

Workplace Wellness and Health Care Reform



By Sheryl Kashuba

Since its enactment in 2010, the Affordable Care Act (ACA) has garnered a great deal of attention, political and otherwise, for the far-reaching changes that it brings to healthcare and health insurance. However, as stakeholders across the country prepare for its implementation, it is apparent that some of the law's provisions have escaped widespread notice.

Among the provisions that may have garnered less attention are rules that allow employers to reward their workers for actively pursuing healthier lifestyles. Wellness initiatives are a big, but often forgotten part of healthcare reform.

There is a growing interest in wellness programs on the part of employers, and the ACA provides new flexibility to create incentives for employees who participate in those programs.

Well-structured wellness programs have the potential to reduce employee ab-

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senteism, boost productivity, and slow employee turnover. Many employers have also found that successful wellness programs can reduce their health care costs over time.

Beginning in 2014, the ACA increases the ability of employers to reward employees for participating in wellness programs and for achieving health goals. Under current federal law, the maximum "wellness reward" an employer can offer cannot exceed 20 percent of the total cost of an employee's health plan coverage.

In 2014, this limit will increase to 30 percent for most programs and to 50 percent for programs that focus on tobacco cessation. The ACA also authorizes federal regulators to make additional increases in the future. These new limits will

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Avoidable HIPAA Nightmares



By William H. Maruca, Esq.

You may be familiar with the adage, "there is no such thing as bad publicity as long as they get your name right." One place you don't want your organization's name to appear is on HHS's "Wall of Shame." That's the informal name of the list published by the U.S. Department of Health and Human Services (HHS) that posts large breaches of unsecured HIPAA privacy breach incidents affecting 500 or more individuals. Smaller breaches must be reported to HHS annually and are not subject to public disclosure.

As of July 17, 2013, 627 breaches of unsecured protected health information (PHI) are reported on the Wall of Shame. However, these publicly posted breaches represent less than one percent of all reported breaches. During the period September 2009 through May 31, 2012, there were more than 57,000 reports of breaches involving fewer than 500 individuals.

What can you do to avoid this kind of ugly publicity and liability exposure? First, focus on the areas of greatest risk. Based on a 2012 report by HHS's Office

of Civil Rights (OCR), theft and loss represent 65 percent of large breaches. Laptops and other portable storage devices account for 38 percent of large breaches, paper records are 24 percent and desktop computers account for 15 percent. Only 14 percent are associated with improper access to email, network servers or electronic medical records. Accordingly, a lot of data is getting into the wrong hands via physical objects – smartphones, iPads, thumbdrives, laptops and old-fashioned paper records.

There is an effective solution to most of these breaches (other than the paper kind) – encryption. If you're not routinely encrypting all your PHI, or if you don't know whether it is being encrypted, make this your first priority.

A breach is defined as an impermissible use or disclosure that compromises the security or privacy of the PHI. An unauthorized disclosure is presumed to be a breach unless it can be demonstrated that there is a low probability that the PHI has been compromised based on a risk assessment that considers the nature and extent of the PHI involved; the unauthorized person who used the PHI or to whom the disclosure was made; whether the PHI was actually acquired or viewed; and the extent of mitigation efforts.

This is where encryption comes in. Only breaches involving "unsecured" PHI

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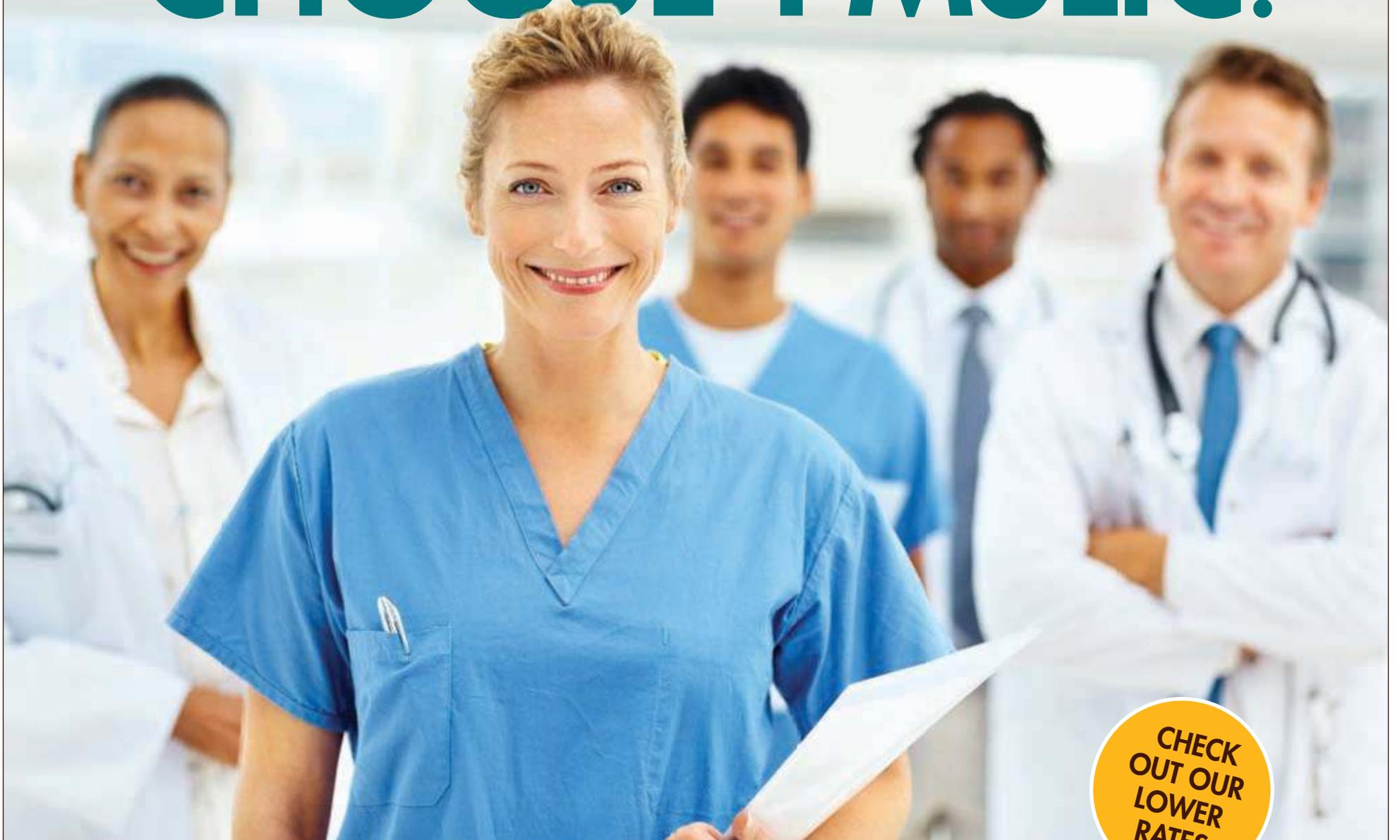
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The Allegheny County Immunization Coalition (ACIC) began its mission to promote immunizations across the lifespan in 2006 when our coalition was founded under the guidance of the Allegheny County Health Department. Our members are volunteers who represent 40 organizations interested in promoting immunizations for healthy communities. We are physicians, nurses, pharmacists, teachers, human service staff, public health professionals and others. Together we are committed to educating our community about the importance of vaccinations. You may hear our messages on TV or radio or see them on billboards, buses, and print ads. New members are welcome to the Coalition and there is no charge for membership.

You are never too old to get vaccinated. Preventing disease through immunization is important for all. It is always better to prevent a disease than treat it. Vaccines are responsible for the control of many infectious diseases once common here and around the world and have saved millions of lives. Because of successful immunization programs, some health care providers and parents have never seen diseases like polio, chickenpox, and measles. It is important to keep our vaccination rates high to prevent outbreaks of disease from sweeping across our communities.

Vaccines are a wise choice. Vaccine preventable diseases can strike anytime because they still exist in our country and elsewhere. They can range from mild to severe or life threatening. There is no way to determine who will be hit hard. For some diseases one case is enough to cause concern. Measles is an example and is the most contagious vaccine preventable disease known. Everyone should realize that a choice not to vaccinate is a choice to risk disease.

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disease to others. They can pass disease to babies who are too young to be vaccinated and to others who may not be able to get vaccinated due to certain medical conditions. We encourage you to talk to your health care provider to discuss the immunizations that may be appropriate for your family.

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LinkedIn Adds New Features to Improve User Experience



By Daniel Casciato

Have you been on LinkedIn lately? You may have noticed several new changes: “Who’s Viewed Your Updates” and “You Recently Visited.”

You can find both of these new features on the right-hand side of the homepage. These features were designed to offer LinkedIn users with more personalized insights on your activities and engagement across LinkedIn.

WHO’S VIEWED YOUR UPDATES?

According to Carolyn Gaffney, product lead at LinkedIn, Who’s Viewed Your Updates “provides you with one simplified snapshot of what you’ve shared over the past 14 days, who has seen it and how it has been received (liked, shared).”

In addition to the engagement from your 1st degree connections, Who’s Viewed Your Updates displays you how many of those members in your 2nd and 3rd degree networks, have actually engaged with what you shared—whether they shared, liked, or commented on a post.

This is beneficial to you as a user because you have real-time feedback on how the content you post resonates within your network. Gaffney says that this gives you more opportunities to build your professional brand and make connections with new professionals that share common interests.



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Social Media Monitor

YOU RECENTLY VISITED

The “You Recently Visited” feature includes highlights of recent profiles you have viewed, searches you’ve done and group discussions you have viewed or participated in. Gaffney says that this makes it easier to “retrace your steps, re-engage in conversations or follow-up with that old colleague you intended to connect with.”

These new features are in addition to the other new updates LinkedIn has made in the last few months on the homepage, including:

New navigation bar: The new bar features a simplified menu of tabs to help you quickly and easily locate the features and content that are of most value to you. LinkedIn also moved the search bar front and center to make easier to do a search on LinkedIn.

You may have also noticed that your settings and other account options are easier to find as well. Just hover over your profile picture in the upper right hand corner and the drop down menu gives you access to your account options, language and settings.

Add rich media to your updates: You can now share your photos, videos and documents in order to add a richer and more visual component to your professional updates. To use this feature, click on the paperclip on the right side of your share box on the homepage and start uploading images or files.

Call out your connections: As with Twitter and Facebook, you can now directly mention any of your 1st degree connections in your updates from the homepage. This feature allows you to easily start conversations, share knowledge and engage with your connections on LinkedIn.

Check out these new LinkedIn features 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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Understanding the Complexities of Overhead in a Physician Practice

By Samuel J. Catanese, CPA



The health care industry represents over 17% (1/6) of our Gross National Product in the United States, yet is one of the most complex and controversial businesses to operate.

Overhead for a physician practice has increased substantially over the past 15 years. With reimbursements dropping, malpractice costs rising and salaries for employees increasing, the overhead percentage increase for a physician practice has outpaced the consumer price index significantly. This means that physicians are working the same or harder for substantially less money than they did

15 years ago.

Most physicians believe that their practice's overhead is somewhere between 40% and 50% of their charges. The truth is that in today's medical practices, it is actually between 60% and 70%.

The reasons? In the past 15 years, health insurance costs for employees rose over 200%. Reimbursements from third-party payers decreased substantially. Technology has become much more expensive. Documentation for malpractice purposes has caused physicians to do more paperwork. The billing process to third-party payers has become much more complicated. Physicians have been forced to hire more staff. With all of these changes, some physicians have taken a 50% cut in pay – or more.

For example, in 1996, a physician may have had \$900,000 in charges. With the reimbursement rate at 60%, he or she would have received \$540,000. Deducting total overhead expenses of 44%, or \$240,000, leaves his or her salary at \$300,000, or 33% of the charges. That same physician in 2011 had charges of \$1.4 million. With the reimbursement dropping to 45%, he or she would have received \$630,000. Deduct overhead expenses at 68%, or \$430,000, and that same physician's salary has decreased to \$200,000, or 14% of his total charges.

Part of the problem is that physicians are often thrust in to the "business management" role of their practice without receiving any or very little training in medical school about the business of health care. A great majority of physicians, especially

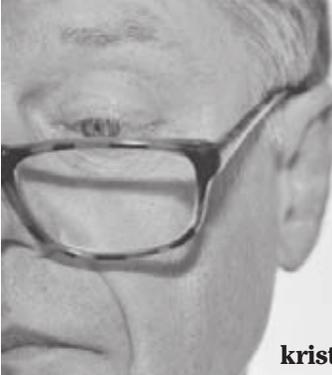
young physicians, have very little knowledge about what it takes to operate a profitable practice.

One young physician once told me that he never wanted to be a partner in his practice. He wanted to work strictly on productivity. He said, "Just pay me 60% of my charges and I will be happy." The example above clearly shows that physicians do not get reimbursed anywhere close to those numbers.

The sad news for physicians is that it's not going to get any easier anytime soon. Physicians need to have the knowledge of how to manage and operate their practice and have clear understanding of what makes up overhead expenses.

Regardless of the size of the practice, physicians need to meet with a financial and business expert to help them sort out operating expenses, fixed costs, etc. A profitability analysis can assist physicians in understanding their overhead expenses and make informed decisions about what is practicable for their practice. †

Samuel J. Catanese, CPA, is the leading partner of the Catanese Group, a certified public accounting and business management firm, with locations in Pittsburgh and Johnstown. Mr. Catanese has worked with physicians across the country customizing their own personal financial situation including their practice, personal assets and liabilities, and their personal income and expenses, which is a direct relationship to their physician practices. For more information, call (814) 255-8400 or email at cgweb@catanese.com.



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NLRB Limits Confidentiality Agreements



By Beth Slagle

From an employer's view, a strong employee confidentiality agreement is a smart way to protect the company's proprietary information and prevent employees from doing anything to publicly harm the company's reputation.

But an employee might reasonably interpret such an agreement to mean that they can't talk to their co-workers or others about their working conditions, a right that's protected under the National Labor Relations Acts (NLRA).

Whether or not the agreement chills an employee's protected rights comes down to the precise wording of the agreement. And as an administrative law judge for the National Labor Relations Board (NLRB) admitted in a recent case, the line between protecting the employer and violating employees' rights is "very thin and often difficult to discern."

The case started when Quicken Loans sent a notice to several nonunionized employees who had recently left the company to remind them of their "continuing obligations to Quicken Loans," including the restrictions of the employee confidentiality and non-compete agreements. A short time later, the employees were sued by Quicken Loans for violating the agreements.

In response, one of the employees filed an unfair labor practice charge with the NLRB, asserting that two of the provisions of the confidentiality agreement violated the NLRA.

One provision in question broadly defined proprietary or confidential information to include information about co-workers and supervisors, such as their personal phone numbers, background information, personal activities and information not related to work. The other provision prohibited employees from publicly criticizing, ridiculing, disparaging or defaming Quicken, its products, officers, directors or employees. The provision applied to any comments made on websites, blogs, or emails, even if they were made through the use of a pseudonym.

Quicken Loans argued that because of the considerable time and expense spent training its employees, both provisions were necessary to protect their investment and proprietary information.

While the administrative law judge acknowledged Quicken's need to protect itself, the judge ultimately ruled that the policy had a chilling effect on employee's exercise of their rights to discuss the terms and conditions of employment with fellow employees. The judge reminded Quicken Loans that employees are allowed, within certain limits, to criticize their employer and/or its products and appeal to the public to gain their support.

The judge ordered Quicken not only to change its confidentiality agreement, but also to notify employ-



ees who had signed it that the two provisions would not be enforced and to tell all employees that it would not prohibit discussion of terms and conditions.

All employers should take a careful look at their confidentiality and other agreements with employees in light of this ruling. Employers who believe that an employee agreement may have been invalidated by the ruling should have employees sign revised agreements. Employers may want to add disclaimers to their policies and agreements stating that no provisions are intended to prohibit or chill employees' rights to engage in protected activity. †

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



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How the Affordable Care Act Will Impact Home Healthcare & Hospice

By Kathleen Ganster

Healthcare laws are constantly changing; sometimes it seems from one minute to the next.

