

H Hospital News & More

Western Pennsylvania

The Region's Monthly Health Care Newspaper

www.wpahospitalnews.com

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CaringBridge connects family when health matters most: The story of the Dunn twins

By Sona Mehning

The Internet is helping connect patients and their families to their support networks with the click of a mouse. Private and available 24/7, personal websites can ease the burden of keeping family and friends informed.

CaringBridge.org is one nonprofit organization that provides free, personalized websites for patients to connect with family and friends during a

serious health event, care and recovery. Authors add health updates and photos to share their story while visitors leave messages of love and support in the guestbook.

Here is just one family's story of how they used a CaringBridge website while their twin babies battled cancer at just two months old.

See **MIRACLE BABIES** On **Page 46**



Maddie and Isabella Dunn are happy, healthy toddlers today after battling cancer at just two months old. Their parents used CaringBridge.org for support and to keep family and friends informed during that trying time.

Mt. Kilimanjaro climb breathtaking for AGH cardio doctor and assistant

By Lois Thomson

Exhaustion. Difficulty breathing. A sense of loneliness and isolation. Those are the physical symptoms and emotions someone climbing to the 19,340-foot summit of Mt. Kilimanjaro would feel. But those are also the feelings experienced by people living at normal elevations who have pulmonary hypertension. And the correlation between the two is why Dr. Raymond Benza made the climb.

See **MT. KILIMANJARO** On **Page 20**



Dr. Raymond Benza of AGH, Dr. Robert Franz of the Mayo Clinic, and Physician Assistant Jessica Lazar of AGH reached Mt Kilimanjaro summit in February to raise money and awareness for pulmonary hypertension.

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George, with therapist Jennifer Ulrich, uses Wii therapy to improve his balance.

I’m 68, and I’ve lived with osteoarthritis in both knees for a while. After a short hospital stay, I needed to get stronger before I could go home. I went to The Commons at Squirrel Hill for rehab.

“I did all the traditional therapies, like strengthening exercises and walking on stairs. I also got to use the new Wii system in their newly renovated rehab gym. The Wii therapy

was different—and fun. I played virtual sports and games like tennis and bowling. My therapist said that helped me improve my balance. I say it made me feel like a kid again!

“I made great progress at The Commons at Squirrel Hill and went home after just two months. I miss the Wii, but it’s sure good to be home again and on my own.”

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One for the history books

Publisher's Note

Not long after most Americans opened their St. Valentine's Day gifts, Mother Nature dumped an offering of her own on us: record snowfall amounts for the month of February, with the largest volumes blanketing the northeast. The gift that just kept on giving ... and giving ... and giving.

While here in Western Pennsylvania the skies were mostly overcast, it was the weathermen and women who had their day in the sun, often leading each newscast and breaking into regular programming to give updates on approaching storms and the anticipated number of inches of white stuff to fall.

Meanwhile, reporters who usually cover crime or political stories found themselves outside with wooden rulers to measure snowfall and to admonish anyone who dared venture onto the roadways unless absolutely necessary. (This of course raises the question of why it is necessary for a reporter and cameraman to actually drive to a particular street to prove it is indeed snowing a lot and that the roads are treacherous, but I digress.)

Anyway, as I watched the snow fall outside my window, sipping a warm drink and wishing I bought that Snuggie™ when I had the chance, I thought about how it all served as a metaphor for those of us in health care and how, despite our collective grumblings, it often brought out the best in us all.

For many Americans, that feeling of piling on was similar to the woes many of us continue to experience because of our struggling economy. Maybe it's the stress of job uncertainty or loss, or the pressure of mounting bills with no relief in sight. But these challenges—like the snow covering our region—make it hard to imagine that sunny days are coming.

For a few weeks, just the act of existing became a challenge: clearing a path to the car, then shoveling snow from on top and all around it; attempting to navigate across unplowed or icy streets, trying to dodge pedestrians or

vehicles blocking the way; finding fewer necessary items on the grocery store shelves and enduring longer than normal lines at the checkout; getting used to stepping into slush or icy cold puddles that were deeper than they seemed; and hoping to avoid confrontation with neighbors who have the nerve to park in a space someone spent three hours shoveling out.

But as each day passed and many local governments proved ill-equipped to meet the challenge in a timely fashion, we stepped up when nature said, "I don't care where you live, how important you are, or how much money you have, I'm dumping the same ton of snow on your street as I am your neighbor across town, so deal with it."

And deal with it we did. With rare exception, we shoveled our walkways to make walking safer for ourselves and our neighbors. We helped others, especially the elderly and the infirm. We shoveled them out, helped them out, and when their cars got stuck, pushed them out. Some neighbors lost power, so we took them in. Some needed groceries, so we did "group runs" to the store, or shared what we had.

Even total strangers would pull up to those getting ready to climb into their cars to give advice on which roads were passable and which should be avoided.

Most importantly, those of you in health care refused the luxury of curling up with a blanket until conditions improved. You knew that it is in times like these that people need you the most. And you responded.

Still, we all were forced to slow down and live in the moment. While some parents bemoaned the seemingly endless string of school closings, others remembered what pure joy they felt as a child to get a "snow day." We watched pristine snow flakes dance in the glow of the street lights. We marveled at the sight of icicles hanging like frozen fingers from our homes. We laughed at the chairs, like so many sentries, positioned to guard parking spaces.

And we remembered those monster snowstorms of our

past. For me, it was the a few years ago, when I planned ahead and bought a snow blower from Sears. At last, one Saturday night, a storm blew in, leaving a thick blanket of fresh snow to be removed the next morning. I fired up my new

toy, boasting enough power to make Tim "The Tool Man" Taylor proud, and headed down my driveway. Within minutes, we came to an abrupt and noisy halt. It seems I had run over my Pittsburgh Post-Gazette; the snow blower took one huge bite and began to gag before shutting down altogether.

