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Health Care Employers Should Prepare for Overtime Changes

By Gary M. Sanderson

Health care employers are increasingly facing liability for failing to pay workers overtime wages as required by federal law. In recent cases across the country, courts have ruled that hospitals owed health care employees significant amounts of money for overtime pay violations, including: a California hospital owing workers $1.08 million, a Houston hospital owing employees $4 million; and a Lehigh Valley hospital owing workers $4.5 million.

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Opening Coronary Chronic Total Occlusions — The Final Frontier in Interventional Cardiology

By Catalin Toma, M.D. and Conrad Smith, M.D.

When I first met Mr. Dennis Polega, a 49 year old engineer from West Virginia, he was quite disappointed with the fact that he had to take a handful of pills daily

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Timeless Fundamentals For Ever-Changing Social Media

By Maria T. Brady

Social media is a vast frontier of unprecedented opportunity. This newfound avenue is communication worlds where businesses can grow exponentially, singers become overnight sensations or a reputation can be tarnished. Embracing social media has advantages and

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When Should a Physician Hire Personal Counsel in a Medical Malpractice Matter?

By Maraleen D. Shields

Pennsylvania law requires physicians to maintain at least $500,000 in primary professional liability insurance coverage. The Medical Care Availability and Reduction of Error (MCARE) Fund then adds an additional $500,000 in excess coverage. When a

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Hi Ho, Hi Ho....

Funny thing happened to me on the way to retirement.

I didn't.

Retire, that is.

And to my surprise, a lot of people—including well-intentioned friends and family—are having a hard time with that.

Okay, maybe it's some kind of a sickness or an addiction ("Hi, my name is Harvey and I'm a workaholic.") But I love my work and I love to work. It's what I do. Maybe it's even who I am, at least a little bit.

But here, as Shakespeare (also quite the workaholic judging by the number of plays he wrote) once said, is the rub: Some people just can't understand why, once individuals can begin drawing on their pensions, they don't cease and desist their professional pursuits in favor of spending their remaining years in pursuit of leisure.

I get it. I really do. From the time we're in school, it's handed down from one generation to the next, that work is the ultimate four-letter word. We're just not supposed to enjoy it because, well, just because ...

Instead, we're supposed to work just enough to pad our savings—with some of us constantly trying to short-circuit the process by buying lottery tickets or praying for the peaceful but soon departure of a rich relative—to allow us to spend some number of latter years in comfort and the pursuit of anything but work.

From the comfort of my age-55+, "active lifestyle" community, I watch my neighbors in such pursuits. From morning to night, my community is abuzz with playing bridge, gardening, aerobics, and golf ... even something called pickleball, which Wikipedia assures me is "one of the fastest growing sports in North America." In fact, from where I sit, this pickleball just might one day surpass my community's favorite sport: going to the doctor.

Believe me when I tell you that I have stopped and I have smelled the roses. And they smelled nice. So nice, in fact, that the scent made me think of an article on the health benefits of good smells for my publication, Western Pennsylvania Healthcare News.

Most Americans think about retiring between ages 62 and 67. Of course, this practice started when few of us were expected to live to see 70. Many people back then toiled at physically demanding and dangerous jobs and retirement wasn't so much a reward but an acknowledgement that the human body eventually breaks down and we become so unproductive that it's best we be put out our pasture.

But today, it's not uncommon for most of us to live into our 80s and we all strive to find ways to fill those "golden years." For me, the answer is the ultimate four-letter word: WORK. To me, life has never been about the destination (retirement) but the journey. Ironic, isn't it? When we encounter a young person, fresh out of college, we pepper them with questions about what kind of work they'll be doing and how soon. Forty years later, we badger each other with questions about when we are going to quit working and devote our time to something we've always wanted to do.

But as the noted philosopher Confucius once said, you should "choose a job you love and you will never have to work a day in your life.

And as that other noted philosopher, Steve Martin might say, "Excuuuuse, me." But I need to get back to work.

Harvey D. Kart

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A Patient Centered Approach to Achieving Value in Health Care

How to Reduce Costs While Delivering Ideal Outcomes and Experiences

By Dr. Tony DiGioia

Achieving value in today's healthcare environment requires improving outcomes and experiences while lowering costs. This is a significant challenge for providers who have only worked in a healthcare environment where payment has been based on the volume of services.

At the same time, charges for these services have long been based on providers' or organizations' more global health care costs, often as a ratio of cost-to-charges.

A new tool, however, is making it possible for all healthcare constituencies (providers, hospitals, insurers, and policy makers) to identify true cost to deliver care (e.g., total joint replacement surgery, hysterectomy, diabetes care, etc.).

This is a significant shift that will allow us to understand cost drivers and move from volume to value throughout the healthcare continuum.

A collaboration between our teams at the University of Pittsburgh Medical Center and Dr. Robert Kaplan from the Harvard Business School has resulted in the development of a patient centered value tool that identifies true cost at the level of the clinical condition and provides a mechanism to drive down those costs while improving clinical outcomes and patient experiences.

This grassroots approach — TDABC + PFCC (Time-Driven Activity Based Costing coupled with the Patient and Family Centered Care Methodology) — is the first tool that includes value *as defined by patients and families* and directly links clinical and financial performance.

Both are necessary elements for successful participation in new payment platforms such as bundling and reference-based pricing in which payment is based on financial and performance accountability for episodes of care over a defined time frame.

These new payment models view episodes of care from the patient's perspective as they move between inpatient and community care settings; for example, a Total Joint Replacement bundle is defined to include all services provided 30-days prior to surgery through the return office visit 90 days after surgery, or 4 months in total.

TDABC + PFCC is a simple 6-step process to deliver value by viewing all care through the eyes of patients and families. We developed a tool called Shadowing that is the direct real-time observation of segments of care delivery.

Shadowing is used to accurately and efficiently determine the true current state - the care process maps and resources (personnel, space, equipment and consumables) used to deliver care as well as the end user experience.

One strength of this combined approach is that cross-functional care teams are then empowered to identify and implement thoughtful cost reductions and efficiencies while protecting and even improving experiences and outcomes.

This approach also develops the necessary partnerships between patients, families, and care providers to co-design ideal care delivery.

At UPMC, this approach complements and supports the "top-down" patient centric ABC costing method currently being disseminated system-wide.

We must remember that patients and families are the connector and the common denominator through all silos over the full cycle of care. It is only with the patient at the center of our focus that can we achieve the goal of transforming care delivery from volume to value.

This new patient centered value tool will improve clinical, experiential and financial outcomes and can be easily implemented in any healthcare setting at little to no incremental cost.

Learn about this approach from the experts as the Pietragallo Law Firm presents The Business Case for Improving Value in Health Care on September 19, 2014 in Pittsburgh, PA. (http://www.delivervalue.org) Event hosted by the AMD3 Foundation. ✚

Dr. Tony DiGioia is the Medical Director of the Bone and Joint Center at Magee-Womens Hospital of UPMC and the PFCC Innovation Center of UPMC; and Founder of the AMD3 Foundation (www.AMD3.org).

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seemingly for very long time to come. He had been experiencing chest discomfort mainly with exertion, which for a while was thought to be related to acid reflux.

More recently he began seeing a cardiologist and had stress test and cardiac catheterization which revealed that his right coronary artery had a long area of complete occlusion with faint collaterals from the left coronary system. He was told that an angioplasty procedure was not feasible Medical management was initiated, with only partial improvement.

Chronic occlusion of coronary arteries (CTOs) have been coined by some as the final frontier in interventional cardiology. About one in six patients with plaque coronary artery disease has at least one artery that is completely closed.

Unlike regular coronary lesions, these blockages are difficult to treat with angioplasty and stenting using regular interventional techniques and equipment, and often constitute the rationale behind referring somebody for bypass surgery.

As the name implies, these blockages are old (more than 3 months by definition) with no blood flow across and often have extensive calcification.

These lesions often represent the final step in the natural history of coronary atherosclerosis, with gradual progression of the arterial narrowing until complete occlusion ensues.

The heart muscle subtended remains viable mainly due to development of collateral circulation from the opposite coronary artery, which are sufficient to provide maintenance blood flow and became insufficient when demand increases, leading to angina.

The main difficulty in treating these blockages is in navigating the occluded segment with conventional guidewires and angioplasty equipment and connecting distally to the true lumen.

In the past 5 years a novel approach to treating CTOs has emerged, the "hybrid approach," spearheaded by William Lombardi, M.D., Aaron Grantham, M.D., and Craig A. Thompson, M.D., this novel strategy integrates and defines how to choose between different approaches and is essentially based on 3 different strategies: the traditional antegrade wiring is used for short occlusion, where there is a good chance of connecting to the true lumen distally.

For longer occlusions, antegrade dissection re-entry is used where the wire tracts in the subintimal space, and re-entry in the vessel lumen distally is achieved with specialized equipment. Retrograde wiring is used when appropriate collateral channels are present from the contralateral coronary artery.

In addition to these techniques, a vast number of other technical details, safety measures and most importantly the implementation of a dedicated program and high volume operators are equally important in the improved success of CTO PCIs.

While at national levels the success rate for CTO PCI remains in the 65% range, in dedicated centers this approaches and can exceed 90%.

Mid America Heart Institute is currently investigating the clinical outcomes of CTO PCI done with the hybrid approach.

Following dedicated training, we implemented a hybrid CTO program at University of Pittsburgh Medical Center–Presbyterian Hospital in November of 2013, bringing several proctors to assist us with the initial cases.

Another key element was the team approach with both of us scrubbing in all the cases — often a different touch or a different approach angle from one of the partners was the key element in moving the ball forward.

We are performing these cases in a new, low radiation fluoroscopy suite, with all the necessary dedicated CTO equipment present in the room.

Mr. Polega came to us for a second opinion.

After evaluating him clinically and looking at his angiograms, he underwent a successful PCI and stenting of his right coronary artery with excellent angiographic results, and discharged the following day.

Initially he did have some residual atypical chest discomfort, but eventually became essentially symptom-free.

Six months since the initiation of our program, we have performed over 30 cases with 87% success rate.

The complication rate for these procedures remained low and no different than for regular PCIs.

We are looking forward to continuously improving our program and being able to offer this therapy to an increasing number of patients. ✚

Dr's. Toma and Smith are the CTO operators at UPMC Presbyterian.

Dr. Catalin Toma is an Assistant Professor of Medicine and the Director of Interventional Cardiology Research at the Heart and Vascular Institute. Dr. Toma practices as an interventional cardiologist primarily at UPMC Presbyterian and has trained in Cardiovascular Disease and Interventional Cardiology at UPMC after completing his residency in Internal Medicine at St Lukes-Roosevelt Hospital Center in NYC.

Dr. Conrad Smith is the director of the Cardiac Catheterization Laboratories at the UPMC Presbyterian University Hospital. He has a special interest in complex coronary artery disease and valvular heart disease. He has lectured regionally, nationally and internationally on management of coronary artery disease.

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disadvantages. Ultimately, as a manager or business owner, the decision to embrace social media rests with you. Below are some points to consider.

Applying Fundamentals

The fundamentals of Journalism 101: Who, what, when, where and why? Are these static, ingrained questions applicable today in the ever-changing world of social media? Or, have our communication forums changed so drastically that these basic composition rules no longer apply? Well, let's explore beginning with who.

Who are we trying to target with our message? Do the majority of your prospects and clients engage in social media? Next, *what* is the strategic mission of your business? What message, product or service are you trying to promote? What are your goals for building awareness and growing your business? *When* do want to deliver a social media message? Are you connecting social media to a traditional ad campaign, special event or product launch or is communication an ongoing goal? *Where* do you want to communicate, Facebook, LinkedIn, Twitter, Pinterest or industry specific blogs? *Why* do want to engage social media? The *why* needs to support your strategic goals of *what*.

Defining Social Media

According to Wikipedia, social media is defined as "media for social interaction, using highly accessible and scalable communication techniques.

Social media is the use of web-based and mobile technologies to turn communication into interactive dialogue." Popular social media forums are Facebook, LinkedIn, Twitter, Instagram, Pinterest or blogs. Each forum has pros and cons and can serve one audience better than another.

Creating Relevancy

So, let's agree the journalistic fundamentals apply to social media and support solid communication. How do you create relevancy for your audience?

Posts to your virtual community need to be relevant to your followers' needs, support your strategic mission and achieve your tactical goals. Your online followers need to feel confident in what you are saying and will continue to support your business and online posts.

For example, if you are a yoga and health fitness expert, provide tips on physical health, mental well-being and nutrition.

Followers may find it odd if you post financial investment advice — not your area of expertise.

However, if you link to a well-respected colleague who is astute in financial management, then you have added followers to your colleague's online presence and they have accomplished the same for you.

Earning likes and positive comments are a way to ensure you are relevant to prospects and clients.

Maintaining Timeliness

Once you have selected the forum(s) for your social media debut, decided upon relevant content, how often should one post? There are many answers to this question. But, one common denominator — be consistent. If you post once a week on a Friday, then stay with that schedule. Skipping posts will cause readers to feel you are unreliable and they will find their information elsewhere.

Educating Your Audience

The power of posting is not about YOU, it's about what your expertise, your experience can do for your follower. There is a fine line between boasting and educating. If readers feel your content is too much about YOU, they will not return.

Applying The Fundamentals

Just because the media, your teenagers, your "inquiring" neighbor or the colleague who spends way too much time on the Internet think YOU should be the next social media sensation, consider the vision for your company and the commitment to keep your brand fresh and relevant.

Social media is a powerful tool when a solid plan is in place and fundamentals are applied for communication success. ✚

A creative marketer for over 20 years, Maria Bernardo Brady is Owner of Marakae Marketing, Inc. Her firm's marketing and communication initiatives have contributed to the success of small businesses as well as international companies. Visit www.marakae.biz for more information.

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medical malpractice claim arises, the primary insurance carrier will likely assign an attorney to the physician. It is rare that an insurance policy will give the physician complete autonomy to select counsel.

This attorney will likely be part of the insurance company's panel counsel routinely assigned medical malpractice claims. Under Pennsylvania law, the assigned attorney represents and owes a duty of loyalty to the physician. Despite assignment of counsel, there are still scenarios where a physician may want to consider hiring personal counsel.

Reservation of Rights

A reservation of rights letter places the policy holder on notice that the insurer is questioning whether the policy covers the claim. A reservation of rights letter is not an outright denial of coverage. Rather, the insurer is putting the insured on notice that it may not pay all or part of the claim.

A reservation of rights letter may be appropriate even if the underlying allegations of medical negligence are baseless. For example, most professional liability policies do not cover claims for punitive damages or intentional conduct.

If you receive a reservation of rights letter, you will want to get 1) clarity on the rationale for the letter and 2) a final determination on coverage after a reasonable investigation period. If there is a gap in coverage, it may be prudent to hire personal counsel.

It should be noted that this area of law is in flux. Any decision made following receipt of a reservation of rights letter must give due consideration to Babcock & Wilcox Co. v. American Nuclear Insurers, 2013 Pa. Super LEXIS 1630 (Jul. 10, 2013).

According to Babcock, once an insurer provides a defense subject to a reservation of rights, the policyholder has a choice. The policyholder may accept the defense and adhere to the terms of the policy, including any consent to settle provision.

Alternatively, the policyholder may decline the insurer's offer of a qualified defense and furnish his/her own defense.

Under the second scenario, if coverage is found, the insured may recover defense costs and costs of settlement from the insurer. Notably, the Pennsylvania Supreme Court recently agreed to hear argument on this case in January, 2014.

Potential Excess Verdict

It bears reminding that medical malpractice cases are expensive to both try and defend. Because of the costs, Plaintiff's counsel is less likely to take marginal, low damages cases. This results in higher damages claims and increases the possibility of excess verdicts.

As the phrase implies, an excess verdict is a verdict in excess of the physician's primary and MCARE policy limits. Assuming your practice either is not a named defendant in the lawsuit and/or does not have separate insurance coverage, any judgment over $1,000,000 is an excess verdict.

This judgment is potentially enforceable against a physician's personal assets. Presently there is no damages cap in Pennsylvania. In the event of an adverse verdict, carrier and MCARE's exposure is limited to $500,000 each.

Physician exposure, after the insurance has been exhausted, is not. Accordingly, in the event of a high damages, high severity suit, a physician may want to consider retaining personal counsel to protect his/her assets.

Dedicated Counsel

Ideally, the physician's vision for case management will align with those of assigned counsel and the insurer. However, that is not always the case.

For example, an insured physician may feel wrongfully sued and prefer to be vindicated at trial. The insurance carrier may prefer settlement to contain defense costs. Conversely, the insured physician may prefer a quick settlement to avoid the disruption to the physician's practice and the stress litigation.