“Keeping up with the pace may seem overwhelming and exhausting for healthcare providers, but they can also provide opportunity,” said Emi Gilbert, In-House Counsel for Celtic Healthcare.

“The setting for home healthcare and hospice allows for there to be some bad actors out there, but healthcare regulations help get these bad actors out of the business,” Gilbert said.

One of the greatest challenges facing healthcare providers and consumers is the Affordable Care Act. Gilbert said the act will bring “broad” changes to healthcare.

“There are many moving parts to follow, and the number of regulations affecting us is amazing. One of the biggest challenges is following these changes and monitoring effective dates and/or delays,” she said.

Healthcare laws and regulations are necessary said Gilbert, for as she pointed out, home healthcare and hospice care are often out of the watchful eyes of others. And since most patients and clients are not medical experts themselves, they need someone assisting in assuring excellence in service and care.

“Sometimes the laws may seem cumbersome or difficult for healthcare providers, but they are created in the spirit of ensuring patients are receiving the best possible care,” she said.

For providers like Celtic who pride themselves in providing a high standard of healthcare, the laws are welcomed.



Emi Gilbert

“The mission of Celtic is to do just that – provide excellent healthcare, so these laws can allow us to shine,” Gilbert said.

One of the particular challenges the laws create impact the payment system. Gilbert said changes in reimbursement for

healthcare providers have dramatically reduced revenue for providers. But providers cannot let that affect the quality of healthcare provided for their patients.

“That has to be the focus; and for Celtic, this is the number one priority. Our strategic growth plan includes organic and acquisitive growth to leverage economies of scale, allowing us to maintain quality of patient care efficiently while keeping costs under control,” she said.

Since Celtic uses technology on many different levels, this has also helped them keep costs in check without affecting patient care.

“We use this technology to optimize our staff’s valuable time. By utilizing technology-based communication tools, coordination of patient care, collaboration, scheduling, even travel time documentation are streamlined allowing for maximum time to be spent with the actual patient providing care,” she said.

Technology allows Celtic to not only have centralized information, but consistent, accurate information.



Effective use of technology ultimately allows Celtic to maintain their high standard of patient care.

“Our clinicians and other allied healthcare providers are vital to providing patient care. They are the ones who are in homes, caring for patients and are our most valuable resource. Technology resources support us in optimizing what they do best,” Gilbert said.

“We recognize and understand that it is our job as the healthcare provider to keep up to date with the ever-changing laws and regulations in healthcare and not burden or allow it to affect our patients and their care,” said Gilbert.

“At the end of the day, it’s not the rules and regulations that our patients and their families care about. What they ultimately care about is that they receive the best possible care from the nurse or therapist or home health aide walking in the door, and it is our duty to ensure this occurs,” she said.

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HIPAA From Page 1

must be reported. If data is encrypted in a manner consistent with the standards the National Institute of Standards and Technology (NIST), such data will be considered to be “rendered unusable, unreadable, or indecipherable to unauthorized individuals persons” and therefore no longer “unsecured.”

Many of the widely reported breaches and enforcement actions have involved large health systems and insurance companies, but don't let that trend lure you into complacency.

In 2012, a two-physician practice in Phoenix agreed to pay HHS a \$100,000 settlement and take corrective action to implement policies and procedures to safeguard the PHI of its patients. This occurred after an investigation into an improperly secured internet-based appointment calendar revealed that the practice had implemented few policies and procedures to comply with the HIPAA Privacy and Security Rules and had limited safeguards in place to protect patients' electronic data.

Earlier this year, a small hospice agency, The Hospice of North Idaho, agreed to pay a \$50,000 fine, representing the first settlement involving a breach affecting fewer than 500 individuals.

Another priority should be to limit the use or disclosure of PHI to the “minimum necessary” to accomplish the intended purpose. Cedars-Sinai Medical Center in Los Angeles recently reported that 14 patient records were accessed by unauthorized persons, including employees of independent physician practices. (Reportedly, the records were those of reality TV personality Kim Kardashian).

In 2012, a court upheld the conviction and prison sentence of a UCLA employee who had peeked at celebrity records even though the information was not further leaked, sold or used improperly.

UCLA also agreed to pay a civil fine of \$865,000. Providers and their IT vendors should develop safeguards to restrict access to records to those with a legitimate need to see them.

These suggestions are merely some of the low-hanging fruit that can significantly reduce your HIPAA exposure. To ensure you are in full compliance by the deadline of September 23, 2013, consult knowledgeable counsel. †

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

**WORKPLACE From Page 1**

allow employers to offer meaningful financial or other incentives to employees as a way to increase program participation, to improve employee health and to lower employee health care costs.

According to research from the Kaiser Family Foundation, 67 percent of employers with three or more employees offered at least one wellness program with their employer-sponsored health benefits.

More than half of those companies also offered wellness programs to employees' spouses or dependents.

Most wellness programs, including those offered through UPMC Health Plan, include health risk assessments and screenings for chronic disease markers such as high blood pressure and cholesterol.

Behavior modification programs designed to reduce and eliminate tobacco use, to achieve and maintain healthy weight, and to increase exercise are also available. Most plans offer health education and some even subsidized fitness club memberships.

When integrated within a comprehensive program that promotes overall health, these initiatives have been shown to reduce employee medical costs and absenteeism, while also offering a better quality of life for employees.

Wellness programs generally fall into one of two categories. In “participatory wellness programs,” rewards are available without regard to an individual's health status.

These might include reimbursement for fitness club memberships or financial rewards offered in exchange for the completion of a comprehensive health risk assessment.

The second category is “health contingent wellness programs.” These require participants to achieve a specific health status or goal. Examples include programs that reward employees who quit smoking or who achieve a specific cholesterol goal. The expanded flexibility provided by the ACA applies to both types of programs.

FAIRNESS ISSUES

Important safeguards have been put in place in the ACA to ensure that wellness programs are fair for all employees. For example, an employer offering a health contingent wellness reward is required to offer a “reasonable alternative” means of earning the reward if the required activity would be unreasonably difficult to complete because of an employee's medical condition.

The law gives employers the option to offer a widely applicable alternative standard or tailor the alternative to an employee's individual situation. An employer can even simply waive a program requirement if no reasonable alternative can be put in place.

The expansion of wellness programs could prove to be one of the benefits of the ACA. †

Sheryl Kashuba is the Chief Legal Officer and Vice President of Health Policy and Government Relations for UPMC Health Plan. For more information, visit www.upmc.edu.

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Healthcare Touched by the Heart



By Kathleen Ganster

“The best and most beautiful things in the world cannot be seen or even touched – they must be felt with the heart,” Helen Keller.

It is a quote that Nainesh Desai often uses when he is describing what he believes is quality healthcare – healthcare that is provided by the heart.

“It is in a bit of a different context, but hospice care must be provided by the heart,” said the President and CEO of Anova Hospice & Palliative Care Services, LLC, one of the divisions of Anova Healthcare, “And that is what our team provides, healthcare touched by the heart.”

Hospice care begins with establishing a rapport with the patient and family, explained Desai.

“When people hear the word hospice, they run away from it. We don’t want people to feel that way,” he said.

According to Desai, caring for a patient in hospice isn’t just about medical care, but also spiritual and emotional healthcare as well. It takes a team of healthcare providers including the medical healthcare workers but also the social workers and chaplain.

With the Anova team, hospice chaplain, the Reverend Ron Schermerhorn, works closely with healthcare providers to meet the spiritual needs of hospice patients and their families. His work is part of the important services Anova provides to make their patients’ hospice experience as comforting as possible.

“We come along side of the other healthcare. I

provide the spiritual support that is so important,” he said.

Schermerhorn has served in hospice ministry for eight years and has been with many patients and their families through their hospice experiences. It can obviously be a difficult process for those involved, but also a very healing spiritually experience, he said.

“I love working with hospice patients. Hospice care is pure ministry dealing with people who are terminally ill and have little to lose through being honest,” Schermerhorn said.

Spiritual care is an important aspect of hospice care said Jeff Irwin, a clinical supervisor and RN with Anova. Irwin and Schermerhorn often work hand-in-hand, visiting patients and families to see what their needs are.

“I ask them – what do you need, what are you afraid of? Everyone thinks it may be healthcare, but they need other care as well,” said Irwin, “They may be afraid of pain or it may be of dying.”

In his role, Irwin explains to the family the medical care that will be provided and what the patient’s medical care needs may be.

Respecting the family as care providers is essential to the success of a quality hospice experience, explained Irwin, because they may already be feeling helpless because of the medical condition of their loved one.

“We don’t want them to feel displaced or like they don’t know what they are talking about. We may say, ‘Let’s try this, this way,’ instead of saying, ‘You are doing this all wrong,’” he said.

Irwin is honest with patients and their families, answering questions and providing information that helps them understand the medical aspects of their

care. And that may involve making difficult decisions, another reason the partnering with Schermerhorn is so important.

“We may need to work together with the family if we need to assist the family through a medical or spiritual decision. The two often overlap,” Irwin said.

Another important aspect of care is understanding and knowing how the patient lived his life, said Irwin. Keeping patient care inline with the lifestyle of the patient is key.

“We have to respect their lives – the patient and the families are the ones steering the boat, not us,” he said.

Irwin said he believes one aspect of Anova that may set them apart is that they know how their patients feel – many of the staff have been there themselves. And that experience brings out what Desai referred to as “caring with the heart.”

“Many of our employees have had personal experiences with hospice for our own family, loved ones. Me for example, and many more. We understand what the families are going through,” Irwin said, “We have been there and we bring that vulnerability with us.”

The services provided by Anova don’t end with the end of the life of the patient. Schermerhorn emphasized the bereavement services for the family that they may utilize for 13 months after losing their loved ones.

In addition to pastoral services and counseling, families are also invited to an annual memorial service honoring those who have passed in the last year. .

“We care about our patients. They become very important to us,” said Irwin.

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

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CARE Medical History Bracelet Helps to Save Lives

The nurse put her hand on her hip and addressed Karen Schaeffer's mother sharply as the older woman tried to recall and write her medical history during a holiday emergency room visit.

"You shouldn't be traveling without your medical history," Schaeffer recalled the nurse saying. "There's just too much of it."

That incident at a Pittsburgh-area hospital came to Schaeffer's mind when she learned about the CARE Medical History Bracelet, a small flash-memory device that carries a patient's complete medical history and can be plugged into a computer to help physicians and first responders during a medical emergency.

"The Bracelet speaks for the person who wears it," Schaeffer said, "and having that information immediately available can save lives and transform medical services for seniors," Schaeffer said.

When a new version of the bracelet – CARE Medical History Bracelet 3.0 – was made available for distribution earlier this year, Schaeffer leapt at the opportunity. The owner of Age & Dignity LLC, a Wexford-based consulting firm that helps families determine the best long-term care solutions for seniors and their loved ones, now has the exclusive distribution rights for the 3.0 version in 17 southwestern Pennsylvania counties.

"The CARE Medical History Bracelet is the missing link that closes information gaps between patients and caregivers on the one hand, and health-care providers on the other," Schaeffer said. "It promotes patient empowerment and safety, and supports a consumer-driven health care system in which patients and caregivers take an active role in care management."

The 3.0 version, which is also available as a key chain and a wallet-sized card, can store all of a patient or family's medical history, Schaeffer said.

"I see a day when people carry a bracelet or other CARE Medical History device for routine doctor's appointments, business trips or family vacations," Schaeffer said. "A hospital or first responder would know instantly about allergies, asthma, diabetes and the drugs the patient uses. This device will save lives."

In her role as a health-care consultant, Schaeffer also noted that CARE Medical History Bracelets are an innovative care-management tool for medical practices, hospitals, paramedics, continuing-care communities and other institutions.

"When I think about my mother's experience, knowing all of the medical conditions she had, and all the medications she took, think about how much time could have been saved if she just handed a bracelet to the nurse and, presto, all that information was right there," Schaeffer said. "With instant access to the critical



information stored on the bracelet, providers and institutions can save lives and help reduce the risk of mistakes."

Schaeffer said CARE Medical History Bracelets can also help prevent harmful drug interactions; prevent duplication of tests and medical procedures; promote preventive health care; and provide patient education.

Unlike earlier versions, the CARE Medical History Bracelet 3.0 runs on both Windows or Macintosh computers and doesn't require downloading to a hard drive, Schaeffer noted. Its software can be customized and pre-loaded for institutional clients, she added, and the bracelets, which come in five sizes and seven colors, can also be branded for institutions for promotional purposes.

The bracelet, made of a safe, durable resin, carries its USB flash memory device packaged in an easy-to-use and wear band, Schaeffer explained. It allows for easy access to and downloading of medical information via any computer with a USB port and can be programmed for read-only access to ensure the security and privacy of the information.

Schaeffer pointed out that the Affordable Care Act of 2010 requires physicians to keep electronic medical records for their patients. While many health-care providers have converted to electronic record keeping, their computer systems have not been able to communicate directly with other providers. The CARE Medical History bracelet bridges the "computer inoperability" gap by allowing the patient or caregiver to bring up-to-date, accurate records from provider to provider. †

Age & Dignity LLC, is the first and only Pennsylvania distributor of the CARE Medical History Bracelet 3.0 and related devices.

Founded in 2010, Wexford-based Age & Dignity LLC (www.ageanddignity.com) is the exclusive distributor for CARE Medical History products in 17 Southwest Pennsylvania counties: Allegheny, Armstrong, Beaver, Butler, Cambria, Clarion, Crawford, Fayette, Greene, Indiana, Jefferson, Lawrence, Mercer, Somerset, Venango, Washington and Westmoreland.

The device is manufactured by GC Publishers of San Antonio.

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Nationally Proven Diabetes Prevention Program Comes to Pittsburgh YMCAs

By Gretchen North



The best thing to be said about type 2 diabetes is that it usually gives fair warning.

Known risk factors, such as excess weight, above-normal blood glucose levels, and a family history of diabetes, help doctors identify patients who have a strong likelihood of developing type 2 diabetes in the future. These risk factors could indicate a condition known as prediabetes.

For patients with prediabetes, studies have shown that lifestyle modifications are the most effective way to reduce patients' risk of developing diabetes. In fact, the Diabetes Prevention Program (DPP) clinical trial led by the National Institutes of Health (NIH) showed that a lifestyle intervention to lose weight and increase physical activity was more effective in reducing the risk of developing diabetes than the diabetes drug metformin, with the lifestyle intervention group showing a risk reduction in the number of cases of type 2 diabetes by 58% compared to a 31% reduction in the metformin group.

It can be difficult for many patients to adopt the necessary lifestyle changes, such as losing a moderate amount of weight and increasing physical activity, to reduce their risk of developing diabetes. But doctors can help their patients achieve their goals by recommending the YMCA's Diabetes Prevention Program, a nationally recognized, evidence-based program that is now offered through the Y of Greater Pittsburgh.

The YMCA's Diabetes Prevention Program is part of the CDC-led National Diabetes Prevention Program. The 12-month program includes 16 weekly sessions followed by 8 monthly sessions. During group sessions, a trained Lifestyle Coach guides participants through information and activities about nutrition, stress management, physical activity, and strategies for staying motivated.

Each participant in the program aims to lose 7% of his or her body weight and increase physical activity to 150 minutes each week. Research by the NIH has shown that programs like the YMCA's Diabetes Prevention Program can reduce

the number of cases of type 2 diabetes by 58%. For adults aged 60 years or older, the risk reduction is as high as 71%.

To be eligible for the program, participants must be 18 or older, have a body mass index (BMI) of 25 or greater and have been diagnosed with prediabetes via one of three blood tests, had a previous diagnosis of gestational diabetes or a qualifying risk score based on a combination of risk factors – family history, age, etc. The program is available for a fee, but participants can check to see if the program is covered by their insurer or if they are eligible for financial assistance.

To learn more about the program and how to refer patients, contact Gretchen North, vice president of Healthy Living at the YMCA of Greater Pittsburgh, at gnorth@ymcapgh.org or at (412) 227-3820. You can also visit www.ymcaofpittsburgh.org/diabetes.

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Stantec

It's a Matter of Perspective.