I asked my neighbor his advice for extricating the newspaper from the jaws of death. I appreciated so much that he suggested, above all else, that I disconnect the spark plug to avoid being nicknamed "Lefty" for the rest of my life, that I gave him the snow blower, and threw in what was left of the newspaper. I've been a "shovel guy" ever since.

Spring is always a welcome sight. But this year, for those of us who survived the "Blizzard of '10," it will feel more glorious than ever. †

Harvey D. Kart

**You can reach Harvey Kart at
hdkart@aol.com or 404.402.8878.**



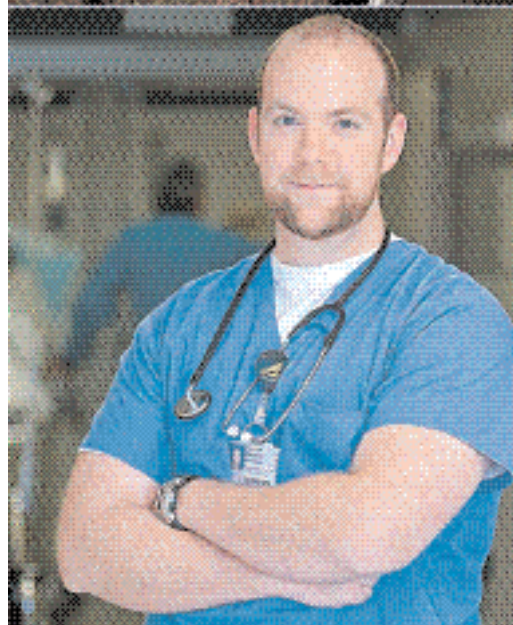
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Restoring lives one wheelchair at a time

By Dr. Valerie Goff Whitecap

What can an old, forgotten wheelchair do? It is estimated that more than one million wheelchairs are tossed into dumpsters every year. In Western Pennsylvania, Lives Restored is looking for wheelchairs – used, broken and even rusty. They know just what to do with them.

Lives Restored is the regional face of Wheels for the World, an international organization that has sent more than 57,000 refurbished wheelchairs to 102 countries.



The gift of a used wheelchair can bring a smile to a child's face and hope to her heart.

The World Health Organization estimates there is a need for 20 million to 30 million wheelchairs around the world. In some countries, the cost of a wheelchair equals a year's wages.

Angelica lives in Peru. She has cerebral palsy. When a Wheels team came

to Peru, Angelica's mother wrapped her daughter in a mattress to carry her down the mountain to the wheelchair distribution center. Amazingly, the Wheels team had a recliner wheelchair with an extended headrest. When Angelica was placed in her special chair, it was a perfect fit! Angelica's mother began to sob. She said, "I have been praying twenty years for a wheelchair for my daughter and today – Gloria al Dios – God has answered that prayer!"

A Wheels team arrived in a small Polish village where many families came to find a wheelchair. Late in the day a tired father arrived, carrying his five-year-old son on his back. The two inched their way closer and closer to the head of the line. The chairs were almost gone.

The boy needed a child-sized chair. A therapist searched among the remaining chairs and spotted one highly customized chair upholstered in blue leather. Stitched across the chair was the name "Jake." It was that chair or nothing! The father gently sat his son in the chair. It fit him perfectly! Someone asked, "What's your son's name?" "Jakob," the father replied.

Each wheelchair takes an amazing journey; some 300 pairs of hands help a chair on its way from donor to recipient. First, Lives Restored collects



Wheels for the World has sent more than 57,000 refurbished wheelchairs to 102 countries.

wheelchairs and sends them to a prison for restoration. Prisoners find purpose and meaning by meticulously restoring each chair – reaching outside the walls of their prison to a small village in Poland, China or perhaps high into Peru's Andes Mountains. The refurbished chairs are shipped to a team of trained specialists who fit the equipment to each recipient.

Do you know of a forgotten wheelchair taking up space and collecting

dust at work or home? There are many Angelicas and Jakobs around the world waiting, and they receive far more than a wheelchair. They receive a changed and restored life with your gift of help, hope and love.

For more information, please visit www.wheelchairsrestored.org or contact Linda Clark at 724-678-7471, lindaclark@arestorationchurch.org, or Lives Restored, 2430 Old Washington Road, Pittsburgh, PA 15241. †

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A humble thank you for all you have done



By Michael W. Weiss, M.D.

In a tradition that began with our now-retired partners, Scott and Pete Nettrour, our practice sends flowers or a fruit basket whenever we want to say thanks. This comes from the Nettrour belief that no good thing should go unrecognized. Even in tough economies, this is one expense we've always managed to justify.

The process works like this: We catch wind of something positive and tell Lola. She retrieves her file of florists, selects the perfect expression and arranges for delivery.

Lola can't find the perfect expression for this one: How do you thank an entire community?

On Sunday, April 5, 2009, one of our partners, Dr. Kelly Agnew, sustained life-threatening injuries. His neighbor, an anesthesiologist, called 9-1-1 and initiated medical treatment. Her kind and helpful acts set off the massive outpouring of kindness and helpfulness that quickly followed.

Two emergency teams – Northern Regional Police Department and McCandless Franklin Park EMS – responded to the call with blazing speed and life-saving skill. The efforts of the UPMC Passavant Emergency Department staff to stabilize Kelly were exceptional to a legendary degree. While none of my partners was present, one of our moonlighting nurses was. She said she's never been so proud to work in health care.

The Allegheny General Hospital trauma team labored through the night and in the weeks that followed to move this talented surgeon and beloved dad, son, brother and friend toward a full recovery. Their actions were so well-orchestrated that I suspect they do the same every day for patients who aren't high-profile doctors.

Upon learning of Kelly's injuries, a group of our employees snapped into action, reworking schedules. It didn't matter that this occurred on a Sunday evening; every Monday morning patient of Kelly's was called that night.

On Monday, our phone team rescheduled appointments for the remaining patients affected by Kelly's absence. Our physicians, mid-level providers and support staff worked longer hours to accommodate the need. Our surgical schedulers offered every surgical patient a comparable spot in our other physicians' services. All but three accepted. In a display of optimism that moved at least one employee to tears, those three patients insisted on waiting for Kelly's return.