The insurance carrier, however, may see value in engaging in discovery or strategically opting not to push the case to trial in an effort to drive down the case's value. When interests diverge, personal counsel navigate the various interests and advocate on your behalf.

Additional Resources

Electronic medical records (EMR) have increased both the volume and complexity of the medical records. Increasingly, plaintiff's counsel request not only EMR, but also metadata ("data about the data"). Plaintiff's firms are increasingly employing physicians and nurses to assist at all phases of litigation.

In short, there is a trend towards firms putting more and more resources into the case. Enlisting personal counsel can help level the playing field. ✚

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Revitalizing Your Medical Practice

By Moshe Lewis, M.D. and Anthony Mora

Given the rapidly changing landscape of physician reimbursement, medical providers will continue to face several challenges to the classic office practice model.

The costs of overhead continue to limit physicians in large cities from readily expanding or adding a partner. The most significant of these include rent and staffing related costs.

While these are technically considered fixed, these figures continue to rise at a rate that exceeds the rate of physician reimbursement.

Thus many physicians find themselves working harder with less to show for it.

The recent requirements of the American Recovery and Reinvestment Act of 2009 to utilize an electronic medical record has also hastened the demise of the traditional office practice model.

There are obvious costs included with purchasing the EMR, and subtle costs in terms of equipment, staff time and IT support that can add in a significant variable line item to the budget.

In these times, physicians can consider ways to diversify their portfolio of services as well as patient interactions that require less overhead while achieving greater efficiencies.

Some of the possible avenues to address declining physician reimbursement in the office include:

- Adding Aesthetics to the practice
- Subleasing space
- Considering ancillary revenue streams
- Adding an mid-level health care practitioner.
- Providing weight loss strategies

We'll go into these and other possible avenues in more detail in upcoming articles, but suffice to say, physicians have to be more open to alternative avenues for producing income streams.

There are ways to cut costs, offer new products or services and be more effective and efficient.

That in turn can attract and welcome a much larger patient base.

Offering services, procedures and programs that patients are seeking is simply smart business.

Another important area for physicians to focus on is marketing.

That is a broad umbrella term which encompasses everything from a well trained staff, to ads, to direct marketing to social media outreach to public relations.

Each practice has its own particular needs, but physicians who neglect marketing do so at their own peril.

A prospective patient does not chose a physician, healthcare provider, or a hospital, the same way he or she chooses a new pair of shoes, a smartphone or a new set of tires.

There is a tricky balance that must be struck because a physician does not want to be viewed as though he or she is actively selling and no prospective patient wants to be sold.

Patients want to see someone they trust, someone they feel is the best in the field. That's why an individualized, well planned PR and marketing campaign is so very important to building a medical practice.

A combined approach in which physicians find ways to diversify their portfolio of services, increase their efficiency, reduce their overhead and developed tailor-made, effective marketing and PR programs will help create practices that can not only sustain in this changing environment, but also thrive. ✚

Dr. Moshe Lewis currently serves as the Chief of Physical Medicine and Rehabilitation at the California Pacific Medical Center, St Luke's Campus where he treats patients with sports injuries and chronic pain. He also has an office in Beverly Hills, CA. He can also be found at www.moshelewismd.com

Submissions? Story Ideas? News Tips? Suggestions?
Contact Daniel Casciato at writer@danielcasciato.com

How Natural Language Understanding and Analytics Help Improve Patient Care

By Juergen Fritsch, PhD

With an increased focus on value-based purchasing and accountable care models, many healthcare organizations have started to adopt natural language understanding and sophisticated data analytics technologies to help improve patient care through better insights into their clinical data.

Key to benefiting from these technologies is continuous access to as much integrated patient data and clinical documentation as available.

That access in turn enables the kind of automated large-scale data analysis — not just retrospective but in real-time — that can identify best practices based on actual outcomes and create information-driven care plans that are known to improve patient outcomes.

A new paradigm of information-driven clinical decision making is evolving around newly emerging healthcare data analytics technologies.

Electronic Health Record (EHR) adoption is only the first step toward creating the required infrastructure.

A report from the Institute of Health Technology Transformation identified data analytics for population health management to be one of the critical capabilities for health organizations moving forward.

The report acknowledged that there is no single roadmap to achieving analytics excellence, but cited several critical steps for the success of health data analytics in an accountable care environment:

- Identifying care gaps and providing steps to close them.
- Categorizing patients based on their health risks so care teams can intervene with high-risk patients who generate the majority of health costs.
- Changing analytic perspective from episode-based analyses to patient- and population-based analyses.
- Making use of emerging technology to analyze the 80% of electronic health data that is unstructured, rather than solely relying on traditional structured data analytics (e.g. on claims data).

Many prevention and intervention activities depend on early detection of patients at risk of developing serious illnesses.

A good example is abdominal aortic aneurysms (AAA).

They typically develop in older patients over many years.

If detected and tracked early on, preventive measures can be taken (treatment of hypertension, smoking cessation, low-fat diet) or surgery can be performed to repair the aorta long before there is a substantial risk of the aneurysm rupturing, which results in a medical emergency with substantial cost to the health system and less than an 80% chance of survival.

Since AAAs are typically only documented in narrative physician notes (that make up a large part of the 80% of unstructured health data) as incidental findings that are easily missed next to the principal diagnosis that is treated and billed for, sophisticated natural language understanding technology that can parse unstructured clinical notes and identify references to AAAs and the size of the abdominal aorta is needed to effectively detect and track such patients.

Another good example highlighting the need for leveraging unstructured clinical data sources is lowering hospital readmission rates, particularly for high-cost readmissions such as those for pneumonia, congestive heart failure or acute myocardial infarction.

Many of the risk factors predicting the likelihood of readmissions occurring within a certain period (typically 1-6 months) after discharging a patient with one of those diagnoses are buried in unstructured clinical notes like discharge summaries.

The most relevant predictors of readmissions are aspects of the patient's social history, including smoking status, living arrangements, drug and alcohol use, and assisted living.

The latter two are typically only found in unstructured, narrative physician notes and require state-of-the-art natural language understanding technology to be identified and acted upon.

These are just two examples of how emerging technologies in support of population health analysis are quickly and vastly improving a health system's ability to identify high-risk patient populations, prevent serious illnesses from developing and manage chronic diseases in a way that reduces cost and improves patient outcomes.

We are still in the early days of information-enabled population health management but we will see accelerated successes over the next few years, as more and more health systems invest in the technology infrastructure that will allow them to become significantly more successful at managing their patient population's health. ✚

*Juergen Fritsch serves as the Chief Scientist at M*Modal (www.mmodal.com) and is responsible for all innovation activities around M*Modal's speech understanding and clinical documentation workflow solutions.*

Keeping Patient Data Healthy and Secure

By Lysa Myers

Healthcare practitioners are always concerned with how to protect patient data and comply with regulations about privacy and security.

Coupled with trying to understand new technology that has become available in the last few years, it may be hard to know where to start.

In this article, I will discuss why security is important and give you tips for how to protect patient data.

The value of medical data

Is the hype is real? Is medical data is really that valuable to criminals? According to the HHS "Wall of Shame" 1 where HIPAA violations are reported, almost 30 million records have been exposed between September 2009 and early 2014.

A recent article in healthcareinfosecurity.com stated "The federal tally of major health data breaches has hit a new milestone; it now lists more than 1,000 incidents affecting 500 or more individuals."

From the perspective of today's cyber criminal, electronic health records are a rich source of information that can be sold on the black market.

What motivates cyber criminals is data that they can easily sell.

Credit and debit card information is useful for criminals, and most doctors' offices and insurance companies accept payment by either method.

Electronic health records may include other information that has a broader utility than that in a credit card, such as social security numbers, which the bad guys can use to steal a person's identity.

While federal rules and regulations (namely HIPAA) exist to help healthcare practitioners ensure the integrity and privacy of patient records and other sensitive medical data, compliance with those rules does not necessarily ensure security.

Now what?

Breaches are real and problematic, but there are simple things you can do to help protect your patients' data without impeding your ability to deliver quality healthcare:

• **Update Software Promptly —** Updating your software – particularly your operating system, browser and any plug-ins – is one of the most important things you can do to minimize the vulnerabilities criminals can use to silently get into your machines. If you don't already have auto-update enabled, as soon as you get a notice from your vendor, go directly to the vendor's website to get the update.

• **Go Beyond Passwords —** If you are protecting patient data, consider two-factor authentication along with a password. This can be biometric like a fingerprint, a one-time passcode that is provided to you via a small digital key card or fob, or even an app on your smartphone.

• **Encrypt Everywhere —** HIPAA gives you a "safe harbor"2 loophole such that when you have properly encrypted data, both at rest and in transit, you may be able to avoid breach notification. This is because having encryption from the point it is sent to the point it is received minimizes criminals' ability to get useful data, even if they do manage to breach your other defenses.

• **Conduct Regular Risk Assessments —** You should be conducting a regular security risk assessment3 to determine what defenses you will need. The Office of Civil Rights, in charge of enforcing HIPAA, will also be looking for proof of a current risk assessment in case of an audit. Be sure to to include mobile devices such as smartphones and tablets, and non-Windows systems (especially Mac and Linux machines) in your assessment.

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• **Choose Your Own Device —** Having the ability to use a mobile device to check on your work-related information is a huge boon for responsiveness. Yet, it also leads to a host of problems, as those devices are easily lost or stolen, and they may not be protected from malicious access or inadvertent data leakage.

More offices are requiring that IT staff has access to employees' devices, either by remotely managing the employee's device or offering employees the choice of a mobile device with IT rules already in place.

Either way, IT staff is able to scan for problematic apps or remotely wipe the device in case it's lost or stolen.

• **Use the Principle of Least Privilege —** This principle simply means that no person, machine or system should have access to information he/she does not strictly need.

Very few people should have Administrator-level access rights on their own machine.

Any time you can restrict access without disrupting people's ability to do their job, you should.

• **Watch Out For Leaky Data —** There are many ways data can leak out of your organization that people may not consider. Mobile and wireless devices are a common access points for data to leave your organization.

Wi-Fi needs to be properly secured, using WPA2 encryption. Text or instant messages discussing patient data need to be encrypted too. You may also wish to disable the ability to copy and paste or print from certain applications.

Compliance, as with regulations like HIPAA, may conjure the mental image of someone bending over backwards to follow rules.

But good security should impede your ability to do your job. Protecting patient data is simply another way of ensuring their health and safety. ✚

Lysa Myers is a security researcher with ESET. For more information, visit www.eset.com.

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Nearly Half of Senior Home Accidents are Preventable

Nearly 20 million seniors ages 65 and older visit the emergency room each year with almost a third of the visits related to injuries, many of which are sustained in the place seniors are meant to feel the safest: their home.

In fact, 65 percent of senior homes have at least one potential safety issue, according to adult children of seniors surveyed by Home Instead, Inc., franchisor of the Home Instead Senior Care network.

However, almost half of all home accidents by seniors (48 percent) can be avoided according to a recent survey of emergency room doctors.

These preventable home hazards, such as throw rugs or loose railings, can be particularly harmful, leading to falls and injuries that can impact seniors' ability to live independently.

However, the majority of seniors (85 percent) haven't taken any steps to prepare their homes for their changing needs as they grow older.

With hospital readmissions a constant concern for healthcare professionals, it's important to help families prepare for their senior loved ones to return home after an extended hospital or skilled rehabilitation stay.

Senior home safety experts recommend that adult children of seniors take at least one day each year to perform a thorough safety check of their parents' home.

To help families accomplish this goal and help seniors reduce the risk of injury in their own homes, the Home Instead Senior Care offices serving the Pittsburgh area are offering a free home safety checklist, an online safety assessment and recommendations for inexpensive modifications that could ensure the safety of older loved ones as part of the "Making Home Safer for Seniors" program.

To request a free home safety checklist and other materials for your patients and their families, visit www.makinghomesaferforseniors.com.

An annual safety check can help seniors avoid dangers that could threaten seniors' independence.

Using these free checklists and online tools can help families see those red flags they wouldn't otherwise notice.

And typically, these are relatively easy and affordable fixes—and they could be the difference between a trip back to the emergency room and staying safe at home.

CAREGivers from Home Instead Senior Care can help patients and their families transition back to home and reduce readmissions by providing companionship, light housekeeping, transportation, personal care and more.

For more information about Home Instead Senior Care visit www.homeinstead.com/greaterpittsburgh or call 1-866-996-1087. ✚

Why You Should Let Patients Participate in PCA Safety Checklists, Too

By Sean Power

Recently in an Outpatient Surgery e-weekly newsletter, Jim Burger shared research by Tulane University Hospital and Clinic in New Orleans, suggesting that surgical teams are more likely to use the World Health Organization's (WHO) Surgical Safety Checklist when patients know about the existence of such checklists. All of the informed patients said that knowing about the check-list made them feel more comfortable going into surgery.

In the study, which was presented at the American Society of Anesthesiologists' conference, students secretly monitored 104 procedures. In 43 cases, patients were told about the check-list; in the other 61 procedures, patients were left in the dark.

According to the article, compliance on all of the items on the checklist was higher when patients were aware of its existence.

Below, I outline three reasons why, like the WHO Surgical Safety Checklist, you should share the Patient-Controlled Analgesia PCA Safety Checklist with your patients.

1. Evidence-based checklists improve patient safety.

Sharing checklists with patients will increase patient confidence, comfort, and satisfaction.

Peter Pronovost, MD, PhD, FCCM (Professor, Departments of Anesthesiology/Critical Care Medicine and Surgery, The Johns Hopkins University School of Medicine and Medical Director, Center for Innovation in Quality Patient Care), describes the process of translating evidence into practice:

1. Summarize the evidence in a checklist.
2. Identify local barriers to implementation.
3. Measure performance.
4. Ensure all patients get the evidence.

Evidence should guide decisions. Since checklists summarize evidence it is crucial that physicians comply with the steps outlined by checklists.

Based on the Tulane research, patients will feel more confident, more comfortable, and more satisfied when they see the PCA Safety Checklist before they receive anesthesia.

2. Checklists help communicate with patients and families and clarify the patient's role in safe care.

Since checklists are evidence-based, when you share them with patients you effectively give them a crash course on all of the evidence behind the care that they are about to receive.

Physician compliance to checklists, demonstrated by the Tulane study, is important to safe care. Patient compliance is equally important. When patients understand what is expected of them in light of the evidence at hand, they are more likely to comply.

For example, some patients receiving PCA complain of discomfort from the capnograph's nasal cannula that measures carbon dioxide in exhalations. When nurses explain the importance of capnography, and that measuring end tidal CO2 can alert medical staff if the patient has stopped breathing, patients become more willing to comply.

Tammy Haslar, Oncology Clinical Nurse Specialist at the Franciscan Alliance at St. Francis Health, suggests nurses discuss the monitoring program "during pre-op appointments" and "while going over surgery instructions." Doing so sets expectations for the patient and offers reasons for complying with safety measures.

Sharing the PCA Safety Checklist with patients before their operation helps to make sure that nothing is overlooked and that expectations are communicated clearly. This communication will increase the likelihood that patients fulfill their own expectations.

3. Sharing checklists with patients fosters a culture of transparency.

Dr. Pronovost explains that transparency prevents harm:

"To be accountable for patient harms, health care needs valid and transparent measures, knowledge of how often harms are preventable, and interventions and incentives to improve performance."

Transparency with patients promotes accountability, which leads to safe care. Accountability both rewards good behavior and deters poor performance. Sharing checklists with patients enables them to participate in the accountability discussion.

The PCA Safety Checklist is a free resource offered by the Physician-Patient Alliance for Health & Safety that was developed by a multidisciplinary team of experts. It is designed to minimize adverse events associated with PCA. You can download Word version here or a "checkable" PDF here.

Have you shared the PCA Safety Checklist with your patients? What kind of reaction did you receive? ✚

Integrating IT into Your Hospital's Marketing Team

By Derek Mabie

The process of finding a solution has transitioned to the online realm.

We research potential solutions to our needs.

We explore the steps involved in a purchasing process.

We compare options from the comfort of our couch.

Patients are doing the same thing when it comes to seeking health care.

Whether exploring the reputation of a prospective physician or reading about different treatment options, patients use available resources to find answers.

Traditional Roles of Marketing and IT

Search behavior permits health systems to connect with current and potential patients in a fiscally responsible way, but marketing can no longer rely on its own skill sets.

Traditionally, marketing and IT have each been built on a single skill set or goal, generating silos of intelligence and expectations across an organization.

Marketing would use patient data to drive growth. Information technology would provide administrative support.

The internet changed everything. With the increased emphasis on the gathering and application of Big Data, chief marketing officers (CMOs) and chief information officers (CIO) should now collaborate to plan and reach organizational goals.

How Should Marketing and IT Work Together?

