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Getting Checked Out At The Store Is Not What It Used to Be — Medical Clinics Going Retail

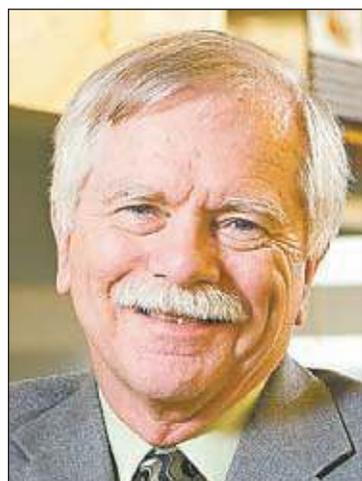
By Tim Schmida, AIA

"I am going to the store, Honey, anything you want me to pick up?"

"Milk, bread, eggs, and why not get your flu shot, and your blood pressure and cholesterol test while you are there."

This conversation would not have occurred ten years ago, and infrequently even five years ago. But with the presence of retail medical clinics it will become, over the next five years, as common as *"and don't forget to pick up the kids from swim team practice"*.

Retail Medical Clinics are located in a retail stores such as Target and Wal-Mart; supermarkets like Giant Eagle; or pharmacies like CVS and



Walgreen's. The clinics treat uncomplicated minor illnesses and provide preventa-

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tive healthcare services. Recently Wal-Mart announced the intention to provide "full primary healthcare services within 5 to 7 years". If you think about the layout of a big box store you might find the clinic near the tax office, the optometrist shop, branch bank, hair salon, automobile maintenance shop, and fast food outlet. The full implications of the old retail concept of "one stop shopping" may be closer than we realize and the notion of a "medical mall" may be much more than a place to access healthcare services.

Between 2006 and 2011 there were over 1200 retail medical clinics opened nationally. These clinics are located primarily in urban areas with young adults, between 18 and 44, being a major part of their business. While their creation has slowed over the last couple of years, influenced in-part by the economic downturn, it is estimated that there will be between 2,400 and 3,000 retail medical clinics in the United States by the year 2015. The demographics are telling: One third of the U.S. population lives near an existing retail clinic; females make up two thirds of

See **STANTEC** On **Page 19**

Teens with Vision Impairments Find Special Training

By Jeremy Gilchrist

Life after high school. You remember. It's one of those things that can make the teen years tough. Just ask a teenager. Add to that a disability, and anxieties can become magnified.

Allegheny County high school students with vision impairments or other disabilities have a place to go for help. Blind and Vision Rehabilitation Services of Pittsburgh's Employment Opportunities Project (EOP) is a transition program that provides students with the tools, training and experience they will need to leave high school and succeed in college or the workforce.

Students involved in EOP have access to a mix of job readiness classes, community work experiences, job shadowing, job placement, and mentoring. They receive specialized guidance that is not available to them through other means. Additionally, through their participation in the program, students form networks

and relationships with other students and adults that span Allegheny County and beyond. The support and confidence that grow from involvement in a strong community is truly priceless for these teens.

One such student is Jasmine, who completed the program in June. Last January, Jasmine began working in textile production at PBA Industries, the manufacturing and assembly division of BVRS. She is kind, hard working, and has a great sense of humor. She is also quiet — or she used to be.

Shortly after taking the job, Jasmine began participating in staff meetings and started to take a greater role advocating for herself at work as well as in her personal life. Jasmine recently celebrated her first anniversary as an employee, and continues to grow more confident and independent.



Jeremy Gilchrist, EOP Coordinator, working with one the students.

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5 Tips for Writing Better Leads in Your Next Blog



By Daniel Casciato

Last month, we covered how you can make some tweaks and improvements to your headlines that can drive traffic to your blog. Headlines are certainly important in capturing the eyes and attention of your audience. The lead paragraph is just as critical. A good lead will convince your readers to read further.

Some of our LinkedIn connections offered some tips and advice on how to write an irresistible lead in a blog post. Below were the 5 top responses.

1. BE CLEAR

Don't worry about trying to be clever, says Diana Bradford, a marketing director in Missouri. Instead, get to the point right away.

"It's more important for search optimization to include keywords that will drive traffic to your post," she says.

Bradford recommends being clear and to let your audience know what the article is about rather than impressing them with your wit.

"You can do that in the body of your post," she says.

2. KEEP IT SHORT

Brevity is essential as is keeping the language simple, notes Kevin M. Norris, a health and fitness entrepreneur in Washington, D.C. He stresses that there is no need to impress with verbosity or big words.

"If all else fails, humor. Impart it cautiously but don't be afraid to use it even under the most serious of circumstances," he adds.

People don't like to read long blog posts because their attention span is short on the web. Instead, say what you have to say short and sweet, then move on. Also, keep your sentences short.

3. WRITE THE LEAD LAST

Rather than stare at a blank sheet of paper for hours on end, just start writing. It will save you a lot of time in the long run. In fact, Margaret Yokels, a brand marketing manager Fare Buzz in New York City, tends to write the entire blog post first and then goes back to the lead paragraph.



"This way I can sum up what the whole piece is about, and at that point I'm well into the groove of writing so figuring out something catchy comes easier," she says.

4. TELL A STORY

Elizabeth Shih is a copywriter from Canada. For her, "telling a fascinating story or an anecdote are both common ways to start an article or blog posting."

People enjoy reading stories and real-life anecdotes. Oftentimes, they can relate and it also can capture and enthrall the reader and bring some personality and flavor to the piece.

Daniel Hall, an online marketing specialist in New York, NY, agrees.

"Personal anecdotes do work best," he says. "Some examples include how someone, or some company benefited financially or otherwise from the use of business services or systems, or even how you or someone can give important value to other persons in their businesses."

5. USE HUMOR

While we cautioned against being witty, using humor can oftentimes get your readers to continue to read.

"It doesn't have to be belly laugh all of the time but simply something that leaves them smiling will always have them seeking out whatever you have to say," says Howard R. Berger, a Raconteur from Chicago, IL.

For example, Berger used to run a training department for a firm and they had a quarterly newsletter. He always had about five or six lines of humor and wisdom in his leads.

"Everyone went to the training department's section first," he says. "Even the Managing Director liked it best." †

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).

Make a Difficult Discussion Easier

Hospice Discussion Guide Gets Patients and Families Talking

Patients and families often need help understanding the facts about hospice. In fact, many people are confused about what hospice is and how to make the most of all it has to offer.

Filled with conversation topics, this **free downloadable guide** helps healthcare professionals address hospice issues with patients and their loved ones. It's a structured way to help patients and families make informed decisions about end-of-life care—and make a difficult conversation easier on everyone.

There are three easy ways to share this guide with your patients and their loved ones:

1. Download **Considering Hospice Care: A Discussion Guide for Families**, print it, then distribute it to appropriate patients or families when you visit with them.
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Five TIPS for Hospitals Using Social Media



By Jennifer Westford

Social Media ... We hear about its growth and see its impact on businesses every day. Over the past several years, many hospitals and health systems have begun to gradually integrate aspects of social media into their marketing, communications, and recruitment strategies.

The following is recommended for hospitals and physician practices using social media:

1. Don't use social media just to promote and advertise your organization. People see enough advertising in other forms of media - Social media is meant to be interactive. If an individual sees a constant stream of posts promoting your organization, they may simply choose to leave your network. Social media allows your hospital to not only increase awareness of your organization, but also to communicate with a network. Utilize it to educate and engage your consumers as well.

2. Track and respond to posts and mentions of your organization on your and other social media sites. Consumers are increasingly seeking public forums to air their complaints, and Social Media provides a forum to do so. Track and manage mentions of your organization – both positive and negative! Reach out to the network, address specific comments, and work to repair strained relationships, which in turn, preserves your reputation.

3. Leverage your employees' networks for recruitment. Develop an employee referral strategy in which you encourage engagement of your employees in recruitment efforts. Reward your employees for sharing your organization's message within their social networks, which can increase your audience exponentially.

4. Protect your organization. Establish a policy to govern employees' use of social media and provide training to ensure that they understand it. Make them aware of corporate policies as well as legal requirements and regulations, and encourage them to keep the content of their postings professional and respectful. Post a public disclaimer as well informing users of the purpose of the site (i.e., content posted on your site is not to be considered medical advice, etc.) Inform users what they may and may not post on your profile, and notify them that their posts may be deleted if deemed inappropriate.



5. Understand that it takes time... It takes time to build a network. Develop a social media strategy, then stick to it and revise it when necessary. Don't discard your strategy just because your network isn't growing as quickly as you might have hoped...building a strong network doesn't happen overnight.

Social Media is changing the way hospitals communicate and build relationships with their consumers. Corazon encourages hospitals to take advantage of this growing trend, yet we recommend doing so strategically, with specific goals in mind – only then will you achieve the rewards of social media usage while minimizing the risks. †

Jennifer Westford is a recruiter with Corazon. Find Corazon on facebook at www.facebook.com/corazoninc or on LinkedIn at www.linkedin.com/company/corazon-inc. Corazon offers consulting, recruitment, interim management, and physician practice & alignment services to hospitals and practices in the heart, vascular, neuro, and orthopedics specialties. To learn more, call 412-364-8200 or visit www.corazoninc.com.



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Eight Things for Healthcare Leaders To Consider When Engaging Legal Counsel



By Carolyn McClain

The prospect of engaging a healthcare attorney can be daunting. The heavy regulation of the healthcare industry has increased awareness of the need for legal and regulatory advice, so healthcare leaders know that it is no longer sufficient to open the local phonebook to find an attorney. That being said,

what is the best way to identify the appropriate attorney for a facility or provider? Following are eight issues to think about when hiring legal counsel.

1. First, consider the underlying reasons for hiring an attorney. Is the facility or provider in need of ongoing guidance or assistance with a single issue? Are the circumstances urgent, for example, is there a need for an immediate response to a lawsuit or a governmental investigation? Has the facility or provider identified the need for legal counsel on staff, also known as in-house counsel? Understanding the length and extent of the engagement will assist in the search.

2. Identify the subject matter. Many in-house counsel have an extensive understanding of healthcare law, but in some cases special counsel is needed to adequately address a specific issue. The list of practice areas is extensive, for example, antitrust, mergers and acquisitions, employment, malpractice defense, peer review issues and regulatory compliance.

3. Identify the candidates. General counsel and in-house counsel are a valuable source of referrals, as are colleagues and professional organizations. Law firm

websites often include their attorneys' CVs. Look for experience in handling matters similar to the issue at hand. Contact the insurance carrier first if there is any chance this will be covered by liability insurance; this could be a prerequisite to coverage.

4. Be aware of attorney-client privilege in connection with the Compliance Department. Some issues that demand confidentiality require the involvement of counsel for maintenance of privilege. This is a complicated and evolving area, so seek detailed guidance from an expert in the field.

5. Stay abreast of current events and consider involving counsel in the development of new policies, for example, a firearms policy in light of the Sandy Hook tragedy, or a CPR policy in response to the recent case in which a long term care facility prohibited staff from initiating CPR on residents. Facility staff can draft the policy to reflect the facility's intent and procedures, but it is advisable to have a lawyer review the draft for consistency with law and regulation.

6. Contact an attorney when considering a significant business transaction. It has been observed that, in today's environment, if a healthcare deal makes great business sense, it is likely to be illegal. Save time, anxiety and money by seeking guidance early on. This is preferable to creating a complex deal, only to be told it will likely violate state or federal law, and pose a risk of financial penalties, even criminal liability.

7. Consider the facility's "personality". Some facilities are more risk averse than others. Some are more comfortable with a local attorney, as opposed to one from a distant city. Talk with an attorney before engagement to assure that there is a comfortable attor-



ney-client relationship.

8. Last, and certainly not least, find out the available fee arrangements and obtain an estimate of costs. Keep in mind that the most expensive or the least expensive attorney is not necessarily the best or the worst.

These are some key considerations in engaging an attorney. Do not hesitate to ask questions, but limit any disclosure of a particular issue until the attorney-client relationship is reduced to writing. An engagement letter is mandatory. Discussions with prospective counsel will likely lead to considerations in addition to the eight listed above. Diligence and care in selecting counsel will result in the best outcome for a facility or provider.

Ms. McClain, an attorney with Johnson, Duffie, Stewart & Weidner has practiced healthcare law for over 30 years; handling complex regulatory and transactional matters. She has held senior-level positions in government and the private sector. She is a graduate of Franklin and Marshall College and the Dickinson School of Law. For more information on Johnson Duffie, visit www.jdsw.com.

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WESTERN PENNSYLVANIA
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New HIPAA Rule Brings Changes to Breach Notification Rules



By Jessica Ellel, Esq.

On January 25, 2013, the Department of Health and Human Services (“HHS”) published its final modifications to the HIPAA Privacy, Security, and Enforcement Rules as mandated by the Health Information Technology for Economic and Clinical Health (“HITECH”) Act.

These final rules have been called the Final Omnibus Rule (the “Final Rule”). The Final Rule becomes effective on March 26, 2013 with a compliance deadline of September 23, 2013 to allow sufficient time for Covered Entities and Business Associates to come into compliance with most of the Final Rule’s provisions.

Although the Final Rule will require Covered Entities and Business Associates to make a number of changes to their privacy practices, policies and Business Associate Agreements, one of the most significant changes mandated by the Final Rule is the elimination of the Risk of Harm analysis for breach notification. By way of background, the HITECH Act marked the first time that Covered Entities were required to notify individuals when their protected health information (“PHI”) was the subject of a breach. Under the Interim Final Breach Notification Rule:

- Entities are required to provide notice of breaches which resulted in unauthorized access to PHI where the breach posed a significant risk of financial, reputational or other harm to the affected individual;
- Where a breach is discovered, the affected individuals must be notified of the breach within 60 days

of discovery;

- HHS must be notified annually of all breaches that occurred in the prior calendar year;
- In the event that a breach affects more than 500 individuals, the local media and HHS must also be notified within 60 days of discovery.

Although the above requirements remain in effect, in response to concerns that the Risk of Harm analysis was too subjective, the Final Rule now requires notification any time there is a breach unless the Covered Entity or Business Associate can demonstrate only a “low probability” that the information has been compromised. Specifically, in accordance with the Final Rule, any acquisition, access, use and/or disclosure of Protected Health Information that is not permitted under the Privacy Rule is deemed to be a breach unless the Covered Entity or Business Associate can demonstrate, using a four factor assessment, that there is a low probability that the affected PHI has been compromised. These four factors include: (1) the nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification; (2) the unauthorized person who used the PHI or to whom the PHI was disclosed; (3) whether the PHI was actually acquired or viewed; and (4) the extent to which the risk to the PHI has been mitigated.

In addition to the four factor analysis above, Covered Entities and, if applicable, Business Associates must also evaluate the overall probability that the PHI was compromised by considering all factors in combination, as well as any other relevant facts and circumstances surrounding the breach. The Final Rule also provides that a Covered Entity may choose to provide notification in all cases following an impermissible use or disclosure of PHI without performing a risk assess-



ment to determine if notification is necessary.

The Final Rule also removed the exception whereby an impermissible use or disclosure of PHI that meets the definition of a limited data set, but excluded the individuals’ date of birth and zip code, was not considered a “breach” requiring notification. Under the new requirements, Covered Entities or Business Associates will now need to conduct a risk assessment to determine if the PHI in the limited data set has been compromised, even where the date of birth and zip code are excluded.

Lastly, the Final Rule requires that Covered Entities include in their Notice of Privacy Practices a statement of the right of an affected individual to be notified following a breach of unsecured PHI. Furthermore, Business Associate Agreements must now include provisions detailing how a Business Associate and Covered Entity will coordinate their response to a discovered breach of PHI. †

Jessica Ellel, Esq. is a senior attorney at Houston Harbaugh, P.C. Ellel concentrates her practice in Health Law and Compliance for hospitals and physician practices. For more information, visit www.hh-law.com.

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Workplace Violence a Growing Problem in Healthcare Industry



By Beth Slagle

Healthcare professionals are among those workers with the highest risk of experiencing violence in the workplace. A 2010 report from the U.S. Bureau of Labor Statistics showed that 60% of all workplace assaults occurred in a health care setting, nearly three quarters of which were by patients or residents.

Nurses who work in emergency rooms, psychiatric wards and home health care settings are at the highest risk of assault. A November 2011 survey from the Emergency Nurses Association showed that nearly 13 percent of nurses experienced physical violence in a one-week time period, and more than half reported verbal abuse. Healthcare employers must therefore be extra vigilant about protecting their staff from violence.

