athletic Training Program for 20 years and the inaugural Anna L. Rangos Rizakus Endowed Chair from 2004-2009. She has been recognized for outstanding leadership, teaching and service with numerous awards, including the Commission on Accreditation of Athletic Training Education's inaugural Bob and Lynn Caruthers Service Award (2013) and the National Athletic Trainers Association's Sayers "Bud" Miller Distinguished Athletic Training Educator Award (2004). In 2008, she was inducted into the Pennsylvania Athletic Training Hall of Fame.

"Dr. Turocy has a record of effective program development based on her commitment to student success and academic excellence, and has displayed the ability to work collaboratively with others," said Dr. Timothy Austin, provost and vice president for academic affairs. "Duquesne's Pre-Health Advisement Programs are well-positioned to attract strong students and to bring greater recognition to the University's outstanding academic offerings."

Turocy resides in Bethel Park, Pa.

For more information, visit www.duq.edu.



Paula Sammarone Turocy

People and Awards

Mon-Vale Primary Care Practices, Inc., Welcomes Dr. Diane E. Emes

The Mon-Vale Primary Care Practices, Inc., a sister corporation of Monongahela Valley Hospital in Carroll Twp., welcomes **Dr. Diane E. Emes** to the community and to her new medical practice at The Center In The Woods at 130 Woodland Court, Brownsville.

"I hope to develop a practice that provides compassionate, comprehensive and timely care to the community, and I believe that really listening to my patients is the most important foundation in building trusting relationships," she said. "My favorite thing about family medicine is getting to know patients and their families and watching their children grow throughout the years."

Dr. Emes is certified by the American Board of Family Medicine and comes to the local community from a family medicine practice in York County, Pa.

Dr. Emes earned her medical degree at the Pennsylvania State University College of Medicine in Hershey, Pa., and her Bachelor of Science degree from the University of Pittsburgh, where she majored in Biology and earned a minor in Psychology.

She completed her residency in Family Medicine at UPMC St. Margaret Hospital, Pittsburgh.

A Pittsburgh native, Dr. Emes moved back to be near family and is living in the California-Brownsville area with her husband Jason, an engineer working at Pennatronics in California.

She has special interest in women's health issues, dermatological procedures and preventative medicine. She plans to participate in overseas medical missions in the coming years and she and her husband look forward to becoming active members in the community.

She is a member of the Pennsylvania Academy of Family Physicians, The American Academy of Family Physicians and the American Medical Association.

For more information, visit www.monvalleyhospital.com.



Diane E. Emes

Orthopedic Surgeon Joins Sharon Regional Staff



Matthew J. Stonestreet

Matthew J. Stonestreet, M.D., a specialist in orthopedic surgery, recently joined the medical staff of Sharon Regional Health System. Dr. Stonestreet is associated with orthopedic surgeons Ernest Swanson, M.D., Brian Shannon, M.D., Keith Lustig, M.D., and James Boniface, M.D. in the Orthopaedic Center of Western Pennsylvania.

Dr. Stonestreet specializes in reconstructive surgery of the hip and knee, minimally invasive hip and knee replacement, fracture care, arthroscopic knee surgery, and general orthopedics. He is board eligible through the American Board of Orthopaedic Surgery.

Dr. Stonestreet completed a fellowship in Orthopedic Surgery at the CORE Institute in Phoenix, Arizona and an orthopedic surgery residency at Akron General Medical Center. He will see patients at his office in the Solar

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Pennsylvania State Nurses Association Awards Distinguished Nurse

The Pennsylvania State Nurses Association (PSNA), representing more than 212,000 registered nurses in Pennsylvania, is pleased to recognize **Afaf I. Meleis, PhD, DrPS(hon), FAAN**, University of Pennsylvania School of Nursing, with its Distinguished Nurse Award. Dr. Meleis was recognized at PSNA's 110-Year Anniversary Celebration on October 17, 2013 at The Desmond Hotel, Malvern.

"We are proud to award Dr. Meleis, a long-time member of PSNA, with our 2013 Distinguished Nurse Award," stated PSNA CEO Betsy M. Snook, MEd, BSN, RN. "Her leadership characteristics and contributions are undeniably significant to the nursing profession."

