

Cedarville University — Preparing Students to Focus on Collaborative Patient Care

By Elizabeth Pagel-Hogan

Cedarville University, a Christ-centered university in Cedarville, Ohio, is preparing for big growth and changes in the healthcare terrain. Cedarville graduates across healthcare fields will be ready for collaborative healthcare and focused on better patient outcomes. A physical sign of this emerging trend is the new health sciences building on campus housing both the pharmacy and nursing programs.

“It was intentionally built so we could have interdepartmental collaboration with high tech simulation,” says Jan Conway, Dean of Cedarville University School of Nursing and Senior Professor. “There are labs to see patients at some point, but right now students are learning to work together in the delivery of care. A big focus in healthcare today is interdisciplinary care.”

Conway has seen many changes in her 34 years at Cedarville. What she sees on the horizon, influenced by the Affordable Healthcare Act and reinforced by national studies, is a new focus on collaborative patient care.

“It’s a national agenda with a major focus on collaborative practice rather than ‘I’m the leader of the health team.’ The goal is quality patient outcomes and cost

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Melissa Miner with student Angela Simmons.

Penn State Fayette Introduces New RN-to-BS Nursing Completion Program

Penn State Fayette, the Eberly Campus, will offer an RN-to-BS in Nursing Completion program at the Washington County Center at Southpointe beginning Thursday evening, August 29, 2013. Classes will be held in the Bailey Center Facility, 125 Technology Drive, Canonsburg, PA. This program is targeted to the working Registered Nurse (RN).

Classes will be delivered one evening per week in an accelerated format. This format allows the RN to complete two courses or 6 credits per semester. The program also awards the RN 33 credits for educational experience and can be completed in as little as five semesters, based on credits already earned. According to Melissa Miner, Campus Coordinate for Nursing at Penn State Fayette, “This is a great opportunity for the RN to obtain a BS in Nursing from Penn State University close to home without driving to a distant campus.”

The program is being coordinated by Penn State Fayette’s Office of Outreach and Continuing Education in partnership with Penn State’s Beaver Campus. Joe Segilia, Director of Fayette’s Continuing Education Office is excited about the opportunity to bring this outstanding Nursing Program to local residents.

“Penn State University has a well-known reputation for responding to the educational needs of Pennsylvanians,” Segilia said. “This specific program brings

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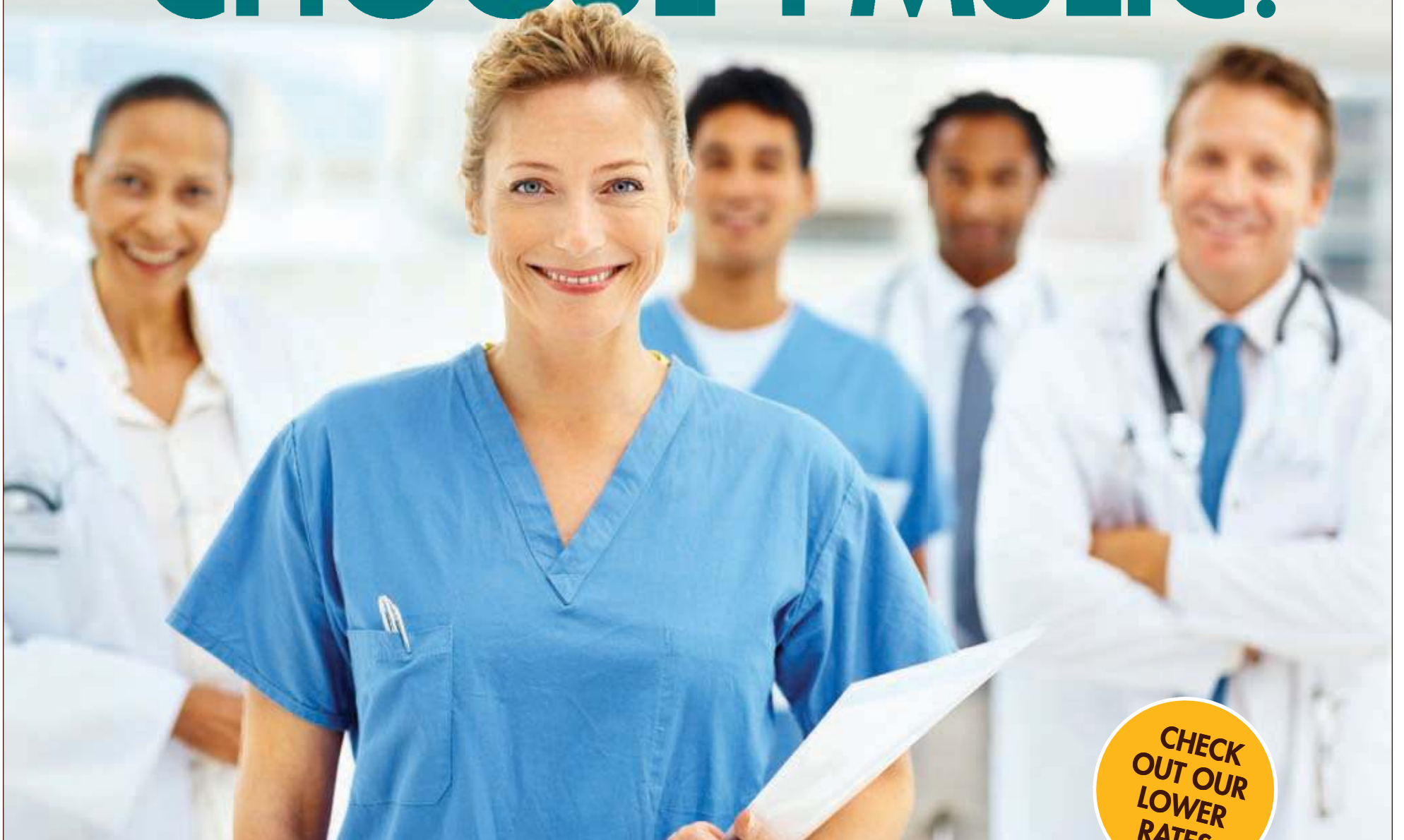
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Advancing Education for Nurses — Now is The Time



By Lynn E. George, PhD, RN, CNE

Recommendations from national organizations have helped to focus attention on the need for systems that facilitate advancing education for nurses. The Future of Nursing: Leading Change, Advancing Health (2010) calls for increasing the number of nurses who are educated with a BSN degree to 80% by 2020 and recommends providing a more seamless transition for continuing education. Healthcare systems, employers and educators must work together to facilitate the achievement of these goals by reducing the barriers to continuing education for nurses.

Although educational options for nurses with associate degrees or diploma education exist in a variety of forms, successful transition to advanced education programs has proven to be problematic for many nurses despite their interest in advanced degrees. Motivation to seek an advanced degree would appear to be strong among students pursuing an associate degree or diploma in nursing. Maneval and Teeter (2010), in a survey of Pennsylvania Associate Degree and Diploma nursing students, found that 86.3% of respondents planned to pursue a bachelor's degree in nursing. However, the percent of practicing RNs who complete advanced degree programs falls far short of these numbers. The 2008 HRSA study (DHHS, 2010) indicated that nationwide about 25% of diploma or associate degree educated nurses actually attained a BSN.

Many practicing RNs pose the question, "Why pursue advanced education when I am already a practicing RN with experience?" Why indeed? Practicing RNs who pursue advanced degrees report professional career satisfaction, flexibility and opportunities for advancement as motivating factors. Research indicates that increased education for nurses has been linked to improved patient outcomes and employers are increasingly interested in a more highly educated workforce. So why aren't more nurses pursuing advanced education?

Barriers to the pursuit of additional education for nurses include the cost and inflexibility of educational programs. Other factors, not as readily acknowledged, include the perceived lack of relevance of advanced education to practice and the lack of validation for education and experience already achieved by practicing RNs. Although, as educators, we have come a long way from previous models for degree

programs that required experienced RNs to repeat undergraduate content already mastered. Data indicate that we still have work to do in designing programs that meet the needs of these potential students.

The cost of education is increasingly a barrier and employers who value the benefits of advanced education for their nurses must support their efforts in tangible ways. Tuition reimbursement is an important motivator. Support from administrators also includes flexibility of work scheduling and recognition of the efforts of those who pursue advanced degrees. One of the most significant motivators for those considering advanced education is support and encouragement from their supervisors.

What advanced degree is most appealing to practicing RNs? Currently, there are more than 646 RN to BSN programs with more than 400 of them offered at least partially online. In addition, there are 173 programs available nationwide to transition RNs with diplomas and associate degrees to the master's degree level (AACN, 2012). How to choose? Consider those programs that provide more opportunity and more flexibility. Programs that facilitate the achievement of both the BSN and MSN degree can accelerate the process of graduate education. Practicing RNs may find that these RN to MSN programs are a "better fit" and provide more recognition for what they have already achieved.

The format of the education is also important for nurses who are continuing their education. Learners make choices about the format of their education based upon their preferred learning styles and the flexibility of course offerings. Those returning to school have options that include on- ground, online or partially online formats. The online format has proven to be increasingly appealing to working professional nurses who often have unpredictable work schedules. The online format provides flexibility for many who are returning for additional education. According to US News and World Report, enrollment in online courses rose 9.3% in 2011.

Advancing the education of the RN workforce is an important goal. To achieve this goal, academic institutions and employers must work to remove barriers to academic progression and develop effective strategies to support continuing education for nurses. Now is the time. †

Lynn E. George, PhD, RN, CNE is the Associate Dean of the School of Nursing and Health Sciences at Robert Morris University. She can be reached at george@rmu.edu

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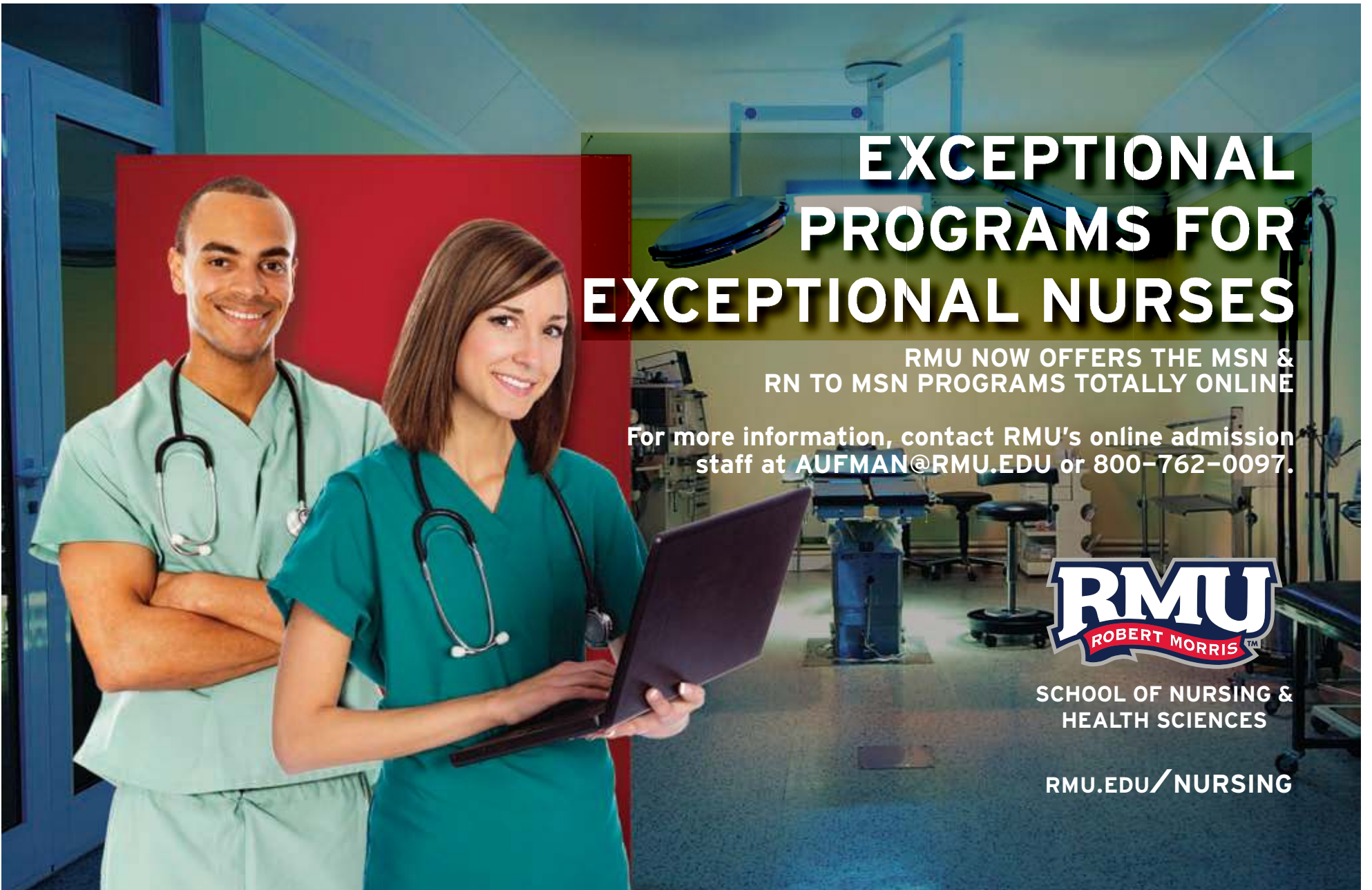
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Are You Using #Hashtags in Your Facebook Posts?

By Daniel Casciato



It was only a matter of time. Twitter was the first to use them; LinkedIn, Google+, and nearly every other social media outlet soon followed suit, and now Facebook has jumped aboard the #hashtags bandwagon as well.

Hashtags should be a part of your social media plan. If you're already using them in your Twitter and LinkedIn posts, the transition should be easy and smooth for you. Just add the same hashtags.

Never used hashtags? It's easy.

Think of hashtags as keywords. They provide a way to connect you with others who are talking about that same

topic. For instance, if you are writing about the Pittsburgh Marathon, at the end or

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Social Media Monitor

in the middle of your post, add #PittsburghMarathon (i.e. Great workout today—ran ten miles. Preparing for next year's #PittsburghMarathon.) Writing about the #Steelers, #Penguins, or #Pirates? I think you get the point. Once you tag a word or phrase with a hashtag, it automatically becomes a clickable link. So you can click on that hashtag to see a feed of posts by others who are talking about the same topic on Facebook.

It's available on both your profile page and your business page. While this feature is not available on mobile devices yet, you still want to include hashtags in any posts made on your smartphone since it will convert to work on a laptop or desktop.

Hashtags will make it easier for you to search out potential new contacts and pages by typing in certain hashtags. Looking for caregivers in the Pittsburgh area? Type in #caregivers and #Pittsburgh to see who comes up in a search result.

Concerned about your privacy? No need to be. If you have your personal profile set that only your friends will see your posts—they will still be the only ones who can see your hashtagged posts.

When using hashtags, don't overdo it. Sure some people get creative and will create hashtags around any phrase—just look at any Twitter feed to see some very interesting uses of hashtags. Be sure to be strategic when using hashtags from your business page. Think about who you are trying to reach and the type of keywords they might be using to potentially come across your page.

According to Facebook, "you can also include your hashtags in Facebook advertising. Any hashtags that you use on other platforms that are connected to your Facebook page will be automatically clickable and searchable on Facebook."

Check out the hashtags feature today and let us know what you think! Email me at writer@danielcasciato.com and we'll share them with our readers in the next issue. ↑

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).