Staffers in our ancillary businesses contacted clients and arranged to keep projects in motion. Our marketing department faxed updates to dozens of referral sources, along with our reassurance that no patient's care would be delayed.

And then there were the prayers. They never stopped.

Round-the-clock outpatient monitoring expands neurology diagnostic capabilities at Excelsa Health

As part of ongoing efforts to expand and enhance neurology services in support of its Neuroscience Center at Latrobe Hospital, Excelsa Health now offers 24-hour ambulatory EEG services.

EEG, or electroencephalogram, is a test to detect problems in the electrical activity of the brain. "An EEG is a very effective tool in helping to pinpoint abnormal neurological activity such as the occurrence of seizures or blackouts," said Thomas Ferree, RT(R)(N), CNMT, supervisor of Non-Invasive Cardiology /Neurodiagnostic Services at Excelsa Latrobe.

Typically, the test is performed by an EEG technician in a physician's office, at a hospital, or at an independent laboratory. With the ambulatory EEG, patients can be tested on an outpatient basis, allowing enhanced convenience and flexibility. The longer monitoring period provides a better chance of recording potential activity as well as an increased ability to pinpoint or correlate specific time occurrences. The data can help to determine if a specific activity or situation triggered an attack.

To perform the study, a series of small wires are attached to the patient's scalp. The wires are then plugged into a small recording device about the size of an I-Pod or cell phone that fits in a small fanny pack fastened to the patient's belt area.

Patients are then free to return home and pursue their normal day-to-day activities while the unit records all brain activity. Patients are provided with a diary to document events such as dizziness, blackout or seizure and the time of day the event occurred.

Within 24, 48 or 72 hours, the patient returns to the hospital to have the unit removed. The recorded data is downloaded to a computer for interpretation by a neurologist.

Currently, outpatient EEG monitoring is available through Excelsa Latrobe only, with the possibility of further expansion across the health system. But Ferree noted the availability locally is a plus for patients who previously would have traveled to Pittsburgh for this level of neurological care. "With this added service, patients can get back to living life and doing what they need to be doing with very little inconvenience and disruption to their daily routine."

For more information on neurodiagnostic services, call 724-537-1520, or visit www.excelsahealth.org.

Shooting from the Hip

The president of UPMC Passavant offered our staff access to an employee assistance program and agreed to hold Kelly's O.R. block time indefinitely. The president of Butler Health System offered to arrange for E.D. call coverage if needed and promised to keep Kelly's place on the medical staff leadership intact. Employees of both hospitals overwhelmed us with their concern and desire to help. For months, my partners and I couldn't walk onto a nursing unit, into an operating room or through a cafeteria without concerned hospital staff asking for updates on Kelly's recovery.

Our corporate attorney and external accountant dropped everything to help us refocus the practice. Current and former patients called and sent cards. Vendors called and sent cards. People we don't even know called and sent cards. We never did count the phone calls; they poured in too fast. We received so much mail for Kelly that the basket needed to be emptied weekly. He read every card.

We received messages of support from clients of our ancillary businesses, business associates and long-ago friends. Most communications were accompanied by stories of Kelly's helpfulness at some point in the past.

Seventy-five people participated in blood drives at Passavant and Butler hospitals by donating in Kelly's name, giving future patients the same opportunity for care.

We received support from other physicians on a scale so large that it defies description.

Of all the supportive and collegial things our physician friends did, the most supportive and collegial was affirming their confidence in our ability to care for patients. They continued to make referrals, and our practice, despite the absence of a key provider, never missed a step.

Every patient was cared for. Every job was preserved. We continued to grow and build and recruit.

When Kelly was discharged, his secretary of 16 years organized a group of volunteers to plant hundreds of red geraniums in his yard as a vibrant welcome home. The planting crew included Pete Nettrour, who joyfully steered the wheelbarrow.

Kelly is back to full orthopedic practice and has reclaimed his seat as managing partner. Today, Tri Rivers Surgical is whole because a health system worked and a community cared.

Lola, however, still has a problem.

If our practice shares the Nettrour belief that no good thing should go unrecognized, how can we adequately recognize so many good things?

The answer is, we can't. There is no sufficient expression for the gratitude we feel. All we can do is say thank you. We are deeply humbled by all you have done. †

Dr. Weiss is an orthopedic surgeon with Tri Rivers Surgical Associates. You can contact him with comments and questions at (412) 367-0600 or mail@tririversortho.com.

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A DISCUSSION OF AUTONOMY AND
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Jim Carmine, PhD, *associate professor, philosophy*

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Jack Alverson, PhD, *chair and professor, theology*

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"VALUES IN PRACTICE"

Grief programs provide bereaved with support, hope

By Vanessa Orr

Losing a loved one is one of the most difficult things that can happen in a person's life. And although everyone grieves differently, having the help and support of people who have been through the same experience can often make the experience a little easier.

There are a number of organizations in Western Pennsylvania that offer this form of support. The Good Grief Center in Squirrel Hill has been helping grieving individuals find resources to cope with loss for the past nine years. The center offers peer support free of charge, an extensive lending library, and a database of therapists who deal with grief. The Good Grief Center also offers fee-based programs on dealing with grief in the workplace, follow-up care for families once other services have stopped, and a sympathy care package as an alternative to flowers.



Lulu Orr

"Every single person will experience grief at some point in his or her life, and it doesn't matter how old a person is, where he or she lives, or what type of job or income that person has," explained Lulu Orr, executive director, the Good Grief Center. "In fact, most people will likely have to deal with grief more than once."

As a former hospice nurse, Orr saw a need in the community for a place where grieving individuals and families could go for support. "Most people don't know how to find the resources they need," she explained. The center has a database of more than 150 different peer support

groups, and can find the right fit for a person, whether they need a group based on the type of loss they've experienced, the location of a group's meetings, or the time a group meets.