The Occupational Safety & Health Administration (OSHA) states that employers have a duty to maintain a safe work environment, and in some instances, an employer can be held liable for damages caused by workplace violence if it can be shown that the employer/owner did not adequately protect its employees or the public from violence on its premises. OSHA's "Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers," available on the OSHA website, www.osha.gov, is an excellent start to guide healthcare employer policies against violence.

OSHA cites several risk factors that can lead to an increase of work-related assaults in the healthcare industry, including:

- Prevalence of guns and other weapons among patients and their visitors
- Availability of drugs or money at hospitals
- Isolated work with clients during examinations or treatment
- Poorly lit parking areas
- Long waits in emergency or clinic areas that can lead to patient frustration
- Lack of staff training in recognizing and managing hostile behavior that may lead to assault.

Healthcare facilities can take several important steps to enforce a zero-tolerance policy for violence. By now, most hospitals have hired onsite security, but it's important to train them carefully on how to recognize and address aggressive behavior.

Employers without onsite security should establish a liaison with local police and give them the physical layout of the facility to ensure prompt response. Employees should be instructed on the protocol for alerting the authorities in case of emergency.

Employers should encourage employees to report all violent occurrences through a simple and easily accessible reporting procedure. Managers should make it clear that employees will not face punishment or discrimination because they reported an incident. In fact, employers may want to regularly survey employees for suggestions to improve safety and identify existing hazards.

But despite the best intentions and policies of employers, there is simply no mechanism which completely protects every healthcare provider and its employees from incidents of violence. When incidents do occur, healthcare employers can find themselves liable for tremendous costs.

Insurance can protect healthcare employers from the liability inherent in the healthcare workplace. Most commercial general liability policies and workers compensation programs exclude coverage for workplace violence. Some carriers, however, offer specific workplace violence business insurance policies. While each policy differs, workplace violence insurance generally provides protection against the expenses that a business faces after incidences of violence, including payment of death benefits, business interruption expenses, employee counseling, employee salaries, security consultants and public relations experts.

Healthcare employers should anticipate that soon employees will start asking for workplace violence insurance. In December 2012, a California nurses union recently negotiated a groundbreaking workplace violence insurance benefit to be included in every nurse's contract. The employers must provide additional benefits in the event of a felonious assault or accidental exposure to disease, such as hepatitis or HIV. As healthcare workers are increasingly concerned for their safety, healthcare employers should be prepared to discuss insurance options to cover both themselves and their employees.

Workplace violence can cause severe trauma to injured workers, patients and witnesses, and can affect the ability of the healthcare facility to provide quality care to patients. With the number of violent workplace incidences growing each year, every healthcare facility should consider how they can protect their employees and lower their liability. †

Beth Slagle focuses her legal practice at Pittsburgh-based Meyer, Unkovic & Scott on business disputes, insurance coverage and employment law. She can be reached at bas@muslaw.com.



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What You Need To Know About The HIPAA Mega-Rule

By William H. Maruca



The long-overdue HIPAA/HITECH “Mega-Rule” has finally arrived. The Department of Health and Human Services published the Omnibus Rule in the January 25, 2013 Federal Register after missing several predictions of its imminent release. The four-part rule modified the HIPAA Privacy, Security, and Enforcement Rules mandated by the Health Information Technology for Economic and Clinical Health (HITECH) Act, adopted changes to the HIPAA Enforcement Rule to incorporate the increased and tiered civil money penalty structure provided by the HITECH Act, finalized the rule for breach notification of

unsecured protected health information (PHI); and implemented the Genetic Information Nondiscrimination Act (GINA) to prohibit most health plans from using or disclosing genetic information for underwriting purposes. The final rule takes effect on March 26, 2013, but healthcare providers and other covered entities (and their business associates) generally have until September 23, 2013 to modify their policies and meet new requirements. Some of the more relevant features of the omnibus rule include:

Business associates will now be directly liable for compliance with the HIPAA Privacy and Security Rules. Further, more entities will be defined as business associates, including companies that maintain PHI, such as storage facilities and cloud computing/data storage vendors (but not those that only transmit the PHI and do not regularly access the content of the PHI, such as telecommunications providers or couriers). Additionally, business associates’ subcontractors will be treated as business associates themselves, subject to primary liability exposure. Business Associate Agreements must be updated by September 23, 2013 except where valid agreements were in place on July 25, 2013, in which case the deadline may be extended up to an additional year.

Use of PHI for marketing and fundraising purposes is restricted and individuals must be given the opportunity to opt out. The sale of protected health information without individual authorization is prohibited.

Individuals have the right to prevent disclosure of records of any treatments they have personally paid for. Some individuals choose to pay out-of-pocket for care that they consider potentially embarrassing or compromising, such as mental health or drug and alcohol treatment, and they will be able to prevent the further release of any information regarding such care.

Unauthorized disclosures of PHI will be presumed to be reportable breaches unless the covered entity can show that there is a low probability that the protected health information has been compromised.

A minimum of four factors must be taken into account and documented when determining whether a disclosure is a reportable breach: the nature and extent of the disclosed information; the person to whom the disclosure was made; whether the information was actually acquired or viewed; and the extent to which risk to the information has been mitigated.

For example, a single fax containing only a patient’s name and address that is mistakenly sent to the wrong physician, when that physician is immediately notified and agrees to destroy or return the fax, may present a low probability that the information has been compromised. By contrast, a lost laptop containing unencrypted patient data including birthdates, social security numbers and diagnoses, where the covered entity cannot determine who has found the laptop or whether anyone has seen the data, would represent a much greater risk of compromise. Remember that data encrypted in accordance with the standards of the National Institute of Standards and Technology (NIST) is generally not considered “breached” when inadvertently disclosed, such as when devices containing such data are lost or stolen. Too many covered entities and business associates have failed to implement encryption policies that could have prevented disaster.

Covered entities should act soon to work with knowledgeable counsel to take necessary steps to comply with the omnibus rule, including:

- Identify all business associates including those newly designated under the new rule; review and update business associate agreements;
- Review, update and redistribute your Notice of Privacy Practices;
- Review and revise your breach analysis and notification policies and procedures;
- Review your security policies, particularly with regard to mobile devices and “bring-your-own-device” technology, and implement NIST-compliant encryption wherever possible.

As recent high-profile enforcement actions have indicated, the risks for ignoring your HIPAA/HITECH responsibilities can be catastrophic, and the highest penalties apply in cases of “willful neglect.” †

William H. Maruca is a partner with the Pittsburgh office of the law firm of Fox Rothschild LLP who concentrates his practice in healthcare. He can be reached at wmaruca@foxrothschild.com or 412.394.5575.



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Johnson & Johnson Campaign for Nursing's Future Joins with AACN to Expand the Minority Nurse Faculty Scholars Program

Last month, the American Association of Colleges of Nursing (AACN) announced that the Johnson & Johnson Campaign for Nursing's Future has renewed its support for the national Minority Nurse Faculty Scholars Program. Designed to enhance racial/ethnic diversity within the nurse faculty population in the U.S., this collaborative effort provides generous financial support, mentoring, and leadership development to graduate students committed to teaching in schools of nursing after graduation.

"AACN applauds the Johnson & Johnson Campaign and our other partner organizations for their strong commitment to enhancing diversity in nursing, which has resulted in more than \$29 million in scholarship funding for minority nursing students since 2006," said AACN President Jane Kirschling. "As the national voice for professional nursing education, AACN will continue to advocate for more programs and federal resources to assist schools with their efforts to remove financial barriers to nursing education and faculty careers for all populations in need."

The Johnson & Johnson Campaign for Nursing's Future – AACN Minority Nurse



Faculty Scholars Program was launched in September 2007 to support full-time students from groups under-represented in nursing with an interest in teaching. This program invites applications from students in doctoral and clinically-focused master's programs who will serve as nurse faculty after completing their degrees. Scholarship recipients are selected by an application review committee, and 10 awards in the amount of \$18,000 are disbursed each summer. All recipients are expected to attend AACN's annual Faculty Development Conference and meet regularly with a mentor who will assist in preparing them to assume leadership roles in academia.

To date, AACN has helped to prepare 53 minority faculty scholars through this initiative and a similar effort (no longer active) launched by AACN and The California Endowment. Given the teaching requirement that is attached to each scholarship awarded, this program has generated more than 100 teaching years, in addition to preparing a new cadre of faculty who will have long careers as nurse educators, mentors, and leaders.

AACN is currently accepting applications from students for the next round of scholarship awards. The deadline to apply is May 1, 2013, and new winners will be announced in August 2013. To download an application, see <http://www.aacn.nche.edu/students/scholarships/minority>.



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\$20,000 Nursing Scholarship Established at Sharon Regional School of Nursing

The Sharon Regional Health Foundation has announced the formation of the Pauline “Pinky” Rowlands Nursing Scholarship in memory of Ms. Rowlands, who graduated from the Sharon Regional School of Nursing in the 1950s. Family and friends of Ms. Rowlands donated more than \$20,000 in her memory to establish the scholarship from which yearly grants will be given to eligible School of Nursing students. Margaret Calleja, Pauline’s sister, her son, Gary Calleja of Citizen’s Bank, and Pauline’s nephew, Ricky Gaines worked with the Sharon Regional Health Foundation to develop the scholarship fund.

The School of Nursing is located on the Health System’s main campus at 740 East State Street in Sharon. Through a recent collaborative program with Penn State Shenango, the School of Nursing offers area residents the unique opportunity to earn both a diploma in nursing from Sharon Regional and a bachelor’s degree in



Pictured front from left are Margaret Calleja and Gary Calleja. Back from left are Sharon Regional Health Foundation board members Joe Mielecki, vice chair; Karen McGonigle Murphy, treasurer; and David Grober, Foundation president and executive director. Missing from the photo is Ricky Gaines.

nursing from Penn State, in a seamless and timely manner. A wide variety of programs are available to assist students with educational costs. Students are eligible for state grants according to state of residence.

For more information on the School of Nursing visit www.sharonregional.com/schoolnursing.htm.

Jameson Memorial Hospital School of Nursing Scholarship Named in Honor of Graduate

Jameson Memorial School of Nursing announced this month that a scholarship for nursing students at the Jameson Memorial School of Nursing has been named in honor of Mary Bianco Whalen, RN, a 1967 graduate of this school of nursing.

The Mary Bianco Whalen, RN Memorial Scholarship is in honor of Bianco’s compassion and caring which she displayed in her nursing profession and with anyone whom she came in contact.

The Mary Bianco scholarship will be given annually to a student based on financial need, a QPA of 2.5 or higher, and must be a senior level nursing student in the Jameson Memorial Hospital School of Nursing. The recipient will be selected by the Scholarship Selection Committee of the Jameson Memorial Hospital School of Nursing. The first recipient of the scholarship is Jennifer Burton.

“There is no greater need than support for our students in the form of scholarship aid, and having this support for nursing students ensures quality health care coming back into the community in the form of exceptional graduates,” comments Jayne Sheehan, RN, MSN, CRNP, Director of Professional and Allied Health Education. “Honoring Mary Bianco Whalen with this scholarship speaks to the incredible compassion, positive philosophy for life, empathy and respect for patients and families shown by Mary.”

Ray Whalen wanted to establish a scholarship in honor of his wife, Mary. Mr. Whalen said, “Over the years Mary believed that it’s not always the smartest person who makes a good nurse; sometimes it depends on the size of their heart.”

Contributions to the fund can be made through The Youngstown Foundation, PO Box 1162, Youngstown, Ohio 44501.

For more information, visit www.jamesonhealth.org.

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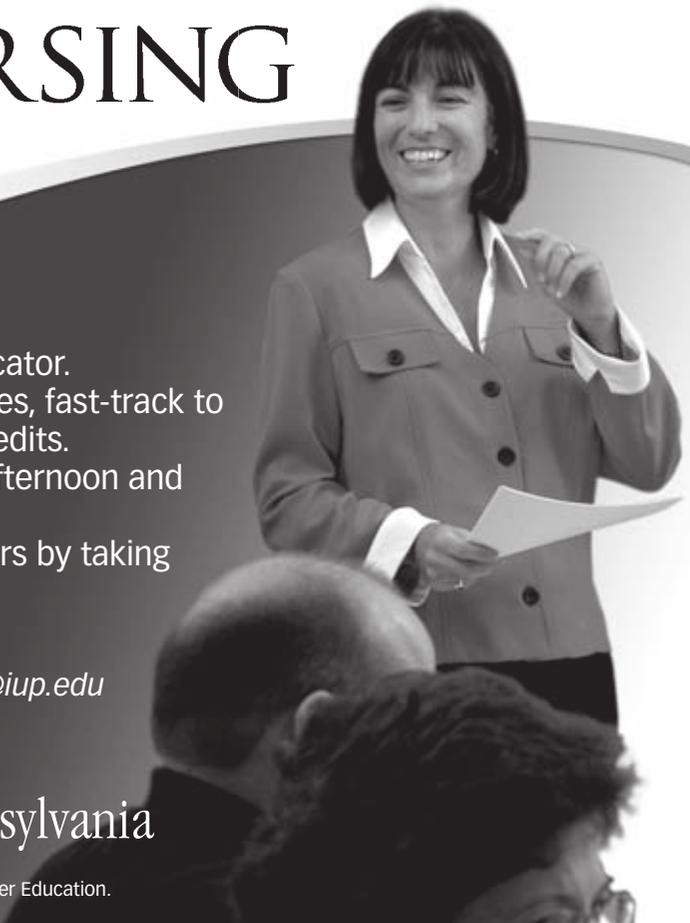
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Complex Carbohydrate Chemistry: A Key for Unmet Medical Needs

By David Platt, Ph.D.



Carbohydrates serve a basic role in normal cell functions as well as in major disease pathologies such as cardiovascular disease, inflammatory diseases and cancer. Carbohydrate molecules possess a tremendous variety of shapes, orientations and compositions. Thus, carbohydrate chemistry can be used to create a wide selection of complex therapeutic molecules and drugs, including pure carbohydrates as well as protein-linked carbohydrates, or glycoproteins. As a result of their complexity, carbohydrates haven't received as much scientific attention as nucleic acids and proteins. However, significant progress is

occurring in this area.

Consider diabetes; as uncontrolled diabetes can result in micro- and macrovascular complications, tighter but safe glycemic control is required. Interestingly, even as high carbohydrate intake can result in a rise in glucose and amplify one's risk of diabetes, research suggests that complex carbohydrate chemistry can work to reduce the uptake of sugar into the bloodstream.

Manchester, NH-based Boston Therapeutics is developing a non-systemic, non-toxic chewable complex carbohydrate-based compound named PAZ320 for its ability to lower post-meal elevation of blood glucose, and thus as a treatment to delay, or prevent the onset of Type 2 diabetes and related complications such as heart disease, stroke, kidney damage, retinopathy and diabetic foot. The compound is a complex polysaccharide to be taken before meals; it operates in the gastrointestinal tract to block the action of carbohydrate-hydrolyzing enzymes that break down carbs in foods during digestion, lowering the amount of available glucose absorbed via the intestine. This treatment has demonstrated positive results in a Phase II clinical trial in patients with Type 2 diabetes.

A separate potential application of carbohydrate chemistry is as an injectable anti-necrosis drug, both for the prevention of necrosis and the treatment of ischemic conditions that may lead to necrosis. Boston Therapeutics is developing this application under the name IPOXYN™. The drug consists of a stabilized glycoprotein composition containing oxygen-rechargeable iron, targeting both human and animal tissues and organ systems deprived of oxygen and in need of metabolic support.