When marketing and IT remove barriers and collaborate, it creates a heterogeneous composition that reduces duplicate roles and advances a health care system's efficiency.

The traditional roles of driving revenue and improving the quality of care are still very much a part of Big Data application. What has changed is the increased involvement of the CIO in the organization's strategic plan.

Marketers who are motivated by revenue growth should lean on IT to identify and develop the tools and functionality necessary for attracting, interacting with, and ultimately supporting the patient.

Then through an analytics dashboard, both divisions can understand patient insights.

When marketers not only have access to analytics, but are also trained in data application, they can routinely participate with IT in evaluating how the goals are being met and identifying which improvements must be made to meet expectations.

Communication is a Necessary Focus

An open line of communication between these branches is crucial to make the most of the data received.

For instance, convincing upper management that a mobile or responsive website is a necessary investment may require months of data that shows mobile traffic trending upward.

When determining the effectiveness of a paid search campaign, however, it may only take a week or two to determine that a current landing page is or is not sufficient.

Routinely opening communication between IT and marketing enables awareness and prioritization of steps required to achieve goals.

Infusing Digital IQ into Traditional Roles

Digital IQ, an awareness of how technological improvements can help a health system accomplish goals, contributes toward a more meaningful online presence.

A few ways current marketing roles must absorb IT assets include:

- Copywriters should work with website designers and developers to improve site content.
- Marketing and Program Managers should dig into analytics to properly target and segment an audience before allocating marketing dollars.
- Marketing Strategists should be consumed with using the website as a tool for generating leads online and aligning department projects with the business goals.

Investing in Tools and Talent

With business and behavior moving to the online realm, health systems can gather and measure success with the right tools. Analytics validate efficiency and spend of marketing, while a customer relations tool (CRM) aids with patient referrals and retention.

Is Your Team Capable of Improving Outcomes?

It becomes necessary to evaluate the qualifications of current team members and decide whether or not an organization is honestly capable of fulfilling expectations.

The U.S. News article, "The Evolution of Health Care Continues," addresses how hospitals can meet gaps in Digital IQ.

"You can't hire or promote based on seniority anymore," says Rita Bowen, senior vice president of health information management (HIM) and privacy officer at HealthPort. "Someone needs to understand how information is used."

Realistically, many health care systems struggle to understand how to overlay new standards of competence on old roles.

For a hospital to reach its business goals in a data-driven world, there must be an evident integration of information technology into its additional teams, strategy, and business goals. ✚

Electronic Health Records Save Patients During Devastation

By Brian Yeaman, MD

On May 20, 2013, a level 5 tornado headed straight for Moore Medical Center in Moore, Oklahoma.

As a physician on call at the medical center, I was part of a tremendous team that had two priorities: protect those in the building as the tornado was about to hit, and immediately following the impact, resume a high level of care to those affected in the community.

To address the first priority, the team gathered everyone in the center of the cafeteria and stayed there until the tornado passed.

Outside the medical center walls, devastation surrounded us.

Tens of thousands of families in the area had lost power and many houses and mobile homes were completely leveled.

Moore had taken a direct hit.

Determining the best way to treat our community was the next challenge.

Within hours, hundreds of patients flooded the emergency room with injuries ranging in severity from bleeding to unconsciousness.

Ten patients had to be admitted who required various medicines and treatment plans.

To properly treat these patients and better understand their history, drug allergies, and medications, we needed access to their medical records and quickly.

Moore Medical Center is part of a 21-unit regional health system, Norman Regional Health System (NRHS) and, thankfully, transitioned from paper to electronic health records (EHR) in 2009. eClinicalWorks, our EHR provider, was vital in helping us treat our patients in the aftermath of the tornado.

With the EHRs saved in NRHS centrally-hosted databases, no data or infrastructure was lost to or damaged by the destruction of the tornado.

The various ancillary solutions, including eClinicalMobile, Messenger and Patient Portal, were invaluable to us as we treated our patients during a time of desperate need.

We were very lucky to have consistent access to our patients' records.

The data remained unharmed and our sister practices that also utilize eClinicalWorks solutions were unaffected.

I recall one patient in particular who was in a great deal of pain that wasn't improving from pain medicine.

By accessing his patient history electronically, I was able to determine that he had a previous back injury and a higher tolerance to pain medicine.

Having this type of information readily available, especially during a crisis, armed our physicians with their medical history and ultimately the confidence they needed to properly diagnose and treat all of our patients.

In the days following the tornado, having access to these technologies helped to manage the disaster by giving our staff real-time updates and easy access to vital information.

We used a messaging communication tool to alert non-emergency patients of changes to their appointment time or location.

The team also assisted in getting the call center running again, which allowed our staff to answer patient calls within two days and see non-emergency patients within seven days.

A year later, Moore is beginning the long rebuilding process.

We've remained strong for the members of our community that needed us in the days and weeks following the tornado.

This past year has demonstrated the tremendous value of ambulatory solutions, not just in preventive medicine and chronic condition management, but also for helping us through a catastrophe. ✚

Electronic Attachment Processing and Health Information Exchange: Benefits to Providers

By Lindy Benton

Today's healthcare providers are still drowning in a sea of paper, even with ever continuous upgrades and enhancements to practice management systems and the push to electronic health records.

One key component that is often overlooked, but can provide big benefits in this area is the use of electronic data exchange for claims attachments.

Integrating an electronic request and response process into the workflow may be able to help health systems better control administrative and storage costs, comply with regulations, respond to Medicare audits and reduce the time it takes payers to process claims.

Additionally, these electronic request and response systems help improve security of records during the transfer process and eliminate the numerous boxes of files that providers may currently be required to ship to payers during the claims adjudication process.

From a claims perspective, electronic data exchange automates and streamlines adjudication, helping hospitals save money each year related to the identifying, processing, storing and tracking attachments; decreasing paper volume; and increasing paid claims volumes.

In most cases, electronic attachment and data exchange solutions are compatible with existing PM and EHR systems and they can enable providers the ability to create an electronic envelope containing all requested documents needed for medical record reviews.

Data Security is Key

Electronic health information and data exchange solutions, in a secure and HIPAA-compliant manner, do exist.

Most importantly, these solutions address one of the biggest challenges in healthcare — costs and time delays associated with the retrieval and transmission of medical documentation.

By providing an information repository that is both HIPAA-secure and readily accessible, health systems and health plans have a means by which protected health data can be shared easily and efficiently while eliminating waste in the process.

Many organizations are seeing a significant impact to workflow efficiency because the process of requesting and preparing paper submittals, claims adjudication and Medicare audits requests is bulky and overwhelming to manage.

Recent proof of the efficiencies that can be gained were exhibited by a hospital that added an electronic attachment solution into their Medicare audit requests and claims processing workflow.

In addition to implementing the electronic attachment solution, he hired several employees to manage the process and, as a direct result of the changes, the hospital saved nearly $1 million.

For those managing processes for revenue cycle enhancement, electronic attachment and health information exchange solutions provide:

- Reduced turnaround time for claims requiring attachments — from weeks down to days
- Secure, HIPAA-compliant attachment processing and storage
- Document retention for disaster recovery, business continuity and compliance
- 24/7 online access to attachments
- Streamlined receipt and tracking of correspondence via electronic communications containing the Document Control Number (DCN)
- Improved staff productivity and billing efficiency

Easily Managing Attachments

The desktop solutions enable information to be gathered and uploaded to the secure repository using a variety of acquisition methods — mobile device capture, scanning images, print capture, screen capture or file import.

Rather than relying on a single acquisition method, information can be captured at its source by any contributor using the easiest method possible.

Additionally, the information exchange stores a number of many types of documents, images, records and files critical to key healthcare business processes and can connect various stakeholder participants in healthcare information exchange.

For health system leaders concerned about security of multiple claim-related documents, a robust health information exchange solution allows for the creation of a single unique identifier or "electronic envelope" that contains all the required documentation to support the clinical coding on a claim.

Providers place the unique identifier in the claim then transmit it electronically to the payer or to Medicare auditors.

Once the payer (or Medicare or its third party) receives the claim, examiners there have the ability to view supporting documentation and attachments that are stored in a central repository and are easily accessible.

Attachments can include ADRs, lab reports, OP reports, ER records, certificates of medical necessity and any other documentation required by a payer to adjudicate a healthcare claim, and can be sent along with the initial claim submission (unsolicited) or in response to a request for additional information (solicited).

esMD Program Facilitates Medicare Reviews

Electronic submission of medical documentation (esMD) was launched by CMS to provide a mechanism for providers to electronically submit documentation in response to additional requests and audits.

By implementing such electronic attachment solutions, providers and health systems can respond quickly and securely to time-sensitive RAC, MAC, MIC, CERT, PERM and ZPIC audits through a connection to the esMD program. Solution providers that are certified Health Information Handlers (HIH) can deliver and track patient medical records for healthcare providers through CMS' gateway.

The gateway is the National Health Information Network's (NwHIN) transmission mode for esMD and it gives providers an on ramp to submit secure electronic documentation to CMS and participating review contractors with tracking features to ensure records are received within the specified deadline.

Once documentation is submitted, the health information exchange solution routes it to the appropriate Medicare review contractor through the gateway.

What to Look for When Seeking an Attachment Solution

Providers and health systems leaders should seek a solution that:

1. Adheres to the security and privacy requirements of HIPAA to ensure that PHI is exchanged over a secure standardized NwHIN connection.
2. Provides a variety of document and image capture methods for maximum flexibility.
3. Supports the transmission and retrieval of multiple file types including PDF, TIFF and other popular file types.
4. Works with any claims clearinghouse as long as it supports HIPAA-mandated standards, specifically the PWK segment in the 837 file.
5. Provides connectivity to a wide range of payers. ✚

Lindy Benton is president of MEA|NEA, a provider of electronic attachment and data exchange solutions. For more information, visit www.nea-fast.com.

7 Steps to Electronic Health Records Implementation Success

How process-mapping can guide effective EHR implementation

By Sue Kozlowski and Alex Jones

Electronic Health Records (EHR) arrived with a tidal wave of promise: implementing a system would make processes quicker and easier, thereby enhancing patient care while saving time and money.

It was also expected to provide clear, real-time access to patient and payor information, increase productivity, and make hospital staffs' lives simpler and more rewarding.

Yet, implementing an EHR system hasn't guaranteed increased productivity, physician satisfaction or employee morale.

The reality for some organizations has been less encouraging, with EHR resulting in a drop in productivity.

Without proper implementation, patient care can suffer, and significant problems with charging and billing can occur.

As a result, staff may feel their best option is to work around the EHR system.

One common cause of EHR errors and deficiencies is failure to adequately map existing processes.

The difference between failure and success can be as simple as adequately mapping existing processes to ensure that bad processes don't get automated.

In this whitepaper we offer expert advice on how process-mapping can help your organization improve EHR effectiveness and prevent bad processes from becoming automated.

To ensure that the information flow and structure of your EHR system is logical and user-friendly for your staff, it is important to follow these steps:

1. Ask for a full demonstration of the system

Whether a vendor's EHR system is completely customizable or turnkey, it is essential that the design correlate with your organization's current processes.

Have your vendor provide a comprehensive demonstration of the available options and functions, and make sure that you understand everything the system is designed to do.

This demonstration should help you determine which functions are essential in making sure the vendor system meets your objectives.

2. Map current processes

Mapping existing processes ensure that bad processes don't get automated.

Don't forget to leverage the expertise of your Process Improvement team or hire an outside resource to assist with observing and documenting the routine process steps that go into each activity.

Whether you are implementing in one location or coordinating multiple sites, you can assign a team to map each service line.

For example, one seven-hospital health system had 15 Process Improvement Facilitators engaged in mapping service lines over a three month period that included Registration, ER, OR, Laboratory, Pharmacy, and Radiology.

Involving the right people paid off.

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The Pre-Implementation mapping was completed on schedule, and the vendor praised the design phase as the best they'd ever been involved with.

In the case of this seven-hospital system, each team mapped and recorded their processes on a large wall map.

Each process was compared and contrasted.

When the processes were similar, they were noted.

When the processes varied from hospital to hospital, they were prioritized so that the HER system could be designed to fit the needs of all the hospitals.

Once you have completed and prioritized your maps, discuss the prioritized maps with your EHR vendor to identify areas of opportunity.

An example from the hospital mentioned above underscores the importance of this step. The vendor's "default" ER flow for triage was laid out in a series of tabs:

1. Vital Signs
2. Past Medical History
3. Medications
4. Past Surgical History
5. Chief Complaint
6. Triage Disposition

The ER nurses on the design team all agreed the tabs reflected the correct components of the triage flow, but the nurses realized they were not in the correct order.

Consequently, the vendor changed the tabs to the order the ER nurses actually used.

3. Compare current state to future state

After reviewing your current state, make sure to cross-check current and proposed processes to identify gaps and improvement areas.

Color-coding is one easy and highly visual way to compare current and future state processes.

When overlaid on each other, it's a simple way to observe the differences in the new process, and to enable focused discussions about those activities.

Any questions can be answered by the vendor team.

At this point you can finish creating your future state.

Preparing for the future state ensures that your staff will understand how the new EHR system will affect their work processes.

4. Use feedback as an opportunity to improve the EHR system

During go-live, everyone will be stressed. Technical glitches will occur while staff forgets their training and functions are used incorrectly.

Your implementation team can help instill calm by being there to help with immediate needs.

Carefully evaluate staff feedback.

While you may be inclined to dismiss negative comments as resistance to change, staff may be aware of design issues that the design team, PI facilitator, and vendor were not.

Be sure to collect feedback and watch the Revenue Cycle carefully.

Your design team should pay special attention to feedback and results that have financial implications.

If, for example, a physician has to spend 45 minutes to find procedure codes, or a nurse has to manually enter medication charges instead of having them come through the Medication Dispensing unit, the EHR will be seen as a hindrance rather than a help.

5. Track problems that negatively impact patient care and payment timing

Track problems and suggestions using an "issues list".

Pay particular attention to those items that impact patient care or payor issues.

Make sure that your implementation phase includes a post-go-live evaluation phase to recheck those issues.

Adjustment will usually take 2-4 weeks as staff gets used to the new processes.

While your implementation team is monitoring outcomes and watching for technical issues, this is also a good time to review your automated processes.

Where is the staff using the process as mapped out before implementation?

Where have they changed it?

Where are they using work-arounds, and where have they found new capabilities in the system?

6. Process map after go-live to capture your new Standard Work Process

This enables staff to have a reference for their activities, and is a great support for training new people.

Also, it allows you to note where the process is not being used to its full advantage. Consider these examples:

A Bed Management team that preferred paper logs over the new computer system asked ER to call in bed requests instead of making the request in the computer.

Thinking that it was just as easy, the ER staff complied.

That single change meant that other functions, such as type of room or bed with associated charges, special items needs and associated charges, weren't being taken care of because the process had slipped backwards.

A Central Sterile team had been told that names of supplies were limited to seven characters on the preference card, creating problems with similar names longer than seven characters.

The vendor alerted them to another field that could display with the longer description, a feature that went unmentioned in the design phase.

The longer field was programmed to display, and the name issue was resolved. As a result, case cart accuracy was improved and item charging was more accurate.

7. Maintain an ongoing list of user feedback

You may find that ideas and feedback that can't be amended during the initial go-live process can be incorporated into future upgrades.

And it is never too late to process map and make your EHR system more effective and user-friendly.

Even if you didn't process-map as part of your initial design phase, it can be a tremendous advantage to map afterwards, frequently revealing untapped features of the system. ✚

Sue Kozlowski is Director of Healthcare Consulting for TechSolve Lean Healthcare Solutions; Alex Jones, is Project Consultant for TechSolve Lean Healthcare Solutions.

Sue Kozlowski is a certified Six Sigma Black Belt, with 25 years of healthcare experience and 10 years as a process improvement leader. Sue holds her Bachelor's degree from Michigan State University, and her Master's from Central Michigan University.

She has co-written several books on Lean for Healthcare, and is a nationally sought-after speaker on process improvement and leadership development.

Alex Jones, with 14 years of process improvement experience, has been helping manufacturers and healthcare organizations implement process improvement methodologies, such as Lean, Six Sigma, Training Within Industries (TWI), and Toyota Production System (TPS).

Alex also leads Lean training and simulations to help organizations enhance the effectiveness of existing and future process improvements.

You're Not Alone! Tackling the 'Burden of Care' with a Team and Technology

By Jason Goldberg

Caring for an aging loved one often becomes difficult for the caregiver as one begins to deal with the stress of constantly managing frequent doctor's visits, work/life balance and the frustration our loved one's deal with facing illness and complications.

The combined emotional and financial toll is not to be taken lightly.

An estimated 44.4 million caregivers in the United States, representing 21 percent of the adult population, provide free care to their loved ones.