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Physicians and Social Media Sinkholes



By A. Minicozzi

On May 1, 2013, I began to work as a Director for a company that specializes in bioethics software and related consulting services. In short, my job is to improve healthcare delivery by educating healthcare professionals how to be better clinicians. When I began my new position, I thought I was well informed of many aspects of bioethics, particularly areas surrounding clinical practice.

For the last nineteen years, I have studied and researched the training process of physicians from a sociological perspective. During this educational journey, I acquired a Master's degree in Bioethics, which gave me a deeper understanding of the fundamental ethical approaches to patient care. As Director of a bioethics company, I realized I would face contemporary topics that physicians encounter when providing care to patients, and, in turn, I would produce or review material that discusses these relevant issues. Nothing prepared me for my first assignment: to write about the association between the Health Insurance Portability and Accountability Act (HIPAA) and social media.

Of course, as a bioethicist I have a foundation of knowledge regarding HIPAA, but I was perplexed by the correlation between these two concepts. Not only are these two concepts related, they also have a real impact on the way physicians practice. When HIPAA became a federal law in 1996, the use of social media (Facebook, Twitter, LinkedIn, and YouTube) was not prevalent.

Today, this form of communication is not only used in a personal way, but also in a professional capacity. Nurses text family members as a way to update them on the status of the patient. Physicians post information to the treatment team as a way to keep everyone current on a patient's progress. This form of communication is commonplace in a clinical setting and can lead to some concern regarding a patient's privacy. Who knew that such a form of communication would become so ingrained into the clinical setting? As I did more and more research, I realized a major problem had begun to appear. Physicians who had graduated prior to the use of social media were poorly informed of the HIPAA violations that they may unknowingly commit when using this form of communication within a clinical setting. In fact, I found extreme cases where physicians were incarcerated and/or made to pay major fines. Professional organizations such as the American Medical Association and the American Nurses Association have created guidelines that assist the clinician to follow HIPAA laws when using Social Media. However, they assume that

physicians are aware that these guidelines exist and that they take the time to review these suggestions.

Physicians are sometimes placed in situations where they are violating a federal law but not given the proper support to remedy this occurrence. Many people expect that physicians stay current on all the latest clinical treatments, be available when patients need them, and always demonstrate ethical behavior. Unfortunately, physicians are often placed in precarious positions because they are the most senior clinicians involved. This is not to say that nurses have not inadvertently violated HIPAA laws and paid heavy fines. However, there is a level of responsibility placed on physicians to be "God-like" that is not placed on other healthcare workers. Physicians are placed on high pedestals. And when there is blame to be placed they tend to become the fall guys.

As I completed my first assignment, I felt extremely concerned, yet optimistic. My concern stemmed from the lack of instruction physicians receive from colleagues and the way in which this knowledge is delivered. But, as I thought further on this concern, I realized that I am in an extremely unique position to address this concern. My mission in life is to provide support and be an advocate for the physician in his training process. As an employee of a leading bioethics information company, I am providing vital knowledge that is accessible in a convenient and tangible manner. I continue my campaign for physicians to feel safe to practice medicine ethically, and I am optimistic about the outcomes. ↑

A. Minicozzi is the Director of Content Development at ICB. Alessia holds her doctorate in medical sociology and masters in bioethics, both from the University of Pennsylvania. For more information, visit icbioethics.com.



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Years of Sun Damage Raises Risks of Widespread Skin Pre-Cancers

By Brad Amos, M.D.

Scaly, dry skin spots—often called “sun spots”—an under recognized but treatable condition

“I’ve never heard of it.”

This is what I most often hear when my patients are diagnosed with actinic keratosis, which is alarming given the fact that these unknown pre-cancerous spots are the third most frequently diagnosed skin problem.

Actinic keratosis, or AK, is a pre-cancerous skin condition, often mistaken for sun spots or simply “dry skin” and is typically diagnosed in older adults. AK affects upwards of 58 million Americans, who may be covered in these “sun spots” after having spent years soaking up the sun—getting a nice bronze tan (or sunburn) while unwittingly absorbing the sun’s harmful UV rays.

As a dermatologist, I am proud of and happy about all of the increased education we have seen around melanoma and skin cancer protection. However, we have not seen enough education in the treatment of pre-cancers such as AK. For current or former sun-worshippers, gardeners or outdoors persons, the damage has already been done.

Treatment is important and could be life-saving. While most AKs remain benign, approximately 5 to 10 percent develop into squamous cell carcinoma, a type of skin cancer, within an average of two years.

AKs are the result of years of cumulative sun damage and are most prevalent in older adults who have spent a lot of time in the sun over the course of their lives. They are rough-textured, sensitive, dry, scaly patches on the skin that can range in color and vary in size and most often appear on parts of the body that are regularly exposed to sunlight such as the face, scalp, ears, neck, hands and arms. Individuals with fair skin should be on high alert, as AKs are more common in this population.

It is not typical for the sun to affect only small patches of the skin – therefore, people who are diagnosed with an AK will typically develop more AKs in the future. So, while there may be one AK on the surface, more nascent AKs will present over time.

(These treatment options could optionally be included in a sidebar rather than in the text of the article.)

Many treatment options are available and should be discussed with your dermatologist. Treatments include:

- Photodynamic Therapy (PDT). A photosensitizing (reacts with light) agent is applied to the AKs. The treated area is exposed to a light, activating the agent. The

period between application and exposure will vary and depend on the photosensitizing agent that is used. This treatment targets pre-cancers and causes little damage to the surrounding normal tissue. Some redness, swelling and a burning sensation during therapy often occurs. Not all dermatologists have the equipment to perform this treatment – make sure your dermatologist does.

- Cryotherapy (freezing). AKs are frozen with an extremely cold substance such as liquid nitrogen. There is no cutting or anesthesia required. This method causes the lesion(s) to shrink or become crusted and then fall off. After treatment there may be temporary redness and swelling. In some patients this treatment can cause permanent light/white spots on the skin.

- Creams. A topical medication is applied to the affected skin. The course of treatment can range from days to months, depending on the topical medication that is used. Redness, swelling and ulceration may occur during treatment.

- Curettage (scraping). A curette is used to scrape off cells that are damaged. A local anesthetic is required for this procedure. Scarring and skin discoloration may occur at the site of the treatment.

- Chemical Peel. Chemicals are applied directly to the AKs. The chemical causes the top layer of skin to slough off. This layer of skin is usually replaced within seven days. Anesthesia is necessary for this procedure and temporary discoloration and irritation can occur.

- Surgical Excision. The entire lesion, in addition to some healthy tissue, is removed. Scarring is possible.

- Lasers. A laser is focused on the lesion. The laser cuts through the skin tissue without causing bleeding. Local anesthesia may be required. This treatment can cause pigment loss in the skin.

Frequent skin examinations are the key to early detection and preventing skin cancer. If you think you have AKs, it is imperative to talk to your dermatologist about the best treatment options, since there is no way to know ahead of time which AKs will become cancerous. Do not ignore your sun spots!

To learn more, please visit www.spotsigns.com. This site has a variety of educational tools including a list of signs, prevention advice and treatment options. Or, feel free to contact Dr. Amos at or (724) 473-0660 visit our website at www.amosmd.com. †

Fuchs A., Marmur E. The Kinetics of Skin Cancer: Progression of Actinic Keratosis to Squamous Cell Carcinoma. *Dermatol Surg*. 2007;33;1099-1101.



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Agencies Focused on Keeping Seniors Safe in Their Homes

By Barbara Peterson, M.S.

Based on the last census in 2010, more than half (56.5 percent) of persons age 65+ lived in 11 states, including 2 million in Pennsylvania. Persons 65+ constituted approximately 15.5 percent of the total population in Pennsylvania, while in Allegheny County the percentage was 16.8 percent.

According to the federal Administration on Aging, most persons 65+ lived in metropolitan areas in 2010 (78.9 percent). Also, seniors are less likely to change residence than other age groups. From 2009 to 2010, only 5.8 percent of older persons moved as opposed to 16.9 percent of the under 65 population, according to government statistics.

In addition, according to Prevent Blindness America, the number of Pennsylvanians with age-related eye disease, including blindness, could more than double over the next three decades.

What this means for Allegheny County is that as the number of seniors living here continues to rise, agencies serving this population need to intensify their focus on keeping our older residents healthy and safe in their own homes.

With United Way of Allegheny County funding, two nonprofits—Blind & Vision Rehabilitation Services of Pittsburgh (BVRS) and Rebuilding Together Pittsburgh (RTP)—have joined forces to better serve the health and home safety needs of seniors in Allegheny County. The program helps seniors with vision problems by providing counseling, caregiver instruction and home modification.

Blind & Vision Rehabilitation Services of Pittsburgh, a 103-year-old private nonprofit, also provides programs and services for people of all ages who are blind, visually impaired or who have other disabilities: comprehensive and personalized computer instruction, employment and vocational services, personal adjustment to blindness training, independence skill building, in-home instruction, low vision services, children's vision screening, prevention of blindness services, and an industrial employment program. BVRS is a United Way Impact Fund Award for Excellence Agency and is accredited by the National Accreditation Council for Blind and Low Vision Services (NAC).

Rebuilding Together Pittsburgh is a non-profit organization that repairs and renovates the homes of low-income, elderly homeowners and individuals with physical disabilities. Its vision is a safe and healthy home for every person. RTP unites people of all walks of life in an effort to rebuild homes and repair lives. All home repair services are provided free of charge to qualifying homeowners. †

Barbara Peterson, M.S., is director of client services at Blind & Vision Rehabilitation Services of Pittsburgh. For more information on Blind & Vision Rehab Services, call 412-368-4400 or visit www.blindvr.org. For more information on Rebuilding Together Pittsburgh, call 412-922-0953 or visit www.rtpittsburgh.org.



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- ♦ Our Pet Therapy Program started in 2001 and is the first of its kind in the area. Anastasia and Sebastian work for treats and kisses. There is no charge for this service, it is the Family Home Health Services and Three Rivers Hospice community program. They don't just visit with our patients; they visit anyone who needs them. In 2012 the Pet Therapy Program was honored to receive a prestigious "Proclamation" for the outstanding community service contributions to improving the health and well being of our area. April 10th was declared "Anastasia Pet Therapy Day in the City of Pittsburgh".

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Advancements in mPERS Technology Affords Seniors Mobile Safety and Greater Independence



By Chris Holbert

As more baby boomers reach the age range associated with serious fall-related injuries, the need for advancements in emergency medical alert devices becomes more pressing. Each year, one in every three adults age 65 and older falls. And, falls are the most common injury leading to death in this age range.

The mobile Personal Emergency Response System (mPERS) industry is a rapidly developing new branch of traditional PERS focused on meeting the needs of the growing sector of American seniors. Current technology used by many seniors to reach help when they fall has a severely limited range of use. In order to contact help using this type of emergency alert button or pendant, seniors have to be inside their homes and within a short distance of the base unit that is wired to their home phone line.

Today's seniors are not content remaining in their homes living life in fear of a serious fall. They are active and enjoy life – driving, golfing, and more and more have access to and use current technology. In addition to requiring PERS technology that allows them to maintain the level of mobility they are accustomed to, seniors also require solutions that are multi-functional, simple to use and “smart”.

SecuraTrac has designed a suite of new mPERS solutions that interface with each other to form the most comprehensive personal health monitoring and notification system available. From a waterproof Band-Aid-like patch to a watch and a small single button device, SecuraTrac's products provide seniors with constant connectivity to emergency response teams. Help can be reached automatically, even in situations where the user is unable to press a button or dial a phone.

mPERS products give seniors the ability to regain their freedom without fear by assuring them they can reach help at home and on the go. SecuraTrac's MobileDefender can be used in the yard, at a store, on the golf course or anywhere an active senior travels. Should a medical emergency or accident occur, the person carrying the MobileDefender can press and hold the SOS button for 3 seconds to send an SOS message to pre-programmed contacts and trigger a phone call to a 24/7 monitoring center. Though the small and light (approximately 1.5 ounces) MobileDe-

fender is typically worn with a lanyard around the neck, it has a sensitive microphone capable of picking-up clear voices from a distance, and a high-power speaker capable of >100 decibels making it easy for seniors to hear.

Additionally, the MobileDefender can interface seamlessly with a variety of personal health monitors including a waterproof fall detecting patch. Known as the SecuraPatch, the patch is worn on the chest or back and benefits consumers by detecting falls, monitoring and notifying others when self-defined heart rate changes or respiration rate changes occur.

When an unexpected change is detected, the patch can interface with the MobileDefender, a smartphone app, or a special watch to send a real-time alert including information about the user's location and other key details to designated contacts.

Traditional PERS technology is effective for putting seniors in touch with emergency help when at home and from close range of the hard-wired base station. But, the reality is technology can now provide aging adults with a much more effective solution that does not hamper mobility and has automatic fall detection. Automated alerts triggered by pre-set levels for vitals such as respiration and heart rate, long periods of inactivity or falls eliminate the potential for a senior to be unable to call for help due to incapacitation. More variety in product offerings allows seniors to choose the best product to fit their lifestyle needs and, for the first time, technology can aid a senior in reaching family, friends, caregivers or emergency responders anywhere and at any time. †

Chris Holbert is the CEO of SecuraTrac. As the CEO, he is responsible for leading the company's vision of developing, marketing, and selling a suite of mobile health and safety solutions that bring families closer together and improve employee safety through state-of-the-art location-based services and mobile health technology. He is a dynamic, results-oriented business leader with a proven track record of building corporate competitive advantage through the integration of business and technology as a CEO, COO and CIO. Prior to starting SecuraTrac, Chris was the COO and CIO of LaunchPad Communications. Chris has a Bachelor of Arts degree in Political Theory from the University of California, Los Angeles and a Masters in Public Finance from the University of Chicago.

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"Murder" Not on List of Required Home Disclosures



By Frank Kosir, Jr.

Before purchasing a home, most people would want to know if it had a crack in the foundation.

Or asbestos in the attic.

Or mold in the walls.

Or if a murder had occurred there.

But while a seller is required under Pennsylvania's Real Estate Disclosure Law to reveal the first three, a recent court decision affirms buyers are on their own when it comes to finding out if the home they are about to buy has a bloody history.

Pennsylvania law dictates that property sellers must disclose any known information about material defects that may decrease the value of the property. However, while a violent crime may also affect the value of a property, a recent Pennsylvania Superior Court ruling clarified that such an event does not

constitute a material defect, and sellers are not required to disclose such information.

In the case in question, a woman purchased a home in Delaware County for \$610,000. Shortly after moving in, she learned from a neighbor that a murder-suicide had occurred in the house. The woman sued both the sellers and the real estate broker for fraud and negligent misrepresentation.

The buyer alleged that the murder-suicide constituted a material defect because it decreased the value of the property. Therefore, the seller should have been required to disclose the information prior to the sale under the Pennsylvania Real Estate Disclosure Law. The trial court disagreed with her and entered summary judgment in favor of the sellers. On appeal, the Pennsylvania Superior Court reversed the lower court's decision, and sent the case back to be tried again in the trial court, this time with a jury.

The matter was reargued before the Superior Court, which reversed its earlier ruling. The court noted that the Pennsylvania Real Estate Disclosure Law sets forth a list of 16 specific material defects that require disclosure by the seller, each of which is related to the physical structure of the building or the condition of the surrounding property. The court said that the fact that a murder-suicide occurred on the property is at most a psychological defect and that the language of the Law plainly establishes that the legislature did not intend to cover psychological defects.