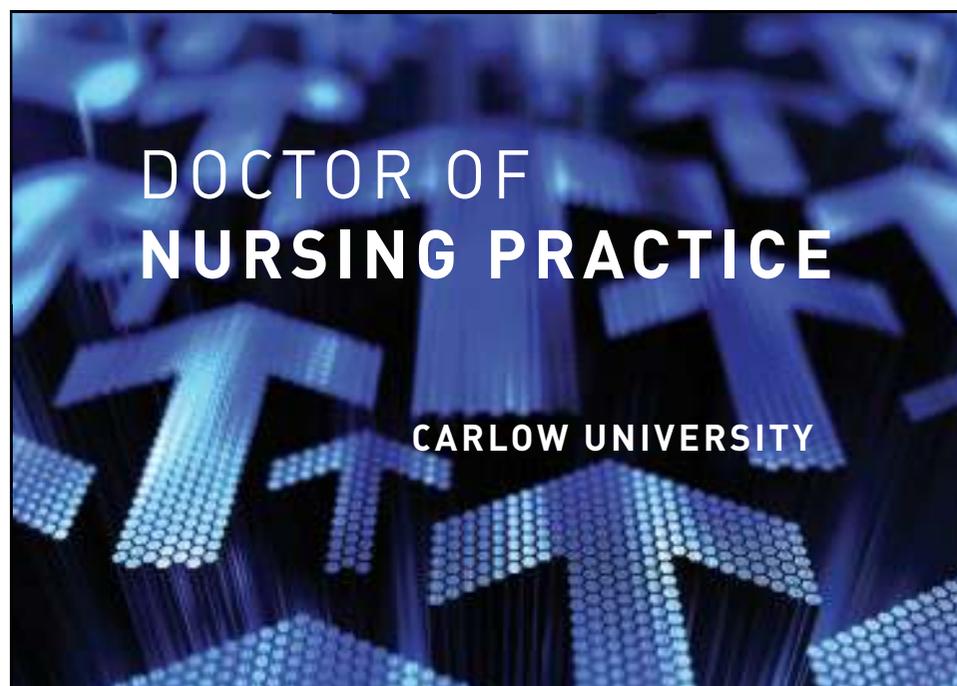
For decades, oxygen carriers have been created for perfusion and oxygenation of ischemic tissue; none have yet succeeded. The new approach to treatment of ischemic tissue and prevention of necrosis is fundamentally different; it is a New Chemical Entity, not a biologic blood substitute, with a modified Heme chemical structure. The new compound prevents methemoglobin formation linked to the adverse effects of vasoconstriction and myocardial infarction. Also, due to its very small molecular size, it is capable of perfusing constricted, ischemic capillaries inaccessible to red blood cells. This small size has particular significance in treating vascular complications of diabetes since red blood cells might already be enlarged and lower limb vasculature might be compromised. The new compound is a glycoprotein-derived substance that is sourced from a biological mixture that is prone to immunologic activity, and the agent is purified by a novel processing technology. In general, the human body conserves the protein and recaptures amino acid moiety. The compound is broken down and is eventually collected in the spleen or liver, or is eliminated by the kidneys.

A veterinary facsimile of this compound, OXYFEX™, is also under development by Boston Therapeutics, reflecting an unmet need for blood replacement and oxygen delivery to damaged or ischemic tissue due to trauma, surgery anemia and other disease conditions. This can work as an oxygen delivery mechanism for animals suffering ischemia or traumatic and surgical blood loss events.

An additional potential application of novel carbohydrate chemistry involves a formulation containing fractionated pectin for blocking inflammation in the gastrointestinal tract. It has been shown that pectin, a plant-derived carbohydrate, has a favorable effect on a wide variety of pathological conditions. In IBD, pectin might help decrease the inflammatory response in the colon by moderating the amounts of pro-inflammatory cytokines and immunoglobulins, and might help to reduce inflammation in a dose-dependent manner. Consequently, a new carbohydrate chemical structure, BTI-9, is being developed by Boston Therapeutics; the polysaccharide compound has been shown to bind to tumor necrosis factor alpha (TNF-) and thereby block immune system activation and inflammation. The compound is being designed as a new chemical entity for colon health.

In summary, complex carbohydrate chemistry is significant for addressing unmet medical needs in various areas. Its continued development could provide novel treatments and hope for millions of patients around the globe. †

David Platt, Ph.D. is CEO of Boston Therapeutics, Inc., a pharmaceutical company focused on the development, manufacturing and commercialization of novel, carbohydrate-based compounds to address unmet medical needs in the areas of diabetes and inflammatory diseases. He can be reached at david.platt@bostonti.com.



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A Lifetime of Great Dental Health Starts Early

By Dr. Joseph Sheridan

Good oral health is crucial to good overall health, and the habits young people develop during childhood can last a lifetime.

Children's oral health is one of the greatest unmet health needs among young people nationwide, with approximately 16 percent of children ages six to 19 affected by untreated tooth decay, according to the Centers for Disease Control and Prevention. Pennsylvania received a "D" grade for managing the oral health of children based on key measures such as optimally fluoridated water and the availability of school-based dental programs, according to a 2011 report from The Pew Center on the States.

While some people believe baby teeth are not overly important, they are in fact crucial for maintaining proper health. Tooth decay in children can lead to poor eating habits, speech problems, oral infections and discolored, crooked and damaged adult teeth. Additionally, it's important to keep baby teeth healthy and in place to ensure the permanent teeth come in properly.

The good news is that promoting good oral health among children is relatively easy, especially by following these tips:

TIPS FOR CARING FOR BABY'S TEETH AND GUMS:

- Never put baby to bed with a bottle of milk, formula, fruit juice or sweetened liquid. When these liquids pool in a baby's mouth, they form a sugary film on the baby's teeth, leading to decay and infection.
- Starting at birth, clean baby's gums with water and a soft cloth or child-sized tooth brush. Once a child reaches age 2, parents can start brushing baby's teeth with a soft bristled toothbrush and a pea-sized dab of fluoride toothpaste, making sure to teach the toddler to spit out the toothpaste.
- Schedule baby's first dental visit when his/her first tooth comes in, usually between the child's first six to 12 months.

TIPS FOR CARING FOR CHILDREN'S TEETH AND GUMS:

- Help your child brush twice a day with a small amount of fluoride toothpaste. When your child is pre-school age, assist with brushing to make sure teeth get clean and that your child does not swallow toothpaste, which may expose them to too much fluoride.
- Begin flossing when back teeth begin to come in. This is important because toothbrush bristles cannot reach between teeth, leaving those teeth vulnerable to



bacteria and decay.

- Limit sugary snacks and drinks between meals. When sugar comes in contact with teeth, decay-causing bacteria can produce acids that damage your child's teeth. Encourage children to eat healthy snacks, such as fruits and vegetables, instead.
- Take your child to the dentist regularly and ask about fluoride supplements, which make the tooth enamel strong and help to protect it from decay. For most children, that means visiting the dentist twice a year.
- Sealants are plastic coatings placed on back teeth to protect them from decay, and they are usually covered as a preventive service by most dental plans, requiring little or no out-of-pocket costs.

Be sure to take advantage of your health insurance plan's preventive benefit and visit your dentist regularly. By taking a few simple steps, you can start your children down the road of good oral health. †

Dr. Joseph Sheridan is chief medical officer for UnitedHealthcare Community Plan of Pennsylvania. For more information, visit www.uhccommunityplan.com/plan/state/PA.

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A New Look for Washington Hospital's Café

In less than one year, Cura Hospitality's dining team at The Washington Hospital in Washington, Pa, met the ultimate challenge – manage a new hospital's food service operations, while renovating retail dining services. A huge undertaking, the results are outstanding.

Working in conjunction with Washington Hospital's architects, engineers and administration, Cura's goal was to upgrade the retail dining food service, expand seating and significantly improve flow of guest service which was achieved by using underutilized space in the hospital's kitchen.

As an added benefit, Washington Hospital administration was able to tap into the retail expertise of Chris Fitz, district manager. Fitz was excited to offer his specialties and ideas to the hospital. "Our goal was to enhance service by incorporating best practices – including trend-forward merchandising, scratch and made-to-order cooking, on-the-go fresh food offerings and overall healthy initiatives," said Fitz.

The transformation of this typical 1970's single serving line has WOWED guests as they now enjoy dining in a contemporary designed scattered food court system. Seating has increased from 120 to 165, flow of services has improved by adding a third point of sale, and several dining stations were added offering a variety of made-to-order favorites. Sales during the first week of surpassed projected sales by 21%.

For breakfast, guests can select homemade French toast, pancakes, breakfast meats and even sausage gravy and biscuits– a local Washington, Pa, traditional menu item. For those looking for a healthier option, a fresh fruit, yogurt and grain

bar is also available daily.

Guests can also select items from the specialty bar, which features exhibition-style cooking where foods like stir-fries, pastas, and a baked potato bar are prepared to-order by the cooks and kitchen prep staff.

According to Rich Constanza, Cura general manager of dining services, "Prior to the renovations, our cooks and prep folks were always in the kitchen because of space unable to be a part of the front- of-the-house. Now, our cooks, including Linda Gatten, Dolores Waggett, Lucy Loughman, Betty Allison, Jane Auld and Frank Kovacicek, are out in front, engaged and excited to be part of our team."

Grilled items are also available daily, such as homemade burgers, and specialty sandwiches like Washington kielbasa and kraut, barbecue pulled pork and buffalo chicken sandwiches. "The difference in the grill is increased variety, a more consistent product and all items that are available daily – which is huge since menu items prior to Cura's arrival were only available on specific days, like fish sandwiches on Fridays," said Costanza.

Other stations include a served deli bar where sandwiches are made-to-order, but the center of the excitement is the extensive salad bar which is three times its original size, offering a huge assortment of vegetables, grains and other fresh ingredients; home made salad dressings, chili and soups made fresh daily! A wonderful addition to the salad bar is the composed salads created by Donna Allen, prep cook. Seafood salad is her specialty.

For those on the run, on-the-go foods like pre-made salads and sandwiches, as well as desserts are available for lunch. Although many food stations are new, past favorites were incorporated on the menu.

"Our cook, Frank Kovacicek, prepares a homemade macaroni and cheese, and stewed tomatoes are still offered on Fridays," said Costanza. "In fact, all menu items are posted on digital signage created by onsite brands marketing. The signage is contemporary and in addition to the menu items, offers fun food facts and nutrition information."

The café's renovations also extended the dining room and vending services.

Other members of the Washington Hospital Dining team include: Scott Brissel, executive chef, Doug Kerley, retail manager; Donna Newton, assistant director of dining; Vicki Capone, patient services manager, and Jason Katula, assistant director of dining.

Visit the café for a bite, open daily from 6:15 a.m. to 7:15 p.m. For more information, visit www.washingtonhospital.org or www.curahospitality.com. †



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Better Listening Leads to Better Results

By David M. Mastovich



It seems like an organization exists for just about everything. My company belongs to the Society for Healthcare Strategy & Market Development. We're members of the Mystery Shopping Providers Association. I'm part of the National Speakers Association.

You can probably rattle off a few that are specific to your industry or area of expertise as well.

So I guess it makes sense there's an International Listening Association. Their mission is to advance the practice, teaching and research of listening throughout the world.

I hear that.

But I just enjoy their statistics, gleaned from years of studying the good, the bad and the ugly of listening. Here are a few nuggets:

- 85% of what we know we have learned by listening.
- 75% of the time we are distracted, preoccupied or forgetful.
- We only recall about 50% of what was said immediately after we listen to someone talk.
- In total, just 20% of what we hear will be remembered.
- Less than 2% of us have had formal education about listening.
- People listen through one of four primary styles: people, time, action or content oriented. Females are more likely to be people-oriented and males are more likely to be time or action oriented.

SAY WHAT?

I'm thinking it means listening is vital to leading, managing, marketing and selling. Your personal productivity and your company's success will be enhanced via better listening. With that in mind, here are...drum roll please...

10 Ways to Improve Your Listening

1. Let the speaker finish their thoughts, don't interrupt
2. Keep an open mind, don't judge
3. Listen without planning what you are going to say next
4. Give feedback
5. Pay attention to the speakers posture and body language
6. Stay focused

7. Show respect
 8. Take notes
 9. Make eye contact to keep the speaker at ease
 10. Put as much effort into listening as the speaker puts into talking
- Better listening leads to better results. And you don't even need to join an organization to improve...
Just listen.

David M. Mastovich is president of MASSolutions Inc., which focuses on improving the bottom line for clients through creative selling, messaging and PR solutions. In his recent book, "Get Where You Want To Go: How to Achieve Personal and Professional Growth Through Marketing, Selling and Story Telling," Mastovich offers strategies to improve sales and generate new customers; management and leadership approaches; and creative marketing, PR and communications ideas. For more information, go to www.massolutions.biz.

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Challenges of Defining Quality Care

By Dr. Frank Colangelo

A skeptic's confession: Five key things I learned about Electronic Health Records (EHR)



One of the biggest opportunities healthcare providers face in defining the quality of care centers on innovation and technology. As a physician, I am the first to admit that I was a skeptic when it came time to implement electronic health records (EHR). Being an extremely busy provider, I did not know how I would find the time to master the system without a wide-scale interruption in my ability to care for the same number of patients.

More than 16 months later, I am astounded by the power EHR offers. Like so many things, the benefits of EHR do not come easily. As our hundreds of employees and providers at Premier Medical Associates work to adopt EHR for our more than 100,000 patients, these are the top five things I have learned thus far.

1). Accept that providers are human

Without a doubt, EHR allows me to be a better doctor than I am on my own. For example, when I am with a diabetic patient, the system guides, reminds and prompts me through a continuous course. Has the patient seen an eye doctor in the last year? Are immunizations up-to-date? Have we checked the feet for signs of neuropathy?

EHR does what no human can. It helps me head off potential problems for my patients, which helps keep them out of the hospital.

2). Ongoing physician leadership is required

The process of taking on EHR involves layers that include investing in the technology, training staff and providers and continuing to monitor progress. This process will not succeed without the long-term leadership of physicians who are consistently involved in a hands-on way. Practices that invest in technology, conduct a training session and assume that their goal has been achieved will not see a positive impact on patient care.

3). A strong vendor partnership is key

As you assess your needs and your investment, it is critical to look for a vendor partner who is strong and will commit to working with your team for the long haul. For instance, our vendor alerted our practice to the availability of a patient registry module that is updated every night and has accompanying alerts for gaps in care as well as the ability to create up-to-date pursuit lists for our practice's care coordinators.

4). Doctors can say they have EHR and are using it. But meaningful use is what matters for patients.

For too many doctors, EHR is purchased and used as nothing more than an electronic notepad with a single transcription about a visit being dumped into one field in the system. Yes, this can eliminate handwriting errors and paper files, but what it doesn't do is unlock the power of information that physicians need to truly bring down cost and drive positive change in healthcare.

The beauty of EHR is that once patient information is properly entered into multiple fields for blood pressure, blood sugar and other key factors, a physician can mine that data. This means that doctors can actually search for patients who are not properly managing their diabetes or are overdue for care, much like you would search for a lost e-mail.

Getting this data to the point where it becomes valuable takes time. But once we have it, this knowledge helps a physician reach people who are falling through the cracks. As a patient, wouldn't you want your doctor to have this type of power to protect you?

5). It's a heavy lift, much heavier than you thought

Embracing EHR in a meaningful way is challenging. It requires more work from staff and providers and more time with patients. For providers who have worked without EHR for years, or even decades, the transition can be cumbersome and painful.

Meaningful use of EHR is a long-term investment. As a former skeptic, I can now see first-hand how EHR drives positive change, but only when providers embrace the hard work it requires.

At the end of the day, this hard work is essential to improving the quality of care and reducing costs. In fact, the future of healthcare depends on it. †

Dr. Frank Colangelo is an internal medicine physician with Premier Medical Associates, the largest multi-physician practice in the Greater Pittsburgh area. For more information, visit www.premiermedicalassociates.com or call 412-380-2800.

Building Tomorrow's Healthcare Architects

Local Firm, IKM Incorporated, Recognized with National Award

Healthcare architecture is extremely complex. It involves managing multiple parameters and requirements focused on creating an environment that is safe and efficient while establishing a superior patient experience enhancing and supporting the healing process. It must organize numerous systems in a manner that facilitates exceptional care and balances the needs of a wide range of stakeholders.

Training tomorrow's healthcare architects is equally complex. When the American Institute of Architects announced Pittsburgh-based, IKM Incorporated as a recipient of the National Intern Development Program (IDP) Firm Award 2012-2015, IKM knew they were on the right track with building tomorrow's architects and specifically tomorrow's healthcare architects.

This national award recognizes IKM, as one of only 11 firms in the U.S. selected



IKM's Tami Greene AIA Meets with young architects.



for this honor. IKM is a 100-year old Pittsburgh-based architectural firm, known for such local projects as UPMC Hillman Cancer Center, Phipps Conservatory Welcome Center and Tropical Forest and the Westinghouse Corporate Headquarters.