The cost of this care has been valued at an estimated 257 billion dollars.

With the majority of these caregivers working either full-time or part-time jobs as well, these caregivers often sacrifice work to tend to their loved ones.

This 'absenteeism' — time missed from work to provide their caregiver responsibilities — costs their employer's an estimated 5 billion dollars annually

There are solutions out there combining caring support with health monitoring that have shown to be a tremendous help and benefit to not only the loved one suffering but the caregiver who often shoulder's the responsibility.

Home care is often looked at as a trusted partner in managing our aging loved one's struggles.

Home care can deliver the professional clinical support and guidance with the compassion we would dedicate ourselves.

These are often critical elements in assisting our loved ones in managing long term care plans which often change as more complications arise and more specialists become involved.

The one question that still haunts any caregiver is — what should I do when I'm not there?

Seeking services from Home care is a very important step that helps, but what happens in between home care visits or home care telephone follow up calls?

At the end of the day, there are gaps in care that naturally occur when we are unable to be with our loved ones.

Technology solutions such as Remote Health Monitoring (RHM) provide the last piece of the puzzle to complement personal and professional care support.

Let's start with a quick definition. Remote health monitoring is a tool — hardware and software — that enables healthcare monitoring of individuals outside clinical settings such as doctors' offices and hospitals.

This provides healthcare monitoring where it is most convenient for the individual, in their home.

This technology-based solution allows individuals to communicate their various vital sign measurements (such as, heart rate, blood pressure, weight, among others) directly to personal or professional caregivers.

By combining a simple-to-use and easy-to-implement technology solution with home care support, caregivers have a winning combination in their job of managing aging loved ones struggling with various illnesses and managing chronic conditions.

Through better management of healthcare outcomes, reductions in hospital re-admissions result in significant healthcare savings and improved personal satisfaction.

By being proactive about managing healthcare, RPM helps to manage valuable clinical resources more cost effectively and improves care coordination, streamlining sharing of valuable information across the entire care team which includes the personal caregiver.

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Delivering a Program that Works

By leveraging a reliable technology solution that delivers actionable data, a trusted clinical team member (home care) and the caregiver have a strong partnership to help facilitate the care plans led by doctors. No more unnecessary doctors' visits. No more waiting rooms for no reason.

Healthcare right in their home will be a welcomed change for individuals and the programs efficacy will keep them healthy happy and more independent for longer!

Home care is able to be more informed when situations arise to deliver timely care. Caregivers are aware of when situations arise, often before they become more difficult to manage.

Being more informed to deliver timely interventions is what it's all about.

How will RHM improve outcomes and patient satisfaction?

Overall satisfaction will be increase as RHM reduces overall doctor visits, trips to the ER, and hospital stays.

Individuals remain in the comfort of their own home, which is always preferable to a hospital bed or waiting room in a doctor's office or emergency room.

The combination of technology and home care provide peace of mind and better self-management, while also alleviating caregiver stress. By increasing self-management, the individual feels empowered over their healthcare and becomes an active participant in monitoring their health.

By involving the individual in their personal healthcare process, they experience increased satisfaction and independence as they are now an active participant.

What results can you expect from RPM?

Remote Health Monitoring programs are proven to reduce bed days, hospital admissions and overall healthcare costs.

A recent study in an eastern North Carolina medical program that comprises more than a dozen hospital/health centers experienced amazing results.

The study included about 1,000 individuals diagnosed with cardiovascular and pulmonary disease that experienced frequent hospitalizations and ER visits.

The study found a 66% reduction in hospital bed days, admissions and overall costs — over $4 million in savings.

Success stories

Success stories are abundant and growing, such as the story of Arthur Tyson.

Mr. Tyson would not be alive today if he wasn't enrolled in a Remote Health monitoring program supported by professional nurses when his heart attack struck.

Mr. Tyson was at his rural home, in between his next scheduled doctor's visit, when his IDEAL LIFE blood pressure monitor detected his heart rate had dropped significantly.

Through the IDEAL LIFE wireless gateway, Mr. Tyson's physician was automatically notified and presented with a solution matched specifically to Mr. Tyson's current condition.

The physician immediately acted on this information and saved Mr. Tyson's life. You can watch his story at www.youtube.com/watch?v=SJub7vqtbGQ. ✚

Jason Goldberg, president of IDEAL LIFE, founded the company in 2002.

As president, Goldberg oversees overall product development, management and corporate direction.

Under his guidance, IDEAL LIFE has grown from a simple idea into a leading global health technology company spanning multiple continents with the largest implementation of remote health management solutions.

Goldberg's passion for technology and extensive knowledge of software development, marketing, international business development and consumer products, has created a company uniquely attuned to the practical needs of today's healthcare consumers.

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Clearly, the federal government has begun to crack down on overtime violations for health care workers. And new and proposed changes to federal law are going to make it even more important for health care employers to be vigilant about paying workers overtime.

Overtime rules are set by the Department of Labor (DOL) under the Fair Labor Standards Act (FLSA). The FLSA mandates that all non-exempt employees must receive overtime pay at a rate of one and one-half times their normal hourly rate for working more than 40 hours per seven-day workweek. Because of the need for round-the-clock workers, health care employers are permitted to adopt an alternative "8 and 80" overtime system. Under the "8 and 80" rule, employers may count hours over a 14-day period, but must pay overtime for any time over eight hours in a day and 80 hours over two weeks.

Certain employees can be exempt from overtime pay if they meet certain requirements under the FLSA. To qualify as exempt from overtime pay, the employee must earn at least $455 per week and meet the FLSA's "duties" test.

The "duties" test means that the worker's primary job duties must meet the FLSA's descriptions of categories of jobs that are exempt from overtime pay, such as executive or learned professional positions.

For example, doctors and hospital administrators are nearly always exempt from overtime pay requirements, but licensed practical nurses are not.

Until recently, home care workers, such as home health aides, personal care aides and certified nursing assistants have been exempt from overtime pay requirements under the "companionship exemption," which applied to anyone who cared for the infirm or elderly in their homes. Recently, however, President Obama's administration announced that home care workers will be eligible for overtime pay under the rules of the FLSA beginning on January 1, 2015.

In addition to home health workers, a wide range of workers may be newly eligible for overtime pay under the White House's proposed changes to the FLSA.

In early 2014, President Obama issued a memorandum noting that inflation has eroded the $455 per week salary requirements below the poverty line. The White House recommended that the Department of Labor (DOL) increase the minimum salary threshold, possibly doubling the current amount.

The White House also suggested that fewer employees should qualify as exempt from overtime wages under the "executive" category.

Currently, any person who manages other workers in any capacity may qualify as an exempt executive employee, regardless of how much time the employee actually spends managing.

The White House proposes instituting a minimum amount of time that the employee must spend managing others for the employee to qualify as an exempt executive.

The proposed change could affect managers in a wide variety of health care positions.

It will be up to the DOL to decide the exact details of the overtime changes, and it will likely be many months or even years before new regulations are final.

Nevertheless, there is a trend that more and more health care workers will likely qualify for overtime pay in the future. Furthermore, the changes indicate that the federal government is keeping a close watch on the overtime practices of all employers, particularly health care employers.

Health care employers should review their overtime policies and payment records to ensure that employees are being paid in strict accordance with federal overtime laws.

Any health care businesses that employ home health workers should update their policies to prepare for the overtime change in 2015. Additionally, health care employers should keep an eye on other proposed changes to overtime laws and change their policies as necessary. ✚

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It's 2014 — Welcome to The Symbiotic Patient-Provider Ecosystem

By Ron Wince

Healthcare consumers are taking the long route to their physicians' offices, stopping along the way to share information, exchange recommendations, gather emotional support and mutually resolve medical issues.

Increasingly, healthcare providers are building bridges to these communities to empower consumers and together make smart, cost-effective decisions about their health and their families' well being.

The evolving ecosystem includes diagnostic web sites, social networks, newsgroups, chat rooms, mobile apps, and even crowdsourcing platforms that rely on the collective intelligence of group members to make suggestions for existing and future treatment and therapies.

The ecosystem is not localized; it's in the cloud. And it's exactly where more healthcare providers need to be.

Relying on healthcare professionals

According to a recent Pew study, 80 percent of Internet users look for health information online, making medical inquiries the third most popular web-based pursuit, outpaced only by email and search engines.

The method by which those inquiries are addressed has changed from a physician-centric model where medical professionals dispense advice on sites they design, sponsor and manage, to a consumer-centric model where individuals use the Internet's resources to create communities, self-diagnose, research diseases, learn about treatments and clinical trials, and exchange information with their peers.

Physicians can play an important role in this dynamic, growing ecosystem comprised not only of consumers but also pharmacists, nurses, counselors, social workers, physicians' assistants, retailers and a host of others with advice.

Parts of this ecosystem are already well known. WebMD, for example, uses a network of physicians, nurses, psychologists, dietitians and other medical professionals to answer consumer questions and dispense health-related content.

In recent years, developers have introduced mobile apps that monitor medical conditions and connect patients to providers — and to one another — while relying on healthcare professionals for content and guidance.

Last year the CDC released a mobile app called "Solve the Outbreak" where players put on their medical detective hats to track down and solve fictional disease outbreaks just like actual CDC investigators.

And in the real world, novel crowdsourcing platforms such as CrowdMed use physicians, medical students and others in the industry in the unique role of "Medical Detective."

Visitors to the CrowdMed site can either solve difficult cases or submit them, listing their symptoms, medical history and other related factors.

The "Medical Detectives" do their research and post potential diagnoses after reading an individual's illness profile. CrowdMed's Detectives are incentivized to come up with the correct conclusion through a point system that earns them cash rewards, as well as the chance to help others.

People of all ages and socioeconomic classes are taking advantage of these applications and immersing themselves in the digital healthcare ecosystem. (Interestingly, the older generations are adopting cell phones at a faster pace than younger generations — strong evidence that mobile apps are here to stay and will continue to play an important role in maintaining and monitoring health.)

A new perch for providers

There is ample opportunity now for providers to participate in digital healthcare communities, making it easier for consumers to access information and take care of themselves.

Regional, local and unique situational (by disease, age group, gender, etc.) can be the next generation of online engagement and community.

A few prescient healthcare providers are joining in, not as practitioners or sales reps, but as experts who are helping to expand and legitimize the digital healthcare knowledge landscape.

How to do it? Jump in.

Initiate an affinity community — a cloud where people with diabetes, for example, are talking with one another. Get in the conversation, not as a care provider, but as an information giver and source.

Another opportunity includes women who are having children, arthritis sufferers, cancer patients, people who are facing thyroid and other autoimmune disorders, dieters, and families struggling with autism-spectrum disorders, mental illness and/or substance abuse.

Physicians and other providers can participate in these communities by adding value, not by directly selling their services.

Say a mobile healthcare app has a community component.

Providers should download it and keep their eye on it.

Follow the community.

Share your knowledge when appropriate. Maintain an altruistic presence.

This is not a marketing drill. It's the next phase of healthcare.

Find out who and what the need is in your geographic orbit and reach out.

The digital healthcare ecosystem offers a powerful opportunity for linkage for providers who are bold enough to join the chain. ✚

Ron Wince is President and General Manager of Peppers & Rogers Group, a TeleTech Company.

A Next-Generation Technology for Deep Brain Stimulation Surgery: The ClearPoint® Neuro Intervention System

By R. Mark Richardson, M.D., Ph.D.

Deep brain stimulation (DBS) has proven to be an effective treatment for involuntary movements associated with Parkinson's disease (PD) and dystonia, such as tremors and slowness of movement and rigidity. DBS therapy begins with the implantation of electrodes into specific parts of the brain. The electrodes are then connected via wires to a small generator that sends out electrical signals that stimulate the brain to reduce debilitating symptoms. Level 1 evidence has demonstrated the superiority of DBS to medical management alone in appropriately selected patients with Parkinson's disease. Patients who have received DBS therapy have shown decreased symptoms, improved quality of life and increased independence.

DBS therapy can enhance patients' quality of life, but not all patients are able to tolerate the traditional electrode placement procedure, which requires the patient to be "off" of maintenance medications the day of surgery and awake during a portion of the procedure. Because the surgeon cannot visualize the actual electrode location in the operating room, brain recording and testing of stimulation in the awake patient are used to verify accurate placement. Some patients have physical restrictions that make for an unpleasant awake surgical experience, and other patients who are excellent candidates for DBS are too anxious about the idea of being awake for brain surgery to proceed with this treatment.

In order to accommodate patients who cannot tolerate the awake procedure but who might otherwise benefit from DBS therapy, my practice now includes a technique that uses real-time MRI guidance and technology called the ClearPoint® Neuro Intervention System to obtain an intraprocedural view of the brain target in relation to an MR-visible, skull-mounted aiming device. With the ClearPoint system, patients get to experience an "asleep" DBS procedure and rest under general anesthesia throughout the surgery. They also are allowed to take their regular medication the day of surgery, which saves them from having to go through an uncomfortable "off" period of uncontrolled symptoms.

MRI-guided DBS surgery is enabled by the ClearPoint system's specialized equipment, designed specifically to work in a magnetic environment. The system's advanced software integrates directly with the MR scanner to provide the surgeon with step-by-step visual guidance through all major phases of a neurosurgical procedure. MRI is the ideal modality for viewing detailed images of the brain and can be run safely throughout surgery because it does not involve radiation. The high-resolution images obtained from the MRI scanner allow visualization of electrode implantation in real-time and verification of final electrode location in the anatomic target. This visual feedback also allows for intraprocedural adjustments to the trajectory that may be needed to account for brain shift.

In our experience, the MRI-guided DBS surgery is at least as accurate as the traditional approach using a stereotactic frame. Electrodes are consistently placed within 1 mm of the desired target area, which is important. The surgeon is trying to place an electrode the size of a piece of spaghetti into a structure the size of an almond from more than 10 cm away; if the electrode is more than 2-3 mm off target, the therapy will not work as well as it should.

In addition to PD, surgeons may use "asleep" DBS surgery for both adult and pediatric patients with dystonia. The ClearPoint system also is specially suited for convection-enhanced delivery of drugs to brain targets. ✚

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Efficient, Helpful with ROI: The New Physician EHR

By Divan Dave

With over $20 Billion in federal stimulus funds made available for healthcare professionals to transition to electronic health records – many believe this will set the stage to significantly increase the bottom line.

It won't.

Becoming compliant and meeting ACA regs is only the first step but paying attention to all operations and efficiently running the front office, middle office and back-office while improving patient care will all be necessary.

As a provider of healthcare IT specializing in EHR and practice management for specialty practices, we have learned that profitability can only be achieved when the practice is working in-sync with itself.

Not only does the right hand have to know what the left hand is doing but every finger needs to be intertwined too.

Below are the key areas every healthcare practice must focus on and coordinate in order to gain growth in patient confidence and the bottom line.

1. Know your codes and negotiate the most appropriate reimbursement rates

Proper rate negotiation happens when the office has transparent data for payers to look and see the pattern of correct charges and improved patient care.

One of the ways to effectively demonstrate improved patient care is by managing patients with chronic ailments by implementing a Chronic Patient Management Program (CPMP).

We know the top seven chronic conditions, which deplete the vast majority of payer payments, are Congestive heart failure (CHF), Chronic obstructive pulmonary disease, Diabetes, Cardiovascular disease, End stage renal disease, peripheral vascular disease, and multi system disorders .

By implementing an effective CPMP, practices are able to remind patients on a regular basis about medication compliance, key indicators for management of their chronic diseases (E.g. Blood sugar for Diabetics, etc.), and follow-up appointments.

For aforementioned compliance, an EMR which is offering these functions is mandatory.

Once the patient is compliant, the vast majority of costs including, hospitalization can be controlled.

2. Maintain financial viability through an effective EHR program

Believe it or not, every practice can do this by charging appropriately for all services.

While this should be obvious, it isn't and here's why.

Too many providers tend to under-code to avoid audits.

A good EMR should document an encounter at a very granular level and document all required procedure(s), resulting in correct charges that will eliminate audits.

Getting paid on time is the second most important way to stay financially viable, and third is controlling the cost of the practice.

A good EMR system with integrated Medical billing software can help tremendously.

3. Identify the 4 areas of practice to keep them integrated for optimal efficiency.

If we breakdown the 4 areas of every healthcare practice, they would be patients, front office, middle office, and back office.

Here are the ways to keep them flowing:

Patient communications: A patient portal that offers online payments, appointment scheduling, and patient education can manage patients effectively.

This can all be offered by an efficient;

Front operations: Every practice needs to have an efficient scheduling system to do two things: manage no-shows using appointment reminders and improved screening for eligibility of patients through pre-authorization of any procedure;

The Middle: Providers (Physician, Nurse, Nurse Practitioner and Physician Assistant etc.) must use effective EMR software to capture detailed patient notes with ontology capability. The key is to be efficient with speed. i.e. Clinical Charting under 120 seconds is mandatory;

Back billing: Granular charge capture of every EMR encounter ensures audit free billing.