A Place Of Peace



By Christy Lederer

Recently, I had a family medical emergency that required my husband and me to visit a healthcare facility where we spent quite a few hours in an Emergency Department Waiting Room. To say this space was “clinical” would be kind. The lighting was poor, laminate was chipping off the desk, torn-vinyl seating was arranged so we could see everyone and everyone could see us. Communal sleeping bags were thrown about for guests to use. Shortly after arriving - a security guard asked to search my purse. I felt very uncomfortable.

We had arrived feeling stress - this atmosphere made those feelings worse.

As an interior designer I am aware that surroundings influence feelings as well as a sense of security and safety. These feelings are amplified while idly sitting in a Hospital Waiting Room. Everyone at some time is placed in a position of waiting for themselves or a loved one.

Current research has questioned if Waiting Rooms are necessary. Designers who incorporate the Lean Process (developed to identify and reduce waste) have studied this issue. The subject is addressed in the article “*Should Hospitals Eliminate Waiting Rooms?*” by Betty Ann

Bowser (PBS Newshour, October 2012). Valerie Bauman of the (Puget Sound Business Journal, March 2013), also writes “*Much has been made about the “lean” approach to health care: efforts (should be) made to eliminate waste and streamline the day-to-day operations to make treatment cheaper, faster and better quality*”.

ARE WAITING ROOMS WASTEFUL?

Family members or friends can't possibly accompany their loved one every step

of the way during treatment. Is it possible to remove Waiting Rooms from hospitals, especially in Emergency Departments where appointments are unscheduled?

This does not seem likely.

So, if we agree that Waiting Rooms are necessary what makes the space successful? Success – meaning an area that a visitor can find some peace, comfort, and lose a sense of time.

First, arriving at the hospital, the Waiting Room should be easily identified and accessible to the entrance. Already stressed patients and visitors do not need to become more anxious simply trying to find the Waiting Room. When entering the Waiting Room, the space needs to create a great first impression. This helps build trust and a feeling of confidence in the hospital staff.

In the article *Clinic Design: The Waiting Rooms* (Healthcare Design Magazine, March 2012), Christine Guzzo Vickery states: “*Aesthetics, lighting, exterior views, seating, furnishings, regional artwork, indoor climate, positive distractions, and accessibility to building amenities,*” all play a role in creating a successful Waiting Room. Properly designed Waiting Rooms can support an important part of healing and wellness.

As with many healthcare public spaces, aesthetically, the goal is to create a tranquil environment that may include elements from nature as well as a feeling of home. “Hospitality or spa-like” are phrases used to describe the desired appearance.

Thoughtful design decisions have an impact on the function of space. For example, in creating a comfortable indoor climate a simple yet important feature is to position the supply air diffusers so air does not blow directly on a visitor. Light fixtures should provide low level, decorative light creating a relaxed, non-clinical environment.

Debajyoti Pati addresses “Positive Distractions” in the March 2010 issue of *Healthcare Design Magazine*. These distractions are meant to create positive feelings and hold the visitor’s attention as a way to reduce stress. Waiting Rooms that have incorporated education and entertainment, often through technology, will reduce the intimidation commonly associated with the hospital experience. When prolonged visits are necessary, guests can also spend time in an adjoining coffee shop (possibly a Starbucks or Crazy Mochas) or go outside to a soothing garden. Filtering intentional smells and sounds throughout the space are valuable techniques. Artwork can be used to create a positive distraction. Strong evidence exists that art and healing are linked.

New technologies such as wireless internet, flat-screen televisions, and zoned sound systems, have become common. Some hospitals have included touch-screen computers that allow visitors to learn about the hospital facility, nearby community events, and available seminars. Information regarding surgical procedures, schedule, and even a physician database can be provided. Given the proper environment, tablet PCs can be made available to provide the visitor with control over their choice of application. Unique mobile options that include the posting of online wait times, patient tracking, texting, as well as an ER Extra iPhone app have been worthwhile additions.

It is undeniable that waiting anywhere has often been associated with anxiety. Feeling isolated in a Waiting Room (Does anyone know I’m here?) accentuates this feeling. To reduce this type of anxiety Waiting Rooms should include a visual connection between spaces. This allows each individual waiting space to feel larger and more open—dramatically less confining or closed-off. The overall space should feature numerous seating options, from single-chair or three-seat midsize choices, to comfortable lounge chairs. Accommodations for bariatric seating and space for wheelchairs should also be considered. Waiting areas should be created with a variety of additional unique rooms, niches or areas that can be customized for specific patient/ visitor populations.

The intent is to provide patients and visitors with a place of peace that reduces stress, provides comfort, and offers positive distractions to make the wait more pleasant. I believe Waiting Room design should be a reflection of what is important to the facility and the population that inhabits the space. Design is always changing and new research will help improve the Waiting Room experience. Implementing key elements that thoughtfully help the visitor and patient through a difficult time should always be the main focus in Waiting Room design. †

Christy Lederer is an Interior Designer and Associate at Stantec Architecture and Engineering LLC.

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Astorino Utilizes Design — Build Delivery Method to Save Time and Cut Costs



By John D. Francona, RA, LEED AP

When West Penn Hospital in Bloomfield reopened its doors in February of 2012, the architect and the contractor on the project both had reason to take pride in the accomplishment. Over 96,500 square-feet of space was designed and constructed in only 90 days and came in under budget at \$16.8 million.

The architect and contractor were one in the same: Astorino, a Pittsburgh-based architectural, engineering and construction services firm, which designed and constructed the projects utilizing an integrated design-build delivery method.

A staff of architects and construction managers worked side-by-side with the trade contractors to complete the Emergency Department, a 36-bed Surgical Unit, an 18-bed ICU unit, and the installation of new Nurse Call and Telemetry in a Medical unit on the 8th floor.

This three-month endeavor would have been impossible using a traditional design-bid-build delivery method.

“Our integrated design-build delivery system allows us to streamline the entire design and construction process,” said Louis P. Astorino, CEO. “Through simplification, collaboration and coordination, we are able to eliminate redundancy and shorten project schedules, without compromising the integrity of the design.”

Astorino is currently utilizing this integrated delivery system to fast-track the Wexford Medical Mall project, a new 173,000 square-foot mixed-use medical facility, referred to as a “one-stop-shop” with program components including: Ambulatory Surgery Center, Radiation & Medical Oncology, Women’s Center, Imaging Labs, Physical and Occupational Therapy, Primary Care Physicians, a Pharmacy and Café.

This three-story, \$54 million facility will be organized in a “U-Shaped” form, around a raised central courtyard with covered parking on the ground floor. This project will be designed and built within its 18 month schedule.

The firm is also designing and building a new 27,000 square-foot Ambulatory Surgery Center in the Monroeville area with 14,000 square-foot space for a future tenant. The \$6.4 million project renovates an existing one-story building to the new occupancy including 109 parking spaces.

The Ambulatory Surgery Center will have 4 Operating Rooms, 3 GI Procedure Rooms, Pre-Operative Bays, Post-Operative Recovery Bays, Family Lounge area and support spaces. Minor surgeries, pain management procedures and endoscopic procedures are a few of the kinds of procedures that will be performed at the new facility.

As an architect-led offering, Astorino places more emphasis on quality design than a traditional contractor-led design-build entity. With joint ownership in both the architecture/engineering and construction entities, each project is approached as a whole, rather than individual parts.

When all the parts are working together collaboratively, the project and the owner each receive optimal results.

Merging the incentives of the architect and contractor, and assigning single-source responsibility leads to a project team that is better aligned with the owner’s expectations. With superior project control and optimized communication, critical



value decisions are made earlier than would be possible in the otherwise linear delivery methods. Working in partnership under one umbrella, Astorino is able to mitigate risk by guaranteeing the schedule, guaranteeing the cost, and ensuring the owner a litigation free process.

A significant advantage of our delivery method is that the owner has one contract and a single point of contact for the design and construction of the project. The contract is fully inclusive of all services and products to be delivered by the team. With the builders and designers working in partnership through the design process, the builders gain a thorough and detailed knowledge of the design intent and the architect can design the details and systems that the builders can provide most efficiently. Another considerable advantage of our integrated process is that it more readily embraces the compressed, fast-track time schedule that is possible through phased permitting approvals.

Like all of the firm’s design work, Astorino’s projects integrate sustainable measures such as community connectivity, water and energy efficiency, use of recycled materials, and superior indoor air quality. The end result is a building that can conserve natural resources, reduce operating costs, improve occupant health and comfort, all while maintaining design excellence.

“We’re changing the way the industry works,” added Mr. Astorino. “It’s much easier for owners if there’s a single point of responsibility. Our process draws upon the strengths of all the participants in a building project to ensure the highest value for every dollar spent.” †

John D. Francona, RA, LEED AP, is Senior Vice President, Architecture for Astorino. For more information, visit www.astorino.com.



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State of Nursing in Africa Predicts Future of Health Care

New book is first report to document Sub-Saharan nursing

Nursing is a critical component of health care in every community, but perhaps nowhere more so than in the countries of Africa today. And nursing education is often seen as a key indicator of the solidity of a country's health care system.

While acknowledging that Africa confronts the world's worst public health crisis, a May 2013 report from the World Health Organization (WHO) stresses that the continent can move forward on recent progress by strengthening its fragile health systems (The Health of the People, May 2013).

A book being released by the Honor Society of Nursing, Sigma Theta Tau International (STTI) is the first report of its kind to document nursing, health care and nursing education in Sub-Saharan African countries.

The State of Nursing and Nursing Education in Africa: A Country-By-Country Review examines nursing and health care in 22 countries, analyzes their progress toward the WHO Millennium Development Goals, and forecasts the future of nurs-

ing and nurse education in Africa. The book is by Hester Klopper, PhD, MBA, RN, RM, FANSA, of Potchefstroom, South Africa, and Leana R. Uys, DSocSc, RN, RM, FASSAF, of St. Francis, South Africa.

"Reform of nursing and nurse education in the private and public health care sectors of Africa are likely to improve the quality of patient care and patient safety," said Klopper, president-elect of STTI. "The health care system is facing high rates of both communicable and non-communicable diseases and is challenged by workforce shortages."

"This book will be a critical resource for faculty, researchers and practitioners who want to work in Africa or with colleagues there," said STTI President Suzanne Prevost, PhD, RN, COI. "It also will be an asset to marketers, educators, researchers and product developers who are involved in humanitarian efforts."

Learn more at www.nursingknowledge.org/sttibooks. †

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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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Behavior That Undermines a Culture of Safety

By Mary-Lynn Ryan

Disruptive behavior by professionals in healthcare settings is well documented as a threat to quality care and patient safety. Managing disruptive behavior requires a coordinated effort based on a written policy and established procedures that cover reporting, confrontation, documentation, response, outside consultation, reprimand, follow-up, and monitoring, as well as support for subject physicians.

Although there is no universally accepted definition of disruptive behavior, the American Medical Association (AMA) defines it as “personal conduct, whether verbal or physical, that affects or that potentially may affect patient care negatively.” It also includes “conduct that interferes with one’s ability to work with other members of the health care team.”¹ Everyone who behaves inappropriately should be treated in the same manner, including excellent practitioners.² This expectation should be clear in the policy.

All members of the healthcare team should be aware of the policy and the definitions of disruptive behavior it contains. Leaders who are expected to enforce the policy should be trained in the process for addressing disruptive behavior, as well as the legal ramifications of limiting a practitioner’s practice and the legal protections available to both parties in such an action.¹

One goal of a disruptive-behavior policy is to create a safe and supportive environment where everyone knows what is reportable and feels empowered to make a report. Research indicates that many instances of disruptive behaviors are not reported because the would-be reporter is afraid of reprisal.³ To address this issue, the Joint Commission recommends making the process confidential and including non-retaliation clauses in the policy. Interviewing reporters in confidence assures them that their reports are being taken seriously.⁴

A history of delayed or hesitant responses to disruptive behavior can discourage staff from reporting such behavior in the future. Therefore, it is important to investigate and intervene as quickly as possible. Prompt response reassures witnesses and reporters that the problem is being addressed pursuant to the policy.

When the decision has been made to perform an “intervention,” the designated team should plan every step (even rehearsing, if necessary), taking into consideration the effects and consequences of planned actions. The planning, goals and outcomes of an intervention should be carefully documented. If necessary, the resulting report can serve as evidence that the reported practitioner received due process.

An initial intervention without follow-up will generally not put an end to disruptive behavior, which tends to be triggered by ongoing circumstances in the healthcare environment (e.g., lack of equipment, understaffing, fatigue or practitioner health issues). A reported provider should understand that he or she is being monitored for compliance.³

Treat the reported behavior as a problem with the physician’s behavior, not with the physician. In other words, the physician should not be labeled a “disruptive physician.”⁴ When it is too difficult to conduct an objective assessment in-house, an outside evaluation can assure the involved parties of the process’s fairness and objectivity. In some cases, the most prudent course will be to involve legal counsel for guidance.⁴

Disruptive behavior compromises patient care and increases professional liability risk. Although disciplining a healthcare provider for disruptive behavior can be difficult for a variety of reasons, it must be done in a timely, organized and fair manner. Individual practitioners who struggle with anger/frustration management must also take responsibility for their disruptive behavior and seek help. To create a culture of safety for patients and a supportive and productive environment for all members of the healthcare team, practitioners, Medical Executive Committee (MEC) members and administrators are encouraged to consider the risk management recommendations offered in this article.

It should be noted that in many states (including California) disciplinary actions based on physician conduct are reserved exclusively to the medical staff, not hospital administration.⁵

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

PMSLIC is a leading Pennsylvania physician-directed medical professional liability insurer committed to protecting physicians and their practices with comprehensive coverage and industry-leading risk management services. With over 30 years of proven experience, PMSLIC has gained the insight and expertise to help physicians improve patient safety and reduce their liability risk. In the event that an adverse outcome does occur, PMSLIC supports its insureds every step of the way. Rated “A” (Excellent) by A.M. Best, PMSLIC is financially strong, has a flexible underwriting approach, and is committed to protecting the reputation of its policyholders. For more information, visit www.pmslic.com.

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Endnotes

¹AMA. Model Medical Staff Code of Conduct. Available on the AMA Web site at: www.ama-assn.org/ama1/pub/upload/mm/21/medicalstaffcodeofconduct.pdf

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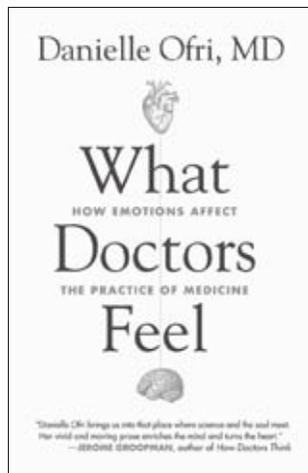
What Doctors Feel: How Emotions Affect the Practice of Medicine by Danielle Ofri, MD

Book Information: c.2013, Beacon Press

\$24.95 / \$28.95 Canada 240 pages

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It really didn't matter, though. Choice of physician wasn't an issue in the ER, but pain and fear definitely were. You didn't care who you saw right then. You just wanted it over - stat, as they say.



When it was, and you were finally home safe, you realized something: you saw the doctor for about three minutes. He was caring, but cursory. Brief, and very businesslike. And in the new book "What Doctors Feel" by Danielle Ofri, MD, you'll get a glimpse of what might've gone through his head that night.

For decades, we've been conditioned to believe that doctors are supposed to keep an emotional distance from their patients. We expect a certain detachment and formality – but we also expect compassion. Is this a contradiction in demand?

Dr. Danielle Ofri says no. Though remaining businesslike may often be essential, the physician-patient interaction "is still primarily a human one." No matter how aloof the doctor or sick the patient, we still

connect on a one-to-one basis.

We shouldn't be surprised, therefore, to note that doctors are mortals who sometimes "fall short on empathy" when an illness doesn't make sense or a wound isn't obvious, when patients don't follow advice, display entitlement, or steadfastly maintain bad habits. In those cases, frustration rises and remaining empathetic is "challenging," but as a young medical student, Ofri learned from "an act of compassion" that finding empathy is possible as well as essential.

We shouldn't feel surprised to note that medicine is like many professions, and certain clients are "problem" clients. As in many jobs, doctors use dark humor and "derogatory terms" to deal with personal discomfort, show solidarity, ease unpleasantness, or bring levity to the situation. And, as in every job, some topics



The Bookworm Sez



are off-limits.