Dr. Meleis is the Margaret Bond Simon Dean of Nursing at the University of Pennsylvania School of Nursing, Professor of Nursing and Sociology, and Director of the School's WHO Collaborating Center for Nursing and Midwifery Leadership. Dr. Meleis graduated Magna Cum Laude from the University of Alexandria (1961), earned an MS in nursing (1964), an MA in sociology (1966) and a PhD in medical and social psychology (1968) from the University of California, Los Angeles. Her list of leadership positions and association involvement includes: Fellow, Royal College of Nursing, UK; member of the Institute of Medicine and the George W. Bush Presidential Center Women's Initiative Policy Advisory Council; trustee, National Health Museum; president and council general emerita, International Council on Women's Health Issues (ICOWHI); and global ambassador, Girl Child Initiative, International Council of Nurses (ICN).

Dr. Meleis' teaching focuses on structure and organization of nursing knowledge, transitions and health, and international nursing. She has mentored hundreds of students, clinicians and researchers from Thailand, Brazil, Egypt, Jordan, Israel, Columbia, Korea and Japan. Dr. Meleis' scholarship is focused on global health, immigrant and international health, women's health, and on the theoretical development of the nursing discipline. She is the author of more than 200 publications and has been invited for speaking engagements, visiting professorships, and consultations nationally and internationally.

The Pennsylvania State Nurses Association (PSNA) is the non-profit voice for nurses in the Commonwealth of Pennsylvania. Representing more than 212,000 nurses, the Association works to be essential in advancing, promoting and supporting the profession of nursing to improve health for all in the Commonwealth. PSNA is a constituent member of the American Nurses Association (www.pсна.org).



(l-r) PSNA CEO Betsy M. Snook, MEd, BSN, RN; Afaf I. Meleis, PhD, DrPS(hon), FAAN; PSNA President Christine Alichnie, PhD, RN

People and Awards

Director of Clinical and Operational Informatics Named at UPMC Altoona



Jayson Fuchs

Jayson Fuchs, R.N., was promoted to director of Clinical and Operational Informatics in Nursing Administration at UPMC Altoona.

Fuchs graduated from Penn State with a bachelor's degree in nursing and is completing his master's degree there.

"This position is responsible for overseeing the education, planning, development, design, implementation, and ongoing evaluation of the Electronic Health Record (EHR)," said Chris Rickens, senior vice president/chief nursing officer. "He will work collaboratively with nursing and physician leadership as a clinical liaison for all portions of the EHR that impact clinical processes."

Hired by Altoona Hospital in 1998 as a staff nurse, Fuchs was promoted to clinical manager of Medical Progressive Care and most recently worked in IT as a clinical trainer. As such, he coordinated the training for the EHR and other systems with clinical impact, oversaw the IT Resource Team, and chaired a variety of committees, including the IT/Nursing Advisory group.

In my new position, I am most looking forward to leading UPMC Altoona in the transition to the Cerner EHR, while continuing to work with many of the same great people that I work with today," Fuchs said.

For more information, go to UPMC.com.

Pittsburgh Business Group on Health Appoints New Executive Director

The Pittsburgh Business Group on Health (PBGH), one of the country's premier employer coalitions dedicated to improving the delivery, cost and quality of benefits and health care, today announces the appointment of **Jessica L. Brooks** as the new PBGH Executive Director. Ms. Brooks will transition into her new role by working alongside outgoing Executive Director M. Christine Whipple until the end of 2013.

According to Board Chair Vanessa Davis, Brooks is an experienced healthcare executive, who has provided support, leadership, and advocacy for healthcare providers and insurers for more than a decade. She has extensive experience in human and employee relations, multicultural health initiatives and healthcare delivery. Ms. Brooks will lead the PBGH in its continued efforts to strive to improve the cost, delivery, and value of healthcare to PBGH's member community.