An efficient EMR will help practices effortlessly deal with all referring providers, hospitals, payers, labs, pharmacies, compliance body and other partners.

Ultimately, all of the above with a smart investment in an efficient software system will improve healthcare practice efficiency, reduce errors and control costs. ✚

Divan Dave, CEO of OmniMD www.OmniMD.com a ground-breaking leader in Electronic Health Records (EHR) software providing certified, specialty-specific EHR solutions to automate the workflow by providing a comprehensive and quick data-capturing system, based on an ontology platform using customizable data analytics and reporting.

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DRSarchitects Vital Signs

What Is The Healthcare Facility Model In 2014?

By Scott Hazlett, AIA, ACHA, EDAC

Healthcare delivery has been changing rapidly over the last 10 years in our local region and across the country. The traditional healthcare points of delivery that included the community hospital, the hospital owned outpatient clinic and the physician-owned doctor's office are quickly fading into the past as the healthcare model evolves.

What is the healthcare facility model in 2014 and the future? What is driving this rapid change that is altering the healthcare delivery model that we have known most of our lives? There are no simple answers to these questions because of the many influences creating these changes: healthcare insurance and changes in reimbursement; mergers and acquisitions; facilities that look like luxury hotels; healthcare campuses that look more like a college campus; healthcare available at your local Walmart or Walgreen's for convenience; high-end rehabilitation facilities that are close to home; retirement communities that offer many levels of care including independent living, assisted living, nursing home care and hospice care all in one place; home healthcare that comes to you; and home monitoring that allows you dial in and download for medical care in your own home. This list could go on and on, but you get the idea.

It is not that the physicians and hospital administrators want to have a base hospital and dozens of satellite locations to maintain and travel between; it is the insurance companies that want to reduce costs and the healthcare consumer who wants convenient outpatient or at-home services that are driving these changes. Hospitals and healthcare systems are required to meet these needs because competition for every healthcare dollar is fierce and they need to find strategic advantages in order to secure these dollars. Whether it is two large regional health systems or two community hospitals in neighboring towns, they are all chasing the same healthcare dollars.

For a majority of the last 50-100 years, hospitals have been challenging architects and engineers to continue adding space to hospitals with new additions, air rights expansions over existing buildings and even adding subterranean spaces below existing buildings, parking garages and plazas to accommodate their need for space to house new procedures, new equipment and larger patient through put capacity. The hospital in most communities was always considered a permanent anchor in the context of a great community. It was thought to be too big and too costly to ever move or replace, so renovations, additions and updates were the only logical course of action. Unfortunately, the result was a mega-block of a building that had a lot of contiguous clinical space, no windows, a maze of hallways and the highest cost-per-square foot to build, renovate and maintain than any other place designed for use by people. Lost were the cues given by natural light and views from windows, internal landmarks that were removed for new clinical space and the directional orientation.

Sometimes it seems that more people fear going to the hospital because of what hospital buildings have become. People are in fear of not knowing where they will park and of the hospital building that they know they are going to get lost in, more than they fear the exam or treatment that they are going there for and causing added stress to every visit. Something is wrong with this picture. So maybe the change in the healthcare delivery model was inevitable and long overdue, and the healthcare industry is ready to blow up the old tired model and move on to the new one.

Unfortunately the new model for healthcare is becoming the opposite of what we have been doing for the last century. The new model is making the hospital smaller and leaner to house mostly critical care and inpatient services. All other services are moving to outpatient or home settings.

What is the Healthcare Facility Model for 2014 and beyond? While there is not a clear cut answer, here is a partial list of options to start the thought-process and that every healthcare facility can use to evaluate, rank and incorporate for patient satisfaction, recruiting and retaining staff, insurance reimbursement, competitive advantage and affordability.

- College campus atmosphere
- Close, adequate and safe parking, valet parking also
- Clear signage/way-finding
- Hotel-like spaces for patients, visitors and staff
- Education centers for patients and families
- Restaurant-quality foodservice
- Family spaces that include books, videos, computers, WI-FI
- Adult and child daycare for staff and visitors
- Expanded hours to cater to employed customers 6am – 10 pm
- On-site retail/dining choices
- Expand outpatient services to shopping malls and off-campus locations
- Reduce size of hospital facility and use only for critical care and inpatient services
- Provide hotel/housing for families of patients
- Rehab facilities close to home that look like high-end health clubs
- Lower construction costs by building off campus
- Lower costs for testing and treatments by taking them off campus
- Home visits by doctors, nurses, IV therapy and rehab specialists
- Tele-medicine for rural patients
- Home monitoring for patient's convenience
- Provide free patient transportation for appointments
- Reduce waste. Reduce waste. Reduce waste.
- Reduce facility square footage
- Reduce energy use and maintenance costs
- Cater to the geriatric market (Boomers)
- Build flexibility and change into every decision that is made
- Expand preventative care medicine offerings ✚

Scott Hazlett is a Senior Architect and Medical Designer at DRS Architects in Pittsburgh, PA. As one of Pennsylvania's leading architectural, planning and interior design firms, DRS Architects has experience and expertise in a wide variety of healthcare specialties. We pursue quality, technology and innovation in creating facilities that enhance the designed and natural environment. Scott can be reached at shazlett@drsarchitects.com.

The Importance of Employee Communications in the Medical Practice

By Philip Dickey

Great communicators have the ability to connect with employees. Their message is one that is properly received and understood, even if the other person does not agree.

As a medical practice manager, are you communicating effectively with your employees so that your message is properly received and understood?

Do you make employee communication a high priority? Studies show that taking the time to communicate with your employees will help increase employee productivity, boost employee morale and, ultimately, improve the bottom line.

However, where do you begin? Start at the top by evaluating your management team — they set the tone for establishing the organizational culture and flow of daily communication to employees. Ask your employees what they think — do they feel communication is aligned with the mission and culture of the organization? Is it consistent and timely?

Choose your means of communication carefully. Think about your audience and how to best communicate with them. Today, we tend to turn to e-mail and texting first, but keep in mind that this is often the least effective way to get your message across.

When possible, face-to-face communication tends to be the most effective because we receive immediate feedback, we are able to clarify any misunderstanding and employees tend to listen more closely.

Here are some ways that good employee communication will benefit your practice:

Communication enables better patient service. Only informed staff will be able to convey accurate information to patients.

Communication promotes clarity of purpose. The critical question many employees ask is "Why am I here?"

Every business encounters both planned and unplanned change.

Your ability to navigate change successfully is directly linked to whether employees know your expectations and understand their role in the practice and its goals.

Communication boosts employee motivation and dedication to the practice. Talking regularly with employees lets them know they are a valued part of your team.

If you can demonstrate to your staff that you depend on their input, they will assume ownership of the practice's goals and eventual success.

Communication encourages productive staff input. Consider the wealth of information your staff may be privy to that you are not currently collecting. Any bit of feedback has the potential to make a huge difference in your bottom line.

Communication creates teamwork. Staff from various departments (e.g., front and back of the office) may feel they have competing work objectives.

Communicate a practice-wide directive so all team members share the same ultimate goal. Then, encourage communication among the staff to ensure that all efforts focus on that goal — great patient care.

Communication reveals integrity and honesty about you as a leader. Employees who sense that information is being kept

from them (lack of or skewed) will fill in the blanks with negative perceptions.

In fact, not communicating with your staff is a sure way to create doubt. You will never be able to prevent rumors altogether, but you can minimize them with an open information policy.

Below are some tips for effective internal communications:

Be clear and concise. Using or overdoing "big" or unfamiliar words will lead to confusion and misunderstanding. Keep it simple.

Set the tone at the top. Doctors and management need to set the tone.

They need to be visible and accessible, and they need to understand that there is a connection between employee communication and the achievement of practice goals.

Understand your employees. You may need to communicate differently with different people.

For anyone who does not regularly use computers or smart phones, email may be ineffective.

To determine your employees' needs, consider surveying each employee — are they getting the information they need?

Provide context. Employees may struggle with information that comes to them "out of the blue."

When appropriate, provide context by giving some background and a "bigger" picture.

Be the first to notify employees. When you prioritize your communications, always think of your employees first.

Your employees should hear it from you before they hear it from anyone else; they should not be surprised by a third party.

Be forthcoming and continuous. Always communicate both good and bad news.

If you are honest and forthcoming in sharing bad news, the good news is more believable.

Match actions with words. If you say you will address a situation, do it. If you do not, you are undermining your credibility.

Emphasize face-to-face communications. Although today's employees may be more tech-savvy than ever, nothing beats human interaction.

Most employees want to hear news and information from their supervisors.

Create a habit for communications. You know you need to communicate about policies, health and safety, benefits, and how a job should be done.

However, remember that you also need to share information about your organization. What are your objectives? How are you performing? What are your plans? How can employees help?

Measure effectiveness. Set objectives and be prepared to assess whether you have met them.

Do employees understand how their daily work helps the organization meet its goals?

Facilitate conversation. One-way communication is a thing of the past. Individuals are empowered to talk back, and feeling "listened to" enhances feelings of trust.

Be objective. Do not "spin" or try to dictate or assume how employees should feel about what you are saying.

Not to be overlooked, say "thank you" as much as possible. If an employee feels appreciated, he or she is more likely to feel engaged and eager to give back.

Do not take shortcuts or make a half-hearted effort in communicating with your employees. If you do, you are likely to fall short of your intentions and/or be putting out fires down the road.

As George Bernard Shaw said, "The single biggest problem in communication is the illusion that it has taken place." ✚

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Stantec It's a Matter of Perspective.

No Reason To Be Skeptical About Building Codes

By John Reddick, AIA

Like many middle-aged people I feel myself becoming more skeptical with the passing of time. I saw this happen to my father and now, despite my best efforts, I find it happening to me.

Younger people, like my college-aged children, are passionate that some aspects of society are not quite right (meaning safe, fair, and just) and need to be changed. They see "government" as a verb.

If things are not correct the government needs to step in and fix it.

I had a similar mindset in my youth, however, time tempers a person's attitude and with the passing of each year I recognize the effort it takes to remain positive and fight my growing skepticism.

Skepticism can lead to cynicism — a slippery slope — if left unchecked I will eventually become an old curmudgeon, my pants pulled almost to my chest, complaining about everything — especially government.

Times Have Changed

Despite this seeping skepticism I still recognize that not all government regulation is bad. Here is an example.

I have worked as a healthcare architect for 28 years.

After gaining few years of experience, I was assigned the construction administration duties for a renovation project of a large wing in a functioning hospital.

The demolition phase had just begun.

Following the first construction meeting I thought it important to walk the site to see first-hand the work taking place.

My experience taught me that dating back to the 1940's typical hospital construction consisted of steel, masonry, metal truss studs with metal lath, and a lot of plaster or gypsum wall board. These are materials that do not easily burn.

To my surprise, at this particular site, the existing construction being demolished resembled a wood frame house. Years prior, the hospital maintenance department had renovated the area.

The people responsible were more comfortable with residential construction methods and materials than commercial code-compliant (fire-resistant) construction.

The department was constructed using the same materials they would have used in their homes.

The renovations were completed without the knowledge of the local building inspectors. The finishes (carpet, paint, acoustical ceilings) concealed the fire-prone materials.

With luck, there was never a fire in that department. It could have been a disaster.

Because the work was completed in-house no inspections took

place.

The space was occupied. We might say the hospital got away with it.

Code Compliance is a Shared Responsibility

Famous architects are best known for their designs but first and foremost all architects are given the responsibility to protect public safety.

This should also be at the heart of government regulation. Public safety should be factored into the cost of doing business.

To circumvent or ignore the cost of public safety is certainly a legal if not an ethical matter.

The owner, design professional, plan reviewer, contractor, and field inspector all play a role, and have a responsibility, in this process.

As architects we are often asked to put on our creative hats. Creative, innovative design must, at the same time, adhere to existing building codes.

Three main codes that a healthcare architect references for most projects are the state adopted:

- International Building Code (IBC)
- Life Safety Code (LSC)
- The Facility Guidelines Institute (FGI Guidelines)

There are numerous other codes that address specific needs but hospital facility managers and contractors should have access to and an awareness of these three basic codes as the information relates to their facility.

The International Building Code and the Life Safety Code overlap and address issues related to fire and life safety. For example:

- Exiting, travel distances, and clearances
- Fire and smoke rated zones and construction
- Fire Protection (Sprinkler) and Alarm Systems
- Emergency Lighting

The newly adopted 2014 FGI Guidelines address the design, construction, commissioning, and facility requirements within a specific Healthcare Facility Department whether that facility is a hospital or an outpatient facility.

What You Need to Know About Pennsylvania

In Pennsylvania, before a project (new or renovation) receives a building permit the construction drawings, sealed by the design professional, are reviewed by the Department of Health, Division of Safety Inspection, located in Harrisburg.

The reviewer looks at the drawings with respect to the Life Safety Code and the FGI Guidelines. Once approved, the contractor can apply for the building permit from the local municipality (city, township, borough).

These local reviewers and inspectors are the authority having jurisdiction.

After securing a building permit construction can begin. Contractors contact local authorities having jurisdiction to visit the site and inspect the work of each trade prior to completion.

The Department of Acute and Ambulatory Care (DAAC) located in Harrisburg does not review drawings but a DAAC on-site inspection may be required if the project affects patient care.

Local DAAC inspectors walk through a completed project to ensure that the design meets the FGI Guideline requirements from a nursing and patient care perspective.

For most healthcare construction projects a final Life Safety and DAAC inspection is required before an occupancy permit is granted.

Throughout the process — if the owner, design professional, code reviewer, contractor, and field inspector are diligent — time and money are saved — and ultimately the people using the facility can be assured that they are working in, or visiting, a safe building.

There is no reason to be skeptical about that. ✚

John Reddick is a registered architect at Stantec. John walks to work each day to the Butler, Pennsylvania Office and can be reached at john.reddick@stantec.com.

Developing a Human Resources Policy on Bed Bugs

By Hope Bowman

The threat of bed bugs is nothing new in the healthcare setting.

For the past few years, bed bugs have captured media attention and made headlines across the country.

You may think bed bugs are old news by now, but don't be fooled; this pest isn't going anywhere, and the threat it poses to the healthcare industry is still very much alive.

As a result, it's imperative for your management team to keep bed bugs top of mind and be prepared for an infestation, should one occur.

A big part of being prepared for an infestation is establishing a clear Human Resources (HR) policy on bed bugs.

Bed bugs are a problem for healthcare facilities for several reasons: they can disturb patients, create bad word of mouth and involve expensive remediation efforts.

But have you ever considered the HR implications of bed bugs? If not, now is the time to start.

Every business needs a clear HR policy on bed bugs.

Do you have a policy in place that tells your employees what they need to do in case of a bed bug infestation? Should they report the issue? Come to work, telecommute, or take any special precautions? As bed bugs continue to infest healthcare facilities, policies that answer these questions are a must.

While bed bug policies are not required, they are worth the time and energy to develop.

Consider implementing a bed bug policy and ensure that everyone at your facility is aware of its existence — one break in the chain can cause you many problems.

The most important thing to remember when it comes to your HR policy is communication.

Communication not only builds trust and understanding, but helps disperse important, and accurate, information. When communication is free flowing and uninhibited, it's easier for everyone to be on the same page.

This includes keeping employees in the loop about proactive and preventive measures, providing notice of a bed bug issue and providing notice to employees of any treatments that need to take place.

As part of your HR policy, you should establish a bed bug sighting protocol for employees.

This protocol should outline what to do and who to report to should a potential bed bug issue be identified.

If your facility does experience a bed bug infestation, the best thing to do is be open with employees.

If the issue is kept a secret, it may anger people. And if the secret gets out before you intend it to, you will have less control over the message and how it's dispersed.

Communication also includes encouraging your employees to be proactive in the fight against bed bugs outside the workplace. Bed bugs are highly transient pests, and your employees should understand the risk of bringing bed bugs into the facility from their homes.

Encourage employees to take preventive measures and to be aware of what to look for, especially if they do any travel for work. Provide them with tips and information and consider scheduling an employee training session with a pest management professional to educate them about bed bug biology, behavior and identification.

Lastly, your HR bed bug policy should also include information about what employees should do if bed bug issues arise at their homes. Let them know that if any issues at home arise, they should notify the HR Department immediately.

By quickly notifying HR, you can help them prohibit anything further from going on at their homes and help prevent them from spreading the infestation to the workplace.

No matter what, don't play the blame game. Make sure your managers do not retaliate against employees for bed bug related issues. If they know they will be treated badly for bringing the issue to your attention, they will be less likely to come to you and be honest.