Doctors fear harming their patients, missing something important, making mistakes. They become overwhelmed by neediness and illness, and by reams and reams of paperwork necessary in today's medical world. They can succumb to the kinds of maladies and addictions they see every day, they can be stubborn in their decisions, they momentarily forget things, and they surely experience burn-out.

And yes, doctors do have favorite patients. And they cry when those patients die.

With incredible insight, lyrical beauty, humor and consideration, author Danielle Ofri, MD gives readers the kind of comfort we need when faced with any sort of medical anything by revealing exquisite vulnerability in an esteemed profession. She successfully portrays the processes of diagnosis and treatment as more human than clinical, and that's likewise soothing.

But not everybody will enjoy what's here.

Medical personnel might be unhappy that Ofri exposes certain, darker bedside manners. Indeed, the section on medical slang is uncomfortable to read – and yet, because that blunt truth follows with the spirit of this book, it belongs.

Overall, I couldn't let go of this graceful, elegant, honest book and I think you'll love it, too. If you're a doctor or if you're anyone's patient, "What Doctors Feel" is a book to read – stat. †

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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Conemaugh Health System's Arts for Healing Program Expands to College Course Offering

by Christopher Cussat

Conemaugh Health System's Arts for Healing program, funded through the Conemaugh Health Foundation, offers an outlet for patients suffering from various illnesses including the effects of stroke, emotional problems, and neurological disorders such as Post Polio Syndrome, Parkinson's, or Lou Gehrig's disease. Inspired by the Conemaugh program, Mount Aloysius College Associate Professor, Dr. Donald Talbot, has created a course in his Visual Arts program to educate his students on the health benefits of artistic expression.



The Expressive Arts for Healing collegiate course was offered for the first time this past spring and included a clinical experience as students visited the Conemaugh Arts for Healing class. In addition, students paired up with Arts for Healing participants and worked on art creations.

"I wanted to create a course offering art techniques that would be appropriate for individuals in medical majors, but also to expand awareness to students in other majors to support this type of healing," says Talbot. "I was truly impressed with the Conemaugh Arts for Healing program several years ago—it's extremely valuable work."

The patient benefits from this program are substantial. "Universally, patients talk about pain reduction, or not being as aware of their pain, while involved with arts—they feel better from the interaction with the process," explains Talbot. "Expression through art also enhances their ability to cope with emotional and psychological obstacles associated with illness."

Barbara J. Duryea, MSN, RN, CPHQ, agrees. She is currently the Director of Research and Development for the Neuroscience and Pain Institute/Diabetes Institute at Conemaugh Health System. Duryea believes that for individuals living with chronic conditions and pain, the arts provide a creative expression outlet to promote healing and wholeness. "Art develops an expanded view of self, allowing



both the 'patient' and the 'provider' to see beyond the condition/diagnosis to the 'being'—who has been impacted by the condition/diagnosis and the associated treatment," she adds. "For many of these individuals, no cure exists, so healing is the therapeutic goal."

The Conemaugh Arts for Healing program began in 2004 and has helped dozens with difficult medical diagnosis through artistic therapy, comfort, and support from other class participants. "The patients are so proud of their work," notes Duryea. "This program is truly significant and full of impact for our patients—I believe this project supports connectivity between 'beings' and reframes (mis)conceptions about patients and providers."

The Conemaugh Health Foundation is a nonprofit, qualified charitable organization responsible for raising funds to support the programs and services of the Conemaugh Health System and its members. Individuals and businesses that embrace the mission of the Conemaugh Health Foundation respond to fulfill unmet community needs—especially among at-risk children, the elderly, and underserved.

The program's annual exhibit, "Reflections" is scheduled to open July 12, 2013 at the Southern Alleghenies Museum of Art in Johnstown, Pennsylvania. For more information about Conemaugh Arts for Healing, please call (814) 269-5241. ↑



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Triumph Over Loss

By Franco Insana



The weather was just perfect for some outdoor activities during a recent weekday in late April.

About seven staffers from Family Hospice and Palliative Care – representing varied disciplines - gathered at Auberle's Therapeutic Challenge Course in McKeesport.

The Challenge Course encourages fellowship, cooperation, team-building and problem-solving. Throughout the day, our staffers engaged in a number of interesting activities.

But why?

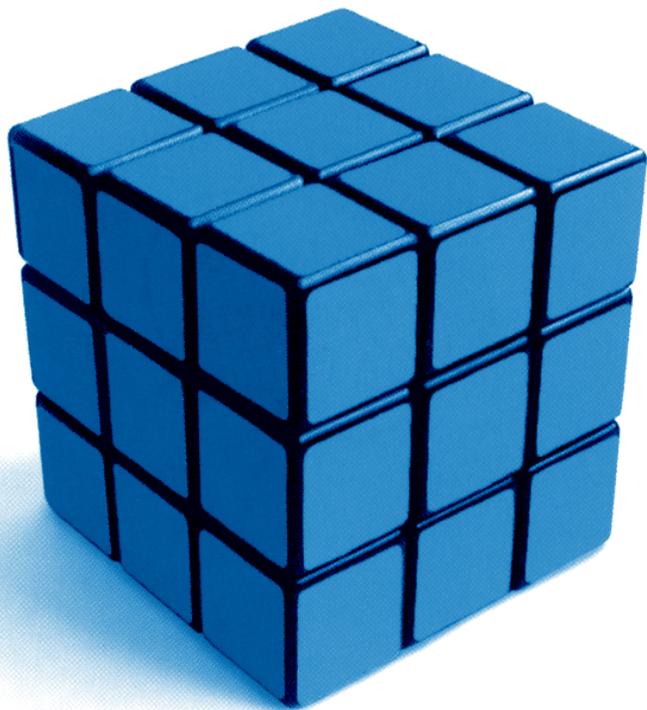
As you've seen in this column, Family Hospice has hosted a kids' summer bereavement day-camp for a number of years. Camp Healing Hearts has touched the lives of hundreds of kids aged 6-12 coping with loss.

Not long ago, we realized it's time to take this service to the next step and reach out to teens between the ages of 13 – 18. So "Triumph Over Loss" was born. Triumph Over Loss is a free one-day camp and challenge course for teens grieving



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Making the Most of Life

the loss of a loved one.

Our team from Family Hospice and Palliative Care visited Auberle to "test out" the course – and found it to be just what the doctor ordered. Through a series of varied activities, participants learn to work together to solve problems; to support each other when help is needed most; and to reach their full potential – all while having fun.

Here's an example: one activity begins with the group gathered in a circle around a rope that's lying on the floor in a twisted, knotty pile. Each member of the group reaches in with one hand and pulls out a section, still gathered in a circle. Each participant must keep one hand on the rope at all times. By working together, thinking, discussing and experimenting, the group finds a way to twist, turn and crawl through the loops to get the rope untangled. Our group had a lot of fun with this exercise. When they finished, they realized what a great job they had done working as a team.

Family Hospice's experienced bereavement counselors are enthusiastic about working with Auberle and its trained staff. Triumph Over Loss gives teens the opportunity to work through their feelings in an active, adult-like setting.

Along with the activities, participants and their parents will have time to talk about the loss of their loved one. The day is designed to help participants share, strive, achieve, connect and heal.

Triumph Over Loss takes place Saturday August 10, 9 a.m. – 3 p.m. at Auberle in McKeesport. If you know a teen that could use help in dealing with grief, please let him or her know about Triumph Over Loss. This free day camp is an excellent opportunity to start the healing process.

To register for Family Hospice's Triumph Over Loss, please call our Bereavement department at 412-572-8829, or register on-line at www.FamilyHospice.com; click on *Patients & Caregivers*, then *Bereavement*.

By the end of that day in April, our Family Hospice staffers were encouraged by their experience. They could see the potential for this new camp. It's anticipated results were tangible. We look forward to the opportunity to help teens achieve triumph over their loss. †

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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Healthcare is Not Just in Hospitals — Thinking Outside the Box for High School Students

Healthcare camp at Penn State Fayette, the Eberly Campus shows students different healthcare careers

By Kathleen Ganster

It is difficult for young people to choose a career but exposing them to various career fields may help make that choice a bit easier.

The healthcare camp at Penn State Fayette, the Eberly Campus, allows high school students the opportunity to visit with nurses, Emergency Medical Technicians (EMTs), STAT MedEvac workers, paramedics and others to learn more about those career fields. The students also tour the campus and see various labs and classrooms where healthcare related programming is taught at the Penn State campus. Additionally, they do hands-on activities that allow the students to acquire basic healthcare skills to build upon in the future.

Held every June, the camp attracts students from ninth through 12th grades to the campus. This year, campers also learned First Aid skills and put together a first aid kit, according to Sherry Nicolson, EMS Program Coordinator.

“We try to expose them to different aspects of healthcare related careers – we want them to think outside of the hospital setting or the mindset that everyone is nurses,” Nicolson said.

Nicolson works with local high schools, inviting interested students to attend the camp. At only \$50 for the three-day experience, it is a bargain.

One of the activities brings the STAT MedEvac helicopter to campus. Students tour the helicopter and talk to the MedEvac team about serving in that realm of the healthcare field.

“They may never have thought about working on the STAT MedEvac team. Those are the types of things we want to show them,” Nicolson says.

This year, the students were also trained in first aid, earning the American Heart Association certification along with constructing their own first aid kits. Nicolson says some years the students may learn CPR as well.

The students also spent time in the simulation laboratory on the campus, a place where they can work on human-like dummies that actually have heart-beats and breathe - and one that even delivers a baby.

“They used a Doppler (ultrasound) and were able to do a few other tests,” she says.

During the camp, the students were also able to talk to other professionals in the healthcare field including EMTs and paramedics, learning what first-responders do



and see their equipment.

Healthcare camp participants also learned about careers in healthcare in the mental health field, X-ray technicians and physical therapists.

“They may not think about healthcare careers in those areas. We want to show them that there are careers not just in hospitals, but other healthcare settings – ones they may never consider,” Nicolson says.

The program also brings potential students to the campus and increases community awareness about opportunities at the university, according to Nicolson.

“We want the community to know what our campus is like and for students to see what they can study here,” she says.

The Penn State Fayette the Eberly Campus offers classes in emergency medical technician, nursing, paramedic and physical therapists assistant career fields. The also offer continuing education classes for healthcare professionals. For more information on health care camps, visit <http://www.fe.psu.edu/CE/youth.htm>.

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It's Not Complicated — More Communication is Better

Solutions to help you grow...



By David M. Mastovich, MBA

I love AT&T's "It's Not Complicated" commercial where an elementary school girl tries to explain why more is better than less. After struggling to make her point, she finally just says: "We want more. More. When we really like it we want more."

It's memorable and makes an emotional impact. The ad also rings true for most of us when we buy. We tend to want more for less more often than not. And if we had to explain why, we might stumble as much as the girl in the ad too.

But what happens when we're on the other end of the spectrum? We grow frustrated when our own customers or clients push back about

price, scope, offerings or perceived value. It's natural to do so and to think that the price or scope or something must be wrong.

How you respond to internal and external customers who seem to keep asking for more will dictate your level of productivity, profitability and personal growth.

The next time you think your customers are crazy, unreasonable or flat out asking for too much, remember:

It could mean more about their buying mindset than your price, quality or scope of services.

You tend to do the same thing when you're the buyer.

They might not be convinced of or completely understand the value of what you bring to the table.

Sometimes you do need to change the scope, improve your offerings or adjust the price. But in many instances you need to help your internal or external customers realize what's in it for them.

Ask open ended questions. Listen. Clarify. If their concerns are clear and legitimate, show them how you will improve. When they misperceive the situation, communicate your value in their terms.

And next time you start acting like the girl in the commercial, remember it won't be long until you're on the other end of that conversation. †

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



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NEWS

Reducing the Uncertainty of a Scoliosis Diagnosis



By Suken A. Shah, MD

Adolescent Idiopathic Scoliosis (AIS) is the most common disorder of the spine in childhood. It occurs in as many as three to four percent of the population, with girls affected more than twice as often as boys. Though it is unclear why, scoliosis is eight times more likely to progress, and progress more quickly, in girls than in boys, which is why many scoliosis specialists, like myself, recommend that girls be screened more frequently during growth. The majority of those diagnosed are often otherwise healthy and have no previous medical concerns. With such a high prevalence, it is probable that almost everybody knows

someone with scoliosis.

Scoliosis is the lateral, or side to side, curvature of the spine. It can cause both serious health concerns as well as social concerns. Because AIS most commonly affects teenagers during the most active social period of development, they can become embarrassed or depressed. It is really important for these adolescents and their parents to know that AIS can be treated and corrected. And that's why it is so important for adolescents to be screened for the condition. Left untreated, the consequences can be devastating.

In the most severe cases, AIS can impact quality of life, diminish lung capacity, and limit physical activity. As could be expected, tweens and teens diagnosed with AIS, and their parents, experience stress and anxiety about what the disease means for them and how they will cope with the possible treatments, such as exercises, bracing and in the most severe cases, surgery.

In my own practice, which includes patients from Western Pennsylvania and Eastern Ohio, most of the alarm that families experience can be attributed to the uncertainty regarding exactly how a child's spinal curve will progress as they grow. But that uncertainty can be dramatically reduced as physicians adopt a genetic test as part of their practice in caring for children with scoliosis. The test, called ScoliScore™, is very easy to administer because it simply requires the patient to

spit in to a test tube and then it gets sent to a lab for analysis to determine a child's risk for curve progression over time. It is 99 percent accurate in the low risk for progression category and 75 percent of kids (in this screening population) will fall into that group.

To determine treatment, I use the ScoliScore result in combination with X-ray analysis of the patient's Cobb angle and the patient's history and physical exam. In general, Cobb angle curves less than 25 degrees require observation about twice a year to ensure the curve is not progressing in growing children. A curve that is between 25 and 40 degrees requires conservative intervention such as a brace. (Research is still determining whether exercise can be effective.) Surgical intervention is reserved for the most severe cases, those over 45-50 degrees.

Knowing a child's risk of progression allows clinicians to personalize the patient's treatment plan. Other predictive methods rely on observation only. I have found that parents experience profound relief knowing that their child's spine won't progress to the point of needing intervention or, in other cases we can together make the decision to treat more aggressively if the genetic test reports that progression can be expected. The test may also help limit the number of x-rays needed, which is important since the radiation from multiple X-rays is cumulative over a patient's lifetime.

The test is also noteworthy because it is real-life example of how rapid advances in genomics and related technologies are ushering in a new era of personalized healthcare and disease management that will enable us to spot the onset of disease even before symptoms begin. So, for my patients, and others, the future of personalized medicine is here.

To learn more about AIS, visit www.srs.org, www.nemours.org/spinecenter or www.scoliosis.org. To learn more about the ScoliScore test, visit www.scoliscore.com.

Suken A. Shah, MD, is Division Chief of the Spine and Scoliosis Center, Clinical Fellowship Director, and pediatric orthopaedic surgeon at the Nemours/Alfred I. duPont Hospital for Children in Wilmington, DE.

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Five TIPS for Preparing for Physician Alignment

By Stacey Lang

In response to the rapidly evolving healthcare landscape and the associated expectations with respect to financial and clinical quality, we fully expect that the current activity related to physician and hospital alignment will continue to accelerate. Hospitals, independent and employed physicians, as well as group practices, will continue to explore innovative ways to align under a variety of arrangements including the traditional employment agreement. Accordingly, hospitals and health systems must be prepared to explore alignment opportunities in a measured way. And, only after a thorough evaluation of the many considerations, can the necessary decisions be made.

WHEN ASSESSING READINESS FOR PHYSICIAN PARTNERING, WE RECOMMEND THAT HOSPITALS CONSIDER THE FOLLOWING:

The need to provide expert practice leadership support. Physicians will expect an experienced practice administrator with a solid work history of both managing and leading practices. In general, that individual should present with at least 10 years of physician practice management and operations experience with demonstrated expertise in practice based strategic planning, a track record of proven practice growth, and possess a complete understanding of revenue cycle management. While such a person may not be easy to find and hire, a hospital must be committed to the effort in order to ensure continued success in the practice setting.