Mindy Coblenz, LEED AP, joined IKM as a graduate architect. Since that time she has produced design development and construction documents as part of the IKM design team for the renovation of three floors at UPMC Mercy to create the Institute for Research and Rehabilitation. She has worked as part of the design team for the master planning and renovation of Victoria Hall at the University of Pittsburgh for the School of Nursing. And, she is currently working on one of the largest healthcare projects for which the firm has been commissioned, the West Virginia University Healthcare expansion.

Interns in architecture aren't what you think of when you first think "intern." The generally accepted definition of an intern is a student who is still in school, who is seeking practical work experience for their first resume and who ultimately will use that experience to assist them with securing a job upon graduation. Not so in architecture. In architecture, an intern is an individual who has graduated from (often times) a 5-year professional degree program featuring a rigorous design-oriented curriculum with a solid foundation in technology complemented by a study of the history of architecture.

Today, five years later, Ms. Coblenz is well on her way to becoming a healthcare architect thanks in part to the IKM Intern Development Program, and yet she is still considered an intern architect. It is a title she currently embraces.

"Explaining my title as an intern architect always causes confusion, so, more often we are referred to as project coordinators or job captains," says Coblenz.

See **IKM** On **Page 18**

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IKM From Page 17

“My experience during my internship at IKM is that my more experienced coworkers are willing to share their knowledge with me and to expose me to learning opportunities in and out of the office. I’ve had great opportunities here.”

This is “a period of transition for every architect between the academia and registration,” says Stephen R. Lee, AIA, Professor and Head of the School of Architecture at Carnegie Mellon University.

Upon graduation, an intern architect must complete 5,600 hours of professional practice and then complete the architectural registration exam (ARE). Equivalent to almost three years of full-time work, those hours of practice are catalogued through the National Council of Architectural Registration Board and the IDP, or Intern Development Program.

“We are honored to have this recognition bestowed on our firm,” said Tami P. Greene, AIA, NCARB, senior project manager and registered architect for IKM. “We have worked hard to improve our IDP program to serve the changing needs of our young architects and to reflect our ever-changing profession. And, we recognize that healthcare architecture requires a higher degree of knowledge associated with the design guidelines.”

The IKM program was formalized in 2006 with recognition of the need for more structured criteria to aid young architects in their preparation for the professional registration exam (ARE).

Since that time, the IKM program has grown and developed led by Ms. Greene who states “It was through my personal experience with the process and discussing the needs of interns in our office that I was able to identify the goals of our program.”

“IKM’s IDP PROGRAM GOALS ARE TO:

- Provide opportunities for a well-rounded experience that efficiently fulfills the professional practice requirements and develops the emerging professional;
- Supply a current library of study resources and practice tests for the Architectural Registration Exam (ARE);
- Build a culture where all the staff understand and support the efforts of the intern, contributing every possible opportunity;
- Develop a structured format to monitor Interns’ experiences and give them opportunity to voice suggestions, concerns and questions along the way.”



IKM implemented an IDP Cohort, in 2008, which consists of a group of individuals on staff that helps to schedule events, develop resources, and keep the program growing.

The result is an IKM professional development program that provides direct experience in the field, on job sites; participation with clients at user meetings; requesting opportunities from other Project Managers at bi-weekly staffing meetings until it became part of the office culture; regularly scheduled tours of manufacturing plants; preparing and organizing lessons-learned lunch seminars; and a standing meeting every month with the intern and their supervisor to talk just about the IDP process.

The Intern Development Program Advisory Committee of American Institute of Architects National organization chose 11 firms from nationwide submissions that have demonstrated a deep commitment and innovation in the training of the next generation of graduate architects. IKM satisfied all twelve criteria for the award making it an exemplary environment for graduate interns pursuing licensure.

The Intern Development Program began in 1976 by the AIA and the National Council of Architectural Registration Boards to ensure the support of graduate architects in the changing profession of architecture. Through a series of required activities, IDP enables participants to acquire knowledge, understanding and skills that form the core competences related to successful architectural practice. IDP is structured in a way that effectively responds to the training needs of young architects by providing a wide range of resources, established progressive benchmarks, advice and mentor guidance throughout the internship period of a graduate architects training.

Visit www.ikminc.com for more information. †

BIM: A Virtual Change in Healthcare Design

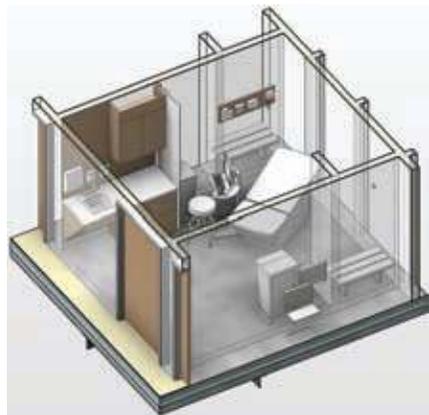
By **Brian P. Skripac,**
Assoc. AIA, LEED AP BD+C

Building Information Modeling (BIM) is a digital representation of physical and functional characteristics of a facility, and is particularly applicable to the nuances of healthcare design. A BIM is a shared knowledge resource for information about a facility forming a reliable basis for decisions during its lifecycle; defined as existing from earliest conception to demolition. BIM allows the design team to build a digital representation of the project in a virtual world, which functions as a prototype. By “virtually” building the project before starting the physical construction, the design team can identify and solve complex issues, share information quickly and effectively, and offer a robust BIM deliverable to help a healthcare client manage and maintain the facility.

With new BIM tools becoming more accessible, these emerging technologies allow design and construction teams to overcome the fragmented linear workflow processes that are often associated with traditional project delivery methods. This lack of integration is what promotes poor information flow, also known as interoperability. The National Institute of Standards and Technology’s (NIST) *Cost Analysis of Inadequate Interoperability in the U.S. Capital Facilities Industry* has reported that “the construction industry in the United States wastes \$15.8 billion annually due to inadequate interoperability among CAD, engineering, and other software systems.”

Contributing to this waste is the industry’s use of

non-optimized technologies, where the focus is on individual project procedures and tasks, rather than collaborating to provide digital data that can support the entire building lifecycle. The NIST report also quantifies a direct owner impact of a recurring \$0.23 per square foot per year. During the operations and maintenance phases of a facility, this can be consolidated into three major cost categories: avoidance, mitigation and delays.



By integrating BIM from the outset, design teams are able to initiate the delivery of high performance facilities that visualize projects in such a way that engages owners so they can become an integral part of the design and decision-making process. For example, BIM’s powerful ability to visualize space can provide physicians and administrators with a complete understanding of critical procedure spaces and exams rooms so they don’t have to extrapolate building elements or the locations of equipment as they would with a traditional 2D drawing. Having this holistic understanding of how a space will function during the design phase can significantly reduce the number of potential design and construction changes, not to mention the impact on patients being able to receive a higher quality of care once the facility is complete.

Furthering the value of BIM beyond the low-hanging fruit of visualization, many healthcare owners are looking to utilize BIM with a “start with the end in mind” philosophy. Embracing a BIM

workflow can positively impact their projects by allowing them to actively see value in the definition of BIM standards and deliverables, resulting in better performing buildings, more well-coordinated documents, reduced coordination issues in the field, fewer changes orders, and tighter adherence to the project budget and schedule.

With this assurance, the construction teams can focus on re-infusing the model with updated, as-built information throughout construction to extend the power of the model so it can be fully utilized throughout the building’s entire lifecycle. The value of this evolving model is reflected in the owner’s ability to access this database of information in order to better track space for reimbursements and funding, and to plan for future projects while integrating with formally disconnected energy/building management systems, work order management systems, and facility management systems.

Designers, constructors and building owners are able to reap the benefits of breaking out of traditional industry silos by engaging in a more “Social BIM” project environment, allowing for a shift to a more integrated and multi-level concurrent workflow. This paradigm shift not only enables project stakeholders to capture and format key project information from the earliest stages of design and throughout construction, but its open and advanced use can drive a larger framework of integrated project delivery, as well as defining an overall building lifecycle management strategy — literally a new way to practice.

Brian P. Skripac, Assoc. AIA, LEED AP BD+C, is Director of Digital Practice for Astorino. For more information, visit www.astorino.com.

STANTEC From **Page 1**

the visits; two thirds pay with insurance; and two thirds of the visitors do not have a Primary Care Physician. According to a Rand Corporation study; the volume of visits to retail medical clinics is currently at 6 million annually which is approximately 10% of total traditional physician's office visits. Visits to retail medical clinics are expected to increase by 2015. Retail medical clinics will also reduce non-emergency visits to hospital emergency departments.

What prompts a customer to use a retail medical clinic? The most often stated reason is simply convenience. No appointment is necessary and the patient can be seen on-the-spot over a weekend or hours after the traditional Physician's Office has closed. We have seen the importance of patient convenience-related primary care with extended hours at Physician's Offices when an Urgi-Care Clinic opens next door. A third convenience-based alternative to what we now accept may well be the retail medical clinic.

Another reason for the growth of the medical retail clinic is the potential for reduced costs to consumers and payers. Deloitte Center for Health Solutions issued a white paper several years ago that stated that the cost of services at a medical retail clinic ranged from \$50 to \$75 while the majority of services were \$59. This compares to a similar range of services at a physician's office at between \$55 and \$250. It is estimated by the Advisory Board in a March 2011, "Trends in Retail Clinic Offerings" that the breakeven point, with respect to time, for a new retail clinic is 5 years, at a minimum of 20 patients per day.

In one survey where four metrics were identified: Quality of Care; Cost; Convenience; and having qualified staff to provide care, retail clinics scored over 80% patient satisfaction in each category.

Typically staffed with nurse practitioners and physician's assistants as providers, using electronic medical records, without paper, these clinics offer diagnostics and treatment for minor non-complicated illnesses such as colds; sports physicals; strep throat; urinary tract infections and vaccinations. But as the market place supports the needs of Accountable Care Organizations and Medical Home Models and the need to accommodate an expected surge in demand legislated in the Patient Protection & Affordable Care Act, the retail clinic will expand services for more chronic care management. These expanded services will include: spirometry testing for asthmatics; testing for diabetics; hypertension screening and diagnostics; educational support for newly diagnosed chronically ill patient.

Convenience of service and the associated costs are now top priorities for those seeking healthcare services and those who ultimately pay. It is fair to say that these two priorities will continue to be primary influences on the patterns of healthcare



service in the foreseeable future. And if that is the case retail clinics will form an increasing and reasonable alternative to how we access the healthcare system.

Where will it end? "While you're at the store, stop to see your mother, they said she is recovering nicely and may come home Friday." †

Tim Schmida is a former Principal at Stantec Architecture and Engineering LLC. Tim can be reached at tim.schmida@stantec.com.

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Innovations in Pest Control



By Phil Pierce

With the potential to spread disease and infection, pests have no place in the healthcare environment. However, controlling pests in healthcare facilities can be a challenge. These facilities provide pests with all of their basic needs – food, water and shelter. Nevertheless, with the help of a pest management professional and the latest technological advances, your facility can proactively prevent and combat pests.

Over the past few years, the pest control industry has introduced a variety of tools, technologies and services that can help your facility manage pests more efficiently, more economically, and even be less disruptive to the environment.

It is important to remember, however, that an Integrated Pest Management (IPM) program is still essential in preventing pests. Technology should be paired with IPM, and in some cases, only used as a reactive measure.

Here are just a few of the latest innovations and trends to be aware of:

INFORMATION ON DEMAND

Service documentation is a key ingredient in delivering superior service. As a result, the pest control industry has developed hand-held, mobile-tracking devices that can provide almost instantaneous information to facilities and their pest management providers. These devices can provide customized reports on-demand about inspection findings, sanitation, exclusion and cultural recommendation modifications. They help pest management professionals analyze pest data faster, which in turn helps prevent problems from becoming widespread.

CANINE DETECTION

Bed bug dogs are one of the most effective ways to search out bed bug infestations. Specially trained canine teams, consisting of a bed bug dog and a handler, can detect live bed bugs and viable eggs within minutes with a very high degree of accuracy. In fact, dogs are much more effective than human inspectors. What's more, canine detection is 100 percent environmentally friendly.

GREEN SERVICES

Today, being green is not just a trend; it is an important aspect of many healthcare facilities' operations. Many pest control providers now offer green service programs that meet or exceed green pest management standards and comply with national third-party certification courses, such as GreenPro from the National Pest Management Association.

Green pest management services focus on eliminating sources of infestation rather than eliminating pests through the use of conventional pest control materials. They use minimally invasive pest control materials such as organic cleaners, as well as least risk/least toxic compounds.

FLY LIGHTS

Fly lights themselves are not new to the pest management industry, but the latest designs are. Fly lights are now available in a variety of decorative styles, so you do not have to sacrifice your facility's décor or make it obvious that pest control tools are present. In addition, as we learn more about the specifications of the more attractive light sources, we are able to use bulbs that are more effective in fly lights.

BROWN MARMORATED STINK BUG RESEARCH

Information obtained from field inspections predicts that 2013 will result in larger numbers of stink bugs than in 2012. However, promising research by the USDA and other Agencies suggests that more effective control techniques are becoming available. In addition to discovering insects that are effective predators, USDA researchers are on the verge of finding more targeted scent attractants that will make stink bug traps more effective. Other successful research involves finding compounds that mimic the scent released by male stink bugs. Scientists think they have not only found very good attractants, but also believe those compounds are easy to manufacture.

RAT STERILIZATION

Almost everyone who reads or listens to the news has heard about the large number of rats in New York City. Recently, New York City's transit and bus authority announced plans for a pilot program designed to curb the fertility of female rats that harbor in the subway system and beyond. The authority plans to test a product that is administered orally through baits and designed to accelerate natural egg loss and permanently sterilize the rats.

Combined with IPM, the latest innovations in the pest control industry can help your facility save time, money and even prevent bigger pest problems down the road. Talk to your pest control provider about the latest technologies and services that might work for your facility. †

Phil Pierce is the Technical Services Manager for Western Pest Services, a New Jersey-based pest management company serving residential and commercial customers throughout the Northeast and Mid-Atlantic. Learn more about Western by visiting www.westernpest.com.

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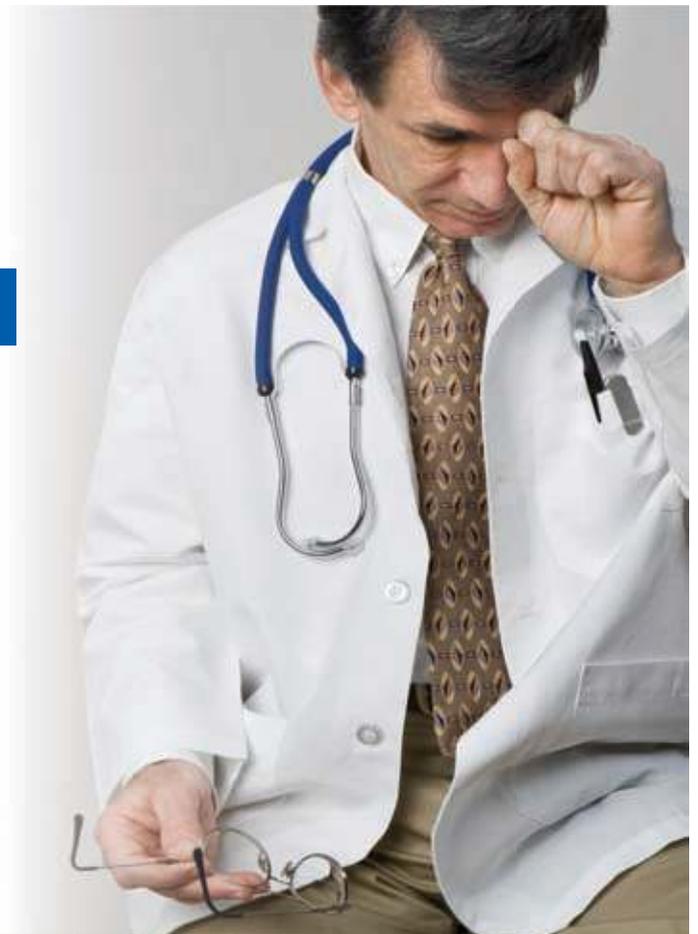
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Chatham Court Villas in Mars Now under New Ownership

Prudential Preferred Realty is pleased to announce that local successful entrepreneur, D. Michael Hartley has acquired the Chatham Court development in Mars PA.

Hartley, an Ohio native who has lived in Butler County for over thirty years, has over forty years of experience in buying, starting and selling companies, which include Pfizer, GE, Grey Mountain Partners, Burmah-Castrol and Glaverbel,. Hartley has seen successes in a wide geography stretching from Ohio, Pennsylvania, Kentucky, Alabama, South Carolina, Florida, Canada, Australia and England employing several hundred associates.