While many home buyers may wish to know the history of their potential home, requiring sellers to disclose events that had taken place on a property would create a slippery slope. What would be next – disclosure of burglaries in the neighborhood? Natural or accidental deaths on the property? And what length of time must pass before events would no longer have to be disclosed? 1 year? 10 years?

The ruling underscores that sellers don't have to disclose every negative thing about a property – just what Pennsylvania law specifically says are material defects. The onus is on the buyer to be aggressive in discovering any other desired information about the condition and history of the property.

Thus, while Pennsylvania's the Pennsylvania Real Estate Disclosure Law provide buyers with a certain degree of protection from serious defects, the classic real estate principal of caveat emptor still prevails: let the buyer beware. †

Frank Kosir, Jr. is a real estate attorney at the Pittsburgh-based law firm of Meyer, Unkovic & Scott. He can be reached at fk@muslaw.com.



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Who's At Risk?

Self-Assessment Tool Helps Families in Southwest Allegheny and Washington Counties Avoid the Dangers of Caregiver Distress

Nearly one-third of adults living in the Greater Pittsburgh communities are family caregivers who could be at risk for heart disease, diabetes, depression and various other physical and emotional maladies as a result of caregiver distress, a potentially dangerous condition brought on by the pressures of caring for a senior loved one.

Studies increasingly point to caregiving as a leading stressor for families. In fact, one U.S. study revealed that more than half (52.8%) of those caring for individuals with diseases including cancer or Alzheimer's had scores indicating depression.*



In response to this growing issue, the local Home Instead Senior Care® office has launched a public awareness campaign – *Family Caregiver Stress Relief* at FamilyCaregiverStressRelief.com – to help family caregivers determine if they are at risk for distress and to minimize problems before they escalate.

Included in the program are two new tools: The Are You a Caregiver Quiz, which is designed to help a family caregiver self-identify and recognize the role of a caregiver, and the Family Caregiver Distress Assessment, adapted for the Home Instead Senior Care network by Dr. Peter Vitaliano of the University of Washington. The assessment allows caregivers to determine their risk for distress and resulting emotional and physical issues, including depression, heart disease, high blood pressure, diabetes and obesity.

“So many spouses and adult children are unaware of their potential risk of caregiver distress because they don't see themselves as caregivers,” said Lucy Novelty, owner of the local Home Instead Senior Care office in the South Hills and Washington County. “These new resources enable them to understand their role, the stresses they may face as a caregiver, and how that stress might lead to more serious health effects.”

A recent Home Instead Senior Care study discovered that caregivers are prone to hiding their emotions and, as a result, their health suffers. Approximately 74 percent of caregivers who hide their feelings report fatigue, 53 percent report difficulty

sleeping, 37 percent report depression, and 30 percent weight gain or loss.

Research shows that certain characteristics make family caregivers more vulnerable to caregiver distress, the top being:

- **Gender:** Women report more psychological distress than men (however, male caregivers have more negative physiological responses to caregiving, including higher blood sugar and insulin levels, poorer cholesterol and immune function, and obesity).

- **Reluctance to ask for help:** Caregivers who won't ask for help are setting themselves up for the kind of exhaustion that can lead to distress.

- **Chronic Illness:** Caregivers who are already sick or have existing medical conditions, such as coronary disease, hypertension and cancer, are more vulnerable to additional negative health effects resulting from caregiver stress.

“It's important for caregivers to understand that stress can impact one's ability to care. If they don't care for themselves, they may put their senior loved ones at risk. Whether it's support groups, stress management techniques or respite help, caregivers need to realize the importance of managing their health, too,” said Novelty.

For more information about the services of the Home Instead Senior Care offices serving Allegheny, Beaver, Butler, Washington, Westmoreland and Alle Kiske call 1-866-996-1087 or visit www.homeinstead.com/greaterpittsburgh

Sources:

* Papastavrou, E., Charalambous, A., Tsangari, H., & Karayiannis, G. (2012). The burdensome and depressive experience of caring: What cancer, schizophrenia, and Alzheimer's disease caregivers have in common; online at <http://ktisis.cut.ac.cy/handle/10488/6053>



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Key Advance in Drug Delivery Offers Parkinson's Patients New Treatment Option



By Anthony Giovinazzo

The highest-profile symptoms of Parkinson's disease (PD) are well known. But for many PD patients, there is a lesser-known but equally important symptom that affects their well-being: "freezing" or "off" episodes that are marked by acute immobility, occur between one and six times daily, and last from one to several hours. These episodes may be triggered when mainstream treatments such as levodopa or enzyme inhibitors are too slow in entering the bloodstream.

An acute rescue therapy exists to treat these "off" periods when they occur: apomorphine, the only drug approved (under the name APOKYN® in the U.S. and Japan and APO-go® in Europe and parts of Asia) to treat this symptom. Unfortunately, apomorphine is primarily available in an inconvenient and painful injectable form (as well as, in Europe, as an abdominal infusion pump)—problematic not only because it needs to be administered up to six times a day, but because the injection can produce painful reactions including irritation and nodules at the injection site on the body, since apomorphine is only stable in a highly acidic formulation.

Cynapsus Therapeutics, based in Toronto, is trying a novel approach to overcome the limitations of the injectable form. The company has developed APL-130277, a sublingual thin-film strip system similar to Listerine® Breath Strips. Placed under the tongue, the strip dissolves in about 1.5 minutes, delivering the drug to the bloodstream in a similar time interval—and a similar concentration—as an injectable dose. The strip utilizes the very same drug with its acidic ingredients an absorption enhancer that aids the push of the drug into the bloodstream and a buffer that serves to convert the acidity at point of contact from a pH of 2-3 to a pH of 5.5-6.5, potentially eliminating oral irritation.

Such a treatment would relieve many PD patients of the need for self-injections, along with the stress and injury this activity entails. For many of them, it would also relieve their caregivers of this responsibility, eliminating the trauma of administering a drug in a way that can cause pain or physical damage to their loved ones.

Over the years, many companies have tried to develop non-injectable forms of apomorphine. These have included tablets, rectal suppositories, syringes to squirt the drug under the tongue, nasal drops and inhalers. All these attempts have not

succeeded or are just not commercially practical—they failed to deliver an adequate amount of the drug into the bloodstream quickly enough to help the patients, and failed to overcome the drug's irritant effects.

Only a few prescription thin-film formulations are FDA-approved: Onsolis® (fentanyl, 2009), Suboxone® (buprenorphine + naloxone; Reckitt Benckiser Pharmaceuticals, Inc.; 2010) and Zuplenz® (ondansetron, Vestiq Pharma, 2010). Given the positive results obtained from two healthy human volunteer pilot studies—one at the end of 2011 and one in mid-2012—the Cynapsus team is enthusiastic about having APL-130277 join this list. A Phase 1 trial comparing three doses of APL-130277 to three doses of APOKYN® injection is imminent; the results will inform the design of two subsequent, larger trials, the first intended to demonstrate PK bioequivalence of APL-130277 and APOKYN® injection, with approximately 110 healthy volunteers and the second intended to demonstrate tolerability in approximately 150 to 200 PD patients.

Cynapsus must submit a New Drug Application (NDA) to the FDA for approval of APL-130277. This is projected to be accomplished by mid-2015 following the completion of the two studies noted above. Cynapsus intends to partner the product for license or sale to a large pharmaceutical company soon afterward. It holds the potential to open a new chapter in PD treatment and to ensure that these "off" periods are quickly turned off, easily and conveniently. Given that the global PD population is forecast to double or triple in the next decade alone, due to the aging baby boomer generation, the unmet patient need for such a treatment could be considerable. †

Anthony Giovinazzo is President and CEO of Cynapsus Therapeutics, Inc., which is developing the only non-injectable (sublingual) delivery of the only approved drug (apomorphine) to be used as a rescue therapy for "off" motor symptoms of Parkinson's disease.



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Celtic Ensuring Service Excellence in Patient Care

By Kathleen Ganster

Celtic Healthcare was built with *Service Excellence in Patient Care* as one of its core values and missions said Bill Gammie, Vice President of Regional Operations.

That is why the organization has embraced the Medicare- mandated patient satisfaction survey requirements (HHCAHPS).

"There is nothing more powerful than a patient or family member telling us how we made a difference in their care," he said.

Like every home healthcare provider, Celtic has a third- party provider who surveys patients and then provides that information to Celtic and Medicare for reporting purposes.

"We are in the business of caring for people, and the vendor is in the business of conducting the surveys and gathering the results. This process allows us to do what we do best," Gammie said.

Measuring patient satisfaction is fast becoming an element of healthcare in our society, said Gammie. While it is mandated in certain facets of healthcare, Gammie sees it becoming required in all areas eventually.

"I think it will continue to be part of the healthcare process and an important one," Gammie said.

Sean Hunt, Senior Information Analyst said there are over 20 different questions used for patient satisfaction scoring along with other questions for various other measures.

"Providers can also choose to add other questions," Hunt said.

Patients who use Celtic Healthcare services for as few as two visits are eligible to be surveyed. Celtic provides a list of patients to their vendor, who then uses government guidelines to survey the patients about their care.

According to Hunt, some of those questions include not only measuring medical care, but also include other critical healthcare issues.

"There are other important measures of patient care such as did the provider treat you with respect and courtesy, did they treat you gently, and were they informative and up-to-date with information," Hunt said.

The third-party vendor who administers the surveys and provides data to Celtic is key, said Hunt, "The have a pretty robust reporting platform, but we take it a step further."

"For the taxpayer, this is a great thing. It provides standardization and allows the results to be objective. I think patients feel more comfortable in completing the surveys too," he said, "This is a pipeline to our customer."

In his role, Hunt takes the data provided for Celtic to analyze for their own use.

And that means using all of the information gathered, not just positive comments.

Although unusual, less than positive results are used for addressing care items that can be changed and improved.

"We address these at the highest level at our top executive meetings. We take the information and see what we can learn from it and what may need to be changed," Gammie said.

If there are negative comments, Gammie said, they always follow-up with the patient or family member who completed the survey to address any issues.

"If they are submitted anonymously, we try to obtain further information, but even when we can't contact the person, we address every concern," Gammie added.

Celtic shares the results of the surveys with their staff to ensure that the importance of patient satisfaction is stressed as "part of the culture."



Celtic Healthcare remains committed to providing service excellence.

"Sharing information helps everyone – whether it is positive or negative," he said.

Positive results are celebrated. Staff members with high scores are recognized at staff functions and meetings.

The response rate of patient satisfaction surveys for Celtic patients is unusually high, something Gammie attributes to their culture.

"Communicating with our patients is so important, and we let them know that. They know we want to hear what they have to say," he said.

Celtic has also chosen for those who utilize their hospice care to participate in the survey process– even though it is not yet mandated.

"Service Excellence has been one of our core values since we started. It will always be paramount to Celtic," Gammie said.

For more information, visit www.celtichealthcare.com.



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Taking Employee Wellness to the Next Edge — Customization

By John Chamberlin

It's great to see corporate wellness increasingly becoming the "in thing!" Employee participation in group weight loss contests, walks, 5K, half and full marathon running teams are certainly on the rise.

But is exercise the only component to corporate wellness? What about daily medication compliance, education on dietary methods or identifying an employee's risk for diabetes? Does stress at home affect work output? Should I get a flu shot or not?

And what about wellness education programs that make sense... education and testing targeted to your specific employees and their work conditions?

We spent some time with Kathy Fillip Wellness Coordinator at Hometown Pharmacy talking about this. The Hometown Pharmacy group has been providing education and testing through its Worksite Wellness program for over nine years. And while Kathy is happy that there is a trend upward in company's wanting this education and testing, she sees a need for change to make the wellness make sense.

Kathy says, "Hometown Pharmacy's approach is to customize an affordable education and testing wellness program for each group. For example, if I am working with a company who has a staff that works outside in the sun, I typically include the Derma View Screening for skin exposure issues in that companies wellness program."

Similarly, if the company, with which Kathy working, has a primarily female population, she includes bone density testing as part of the program.

Of course, there is a challenge in an employer taking on a company wellness program. As business professionals, they want to know what the Return on Investment will be, right? Commonly, Kathy gets

asked if the company wellness education and testing will decrease insurance premiums.

While there can be no guarantee that initiating a company wellness program can motivate your provider to lower their rates, showing a company-wide commitment to screenings and wellness education, like Hometown offers via its Worksite Wellness, can eventually be evidence to show your provider to request a more favorable rate.

Certainly including Worksite Wellness is at a minimum a great way to improve company attitudes and create a "we care about our employees" attitude. It is kind of obvious, but healthy employees call off less, get more work done and create less stressful work environments than ones who are unhealthy

The following is a short list of presentations, tests and screenings offered by Hometown Pharmacy at reasonable fees and can be mixed a la carte to design a yearlong Worksite Wellness program for your company. . Keep in mind, Kathy's role is to utilize these and other topics to customize a wellness program for each individual group.

PRESENTATIONS:

- Stress Management
- Generic vs. Brand Medications
- Heart Attack and Stroke Prevention
- Back Care/Proper Lifting Techniques

ACTIVITIES:

- Bone Density Screenings
- Blood Pressure Screenings
- Cholesterol and Glucose Screenings
- Derma View Screening



Just like wellness, reading and self-education is the first step for business owners. But "activity" and "participation" are the most important pieces of the puzzle. As Kathy told us, "The reaction is that people want to embrace wellness education at their company, but they are just not sure how to get your hands wrapped around getting started."

So what's next for you as a reader of this article? The next step is an activity. Put wellness into action. Contact Kathy to review your company's wellness program or to initiate a testing or education session. All of Hometown Pharmacy's presentations and activities can be done on-site or at a 3rd party location such as the employee outing or company meeting. So inconvenience is not an excuse to put this on the back burner for another month or until the next quarter or fiscal year.

Contact Kathy at 412-680-2486 to get started with help in amplifying your current activities with solid, practical education customized to your company. ↑

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Five TIPS for Preparing for Bundled Payments



By Kristi Powers and Cathy DiNardo

With greater pressure and reliance on hospitals to provide efficient high-quality care, many have begun adopting bundled payment strategies – some with one of the four CMS Bundled Payment Care Initiative (BPCI) models, and some with ‘homegrown’ arrangements with private payors and employers. Hospitals implementing these strategies anticipate cost-of-care reductions, improved quality, enhanced care coordination, and strengthened physician alliances.

When considering participation in a bundled payment strategy, we recommend the following:



1. Explore Potential Care Options and Choose Episode(s) of Care – Begin by identifying and exploring services that could be easily bundled, have a strong likelihood of physician participation and interest, and/or that provide the best financial return. For example, cardiovascular and orthopedics service lines are the most common chosen for bundling. Next, determine the scope of service along the care continuum to be included in the bundle. For instance, an orthopedic ‘episode of care’ might be defined as pre-operative diagnostics, acute care surgery, and follow-up physician office visit care. Meanwhile, a cardiovascular ‘episode’ might include the open heart surgery inpatient acute stay only.

2. Gain Physician Support and Convene Key Stakeholders for a Bundled Payment Steering Committee – Involving physicians at the beginning of the planning process will solidify their support, advocacy, and future participation in the program. All involved in the episode of care should be educated on the program and the process. A formal Bundled Payment Steering Committee comprised of key physician and hospital stakeholders will drive the preparations and coordinate all operational changes.

3. Confirm the Existence of Adequate Data Systems – Data is critical, especially *accurate* patient-level cost data. A robust cost accounting system will be essential in preparing for and operationalizing bundled payment programs. The system



should have the capability to run detailed reports and perform analyses using information from all services within the episode of care continuum.