The presence of bed bugs can have an impact on your entire organization — your patients, public image, bottom line and even the well-being of your staff. In addition to being aware of bed bug behavior, it's critical to have an HR plan in place to support you and your staff's day-to-day efforts.

Establish a clear bed bug HR plan for your facility and make sure your entire staff is aware of the information and protocols contained within the plan, so your facility can be prepared if any bed bug issues arise. ✚

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Healthcare's Digital Divide

By Jon Elwell

The government's financial influence has been substantial in fueling the transformation of patient information into the digital age.

Approximately $27 billion in federal incentives has gone to doctors and hospitals for electronic healthcare records alone.

That's more than the annual GDP of Albania, Belize, Fiji and Lichtenstein combined.

This level of investment has spurred the adoption of electronic medical records in settings the average patient is most familiar with — their doctor and their hospital. But what incentives are available to care providers that don't fit into this category? How do these organizations keep up with key referral partners who have digitally leapfrogged them? What happens to patients when care transitions between the "haves" and the "have-nots"?

Despite unprecedented federal investment, questions still outweigh the answers — especially to those providing care beyond the walls of the doctor's office or hospital.

Often deemed the "miscellaneous" healthcare category, long-term and post-acute care services are regularly overlooked in the healthcare conversation and were definitively passed over by federal incentives. These organizations, which span from nursing homes to physical therapy to home healthcare, don't have the same budgets as large healthcare systems and regional medical centers but are just as critical to the patients who rely on them.

This widening gap is what we call healthcare's digital divide. Bankrolled by federal incentives, most hospitals and physicians now have the technology to capture, store and exchange critical patient information.

The rest of the healthcare spectrum, already pinched by declining reimbursement rates, are not only behind the digital curve but at risk of losing primary sources of business. This disparity puts our entire healthcare system at risk.

As every care provider knows, any threat to its business has far more implications than a traditional company and its customers.

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A Better Way to Pay for Healthcare

By Kathleen Ganster

Keeping the quality in patient care while working with less funding seems to be an overriding theme in health care these days, which makes collaborative efforts between health care providers more important than ever.

The Affordable Care Act has changed many aspects of healthcare and payment for services is one of those major changes.

"There are numerous payment models that have been put into effect and the changes certainly provide challenges for health care providers. One thing I think most of us in heath care agree upon is that there is a better way to pay for health care," Bill Gammie, Vice President of Value Based Care at Celtic Healthcare said.

The traditional payment models in healthcare have shifted to value based models, Gammie explained. A driving force behind the changes is the financial burden that Medicare has placed on the country. So like it or not, the changes are here to stay.

"And some of these payment models may mean 'lump payments' to one entity for all of the services provided as a patent moved through the various steps in their health care. That has accelerated the focus of how providers are working together to ensure payment," Gammie said.

But that is just one reason healthcare providers should have good, joint efforts in providing patient care.

According to Gammie, the "Triple Aim" as it is well-known by, is the tenet that health care should provide three goals: 1) better health, 2) better health care, and 3) greater value for the dollars spent.

"There is a reason they are in that order. Better health for our patients is still the most important issue. And by working in collaborative efforts with other providers means a better continuum of health care for these patients," he said.

And that produces that first goal of "Triple Aim," better health, Gammie said.

"Hospital readmissions and adverse healthcare incidents are lower. By working together, we are being more proactive to reduce these adverse events from happening and that means health care quality is improving," he said.

Like any major changes, there have been glitches in those new payment models, Gammie said, but as more analysis and studies are done, he feels sure they will be corrected.

"I'm sure the first car ever built didn't go 100 miles-per-hour, but they do now," he said.

One thing that has improved is that hospital readmissions are down.

Celtic has always prided themselves on their lower than average statistics for readmissions and this is one area that is a definite reflection of better patient health.

"The improved collaborative efforts means we are seeing even better statistics," he said.

Another benefit of the joint efforts for the healthcare providers is that patients see all of their care givers working together with the single aim of keeping them healthy.

"Patients feel they receive better care and feel more connected if they feel everyone is focused on their care. They are happier. That means the overall healthcare experienced has improved," he said.

For more information about Celtic Healthcare and how your healthcare teams can work together visit www.celtichealthcare.com. ✚

VA Butler Healthcare to Host Second Mental Health Creative Arts Event — Raising Awareness During Mental Illness Awareness Week

By Christopher Cussat

At the end of last year, veterans in mental health recovery at VA Butler Healthcare (VABH) displayed their artistic talents — paintings, drawings, sculptures, music, and more.

All were invited to bring their lunch and come enjoy the creative arts by VA Butler's Veterans.

Attendees were encouraged to vote and award prizes were presented to the top creative talents at the event.

It was a wonderful event for veterans, families, friends, employees, volunteers, and the community.

Mental Illness Awareness Week runs in October and VABH held its *Mental Health Creative Arts Event* as part of this national awareness week to showcase the remarkable efforts and talents of our Veterans and to raise awareness of mental illnesses.

Local Veterans with artistic and musical talents were asked if they would like to participate in a creative arts event.

Many were interested, and as such brought in drawings, paintings, crafts, models, and even a food display!

The event also featured two musical groups who played during the event.

The creative arts event was held over the lunch hour so employees, Veterans, and their families or friends could attend, eat lunch, and cast votes for their favorite artistic or musical presentations.

At the close of the event, the awards committee tallied the votes.

Ribbons and VA Canteen gift cards were awarded to the three Veterans with the most votes.

Navy Veteran Joseph Savannah played the accordion along with friend Denis Geibel during the Mental Health Creative Arts Event during Mental Illness Awareness Week.

2013 Winners:

First Place — Todd Thiel; Boat models, covered wagon, and Veteran Memorial

Second Place — Lloyd Lackey; Paintings — Fantasy Fish

Third Place — Chris Price; Drawings — portraits and football players

The event actually started because VABH's Behavioral Health Department has a Recovery Team who meets once a month.

The team recognized the artistic and musical talents of many Veterans, and wanted to showcase their strengths by having a creative arts event.

VA Pittsburgh Healthcare Systems, the closest VA hospital to VABH's facility, has hosted an art show in the past, and the staff there had always talked about its success.

In general, the hope with an event like this is that it will contribute to the overall healing process of participants. Kenneth J. Kalberer, VABH's Health Systems Specialist, believes that part of mental health recovery is looking at a person's strengths and building on them.

"When a Veteran feels a sense of accomplishment and has recognition for their talents, mood is heightened and the person has a more positive outlook on life."

He adds that VABH's goal was and continues to be to help Veteran's work toward recovery and to enhance their self-esteem.

According to Terrie Bales, VABH's Recovery Coordinator, art can be important to the healing and therapeutic process because when a person receives recognition for an artistic accomplishment, their sense of well-being is increased and their tendency to repeat the same behavior is probable.

"As a result, when receiving positive feedback, one's confidence is boosted, thus increasing mood and life satisfaction," she notes.

Bales continues to explain that people have been using the arts as a way to express, communicate, and heal for thousands of years.

"As a result, art therapy or the use of art for therapeutic healing, began to formalize during the middle of the 20th-century."

She adds that doctors noted that people experiencing symptoms of mental illness often expressed themselves in drawings and other artworks. This led mental health professionals to explore the use of art as a healing strategy. "Since then, art has become an important part of the therapeutic field and is used in some assessment and treatment techniques, as well as in venues such as VABH's *Mental Health Creative Arts Event*."

To sum up its success — Veterans and VA staff asked afterwards if they would be holding the event again, and suggested that it should be a "for sure" event at VABH. Some Veterans have already committed to entering art or performing music for this year's upcoming installment.

In fact, VABH's Recovery Team is planning the second *Mental Health Creative Arts Event* for 2014, to be held in late summer or early fall. The VABH welcomes all Veterans to contact Recovery Coordinator, Terrie Bales, at (724) 996-2032 if they would like to participate. ✚

Western Pennsylvania Healthcare News wants to hear from you!

How are you using social media to increase awareness?

Email Daniel Casciato at writer@danielcasciato.com and we'll publish your story.

Relapse: Why Addiction Treatment Often Falls Short

By Michael Campbell

Addiction treatment can be discouraging. As a healthcare professional you can invest huge amounts of energy and passion into helping someone enter into recovery, only to see them fall back into the old patterns of using.

The addict or alcoholic comes to understand their disease, learning techniques to manage their urges, triggers and weaknesses.

You help them build a support network and emphasize how important it is to reach out to others in times of trial.

Yet, even though they have the tools, they often fail to use them in times of crisis, or resist making the changes necessary to create a life where it is easier not to use.

There are many reasons why people relapse and the outcome of treatment is not under the control of the provider.

However, that does not exempt the rehab program from ensuring that it is doing its best to lay the foundation for a strong recovery. In this regard, there is a need for addiction treatment to be holistic, focusing on the whole person and the many reasons why they use drugs and alcohol.

There are times when it is not inappropriate to view addiction as the symptom, a means by which the underlying problem is being medicated.

If treatment does not address these deeper issues, recovery from addiction is significantly impeded.

The co-occurring conditions must be addressed.

It is estimated that more than two thirds of the people with an addiction have a diagnosable co-occurring condition.

Our experience at St. Joseph Institute would confirm that statistic, and encourage the search for other underlying conditions which might not merit a diagnosis, but nonetheless are important issues that must be addressed.

Listed below are ten of the "companions" to addiction that we frequently encounter.

1. Anxiety. Studies of drug and alcohol use on university campuses highlight how often addiction grows out of a desire to lower anxiety.

Treatment must recognize the importance of equipping the individual with techniques and strategies to manage anxiety without self-medication.

2. Depression. Sadness is a feeling that we want to avoid and too often drugs or alcohol become the answer.

Depression must be treated if the cycle of addictive behavior is to be broken.

3. Bipolar Disorder. Many people affected with bi-polar dislike the way they feel when taking prescription medications for their condition.

Drugs may offer relief from the symptoms, but lead them down a destructive pathway.

4. Pain. Addiction is all too often the result of pain medications that were prescribed by a physician.

Natural ways of managing pain must be taught if the dependence on narcotics is to be broken.

5. Relationship problems. Nothing creates more "psychic pain" than relationships that are not working well.

Learning to build better boundaries, resolve conflict, and establish trust are important for everyone, especially those who are tempted to self-medicate when relationships become hard.

6. Stress. Too often managing stress is considered an optional activity.

For people with addiction, finding ways to keep their stress at a low level is a mandatory part of recovery.

7. Boredom. A surprising number of people use drugs and alcohol to cope with boredom.

For this group, finding new hobbies, outlets, and ways to get involved is an important part of the healing process.

8. Sex. Many addicts have used drugs or alcohol as part of their sex lives for as long as they can remember.

They are afraid of the impact of sobriety on their sex lives, because of inhibitions, or because they fear the performance or the experience will change.

9. Self-worth. Some many people treat their feelings with drugs and alcohol.

When they have been hurt by others, or are unable to forgive themselves, addiction becomes a place of safety.

10. Trauma, abuse, PTSD. It is estimated that 1 in 4 women addicts has been sexually abused.

Addictive behavior has become a way of coping, and recovery demands that these underlying issues find resolution.

These are but some of the reasons why people become attached to their drug of choice and are reluctant to let go.

If we are to treat these people, and help them break free from their addiction, we must help them address these driving reasons and adopt new behaviors.

If we treat the addiction, but ignore the co-occurring conditions that provide its fuel, we will almost always witness failure.

Recovery demands that the whole person find healing.

As healthcare professionals, we can offer nothing less. ✚

Michael Campbell is Co-founder and President of St. Joseph Institute for Addiction, a rehab center located near State College.

It's NOT Business; It's Personal

By Nick Jacobs

Next Gen Sequencing, Pharmacogenomics, the Microbiome, and Integrative Medicine are leading us quickly into the next generation of personalized medicine where you will be treated individually based upon your specific genetic profile.

No more guessing; no more accidental dosages; no more unnecessary tests; the next generation of medical treatment is here, and it's up to you to find the precise doctors and health systems to treat you appropriately.

Oh, yes, and Integrative Medicine gives you the tools to become the master of your own destiny by influencing your Epigenetics. (Those genetic modifications which are influenced by personal health related decisions that do not change the DNA.)

Did you know that the Amish carry the "genetic indicators for obesity," but they sure aren't fat? How can that be?

Well, if you walked an average of 20,000 steps per day, you would potentially alter your epigenetic profile as well.

Dr. Dean Ornish started working on this idea back in the late seventies with a revolutionary approach to health. In fact, it was so revolutionary that the FDA literally questioned every aspect of his concept on many levels.

His aggressive, controversial approach to healthcare was a combination of diet, exercise, stress management and group support. Can you imagine anything so contentious?

The truly amazing lesson learned from his work initially was that cardiac victims were able to regain their health and take control of those multiple morbidities that were leading them toward a premature grave.

As an early adaptor of the Ornish Program, we saw amazing transformational outcomes with our participants that were here-to-fore unexplainable.

Angina pain virtually disappeared a few weeks after starting the program. Leg cramps went away.

The average person lost over 20 pounds but was a virtual eating machine, and people suffering from things like impotence, inflammatory disease, i.e., auto-immune diseases and general depression oftentimes experienced remission on some level.

Truthfully, the most fascinating outcome from this program was that those individuals who entered it saw a significantly improved psychological profile that remained positive long after completion of the actual hands on portion of the work.

They literally got their lives back.

By focusing on specific genetic panels, next generation genetic sequencing will help individuals pinpoint not only current, but also future problems nestled away in their DNA, and, like the Amish, through Integrative Medicine practices where we are literally treating the root causes of many of these afflictions, physicians and healthcare providers will not only be able to help you control these risk factors, in some cases, they could literally help to ameliorate the risks indicated in your genetic map.

Now, imagine having 300 of your genes tested to determine what medicines you can metabolize, and as a result of that test never getting the wrong medicine prescribed to you again. It's a onetime test with a life time of results.

If a certain number of human beings are destined to have a negative reaction to specific medicines, those medicines won't be prescribed because the Pharmacogenomic tests will counter indicate its use.

The entire concept of trial and error medicine or "only one in one hundred thousand" risk factor exposures will eventually be virtually eliminated through Pharmacogenomics.

Have you heard the radio spots for Vanderbilt University Medical Center that claim protection from incorrect heart medications, or The Cancer Treatment Centers of America's advertisements for genetic testing?

Finally, what about the microbiome?

We can finally analyze the millions of living organisms in our body's' digestive systems to determine their benefit or potential negative impact.

Only 1% of these organisms are harmful to us, but the other several million are literally believed to be contributing to everything from leaky gut syndrome to curing C-dif colitis.

So, let's review: Integrative medicine, NextGen sequencing, Pharmacogenomics, the Microbiome and YOU?

Personalized medicine is knocking on our door on multiple levels. Now it's up to us to find the right practitioners, the well-schooled, open minded, and progressive medical centers that can combine these various approaches to keep us healthy. ✚

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

Bringing People Home

By Elizabeth Pagel-Hogan

James Bukovac is in the business of bringing people home.

"People don't like the term 'mortgage'," says James. But as an independent mortgage advisor, James has made it his job to help people get the mortgages they need. His most important piece of advice is to start early.

"Planning produces results and saves you money," he explains.

Healthcare providers know the value of preventative care for people, but most people don't take the same approach to their finances.

"When it comes time to look for a mortgage, most people make the mistake of waiting until they find a house they like to check their credit. And if there is a problem, they often don't know what to do to fix it," says James.

When they end up with an emergency financial situation, people often don't know what their credit score is, how it is used to approve loans or what they can do to fix it.

"Anyone between the ages 20-65 needs to maintain as good of a credit file as they can," explains James.

"Cars, homes, timeshares, department stores — anything you want to buy — means you want someone to extend credit to you. And approval is based on your credit score. A higher credit score equals a lower interest payment. A lower score means you're facing higher interest."

James advises all clients to keep their credit card balances at or below 25% of their limit. This could lead to a better debt-to-income ratio, or DTI.

"The maximum DTI we go to is 45%," he adds. New laws that could go into effect in January 2014 will lower the maximum allowed DTI to 43%.This new lower limit could affect whether someone can buy the home they want.

"Recently, a married couple told me they were thinking about waiting to spring to buy a home, I told them that by spring, they could only afford a $60,000 home. They found a place in Hopewell, Township for $95,000 no matter what changes in 2014. Now they are assured of the home in the place they wanted to life."

One significant way James helps people get mortgages for the homes they want is by improving their credit scores.

"You can give the average American the recipe to improve their credit score, but it's too complicated and usually won't get done," he says.

"So I refer clients to a company that specializes in getting items removed from a credit report. Now one of my clients who had a score of 550 has a score is now 650. He is married, his wife works as a nurse. They have three children and have rented their whole lives. But based on his income and rebuilt credit he'll be able to buy his first home this spring."