Hartley plans to finish the construction of Chatham Court with the same high quality envisioned by its founder, Tim Kelly of T.D. Kelly Company in Zelienople, PA. Located in Adams Township, Butler County, the newly constructed Chatham Court development features maintenance-free, luxury villas in a private cul-de-sac community.

Each villa is customizable with options that include, up to five bedrooms, up to four car attached garages, first floor owner suites, gourmet island kitchens, first floor studies and covered decks and patios.



T.D. Kelly will remain the builder of choice for the completion of the construction. Hartley's wife Karen, a retired Hotel Manager, will also provide assistance through her experience with hotel acquisitions and renovations.

Hartley and his wife have served on various boards and charities including Butler Community College, Butler Memorial Hospital Foundation Board, Chair of National Bank of Paris, Kentucky, Advisory Board of the Federal Reserve Bank of Pittsburgh and Cleveland, Chambers of Commerce in Pennsylvania and Kentucky and many charity boards in Kentucky, Pennsylvania and Florida.

When asked why he is trying his hand at development, Hartley replied "I feel that Southern Butler County is ready for maintenance free quality housing offering multiple garage choices that do not show garage doors from the street view," says D. Michael Hartley, the new owner of the Chatham Court development. "And we intend to live there where we will remain close to our children and grandchildren."

For more information on the Chatham Court development, visit www.chatham-court.info or contact Kim Maier at (724) 316-3124. For more information on Prudential Preferred Realty, visit www.PrudentialPreferredRealty.com.

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One is as though nothing is a miracle.
The other is as though everything is a miracle.
- Albert Einstein.

We think of a miracle as when our answer to prayer is received. Truly, it is He who determines the miracle... let us not miss the miracle He chooses to grace upon us.



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Bodiography Contemporary Ballet's Whispers of Light: A Story of Hope From the Voices of Children

by Christopher Cussat



Last month marked the premiere of Bodiography's *Whispers of Light: A Story of Hope*. This was the newest and most powerful contemporary ballet written and choreographed by Artistic Director, Maria Caruso, and performed by the artists of Bodiography Contemporary Ballet. Performances were held at the Byham Theater, Pittsburgh, for two nights on February 22 and 23, 2013.

Caruso's two-act ballet is an artistic tribute to The Highmark Caring Place (Caring Place), champions to the cause of grieving children. The subject of loss and bereavement is the focus of children who have utilized the

services of the Caring Place. This ballet is an in-depth examination of the grieving process and emotional struggles that children feel when they have experienced the loss of a parent or loved one. It further examines the power of strategic coping mechanisms offered through the invaluable support system children receive at the Caring Place.

The ballet is a journey of movement expression, finely woven together by an original score by Nancy Galbraith, and embedded with a narrative of stories adapted from children themselves. It is a poignant exploration of human loss, the strength to move forward, and the undeniable power of human connection.

Caruso came up with the idea of *Whispers of Light: A Story of Hope* while she was doing some deep soul searching about the topic of her next premiere ballet, and as a result of reflecting upon various personal experiences and changes that had occurred in her own life. She explains that loss was heavy on her mind, and she recalls feeling very alone. "Yet, while I felt alone, I also felt an overwhelming sense of solace from the people in my life that I had least expected to feel an obligation towards offering me comfort—that comfort, and those individuals, carried me through the most difficult time in my life."

While going through this process of formulating a plan to channel this energy via choreography, Caruso happened to meet Tony Bauer, who became very interested in her creative process and passion for raising awareness about sensitive subject matter through the expressive form of dance. "He said that my gifts would be well served in creating a ballet for and about the Caring Place, a program that I did not know much about—so my personal experiences at that time and my desire to learn more about this amazing place collided, and I immediately set up my tour of the facility."

Upon walking in the doors, Caruso says that she was immediately drawn to the hopeful, kind, and compassionate spirits of every staff member and volunteer that she met. "Walking through the halls and navigating the space with director, Andrea Lurier, was like having my personal story narrated back to me—the emotions and the journey that she depicted of the children was so closely connected to that of my



own, I knew that this would be my next great work."

According to Caruso, Bodiography's unique approach to the choreographic process is focused on a shared experience with the subject and the artists—and this also naturally translates to the healing process. "It is my personal passion to make dance accessible and capable of making positive impact, and I have worked for over a decade to develop a technique that is therapeutic for participants and for the collaborating artists alike."

She adds that her research-based method is able to provide a comfortable place for participants to talk about their experiences, express their true emotions, and to articulate those innermost feelings in a way that can be translated through movement. "It is through this extraction process that the foundational material for the full-length ballets are formed, and they are then accented with my multi-genre movement vocabulary known as my trademarked, Bodiography Technique."

But Bodiography's focus is not only in the creation of the work and the shared experience with the participants, but it is the impact of the work on the audience and the capacity to raise awareness about partnering medical and educational nonprofits through the appeal of dance. "Bodiography continues to draw new and larger audiences through the commitment of telling such important and unheard stories as the ones that they engage in," says Caruso. "Bodiography is much more than a dance company, it is a voice for the community—Bodiography is a partner."

Caruso explains that the Caring Place's commitment and reverence for our community of grieving children became a story that she wanted to tell through dance, and it was a project that she felt would change her life in many ways. "Upon beginning this work, I was fortunate to recruit an array of esteemed collaborators that have been instrumental in allowing this performance to come to life, and for that I am eternally grateful." Caruso's vision has become the poignant story in *Whispers of Light: A Story of Hope*, and it is a true story of hope. "It is not only the story of nine families who have participated in the incredibly engaging programming of the Caring Place, but it is the story of a grief journey that transcends the highlights of one person's life and has the capacity to connect to every individual who has loved and lost," she adds.

Finally, *Whispers of Light: A Story of Hope* celebrates the human condition, the capacity for human kind to contribute to the sensitivities of others, and the preciousness of life and death as it is so beautifully celebrated at Highmark's Caring Place. For the children at the Caring Place and through the performance of *Whispers of Light: A Story of Hope*, dance has become a successful medium of expression for the participants, and it has proven to be incredibly effective through this process. "We are also looking at ways to make movement therapy a common practice in the program," notes Caruso.

The Highmark Caring Place champions the cause of grieving children by creating awareness of their needs, providing programs for them and their families, and empowering the community to effectively support them. The first Caring Place facility opened in Pittsburgh in 1997. Since that time, the program has expanded across Pennsylvania, with additional facilities in Erie, near Harrisburg, and in Warrendale. The Caring Place helps thousands of community members each year at no cost through its peer support group, education, consultation, and referral services.

Whispers of Light: A Story of Hope was an incredibly life changing experience for everyone involved, and Caruso is delighted to announce that Bodiography is "working towards" touring with the performance piece in Erie, Harrisburg, and Latrobe in 2014, in addition to the Ballet's regular season.

For more information on Bodiography and upcoming performances visit: www.bodiographycbc.com, email: info@bodiographycbc.com, or call: 412.425.3766. †



Hand-offs: Which Mnemonic Is Right for You?

By Mary-Lynn Ryan

Every patient hand-off is a vulnerable point in the continuum of patient care. Incorrect information can be passed on and crucial information can be lost. In fact, according to the Joint Commission, 80 percent of serious medical errors involve a communication problem during a patient hand-off.¹ The primary goal of an effective hand-off policy is consistent transfer of accurate patient information to oncoming providers that results in the delivery of appropriate care. Using a mnemonic or memory-improvement tool during hand-off provides a systematic approach that sets expectations about what should be communicated. Listed below are summarized versions of a few of the more popular hand-off mnemonics:¹

SBAR

(SITUATION, BACKGROUND, ASSESSMENT, RECOMMENDATION)

SBAR is a commonly used patient transfer technique and a tool recommended by the Joint Commission:

Situation: What's happening with the patient?

Background: What is the clinical or contextual background?

Assessment: What is the problem?

Recommendations: What can I do to correct the problem?

SBAR also has extended versions: I-SBAR, I-SBARQ, and I-SBAR-R. "I" stands for Introduction (or Patient Identifiers), "Q" for Questions, and "R" for Read-back.

I PASS THE BATON

(INTRODUCTION, PATIENT, ASSESSMENT, SITUATION, SAFETY CONCERNS, BACKGROUND, ACTIONS, TIMING, OWNERSHIP, NEXT)

I Pass the Baton can be used at shift change, and at hand-offs between departments and between facilities:

Introduction: Tell the patient who you are and what your role is.

Patient: What is the patient name, and what are the identifiers, location, etc?

Assessment: What is the chief complaint, vitals, symptoms, diagnoses, etc?

Situation: What is the patient's current status, code status, recent changes, response to treatment, etc?

Safety Concerns: What are the critical labs, allergies, socioeconomic factors, alerts (e.g., isolation), etc.?

Background: What are the comorbidities, medications, family history, and previous episodes, etc?

Actions: What was done and what still needs to be done, including rationale?

Timing: What is the level of urgency; what are the priorities?

Ownership: Who is responsible for what aspects of care?

Next: What's happening next?

SHARED

(SITUATION, HISTORY, ASSESSMENT, REQUEST, EVALUATE, DOCUMENT)

The Joint Commission identifies the SHARED checklist as one that is particularly adaptable to hand-offs between departments and services:

Situation: What are the names of patient and physician, what is the reason for transfer, etc?

History: What are the admitting and current diagnoses, the medical history, etc?

Assessment: What is the status of the patient's neurological, cardiopulmonary, skin status, etc?

Request: What needs to be done, e.g., labs, diagnostic studies, etc?

Evaluate: Is there a need to inform other resources? Who?

Document: Record communications, including assessments, tests results, progress notes, consultations, etc.

Mnemonic use is an important aspect of an effective hand-off protocol. Disorganized hand-offs, even if they do not result in patient injury, can add to patient dissatisfaction. As studies have shown, it is not necessarily substandard care that leads patients to file a malpractice lawsuit. In many cases, patients are simply angry about the way they have been treated.²

SAMPLE MNEMONIC FORMS

Sample forms that demonstrate SBAR, I Pass the Baton and SHARED can be accessed on the Association of periOperative Registered Nurses (AORN) website in its Patient Hand-off Toolkit at: www.aorn.org/secondary.aspx?id=20849#axzz2HbSBRqzc. (Accessed January 10, 2013).

Forms illustrating the mnemonic techniques are also presented and discussed in *Improving Communication During Transitions of Care*, a Joint Commission resource edited by Lori Meek Schult and published in 2010. This book is available for a fee from the Joint Commission on its website at: <http://store.jointcommission->

international.org/improving-communication-during-transitions-of-care/ (Accessed January 10, 2013).

For more information, visit www.pmslic.com.

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Mary-Lynn Ryan is a Risk Management Consultant with PMSLIC Insurance Company, a member of The NORCAL Group.

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Pleasant Surprises

By Franco Insana



During Super Bowl weekend, the cable channels and networks seem to dig pretty deep into their archives to broadcast every last clip, highlight, film and rerun that had anything remotely to do with football and the big game.

I admit, I indulged in watching a lot of the coverage and was pleased to see a re-playing of the famous 1970s Coca-Cola ad with the Steelers' "Mean" Joe Greene. Limping off the field after an apparent injury, a boy asks Joe if he needs any help. Joe says no, but the young fan is determined to do something to help his hero – so he gives him

his bottle of Coke. The rest is history: Joe tosses the kid his game jersey, making the boy one of the most envied television characters of the decade (at least in Pittsburgh).

Watching that commercial again reminded me that oftentimes, help comes from a place where we least expect it.

At Family Hospice and Palliative Care, we are fortunate to see this type of scenario play out on a regular basis.

A Latino patient was recently admitted to our Center for Compassionate Care inpatient unit in Mt. Lebanon, and the patient's family spoke only Spanish. Obviously, it was a priority to establish communication with the family as soon as possible. Not having enough time to bring in one of our volunteers who provides interpretation, it was, of all things, the Family Hospice I.T. department that came to the rescue.

Realizing the need to help this family as soon as possible, one of our I.T. technicians secured a smart phone and downloaded a language translation app. Within minutes, just by using the phone, our staff was able to communicate with the patient's family.

Needless to say, the family was grateful. What may have seemed like an easy solution for our I.T. professional was a gesture that meant the world to a group of people in need.

I'm happy to share this story because it is a great example of how Family Hospice strives to fulfill its mission of providing quality, compassionate care that enhances the lives of our patients and their loved ones. Like any organization, Family Hospice has several departments, but we pride ourselves in enabling the staff to work as one

Making the Most of Life



Fulfilling the mission of compassionate care is a team effort.

to achieve the same goals.

That spirit of help is evident across the board.

At our annual Memorial Walk, you will find nursing, human resources and community liaison staff helping set up tables, hang banners, and greet our walkers.

At Camp Healing Hearts, our free day camp for grieving kids, we have staff from our social work, communications and administrative offices who volunteer to help our campers get the most from their experience.

Just like the kid that asked Joe Greene if he needed any help, a helping hand can come from anywhere. When you think of hospice, it's safe to say that I.T. is probably not the first department that comes to mind.

But just like the kid that received Joe Greene's jersey, the satisfaction we take in helping those in need comes back to us ten-fold. †

Franco Insana is the Interim CEO and full-time Chief Financial Officer of Family Hospice and Palliative Care. He has more than 25 years experience in business and accounting, particularly in the health care and non-profit environments. He may be reached at finsana@familyhospice.com or (412) 572-8800. Family Hospice and Palliative Care serves nine counties in Western Pennsylvania. More information at www.FamilyHospice.com and www.facebook.com/FamilyHospicePA.

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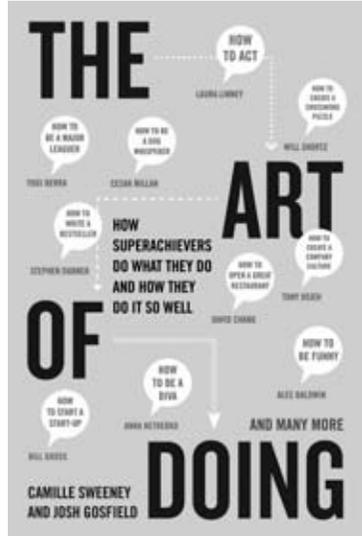
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The Art of Doing by Camille Sweeney and Josh Gosfield

Book Information: c.2013, Plume;
\$16.00 / \$17.00 Canada; 272 pages

Your goals are just out of reach – as they should be.

You'll attain them someday, and that's the day you'll set more goals. It's the best way you know how to operate and, looking back, you've been doing things that way for most of your life: set a goal, knock it down, and pounce for the next one.



You know what success looks like from your office chair, but what's it like in other industries? In the new book "The Art of Doing" by Camille Sweeney and Josh Gosfield, you'll find out.

In your field of work, you know what it takes to get to the next level, then to the top. You assume it's the same in a lot of places, but what does it take to become a successful race car driver? How does one become a great major league ball player, a crossword puzzle creator, or a successful author?

Sweeney and Gosfield call those people "superachievers" and, after "months of research and over 100 hours of conversations," they noticed, despite the lack of similarity in jobs, that super-

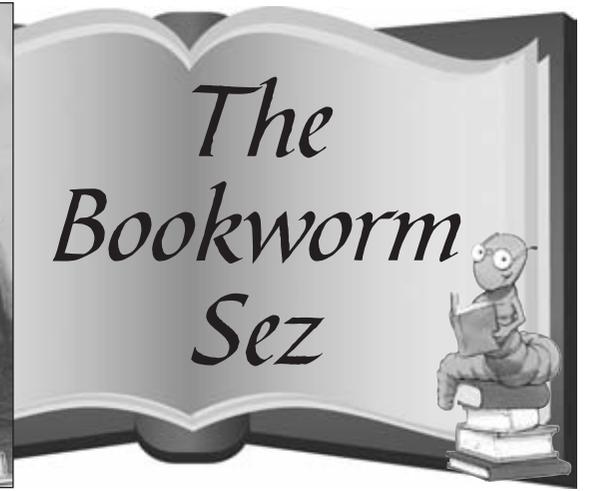
achievers have ten strategies in common.

Superachievers, the authors say, show dedication. They're smart in their persistence. They know their community, they listen, and they know the power of story. They're willing to test their theories, they never let their emotions run away from them, they're patient, and they're willing to evolve. Finally, they know that happiness and success are tied tight together.