The need for a well-defined “practice on-boarding” program. We recommend that hospitals use a team-driven and mentorship-focused approach to guide both parties in the successful transition of the private physician practice into an employed or aligned setting. Successful on-boarding programs are well structured and are actively supported by the hospital’s senior leaders. They are intensely focused on the first year of the post-alignment activities with structured “check-ins” continuing over the next several years.

The need for credentialing and payor contracting oversight services to minimize any practice transition related revenue loss. The hospital should also provide a complete a comprehensive revenue cycle assessment of the full range of activities, which will help identify opportunities for practice-related financial



improvements. In addition, the hospital must realize the significant differences between practice and hospital billing. Hospitals, for the most part, are notoriously ill-equipped to manage professional fee billing in an efficient and cost-effective manner. Only through a willingness to work collaboratively can the risks to revenue cycle integrity be mitigated.

The need for benchmarked dashboard reports to assist with data monitoring and quality assurance / improvement. We recommend that a practice dashboard include fundamental data sets like productive hours, Work Relative Value Units (wRVUs), visits per day, no show rates, appointment availability, wait times, and patient satisfaction as minimum standards. It is essential that the data be vetted and validated in order to foster the necessary trust in the numbers presented and to facilitate any indicated change in performance.

Consider working with an unbiased third party as an effective means to ensure a smooth transition to an aligned structure or employment model. An impartial facilitator can provide an exceptional means of streamlining communication so that both parties can move forward knowing their best interests are being represented in a fair and unbiased way. The resulting mutual trust that develops becomes an essential component of a prosperous and successful long-term relationship.

We also recommend completing our **Physician Alignment Readiness (PAR) Survey** to assess your organization’s level of readiness, which can be found on Corazon’s website at www.corazoninc.com.

Creating a sound foundation for physician alignment is critical...without proper consideration of these key elements, the success of the new arrangement (regardless of type) will be placed in jeopardy. On the other hand, adequate planning and preparation, along with diligent implementation will best position hospitals for a mutually-beneficial physician-hospital partnership. Not all hospitals or physicians / practices are positioned for entering into an alignment; however, with trends showing strong industry movement to formal arrangements, preemptively considering the above will be beneficial, whether or not an alignment payment strategy is planned for the near-term. †

Stacey Lang is Vice President at 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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Nursing Spot Checks for Patient Safety: A Nurse's Perspective



By Malinda Loflin, RN, BSN

Nursing spot checks on post-operative patients receiving opioids are not enough to ensure the safety of patients. I say this as both a registered nurse who works at a large medical center and as a daughter who has had the misfortune of seeing her own father die in-between nurses' spot checks.

Robert Goode was a devoted son, a loving and faithful husband, a nurturing father to me and my brother, and a wonderful grandpa to two boys who thought the world of him. He enjoyed fishing, traveling, and spending time with his family. At 63, he was 9 months away from retir-

ing from Tinker AFB where he had worked as a civilian for over 40 years.

My dad had a hiatal hernia, a condition where part of the stomach sticks upward into the chest, through an opening in the diaphragm. Because he was having difficulty eating, he decided to have surgery to fix it. Although my dad had a history of heart problems, for which he had a pacemaker, he sought and received clearance to have the surgery from his cardiologist.

So, on April 5, 2006, my dad underwent surgery through a standard procedure called laparoscopic Nissen fundoplication. Surgery was successful, and after surgery, the surgeon reported that everything went well and there had been no complications.

After recovery, he was transferred to a general med-surg unit. Within a day after surgery, April 6, he was up walking the halls and feeling great. He was looking forward to going home the next day.

Post-operative orders included a morphine PCA pump and supplemental oxygen. Although, my dad had a history of sleep apnea and used a CPAP at home, he was not electronically monitored. In other words, my dad's health and life rested on a nurse coming around to his room every two to four hours. No matter how dedicated the nursing staff, what would the odds be of one of them checking on him if his condition deteriorated? I am not a statistician, but the odds cannot be very good.

Moreover, my dad's room was at the end of hall and furthest away from the nurses' station. So, in between these two to four hour checks, he was relying on a nurse at the other end of the hall to notice that he needed attention. The odds, I believe, have surely gone down further.

Yet, this is often the standard of care that patients receive. The Lippincott Manual of Nursing Practice recommends that respiratory rate, sedation score, and oxygenation be checked periodically on an hourly, two-hourly, or four-hourly basis. The chart below, developed by the San Diego Patient Safety Council, provides more frequent assessment of the patient, together with a respiratory assessment that also includes end tidal CO₂:



Robert Good,
March 31, 1943-
April 7, 2006

In my father's case, this periodic assessment (although important for patient care) failed to detect his deterioration. As Dr. Robert Stoelting (president, Anesthesia Patient Safety Foundation) has stated:

"the conclusions and recommendations of the APSF are that 'intermittent' spot checks of oxygenation (pulse oximetry) are not adequate for reliably recognizing clinically significant evolving drug-induced respiratory depression in the post-operative period."

Moreover, as Matthew Grissinger (director, error reporting programs, ISMP) explains:

"One reason why it (periodic spot checks by caregivers and pulse oximetry) is not effective is that a 'periodic check' and pulse oximetry would only catch an error, not prevent the error."

For all patients, we want to prevent the error.

On April 7, at approximately 5:30 in the morning, we received the dreaded early morning phone call that he had taken a turn for the worst and that the doctor was with him. When I got to the hospital, I found my mother sitting outside his room crying. I could hear the sounds of a code being performed coming from inside his room.

We waited outside the room for almost 2 hours before his doctor came out to tell us they were able to get his heart beating again but he was in critical condition. He was then emergently transferred to another hospital that could accommodate his critical level of care.

After what seemed like hours, we were allowed to see him. He was on a ventilator and on multiple IV medications to sustain his cardiac function and blood pressure. He was unresponsive, cold, and bleeding from his mouth and nose.

Unfortunately, his body had begun to shut down. Not only did he have respiratory failure, he had developed renal and liver failures that lead to DIC. An EEG was performed that showed minimal brain stem activity; but, my family and I were still hoping and praying for a miracle.

All through the day the doctors and nurses in the ICU worked diligently to save his life. As the day progressed, his heart became more and more irritable and the medications were unable to keep his cardiac rhythm and blood pressure viable. At 5:00 that evening, as they were preparing to code him again, we made the heart-breaking decision to stop all resuscitative measures. He was pronounced dead at 5:15. Cause of death was an anoxic brain injury.

In the weeks and months to follow our lives were in turmoil. My mother was stricken with grief and could no longer work and had to retire early. I had to leave my coworkers and friends that I had worked with for over 10 years. His mother became ill and no longer had the will to keep living, for she had lost her only child. He didn't get to see his oldest grandson graduate from high school. Even now after 5 years, there is a huge void in our lives.

In reviewing my dad's medical records, I learned the nurse who had been taking care of him on the night of the 5th had not checked on him since 11 pm. There were also pertinent morphine administration records "missing" from his chart. Her documentation showed that she precharted on him; in fact you can tell clearly where she changed her time; she wrote "0500 resting quietly, NAD [no acute distress], respiration even; 600 resting quietly, NAD". Then, "report given to the next shift"; but, in reality at that time, they were transferring him to another facility because he had coded.

Although I could criticize that nurse and all of the attending nurses for not being attentive enough, patients deserve better. It is not as though we don't have the technology to monitor for blood oxygenation, because we do with a pulse oximeter. Moreover, we do indeed have the ability to monitor for the adequacy of ventilation with capnography.

Now, I understand that technology will advance -- monitoring devices will improve, as they should. However, let's use what we have. Let's create an electronic safety net around our patients. Let's give those nurses down at the end of the hall a fighting chance to know when the patient furthest away from them is going into opioid-induced respiratory depression. Let's give nurses the comfort of knowing their patients are being continuously electronically monitored, so they can attend to other patients also needing their help. As a nurse, I have witnessed how continuous electronic monitoring can save patients' lives.

As Juliana Morath, RN, MS (chief quality and safety officer, Vanderbilt University Medical Center) says:

"Human vigilance is required but insufficient, continuous electronic monitoring needs to be there to support and back up nurses, and allow them to visit a patient while monitors are continuously assessing other patients for various physiological parameters (such as, oxygenation with pulse oximeter and adequacy of ventilation with capnography)."

My family lives each day with the horrors of the exclusion of electronic monitoring in post-operative patients receiving opiates. I truly believe that if my dad had been continuously electronically monitored he would still be here today. I am proud to say that I now work at a hospital that continuously electronically monitors our post-operative patients. †

Table 6: Nursing Assessment Event & Frequency Guidelines for PCA Monitoring

Cognitive Opioid Tolerance	Pain	Sedation	Respiratory			
			Rate	Quality	SPO ₂	ETCO ₂
Baseline	X	X	X	X	X	X
Initiation OR Change in Drug*	X	X	X	X	X	X
Q15 min x 1 hr						
Q1 hr x 4 hrs						
Then Q2hrs						
Dose Change OR Bolus	X	X	X	X	X	X
Q1 hr x 4 hrs						
Then Q2hrs						
Event OR Deterioration	X	X	X	X	X	X
Q15 min x 1 hr						
Q1 hr x 4 hrs						
Then Q2hrs						
Hand-offs/Shift change*	X	X	X	X	X	X

* Independent check

Family Hospice & Palliative Care Names Hospice Executive Barbara Ivanko President & CEO



Barbara Ivanko

The Board of Directors of Family Hospice and Palliative Care announced that hospice executive **Barbara Ivanko** has been named President and CEO of Western Pennsylvania's largest non-profit hospice organization. She joins Family Hospice on August 1.

Barbara Ivanko has more than 20 years of experience in the hospice and healthcare industry and was most recently Chief Operating Officer for Spectrum Health, Inc., the parent organization of the Hospice of Palm Beach County, Florida where she also served as COO.

A social worker by background, Ivanko has been involved in the hospice industry since 2000 and has held executive positions in patient care, clinical services and overall operations. In addition, she consulted with numerous hospice organizations throughout the United States

and presented best practice programs at state and national levels on growth, regulatory compliance, access and documentation.

Barbara Ivanko has been an active member of the National Hospice and Palliative Care Organization (NHPCO). Also, she has been an active member of the National Hospice Work Group's Chief Clinical Officer's Forum, the National Hospice and Palliative Care Organization's Education Committee and the Florida Hospice and Palliative Care Organization's Quality and Compliance Committee. She has been devoted to sharing best

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People and Awards

practices and collaborating with peers from hospices across the nation, exploring ways to increase access to care and to develop strategies for excellence in the delivery of hospice and palliative care services.

Barbara Ivanko has authored numerous articles and training materials for the hospice industry, including being a contributing author for related textbooks. She earned her Bachelor's degree in Psychology and Master's degree in Social Work from Stony Brook University in New York; she also earned a post-graduate certificate in Eastern Psychology.

"We are delighted that Barbara Ivanko is the new leader for Family Hospice and Palliative Care," said Robert Butter, Family Hospice Board Chair. "Barbara joins us at time when western Pennsylvania hospitals, clinicians, nursing homes and families are relying on our hospice and palliative care services more than ever. She is a nationally recognized leader in hospice care and has the experience, vision and drive to continue building this community resource dedicated to enhancing the lives of people with life-limiting illness and their families. We are grateful to interim CEO Franco Insana for his leadership during this search process. He will now resume his primary role as Chief Financial Officer."

Commenting on her appointment, Barbara Ivanko said, "I'm honored to be selected to lead Family Hospice as it is one of the most well-regarded hospice organizations in the country. I am very excited about the future of Family Hospice and Palliative Care and the opportunity to work collaboratively with so many partners in the continuum of healthcare delivery throughout western Pennsylvania. I look forward to serving this region and to making Pittsburgh my new home."

A winner of the American Hospital Association's Circle of Life award for innovative care programming, Family Hospice and Palliative Care has been providing compassionate care to our area since 1980. As Pennsylvania's largest hospice provider, Family Hospice serves nine counties in Western Pennsylvania, helping patients make choices about their care, supporting family and friends who are grieving and educating both professionals and the community about end-of-life issues.

Family Hospice is an independent, non-profit, community-based organization accredited by The Joint Commission for meeting specific high-level performance standards and recognized nationally as a pioneer in programs such as Caregiver Training. Through a commitment to quality services, Family Hospice provides a complete continuum of care to patients and families.

For more information, visit www.FamilyHospice.com and www.Facebook.com/FamilyHospicePA.

Make a Difficult Discussion Easier

Hospice Discussion Guide Gets Patients and Families Talking

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

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

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

1. Download ***Considering Hospice Care: A Discussion Guide for Families***, print it, then distribute it to appropriate patients or families when you visit with them.
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Joy Peters Joins Nursing Leadership Team at Jefferson Regional



Joy Peters

Joy Peters, DNP, RN, MSN, MBA, has joined the nursing leadership team at Jefferson Regional Medical Center as associate nurse executive.

She previously served as CNO at Ohio Valley Hospital, director of coronary care at Allegheny General Hospital, nurse manager at Suburban General Hospital and staff nurse at West Penn Hospital.

She earned her RN diploma from West Penn Hospital School of Nursing, BSN from Penn State University, MSN/MBA from the University of Pittsburgh and Doctorate in Nursing Practice (DNP) from Carlow University.

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

Duquesne Announces Director of New Biomedical Engineering Program

Dr. John A. Viator has been named the inaugural director of the new Biomedical Engineering Program at Duquesne University, effective Sept. 1. The program, which will enroll its first class of students in the fall of 2014, is the only engineering degree offered in Southwestern Pennsylvania at a top-tier Catholic research institution.

"We are very pleased to have secured the commitment of someone of Dr. Viator's caliber to lead our new Biomedical Engineering Program," said Duquesne President Dr. Charles J. Dougherty. "He is an accomplished scholar and designer of innovative medical devices. Viator will help us build a faculty committed to quality undergraduate teaching. We also expect him to play an important role in applying our Catholic and Spiritan mission to this emerging new world of biomedical engineering."

Viator is an associate professor in both the bioengineering and dermatology departments at the University of Missouri (MU), where he also is a faculty investigator for the Christopher S. Bond Life Sciences Center. In his research lab, Viator and a team of students have been researching better ways to detect melanoma and early detection of additional types of cancer that have metastasized, such as breast cancer.

"I'm incredibly honored to be chosen to lead this effort," said Viator. "It's a once-in-a-lifetime opportunity for me to find a university that is fully committed to creating a new program in biomedical engineering. Together, we're going to build something great, and I can't wait to get started."

An award-winning educator, Viator holds four patents and has been awarded more than \$1.6 million in grants during his career from organizations including the National Institutes of Health's National Cancer Institute, the Missouri Life Sciences Trust Fund and the American Society for Laser Medicine and Surgery Research.

He is founder and president of Viator Technologies Inc. and founder and chief executive officer of Avapulse Research, LLC.

"There is a big demand for biomedical engineering," Viator explained. "There are a lot of issues with health care for which you need engineers to solve problems to improve human health. If you're going to start an engineering program, biomedical engineering is really the place to start because of the advantages of the demand, the new technology, and the timeliness of problems in human health."

Viator has held posts at Blue Road Research; the University of California, Irvine; Oregon Health & Science University; the Office of Naval Research; the Oregon Medical Laser Center; Conix Research; and the University of Oregon.

He is on the expert review board for the University of Nebraska's Department of Biological Systems Engineering, is a member of the board of directors for the MU Biodesign and Innovation Program and is a member of the MU School of Medicine Scientific Peer Review Committee.

Among the courses that Viator has developed and taught are medical imaging, programming for engineers, biological engineering and problems in biological engineering. His work has appeared in publications such as *Progress in Electromagnetics Research*, *Journal of Biomedical Optics*, *Clinics in Laboratory Medicine* and the *International Journal of Thermophysics*, among others.

A now-retired lieutenant commander with the U.S. Naval Reserve (1985-2007), Viator served active duty aboard a guided missile destroyer as an engineering division officer for the Military Sealift Command during Operation Desert Shield.

Viator earned a bachelor's degree in physics from the University of Washington, a master's in mathematics from the University of Oregon, a master's in applied physics from the Oregon Graduate Institute of Science and Technology, and a Ph.D. in electrical engineering from the Oregon Health & Science University.