4. Know Your Numbers – To implement a successful bundled payment scenario, it is imperative to understand the cost of care within the bundle. Therefore, a series of detailed analyses must be performed, including: physician utilization (of all physicians involved), cost savings opportunities, and payment discount risk. Understanding elements like device and supply costs, consulting physician costs, ancillary utilization, quality outcomes, and lengths of stay will lead to determining how much of a discount can be afforded and how to ‘make-up for’ the decreased negotiated lump-sum payment.

5. Design the Payment and Operational Processes – Before any bundled payment arrangements are negotiated, the Steering Committee must establish how the payment will be shared among all providers and the related operational changes that will need to take place. Agreements should be developed between all expected providers of care, including the hospital, physicians, ancillary providers, etc. Additionally, processes to identify bundled payment patients within the system, appropriate documentation and billing, and the actual payment mechanism will need to be drafted.

We also recommend completing a bundled payment preparedness survey to assess an organization’s level of readiness. A preparedness survey is available on Corazon’s website at www.corazoninc.com.

Creating a sound infrastructure for bundled payments will best position hospitals for a future of declining reimbursement. It may not make sense for every organization to enter a bundled payment arrangement right now; however, performing the preparation steps listed above will prove beneficial in reducing costs and improving efficiency and quality overall...whether or not a bundled payment strategy is planned for the near-term. ↑

Kristi Powers is a Consultant and Cathy DiNardo is Decision Support Specialist for Corazon. Corazon offers consulting, recruitment, interim management, and physician practice & alignment services to hospitals and practices in the heart, vascular, neuro, and orthopedics specialties. Find Corazon on Facebook at www.facebook.com/corazoninc or on LinkedIn at www.linkedin.com/company/corazon-inc. To learn more, call 412-364-8200 or visit www.corazoninc.com.



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Meeting The Ever-growing I.T. Needs of the Medical Office

By John Chamberlin

What are the ever-growing I.T. needs of today's medical office? How do they compare to the I.T. needs of just a few years ago?

When we talked to Bruce D. Nelson, CPA, President of Vertical Solutions, about their company's current growth spurt, he discussed how today's office I.T. needs are different. For example, technical support calls have changed from support tickets to assistance with printers and e-fax issues to helping physicians and staff become more mobile by connecting their smartphones and tablets to the office database.

Vertical Solutions provides medical professionals I.T. support for the diverse medical office functions by providing business management software, business processes, technology expertise and staff training for various software solutions. Basically, they allow medical professionals to focus on growing and operating their businesses by alleviating the headaches of dealing with the various aspects and vendors of the I.T. menagerie.

For instance, smaller practices, with no history of dealing with HIPAA, haven't had to deal with the I.T. issues associated with recent changes. As a matter of fact, Vertical Solutions recently completed the first certification in the NextGen Healthcare Certified HIT Consultant Program. With the passing of the NextGen Healthcare Electronic Health Records (EHR) exam, the company has increased their expertise with the solution and shown their commitment to provide the highest level of implementation and support to their clients.

Vertical Solutions has experienced significant growth recently, including adding a Denver office. Nelson attributes that growth to the health care reform act, requiring Electronic Medical Records (EMR). The act created a whole population of users that didn't have EMR previously and now have to embrace the technology but also deal with the security, communication, training, remote desktop sessions and 24-7 support issues that are associated with EMR implementation. Vertical Solutions offers an entire suite of services for this, thus eliminating the need to search out separate vendors for each

solution.

As practitioners still may have 9-to-5 hours for seeing patients, documentation and data access needs have expanded well beyond those office hours due to mobile access. Vertical Solutions has recognized that expanded need and now supports its clients with a 30-person I.T. "department" from 5am to 11pm.

What challenges does Nelson see for the medical office I.T. industry? "The biggest challenges are that technology is driving change so rapidly and the evolving healthcare reform act," he said.

Within the 5-year window, smartphones have come into play for accessing patient portals. But what happens if those devices get lost? Once again, Vertical Solutions provides that as part of their full service offering.

Also, within the Vertical Solutions portfolio, is the practice of supporting financial management systems, payroll elements and HR elements. And not just through software. The staff the company of CPA backgrounds along with their technology background which brings the ability to clearly understand the needs of their customers.

"Our staff know how medical practices work," said Nelson in his closing thoughts. "We know that Vertical Solutions exists to make its clients more profitable."

Vertical Solutions is currently supporting in excess of 2,500 end users in Western Pennsylvania, the Mid-Atlantic area of the U.S and Colorado. With their growth, they have been sure to maintain their high-touch service, assuring that staff is still within a couple of hours of their clients' locations.

For more information on services provided by Vertical Solutions, please contact Tina Featheringham at tfeatheringham@verticalsol.com. ↑



Bruce D. Nelson

CEDARVILLE From Page 1

effectiveness," she says. "A holistic approach is cost effective, offers better resources for patient, and helps patients understand their plan of care. Nurses, social workers, allied health professionals are coming together to say 'what piece can we contribute?' We're starting this approach with our new facility and in the high-tech simulation labs where students can work collaboratively and contribute in their different roles."

Marc Sweeney, Dean of Cedarville University School of Pharmacy, feels the environment at Cedarville is unique when it comes to this new approach and preparing students for professional careers grounded in collaboration.

"The attitude of collaboration, plus the technology and resources, is very unique having it all at the same place," says Sweeney. "When Cedarville built the (\$20 million) health sciences center and added the Master of Nursing and Doctor of Pharmacy programs they were built with collaboration in mind."

Evan Hellwig, a Cedarville University alumnus and the current Chair of the Department of Kinesiology and Allied Health, agrees with the collaborative focus in healthcare. His excitement is contagious when he discusses the advantages for students enrolled in the athletic training program at Cedarville.

"The athletic training students have access to the simulation lab in the health sciences center. The new technology available there includes a mannequin that you can program with a variety of scenarios. The students can act as clinicians while the mannequin responds," he says. "The school of nursing has worked wonderfully with our clinical educators to develop these scenarios. So now when our athletic training students are in their clinical rotations, they have already experienced how to assess. Some literally crash and burn in a safe way in the lab. They feel so much more confident and prepared."

Hellwig echoes Sweeney's assessment that Cedarville offers unique experiences

for students pursuing healthcare careers. He estimates that out of 350 accredited athletic training programs, Cedarville students are in a select group of only a handful of programs that can give students access to this kind of technology.

Cedarville University, located in northwest Ohio, just announced its tenth president, Thomas White, Ph.D. Cedarville started as a liberal arts school but now offers the full gamut of programs many Christian colleges or universities do not. Currently, Cedarville enrolls 3,400 undergraduate students, but the university has a vision to enroll 10,000 students, 4,000 undergraduates and 6,000 online, adult and graduate students, by the year 2020.

"We are a Christ-centered learning community that is Biblically based. Cedarville University is training professionals in many disciplines to be the best in their profession," said Mark D. Weinstein, Executive Director of Public Relations. "Our approach to Christ-centered education is founded upon academic rigor and quality in everything we do. Students embrace the challenge of being excellent because it honors Christ."

Sweeney adds, "In comparison to state universities, we're not a huge campus. But when you have a smaller group the opportunities for collaboration are much greater than when you have huge institutions. That's something unique to Cedarville—we're at the table talking and discussing integrating at the faculty and student level."

Conway described an example of this integration.

"This past year one of the pharmacy faculty and nursing faculty were teaching basic level research courses together," she says. "They planned classes together and taught classes together in a team approach. In the end the students had a research presentation and had to present the rationale from a nursing approach and a pharmacy approach. Students are recognizing each other and the need to work together."

Cedarville students aren't stuck in labs all day. Melissa McNicol, a graduate student from Beaver, Pa., in the Doctor of Pharmacy program, is working in a retail pharmacy.

"We are given the opportunity to experience all types of pharmacy practice before we graduate," says McNicol. "We have already completed two rotations through retail pharmacies, both chain and independent. Next year we will do two rotations in hospitals, and then our last year of school will be all rotations. This will allow us to be able to have experiences in all types of pharmacy practice and determine which area is the best fit for us."

Students also get experiences at community health fairs and service learning projects. Here they get hands-on experience with interdisciplinary care.

"When we participate in community screening events, health fairs, it's interdisciplinary students and faculty doing this. They are just students taking care of patients, not looking at their disciplines," explains Sweeney.

"Also, in nursing we are sharing with other disciplines some service learning projects where students work with outside agency or client project to work on problem, these kinds of projects can be handled in interdisciplinary ways," says Conway. "Last year at an industrial business, students worked with the vendors on snack machines and identified healthy foods. They got the vendor to bring in healthy foods for the workers. It is unheard of in years past for students to have an influence in care. A year ago they worked on blood pressure screening; this year it was nutrition. They are supporting the nurse at the facility, asking what are the problems, how can we help you?"

For more information, visit www.cedarville.edu. ↑

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Diabetics on Medicare Face Critical Deadline, Need Information

By Terry Blankenship

If you have diabetes and are on Medicare, you have an important decision to make in less than one month.

You have probably heard that Medicare is changing the system through which you get your diabetes testing supplies. So unlike now, when you can order supplies from thousands of mail order companies, beginning July 1 you'll only be able to order from 18.

There is little question that this new system will be better in the long run. The government will save money and you will see your co-pay and deductible amounts decrease.

For example, patients testing one time a day, before July 1, have an average co-pay of approximately \$14.47 on their testing supplies. After July 1, for the same order, the co-pay will decrease to approximately \$4.49. This is a savings to you of almost 70%! The actual cost may be even lower or no cost at all if you have secondary insurance.

Yet despite these significant benefits, in the short term this new system is causing confusion for patients who must change providers. They don't know where to begin. And this makes them vulnerable to scammers who might see an opportunity to trick patients into giving personal information.

At Diabetes Care Club, we have heard these types of concerns from people who call searching for a new provider. They are rightly apprehensive about moving to another company and don't know exactly what questions to ask.

Patients wonder what matters most when choosing a provider. And, of course, the answer to that question depends on what the patient values most. Still, after years in the diabetes care industry, I believe there are some key points that patients and their caregivers should consider before selecting a provider to trust with their healthcare needs.

- How much experience does the provider have? A provider should have a proven record of excellence in distributing diabetes supplies and responding to large numbers of customers. If you receive a call or email from a provider and are unsure of their legitimacy, it is important to check your sources before providing any personal information. Medicare will not call patients about this change so if you receive a call claiming to be from Medicare, it is a scam.

- Is the provider big enough to handle more customers without disruption? A

provider should be able to explain in detail how it has prepared to take on thousands of new customers beginning on July 1.

- Is diabetes the provider's main focus? Ideally, a provider should make diabetes care its top priority rather than spreading its resources over a range of medical issues.

- What ordering options does the provider offer? A provider should allow patients to order testing supplies by phone, email, or online and offer convenient hours for customer support.

- Does the provider accept "assignment?" All mail-order providers must accept assignment, which means they cannot charge more than the prices set by Medicare. But retail outlets like pharmacies do not have to accept assignment and can charge more. It is important to ask to make sure you are not paying added costs.

- What products does the provider stock? A quality provider should offer a wide range of products so that patients can get a product that best meets their needs.

- Does the provider handle all the paperwork? A quality provider will handle any paperwork associated with Medicare, saving patients time and effort with these confusing forms.

- Does the provider deliver on time and for free? Patients should expect their provider to cover the costs of shipping and guarantee that testing supplies will arrive on time and in proper condition.

I also recommend that patients and their caregivers visit www.NationalDiabetes-SupplyFinder.com, a website that helps people find the names of all 18 providers authorized by Medicare and link to their services. Additionally you can contact Medicare directly.

My hope is that by arming people with a few key questions and more information, we can help them make a seamless and stress free switch to a provider they trust. In that way, they will be able to rest assured after July 1 that their supplies will be waiting for them in the mailbox, just as always. †

Terry Blankenship is vice president of patient care at Diabetes Care Club, the nation's 3rd largest provider of diabetic testing supplies and one of only 18 companies authorized to serve Medicare patients. He invites people to email questions to tblankenship@simplexhealthcare.com. For further information on Diabetes Care Club, visit www.diabetescareclub.com. Or call 1-800-376-7521.

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Shealer Chiropractic: Using Social Media to Improve SEO and Interact with Others

By Daniel Casciato

As part of our series of profiling organizations in the region that have successfully leveraged social media to assist in their awareness campaigns, this month we are featuring Dr. Brent Shealer, a solo-practitioner chiropractor whose office is located in the Penn Center East office complex in the eastern suburbs of Pittsburgh; specifically the Monroeville, Penn Hills, Wilkins Township area.

Dr. Shealer is currently in his tenth year at this location and has helped thousands of people from the age of 1 to 91 regain their health through Chiropractic care. For Dr. Shealer, social media is an integral part of his overall marketing and communications approach to communicate with patients. He took some time to respond to our questions about how he uses social media in his practice as well as offer some social media tips to our readers.

WPHN: What role does social media play in a healthcare organization's overall marketing and communications strategy?

Dr. Shealer: I think that, from a healthcare facility standpoint, that social media can be used in multiple ways. First, it's another way that patients, or potential patients, can reach out to you for advice or information. Second, it's a great tool for both educating the public in general and any patients who you're connected with on a social media platform. Third, it's important to also let people see that you are easy to engage and have a social personality that they should feel comfortable in your care such as talk about things that aren't solely medical or health. Get out of that "professional bubble"—crack jokes and have fun! Finally, it's an easy way to get word out that can be quickly accessed regarding office updates and happenings. In a nutshell, it should be an extension of your office or facility.

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

Dr. Shealer: Generically speaking, too many medical facilities just "don't get it" when it comes to social media. If they have social media accounts, too often they feel that they can just post information, but not follow up and engage in conversation. That's not how relationships are built. Doling out information is great, but I think that only scratches the surface on what true social media interaction should entail.

WPHN: How can healthcare organizations better engage in social media?

Dr. Shealer: I think they just need to set aside time in their schedule to do it. Look, we're all relatively busy people, so even if it's setting aside 15 minutes a few times a week, or even better would be assigning someone to be the social media consultant (in a larger facility), then it's a great start. Once you're in the routine of

it, it just flows easily. I also am a firm believer in original content. Write little snippets of advice and share that.

WPHN: How do you use social media to execute a social media campaign to raise awareness for your practice?

Dr. Shealer: I use social media in two ways: As part of my larger SEO (search engine optimization) strategy and as a way to offer advice, tips, and interact directly with people, patients or not. Regarding SEO, I personally write each blog post on my website myself. There's no cookie cutter service for me. Always having good, original content, and then sharing that and watching it spread on social media, is a great way to keep my office website high on Google searches by creating backlinks and having new site content. I also use Google Analytics to track my website stats. Regarding social interaction, well that's the core of social media. Sure, I post health tips and other information, but I also jump in and respond to people's posts and stimulate conversation. I'm also a firm believer in being courteous and polite. For example, on Twitter, if someone mentions me or retweets something I posted, they always get a thank you.

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

Dr. Shealer: I'm big into Twitter. I think how quickly, and broadly, you can get information to flow on there is simply amazing. There are folks on there, through simply starting out as simple social interactions, have asked me for medical advice and eventually become patients. I also subscribe to some daily health emails that, upon checking my email in the morning, can easily share to Twitter. Those subscriptions make it easier to have good content to share as you don't have to really seek it out. I'm also feeling my way through Google+. I have a page and post blog articles on it, as I know it's an important piece of the SEO puzzle, but I haven't quite figured out the best way to use it for interaction. Likewise for LinkedIn. And I have just recently created a Facebook page for my office.