As for advice, from game show winner Ken Jennings: "... enjoy the crazy experience..." and follow your bliss.

"Instill the 'WOW'," says Zappos' Tony Hsieh.

From *30 Rock*'s Alec Baldwin and Robert Carlock: "Good ideas come from anywhere, even from bad ideas."



Be a contrarian and grow old ungracefully. Know your values and focus on them. Love what you do. Seek out role models at every stage of your life. Be "a madman" when it comes to detail. Remember that you truly are what you eat. Work hard and devote yourself to that about which you're passionate. Reward talented people for risk-taking and don't let them leave.

Challenge yourself and your brain. Be likeable.

As business / motivational books go, "The Art of Doing" is a quirky little thing.

Authors Camille Sweeney and Josh Gosfield say in their introduction that they enjoyed finding and interviewing their superachievers, which is abundantly clear in every bubbly chapter. I also thought their format was fun: a short bio, followed by advice, then trivia about the person and their industry, all in just a few pages per chapter.

That makes this book a bit on the lighter (but very informational) side and, despite that there are some off-the-wall industries represented here, I think you'll find it useful in many ways.

This is the perfect book for those days when you wonder what it would be like to have a different job, because it gives you a peek, then a boost. So when you need exactly that, "The Art of Doing" is the book to reach for. †

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





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Clinical Trial for Early-Stage Breast Cancer Treatment Showing Proton Beam Therapy is Providing Excellent Disease Control with Virtually No Side Effects



By David A. Bush, M.D.

Each year, more than 200,000 women in the U.S. are diagnosed with breast cancer. The number of treatment approaches for those with early-stage breast cancer continues to grow and the destructive and invasive nature of treatments is on the decline. A perfect example is lumpectomy followed by

local radiation therapy, which has replaced mastectomy as the most common treatment option.

Through continued research and clinical trials, the number of minimally invasive treatment options is growing. Proton beam therapy is emerging as an effective weapon in the fight against early-stage breast cancer because it reduces treatment time to two weeks with virtually no side effects.

This specialized treatment has been used to target certain types of prostate and brain cancers for more than 20 years. Now, initial results from a clinical trial conducted at Loma Linda University Medical Center (LLUMC) indicate that proton beam therapy shows immense promise for women today.

Disease-free survival rates at five years for the patients who took part in the study, which began in 2004, are over 90 percent; while the overall survival rate is close to 100 percent. The study results were initially presented at the American Society for Radiation Oncology (ASTRO) meeting in 2010, and were published

in the peer-reviewed scientific journal, *Clinical Breast Cancer*, last year. The clinical trial has just been expanded to include slightly more advanced tumors; additional patients are actively being recruited to participate in this phase of the trial.

At present, most women diagnosed early with breast cancer would undergo surgery to remove the tumor from the breast. Radiation treatment is then performed over the entire breast. However, the proton beam study is looking at treatment results by treating the specific area where the tumor is located, instead of the whole breast. The size of the radiation area is reduced significantly, lessening radiation exposure to the heart, lungs, and other parts of the body. This advantage can be achieved specifically with proton beam radiation.

Initially, 50 patients who had invasive (non-lobular) carcinoma and had undergone a lumpectomy were enrolled in the clinical trial. The patients had invasive breast cancer with primary tumors that were three cen-

timeters or less, and the cancer had not yet metastasized. During treatment, the patients were made to lie prone in a customized foam mold; over a two-week course, each patient received daily proton beam treatment. Ultimately the study included 100 patients, and the second phase of the trial will add an additional 100 patients.

With such promising results already being seen in this trial, proton beam therapy as an effective treatment for early-stage breast cancer is proving itself as a faster and less invasive treatment for patients who want to get back to their normal lives as quickly as possible. It's a treatment option physicians should both be aware of and feel confident recommending to early-stage breast cancer patients. †

David A. Bush, M.D., is vice-chairman of the Department of Radiation at Loma Linda University Medical Center. For more information visit www.protons.com or call 1-800-776-8667.

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How Healthcare Facilities Can Cut Costs and Improve Sanitation in Restrooms



By Dan Storto

The healthcare industry today is rapidly changing, with pressure coming from every direction to improve operating efficiencies and reduce costs while maintaining the highest level of care. When considering cost reduction initiatives, a healthcare facility's restrooms may not be the first areas that come to mind, but a simple change in a restroom's fixtures can lower costs and reduce maintenance needs while improving sanitation and sustainability.

THE RISING COST OF PAPER

Paper of every kind has become increasingly expensive over the past decade, and typically people use more than they need to in public restrooms. In fact, on average, people use 2.5 paper towel sheets every time they dry their hands. With the cost of paper towels rising to as much as 2 cents per sheet, it can cost as much as 5 cents per person to dry hands with paper. How many people use your healthcare facility's restrooms every day? Multiply that number by 5 cents and your expenses can add up to hundreds if not thousands of dollars per year on paper towels alone. Consider, too, the shelf space required for stocking the paper towel supply, as well as the time it takes maintenance employees to restock the dispensers and clean up and dispose of the clutter paper towels leave behind.

High-speed modern hand dryers can dry hands in seconds, and some are so energy efficient they can help a facility qualify for Leadership in Energy and Environmental Design (LEED) certification. Currently, in terms of energy consumption, hand dryers cost about 7 cents per 200 uses with heat, or 4 cents per 200 uses without heat. Compare this number to the cost of using paper towels, and hand dryers can help healthcare facilities achieve significant savings per year.

SANITATION IS CRUCIAL

Going beyond cost considerations, for healthcare facilities in particular, hygiene

and appearances are important. Hospitals and other healthcare facilities will commonly ask staff and recommend to visitors that they wash their hands repeatedly throughout the day. Door handles, seating, countertops and the handles on faucets in restroom facilities can carry viruses and bacteria. However, frequent hand-washing can mean exposure to yet another potential source of contamination—damp, used paper towels in publicly-accessed restrooms.

Touch-free hand dryers, soap dispensers, faucets and even toilet paper dispensers eliminate the need to touch the surfaces where many other hands have been. For even further protection, some hand dryers and other fixtures offer anti-microbial technology to reduce the growth of harmful bacteria and mold.

SUSTAINABILITY AND REGULATORY COMPLIANCE

When it comes to conserving natural resources, replacing paper towels with hand dryers may at first appear to be trading one set of carbon emissions for another. However, according to EPA estimates, producing a single ton of paper requires 7,000 gallons of water, 360 gallons of oil, 158 million BTUs of energy and as much as two to four tons of trees. By contrast, over its lifetime, one hand dryer will produce three tons less CO2 than the production of the paper towels it replaces.

In addition, many hand dryers today are ADA-compliant, which can be a significant issue for healthcare facility patients and visitors, and when it comes to conforming to federal and local regulations for public-access restrooms.

The healthcare industry today is experiencing changing regulations and requirements, and many of these changes are related to containing costs. By replacing paper towels with energy-efficient, rapid-dry hand dryers, healthcare facility managers can cut costs and reduce maintenance needs in restrooms, all while improving sustainability and providing a hygienic environment for patients and visitors. †

Dan Storto is president for Berkeley, Ill.-based World Dryer (www.worlddryer.com), a global manufacturer of energy efficient, rapid-dry hand dryers. He can be reached at dstorto@worlddryer.com.

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For more information please contact **Glory Smith** at smithg@duq.edu or **412.396.4504** or **Meg Lemley** at lemley@duq.edu.

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Celtic's Journey Program: Helping Patients and Families With Their Own Journeys

By Kathleen Ganster

Palliative care is an important phase of health care, but one that can be difficult for families and patients to face – especially if that health care transitions to end-of-life services.

That phase of health care for physicians, patients and their families can be much easier thanks to a knowledgeable, well-trained and empathetic care team.

Celtic's *Journey* Program matches health care coordinators and experts with primary care physicians to provide patient-centered care, helping patients and their families to live with terminal and chronic illnesses.

The Celtic team of trained palliative health care workers, a chaplain, a social worker and bereavement counselor work together to ensure every aspect of the patient's health care needs are met – and their families' needs as well.

"It is important for people to know medicine is become more patient-focused. The thoughts and voices of the patients and their families are as important as the treatment," said Bill Gammie, Vice President of Operations at Celtic.

Celtic *Journey* care teams work with the physicians and patients to provide the clinical care needed, partnered with emotional, spiritual and mental health care services for total, patient-centered care.

"We want to take a time that could be very difficult and make it memorable. We want the patients to live their lives to the fullest with those they love," Gammie said.

The Celtic *Journey* Program is designed for physi-

cians and those working with patients with chronic, advanced, and/or terminal illness, and patients and their families who want to know more about end-of-life care options.

"We work extremely close with the primary care physicians. They are key to the care of the patients," said Gammie.

Gammie added, "By taking the time to know and understand what the patients and their families want and working with the critical care team to know these decisions makes all the difference in the world to the patients."

The Celtic *Journey* Program not only provides more patient-centered care, but reduces readmissions for patients with serious illnesses and chronic conditions; improves discharge planning by preparing patient-centered goals and care plans; and improves the survival and quality of life in terminally ill patients.

Managing health care for patients may also involve acknowledging and moving a patient into the next phase of treatment, which may include end-of-life services. The Celtic team works with the physicians and families in these challenging times.

By working with the trained and knowledgeable *Journey* care team, patients and their families can have those difficult discussions earlier and make better-informed decisions, said Gammie.

"Families are often confused and struggle with decisions. But it is a time that everyone passes through. We want to help the patients live their lives to the fullest with those they love the most," he said.

According to Gammie, studies show that 90 percent of Americans have heard of a living will, 71 percent



Bill Gammie

have thought of having one, but only 29 percent actually have a living will.

"Planning ahead and having a specialized, trained care team to guide patients and their families allows them to take that journey together in a way that creates happy memories for the families," said Gammie.

National Healthcare Decisions Day is April 16th. For more information visit, <http://www.nhdd.org/>.

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IN THE HEART OF OAKLAND

VISION From Page 1

Nate is a current EOP participant. He is a senior in high school and plans to attend college this fall.

Two years ago, Nate entered the program with some trepidation, unsure of how much he wanted to participate. After his first week, however, Nate was already assuming the mantle of student leader.

He is very vocal, never hesitating to ask questions or probing the possibilities and challenges he will face in the future as he becomes more independent.

He has become an active participant in the Golden Triangle Council of the Blind, a local advocacy group, and attended a statewide convention on their behalf this fall.

For both Jasmine and Nate, validation was among the intangibles they have taken from EOP. With their new found abilities to work and provide for themselves and participate in active peer support circles, they have come to feel valued and that their opinions are worthwhile.

Pretty impressive for teenagers.

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

Jeremy Gilchrist is the coordinator of the Employment Opportunities Project at Blind and Vision Rehabilitation Services of Pittsburgh (BVR).

A 103-year-old private nonprofit, BVR has been a leader in programs and services for people of all ages who are blind, vision impaired or have other disabilities. We believe in independence through rehabilitation. Our mission is to change the lives of persons with vision loss and other disabilities by fostering independence and individual choice.

We offer comprehensive and personalized computer instruction, employment and vocational services, personal adjustment to blindness and deaf blindness training, independence skill building, in-home instruction, and low vision services for persons with vision loss.

BVR is a United Way Impact Fund Award for Excellence Agency and is accredited by The National Accreditation Council for Agencies Serving People with Blindness or Vision Impairments (NAC).

Tri Rivers' Occupational Therapist Earns International Certification

Barbara Hunt, an occupational therapist with Tri Rivers Physical Therapy in Butler, recently earned the certified hand therapist (CHT) designation from the Hand Therapy Certification Commission (HTCC).

Worldwide, 5,676 certified hand therapists (CHTs) are accredited by HTCC. Of those individuals certified by HTCC, seven CHTs are located in Butler County, according to the HTCC website.

People value the use of their hands. Any loss of function through injury or accident may have a devastating effect on their lives. Anyone with an injury wants the very best treatment to assure a speedy recovery.

The CHT designation offers the public assurance that the therapist treating them has achieved the highest recognition of competency in the profession. CHTs work with individuals diagnosed with problems related to the arm and hand that may include but are not limited to:

- Amputations
- Burns
- Fractures and lacerations
- Overuse syndromes/repetitive strain injuries
- Arthritis
- Congenital anomalies
- Nerve injuries and compressions
- Tendon injuries and strains

To earn the designation, Hunt successfully passed a comprehensive test of advanced clinical skills and theory in upper extremity rehabilitation. She also exceeded HTCC's minimum requirement of clinical experience, including 4,000 hours or more in direct practice in hand therapy.

Hunt of Gibsonia is a graduate of Chatham University in Pittsburgh with an M.S. degree in occupational therapy, has more than 10 years of experience treating patients – both young and old – in the hospital, nursing home, assisted living and child care settings. She is also member of the American Society of Hand Therapists.

Tri Rivers has two certified hand therapists.

Bob Irwin, another occupational therapist from Tri Rivers Physical Therapy in Cranberry, who is experienced in functional capacity evaluations, also holds the CHT certification.

"This certification shows that Tri Rivers' therapists have extensive training and experience in evaluation and treatment of conditions of the shoulder, arm and hand," said Anna K. Gaines, M.D., medical director, Tri Rivers Physical Therapy.

"This certification is recognized by many professional organizations as a benchmark for excellence in advanced specialty credentialing in health care," she said.

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



Barbara Hunt

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HONOR ROLL

St. Elizabeth Marked 50th Anniversary of First Open-Heart Surgery

Marking the 50th anniversary of the first open-heart surgery in the region, St. Elizabeth Health Center, the first patient, and the family of Dr. Edmund Massullo dedicated a new family waiting area in the physician's honor.

Dr. Massullo, who served as chief of surgery at St. Elizabeth for 10 years, established the cardiac surgical and intensive care departments and performed the first open heart surgery in Youngstown. That surgery took place on June 11, 1962, when he and his partner, Dr. Angelo Riberi, closed a large hole in the heart of 2-year-old Cora "Betty" Rushton. The operation lasted more than four hours and required that the child be on an artificial heart machine during part of the procedure.

"The seeds of a successful cardiac program that Dr. Massullo planted 50 years ago today have grown and blossomed into one of the best programs in the country," observed Don Koenig, executive vice president, operations, Humility of Mary Health Partners. Among the numerous awards Koenig cited as evidence of that were U.S. News & World Report naming St. Elizabeth Health Center the top hospital in the region and recognizing it as a high performer in cardiology and heart surgery, the American Heart Association awarding St. Elizabeth the 'Get With The Guidelines' Gold Award, and most recently, being designated a UnitedHealth Premium Rhythm Management specialty center.

"Dr. Massullo was a pioneer in cardiac surgery. He led the charge to develop new technologies and procedures that would enable physicians to provide better care for their patients in 1962, and he paved the way for St. Elizabeth Health Center to continue that charge into the 21st century," Koenig said. "Without Dr. Massullo, St. Elizabeth Health Center would not be the leader in cardiac care that it is today."

Today, Dr. Massullo's first open-heart surgery patient is 52 years old and resides in Youngstown.

Learn more at www.HMpartners.org. †

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 Email Daniel Casciato at writer@danielcasciato.com

Heritage Valley Health System Endocrinologist Honored By Peers

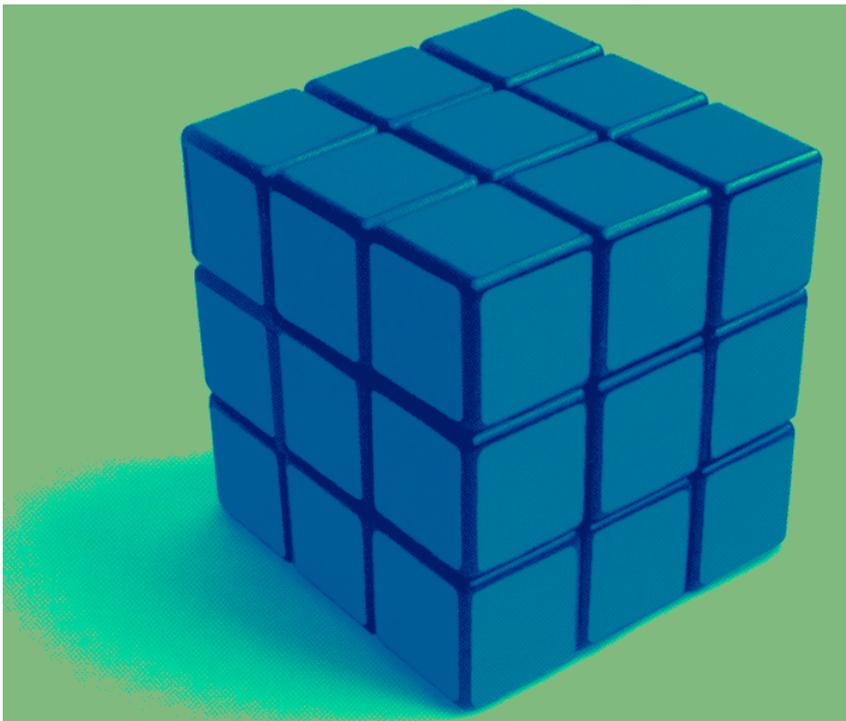
The American College of Endocrinology (ACE), the educational and scientific arm of the American Association of Clinical Endocrinologists (AACE), inducted Heritage Valley Health System Endocrinologist Noah Lubowsky, MD, FACE as a Fellow during its 20th Annual Convocation ceremony at the 2012 AACE Annual Scientific and Clinical Congress in Philadelphia, PA.