He and his wife Melissa have four children—Isabella, Kolbe, Francesca and Lorenzo.

For more information, visit www.duq.edu. †



Dr. John A. Viator

People and Awards

Lopus Returns to Hometown as Pavilion Administrator



Terry D. Lopus

Bradford Regional Medical Center (BRMC), a member hospital of Upper Allegheny Health System, welcomes **Terry D. Lopus** as the new Administrator of the Pavilion at BRMC. Lopus started in his new position on March 25.

In his role as administrator at the Pavilion, Lopus is responsible for the management of the Long Term Care facilities and supervision of hospital departments which function within the facility.

A native of Bradford, Lopus attended the University of Pittsburgh where he earned his Bachelor of Arts in Social Sciences after graduating from Bradford Area High School. Most recently, he served as the Administrator for the 680-bed Lehigh County Cedarbrook Nursing Home in Allentown, PA.

Lopus has over 35 years of licensed nursing home administration experience; obtaining his certification as a Licensed Nursing Home Administrator in 1981.

"We are pleased to welcome Terry back to the Bradford community," said Timothy J. Finan, CEO and President, Bradford Regional Medical Center.

"He brings a wealth of experience and a passion for long-term care that will benefit our residents and their families. In addition, he brings a thorough knowledge of the Bradford community."

"It is my distinct pleasure to be back in the Bradford Community and I welcome the opportunity to serve with Bradford Regional Medical Center, as well as to be closer to my family and loved ones," Lopus said.

Lopus previously served as Director of the Bradford Housing Authority, Bradford Redevelopment Authority, Bradford Area Public Schools Foundation, Bradford Area United Way, Salvation Army of Bradford, Friendship Table, and the Bradford Area Public Library.

In 2006 he received the Rotary Club of Bradford's highest award for distinguished service when he was named a Paul Harris Fellow.

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

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Ellwood City Hospital Homecoming — Dr. Beth Ann Magnifico Brings Experience, Expertise to Staff



Dr. Beth Ann Magnifico

Dr. Beth Ann Magnifico, D.O., fondly recalls how as a bright-eyed 7-year-old she and a friend once sold lemonade to help raise funds for the construction of a new wing at Ellwood City Hospital.

“We sold a lot of lemonade. I want to say we made about \$100, and as a little kid in the 1970s, that was a lot of fundraising,” said Dr. Magnifico, who returned to her hometown and joined the Ellwood City Hospital staff on April 29.

Dr. Magnifico has made quite a progression from those days of selling cool drinks on hot summer days. She recently left her position as Medical Director of Palliative Medicine at Humility of Mary Health Partners in Youngstown, Ohio, to join the Ellwood City Hospital staff.

“This area is home. The area is friendly,” Dr. Magnifico said. “The hospital is just a nice community hospital. We’re working to keep the hospital as a resource for the community.”

“I’ve lived in all ends of the state. I did my medical school in Philadelphia, and I spent 17 years in the Hershey area,” she added, referring to her work at Milton S. Hershey Medical Center, where she had roles as an interim Medical Director of Palliative Medicine and an Assistant Professor of Pediatrics and Internal Medicine.

“There is nothing like home. People are friendly and polite. Ellwood City supported me with jobs as I went through school and now I can return the support as a community physician.”

People and Awards

Ellwood City Hospital Acting President Carolyn Izzo believes Dr. Magnifico is a solid addition to the hospital’s staff. Her ties to the region only enhance her already impressive credentials.

“I welcome Dr. Magnifico back to the area and am looking forward to working with her,” Izzo said. “With her local background and extensive credentials she has a lot to offer to our community.”

Dr. Magnifico remembers her roots.

She recalled the local business people who employed her at a convenience store and a fish market during the summers when she attended medical school at the Philadelphia College of Osteopathic Medicine. She also has several family members who still reside in Ellwood City.

“At Hershey Medical Center I was able to practice pediatrics, adult care, inpatient and outpatient care, and state of the art medicine,” Dr. Magnifico said. “In Youngstown I helped create a palliative medicine program. Palliative care provides supportive comfort care for people with chronic illnesses and people with terminal illnesses. It was a fairly well-rounded experience.”

“Some of my expertise is in electronic medical records,” she continued. “I can bring that expertise and help in the transition from paper (records).”

It’s no surprise that Dr. Magnifico is ready to provide care at Ellwood City Hospital. After all, she once pitched in as a 7-year-old working a lemonade stand. Now, she brings expertise and experience as a physician to her hometown.

For more information, contact Pam Ottaviani, Ellwood City Hospital Administrative Assistant, at pam.ottaviani@echospital.org or 724.752.0081. †




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James Construction’s Executive VP Recognized as Certified Healthcare Constructor



Craig E. Stevenson

The American Hospital Association (AHA), in conjunction with the American Society for Healthcare Engineering (ASHE), has recognized James Construction’s Executive Vice President, **Craig E. Stevenson**, as a Certified Healthcare Constructor (CHC). This elite designation has been awarded to fewer than 500 professionals

nationwide and James Construction is the only Construction Company in Western Pennsylvania to have a designated CHC professional.

CHC Certification assesses knowledge required of a competent healthcare construction manager in the areas of Healthcare Industry Fundamentals; Planning, Design and Construction Processes; Healthcare Facility Safety-Additions & Renovations; and Financial Stewardship. Additionally, certificants demonstrate their continued professional development and commitment to the profession by maintaining the certification through participation in professional development activities.

James Construction, a Pittsburgh-based construction firm, has been working in the healthcare sector since 1981. With a focus on core values of integrity, relationships and performance, James Construction is committed to building collaborative partnerships and specializing in construction management, general contracting, design-build and sustainable construction. Having a designated Certified Healthcare Constructor assures Hospitals and other Healthcare-related entities that James Construction has demonstrated a detailed understanding of the health care environment and is experienced in navigating the myriad of healthcare- and hospital-specific construction challenges.

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

Mark J. Shlomchik, M.D., Ph.D., Named Chair of Department of Immunology, Pitt School of Medicine

A researcher renowned for his contributions to our understanding of the autoimmune disease systemic lupus erythematosus has been selected to head the University of Pittsburgh School of Medicine's Department of Immunology.

Mark J. Shlomchik, M.D., Ph.D., succeeds founding department chair Olivera Finn, Ph.D., who will continue her research into peptide vaccines against pancreatic and colon cancers at Pitt. He is expected to start July 1.

"Dr. Shlomchik has been very widely recognized for his research achievements," said Arthur S. Levine, M.D., Pitt's senior vice chancellor for the health sciences and dean, School of Medicine. "His research interests spanning basic to translational immunology mesh well with the institutional strengths of our immunology department and put him in a good position to further build them."

He added that while Dr. Shlomchik's primary responsibility will be the leadership of his department, he will work closely with other important entities in the medical school which focus on various aspects of immunology, including the Thomas E. Starzl Transplantation Institute, the Center for Vaccine Research, and the University of Pittsburgh Cancer Institute.

In the area of lupus, Dr. Shlomchik's work was among the first to elucidate the roles of B lymphocytes and Toll-like receptors in promoting disease. Both of these are now targets of drugs that are either approved or in development to treat autoimmune disorders in patients. In October 2012, Dr. Shlomchik's team showed in *Science Translational Medicine* that an enzyme complex called NADPH oxidase, or NOX2, which plays an important role in the body's resistance to bacteria and fungi, is also necessary to curb genetic predisposition to lupus. In addition to autoimmunity, B-cell immune responses and how vaccines elicit protective antibodies, Dr. Shlomchik has worked on bone marrow transplantation, where some of his findings have also resulted in an ongoing clinical trial.

"I am very excited to move to the University of Pittsburgh to succeed Dr. Finn as the second leader of an up-and-coming Department of Immunology," he said. "Pitt has wonderful resources and people and I look forward to working with faculty to broaden and deepen immunology research there, with the long-term goal of having an impact on disease therapy and prevention in patients."

Dr. Shlomchik received his medical and doctoral degrees in 1989 from the University of Pennsylvania, where he also completed residency training in pathology and laboratory medicine. After postdoctoral work at Fox Chase Cancer Center in Philadelphia, he joined the faculty at Yale University, rising to the rank of full professor in 2004.

For more information, visit www.medschool.pitt.edu.

People and Awards

Oravec Appointed Director of Sharon Regional's Brookfield, Hubbard, and Neshannock Outpatient Centers

Sharon Regional Health System has announced the promotion of **Dave Oravec, OTR/L**, to the position of director of the Brookfield, Hubbard, and Neshannock outpatient centers.

In his new role Oravec will be responsible for the on-site operations as well as growth and expansion efforts of the Brookfield Family Medicine Center, Hubbard Diagnostic and Specialty Center, and Neshannock Diagnostic and Specialty Center.

In addition, he will serve as an administrative liaison for physicians associated with those satellite centers.

Oravec previously served as the outpatient therapy coordinator and manager of the Brookfield Family Medicine Center and will continue to maintain some clinical responsibilities.

He joined Sharon Regional in 1998 as an occupational therapist/ergonomic assessment specialist. He also formerly worked as an occupational therapist for VA Butler Health Care and UPMC Shadyside in Pittsburgh.

Oravec graduated magna cum laude from the University of Pittsburgh with degrees in occupational therapy and psychology.

He is a Lean Six Sigma Workout Coach and received additional training in General Electric Talent Development Strategies. He is a member of the American College of Healthcare Executives and currently serves as the chairperson of the board of directors of the Shenango Valley Professionals, as a board member of the Penn State Shenango Occupational Therapy Assistant Program, and a former board member of the Down Syndrome Association of the Valley.

For more information, visit www.sharonregional.com.



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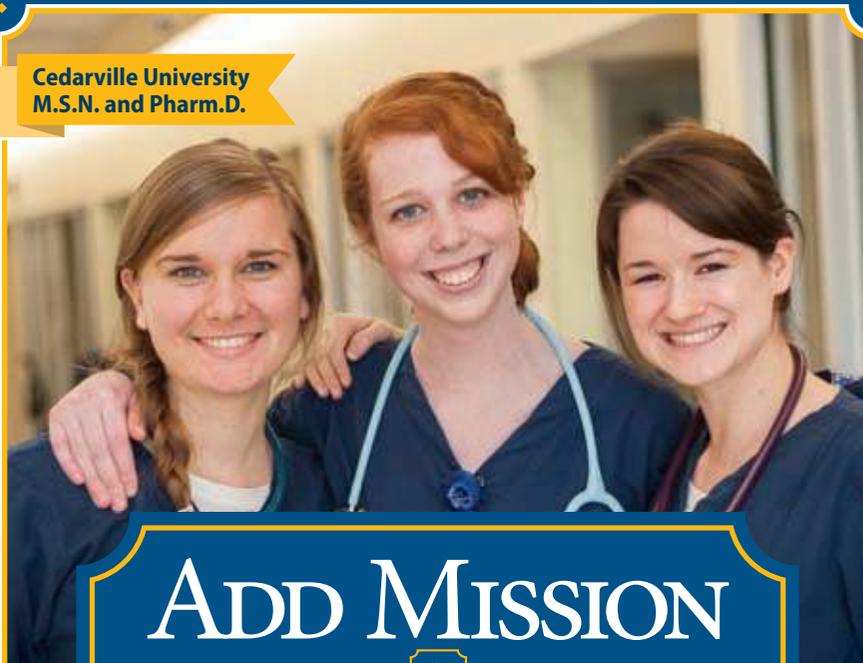
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Dr. Hill Joins Internal Medicine Team at Cole Memorial

Board-certified Internal Medicine Specialist, **Aaron Hill, MD**, recently joined the Integrated Internal Medicine department and Hospitalist unit at Cole Memorial Hospital in Coudersport. He joins a team of three physicians and six physician assistants to provide primary care to patients with a specialty in internal medicine.

Dr. Hill comes to Cole Memorial with over ten years of experience, most recently from Olean General Hospital in Olean, New York and St. James Mercy Hospital in Hornell, New York. He provided inpatient and critical care at both locations.

He is a graduate of the Albert Einstein College of Medicine in New York City and completed a residency in internal medicine at Queens Hospital Center, Mt. Sinai School of Medicine, New York.

For details, visit www.charlescoleshospital.com.



Aaron Hill, MD

People and Awards

Family House Announces New Executive Director & Other Leadership Positions

Family House announced recently that **Robert J. Howard** has been named as the nonprofit's new Executive Director. In January 2013, Howard volunteered to serve as Interim Executive Director as Family House worked internally to elevate the quality standards of the Family House mission.

The Board of Directors has now elected Howard as the permanent Executive Director. For the past three years, Howard has served on the Family House Board of Directors and has embraced and advocated the messages and responsibilities of the nonprofit.

As Executive Director, Howard will be responsible for working in collaboration with the Board of Directors, supervising the staff, overseeing short and long-term operations of Family House facilities, interacting with volunteers, and creating relationships with the patients/guests at each facility.

Howard will also maintain community relations and interactions with all important community, corporate, government and educational groups.

Family House also announced Ron Gruca as the new Director of Development and Michael Printz as the new Director of Finance. Gruca will lead all fundraising and related communication efforts. Gruca comes from an extensive background in leadership fundraising and most recently worked at Carnegie Science Center in a similar capacity. He brings with him deep experience and success in securing mission-critical funds as well as developing corporate, foundation, and individual relationships with nonprofits.

Printz, a resident of Irwin, PA, was most recently the Executive Director at Cornerstone Ministries. In that role, he supported the dynamic growth of the ministry through strong operational and financial management; his extensive background in organizational leadership has led him to great success.

Family House has four hospital hospitality houses and since its inception in 1983, it has become a critical component of Pittsburgh's medical community. Each year, over 14,000 patients and their families stay at Family House while awaiting medical treatment. The three decades will be celebrated this year as Family House marks its 30th anniversary.

For more information, visit www.familyhouse.org.

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Dr. David Baker Announces New Location in Forest Hills

Dr. David Baker, an ophthalmologist who has been working in the Forest Hills community since 2000, has joined Premier Medical Associates (PMA) and is now located at 2140 Ardmore Boulevard.

"Working with the team at Premier Medical Associates brings access to the most sophisticated technology available and a collaborative environment that truly impacts care," said Dr. Baker. "Joining PMA has allowed me to focus on medicine without the concerns of running a practice, and I am so pleased to stay in the Forest Hills community."

For more information, visit www.premiermedicalassociates.com.

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Highmark and Allegheny Health Network Announce Completion of Affiliation with Saint Vincent Health System

Highmark and Allegheny Health Network today announced the completion of their affiliation with Saint Vincent Health System, having secured all legal and regulatory approvals. Saint Vincent is now officially a part of Allegheny Health Network, the region's newest integrated delivery care network focused on preserving health care choice and providing affordable, high-quality care.

"Saint Vincent is an outstanding provider of high-quality care," said William Winkewer, Jr. M.D., Highmark president and chief executive officer. "That's what makes it such a great fit with Allegheny Health Network. Saint Vincent shares Allegheny Health Network's focus on preserving health care choice for all consumers and patients. We thank the entire community, business leaders and elected officials for their support throughout the affiliation process."

Allegheny Health Network is comprised of more than 2,100 physicians on its medical staff with a geographical footprint that touches virtually every community in Western Pennsylvania. The network also includes seven hospitals in Pennsylvania with nearly 2,400 licensed beds.

Today, Saint Vincent joins with the following hospitals in the network:

- Allegheny General Hospital
- Allegheny Valley Hospital
- Canonsburg Hospital
- Forbes Hospital
- Jefferson Hospital
- West Penn Hospital

"Our affiliation with Highmark will enable us to continue to fulfill our mission and focus on the health care needs of residents of the Erie region," said Scott Whalen, Ph.D., FACHE, Saint Vincent's president and chief executive officer. "We're committed to working collaboratively with Highmark and Allegheny Health Network to make care more affordable, while at the same time addressing a shortage of primary care physicians in the region by investing in training and education."

The Erie County Orphan's Court approved the Saint Vincent affiliation on May 31.

"Saint Vincent will play an important role in Allegheny Health Network's transformation and improvement of health care for patients," said John Paul, Allegheny Health Network president and chief executive officer. "Allegheny Health will create more health care

Around the Region

choice and a greater focus on individual wellness and disease prevention – all of which will provide immediate and longer-term benefits to our patients and customers."