"Grief really does affect everybody, which is why there are so many groups out there," said Orr. "While some people choose to grieve privately, others may need the support of others in similar situations."

"When people have a hard time with grief, they sometimes think that there is something wrong with them," she added. "But they need to understand that grief is a part of life, and that if they need to reach out, that's okay. Other people have survived similar loss, and have become stronger and healthier moving forward."

Staff and trained volunteers meet with clients and provide peer support over the phone. In addition to a licensed counselor, social worker and nurse on staff, approximately 46 volunteers are available to reach out to those in need. "Every single one of our volunteers has come to us because of a grief experience in his or her own life," said Orr. "They often say that they wish they'd had someplace like this when they were grieving."

Since opening its doors, the Good Grief Center has helped more than 30,000 people. "Some people come once because they feel the need to tell their story and

then are ready to move on; others may stay in a support group for a year or more," said Orr. "Some people come for a while, then stop, and then return when something triggers their pain, like another death or the holidays."

Just as adults grieve differently, so do children. The Highmark Caring Place, with locations in Pittsburgh, Erie, central Pennsylvania and Cranberry, provides help to families with grieving children. "The main thing we do is provide a peer support group program, which brings children and families who have lost a family member together with other families who have been through the same experience," explained Director Terese Vorsheck. "We want them to know that they are not alone in their grief; they can share their feelings and memories with others who have gone through something similar."

While the program is primarily focused on children, there are services for adults as well. "It's important for parents to take care of themselves so that they can be there for their children as they grieve," said Vorsheck.

Children are unique in that, unlike adults, they can't grieve for long periods of time. "When we first started the Caring Place in 1997, there was a misconception that children didn't grieve because they grieve differently than adults," explained Vorsheck. "A child might go to his father's funeral, and then come home and play basketball in the yard, leaving the surviving parent to wonder if the child either doesn't understand what's going on, or doesn't really miss his father."

"The fact is, children's feelings are as intense, but they can't hold onto grief for as long as adults," she continued. "Children don't have the coping mechanisms or cognitive ability to stay with their grief for long periods of time."

Through Highmark Caring Place's volunteer- and education-based programs, communities learn how to understand the needs of grieving children and get them the help they need. Families are able to better cope and find hope in the future. "Research on delinquency, behavioral problems and mental health disorders often show a link to unresolved grief issues," Vorsheck added. "By teaching children to cope with grief early on, we are hopefully helping them avoid these issues in the future." All services are provided at no cost to families who have lost a child.



Grieving children can find support from peers and volunteers at The Highmark Caring Place.

Compassionate Friends is a self-help support group that also deals with individuals who have lost a child. "While you may expect to lose your spouse or parents, we are not supposed to survive our children," explained Betty Robson, a 21-year volunteer who works in the office and in outreach for the organization. "The death of a child is out of the natural order of things."

Compassionate Friends holds a general meeting once a month, and also has home meetings two times a month. There are special sharing groups for parents whose children have committed suicide, who have been murdered, and who have been in auto accidents, as well as groups for fathers and for siblings older than 16.

"When a child dies, it's very powerful, difficult and life-changing," said Robson. "You'll never see that child grow up. Often, people don't know what to do, and even wonder how they can survive the death of their child. We want them to know that while they will never be the same, they can find new meaning in life."

For information on the Good Grief Center, call 412-224-4700 or visit www.goodgriefcenter.com. For information on the Highmark Caring Place, visit www.highmarkcaringplace.com or call 1-888-224-4673 in Pittsburgh or 1-888-734-4073 in Cranberry. For information on Compassionate Friends, call 412-835-1105 or visit www.tcfpittsburgh.org. T

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American Healthcare Group, Inc., connects financial stability and physical wellness

By Kris Levan

All employers recognize the value of stable financial health. Likewise, employers recognize the importance of promoting healthy living among their employees. But is there a clear path connecting the two? American HealthCare Group, Inc., of Pittsburgh, says "yes."

Originally a full-service benefit management firm, American HealthCare has evolved into a comprehensive team of professionals designing both financial fitness and wellness programming for corporations, healthcare providers and consumers.

A CPA running his own firm since 1973, CEO and President Robert Hagan started American HealthCare in 1996 when he assessed the need to give physician groups a way to start focusing more on patient care and less on day-to-day operations of their physician practice. To do this, Hagan offered core services in the areas of health benefit plan design, reinsurance, claims administration and provider network pricing and access for healthcare providers and facilities.



The Farmers Market on Wheels is part of the wellness programming American HealthCare Group extends to the senior community. The program delivers a Farmer Market to senior high rise buildings and senior centers.

Soon Hagan and his team were partnering with employers and practitioners seeking solutions to what has become healthcare's biggest challenge – the tremendous rise in healthcare expenditures coupled with a decrease in the quality of care.

"Our goal is to help them [healthcare providers and employers] grow their practice and give them business opportunities," said Erin Hart, Hagan's daughter and manager of Business Development for American HealthCare.

The biggest opportunity that most of their clients have, according to Hart, is the ability to reduce or at least control rising healthcare costs. This is one area where

Hart feels American HealthCare has really gone outside of the box to offer something unique.

"What's driving healthcare costs are healthcare issues," Hart said. "In our case, we watched our clients deal with a lot of Workers' Compensation costs, and we really felt that prevention should be the future of healthcare."

This conclusion birthed the Pathways to SmartCare Wellness Program. Coordinated by Hagan's daughter, Liz Kanche, Pathways is a program that assists proactive employers that want to implement strategic wellness programming into their health benefits plans as a way of preventing injury and promoting healthier living. Kanche works directly with a network of health and wellness providers to deliver population specific wellness programs to her clients.

According to its website, American HealthCare launched its Pathways program primarily in response to the overwhelming need for wellness education in the workforce.

However, the wellness programs are not limited to corporate wellness.

"Pathways was created out of the growing need to address the rising costs of health care services in both corporate and consumer settings," Hart said.