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

Dr. Shealer: From a medical standpoint, I never ever discuss someone's personal medical situation on the public Twitter. I'm adamant on that. I answer a lot of folks' health questions, but I always take it to the direct message format. I just don't know how HIPAA gets tied into that so I'd rather not even risk it. I'll give general advice



Brent Shealer

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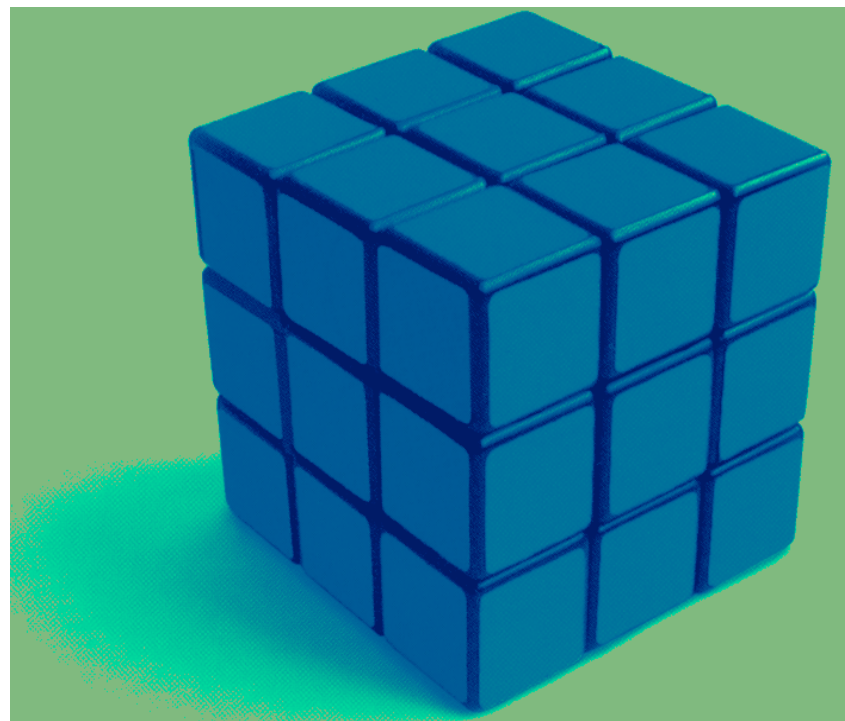
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all the time on the public Twitter, just not specific questions posed to me about a specific condition. I also think it's in poor taste to demean other folks' ideas or thoughts.

WPHN: Any best practices about using social media you can share with the readers?

Dr. Shealer: My general rule of thumb is this: I speak on Twitter the exact way I would speak or carry a conversation in the office. Whether it's medical advice and tips, chatting about the weather or sports, or asking how someone's weekend was, it's always the same to me. Carry yourself on social media the way you do in the office. I'm an outgoing and joking person to begin with, so that probably carries over pretty well into social media.

WPHN: Where can our readers find you on social media?

Dr. Shealer: On Twitter, you can follow me @drbrentchiro. I'm also on LinkedIn, just search for Brent Shealer, and on Google+, I post most on the Shealer Chiropractic page. You can also find me on Facebook at <https://www.facebook.com/pages/Shealer-Chiropractic/169503083113973>. I appreciate any and all feedback and likes on any of my social pages.

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Outside the Box I.T. — Offering IT Services at a Fraction of the Cost as an IT Department

By Daniel Casciato

Information technology (IT) is a key element to any organization's success. While larger businesses and healthcare systems have the financial resources to employ a dedicated IT staff, many small businesses and independent consultants do not have the same luxury. Fortunately, the Pittsburgh region is home to several excellent independent IT companies that businesses can turn to for assistance on a long-term or per project basis.

Outside the Box IT is one such company. It offers information technology (IT) services to organizations in the Pittsburgh region to keep them connected, enhance productivity, and further their business potential—at much less the cost of a full-time IT department.

The company, formed in 1998 by Ken Cole, has offices in Monongahela and Bridgeville. Cole started as a Systems Administrator for a multi-million dollar packaging company. While he was there, Cole also started his current company and began supporting a few small businesses after hours. He was extremely successful with his business, and after his former employer was bought out and he downsized in 2010, Cole accepted a severance package and started Outside the Box I.T. business on a full time basis.

Cole was gracious enough to respond to our questions below about his growing enterprise and the IT field for our readers.

WPHN: Many of our readers are small business owners or manage a small medical practice. How can Outside the Box IT help these businesses?

Ken: I feel that I am a perfect fit for any small business because I am a small business too and I face the same issues they do. I am able to come onboard and demonstrate the latest technology and processes. Often, my first initial visit presents solutions that were unknown to the client.

WPHN: What's the benefit of outsourcing IT work to a company such as yours versus maintaining an IT staff?

Ken: It really is a cut and dry answer once you see the cost savings. To employ a Systems Administrator full time would cost at least \$65-\$75k plus benefits per year (and a Sr. Sys Admin is even more). I can set up a business with one of my managed services plans and virtually give the same level of support for a fraction of the cost.

WPHN: What are some of the greatest IT challenges healthcare organizations are facing today?

Ken: I would have to say security. With the advent of BYOD (Bring Your Own Device) along with the need for ubiquitous access to company data, healthcare or-

ganization need to know that they still have control of their data while maintaining security. I have a home health care company that I support that has its main office in the Pittsburgh area and five branch offices in Texas. They wanted a way to maintain control of their IT assets and functionality from their corporate office in Pennsylvania. We set them up with a remote access server here in PA that all of their employees access via remote connections. And we are able to give all of their offices top level support while never even stepping foot in Texas. Currently, I am in talks with them to move to the cloud to make their jobs and processes even better.

WPHN: What communication strategies do you use when explaining a new technology or process to clients? Are there effective ways to communicate new IT changes to gain buy-in and acceptance?

Ken: The best way for me to communicate to a prospective client or a current client is with a live demo. Hands on is always the best way to convince someone how easy some of these products are. I like to tell people "just give it a try, you will wish you started using this years ago!"

WPHN: In your opinion, what is the most overrated and underrated technologies?

Ken: I think the most overrated technology is Google Docs. Small businesses are attracted to it because it is free, but when they investigate further, they find that there is definitely a cost involved and a learning curve. Not to mention that 90% of businesses worldwide use Microsoft Office. The most underrated technology is Windows 8. People are so used to the typical graphical user interface (GUI) that dates back to 1995, that any are afraid to adapt to the new GUI. A good example is that my 6-year-old son uses Windows 8 and he knows almost instinctively how to navigate through it.

WPHN: What are some of your favorite tech applications/tools?

Ken: Windows Intune is the foundation of my Managed Services. It gives me the ability to completely manage my clients PC's and keep them up to date, secure, and running efficiently. It gives me early warning of any issues so I can take care of them without the end-user even knowing there was a problem. Not to mention I am able to install the latest Operating System at no cost to the client. I absolutely love it.

WPHN: Tell our readers about Office 365. We've heard that it's a great email productivity software. What advantages does it offer over their current email software?

Ken: Office 365 gives small businesses the same exact functionality that the large enterprises have been using for years at a fraction of the cost. I am able to give businesses as small as one person the ability to stay connected and updated with all their email, contacts, calendar, and business data the same way that PNC, Heinz, or any other large business does.

WPHN: More practices and healthcare organizations are moving their data into the cloud. What are some of the pros and cons they need to be aware of before making such a move?

Ken: This points back to Office 365. Microsoft does not scan your data to improve their products and advertising like Google does. The last thing you want to worry about is your data security. You have to feel good about the products you choose and the IT firm you utilize to service them.

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

Ken: I pride myself and my company on actually caring about the people that hire me and their businesses. The best compliment that I receive on a continual basis is that I am always there when needed. I will always be available to help and resolve any problem that may arise.

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It's a Matter of Perspective.

Nosocomial Infections — The Invisible Nemesis An Engineering Perspective



By Richard Bowser P.E.

Hospitals worldwide face a common nemesis. In the United States nosocomial infections (hospital acquired infections) affect 1.7 million people annually, are a leading cause of death reportedly killing 100,000 people, and costs an estimated \$45 billion annually.

What can be done to reduce nosocomial infections? An effective remedy is to educate the staff, and others who come into contact with the patient, of the risks. Protocols like hand washing, maintaining sterile fields, using contact precautions, and properly disinfecting spaces will go a long way in addressing the problem. The building systems

can also help.

Nosocomial infections begin as bacteria, viruses, protozoa, and fungi. These microorganisms can reproduce at a rapid rate if the environment allows. A properly designed domestic water supply and HVAC system can help prevent such an environment.

CODES AND GUIDELINES

There are numerous codes and guidelines governing hospital plumbing and mechanical system design. The International Mechanical Code (IMC) and the Facilities Guidelines Institute (FGI) Guidelines for Design and Construction of Health Care Facilities are two required codes. The American Society of Heating Refrigeration and Air Condition (ASHRAE) and the Center for Disease Control (CDC) are two additional organizations that establish code standards. The codes and guidelines address the hospital environment by regulating the domestic water supply, air pressure relationships, air change, outside air, and filtration requirements.

WATER DISINFECTANTS

Pathogens in water are found in two forms, freely suspended in the liquid and in the biofilm on the interior surface of the pipe. Disinfections are classified as either focal or systemic.

Focal disinfection is directed at a portion of the water system and includes:

- **Instantaneous Heating** - This works by heating water to 190°F then mixing with cold water to a desired temperature. The system requires no specialized equipment and eliminates the need for hot water storage tanks. Unfortunately this system only treats the hot water system, has no residual protection against re-colonization, and does not reduce pathogens that already exist in the system.

- **Ultraviolet Light** is effective for a localized area and needs to be used in conjunction with other treatments. The advantage is there are no adverse effects on the water system and no chemical by-products, tastes, or odors created in the water system. No residual protection and continuous maintenance, to keep scale from coating the UV lights, are two disadvantages.

Systemic disinfection is directed at the entire system and includes:

- **Copper Silver Ionization** is an effective means of eradicating pathogens from a water distribution system. This system has low operating costs and the possibility of re-colonization is minimal. On the down side, copper silver ionization is only used with hot water recirculation systems, regular maintenance is required to remove scale from electrodes and, a high concentration of ions in the system can lead to a blackish water color.

- **Hyperchlorination** raises the chlorine in the system to a high level for a short period of time or an increased level above normal sustained. Hyperchlorination has been shown to reduce pathogens in systems; however, it comes at a price. Chlorine is corrosive and can cause significant pipe and system damage. Chlorine may also cause health problems.

- **Thermal Eradication** (superheat and flush) raises the temperature of the system to kill pathogens. Typically temperatures are raised to 158°F for a thirty-minute duration. This method is ideal if a pathogen is found, it can be quickly implemented, and costs are minimal. An increased risk of scalding and re-colonization within months are two negatives.

HVAC AND AIRBORNE PATHOGENS

There are several systems available to reduce airborne and surface pathogens including:

- **Hydrogen Peroxide Mist and Ozone Mist** have been found to effectively kill microorganisms; however, additional research must be conducted to determine the effectiveness of environmental disinfecting, required concentrations, and safety for human exposure.

Ultraviolet Light (UV) can be used for disinfecting surfaces and airstreams. The UV light must be exposed to the pathogen at a given intensity and duration. Effectiveness is also determined by the distance a pathogen is located from the light source, the age of the light source, the wavelength emitted by the light, and if there is a direct line-of-sight from the light source. UV lamps have to be replaced periodically and staff must be trained regarding over-exposure to UV light and the use of personal protection equipment.

- **UV light fixtures** used for disinfecting surfaces are typically portable units wheeled into a room. The units are strategically placed for maximum surface exposure of 45 minutes. Some fixtures sense the surroundings and increase or decrease durations accordingly. These units have been used successfully in patient rooms, between patient discharge and new arrivals, and in operating rooms between cases. There is no residue. There may be a concern regarding the long term effects of UV radiation on equipment and furnishings.

UV light used in air handling units have a limited pathogen exposure time: therefore, intensities have to be high to achieve adequate pathogen kill. A careful analysis will determine correct UV intensity to achieve the level of disinfection desired. Keeping condensate pans free of pathogens, cooling coils clean, and energy and maintenance costs low, while maintaining good airflow are benefits of UV lights located in air-handling equipment.

There is no one fix. Facilities often use a combination of treatments to battle unwanted pathogens. Determining the appropriate system(s) requires evaluation of the existing conditions, installation area, equipment first cost, operating costs, and availability of operating staff. Systems and personnel practices will not be effective without an effective monitoring program and a staff committed to the goal. †

Richard Bowser is a Professional Engineer and Senior Associate at Stantec Architecture and Engineering LLC. Ric works in the Stantec Butler, Pennsylvania Office and can be reached at ric.bowser@stantec.com.



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Design Division at La Roche College Hosts Senior Portfolio Show—Project on Therapeutic Environments for Alzheimer's Patients Wins High Awards



By Christopher Cussat

On the evening of May 2, 2013, graduating seniors from La Roche College's (La Roche) graphic and interior design programs presented their finest work at the College's Senior Portfolio Show at the Cultural Trust Education Building in downtown Pittsburgh.

A total of 22 students presented professional portfolios consisting of design projects completed at La Roche or through internships and freelance work. Graphic and interior design professionals, La Roche alumni, and high school art teachers were invited to attend the event.

Neha Agarwal, assistant professor and chair of the La Roche graphic design department, said the event showcased the talents of graduating students and provided networking opportunities for design professionals. "The Senior Portfolio Show provides an opportunity for professionals to connect with potential new hires," she added. "It also allows alumni to stay up-to-date on our design programs, sets a standard for upcoming graduates, and gives prospective high school students a chance to learn about the opportunities the La Roche design programs offer."

The Interior Design Advisory Board presented the International Design Educational Achievement Award to one outstanding senior, along with second and third place awards. La Roche's graphic design department also presented top portfolio awards to students selected by La Roche faculty. In addition, winners announced at the Portfolio Show received monetary awards.

Molly Podplesky graduated in May from La Roche with a Bachelor of Science in Interior Design and a Visual Communications minor. Her project on "Therapeutic Environments for Alzheimer's Patients" won The Richard G. Kotarba Outstanding Honors Presentation Award, as well as Second Place for the IDEA (Interior Design Education Award) presented by the La Roche College Interior Design Advisory Board in 2013.

Podplesky's inspiration for her project had personal roots. Even though her grandfather passed away when she was very young, Podplesky still loves hearing

stories about him. "It is difficult, however, to hear about the struggles that my family endured while he fought a battle with Alzheimer's disease—but these stories are what sparked my interest in wondering if there was anything that I could do to help other families also dealing with this heartbreaking disease."

When faced with a research project for her Senior Seminar, Podplesky decided that this was the opportune time to learn about how interior designers can play a role in the lives of Alzheimer's patients and their families. "I believe that by understanding the challenges of Alzheimer's disease, designers can apply creative solutions to a building's interior to influence how patients feel and react," she added.

While working on her project, Podplesky found that during this time of immense research, scientists' growing understanding of neuroscience has influenced a new paradigm of focusing on minimizing the symptoms of Alzheimer's disease rather than focusing only on searching for a cure. "Emphasis is now being placed on non-pharmacological treatments to minimize the symptoms and enhance the patient's quality of life, and numerous therapies are utilized as non-pharmacological treatment for Alzheimer's disease."