Highmark Health Services' support to Saint Vincent includes a \$20 million cash investment to help Saint Vincent maintain financial soundness and \$5 million for capital projects at Saint Vincent to support the health care mission of the Sisters of St. Joseph. In addition, Highmark and Allegheny Health Network will support Saint Vincent in its investment of more than \$40 million during the next three years to improve the existing facilities of Saint Vincent and invest in new assets for the Erie region and northwest Pennsylvania. The Sisters of St. Joseph will receive a one-time payment of \$10 million.

This affiliation will enable Saint Vincent to strengthen its position in providing a strong choice for health care in the Erie region and to accelerate its growth strategy in the northwestern Pennsylvania and southwestern New York areas.

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



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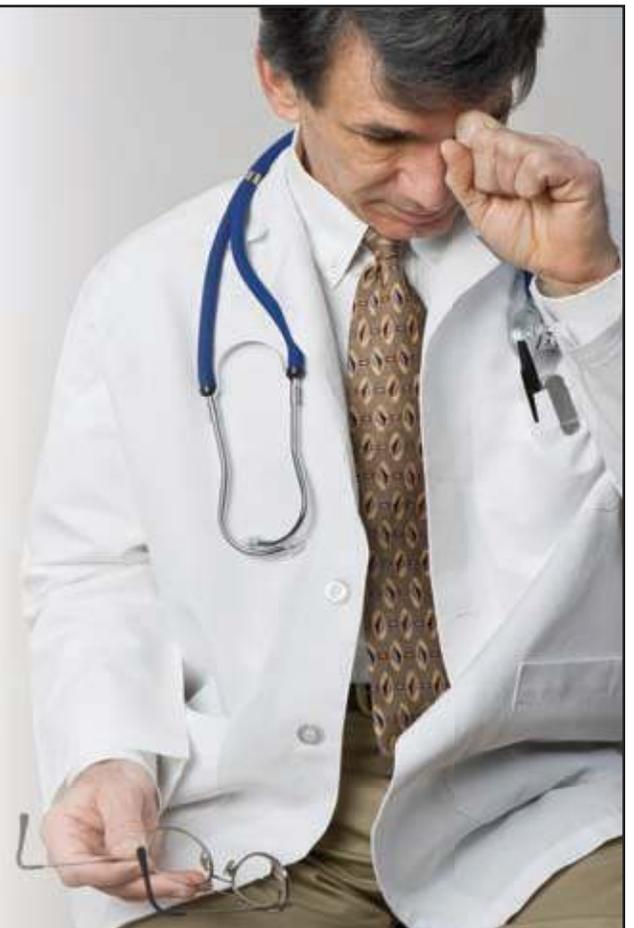
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Pictured, left to right: Pittsburgh Council President Darlene Harris; Mary Ann Trifaro (Spiritual Care Specialist, Family Hospice); Diane Ridge (Bereavement Assistant, Family Hospice); Bobbe Jo Radkowski, RN (Clinical Supervisor, Family Hospice); Victoria Jackson, RN (Transitions nurse); Maria Massucci (Community Liaison, Family Hospice); Toni Martinez (Bereavement Assistant, Family Hospice); Debra Sauro (VP Organizational Excellence, Family Hospice); Greg Jena (Mgr of Marketing and PR, Family Hospice); Eric Horwith (Mgr of Business Development, Family Hospice); Councilman Daniel Lavelle; Bob Butter (Chair, Board of Directors, Family Hospice).

Transitions Hospice Program Honored by Pittsburgh City Council

The Transitions hospice program – a collaborative effort among Family Hospice & Palliative Care, North Side Christian Health Center, and Bidwell United Presbyterian Church – was presented with a proclamation from Pittsburgh City Council on May 28, 2013.

Recognizing the need of a traditionally underserved population, Transitions is designed to make compassionate end-of-life care more accessible to the African-American community of Pittsburgh's Greater North Side. Pictured here are members of the Transitions hospice team with Pittsburgh Council President Darlene Harris (sponsor of the proclamation) and Councilman Daniel Lavelle.

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



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Pitt-UPMC Program Guides Expansion of Telemedicine Use in Pediatric Emergencies

When a child ends up in an emergency room at one of Pennsylvania's rural hospitals, the emergency doctor has a tough decision to make – treat the child there with limited pediatric expertise or send him or her to Children's Hospital of Pittsburgh of UPMC, often hundreds of miles from home.

A new University of Pittsburgh Schools of the Health Sciences project will use telemedicine to make the decision easier. On Monday, March 4, a team of doctors, scientists and emergency, pediatric and rural health officials will launch "Optimizing Utilization and Rural Emergency Access for Children," or OUTREACH, a project designed to make telemedicine more effective in pediatric emergencies.

"About a quarter of all pediatric emergency visits are to hospitals in rural areas, yet these hospitals rarely possess the equipment, experience and expertise necessary to provide effective emergency care to children," said Jeremy Kahn, M.D., M.S., project leader and associate professor of critical care, medicine and health policy at Pitt's School of Medicine and Graduate School of Public Health. "Our goal is to make it quick and easy for rural emergency doctors to consult with pediatric specialists at UPMC to determine the best treatment plan for each child."

The project is paid for with a nearly \$1 million grant from the U.S. Department of Health and Human Services Health Resources and Services Administration. It is designed to address critical deficiencies in pediatric emergency care reported in the Institute of Medicine's "Emergency Care for Children: Growing Pains."

Dr. Kahn and his team will interview hospital administrators, physicians, nurses, emergency transport personnel, patients and families to identify issues surrounding pediatric emergency care and potential obstacles to using telemedicine in rural hospitals.

That information will then be used to craft a standardized educational program to help these hospitals best use telemedicine to improve pediatric emergency care through consultations with Children's Hospital of Pittsburgh specialists. The team will then partner with the Pennsylvania Department of Public Welfare, which oversees the state's Medicaid program, to evaluate the effects of the program.

If successful, the program could be used as a model for pediatric emergency care nationwide.

"Our goal is to reduce unnecessary transfers while providing the same level of world-class service using telemedicine that our patients receive when they come directly to the Children's campus," said Harun Rashid, vice president of global health services and chief information officer at Children's Hospital.

Kobe Long, 2, of Washington in Washington County, has cerebral palsy and has been helped twice in the last year by telemedicine. Both times involved breathing problems for which Kobe's mother, Christa Bolen, had taken him to Washington Hospital.

"Having the doctors examine him with telemedicine was different – but very easy," she said. "You didn't have to try to explain what was happening over the phone. The doctors at Children's could see for themselves and decide on the best treatment."

In Kobe's case, the doctors determined that he needed to be flown by medical helicopter to Children's Hospital, where they were able to quickly intubate him and stabilize his breathing.

In addition to improving care and saving lives, the program could cut down on unnecessary travel for children and their families, as well as reduce medical costs.

"There is an inherent value in keeping a sick or injured child in his or her community when possible," Dr. Kahn said. "They can recover with their family and friends close by and avoid excessive disruption to their family's routine."

In the last year, more than 400 children were transferred from a rural emergency department to Children's Hospital of Pittsburgh – a journey that can involve several hours of travel time – only to be immediately discharged back to their communities. If these children were triaged via telemedicine, \$800,000 could have been saved, according to data collected from the Children's Hospital Emergency Department.

Initially, the OUTREACH program will be in five rural hospitals: UPMC Northwest Hospital in Seneca, Venango County; UPMC Horizon Hospital in Farrell, Mercer County; Washington Hospital in Washington, Washington County; Armstrong County Memorial Hospital in Kittanning, Armstrong County; and DuBois Regional Medical Center in DuBois, Clearfield County.

More hospitals will be recruited as the project progresses.

A key component to the OUTREACH program is an in-depth plan to evaluate its impact on health care access, mortality rates, injury rates and health care costs.

"Our intent is to provide unbiased data on the program's accomplishments to inform efforts to replicate system-wide emergency care improvements in other areas," Dr. Kahn said.

For more information about Pitt Public Health, visit the school's Web site at www.publichealth.pitt.edu. †

LECOM Breaks Ground for New Senior Living Center

Construction begins on site of growing academic health center

The Lake Erie College of Osteopathic Medicine (LECOM) is breaking ground for a new Senior Living Center that will introduce a new generation of housing for older adults. Construction has begun on land just south of Millcreek Community Hospital (MCH) on Peach Street in Millcreek Township where a new academic health center has been growing in recent years. LECOM is bringing together the education of physicians and pharmacists with patient-centered health care in new and innovative ways.

With the start of construction, LECOM is investing more than \$37 million to build a new skilled-nursing facility that will be ready for senior residents by the summer of 2015. The 151,000-square-foot, five-story facility with 144 private resident rooms and daily living spaces on four floors. Each floor will be organized into households to provide a home-like environment and patient centered care for the residents.

A dedicated rehabilitation therapy area to serve physical, occupational and speech therapy needs, along with a full service beauty spa and salon, special dining area and café, geriatric clinic, and pharmacy will be featured on the first floor.

ERDMAN, a national leader in healthcare consulting, facility development and design, has assisted LECOM in identifying goals that will help make the facility unique, as well as operationally efficient. The design team has gathered the best practices from a variety of skilled nursing models and enhanced them to create a welcoming and comfortable living environment.

“LECOM is developing an innovative model of care that is far from the traditional, sterile nursing home environment,” said James Lin, D.O., director of the LECOM Institute for Successful Aging and a fellowship-trained geriatric physician. “We continue to meet health care needs by providing advanced care for the elderly in an exciting new living center design that will build an enjoyable, community-based experience for the residents.”

In May, the LECOM Institute for Successful Aging and MCHI launched the NICHE (Nurses Improving Care for Healthsystem Elders) program. They became the first Erie health care organization recognized for their commitment to improving health care for older adults. The training involved will prepare the staff and physicians to provide optimal care at the new Senior Living Center when it opens.

With the LECOM John M. and Silvia Ferretti Medical Fitness and Wellness Center and MCH adjacent to the new facility, there is a continuum of care from prevention of disease and injury, acute hospital care and transitional care to living quarters for older adults.

An agreement with Erie County allowed for the transfer of 88 skilled nursing beds from the county-owned Pleasant Ridge Manor to Millcreek Manor, which is now a 50-bed skilled nursing facility connected to MCH. The agreement opened the way for the county to combine two nursing homes into one facility in Fairview and for LECOM to build its own facility incorporating the next generation of senior living care.

For more information, visit www.lecom.edu.

Around the Region

TeleTracking’s Capacity Management Solutions for Healthcare Break Growth Record Again

Privately-held TeleTracking Technologies, market leader in patient flow automation solutions for hospitals and health systems, today announced a 42 percent increase in booked revenue in the 2012 fiscal year. This annual jump in sales is the largest in the company’s 22-year history and was achieved in collaboration with hospital leaders’ focus on Electronic Medical Record (EMR) implementation over the same period.

TeleTracking President Michael Gallup said the record growth was related to the Affordable Care Act’s emphasis on improving efficiency and reducing cost while increasing patient access and improving patient outcomes. TeleTracking solutions help hospitals deliver on these goals through better management of hospital capacity and resources and associated improvements in care delivery and patient safety.

“We believe our growth is an acknowledgement by the market that operational efficiency is key to delivering quality care in a cost-effective way,” said Gallup. “Our capacity management solutions allow hospital leaders to recapture wasted time and resources and convert them into savings and revenue.” Gallup estimates that hospital operations automation, such as the solutions TeleTracking creates, can directly impact a significant portion of the \$750 billion wasted every year in healthcare, according to the recent Institute of Medicine (IOM) report, Best Care at Lower Cost.

TeleTracking added relationships with over 65 new clients in 2012, implementing or expanding applications such as Capacity Management Suite™, Real-Time Locating System (RTLS), TransferCenter™ and Orchestrate™ Procedural Patient Throughput.

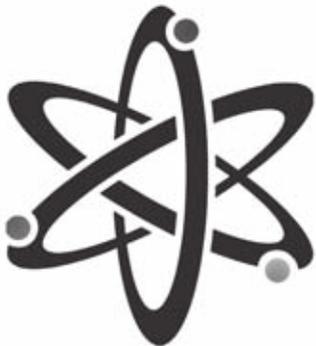
“These implementations have given us the opportunity to collaborate with the leading EMR vendors and many others to provide our clients with seamlessly integrated clinical/operational platforms,” Gallup said. “We’re excited to take part in these collaborations, because this gives us great hope for true interoperability in healthcare, which is what more and more clients require.”

For the sixth time in the past seven years, TeleTracking capped the year with recognition as patient flow Category Leader in the annual KLAS Research customer survey. The survey measures client satisfaction in a number of areas, including product performance and client service, by independently monitoring vendor performance through thousands of participating healthcare organizations. Noting the company has a client retention rate of 96%, Gallup said the KLAS recognition reflects the “intense collaboration with our clients to reduce wasted time, effort and resources from their daily operations through healthcare automation. We’re grateful to them all.”

TeleTracking Board Chairman Michael Zamagias said the record performance was gratifying, but “we measure our own performance by one key metric – the number of clients we keep. The KLAS measurement and our client retention rates are an extraordinary measure of how much you are satisfying your clients, and that’s right in our sweet spot”

For more information, visit www.teletracking.com.

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Heritage Valley Transitions School of Nursing to Community College of Beaver County

Heritage Valley Health System and the Community College of Beaver County (CCBC) announced today that the Heritage Valley Sewickley School of Nursing will be transitioning its students into the existing Associate's Degree program at CCBC starting in August.

The school, which opened in 1916 on the Heritage Valley Sewickley hospital campus and is now located in Moon Township, has graduated more than 2,200 nurses.

"The impact and reputation of the Heritage Valley Sewickley School of Nursing on the region has been significant and unquestionable. Over the years, the School graduated thousands of nurses who have worked in Heritage Valley facilities as well as in other hospitals and health systems in our region and beyond," said Linda Homyk, Vice President of Patient Care Services and Chief Nursing Officer at Heritage Valley Sewickley.

"However, with demands for advanced curriculum requirements for students and the support needed for today's non-traditional students, consolidation into an established associate's degree program became a logical step for us to take."

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Around the Region

"We are honored to welcome the Heritage Valley Sewickley School of Nursing students to our program on our campus," said Joe Forrester, Ed.D., President of Community College of Beaver County.

"CCBC will ensure that current and all future nursing students receive the highest quality education to prepare them for their future roles or their continued education in nursing and allied health."

CCBC's Nursing and Allied Health Division offers an Associate Degree in Nursing (ADN) that includes general education in addition to nursing courses.

Students receive clinical laboratory experience in a variety of hospitals and health-related agencies in the Beaver, Allegheny, and Lawrence County areas as part of each of the nursing courses.

"CCBC graduates participate with other members of the health team in planning and delivering safe care in a variety of healthcare settings. With work experience and on-going education, graduates develop the ability to assume responsibility as well as administer and direct the care of a group of patients. Graduates possess the foundation to pursue a baccalaureate degree in nursing," said Linda Gallagher, Associate Vice President for Assessment and Director of Nursing and Allied Health at CCBC.

The transition extends Heritage Valley Health System's longtime working relationship with Community College of Beaver County. In 2007, Heritage Valley Health System successfully consolidated its radiology school into CCBC's Radiologic Technology program.

The program offers an Associate Degree in Applied Science and provides both classroom and clinical instruction in anatomy and physiology, patient care procedures, radiation physics, radiation protection, principles of imaging, medical terminology, positioning of patients, medical ethics, radiobiology, pathology, and digital imaging.

"Heritage Valley Health System is proud to have provided quality education through the School of Nursing for nearly 100 years," said Norm Mitry, President and CEO of Heritage Valley Health System. "However, in addition to the challenges faced by increasing requirements of nursing education, our health system must remain focused on our core mission to improve the health and well-being of all people in the communities we serve."

"The current state and future changes in health care necessitate Heritage Valley's consolidation of the program with CCBC's existing Associate Degree in Nursing," added Mr. Mitry.

"This decision keeps much needed nursing education and training in the community while enabling Heritage Valley to operationally balance our highest priorities – high quality, accessible care for the community now and well into the future."