"On behalf of the organization's board of directors and membership, we are looking forward to Jessica's leadership skills as she helps further strengthen PBGH. She is a proven and passionate advocate for cost efficient delivery of healthcare services and we're confident she will be an advocate for both value and innovation in healthcare," said Davis.

Prior to joining PBGH, Brooks served as a Diversity and Inclusion Consultant with Highmark Corporation, in Pittsburgh, where she successfully led strategic efforts in the design, development and integration of diversity and inclusion strategies—workplace, marketplace, community and health and wellness—relevant to the organization's corporate strategy.



Jessica L. Brooks



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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@st-barnabashealthsystem.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 personal care, nursing and rehabilitative care and memory support specialty care. Our Nursing and Rehabilitation Center has received a 5 Star Rating from the Centers for Medicare and Medicaid Services. The Health and Wellness Center is headed by a board certified, fellowship trained geriatrician. Two of our physicians were listed in 2012 Best Doctors by *Pittsburgh Magazine*. 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 call 412-341-1030 and ask for Loretta Hoglund for independent living; Darla Cook for nursing admissions, or Lisa Powell for personal care. Visit our website at www.asburyheights.org.

OAKLEAF PERSONAL CARE HOME

"It's great to be home!"

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

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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, 2013), serving approximately 6,500 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 in 44 locations 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.

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ANOVA HOME HEALTH AND HOSPICE

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

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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
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1789 S. Braddock, Pittsburgh, PA 15218
www.interimhealthcare.com

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.

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

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The Children's Home of Pittsburgh & Lemieux Family Center
5324 Penn Avenue
Pittsburgh, PA 15224.
www.childrenshomepgh.org
email: info@chomepgh.org

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, Norwin Hills 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,
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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. Ronald E. Voorhees, MD, MPH, Acting Director.

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Health Care Event & Meeting Guide

12th Annual Updates of ASH® (American Society of Hematology)

By The Medical Education Committee of The Leukemia & Lymphoma Society
Friday, January 17, 2014 from 8:30 AM to 3:30 PM
Sheraton Station Square.
Call (412) 395-2873 or visit www.lls.org/wpaash

Free CEU (2 Credits): Health Literacy and Geriatric Patient Safety

Thursday, Jan. 23, 2014
4:00pm
Home Instead Center for Training and Education
2000 Oxford Drive, Suite 415
RSVP at 412-595-7554 or email information@homeinsteadpgh.com

Free CEU (2 Credits) ASiST: Aging Simulation Sensitivity Training

Thursday, Feb. 27, 2014
4:00pm
Home Instead Center for Training and Education
2000 Oxford Drive, Suite 415
RSVP at 412-595-7554 or email information@homeinsteadpgh.com

UPMC Children's Ball

March 29, 2014, 6-9 PM
Carnegie Science Center
Call 412-802-8256 or visit www.upmc.com/childrensbball.

Andy Russell Celebrity Classic

May 15-16, 2014
Heinz Field East Club Lounge, Allegheny Country Club
Call 412-802-8256 or visit andyrussell.org.

EMT Class at Penn State Fayette, The Eberly Campus

February 3, 2014—May 15, 2014. Classes will be held at the Rostraver/West Newton Emergency Services. Cost of the Class: \$200 plus book. The class will be using the AAOS 10th Edition of Emergency Care and Transportation of the Sick and Injured. Preregistration is required. Call 724.929.9116 for more information.

Paramedic Training with Penn State Fayette, The Eberly Campus

March 9, 2014; Sundays 9:00 am—3:30pm and One Saturday a Month
Hiller Vol. Fire Department
Call 724.430.4217 or email sln@psu.edu.

TEMS Training at Penn State Fayette, The Eberly Campus

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Western Pennsylvania Healthcare News welcomes story ideas, etc. Call Daniel Casciato at 412.607.9808 or email writer@danielcasciato.com.

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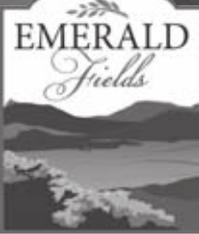


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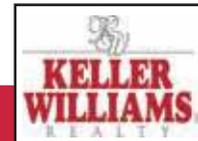
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