Among some of their consumer-focused wellness initiatives, coordinated by American HealthCare's Sarah Deranko, is a comprehensive senior wellness program that takes wellness programming into senior centers. In addition Sarah helps coordinate dozens of flu shot events throughout the fall season covering the tri-state area. These are areas where American HealthCare is currently recruiting for nursing staff.

The company's proactive and progressive business approach has allowed it to expand every year, according to Hart, and has been no different during the recent economic downturn. Today, American HealthCare does wellness programming for nearly 600 businesses.

Hagan, Hart, Kanche and the rest of the American HealthCare team plan to continue down their path to success, and their plan is based on the very principles the company was founded on nearly 15 years ago.

"We're committed to a continued focus on prevention and managing healthcare costs," Hart said.

For more information on American Healthcare Group, Inc., please visit www.american-healthcare.net.

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In honor of Doctor Appreciation Day, March 30, Western Pennsylvania Hospital News spoke with Dr. Marc Cordero, a recent addition to and the youngest surgeon on medical staff at Monongahela Valley Hospital, to get his reflections on the challenges facing doctors today.)

Today's physicians challenged by new demands

By Ron Cichowicz

As early as first grade, Marc Cordero pictured himself as a doctor someday. Literally.

For one of his first school art projects, Cordero drew a cloud; inside the cloud were a stethoscope, a syringe, and the words "One day I dream that I will be a doctor and a surgeon."

Dr. Cordero laughs when he recalls that drawing, which his mom framed and presented to her son when he graduated from medical school. "Considering that my dad is a doctor and my mom a nurse, for me it was the equivalent of going into the family business," he said. "I guess I always thought I would go into medicine. I remember being told that you rarely see an unemployed doctor and that doctors make pretty good livings."

Dr. Cordero, who received his medical degree from St. George's University School of Medicine in Grenada, West Indies and his master's in medical sciences from Drexel School of Medicine in Philadelphia, recently joined the medical staffs at Monongahela Valley Hospital and UPMC McKeesport with privileges in general surgery. He also is a member of the practice of his father, Dr. Edgar C. Cordero, where he also works with his mother, Marge, a registered nurse and the office manager.

Prior to returning to Western Pennsyl-

vania, Dr. Cordero was chief resident in general surgery and completed his residency in general surgery at St. Joseph Mercy-Oakland, in Pontiac, Michigan. He is board certified in general surgery by the American Board of Surgery and spe-



Dr. Marc Cordero, seated, with his mother, Marge Cordero, RN and father, Dr. Edgar Cordero.

cializes in laparoscopic surgery and is a member of the Society of American Gastrointestinal Endoscopic Surgeons and the Society of Laparoscopic Surgeons.

"After my internship and residency, it was great to come back home to family—and to the Steelers, the Pirates, and the Penguins," said Dr. Cordero. "Both my parents always had a great rapport

with patients and colleagues. So it was great to follow in their footsteps at each of their hospitals.

"In fact, a lot of our patients remember me from when I was a kid and used to go on rounds with my dad or visit with my mom in the hospital."

But while it is good to be home and carrying on his family's legacy, Dr. Cordero is quick to note that much has changed in the field of medicine since his childhood—and not all of it for the better.

"As a person, I am very much a reflection of my parents, as they were the ones who raised me," he said. "But as

a physician, I'm very much a reflection of the surgeons who trained me over the past seven years."

At 36, Dr. Cordero is the youngest surgeon currently on staff at Monongahela Valley Hospital. There he embraces the new technology that allows him to better treat his patients. "Minimally invasive procedures such as laparoscopic

March 30th
*National
Doctors' Day*

surgery are easier on the patient," he said. "And we can take care of patients right here in the Mon Valley, instead of having them and their families drive into Pittsburgh."

But despite advances in technology, Dr. Cordero said that today's physicians face a number of challenges that did not exist or at least were not as prevalent a few years ago.

"What I've seen since I started are so many superfluous, non-medical things you have to deal with in running a practice, including the paperwork that inundates you; your job often feels like 20 percent patient care and 80 percent administrative," he said. "I didn't have many expectations going into medicine. I'm more of a realist. With both parents and many of their friends in medicine, I knew what I was getting into and how things had changed since I was a kid. But it still is a challenge."

Another concern Dr. Cordero and his peers face is the ability to survive as a private practitioner.

"Young physicians face an astronomical number of education costs," he said. "What a lot of people don't realize is that because a person needs to go to grad school, medical school, and into residency, a doctor doesn't start making a real salary until his late twenties or

See **CHALLENGED** On **Page 12**

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Since 1990, by executive order of the President of the United States, March 30th has been observed as "National Doctor's Day." It is on this day that we pause to honor physicians who dedicate their careers to the care of patients, advancing medical knowledge and securing tomorrow's cures and therapies.

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CHALLENGED From **Page 8**

early thirties. Compounding that are costs associated with malpractice insurance and basic overhead. Insurance companies and the government are cutting back reimbursements, but other costs continue to go up: utilities, supplies, and an office staff that needs to be paid.

"This forces many of us to ask whether they should try to maintain a private practice or become an employee of a bigger healthcare system."

Besides financial concerns, Dr. Cordero said that the relationship between doctor and patient has changed dramatically over the years.

"Generally, the public's attitude toward physicians has been affected by such things as the Internet and TV," he said. "Patients are taking a much more

active role in their health. They read reports or supermarket tabloids about 'What your physician is not telling you.' So the age of 'Whatever you say, doc' is gone. Some of this is good, because it forces physicians to stay on top of their game. But there also now is a general skepticism and mistrust that makes it more difficult on everyone."

Looking to the future, Dr. Cordero said he sees additional challenges facing physicians.

"It's hard to predict, but we already know that, because of the baby boomers, there will be an issue regarding the number of available doctors versus the number of patients," he said. "And, of course, there is the unknown of healthcare reform. We see pictures of elected officials behind folders of legislation 3,000 pages thick. They talk about big things, but we all know that

the proof is in the fine print."