In order to really assist people who need him, James is on call for customers seven days a week, even on weekends when banks aren't available.

And unlike banks, if a customer's application is denied, James works to teach people why and how to fix it.

"When someone is turned down, those companies just don't call people back. The customer gets a letter in the mail telling them they are denied with no reason. One of the boxes will be checked but the person "your debt to income ratio too high" or "credit score too low" or "income too low to maintain" check and four and five word and no info on how to improve it," he says.

Sometimes fixing someone's credit requires James to do serious detective work that banks aren't willing to offer.

For instance, he was referred to a young couple by a real estate agent in Mononaghela, PA.

They had applied for personal line of credit or mortgage and were turned down.

As soon as James had permission to check the credit report, he saw the problem.

"He had a state tax lien of $30,000 in unpaid self-employment taxes. When we discussed this, I learned it was actually his father's business, but he and his father had the exact same name," he says.

James told him he had to take a day off of work, go downtown to Pittsburgh and visit the Prothonotary's office with several pieces of documentation.

He finally got documentation proving it was not on himself and I contacted my credit bureau.

"They got it removed it removed from his credit report," he says. "There's no way this man would've known what to do. He and his wife just had a baby and now they plan to buy a home spring 2014."

Financial mistakes can have lasting effects.

But with time and careful planning, James has helped bring his customers home.

For more information, visit www.hmamortgage.com/our-team/loan-officers/james-a-bukovac. ✚

Changing Healthcare Regulations Increase Need for More Agile Technologies

By Randy Hickel

In 2014, new regulations for electronic health records (EHRs) will apply to Medicare and Medicaid providers.

To meet these changing regulations and needs, providers need more agile technology to offer patients and government agencies information faster, per the Stage 2 of Meaningful Use criteria. Below are the changes and how you can address them using innovative technology:

Electronic Documentation: Changing the Process of Practicing Medicine

Healthcare reform has been a prominent issue impacting millions of patients, providers and businesses across the country. Though debate has intensified recently with healthcare coverage requirements kicking in for the general public, legions of providers have been hard at work for the past five years transitioning to an electronic health record (EHS) system.

While more are expected to embrace new technology given its many advantages and to keep pace with social change, federal regulations and incentives have helped spur early adopters in preparation for rigorous new standards.

In 2009, the American Recovery and Reinvestment Act (ARRA) and Health Information Technology for Economic and Clinical Health (HITECH) Act were passed, outlining a vision and phased approach to modernize our healthcare system, promote greater portability of medical records, enhance security protections and improve patient care.

Since then, the Department of Health and Human Services has provided billions in Medicare and Medicaid incentive funds for eligible hospitals and providers that adopt certified EHR technology.

According to a 2013 CDC survey, 48 percent of office-based physicians currently have a basic EHR system in place. The first phase of this implementation, Stage 1, ran from 2011 to 2013 and focused on electronic data capture and sharing.

Stage 2 began in 2014 and requires that providers participating in EHR incentive programs (who have met Stage 1 standards for two to three years) adopt 20 new Meaningful Use criteria established by the Office of the National Coordinator for Health Information Technology (ONC).

These continue improvements to patient care through better clinical decision support, care coordination and patient engagement.

Essentially, providers will need to record more information electronically, make it available to patients and other healthcare professionals faster and continue to provide adequate security.

For patients, this means they can expect to receive a printed clinical summary after each office visit; access their health information online within 24 hours and use secure electronic messaging to communicate with their providers, among other benefits.

For providers, complying with these more ambitious standards may seem daunting given pressing time constraints that already impact their ability to provide personalized patient care.

Certain technologies can help ease this transition and incorporating a comprehensive portfolio of solutions will pay you back both in short- and long-term gains, especially those who risk reduced reimbursements for non-compliance.

Automated Workflows: Streamlining Processes, Better Patient Care, Security & Savings

There is a wide array of innovate applications and devices ideally suited for use in healthcare settings that save time, money and, most importantly, lives.

These behind the desk technologies for a medical office can help streamline processes, enabling providers to focus on patient care and keeping protected health information (PHI) secure.

Given the new regulations in place, these are some popular solutions that enable real-time information sharing while offering big returns:

Secure mobile technologies. As the need to gather more information increases, per new EHR regulations, incorporating tablet use and even self-service kiosks helps make the process of initial data capture more efficient, freeing up valuable staff time spent managing paper documents.

Providers can easily print prescriptions, referrals, patient ID wristbands, educational information, discharge packets, and billing statements directly through the use of tablets and multifunction printers (MFP).

When investing in printing technology, ensure that authentication options are included, enabling providers to track printing and meet HIPAA requirements for recording, printing, copying, faxing and scanning PHI.

Since Stage 2 "Meaningful Use" also requires that patients receive a copy of their clinical summary, patient discharge summaries are easily and securely printed from MFPs.

Managed Print Services and security. CMS and private health plans continue to reduce reimbursement for care delivery.

Thus, most healthcare providers are aggressively looking for ways to cut costs, outsource IT services, and improve employee efficiencies.

Managed Print Services have proven to deliver on each of these aspects with enhanced device security and compliance.

Print security and compliance policies may be easily deployed to a health systems' printer fleet.

The fleet is monitored and any non-compliant devices that get added to the network are automatically updated.

Furthermore, with the ability to print, copy, scan and fax PHI securely on MFPs, clinicians can easily create a longitudinal patient record for easy viewing from one repository.

Today, more than 25 percent of a patient's health records reside in analog format.

By scanning in a patient's paper based record, clinicians have the right information at the right place and time. This provides real economies of space, efficiency and costs.

The Cloud. As required medical, demographic and lifestyle information increases, virtual cloud technology makes sense for providers.

It is a cost-effective way to store, backup and share complex data; it can supplement other servers and storage systems; and can reduce onsite IT oversight.

Leading cloud service providers offer more enhanced security than most offices and keep up with the latest advances.

This facilitates sharing information more quickly with government agencies and patients who are now required to have online access to their health records. ✚

Randy Hickel is the Manager of Worldwide Healthcare Business Development at the Printing and Personal Systems Group of Hewlett-Packard. Randy manages a global team of healthcare market development consultants with credentials in the area of HIPAA security and compliance, electronic content management and Lean Six Sigma process improvement.

Randy is a Certified Electronic Content Management Professional, Certified HIPAA Professional and Certified Security Compliance Specialist.

Reclaim Your Life with Regenexx

By Janice Lane Palko

You want to exercise, remain active, and enjoy the activities that you love, but when you have joint injuries, arthritis, or pain, you may find yourself compromising your lifestyle in an effort to alleviate the pain.

But now you no longer have to compromise your lifestyle, and you don't have to endure invasive, risky surgeries to reclaim your life.

Drs. Paul Lieber and Marc Adelsheimer of Rehabilitation and Pain Specialists (RAPS) have introduced a new treatment in Pittsburgh for those who don't want to undergo orthopedic surgery or joint replacement surgery.

These revolutionary procedures are called Regenexx stem cell and blood platelet procedures.

"The Regenexx stem cell procedure is like a de-aging process, regenerating tendons, ligaments and cartilage while healing your body with your own stem cells. It's like the fountain of youth for worn out joints." said Dr. Lieber.

The beauty of the Regenexx procedures is that it uses the patient's own stem cells or blood platelets to heal damaged tissues, tendons, ligaments, cartilage, spinal disc, or bone. We've all heard the adage, "Physician Heal Thyself."

However, with Regenexx it's more a case of "Patient Heal Thyself."

In a relatively simple procedure, the stems cells or blood platelets are extracted from the patient's own body, and then are concentrated in the lab, after which the highly concentrated stem cells or platelets are then reinjected into the body at the injured area.

Stem cells are the body's jack-of-all-trades cells and are able to transform into any kind of cell, regenerating as healthy tendons, bone, tissues, and cartilage.

For anyone who has ever been told that their "cartilage is shot," this can be a miracle cure.

Another benefit of Regenexx is that it eliminates inserting foreign objects into the body and the risk of rejection or infection.

Often times without Regenexx, these stem cells don't make it to the injured area in enough quantity to heal it. With Regenexx, the stem cells are delivered directly to the injured area under advanced image guidance allowing our own bodies to heal itself without invasive surgery, pain, loss of income, and time.

The results have been incredible, with many patients reporting that they feel years younger and are able to enjoy life again.

Patients who had to give up running, skiing or other activities have been able to resume these after the Regenexx procedure.

And the really good news is that the results are not short-lived like pain injections, which eventually wear off. These results are long-lasting.

"These stem cell procedures are a great alternative to invasive surgery," said Dr. Marc Adelsheimer of RAPS.

"Our patients are treated without a significant disruption to their lives, and they are seeing very positive, life-changing results."

Many athletes have used Regenexx. Mark Huggins of Uniontown has been an avid runner for more than 20 years, but spent seven years with knee pain before being treated by Dr. Lieber at RAPS.

"I credit the stem cell procedure for allowing me to move forward with my life and continue my active lifestyle," said Huggins.

Linda Morningstar-Poole of Irwin was facing knee replacement surgery until she consulted with RAPS and underwent Regenexx.

"We're so fortunate to live in this day and age where we can heal ourselves through ourselves. I saved my knees with my own stem cells," she said.

Rehabilitation and Pain Specialists was founded in 2004 by Drs. Paul Lieber and Marc Adelsheimer, who are dedicated to finding pain relief solutions so that their patients can live fulfilling and active lives.

RAPS is dedicated to providing personalized, effective treatments for managing pain and improving the quality of life.

RAPS has multiple locations in the Pittsburgh area: RIDC Park, Monroeville, and Sewickley.

For more information on RAPS, visit www.rapsmd.com. To learn more about Regenexx, visit: www.regenexx.com. ✚

Submissions?
Story Ideas?
News Tips?
Suggestions?
Contact Daniel Casciato at writer@danielcasciato.com

Duquesne School of Nursing Names Two New Academic Administrators

The Duquesne University School of Nursing has named a new associate dean for academic affairs and a new chair of graduate nursing programs

Dr. Alison M. Colbert, chair of graduate nursing programs and assistant professor of nursing, will start her new role as associate dean effective Tuesday, July 1. Colbert has been promoted to associate professor with tenure effective fall 2014.

She will succeed Dr. Joan Such Lockhart, clinical professor and associate dean for academic affairs who has served as associate dean for many years. Lockhart was instrumental in developing Duquesne's online Ph.D. in nursing program, the first in the nation, as well as leading the curriculum development and accreditation processes in the school.

Colbert received her B.A. in journalism from the University of Arizona, her M.S.N. from the University of Texas at Austin and Ph.D. from the University of Pittsburgh. She is a clinical nurse specialist whose practice and research focus on the well-being of women recently released from jail or prison.

Colbert was named a prestigious Robert Wood Johnson Foundation Nurse Faculty Scholar in 2010, and her work has been published in Public Health Nursing, Nursing Research and the Journal of the Association of Nurses in AIDS Care. She also was named the 2011 Junior Investigator by the Public Health Nursing Section of the American Public Health Association.

Nursing Professor **Dr. Rick Zoucha** will succeed Colbert as the new chair of graduate nursing programs effective July 1.

Zoucha obtained a B.S.N. from the University of Incarnate Word in San Antonio, Texas, an M.S. from Texas Woman's University and a Ph.D. from Rush University in Chicago. He is a full professor with a national reputation in transcultural and global nursing.

Zoucha is an advanced certified transcultural nurse and was inducted as a Transcultural Nursing Scholar. He has numerous publications in transcultural and global nursing, and his work has been published in the Journal of Transcultural Nursing and Health Care, the Journal of Professional Nursing and the Journal of Cultural Diversity.

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

Two Duquesne Nursing Students Elected to National NSNA Posts

Duquesne University nursing students Caroline Miller and Monika Spangenberg are among a small group elected from across the nation to serve important roles for the prestigious National Student Nurses' Association (NSNA).

The NSNA is a nonprofit organization dedicated to fostering the professional development of nursing students. Its mission is to mentor students preparing for initial licensure as registered nurses and to convey the standards, ethics and skills that students will need as responsible and accountable leaders and members of the profession.

Miller is one of just 10 students elected to the NSNA Board of Directors.

"I believe that by being on the NSNA board of directors, I will be able to learn about nursing outside the classroom," said Miller, a junior in the nursing school.

"I also want to be able to contribute my ideas about the future of nursing, and I want work with the rest of the board to get other nursing students excited about NSNA."

As an NSNA member, Miller chairs the organization's Legislation/Education Committee and also is a member of the Community Health/Disaster Preparedness Committee and the Convention and Program Planning Committee.

Spangenberg is just one of four members elected to the NSNA's 2014-2015 Nominating and Elections Committee.

"I was very interested in becoming more involved in the nursing community, and after attending the NSNA mid-year convention I decided to run for a national position," said Spangenberg, a junior in the nursing school.

"I chose the Nominating and Elections Committee because I'm very comfortable talking to people, and the main goal of the committee is to reach out to nursing students and inform them of all of the great opportunities the NSNA has to offer."

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

How to Engineer Your Financial Future in 2014

By Paul Taylor

Financial resolutions can be the most difficult to keep. They can include minute detail, number crunching, plenty of files and discipline that can affect a person's entire lifestyle, says veteran investment advisor Paul Taylor, a member of the National Ethics Bureau.

"Many folks simply are not predisposed to combing through the details of their financial situation; for them, the financial world is abstract and filled with arbitrary rules, constantly changing interest rates and other complexities, but being more involved in your own money is well worth the investment," says Taylor, an architect-turned-founder and owner of Capital Advisory Group & Tax Planners of Lake Norman and Capital Investment Advisors, Inc, (www.CapitalAdvGroup.com).

"While professional help is recommended for many aspects of a person's financial affairs, it's ultimately up to the individual to understand his or her own money."

There are many things a healthcare professional can do to take control of their financial life. Taylor offers the following suggestions:

• For your cash flow, keep in mind the four A's.

Accounting, Analysis, Allocation and Adjustment. The four A's describe a systematic and disciplined approach to your daily, weekly, monthly and yearly spending habits.

Accounting involves gathering all your relevant financial information — income, recurring bills, and other expenditures — creating a central list of each item, and pulling it together in a place where it's easily accessible.

Analysis is reviewing the information to determine whether you have a shortfall or surplus, and finding places to reduce expenses. Saving $100 a month on dining out, for instance, would allow you to apply $100 to your mortgage loan principle, saving you a substantial amount in interest payments.

Allocation involves determining your financial commitments and priorities, needs versus wants, and distributing your income accordingly.

Adjustment involves periodic reviews of your financial information and shifting assets to meet changing needs.

• Utilize estate planning tools such as wills and trusts; make sure the details are accurate.

Wills and trusts allow you to spell out how you would like your property to be distributed, and much more.

A will gives you the opportunity to nominate your executor and guardians for your minor children.

If you fail to make such designations through your will, the decisions will probably be left to the courts.

Bear in mind that property distributed through your will is subject to probate, which can be a time-consuming and costly process.

Trusts, which are more complex, let you customize the distribution of your estate with the added advantages of property management and probate avoidance.

• Start planning your retirement sooner rather than later.

There are a variety of retirement planning options that can meet your needs.

Your employer funds some; you fund some. Bear in mind that, in most cases, early withdrawals before age 59½ may be subject to a 10 percent federal income tax penalty.

The latest date to begin required minimum distributions is usually April 1 of the year after you turn age 70½.

Withdrawals from tax-deferred plans are taxed as ordinary income.

The top planning options include defined benefit pension; money purchase pension; profit-sharing plan; savings plan; employee stock ownership plan; tax-sheltered annuities; individual retirement accounts; self-employed plans; simplified employee pensions; and savings incentive match plans for employees.

• Remember the first commandment in safe investment: diversification.

Virtually every investment has some type of risk associated with it.

Don't put all your eggs in one basket.

Diversification is one of the main reasons why mutual funds may be so attractive for both experienced and novice investors.

Many non-institutional investors have a limited investment budget and may find it challenging to construct a portfolio that is sufficiently diversified.

For a modest initial investment, you can purchase shares in a diversified portfolio of securities.

Depending on the objectives of the fund, it may contain a variety of stocks, bonds and cash vehicles, or a combination of them. :

Paul Taylor is the founder and owner of Capital Advisory Group & Tax Planners of Lake Norman and Capital Investment Advisors, Inc. Taylor, a fully licensed investment advisor, has more than 20 years of experience in the industry and is committed to providing personalized service to those he serves. Since 2007, he has been a member of the National Ethics Bureau, which acknowledges individuals who prove they are committed to upholding the highest ethical standards in their practices.