Designation as a Fellow of the American College of Endocrinology (FACE) signifies an endocrinologist has achieved a level of training and experience consistent with the high standards established and adopted by the clinical endocrinology specialty.

To be accepted as a Fellow, Dr. Lubowsky had to be a member in good standing of AACE and meet the qualifications of one of five routes to FACE distinction. Approximately, ninety-eight (98) endocrinologists from the United States and other countries were inducted during the ceremony. All pledged "to preserve and maintain the highest traditions and precepts of their professional calling."

Learn more at www.heritagevalley.org.

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HONOR ROLL

Cole Memorial Hospital Names Honorary Directors at 46th Annual Meeting

On October 11, Charles Cole Memorial Hospital held its 46th Annual Corporate Meeting at the Coudersport Golf Club to present its annual report to the community, elect new Corporate Advisory Board members, Directors and name Honorary Directors. Two individuals received distinguished service awards for their long-term contributions to the success of the Hospital. Over 80 Corporate Advisors and hospital leaders attended the meeting.

Charles Cole Memorial Hospital's Board Secretary, Ron Caskey, announced the results of the 2012 election of the Board Directors and the ratification of new Corporate Advisors. Joining the Corporate Advisory Board in 2012 are Abby Galford, PharmD; Ami Jo Foust; June Caldwell; Sharon Olexa Crandall; Heidi Eastman; David Errick; Charles "Boo" Hagerty; Mark Long and Sam Lush.

The 2012-2013 Board of Directors is comprised of the following members: Chairman Randall Headley, Vice Chairman David Crandall, 2nd Vice Chairman Michael Callahan, DO, Treasurer Charles Updegraff, Secretary Ronald Caskey, David Buckler, Jeanne Miglicio, Kalliopi Nestor, MD, Thomas Shaffer, Russell Streich, Jason Tronetti, DO and Clifford Wood.

In keeping with the practice of recognizing those who have had a significant impact on the long-term success of the Hospital, two individuals were elected as Honorary Directors.

The Honorable Judge John Leete, a Cole Memorial Corporate Advisor, recognized the late Perry Patterson, Esquire, the trusted advisor to Mrs. Edith Pinney Cole and George Irwin, M.D. that served as a liaison between the Hospital and the two significant benefactors. Mr. Patterson served on the Board of Directors from 1976 to 1987 and was Board President from 1985 to 1987. Through his efforts, a state-of-the-art oncology program was developed which bears his name in honor of his service to the community. Judge Leete remembered Perry as a caring and proud attorney who certainly became the eyes and ears for Mrs. Cole in all matters related to Cole Memorial. He presented the award to Mr. Patterson's sons Pat and Luke and his namesake grandson Perry.

In addition, Elizabeth Staub was presented with her honorary director award and recognized by Patrice Levavasseur, executive director of Patient and Community Relations and the Cole Memorial Foundation, Rose Bunch, director of Volunteers and Shelby Pitchford, gift shop manager. Elizabeth has served as a volunteer for more than 23 years beginning in the Hospital's Gift Shop.

In 1990, she became a member of the Auxiliary and continues today as the Treasurer. Speakers reflected on the passion and dedication with which Elizabeth has approached her role and recalled fond memories of their relationship with her over the years. Mrs. Staub has contributed well over 7,000 volunteer hours to the Auxiliary.

Cole Memorial and its 11 locations serve approximately 50,000 residents within a 65-mile service area including Potter, Cameron, McKean and Tioga Counties in Pennsylvania, and Allegany and Cattaraugus Counties in New York.

For more information, visit www.charlescolehospital.com.



Left to right: Luke Patterson, Judge John Leete, Pat Patterson and Perry Patterson the grandson of the late Perry Patterson, Esq.

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Pitt, UPMC Receive Awards That Foster Comparative Effectiveness Research Projects

The University of Pittsburgh Schools of the Health Sciences and the UPMC Center for High-Value Health Care have received two of 25 new awards from the Patient-Centered Outcomes Research Institute (PCORI) to conduct comparative effectiveness research projects and are collaborators on a third.

James Schuster, M.D., M.B.A., chief medical officer for Community Care Behavioral Health, received a PCORI award through the UPMC Center for High-Value Health Care for a project titled, "Optimizing Behavioral Health Homes by Focusing on Outcomes that Matter Most for Adults with Serious Mental Illness." The project will test two promising ways to promote the health, wellness and recovery of adults with serious mental illness.

Nearly 3,000 Medicaid-enrolled adults will be targeted for participation because they are at risk for chronic medical conditions and receive care at rural community mental health centers. Other principal investigators on this grant include Tracy Carney, Columbia Montour Snyder Union Counties Mental Health, Mental Retardation and Drug & Alcohol Programs; and Charles F. Reynolds III, M.D., UPMC Professor of Geriatric Psychiatry, University of Pittsburgh School of Medicine.

Michael Schneider, D.C., Ph.D., assistant professor of physical therapy, University of Pittsburgh School of Health and Rehabilitation Sciences, also received a PCORI award for a project titled, "A Comparison of Non-surgical Treatment Methods for Patients with Lumbar Spinal Stenosis," which will randomly assign seniors who have pinched nerves in their lower backs to either usual medical care, such as oral or injected medications; individualized manual therapy, such as traction and exercise guided by physical therapists and chiropractors; or exercise in a group setting at two senior centers in Pittsburgh.

The two awards were part of \$40.7 million in funding that PCORI is committing to 25 projects across the country. Such awards were subject to business and programmatic review by PCORI and were approved by its Board of Governors following a competitive, multi-stage review process involving scientists, patients, caregivers and other stakeholders. Proposals were evaluated on the basis of scientific merit, engagement of patients and stakeholders, methodological rigor and fit within PCORI's National Priorities for Research and Research Agenda.

"Our patients should be considered as collaborators in our research, and their experiences can point the way to better interventions," said Arthur S. Levine, M.D., senior vice chancellor for the health sciences, and dean, School of Medicine, University of Pittsburgh. "The heightened focus on comparative effectiveness in the national health care research agenda has the potential to make a large impact, which the University is committed to advancing."

The UPMC Center for High-Value Health Care, housed under the UPMC Insurance Services Division, was created in 2011 and is dedicated to working with patients, providers, payers and other stakeholders to improve health care quality and efficiency as well as the overall health of the population.

HONOR ROLL

"Pittsburgh's strength over other academic institutions and medical centers is integration and collaboration, as evidenced by Dr. Schuster's project," said Diane P. Holder, president and chief executive officer, UPMC Insurance Services Division.

"While there are proven strategies that can prevent and manage significant medical conditions that are common among adults with serious mental illness, providers need a better understanding of how to shape and deliver these interventions so that they can effectively support the outcomes that matter most to patients," said Dr. Schuster.

Medicare rates show that lumbar surgery for spinal stenosis has increased 15-fold in the last decade, Dr. Schneider noted. These surgical procedures are associated with significant health care costs, risks, complications and re-hospitalization rates.

"Yet evidence is lacking for the effectiveness of the various non-surgical treatments offered to patients with this condition," he said. "We aim to bridge this knowledge gap with a project that will compare interventions and help us develop clinical practice guidelines to choose the best treatment for individual patients based on their particular circumstances."

In another project, Jeremy Kahn, M.D., and Doug White, M.D., both associate professors of critical care medicine, Pitt School of Medicine, will serve as co-investigators on the study "Improving Psychological Distress Among Critical Illness Survivors and Their Informal Caregivers," for which Duke University received a PCORI award.

A public-private partnership established two years ago as part of federal health care reform legislation, PCORI is authorized by the U.S. Congress to use comparative effectiveness research to provide patients and their families the best prevention, treatment and care information.

This past June, PCORI awarded \$30 million over two years to 50 pilot projects, including one led by Paul Pilkonis, Ph.D., professor of psychiatry, Pitt School of Medicine, to develop patient-centered outcome measurement tools in the area of substance abuse research.

The Comparative Effectiveness Resource Core (CER) was established at the University of Pittsburgh's Clinical and Translational Science Institute to offer training in CER methodology, provide guidance on promoting stakeholder involvement, assisting researchers in obtaining external funding, and fostering collaborations between researchers and established CER/PCORI methodologists.

CERC Director, Sally C. Morton, Ph.D., professor and chair of biostatistics, Pitt Graduate School of Public Health, was approved by the PCORI Board on December 18, 2012 to serve as a statistical methodology expert to its Methodology Committee. She also is a co-investigator on the Schuster and Schneider projects.

"Pitt's commitment to assisting patients and their clinicians in making the best health care decisions is humbling," she said. "I am excited to be part of that endeavor, as well as a member of PCORI's scientific effort at the national level."

Learn more at www.health.pitt.edu.

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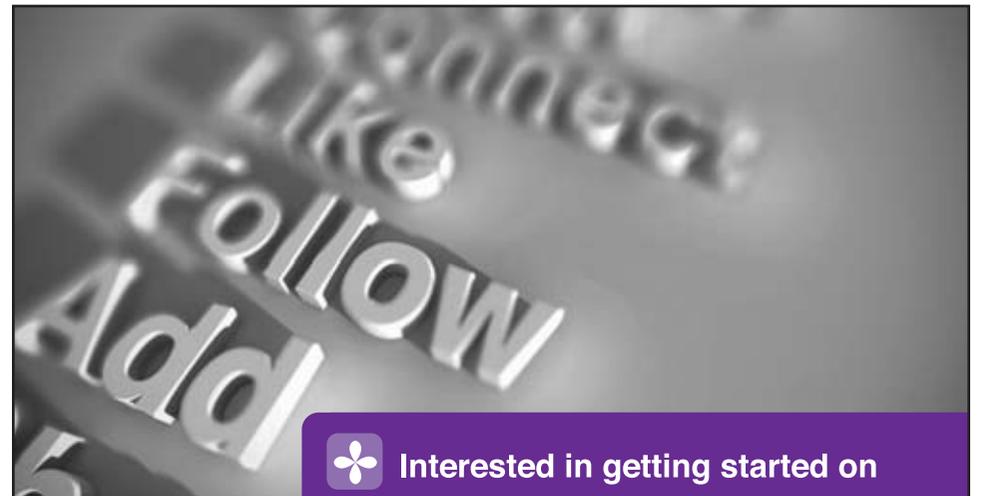
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Altoona Regional Announces Retirements



Terry Beers

Altoona Regional employee **Terry Beers** of Altoona, secretary to the medical director of Laboratory Services, retired Nov. 30 with 35 1/2 years of service.

Beers was hired by Altoona Hospital in 1977 as a professional secretary in the Pathology department and was promoted to her current position in May 1982. In March 1993, she became the Copath Computer System manager, which involved the design and implementation of Pathology's computer system. She continued to oversee numerous upgrades over the years.

Janet "Jan" Grove, R.N., BSN, nurse manager of Pediatrics, retired from Altoona Regional Health System on Jan. 4 with 41 years of service.



Janet "Jan" Grove

Grove was hired in 1972 as a staff nurse on 7E, an orthopedic/surgical floor. Her experience in medical and surgical nursing grew through various assignments and she was promoted to assistant head nurse on T-14 Medical, followed a year later with a promotion to nurse manager of the surgical unit.

From 1993 to 2003, she served as the manager of the Sterile Processing department, then returned to nursing management in 2003 on Pediatrics.

Learn more at www.altoonaregional.org.

Family Hospice Announces New Community Liaisons



Noreen Sokolak

Noreen Sokolak, RN, BSN, Jeff Dawless, and Meghan Anderson, MSW, LCSW, has joined Family Hospice and Palliative Care as Community Liaisons.

In her role, Sokolak works out of Family Hospice's Hermitage office to build and strengthen relationships with health care providers and long term care facilities in Mercer and Lawrence counties. Her professional experience includes 16 years of marketing in the respiratory/durable medical equipment field, including a position as Vice President of Marketing for Advanced Health Services in Hermitage. Sokolak earned her BSN degree at Ursuline College in Pepper Pike, OH. She resides in the Hermitage area with her family.

Dawless identifies patients who may benefit from the round-the-clock care provided at Family Hospice's inpatient units: The Center for Compassionate Care in Mt. Lebanon and The Center for Compassionate Care/Canterbury in Lawrenceville. His professional experience includes time as a director of business development in the skilled nursing field, and sales of durable medical equipment and pharmaceuticals. Dawless is a graduate of Penn State University. He resides in the eastern suburbs.

Anderson works to build and strengthen relationships with health care providers and long term care facilities in Pittsburgh's North Hills area. Her professional experience includes working as a community liaison for another Pittsburgh-area hospice, oncology social work, and as a support group facilitator/mental health practitioner. Anderson earned her undergraduate degree from Miami University of Ohio and her master's degree at the University of Washington. She resides in the South Hills with her husband and children.



Meghan Anderson



Jeff Dawless

For more information, visit www.familyhospice.com.

Healthcare Professionals in the News

Allegheny Valley Hospital Welcomes New Personnel

Allegheny Valley Hospital (AVH) recently welcomed emergency medicine physicians, Rachel E. Friedman, DO; Chad Griffith, DO; Michael McDonald, DO and David M. Druskin PA-C to its medical staff.

Dr. Friedman received her Doctor of Osteopathic Medicine degree from Lake Erie College of Osteopathic Medicine and her Bachelor of Science degree in Biological Sciences and Psychology from Carnegie Mellon University in Pittsburgh, Pa. She completed her emergency medicine residency at Allegheny General Hospital.

Dr. Griffith received his Doctor of Osteopathic Medicine degree from West Virginia School of Osteopathic Medicine in Lewisburg, West Virginia and his Bachelor of Science degree in Biochemistry from Allegheny College in Meadville, Pa. He performed his emergency medicine residency at Memorial Hospital in York, Pa., and worked at York Memorial Hospital after graduating before moving to Brackenridge, Pa. He will be assuming the role of assistant medical director.

Dr. McDonald received his Doctor of Osteopathic Medicine degree from Nova Southeastern University College of Osteopathic Medicine in Fort Lauderdale-Davie, Florida where he also received his Bachelor of Science in Biology. Dr. McDonald completed his emergency medicine residency at Ohio Valley Medical Center in Wheeling, WV.

David Druskin received a Bachelor in Science degree in Biology from Georgetown University and a Bachelor in Science degree majoring in Allied Health and Physician Assistant from George Washington University.

Drs. Friedman, Griffith, McDonald and David Druskin are with Emergency Medicine Physicians, Ltd. (EMP, Ltd.)



Margaret Meals

AVH is pleased to welcome **Margaret Meals, MD** who will be assuming the role as Night House Officer for the hospital. Dr. Meals is a board-certified internal medicine physician who has practiced medicine in Tarentum for many years.

As Night House Officer, Dr. Meals will specialize in the care of patients in the hospital. With over 27 years of experience practicing as an internal medicine physician, she is uniquely qualified to provide care for a variety of patient conditions including those with complicated cases. She is joining Ted Riley, MD, who is currently serving in this role at the hospital.

Night house officer physicians improve the quality of care provided to inpatients by being readily available to nurses and caregivers during the night hours. Medical decisions can be made more quickly and the patients are more satisfied with the care they receive. The program has been in place at AVH since 2008.