Despite his concerns—both present and future—Dr. Cordero still sees many positives to being a physician, beginning with the ability to help others directly.

"Especially surgeons, who operate on a person, remove something from a body, and that person feels better," he said.

Among the other pluses, according to Dr. Cordero include the mental challenge of trying to figure out ways to help each individual patient, not doing the same thing every day, and the overall quality of life that comes with pursuing a career in medicine.

"We can set ourselves in a place where we can be happy making a good living and being of service to others," he said. "I'm able to work in a hospital like Monongahela Valley, a facility that



offers all the benefits, services, and advanced technology of a major city hospital but with a genuine community feel.

"I just hope we can someday get back to taking care of our patients without all the secondary worries, to not have to justify every thing we do, and have time to talk more with our patients."

Dr. Marc Cordero specializes in gastrointestinal, general and laparoscopic surgery at Mon Valley Hospital and UPMC McKeesport. For more information, visit www.monvalleyhospital.com or email him at eccordero@comcast.net. **T**

Encouraging students to pursue medical careers key to solving physician shortage

By **Vanessa Orr**

Health care is always a hot topic, most especially in the last couple of years with the push for health care reform taking center stage. But even as politicians battle it out on Capitol Hill, there are a number of pressing issues that physicians are focusing on right here in our home state.

The Pennsylvania Medical Society is the largest organization representing physicians of all specialties across the state. "One of our main goals is to preserve and enhance the physician/patient relationship, which is critically important in terms of quality care," explained James A. Goodyear, MD, FACS, president of the Pennsylvania Medical Society and a practitioner in Lansdale, Penn. "We want to

make sure that health care decision-making is not maintained in the halls of Harrisburg or in insurance companies, but in doctors' offices and exam rooms between patients and physicians."

According to Dr. Goodyear, one of the major issues facing the state is that there is a significant physician shortage in Pennsylvania, which will make it difficult for patients, even those with insurance, to receive access to health care. "Looking to the future, increased access to care is a considerable concern," he explained. "We know that patients who receive care live longer, healthier lifestyles, especially if they have access to health insurance."

See **ENCOURAGING** On **Page 13**

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Valet service improves physical access to healthcare facilities

By Daniel Casciato

For hospitals today, physical access is an important component to the overall patient and visitor experience and many are making significant improvements to their parking management systems to better accommodate patients and visitors.

Last year, a report by independent healthcare ratings organization Health Grades indicated three out of five patients nationwide listed physical access as their top complaint. Some of the reasons cited include limited walking-distance tolerances due to medical conditions, physical limitations, age, and other factors.

With the ever-increasing number of hospitals expanding and building new facilities on campuses as well as the influx of patients and visitors, it has become a great challenge to effectively accommodate every patient, visitor, and even



Elite Valet attendants are extremely focused on customer service.

employee. As a result, hospitals like Naperville, Ill.-based Edward Hospital, rated number one in the region for overall quality by the National Research Corporation, have turned to parking management firm Elite Valet Systems, Inc. to efficiently manage their campus and ensure there are no physical access issues.

"Elite Valet attendants are cautious and responsive to our patients and visitors and are extremely focused on customer service," says Jerry

Hlava, lead public safety officer. "In addition to parking vehicles, the attendants are willing to assist patients with wheelchairs and know the layout of the campus to better assist patients and visitor with directions."

Elite, based in Chicago, was founded in 1992 to provide parking-related services, such as garage management, valet parking, shuttle services, concierge, wayfinding solutions, and traffic control for healthcare facilities throughout the Midwest region.

"We guarantee unparalleled service will be extended to our clients, their patients, and visitors," says Joseph Severino, founder and president. "Elite Valet emulates the philosophy and culture of the healthcare facility outside, as it is inside, ensuring that there's no disconnect in the common goal of satisfaction while visiting."

Severino recalls one recent medical group that had several physical access issues. One of its most pressing problems was that patients were not making their appointments on time because of parking confusion. Within a week, Elite came in and eradicated the entire parking situation.

"We turned it into a wonderful, positive, expeditious way for people to arrive at

their destination on time," says Severino.


If a healthcare facility is unhappy with its current parking management situation or concerned if they are meeting their benchmarks, Elite will conduct a complimentary audit and survey the strengths and weaknesses, and demonstrate what it would do differently and how it can manage it in a more productive manner. Palos Community Hospital is one such hospital that has benefited from Elite's services.

"Joe's instilled in his staff a mindset ensuring that our guests are welcomed and their initial experience with our hospital is a pleasant one," says Greg Okon, director of public safety at Palos, who has been using Elite for three and half years. "The valet attendants are always courteous and professional, and have incorporated the mission and values of Palos Community Hospital into the services they provide to meet our standards. By providing exclusive valet parking services, the department of public safety is able to focus attention and efforts on other essential customer services. Not to be overlooked, they add another set of eyes and ears in helping to provide a safe environment of care for the patients, visitors and employees."

A commitment to helping improve physical access coupled with developing close partnerships with customers has fueled Severino's desire to become the unparalleled leader in professional healthcare parking. Through personal attention, hiring the right people, and focusing on its customers' needs, Elite has increased its workload from repeat business and broadened its customer base by increased referrals. More than 90 percent of its business comes from repeat customers and referrals. It has seen tremendous success in creating long-term partnerships with its customers as well, some of which have been with the company since its inception.

"In this business, your brand is everything because in the service industry, the only thing you have is your reputation," says Severino. "We constantly strive to be better and not to be complacent."

Joliet-based Provena Saint Joseph Medical Center is another healthcare facility that has been using Elite Valet's parking management services. "At the time, our existing valet wasn't working," says Jim Cureton, director of safety and security. "We had too many vehicles coming in so the cars were always backed up and the wait time was unacceptable. After interviewing several valet companies, I found Elite had the right vision and right philosophy. Almost immediately, they came in and maximized our parking, made it more efficient, and improved wait times. They've been wonderful to work with and we've been very happy."