The OMNInav Surgical Navigation System

By George B. Cipolletti

More than 4.7 million Americans are currently living with a prosthetic knee. The inci-dence of total knee replacement (TKR) increased by 120 percent from 2000 to 2009: 188 percent for patients ages 45 to 64, and 89 percent for patients ages 65 to 84. As a result of the growing popularity of TKR, technical advances are of great interest.

Until recently, TKR has been a major ordeal for patients. The orthopedic surgeon would navigate into the joint by eye and use relatively crude mechanical instruments to shape the bone to fit the prosthesis. Patients could expect to spend as long as three to five days in the hospital and take as long as three to six months for a full recovery.

Such long recovery times are now a thing of the past — thanks to a brand new computer-ized technology that allows visualization of the joint in 3-D before the first bone cuts are made.

For the first time ever, it is now possible to see precisely where to cut beforehand, ensuring the surgery goes as smoothly as possible. Also, due to the increased accuracy of the surgery, patients can get out of the hospital and recover much more quickly.

This advance is made possible by the APEX Robotic Technology™ (ART) Surgical Nav-igation System, developed by OMNIlife science, Inc. of East Taunton, MA. The system is designed for TKR and provides computer-guided precision. To date, more than 3,000 TKR procedures in the United States have been successfully completed using OMNI's surgical navigation system.

The system's BONE MORPHING® technology allows the construction of a patient-specific 3-D model of the knee in real time to create a virtual surgical plan prior to criti-cal bone cuts. Navigation algorithms and adjustable resection guides enable the recon-struction of the mechanical axis of a limb. No preoperative CT or MRI is required.

This is complemented by the iBlock® Cutting Guide, an intelligent robotic guide that au-tomatically positions instruments allowing femoral resections that optimize implant alignment. ART instrumentation allows for simple, micrometric adjustment intra-operatively to ensure alignment and balance of the knee joint.

Real-time assessment of limb alignment and soft tissue can be made at any time during the procedure.

Initially the patient is positioned and anesthesia administered. Reference markers are pinned onto the tibia and femur that will be tracked by the computer in a 3-D space. Spe-cific locations of the exposed knee joint can then be measured. When this is done, a de-tailed, accurate 3-D model of the knee joint and alignment of the leg is created.

The computer determines the size and position of each implant component. The end of the femur is reshaped using a saw, through a cutting guide that is aligned robotically. Subsequently, the tibia is also reshaped.

Following preparation, the components are in-serted into the knee, ensuring the joint is working properly, and the reference markers are removed. Following the procedure, the incision is closed and bandaged.

Most robotic technologies being used today for knee resurfacing procedures are only of-fered for unicompartmental or partial knee replacement. OMNI's ART system is specifi-cally designed for TKR, providing the precision of a robot on even the most significant knee joint deformities. This has uniquely positioned OMNI as a leader in robotic TKR.

ART is designed to work in tandem with OMNI's APEX Knee Reconstruction System, which was designed to provide a concise and logical set of options to accurately restore joint mechanics, improve stability and maximize range of motion of the knee. Designed from the ground up, the system is based on extensive clinical anthropomorphic analysis of male and female anatomy. As a result, the APEX knee is offered in a wide range of primary sizes as well as specifically designed and proportioned intermediate sizes with design characteristics that allow surgeons to specifically match unique anatomic require-ments for both male and female patients.

Together with the APEX Knee Reconstruction System, the ART Surgical Navigation System offers a new option for surgeons and TKR patients alike. ✚

George B. Cipolletti is President & CEO of OMNIlife science, Inc., a medical technology company targeting the rapidly growing global hip and knee replacement medical device sector.

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continued from page 30

Healthcare's digital divide impacts patients, medical professionals and all members of the healthcare spectrum. Some of the most notable impacts of this disparity include:

• **Continuity of care:** Today when a hospital transitions its patients to a long-term or post-acute care provider, it generally involves some combination of fax and patient paperwork.

This limits visibility into a patient's medical history, which has far-reaching impacts from process to care. If all providers were on the same technological playing field, transitions would be more efficient and provide more comprehensive information to determine the best course of care.

• **Accessibility of information:** When stage 2 of meaningful use goes into effect, the incentivized members of the healthcare spectrum are required to exchange patient information electronically and according to healthcare IT standards with every partner.

Today this means there are no guarantees that a patient's file is complete when care is transitioned. Tomorrow this information will simply not be available to those that can't access and share patient information electronically.

• **Availability of specialized care:** Post-acute or long-term care facilities rely on referrals from the anchor tenant of the healthcare community — the hospital or healthcare system. If a provider isn't up to speed as stage 2 is adopted, that organization will be quickly cut off from a primary source of revenue. This can lead to less competition and increased healthcare costs as only the strongest organizations survive.

Though stage 2 has been delayed, the digital divide between the incentivized and un-incentivized members of the healthcare spectrum will continue to threaten patients, providers, and the healthcare industry at large. While it is a complex issue, the solution is finding the right technology that meets the following demands:

• **Standards-based:** All technology that shares patient information must adhere to healthcare IT standards of interoperability that were established in the Affordable Care Act. *(While the fax has survived and thrived in healthcare for decades, it does not meet interoperability standards.)*

• **Affordable:** Without incentives, long-term and post-acute care providers need solutions that won't break the bank and offer enough added efficiency to offset the cost.

• **Lightweight:** Healthcare providers are already operating in an environment constrained both financially and from a human capital perspective given the number of complex, hard–to-implement and time-consuming technology initiatives.

Solutions need to alleviate this "IT fatigue" by being easy to implement in any setting with minimal training, maintenance or upgrades. Ideally any technology would integrate with existing processes and equipment.

These are just a few elements needed to level the playing field for this critical but overlooked segment of healthcare. By finding and implementing the right technology, even those on the wrong side of the digital divide can survive and thrive in the next phase of healthcare technology. ✚

Jon Elwell is chief executive officer of Inofile, a healthcare technology company that creates vital links to simplify healthcare. Inofile specializes in simple, inexpensive, easy-to-adopt technology that effectively eliminates unstructured content. Elwell has spent much of his career focusing on the ways innovation can drive better patient care.

ACCOUNTING/CPA

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KFMR is a full service accounting and business consulting firm headquartered in Pittsburgh, PA. Services we provide to the healthcare industry include: accounting and tax services; compensation structuring and fair market value analysis; outsourcing financial strategies (on-premise laundry); physician and healthcare entity valuations; and merger & acquisitions advisory services.

For more information on how KFMR can help your business, please visitwww.kfmr.com/healthcare or call 412.471.0200 — David J. Pieton, CPA, ASA | John R. McMurtry, CPA.

CHILDREN'S SERVICES

THE CHILDREN'S HOME OF PITTSBURGH & LEMIEUX FAMILY CENTER

Established in 1893, The Children's Home of Pittsburgh is an independent non-profit organization whose purpose is to promote the health and well-being of infants and children through services which establish and strengthen the family. The Children's Home has three programs: a licensed infant Adoption program, Child's Way® day care for medically fragile children, birth to age 21, and a 16-bed Pediatric Specialty Hospital, providing acute care for children ages birth to 21, transitioning from hospital to home. Additionally, our Family Living Area provides families with amenities to help make our hospital feel more like home, allowing them to stay overnight with their child. For more information, visit www.childrenshomepgh.org.

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PEDIATRIC HOME HEALTHCARE

eKidzCare is a pediatric focused home health agency providing high quality health care options to children with medically complex health care needs. Our mission is to establish ourselves and be recognized as a leading force in providing medical home care to children with special needs. Using our experience and dedication to the pediatric healthcare industry, we will take every opportunity to make the lives of our children and families more comfortable, enjoyable, and fulfilled.

eKidzCare provides a full spectrum of home health services including extended hour shift care, skilled nursing visits, well baby visits, injection and diabetic teachings, and assistance at school as well as on school field trips. The children we commonly care for are medically fragile, frequently requiring feeding tubes, tracheostomy tubes and ventilators. Some common diagnosis include cerebral palsy, seizure disorders, cancer, autism and multiple congenital anomalies.

At eKidzCare, we know that finding a compassionate, dedicated and qualified care professional can be a difficult process. We also recognize when a match is made between a caregiver and a family, magic can happen. Each member of the eKidzCare team supports and upholds our core values to provide care with compassion, integrity, and trustworthiness.

www.ekidzcare.com

Our Contact Information:

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Phone: 412-324-1121

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

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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 Hoglund for independent living; Darla Cook for nursing admissions, or Lisa Powell for personal care. Visit our website at www.asbury-heights. org.

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PRESBYTERIAN SENIORCARE

Presbyterian SeniorCare is a not-for-profit that's been focused on just one thing for more than 85 years — helping older adults live positively. What drives us is our mission, and a commitment to excellence.

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Today Presbyterian SeniorCare is privileged to serve more than 6,500 older adults through our continuum of 56 communities at 44 locations across 10 Western Pennsylvania counties. Our care and service options include: personal care and skilled nursing communities, specialized Alzheimer's and dementia care, over 35 affordable and supportive housing communities, our premier continuing care retirement community Longwood at Oakmont, as well as in-home and community-based programs.

In 2006, Presbyterian SeniorCare became the first Aging Services Network in Pennsylvania, and the third and largest in the nation to receive accreditation from Commission on Accreditation of Rehabilitation Facilities-Continuing Care Accreditation Commission (CARF-CCAC). CARF-CCAC reissued that accreditation for a five-year term through 2016, representing the highest level commendation that can be awarded to an eldercare provider. Additionally, we also have been awarded the CARF-CCAC accreditation through 2016 as "Person-Centered Long-Term Care Communities" for our nursing communities, recognizing our superior performance in fostering an environment of autonomy, choice and flexibility for our residents.

For more information about Presbyterian SeniorCare, 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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Carla M. Kish, Director of Admissions

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Medi Home Health and Hospice, a division of Medical Services of America, Inc., has a unique concept "total home health care." We provide a full-service healthcare solution to ensure the best patient care possible. Every area of service is managed and staffed by qualified professionals, trained and experienced in their respective fields. Surrounded by family, friends and things that turn a house into a home is what home care is all about. Our home health care manages numerous aspects of our patients' medical needs. Our Hospice care is about helping individuals and their families' share the best days possible as they deal with a life-limiting illness. Most benefits pay for hospice care with no cost to you or your family. Caring for people. Caring for you. For more information or for patient referral please call 1-866-273-6334.

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

PUBLIC HEALTH SERVICES

ALLEGHENY COUNTY HEALTH DEPARTMENT

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Wednesday December 3rd, 8am to 4pm
Robert Morris University in Moon Twp.
Call 412-595-7554 or email lcichon@homeinsteadpgh.com

Health Care Event & Meeting Guide

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

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Kane Scott Earns Two Quality Awards

Kane Scott Township, one of the four Kane skilled nursing and rehabilitation facilities located in Allegheny County, has been recognized by Quality Insights of Pennsylvania for results in a pilot study aimed at reducing the use of antipsychotic drugs within the dementia population.

The center is the location of Kane's new 45 bed Memory Care Unit.

The initiative is called the Patient Safety and Clinical Pharmacy Services Collaborative (PSPC) and integrates a pharmacist's expertise into an interdisciplinary team. The team focuses on improving health outcomes and safety for high medication risk populations through patient centered, cost-effective medication management services. Those services are aligned with national quality standards.

Kristen Ziegler, Director of Quality Assurance at RX Partners, was selected to lead the project and the team.

With the help of Maribeth Walsh, Manager of Social Services at Kane Scott, an interdisciplinary team was selected.

Staff members held peer to peer conferences that focused on specific behaviors that might be addressed without the use of antipsychotic drugs.

"Nursing assistants, nurses, recreational therapists and others involved in patient care sat down and talked about different interventions that may be useful," said Walsh.

"We started asking ourselves what might be missing, and used that conversation to provide us with direction."

An integral part of the team was Dr. Mohamed Ismael a Board Certified Geriatric Psychiatrist from UPMC's Western Psychiatric Institute and Clinic.

"Dr. Ismael scheduled hours at Kane Scott on Saturdays treating residents and working with staff and families," explains Walsh. "His work helped to pull the different pieces together."

The data confirms that this effort is yielding success. While Kane Scott's pilot project began in October 2013, it is still in full swing. In January 2013, the antipsychotic medication rate was 70% in the selected residents. As of March 2014, that rate dropped to 45%

"Chris Bernes from Quality Insights of Pennsylvania has been a strong partner throughout this process," said Ziegler. "She meets with the team monthly to review the data and help to measure what we are doing and we have affected outcomes. It's important for the various departments to continue to work together to resolve these issues. Everyone must participate so that we may sustain these reductions." ✚

203 Orchard Court, Jefferson Hills, PA

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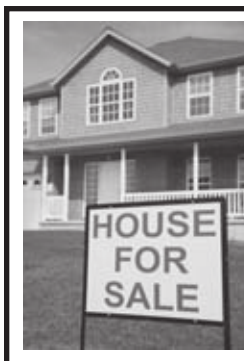

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18 Edgewood Road, Fox Chapel $1,950,000

Rare opportunity to own this impressive Fox Chapel estate situated on 7.5 acres! This "close in" section boasts privacy and convenience! This home has 6 bedrooms, 6 full and 2 half baths. More notable amenities include a dramatic 2 story marble foyer with spiral staircase, a sunken 2 story living room, 2 laundry rooms, 3 car attached garage, a beautiful den, study, game room, library, and wine cellar. You'll love the amazing charm and unsurpassed details throughout this impressive Colonial! **MLS# 998888**

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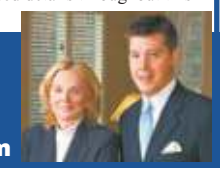

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You will find fabulous views from every floor of this amazing home. This unique property offers a potential rental unit or you can use the unit to increase your living spaces. Nestled among the trees on a quiet street you will find this well-appointed home updated with fully equipped kitchens, hardwood floors, stained glass, open floor plans and views! Secluded setting in the heart of Mt. Washington. $549,900. Seller will review all offers!

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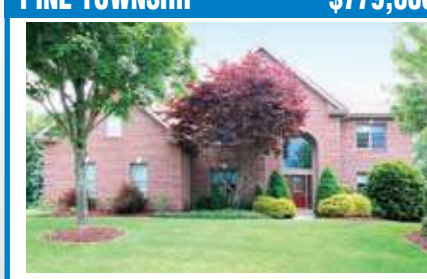
PINE TOWNSHIP $779,000



North Park Manor Meticulous home features 2 story Foyer and Family Room. This 5 Bedrooms 4/1 bath home shows like a model. Open and spacious floor plan. Granite and maple island Kitchen with SS appliances. Stamped concrete patio overlooking landscaped yard. Custom gameroom features walk-behind bar, fireplace and walk-out to private patio. **MLS1013799**
Virtual Tours at www.HoneywillTeam.com

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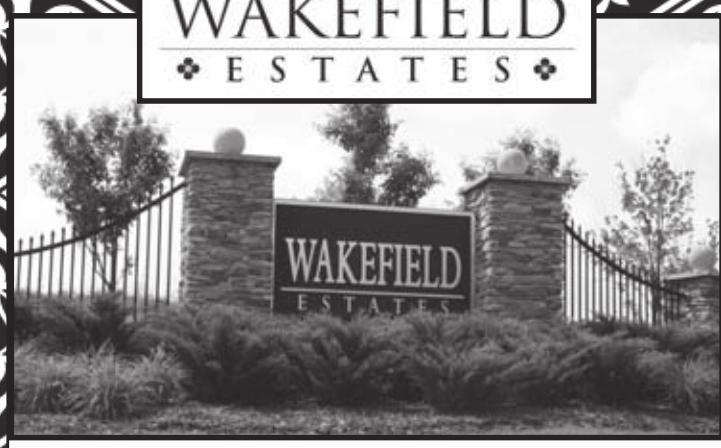

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Castletown

www.**CastletownCommunity**.com

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

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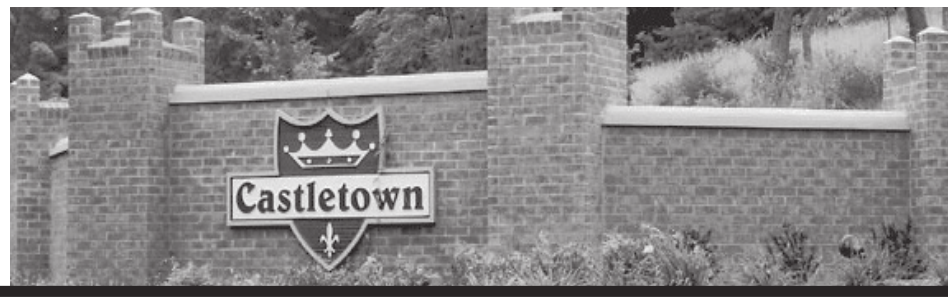

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