The research question she focused on was: "How can the design of appropriate physical environments ease the challenges and suffering to enhance the quality of life for, most importantly, Alzheimer's patients but also for their families and for their caregivers?" The most succinct answer Podplesky determined in her findings was that Alzheimer's disease, though incurable, is not untreatable. "By understanding how brain damage changes perception, interior designers can appropriately design the building for those suffering from Alzheimer's disease," she explained.


Lastly, Podplesky noted that she found the following quote from Elizabeth Brawley especially inspirational throughout her project: "There is great excitement about the reasoning minds of science partnering with the creative minds of architecture and design, exploring pathways to better treatments and solutions—this partnership of science and design is creating excitement and hope that living with Alzheimer's disease is far from a hopeless condition."

Podplesky recently accepted a full-time position and has been working as a designer at Kolano Design, a Pittsburgh visual marketing firm with expertise in graphics, signage, and interiors.

For more information about the graphic and interior design programs at La Roche College, email: design@laroche.edu, or visit: designatlaroche.com. ↑



Molly Podplesky






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Graduation Day

By Franco Insana



It was a Wednesday morning before nine o'clock when Karen picked up the phone and called Greg. "We have a special event that's going to take place soon, and I wanted to ask if you would take pictures for the family?" she asked.

Karen is the RN inpatient unit manager at Family Hospice's Center for Compassionate Care in Mt. Lebanon. She placed her call to our communications office, where Greg works as our marketing manager.

At Family Hospice and Palliative Care, we are privileged to share special bonds and precious moments with those we serve on a daily basis. The letters and cards we get from families help us realize that even the smallest gestures make a difference.

To call what was about to take place on this late-May morning at The Center for Compassionate Care a "special event" almost doesn't do it justice.

Karen explained to Greg that there was a 52 year-old mother in our inpatient center, stricken with cancer, who was actively dying. Her last wish was to see her son graduate high school before she died.

Our team went to work: contacting the son's high school principal and making arrangements for her to come to the patient's room and present the diploma. Things came together rather quickly. Shortly after nine, Greg got the call to come to the room with the camera because the ceremony was about to begin.

Not only did the principal supply the cap and gown for the son, she made sure the ceremony was official by wearing her own academic gown as well. With the patient's husband at her side, the son and principal entered the room to the sound of "Pomp and Circumstance", thanks to one of our nurses playing it on her phone for the whole room to hear.

At the foot of the bed, the principal made it official, presenting the young man with his high school diploma and making mom's wish come true. "You got your wish honey – you got to see him graduate," the husband said.

It was then that the mom found enough strength to crack a smile. Her wish was granted.

Fighting back tears, the family gathered around the bed for photos with mom and the new graduate. Some Family Hospice staff had gathered in the room to support the family and offer congratulations to the young man. And within minutes,

photos were delivered to the family so the moment could be remembered.

Just a couple hours later, with family at her side, the patient died.

For those of us who witnessed the ceremony, that event stayed with us the rest of the day. We found ourselves pondering the plight of this family and how easy it is to take for granted the special events we experience.

We were also thankful for the opportunity to play a small part in giving this family a moment to cherish.

When we get to our desks in the morning and the first call of the day comes in – we never know how it will impact us moving forward. In this case, it turned out to be the most important thing that happened all day.

I'm proud to report that this graduation day event is an example of how Family Hospice's mission of Compassionate-Care(SM) is brought to life. As an organization, we try to remember that for every "Graduation Day" there is an event, a day, a gesture that will forever hold special meaning for those we serve. †

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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Change Your Life for The Better ... Now!



By Laura Roman, LCSW, BCD

You know you want to change something in your life. You need to change something in your life. And maybe you've tried: to lose weight, stop something, get out of debt, find a better job or end a toxic relationship.

But change is hard. So hard, in fact, that most people will choose to live with a bad habit or a bad situation rather than attempt to change for the better and find greater happiness.

We've all been there. We've all had feelings of hopelessness and of being overwhelmed. Truth is, change is hard and scary and intimidating. For most, the preference is to live with a known demon rather than to venture into the unknown. When the fear is greater than our desire, we stop the change process and remain bogged down in our current state.

So what forces change on us? Usually when we reach the point where we can no longer tolerate our situation and cannot imagine living any longer like that. At that breaking point, almost out of desperation, we seek change.

Once we decide to change, most often we expect it to be immediate. It's like the old prayer, "God grant me patience and grant it to me NOW!" But change is not immediate. Lasting change takes time because it is a repeatable activity that must be incorporated into daily life.

In the past the belief was that changing a habit took 20 days; now we know that it actually takes more like 60 days.

Sometimes people can change on their own; others do better with help. As a relationship coach and psychotherapist, I have seen many individuals reluctant at first to consider seeking assistance through therapy; others have little or no hesitation. In either case, most find real and positive results when they are committed to doing so. Let me share the experience of just two of my clients.

"I came to see Laura with little hesitation. I was looking forward to working on my issues. My overall well-being and my marriage have improved dramatically after seeing Laura. I feel better and my anxiety has decreased. My life is not consumed with my husband and my marriage, which gives me time to enjoy other things. Laura ... wasn't trying to push a diagnosis. She listens and remembers things I tell her."

Working with Laura makes me happy and emotional all at the same time. I feel supported by her and able to deal with difficult issues. She challenges me when I need it. The biggest benefit of working with Laura has been the improvement to my marriage. Although my husband does not attend the sessions, we have been able to work on it with Laura's 'Solo System.' Before seeing her, my marriage was hanging by a thread. Now we love and respect each other. We have more of a partnership rather than seeing each other as enemies."

"I felt uncomfortable coming to therapy because of the social stigma. I wondered what people would think of me. It was different than I thought. Since coming to therapy, my life is totally different. I had no satisfaction or contentment before coming to therapy. Now, I feel more in control of my life. I now know that I can be in charge of things and that I have a choice. My life is more fulfilling; there is less drama. Before, my life was traumatic and dramatic. What I liked about therapy was the support I received from Laura. I never felt like anyone close to me gave me the straight story. I felt like Laura gave me the truth about my life. I saw my life with a more accurate lens for the first time. I felt like I had a relationship with Laura and that I could trust her. She helped me to feel comfortable. I loved coming and the consistency of the schedule really helped me. Therapy was stable and I could count on it. Therapy helped me to get where I wanted in my career. I felt more confident and at peace with my decisions. My relationship with my family has improved since therapy. It is now good, supportive, and much healthier. Relationship with my significant other has also improved. I can have emotional intimacy and an adult relationship."

These two stories are just samples of many of individuals who reached a point in their lives where change was the only option left. It took great courage on each of their parts to seek help to achieve the needed change but, as you can see from their stories, the rewards were well worth the risk.

And so, what about you? Are you facing challenges in your life that cry out for change? It will take courage, time and dedication, but it's worth it in the end. Maybe it's time for you to walk away from the discomfort and embrace real happiness. †

Laura Roman, LCSW, BCD, is a relationship coach and psychotherapist based in Wexford, PA. To learn more about how you can have a more fulfilling life, visit www.lauraroman.com or call 412-247-1955.

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.
2. Forward your patients the link so they can download the Guide at home.
3. Download the Guide and forward it to your patients as an attachment.

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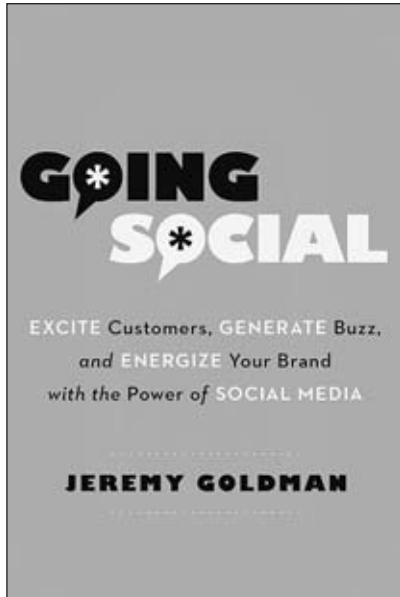
Going Social by Jeremy Goldman

Book Information: c.2013, Amoco

\$19.95 / \$23.50 Canada 294 pages

Business is a little off.

It's been that way for awhile, despite a "recovery," despite that you've hired a first-class sales team and rolled out new product in the past year, despite an expensive new ad budget. It's very discouraging.



You know you need a new direction. Maybe a better way to connect with customers would work, something inexpensive yet effective. And in the new book "Going Social" by Jeremy Goldman, you'll find it.

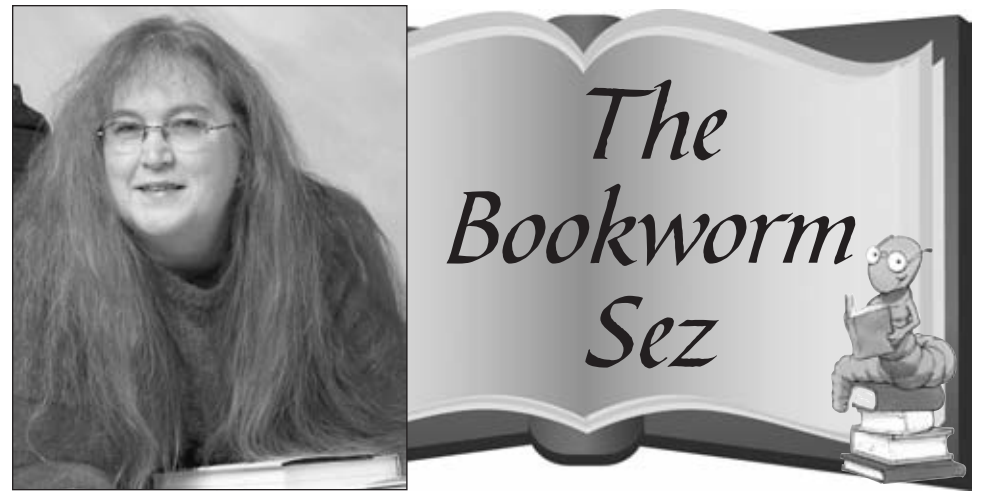
From birth to death, we have a "propensity toward social action" that drives us. Babies instinctively look for faces. Adults seek out human contact, once basic survival needs are met. We need to connect with other people.

The good news for your business is that it's cheaper than ever to utilize innate human cravings for social contact: the cost of conversing with customers "has gone down dramatically." Still, old-school advertising isn't always memorable enough to spur sales. That's why many corporations use social media: online recommendations are "up to 50 times more likely to trigger a purchase compared to another kind of recommendation."

But how do you make it work for you?

The first thing to do, says Goldman, is to change your thinking. The question isn't whether your business should have a social media presence. It's what kind of presence you need. Knowing the answer will save you from wasting time on sites not frequented by your target market.

Second, set your strategy. Like everything else in business, you must have a plan because social marketing "can't transform businesses simply by existing." You



should also know your audience, what they like, and where they are.

Don't just throw something online; have a point and be clear. Also, be unique and creative, but don't "pander" to anyone. Learn to target customers on different sites, but don't go hog-wild; chances are, you don't need to be everywhere (but sign up for an account anyhow, so you "own" that real estate). Finally, learn how (and when) to deal with negative comments, and understand that giving better-than-stellar customer service online is absolutely essential.

When it comes to business, you've seen fads come and you've seen them go, but you know that social media is here to stay. Isn't it time to grab "Going Social" and learn about how to harness it?

I won't promise you it's easy, even with the help of this book, but author Jeremy Goldman does offer plenty of advice to help take away some of the frustration in using Facebook, Twitter, Pinterest, and the like. It helps that he's included plenty of first-hand accounts from other businesses, large and small, and that he starts with the basics. I was also happy to see him tackle pitfalls and cautions, since being quick on your feet seems to be necessary in nearly everything online.

I think that if you're looking to hire or train a social media director (one of Goldman's advisements), then this book offers a good walking knowledge toward that end. With "Going Social" on your desk, your business is game on. 📖

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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Rising to the Challenges of the Evolving Reimbursement Environment



By William H. Maruca, Esquire

Health care in the United States is undergoing another episode of dramatic change, but its significance has been amplified by highly polarized politics, online media sources and the 24-7 news cycle. Forward-thinking hospitals and provider networks can position themselves to seize opportunities and minimize heightened risks presented by this turbulent time, but only if they develop effective data gathering and analysis tools.

Despite the firestorm that continues to rage over the Affordable Care Act ("Obamacare" to its opponents), the reimbursement changes it includes are relatively incremental and, in many cases, optional. Contrast them with the radical realignment that was suddenly ushered in by the advent of DRGs in 1983 under the Medicare prospective payment system, which required hospitals to rapidly adapt to fixed fees per admission after decades of cost-based Medicare reimbursement. DRGs led hospitals to focus on cost control and lengths of inpatient stays but also incentivized the growth of outpatient diagnostic and treatment services (and their associated costs), which were not subject to the same limitations.

The changes to today's reimbursement world are driven by trends that move away from fee-for-service payment models and toward pay-for-performance, accountability for outcomes and care coordination, and value-based purchasing. These changes are being aggressively pushed by the Center for Medicare and Medicaid Innovation (CMMI), private insurance initiatives, purchaser coalitions, proactive providers, and the development of hybrid payor/purchaser entities.

Among the CMMI initiatives are both well-publicized programs such as the Shared Savings Program for Accountable Care Organizations (ACOs) and the Bundled Payment Initiative, as well as a long list of lesser-known pilot programs and payment/delivery models, more than 40 in all, which can be explored at <http://innovation.cms.gov/initiatives/index.html>. Now that CMMI has survived the Supreme Court's 2012 ACA ruling and the 37 (and counting) symbolic repeal attempts in the House, the agency continues to promote and evaluate a variety of alternative payment mechanisms in an ongoing search for one or more magic bullets that can bring health costs under control.

Accountable care appears to be the most popular of the various models so far. CMMI reports that there are now more than 250 ACOs participating in the shared savings program, including 106 new ACOs added as of January 2013. One in 10 Americans are now being treated by an ACO provider, according to Richard Weil, Ph.D., of the Oliver Wyman Group consulting firm. Half of all ACOs are physician-led organizations that serve fewer than 10,000 beneficiaries, and 20% of ACOs include community health centers, rural health clinics and critical access hospitals that serve low-income and rural communities.

The Bundled Payment Initiatives, which in some ways can be described as "ACO-lite," are surprisingly slower to catch on. This initiative combines payments to hospitals, physicians and ancillary providers into a single payment for 48 defined "episodes of care," such as congestive heart failure or joint replacement. Applicants can select the episodes they want to bundle, and pick from four variations covering inpatient and/or outpatient care and prospective or retrospective fee structures.

Only one provider is participating in the retrospective acute care inpatient model so far; 55 in the retrospective acute and post-acute care model; 14 in the post-acute care model; and 37 in the prospective acute care model. Since under each of these models applicants can select only those lines of business in which they have confidence that they can deliver care at a cost savings, it suggests that relatively few health systems and networks believe they have developed the technical capability and infrastructure necessary to monitor and control such costs in real time while ensuring quality.