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CMS proposes "meaningful use" criteria for EHR incentive payments

By Karl A. Thallner, Jr., Esquire

On December 30, 2009, the Centers for Medicare & Medicaid Services ("CMS") released its proposed regulations governing the electronic health record ("EHR") incentive payments provided for in the 2009 federal economic stimulus legislation. Under this legislation, hospitals and eligible professionals (such as physicians) may be entitled to additional Medicare and/or Medicaid payments if they adopt and meaningfully use certified EHR technology. The proposed regulations include the much-anticipated criteria for determining whether a hospital or eligible professional is a "meaningful user" of certified EHR technology. The proposal is lengthy and complex, and imposes potentially burdensome requirements as a condition to receipt of these incentive payments. Hospitals should study the rule and consider providing input to CMS.

EHR INCENTIVE PAYMENTS

The economic stimulus legislation provides for EHR incentive payments to



Inside Washington

hospitals and eligible professionals under the Medicare fee-for-service ("FFS") program, the Medicare Advantage program, and the Medicaid program. The method for determining the incentive payment is different for hospitals and eligible professionals and under each of these programs. In each case, however, to qualify for the incentive payments, a hospital or eligible professional must be a "meaningful user" of certified EHR technology. (On December 30, the Office of the National Coordinator for Health Information Technology released a corresponding interim final rule setting forth the certification criteria for EHR technology.)

PHASE IN OF MEANINGFUL USE CRITERIA

With much money riding on whether a hospital or eligible professional will qualify as a meaningful user of EHR technology, the health care industry anxiously awaited CMS's proposed rule setting forth criteria for meaningful use. CMS proposed a phased approach to the meaningful use criteria, which will involve three stages through which a hospital or eligible professional will build to a more robust use of EHR technology over time. The proposed rule sets forth criteria for Stage 1, the initial period of the phase-in, and contemplates that CMS will update the meaningful use criteria on a biennial basis, with the Stage 2 criteria proposed by the end of 2011 and the Stage 3 definition proposed by the end of 2013.

The proposed rule takes into account whether a hospital or eligible professional is in its first, second, third, fourth, fifth or sixth incentive payment year when deciding which definition of meaningful use to apply. For example, if a hospital or eligible professional's first payment year is 2011, it must satisfy the Stage 1 requirements in its first and second payment years, the Stage 2 criteria in its third and fourth payment years, and the Stage 3 criteria in its fifth and subsequent years. The period of time that a hospital or eligible professional may qualify as a meaningful user under the Stage 1 or Stage 2 criteria will be reduced or eliminated if the first payment year of the hospital or eligible professional is after 2011.

STAGE 1 MEANINGFUL USE CRITERIA

CMS proposed numerous health IT functionality measures and clinical quality measures that would have to be satisfied under Stage 1. Each measure corresponds to an identified objective to further the care goal of improving quality, safety, efficiency and reducing health disparities. A hospital or eligible professional must satisfy each of the measures

applicable to it in order to be considered a meaningful user of EHR technology.

For example, one of the Stage 1 objectives is the use of computerized provider order entry ("CPOE"). To further this objective, CMS proposed as functionality measure for hospitals that CPOE must be used for at least 10 percent of orders directly entered by the authorizing provider (for example, MD, DO, RN, PA, NP). For eligible professionals, the proposed performance measure requires that CPOE be used for at least 80 percent of all orders. The proposed rule includes 22 other functionality measures applicable to hospitals, and 24 other functionality measures applicable to eligible professionals.

REPORTING QUALITY MEASURES

CMS also proposed specific quality measures that hospitals and eligible professionals will be required to report to be considered a meaningful user of EHR technology. For hospitals, CMS proposed 43 measures that must be reported to CMS and/or states. For eligible professionals, CMS proposed four measures that are applicable to all eligible professionals, and other measures that are specific to eligible professionals in identified specialties. Hospitals and eligible professionals must use certified EHR technology to capture the data elements and calculate the results for the applicable clinical quality measures. For the EHR reporting period for 2011, the hospital or eligible professional may satisfy this requirement through attestation, but in subsequent years, CMS proposed to require clinical quality reporting electronically.

Hospitals have the opportunity to access significant additional Medicare and/or Medicaid funds if they become meaningful users of certified EHR technology. Hospitals should review CMS's proposed EHR incentive payment regulations, including the much-anticipated meaningful use criteria, in order to gauge what will be required of them in order to receive these additional payments. Further, hospitals may want to furnish comments to CMS to help shape the final regulations. Comments on the proposed regulations will be accepted for 60 days after publication of the proposal in the Federal Register, which was expected to be January 13, 2010. CMS plans to finalize the rule in 2010. ^T

Karl A. Thallner is a partner in the law firm of Reed Smith LLP. He is a member of the firm's Life Science Health Industry group, focusing his practice on providing business and regulatory advice to hospitals, health systems and academic medical centers throughout the United States. He can be reached at kthallner@reed-smith.com.

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Two feet of snow yields miles of compassion

By Rafael J. Sciuillo



The giant snowstorm of February 2010 will go down in history. It has rightfully earned its place in the record books. It left hundreds stranded and thousands more digging out. It was crippling, inconvenient, damaging and except maybe for ski enthusiasts, unwelcome.

We won't soon forget the negatives produced by the winter blast: downed trees, power outages, road closures, mangled gutters, and piles of snow taller than most adults. But, some good came of the storm. For it is under extraordinary circumstances such as these that people rise up and go the

extra mile to help those in need.

Of course, we all surely witnessed neighbors that assisted each other in rescuing vehicles, or kids that put aside sledding in order to help shovel an extra driveway or two.

At Family Hospice and Palliative Care, we are proud to report that we witnessed and were a part of some amazing storm stories of our own.