For more information, visit www.heritagevalley.org.

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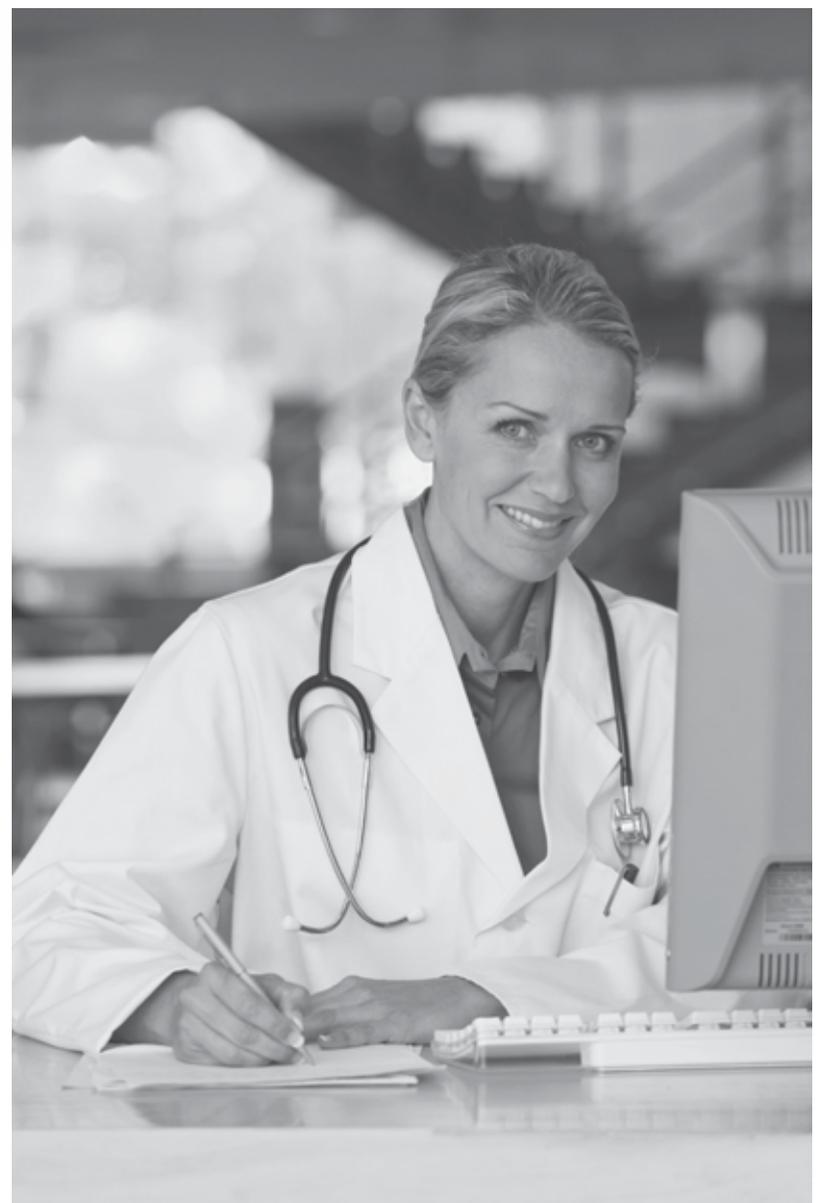
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1163 Country Club Road, Monongahela, PA
Wednesday, Aug. 28, register at 8:30; program begins at 9a.m.
To register call 724-258-1750.

Emergency Medical Technician Class

Penn State Fayette, The Ebery Campus
Center for Community and Public Safety
Program begins August 26
To register call 724-929-9142 or visit www.rwnes.org.

Paramedic Program

Penn State Fayette, The Ebery Campus
Center for Community and Public Safety
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To register call 724-430-4217 or email sln177@psu.edu.

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For over a century, Asbury Heights, operated by United Methodist Services for the Aging, has been providing high-quality compassionate care to older adults in Southwestern Pennsylvania. Asbury Heights is a faith-based, non-profit charitable organization located in Mt. Lebanon. Through various accommodations, services and amenities, the needs of independent living residents can be met. For residents requiring more care, the continuing care community also offers personal care, nursing and rehabilitative care and memory support specialty care. Our Nursing and Rehabilitation Center has received a 5 Star Rating from the Centers for Medicare and Medicaid Services. The Health and Wellness Center is headed by a board certified, fellowship trained geriatrician. Two of our physicians were listed in 2012 Best Doctors by *Pittsburgh Magazine*. Residents may be treated by on-site specialists or retain their own physicians. Rehabilitative therapies are also available on-site. A variety of payment options are available to fit individual financial situations. The application process is very quick and easy and does not obligate the applicant in any way. For more information, please call 412-341-1030 and ask for Loretta Hogle for independent living; Darla Cook for nursing admissions, or Lisa Powell for personal care. Visit our website at www.asburyheights.org.

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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)

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Equal Housing Opportunity

PRESBYTERIAN SENIORCARE



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

ST. BARNABAS HEALTH SYSTEM

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

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

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www.bayada.com



CELTIC HEALTHCARE

Celtic Healthcare is an innovative leader in the delivery of healthcare at home. We are driven by our passion for enhancing the health and quality of life of our clients and their families during the stages of medical recovery, aging, or end-of-life with home healthcare, palliative, hospice, and virtual care. We specialize in chronic disease management and advanced illness management as well as acute care rehabilitation.

Celtic Healthcare's Journey Program assists physicians, discharge planners, social workers, case managers and other healthcare professionals working with patients that have chronic and life-limiting illnesses to manage the early phases of their individual illnesses. The Journey Program combines the skilled care of Celtic's home health services with the specialized symptom management consultation services of our hospice team.

For more information about Celtic Healthcare's Journey, Hospice or Home Healthcare Services, please visit www.celtichealthcare.com or call 800.355.8894.

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
5324 Penn Avenue
Pittsburgh, PA 15224.
www.childrenshomepgh.org
email: info@chomepgh.org



THE CHILDREN'S INSTITUTE

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

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

PUBLIC HEALTH SERVICES

ALLEGHENY COUNTY HEALTH DEPARTMENT

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

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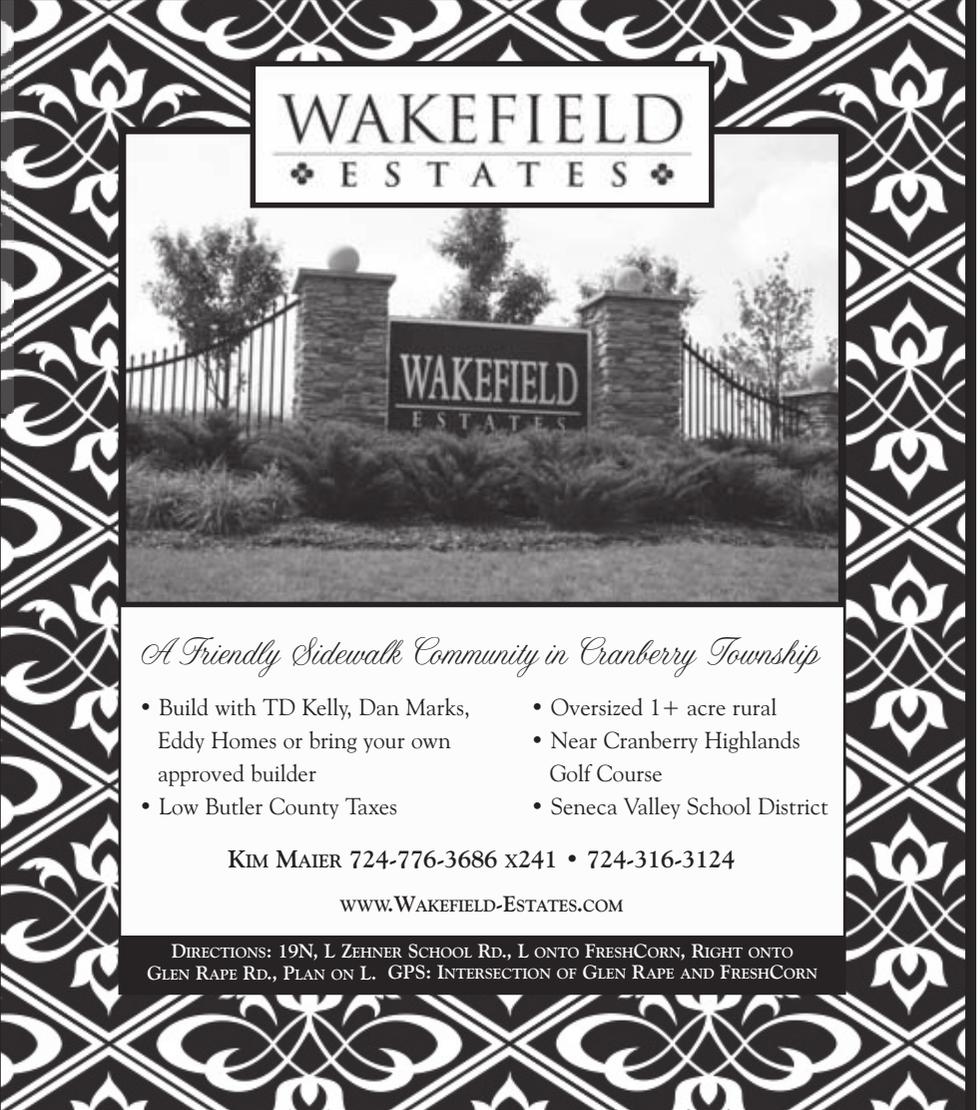
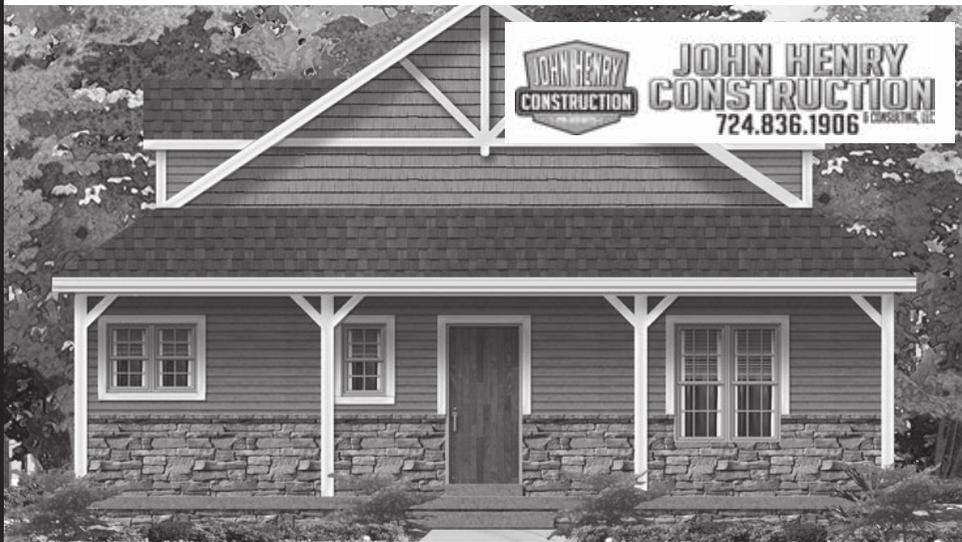
Directions: I-79 N to the Wexford Exit, left Wexford Bayne Road (Rt 910), left Nicholson Road. One mile on left.

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City of Washington \$215,000
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Peters Township \$432,000
 Newer construction at its best!! This 2 story beauty has the most desired open floor plan with morning room, hardwood floors, first floor laundry, 9' ceilings, study, back staircase off of family room and so much more! Huge Master Bedroom and bath with corner tub. Attached garage allows for an incredibly large finished game room with bathroom and tons of storage space. Convenient location with quick access to all amenities, shopping and highways. Gorgeous home with an incredible amount of space. You will not want to miss this one!





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Study of Inflammation Could Impact Understanding, Treatment of Cancer

A team of international scientists, including Duquesne University Professor of Biological Sciences Dr. Philip Auron, has studied metabolic and immune systems, how they contribute to fighting diseases and how cancer can use inflammation responses to overtake the body.

In a paper published in *Nature* this spring, the team determined that macrophages, the body's disease-fighter cells, switch operational systems—much like a hybrid car does.

Normally, macrophages operate on a steady metabolism, the high efficiency side of the hybrid system. They split sugars through glycolysis and the Krebs cycle, efficiently producing usable energy at a slow but constant rate.

The team unexpectedly discovered that when the immune system is under fire, macrophages switch operating systems to be like a turbocharged gas engine. This system is designed to be quick but inefficient, producing energy faster, but with greater waste—and requiring less oxygen.

In switching to the “race” cycle, which is 20 times less efficient but 200 times quicker, the body's defenses start behaving like cancer cells in a low-oxygen environment, a process Auron explains in a video.

At the first hint of a bacterial/viral invader, this “race” cycle creates an acidic environment, releasing succinate instead of a steadily produced sugar-sweet substance. An acid, succinate supports the inflammatory response, including fever,

swelling and edema.

While these responses save the body in the short-term, anyone who has suffered chronic inflammation knows the down side. Additionally, as macrophages wage the inflammatory reaction and fight off cancer, they also may be tricked into helping cancer cells move around the body, leading to metastasis.

The researchers examined ways to dampen this inflammatory response, interrupting the signals that put the macrophages' systems into overdrive. They focused on an important mediator of inflammation, interleukin 1 (IL-1).

Auron's research group was instrumental in characterizing a protein called hypoxia-inducing factor (HIF), associated with activating the macrophage and IL-1. HIF, a switchable sensor of low-oxygen, is permanently activated in many cancer cells. Both cancer cells and stimulated macrophages operate in low-oxygen environments. Auron believes this suggests a molecular connection that, if disturbed, could disrupt metastasis.

“IL-1 generates many inflammatory responses, which are therapeutic at low doses but cause disease when over-expressed,” explained Auron, who holds a patent on an IL-1 inhibitor used to treat inflammatory diseases.

Auron's latest findings, pending publication, determined that there is a distinct way molecular mechanisms “read” the IL-1 gene. This appears to be gene-specific, modifying common enzymes required to express most proteins, the building blocks for cell replication.

Armed with this new information about triggers and pathways, researchers can next examine selective ways to short-circuit inflammatory responses that may lead to metastasis.

For more information, visit www.duq.edu.

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 What a house! Gorgeous home nestled on a corner 1 acre lot with mature trees and privacy. Beautiful island kitchen with breakfast area. Fireplace in family room, walk out to heated additional room overlooking your private yard. Master suite with large full bath and walk in closet. Cedar closet, Beveled Pine, vaulted ceilings, huge finished lower level with half bath and plenty of space for office and entertaining. Meticulously maintained and cared for!



UNITY TWP \$449,000
 This incredible home with custom oak trim and plaster moldings throughout. Was built by Tom Hudock. Soaring ceilings in the living and dining rooms. 25x11 sunroom to better enjoy the private back yard. Oversized, heated garage Impressive 2 story foyer with 2 chandeliers, expansive mountain views, neutral decor, huge basement- ideal for finishing!



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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.”

For more information, visit www.lecom.edu.

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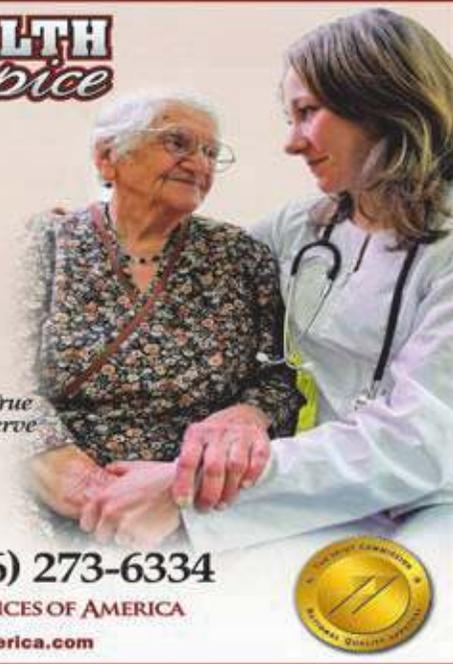
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Jane and Rick

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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