As it stands, the CMMI approach remains voluntary, and only the best-prepared providers choose to participate in their initiatives, so it is premature to guess whether any combination of accountability, pay-for-performance, bundled payments and similar approaches would prove effective if imposed across the board. In the meantime, private payors, particularly on the West Coast, are increasingly implementing similar efforts on a larger scale, and large health care purchasers continue to demand proof of cost effectiveness beyond the old fee-for-service system. Providers who dip their toes in the unfamiliar waters of alternative reimbursement methods, at limited risk, will be better prepared if they are ultimately tossed into the deep end by sweeping changes. †

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



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People and Awards

New Staff Hires & Promotions Announced by Altoona Regional Health System



Diane Harris

Cresson native **Diane Harris**, director of Health Information Management (HIM) at Altoona Regional Health System, has been promoted to the position of director of Information Technology. Beginning her management career in HIM in 1987 in the Department of Corrections systems as well as consulting in various types of facilities, Harris moved into the acute-care setting at Bon Secours-Holy Family Hospital as the director of HIM and privacy officer. She continued as the director of HIM for Altoona Regional upon the merger. She spearheaded the transition in HIM from paper to an electronic record, creating improvements throughout the health system.

Karrie Bonsell, of Tyrone, has been promoted to payroll manager at Altoona Regional Health System. Her responsibilities include the supervision of the Payroll department and two payroll clerks. Bonsell obtained an associate degree in Specialized Business/Business Administration-Accounting from South Hills Business School, State College.



Karrie Bonsell



William Weikert

Physician assistant **William Weikert** of Altoona joined Southern Alleghenies Elite Orthopedics. Weikert graduated from Juniata College with a bachelor's in biology, and received his bachelor's in physician assistant medicine from the Pennsylvania College of Technology, Williamsport. He was certified by the National Commission on Certification of Physician Assistants in 2008. Since 2009, Weikert has worked at Altoona Regional in its Trauma Service department.

Simon D. Lampard, M.D., FACS, medical director of Altoona Trauma/Emergency General Surgery, has been appointed chair of the American College of Surgeons Pennsylvania Committee on Trauma. The mission of the American College of Surgeons Committee on Trauma is to develop and implement meaningful programs for trauma care in local, regional, national and international arenas. These programs must include education, professional development, standards of care and assessment of outcomes.



Simon D. Lampard



Dave Bickers

Dave Bickers, CRNP, CWOEN, has become a certified registered nurse practitioner for Altoona Regional's Wound Care, Ostomy and Hyperbaric Medicine. He is also assuming two new roles in the department: supervising medical officer of hyperbaric and lab safety officer. Bickers received his master's degree in Nursing (CRNP) at University of Pittsburgh, specializing in adult acute care. He became a certified wound, ostomy and continence nurse and obtained his master's degree in wound, ostomy and continence (CWOEN) at LaSalle University in Philadelphia. He has a bachelor's degree in Nursing from Mount Aloysius.

Kokab Khan, M.D., has joined the medical staff at Altoona Regional Health System. She is board certified in Family Medicine and practices with Lexington Hospitalists of Altoona. She received her medical degree from Dow Medical College in Pakistan and did her residency in Family Practice with Altoona Family Physicians, a practice affiliated with Altoona Regional.

Sandralee A. Blosser, MD, FCCM, intensivist and medical director of critical care at Altoona Regional, is serving as the Chancellor of the Board of Regents for the American College of Critical Care Medicine (ACCCM), part of the Society of Critical Care Medicine (SCCM). In addition to her responsibilities there, Dr. Blosser is chief of Intensivist Development at Pittsburgh Critical Care Associates Inc. and an associate professor of Medicine, Anesthesiology and Surgery at Penn State Hershey Medical Center.

For more information, visit www.altoonaregional.org.

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Henderson Brothers Adds Two New Hires to Its Employee Benefits Team



Donna J. Dietrick

Henderson Brothers continues to build the expertise and breadth of its Employee Benefits Division by adding **Donna J. Dietrick** as assistant vice president, senior benefits consultant, and **Susan (Cornelius) Marks** as assistant vice president, senior underwriting consultant. Henderson Brothers, Inc., based downtown, is one of Western Pennsylvania's largest providers of insurance, risk management and employee benefits advisory services.

In her role, Dietrick is a team leader and employee benefits strategist, helping clients with benefit plan design and data analysis, human resources compliance, claims analytics, policy reviews and mitigating risk exposure. She is also responsible for assuring that her team maintains Henderson's superior level of client service and for new business development.

Dietrick earned the well-regarded professional designation of Certified Employee Benefits Specialist (CEBS), later being awarded Fellowship status, a distinction recognizing members who continue their professional development by broadening their knowledge in employee benefits, compensation and other key related areas. She is a member of the Pittsburgh Business Group on Health and the Pittsburgh Human Resources Association. Prior to joining Henderson, she was a principal at employee benefits consulting firm Mercer in Pittsburgh for 18 years.

She earned a Bachelor of Arts degree in Business Administration from Duquesne University, and also graduated from Highlands High School in Natrona Heights where she grew up. She now lives in Mt. Lebanon with her husband and two children.

Marks is responsible for financial strategy and support for



Susan (Cornelius) Marks

People and Awards

all of Henderson's strategic benefits accounts. Along with her financial team, she is responsible for renewal projections, financial analysis, funding solutions and strategy development around client employee benefit plan designs and employee contributions.

Also a Certified Employee Benefit Specialist, she brings some 25 years of insurance and management consulting experience to Henderson, having previously worked for benefits consulting firm Mercer, Highmark, Carefirst (Maryland's Blue Cross/Blue Shield organization) and the Hay Group, a global management consulting firm.

Born in Framingham, Mass., she grew up in Pittsburgh's South Hills, graduating from Baldwin High School, and earned a Bachelor of Science Degree from Penn State University. She now lives in Upper St. Clair with her husband.

For more information, visit www.hendersonbrothers.com. 

Premier Medical Associates Welcomes New Providers

Premier Medical Associates (PMA) has announced that new providers are joining the Premier team, which is focused on providing the highest quality care at the lowest possible cost. The company now has more than 90 providers.

The following providers have recently joined Premier:

Kamal Amin, M.D., M.P.H., joins the infectious disease team at its office at 2550 Mosside Boulevard, Suite 314, Monroeville. Dr. Amin received a master of public health from the University of Wales College of Medicine in the United Kingdom and a bachelor of medicine and bachelor of surgery at Rawalpindi Medical College in Pakistan. He served as an internal medicine resident at the Detroit Medical Center and has worked at numerous hospitals in Pittsburgh.

David Baker, M.D., M.P.H., will be part of Premier's new specialty in ophthalmology and will be based at Premier's Forest Hills location. Dr. Baker is a graduate of the University of Michigan and the University of Pittsburgh's Graduate School of Public Health. He did his residency at the State University of New York at Buffalo and is a member of the American Academy of Ophthalmology.

Elizabeth Cabrera, D.O., is joining Premier's hospital medicine team as a hospitalist. Dr. Cabrera is a graduate of Nova Southeastern University's College of Osteopathic Medicine. She completed her residency at Jackson Memorial Hospital in Miami, Florida.

Colin Conway, M.D., is joining Premier's surgery division and is currently completing training at Allegheny General Hospital. Dr. Conway received his degree from Northeastern Ohio University College of Medicine. He is active with the American Red Cross Disaster Services.

Lisa Kwisnek-Lamantia, M.D., is joining Premier's hospital medicine team as a hospitalist. Prior to joining PMA, Dr. Kwisnek-Lamantia was with Conemaugh Physician Group as a hospitalist and is a graduate of James Madison University and Lake Erie College of Osteopathic Medicine.


Lindsay Lear, O.D., F.A.A.O., is an optometrist joining Premier's ophthalmology team in Forest Hills. Prior to joining Premier, Dr. Lear was a primary care optometrist with Eye Physicians & Surgeons in Pittsburgh. She received her degree at Pennsylvania College of Optometry at Salus University in Philadelphia.

Ken McGaffin, M.D., Ph.D., F.A.C.C., sees patients for internal medicine and cardiology in Penn Crossing. Dr. McGaffin received degrees from Georgetown University and the University of Pittsburgh and was a clinical fellow in cardiovascular disease with the University of Pittsburgh Medical Center. He has been a member of the UPMC Presbyterian-Montifiore Hospital cardiology staff as well as UPMC Magee-Women's Hospital and Heart Center in Pittsburgh.

Gaya Muthukrishnan, M.D., joins Premier's hospital medicine team as a hospitalist. Dr. Muthukrishnan is a graduate of M.S. Ramaiah Medical College in Bangalore with a bachelor of medicine and a bachelor of surgery. She served as an internal medicine resident with the Western Reserve Care System and as a hospitalist at the Southwest Regional Medical Center in Waynesburg, Pa.

Phalgun Prativadi, M.D., will join Premier's infectious disease team and is currently a fellow in the department of infectious disease at Penn State Hershey Medical Center. Dr. Prativadi is a graduate of St. George's University School of Medicine and Penn State University.

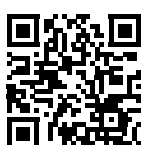
Rashmi Yadav, M.D. is joining Premier's hospital medicine team as a hospitalist. Dr. Yadav is a clinical assistant professor with the University of Pittsburgh Medical Center Department of Critical Care Medicine. Prior to that, Dr. Yadav was a resident in internal medicine at UPMC McKeesport and is a graduate of B.J. Medical College in Pune, India.

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Conemaugh Physician Group Welcomes New Physicians



Mark Pajeau

Conemaugh Physician Group recently announced the following new hires.

Conemaugh Physician Group – Oncology welcomed **Mark Pajeau, MD** to Conemaugh Memorial Medical Center. Dr. Pajeau joins the practice of Dr. Ibrahim Sbeitan and Dr. William Wynert at the Conemaugh Cancer Care Center.

Most recently, Dr. Pajeau worked in a private practice in Hematology-Oncology located in Lima, Ohio. He is board certified in Internal Medicine and Psychiatry. He completed a Hematology-Oncology Fellowship at West Virginia University and an Internal Medicine and Psychiatry Residency at the University of Virginia in Charlottesville. Originally from Chicago, Illinois, Dr. Pajeau attended medical school at the University of Illinois Med-

ical College.

Dr. Pajeau will see Oncology patients at the Conemaugh Cancer Care Center and will utilize his Psychiatry background to assist his patients. Dr. Pajeau hopes to also assist with Palliative Care patients, as well as community Smoking Cessation classes held at Conemaugh Memorial.

His professional memberships include the American Medical Association, American Society of Clinical Oncology and American Society of Hematology. He has also held teaching assistant positions at various hospitals including The University of Illinois Medical School at Rockford and the University of Illinois at Urbana-Champaign.

In his free time, Dr. Pajeau enjoys weight training and officiating basketball games for high school level and below.

Christine M. Lesosky, DO, a Johnstown native and graduate of Conemaugh Memorial Medical Center's Family Practice residency, is joining Dr. Brian Lieb in practice at Conemaugh Physician Group – St. Benedict.

Dr. Lesosky joins Dr. Brian Lieb at the Conemaugh Physician Group – St. Benedict practice on Theatre Drive in Carrolltown, PA. As a Family Practice physician, Dr. Lesosky enjoys treating a wide variety of patients and conditions. She has special interest in Osteopathic Manipulative Treatment (OMT), a hands-on care approach used to ease muscle pain, promote healing and increase mobility.

In addition to seeing patients, Dr. Lesosky looks forward to helping with Conemaugh Memorial's Family Medicine residency program, providing lectures and helping medical residents in Conemaugh Memorial's Medical Skills Learning Center. In addition to her memberships in the American College of Osteo-



Christine M. Lesosky

pathic Family Physicians (ACOFP) and American Academy of Family Physician (AAFP), Dr. Lesosky is also a member of the Pennsylvania Geriatric Society, the American Medical Association (AMA) and the American Osteopathic Association (AOA). She also serves on the Pennsylvania Osteopathic Medical Association's Board of Trustees, Committee on Trauma and Committee on Bio-Medical Ethics.

Dr. Lesosky is engaged to be married. Her fiancée is also a Pennsylvania native, from the Gettysburg area.

Antonio Sortino, MD recently joined Conemaugh Physician Group – Cardiothoracic Surgery with Dr. Savas Mavridis.

Dr. Sortino is a native of Palermo, Italy, where he graduated medical school at the University of Palermo, Cum



Antonio Sortino

People and Awards

Laude. He completed residency training at UPMC-McKeesport, Wilkes-Barre General Hospital and at Yale University School of Medicine. Dr. Sortino comes to Conemaugh Health System after a long and successful career in the Pittsburgh area including a thirteen year tenure at Washington Hospital where he was instrumental in starting the heart program and served as Chief, Department of Cardiovascular Surgery.

Board certified in Thoracic Surgery, Dr. Sortino chose a career in cardiothoracic surgery after his own father passed away from a heart attack at age 49. He brings to Conemaugh Memorial a new procedure called the MAZE procedure, a surgery performed to treat atrial fibrillation. During this surgery, small incisions are made on the left and right atrium of the heart to form scar tissue which disrupts the path of abnormal electrical impulses.

Dr. Sortino will replace Dr. Raj Devineni who recently retired from practice. Dr. Sortino also says he looks forward to participating in Conemaugh Memorial's surgical residency program and to training in robotic assisted cardiothoracic surgery. Conemaugh Memorial's heart services continue to earn national and statewide recognition. Recent honors include: The HealthGrades Coronary Intervention Excellence Award™ - 2009, 2011 & 2012, Ranked Among the Top 10% in the Nation for Coronary Interventional Procedures - 2011 & 2012, 5 Star Rated for Valve Surgery, Coronary Interventional Procedures and Treatment of Heart Attack - 2011 & 2012.



Karen Menser

Conemaugh also welcomed Certified Registered Nurse Practitioner (CRNP), **Karen Menser**, who has worked in Cardiac care, Gerontology and Hospice. Her love of Women's Health has her excited to now be seeing patients at Conemaugh Physician Group - OB/GYN's Conemaugh Richland location.

Menser has a Bachelor of Science in Gerontology from California University of Pennsylvania and an Associate of Science in Nursing from Allegany College of Maryland. She then completed her Bachelor of Science in Nursing at Carlow University in Pittsburgh before obtaining a Master of Science in Nursing and AANP Board Certification as a Family Nurse Practitioner. She is currently pursuing her Doctorate of Nursing Practice at Carlow University and is an active member of the Laurel Highlands Nurse Practitioner Association.

tioner Association.

Prior to returning to the Johnstown region, Menser worked at Western Maryland Health System OB/GYN in Cumberland, Maryland. She is involved in all aspects of well women care including prenatal care, gynecologic services including annual exams, family planning and preconception counseling, as well as having a special interest in breastfeeding promotion, infertility and menopause management.

Menser and her husband reside in Somerset with their two small children.

Learn more at www.conemaugh.org.



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People and Awards

Family Hospice and Palliative Care Spiritual Care Specialist Mary Ann Trifaro Receives Catherine Baker Knoll Award



Mary Ann Trifaro

The Allegheny County Democratic Committee has awarded Mary Ann Trifaro, Spiritual Care Specialist at Family Hospice and Palliative Care, with the 2013 Catherine Baker Knoll Award.

The Catherine Baker Knoll Award is presented to women who have displayed exceptional achievement and have been instrumental in furthering the goals of the Allegheny County Democratic Committee.

In her role with Family Hospice, Trifaro provides spiritual support and comfort to patients facing life-limiting illness and their loved ones. Trifaro has also officiated at ceremonies for Family Hospice patients wishing to renew their marriage vows.

Trifaro was presented the award May 9, at the Democratic Committee's annual Jefferson-Jackson Dinner at the IBEW in Pittsburgh's South Side.