In addition, AVH also welcomed internal medicine physicians, **Thomas McClure, MD** and **Amy L. Kim, DO** to the practice of Associates in Internal Medicine. Drs. McClure and Kim have joined the former medical practice of Margaret Meals, MD at 320 Third Avenue in Tarentum, Pa., and are pleased to continue to provide patients in the community with the outstanding medical care that they enjoyed with Dr. Meals.



Amy L. Kim, DO

Dr. McClure received his medical degree from the University of Pittsburgh School of Medicine where he also completed his internal medicine residency. He is board-certified in internal medicine and holds academic honors and awards including the NCQA Certification in Diabetes Mellitus, CHF and Stroke, the HIAA Certification for Parts A and B of Managed Care, University of Pittsburgh's School of Medicine Bernhard A. Goldmann Award and the Arkwin Award for Academic Excellence. Dr. McClure also serves as Chief Medical Officer for Allegheny Valley Hospital.

Dr. Kim graduated from Lake Erie College of Osteopathic Medicine ranking fourth in her class. She completed her internal medicine residency and osteopathic internship at Western Pennsylvania Hospital and internal medicine residency at Allegheny General Hospital. Dr. Kim holds professional memberships with the American College of Physicians, the American Osteopathic Association and the Pennsylvania Osteopathic Medical Association.

Learn more at Linda Dalak www.wpahs.org.



Thomas McClure, MD

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Henderson Brothers Enhances Employees Benefits Team

Henderson Brothers, Inc., has added a number of professionals to help clients effectively manage their employee benefits programs. Based downtown, Henderson Brothers is one of Western Pennsylvania's largest providers of insurance, risk management and employee benefits advisory services.

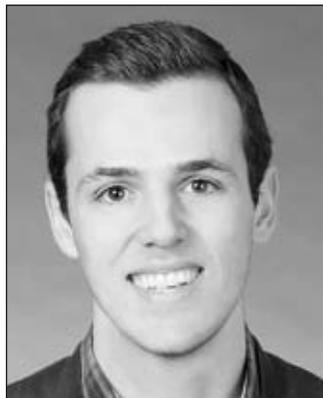


Sean Ganoe

Sean Ganoe, a veteran in the employee benefits industry, has joined as vice president in the Benefits Consulting Practice. Sean brings more than 18 years of client development experience to his new position, having provided benefits consulting and brokerage services for clients ranging from 50 to 5000 employees. He consults with organizations throughout the region on benefits design, financial plan management, health plan data analysis, population health management and employee communications. Sean works with clients to develop opportunities to improve their benefits strategies and reduce cost through a focus on modifiable health risk factors and incentivizing appropriate behavior change.

Prior to joining Henderson Brothers, Sean spent seven years with a large, national consulting firm in Pittsburgh.

He started his career at Aetna/US Healthcare, where he worked with Pittsburgh-based companies and large national employers. He is a member of the Pittsburgh Business Group on Health, the Membership Committee of the Pittsburgh Chapter of Certified Employee Benefit Specialists, and also serves on the Pittsburgh Cultural Trust's Corporate Circles Board. A Pittsburgh native, Sean earned a Bachelor of Arts degree in Business and Communications from the University of Pittsburgh. He lives in Mt. Lebanon with his wife Lauren and three children.



George Heigel

George Heigel is also working in the firm's employee benefits division as a financial analyst, responsible for financial projections and analyses for the employee benefits of Henderson's mid- to large-market strategic clients.

Prior to joining Henderson Brothers, he worked for two years at American Benefits Consulting in New York City as a benefits analyst, and is working towards the highly regarded professional designation of Certified Employee Benefits Specialist (CEBS).

A native of DuBois, Pa., George graduated from Penn State University with a Bachelor of Science degree in Actuarial Science and is also a graduate of DuBois Central Catholic High School.



Amanda Hohenberger

Amanda Hohenberger is an account analyst in the firm's small business unit, re-joining the firm after working for a year as a sales and marketing assistant at Health America. She works exclusively with small business clients to maintain and monitor the performance of their healthcare and general employee benefit plans, recommending changes as business needs or markets shift.

Amanda graduated from the University of Pittsburgh with a Bachelor of Science degree in business administration. Born in Natrona Heights, Pa., she is also a graduate of Burrell High School.



Michael J. Muir

Michael J. Muir joins as a consultative associate in the firm's Consultative Services Department, providing consulting services to Henderson Brothers' employee benefits and commercial lines clients, on matters related to human resources compliance, claims analytics, employee communication and training, policy re-

Healthcare Professionals in the News

views and mitigating risk exposure. He also projects, verifies and analyzes clients' experience ratings and assists with implementing appropriate loss control strategies through technology resources.

He's a graduate of Penn State University, where he earned a Bachelor of Science degree in Actuarial Science with minors in statistics and mathematics. Now living in Pittsburgh, he is a native of Johnstown, Pa., where he graduated from Conemaugh Township Area High School.



Chelsea Geysens

Chelsea Geysens provides general account maintenance and health plan financial analyses for the firm's strategic employee benefits clients. A graduate of Duquesne University with a Bachelor of Science degree in business administration focusing on finance, she is also working towards the Certified Employee Benefits Specialist designation.

A native of Rochester, N.Y., she graduated from Greece Olympia High School and now resides in Pittsburgh.

For more information, visit www.hendersonbrothers.com.



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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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www.bayada.com

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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 800-447-2030. Fax 412 436-2215
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.

PSA HEALTHCARE

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

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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, Irwin and Wexford. In addition, The Day School at The Children's Institute offers educational services to children, ages 2-21, who are challenged by autism, cerebral palsy or neurological impairment. Project STAR at The Children's Institute, a social services component, coordinates adoptions, foster care and intensive family support for children with special needs.

For more information, please call 412-420-2400
The Children's Institute
1405 Shady Avenue,
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www.amazingkids.org

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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

Preventing the Next Generation of Nurse Bullies: Key Strategies for Nurse Educators

Thursday, April 4

2:30—6:30pm

Sewall Center on the Robert Morris University Campus
6001 University Blvd, Moon Township, PA
Register at rtconnections.com/workshops

First Annual NP-PittNET Conference

Saturday, April 13

9:00am—1:00pm

University Club, 123 University Place, Pittsburgh, PA
Details at <http://www.nursing.pitt.edu/academics>

6th Annual Autism Conference

Hosted by Sharon Regional Health System

Thursday, April 18

8:30am—4:30pm

Casino at Buhl Park
Call 724-983-5518

Western Pennsylvania Chapter of the Institute of Management Consultants

Quarterly Conference/Meeting

Friday, April 19

12:00—2:30pm

SiBA Cucina, 530 Northpointe Circle, Seven Fields, PA
Call 412-751-0807

St. Barnabas Charities 113th Founder's Day Celebration

Thursday, May 2

St. Barnabas Nursing Home, 5827 Meridian Road.

Visit www.stbarnabashealthsystem.com

ELITE Summer Simulation Workshop

June 6-7

Hilton Garden Inn, Pittsburgh University Place

Details at www.nursing.pitt.edu/elite/workshops.jsp

Ohio Valley General Hospital 28th Annual Golf Fundrive

Monday, June 10

Allegheny Country Club in Sewickley

Call 412-777-6359 or email ahrabik@ohiovalleyhospital.org.

CORRECTION: Franco Insana was incorrectly identified as Franco Insana Schuch on page 33 of our last issue.

Health Care Event & Meeting Guide

Visit www.wphealthcarenews.com for a listing of upcoming conferences, networking events, workshops, and seminars. If you want to add yours to our list, please email Daniel Casciato at writer@danielcasciato.com.

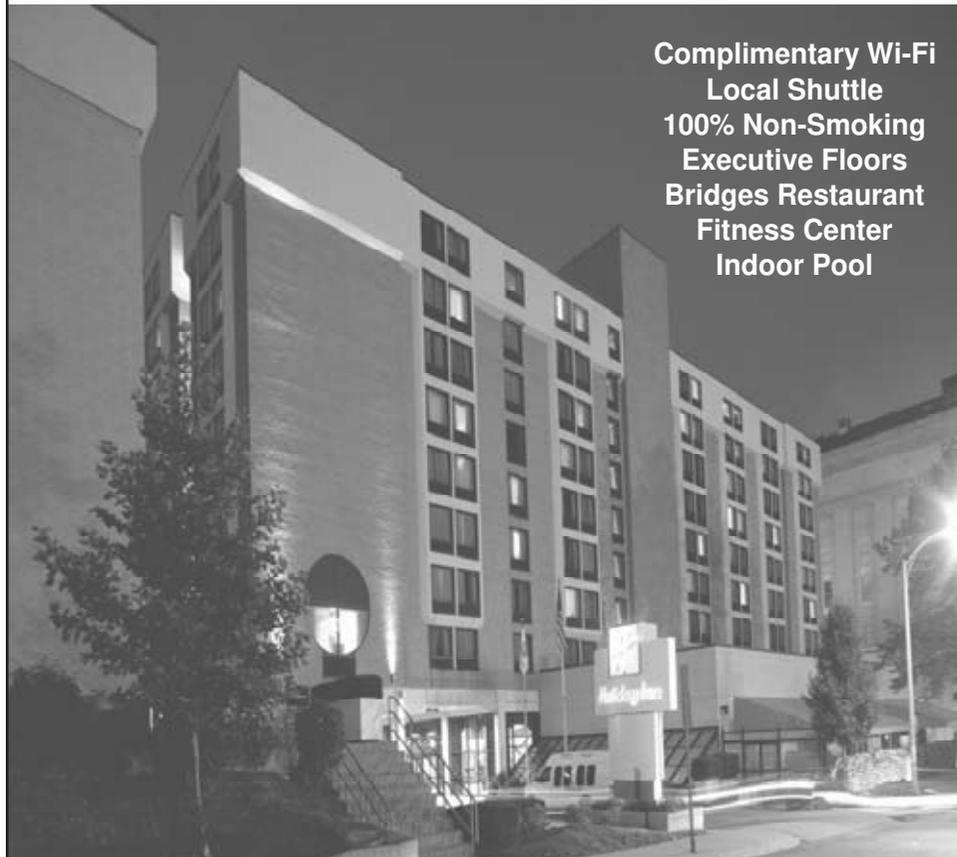


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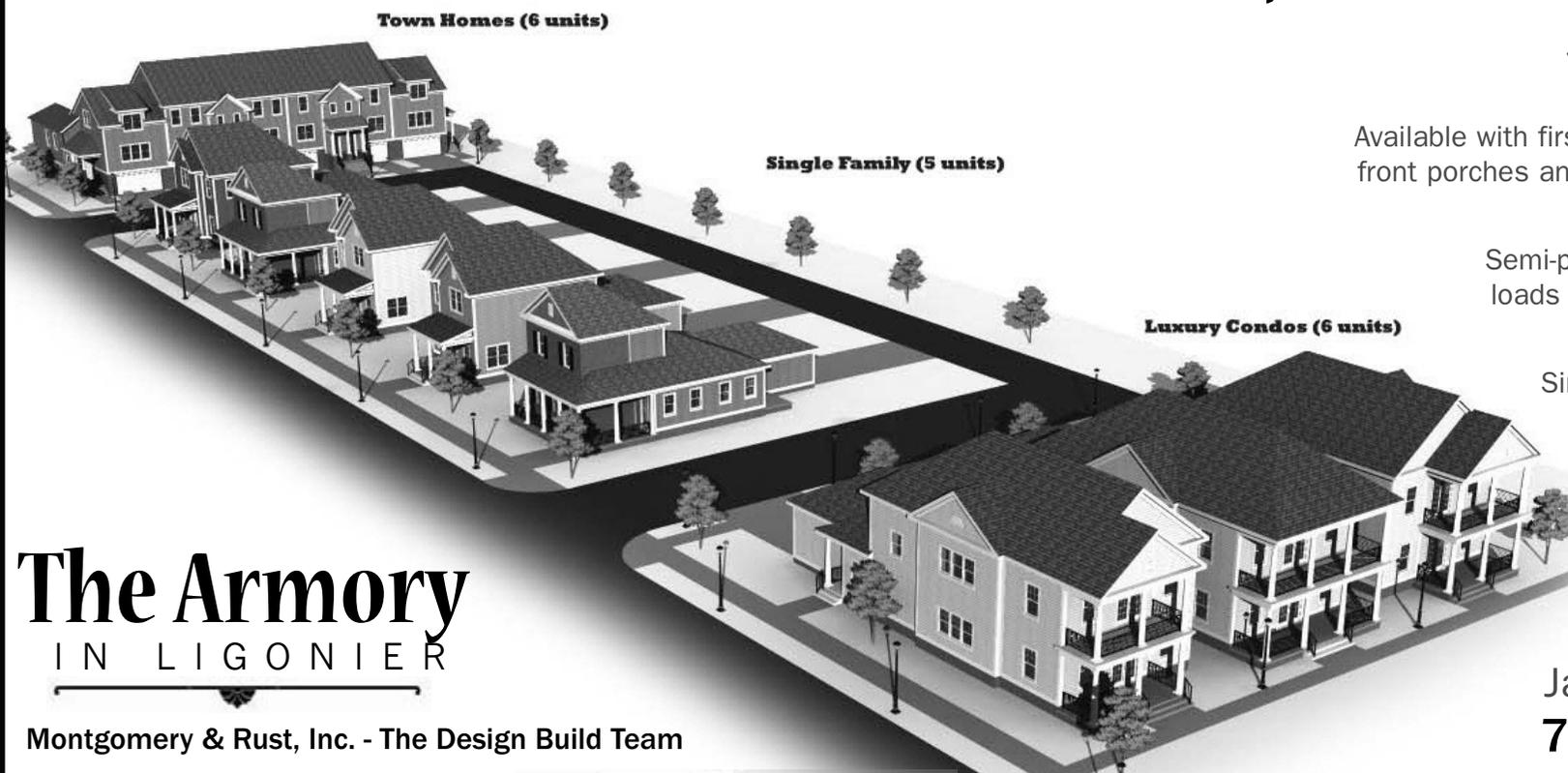
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**Chartiers Twp.
\$305,000**

This former model boasts deep dentil crown mouldings, nine foot ceilings, wonderful open Great Room with picture windows, newer stainless appliances & refinished counters. Cathedral Master Suite with garden tub. Deck & level yard plus additional wooded acreage beyond. Finished daylight Game Room includes Full Bath. All situated on a .97 acre lot! Minutes to I-79 & Route 19. MLS #950130

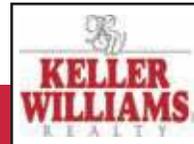


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**FRANKLIN PARK
\$750,000
MLS # 952039**

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**CRANBERRY TWP.
\$459,900
MLS # 953413**

Immaculate 4 BR; 2.5 bath home. Foyer & DR have picture-frame wainscoting & HW floors. FR has a fireplace w/mantle & crown molding. Custom woven blinds throughout. Kitchen w/stone countertops, island w/granite top & large pantry. Morning room leads to deck. First floor den w/built-ins. MBR w/2 walk-in closets.



**HAMPTON TWP.
\$985,000
MLS # 951985**

Governor's drive leads to stately home w/5 BRs & 5+2 baths. Exquisite foyer w/marble floors, columns & lofty ceiling. Three wet bars. Kitchen w/Butlers Pantry & large separate dining area. Panelled floor-to-ceiling study w/coffered ceiling. FR & LR both have fireplaces. HUGE finished walkout LL w/2nd kitchen & SO MUCH MORE!




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 <p>Custom 4 BR home, 1.21 wooded acres, walnut mouldings, cherry kitchen w/granite island & HW flooring, MS w/tray ceiling, corner gas fireplace & sitting room. Virtual Tours at www.HoneywillTeam.com</p>	 <p>Diamond Run, 4 BR 4/1 baths, quality detail, marble floors, 2 story foyer & FR, judges paneled den, walk out game room. Virtual Tours at www.HoneywillTeam.com</p>	 <p>Cooper Run, 4 BR 2/5 baths in town of Ingomar! HW flooring, island kitchen, MS with luxury whirlpool bth & ceramic shower. Level yrd! Easy access to schools and shopping. Virtual Tours at www.HoneywillTeam.com</p>

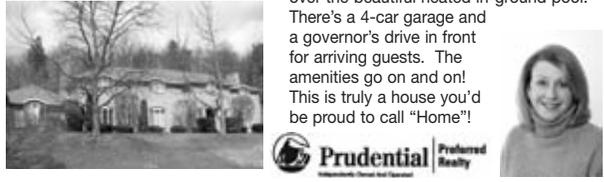
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