Trifaro was ordained in 1984 and has served as Senior Minister for three churches in Colorado,

Rhode Island and Pittsburgh. She is an active member of the Mt. Lebanon Democratic Committee and formerly served as secretary. Trifaro was also a member of the National Speakers Association, the International New Thought Alliance and the Professional Woman's Association. She names her hard-working parents as the greatest influence in her life, learning important values from her mother and father.

More information at www.FamilyHospice.com and www.Facebook.com/FamilyHospicePA.

Around the Region



Bayer to Mark 150th Anniversary with Employee Celebration Day

As Bayer marks the company's 150th anniversary of its founding this year, the company held an Employee Celebration Day luncheon for all 110,000 global employees on June 18, serving one international upscale menu to every employee, on the same day. The anniversary menu was created using the expertise of five global Bayer Celebration Chefs, including the Executive Chef at Bayer's Pittsburgh campus dining facility, Jeff Sinciline.

"As we celebrate this significant milestone, we are thrilled to express appreciation to our dedicated employees by joining together to share a meal in celebration of Bayer's 150th anniversary," said Jerry MacCleary, President, Bayer MaterialScience LLC, and senior representative for Bayer in the Pittsburgh region.

In preparation for the Celebration Day anniversary meal, Chef Sinciline and other Celebration Chefs worked for months in advance to develop global recipes with high-quality, fresh ingredients that are available worldwide, taking employees on a culinary trip around the globe while preparing the meals onsite at Bayer locations.

The Anniversary Menu includes items such as Kung-Pao Chicken, Orange Salmon with Ratatouille and Fresh Fruit with Raspberry Coulis and Dark Chocolate. Employees at Bayer's Pittsburgh site and around the world will enjoy the customized recipes Chef Sinciline contributed to the menu, such as Couscous Salad with Cinnamon Almonds and Mint-Kissed Strawberry Lemonade. Chef Sinciline will be preparing more than 3,000 lunches for Bayer employees on June 18, with 25 percent of ingredients sourced from growers and producers of food from the Pittsburgh region.

"Around the globe, celebrations are traditionally marked by communities, families and friends joining together for meals," said Chef Sinciline, who is a team member of Parkhurst Dining. "As Bayer's employees in the Pittsburgh region join their colleagues from around the globe in celebration, the anniversary menu offers globally influenced recipes for a truly unique dining experience."

For more information, go to www.bayerus.com or www.parkhurstdining.com.



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Parkside Senior Living Communities Partner with Cura Hospitality to Provide Exceptional New Dining Experience

Parkside Independent Senior Living, a privately owned group of senior living communities that specialize in providing personal care and independent living services in Erie, PA, recently partnered with Cura Hospitality, a leading specialist in senior living dining. The focus will be on providing seasonal farm-fresh foods, unique dining options and personalized services, while delivering exceptional dining experiences for residents, guests and staff at The Regency

Children’s Hospital of Pittsburgh of UPMC Holds Groundbreaking Ceremony for Expansion to New South Fayette Location

Children’s Hospital of Pittsburgh of UPMC recently held a groundbreaking ceremony for a new pediatric site in South Fayette that will feature expanded outpatient services including pediatric sub-specialty care; various therapies; primary care; advanced imaging services; and after-hours urgi-care in one highly visible, child and family-friendly setting.

The new Children’s South is moving from its current location in Bethel Park to South Fayette Township and is set to open in fall 2014. New and expanded services include:

“This expansion in South Fayette is a wonderful opportunity for Children’s Hospital to consolidate all of the services we currently provide in the South Hills into a single, highly accessible facility,” said Christopher Gessner, president, Children’s. “We’re responding to a growing need for pediatric services from families in southwestern Pennsylvania, northern West Virginia and eastern Ohio. We want to make it even more convenient for families to access our world-class doctors and caregivers.”

The new Children’s South is designed to resemble the hospital’s main campus in Lawrenceville — from an abundance of natural light to distraction therapy features for various age groups. The four-story building with 60,000-square-feet of usable space will sit on 2.6 acres.

The architect on the new Children’s South project is IKM Incorporated and contractor is Rycon Construction, Inc.

For more information, visit http://www.chp.edu/CHP/new_childrens+south+overview.

Around the Region

at South Shore and Parkside at North East.

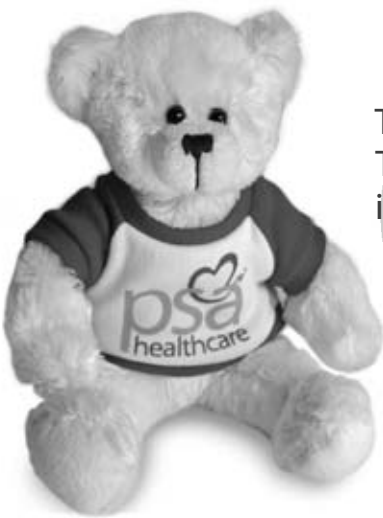
According to Melanie Titzel, Vice President of Parkside Senior Living, “We’re delighted to partner with Cura, a quality-driven organization where executive chefs prepare healthier, locally-sourced food, while providing a LivingLife wellness experience that encourages personal growth and independence through hospitality-related activities and special events. As we expand our offerings, we look to their expertise to greatly enhance Parkside’s commitment to quality, maintaining independence and unique lifestyle choices.”

Cura will also enhance Parkside’s Suites Plus, a program which provides additional support designed to meet specific resident needs. Cura’s dining team members will work with Parkside’s personal care givers to design menus that encourage a stimulating and healthy dining experience.

“We’re excited to bring our expertise to Parkside and will strive to continually enhance dining services, while promoting an experience that exceeds the expectations of those we serve,” said Mitch Possinger, president and founder of Cura Hospitality.

For more information, visit www.curahospitality.com or www.parksideerie.com.

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Hudson Valley Hospital Center Partners with Cura Hospitality To Introduce Healthy, Fresh and Locally Sourced Dining Experience

Cura Hospitality is proud to extend its hospital foot print into New York by providing a fresh, healthy and locally-sourced dining experience to Hudson Valley Hospital Center (HVHC), a fully accredited general, voluntary, not-for-profit 128-bed hospital serving the Westchester/Putnam County and lower Hudson Valley area with high-quality health care through a team of more than 350 physicians and 1,300 employees.

According to John C. Federspiel, president of HVHC, our goal was to partner with a quality-driven acute care dining specialist whose goals mirror ours on disease prevention and lifestyle wellness. Cura achieves this through sourcing freshly-prepared food that is grown and processed in our communities, while emphasizing a Completely Satisfied patient service philosophy that celebrates peer-leading patient satisfaction results through a well-executed food, nutrition and service program.

“Cura’s passion for chef-inspired menus, scratch cooking and their sustainable practices through its FarmSource program, clearly defines their homegrown and healthy approach to dining. They partner with some of the finest local farms and producers of food in our area including Byrne Dairy, Continental Organics and Red Barn Produce, which supports our Harvest for Health that promotes field to plate meals for patient therapeutic care,” said Federspiel.

Eat’n Park Hospitality Group (of which Cura is a member of) was recently honored with the Glynwood Harvest Award (Cold Spring, NY). This award was created by Glynwood, the not-for-profit organization whose mission is to save farming in the North East, in order to highlight innovative work being done to increase access to fresh, locally-produced food and to recognize leaders across the country that support regional agricultural systems.

Cura’s Completely Satisfied also reflects HVHC’s “Patientology” patient-care principles that determine the impact decisions will have on the patient’s experience and overall health and wellness. Cura will enhance Patientology by focusing on each patient’s specific health and dietary needs as well as their personal preferences. Cura’s dietitians will also meet regularly with HVHC medical staff to design food choices that will help speed the healing process for post-operative and post-injury patients.

“We are excited that Cura shares our responsibility to incorporate nutrition into every medical care plan, and to hopefully discharge patients with an understanding of why their diet is so very important to their health,” said Federspiel.

A vibrant dining service is also planned for the café which includes something for everybody – expanded café menu offerings for care-giving staff, guests and visitors. This allows for welcomed “recharge” meal breaks, including scratch and made-to-order cooking, a sea-

Around the Region

sonal salad bar, on-the-go fresh food offerings and even an indoor produce stand that the Cura team constructed.

Herbs and vegetables grown in the hospital’s Seeds for Health organic healing garden are also planned to be used by Cura chefs in the preparation of healthier meals.

For more information, visit www.curahospitality.com or www.hvhc.org. ↑



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BAPTIST HOMES SOCIETY

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

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

OAKLEAF PERSONAL CARE HOME

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

3800 Oakleaf Road,
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PRESBYTERIAN SENIORCARE

Presbyterian SeniorCare is the region's largest provider of living and care options for seniors (Pittsburgh Business Times, 2013), serving approximately 6,500 older adults annually. Established in 1928, the non-profit, faith-based organization is accredited by CARF-CCAC as an Aging Services Network. In addition, Presbyterian SeniorCare was awarded five-year accreditation in 2011 as "Person-Centered Long-Term Care Communities" for all of its nursing communities. Providing a continuum of options in 56 communities in 44 locations across 10 western Pennsylvania counties, Presbyterian SeniorCare offers independent and supportive apartments, personal care, world-renowned Alzheimer's care, rehabilitation services, skilled nursing care and home- and community-based services. For more information please call 1-877-PSC-6500 or visit www.SrCare.org.

ST. BARNABAS HEALTH SYSTEM

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

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HOME HEALTH/HOME CARE/HOSPICE ANOVA HOME HEALTH AND HOSPICE

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

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Since 1975, BAYADA Home Health Care has been helping people of all ages have a safe home life with comfort, independence, and dignity. We believe our clients come first and our employees are our greatest asset. Every level of care is supervised by a registered nurse (RN) clinical manager and all of our services are provided with 24-hour clinical support. BAYADA Home Health Care assists adults and seniors who need nursing care and assistive care services at home or in the hospital. BAYADA Pediatrics—a specialty of BAYADA Home Health Care—specializes in helping children of all ages with complex needs to cope with illness or injury at home and at school.

www.bayada.com

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INTERIM HEALTHCARE HOME CARE AND HOSPICE

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

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

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
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Pittsburgh, PA 15224.
www.childrenshomepgh.org
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THE CHILDREN'S INSTITUTE

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

For more information, please call 412-420-2400
The Children's Institute
1405 Shady Avenue,
Pittsburgh, PA 15217-1350
www.amazingkids.org

PUBLIC HEALTH SERVICES ALLEGHENY COUNTY HEALTH DEPARTMENT

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

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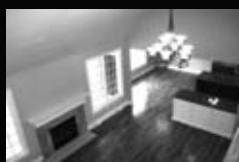
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<p>N Strabane \$387,000 Luxurious carefree living! Graciously sized rooms & storage. Former model with upgraded finishes. First floor Master, Loft/Den area plus 2 Bedrooms upper level, cathedral Great Room. Kitchen/Dining Room designed for entertaining with Aristokraft cabinetry dentil crown moulding, walk-in pantry, granite counter & breakfast bar plus stainless Maytag appliances. Game Room includes complete Kitchen. Convenient A+ location within minutes of major arteries. MLS #965094</p>		<p>Peters Twp. \$739,900 Elegant appointments throughout - hardwood, deep crown mouldings, glass French doors, grand 2-story Foyer & Family Room with wall of windows. Hand crafted built-ins. Gourmet glazed ivory maple Kitchen featuring granite counters & center island. Finished daylight Game Room includes custom Wet Bar, Game & Sitting Areas, Full Bath & Bedroom or Exercise. Deck with million dollar views! MLS #956504</p>		<p>Canonsburg \$295,000 Spacious cape cod style home with hidden attributes. Custom Built amongst newer homes. Living Room offers built-ins, fireplace & French Doors to sun filled Morning Room. Cathedral ceiling in Family Room. First floor Master Suite & Laundry. Lower level offers newer finished Apartment with equipped Kitchen, Dining Room, Living Room, lovely Bath w/walk-in Tub, Den area & large Bedroom w/sliding glass door to rear patio. MLS #961913</p>		<p>Karen Marshall • Keller Williams • 412-831-3800 ext. 126 • karenmarshall@realtor.com • www.TheKarenMarshallGroup.com</p> <p>Keller Williams</p> <p>Karen Marshall</p> 
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PENN STATE From Page 1

the resources of Penn State Fayette, the Eberly Campus, to nurses in Southwestern Pennsylvania. We have been providing on-site nursing programs at local hospitals for over ten years.”

This program is Penn State Fayette’s first effort to offer credit courses in South-
pointe. Segilia said that this initiative is one way they can help nurses receive pro-



Janet Knott

fessional development opportunities right in their local communities.
“Nursing students who enroll in these Penn State classes bring expertise and skills from various healthcare environments,” he added. “Many students indicate that this focused classroom interaction with other nursing colleagues and the leadership provided by Penn State Fayette’s Nursing faculty are valuable components of a successful learning process.”
Individuals interested in learning more about this new program initiative can call Penn State Fayette’s Nursing Department at 724.430.4220.

PROGRAM SPOTLIGHT: JANET KNOTT,
PENN STATE NURSING FACULTY MEMBER

Janet Knott, D.N.P., R.N., C.N.E., began her nursing career at a small community hospital in an adult Intensive Care Unit. While practicing at this hospital she obtained a Baccalaureate of Science in Nursing Degree from the University of Pittsburgh and then a Master’s of Science in Nursing Education Degree from Indiana University of Pennsylvania.
Knott has over 20 years of clinical experience in both adult and pediatric Intensive Care. Most recently, she obtained a Doctor of Nursing Practice from Carlow University. Presently, she is a Certified Nurse Educator at Penn State Fayette, the Eberly Campus in Uniontown, where she has been teaching nursing for the past fourteen years both in the Associate Degree and Registered Nurse to Baccalaureate in Science programs. In addition, she is currently the Simulation Laboratory Coordinator. Knott is truly passionate about nursing and the education of present and future nurses, which is exemplified in her teaching.

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LECOM Institute for Successful Aging First in Erie to Earn NICHE Certification

The Lake Erie College of Osteopathic Medicine (LECOM) Institute for Successful Aging and Millcreek Community Hospital (MCH) have become the first Erie health care organizations recognized for their commitment to improving health care for older adults.

The national NICHE (Nurses Improving Care for Healthsystem Elders) certification signals the dedication of LECOM and MCH in providing patient-centered care for older adults. Only 450 health care systems across North America, and only one in northwestern Pennsylvania, participate in this interdisciplinary program designed to help health care professionals improve the care they provide geriatric patients.

The Institute for Success for Aging is training a team of nurses, physicians, pharmacists and other health care staff members to insure that any older adult coming for any services receives the optimal diagnosis and treatment. With additional staff education, this will improve the ability to recognize and support patient-driven health care decisions.

The NICHE principles and tools stimulate a change in the culture of health care systems to achieve patient and family centered care.

"The NICHE program is evidence-based geriatric care at the bedside delivered by proven strategies and methods that address issues specific to older patients," said James Lin, D.O., director of the LECOM Institute for Successful Aging and a fellowship-trained geriatric physician. "The NICHE program creates a healthy and productive practice environment that values keeping older adults independent in their decisions through staff support."

Around the Region

NICHE designation demonstrates the MCH organizational commitment and continued progress in improving quality, enhancing the patient and family experience, and supporting the health system's efforts to serve our community. "We are committed to a culture in our health care system where the patients and their families are our primary focus," said Mary L. Eckert, president and CEO of Millcreek Community Hospital. "We're excited to be able to offer our staff this unique education that will only make them more confident and prepared to serve those under our care."

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Jane and Rick

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

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

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