When she couldn't get to a family's home at a critical time, Family Hospice nurse Melissa Gregg pulled over her vehicle, jumped a guard rail and hiked to the residence. Staff at Family Hospice's Center for Compassionate Care inpatient facility remained on-site, shift after shift, as did chef Greg Flasiak from Cura Hospitality, who stayed through the weekend to provide meals.

Family Hospice nurse Deb Malesic walked nearly 20 miles in one day to see three families. "When I saw there was no other way to go down my hill, I put my stethoscope in my backpack and headed out," Deb explained. "I came home tired and sore, but it was worth it. I have a young patient who was showing improvement, and I didn't want her to have a setback."

And another heroic effort, this one undertaken by so many, drew the attention of local media.

A 72-year-old Family Hospice cancer patient was trapped at his Mt. Oliver home, with his wife and daughter, when they lost power on February 8. With his health deteriorating, and already on oxygen, it was necessary for him to come to the Center for Compassionate Care. Three different ambulances were unable to make it up the patient's steep, unplowed street.

Finally, Pittsburgh firefighters and EMS got to the home on foot, where they carefully bundled the man to a rescue sled and transported him across a baseball field to a waiting ambulance. The ambulance transported the patient to UPMC Mercy Hospital, where emergency room staff accommodated him until he could be transferred to the center. That alone took four hours to complete.

Meanwhile, due to the weather and road conditions, the patient's wife was unable to get out of the home and follow him on his journey to our inpatient facility. That's

Making the Most of Life

when Family Hospice clinical supervisor Jan Hess arranged for the National Guard to transport the woman and her daughter to the center. "I've been a nurse since 1972," said Jan. "How great to be reminded that people still really care about one another."

The patient's family was also overwhelmed by the number of people who came together for the sake of their loved one. The efforts did not go unnoticed. KDKA Radio interviewed the man's daughter about the experience by phone – and WTAE-TV sent a reporter to the center to speak with the family and produce a live report during the 6:00 news.

We're all familiar with the adage "news travels fast." Oftentimes, as in the case of this snowstorm, bad news travels even faster. The tales of unplowed roads and felled awnings will be circulating for some time.

How uplifting to know that good news – news of true dedication and caring – can get the attention it deserves. For from the two feet of snow that fell over the course of a February weekend came incredible stories of resourcefulness, determination and compassion. **T**



Pittsburgh Paramedic Roy Cox is flanked by Pennsylvania Army National Guardsmen. The National Guard was deployed with Cox to convey a snow-bound Mt. Oliver family to a loved one's bedside at The Center for Compassionate Care.

Rafael J. Sciuillo, MA, LCSW, MS, is President and CEO of Family Hospice and Palliative Care and Past Chairperson of the National Hospice and Palliative Care Organization. He may be reached at rsciuillo@familyhospice.com or 412-572-8800. Family Hospice and Palliative Care serves 11 counties in Western Pennsylvania.

Vascular surgeons at Forbes Regional offer advanced treatment for abdominal aneurysms

Vascular surgeons at The Western Pennsylvania Hospital – Forbes Regional Campus are now performing advanced endovascular aneurysm repair (EVAR), a newer, much less invasive procedure than conventional open surgery for abdominal aortic aneurysms.

Abdominal aortic aneurysm is a dangerous condition that often shows few or no symptoms. The walls of the aorta balloon or widen and can rupture, often with fatal results. Men older than 60 are most at risk for an aortic aneurysm. Approximately 15,000 people in the U.S. die each year from aortic aneurysm ruptures.

With EVAR, surgeons repair abdominal aortic aneurysms by placing a stent in the aorta near the aneurysm, similar to how a stent is used to open a blocked coronary artery. Just two small incisions are made in the groin, and a synthetic graft and stent is fed through the femoral arteries, then positioned in the defective part of the aorta, allowing blood to pass through and relieving the pressure from the aortic wall.

Before EVAR, aortic aneurysms were treated by open surgical repair, a major operation requiring a large abdominal incision. EVAR affords suitable candidates a less invasive option that also significantly reduces the rate of complications.

Vascular surgeon Carlos Rosales, MD, has joined the Gerald McGinnis Cardiovascular Institute of West Penn Allegheny Health System and will perform EVAR at Forbes Regional.

Dr. Rosales specializes in open and endovascular surgery, peripheral artery disease, carotid disease and venous disease as well as abdominal aortic repair. He was trained in EVAR at the University of Cincinnati, where he completed a fellowship in vascular surgery. In addition to Forbes Regional, he will perform surgery at The Western Pennsylvania Hospital and Alle-Kiski Medical Center.

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DELIVERY AVAILABLE

Patients benefit from short-stay rehab, long-term care at Commons at Squirrel Hill

By Vanessa Orr

Recovering from an injury or surgery is never easy, especially if a person doesn't have a proper support system. At The Commons at Squirrel Hill, a 178-bed rehabilitation and skilled nursing facility located close to Pittsburgh, a specially trained rehabilitation team works with patients to restore quality of life while helping them reach their rehabilitation goals.

Since 1965, the Commons at Squirrel Hill has provided top-quality, personalized rehabilitation, nursing and long-term care services. "We treat everything from chronic brain injuries to total knee and hip replacements to the treatment of chronic obstructive pulmonary disease (COPD)," explained Rehabilitation Director Phil Ricci. "While the majority of our patients are here for short-term rehab, we also treat individuals who are here for a few weeks, realize that they can't take care of themselves at home, and become long-term care residents." Patients are usually referred by a physician, but may also be referred by home care providers, personal care homes and assisted living facilities, or directly admitted from the patient's own home.

At The Commons at Squirrel Hill, the rehabilitation program is designed to meet a wide range of needs, including orthopedic rehab for fractures, joint replacement and degenerative joint diseases; stroke rehab; neurological rehab for progressive conditions like Parkinson's, multiple sclerosis and ALS (Lou Gehrig's disease); cardiopulmonary rehab for chronic obstructive pulmonary disease (COPD), congestive heart failure and recovery after coronary bypass surgery; wound care and dysphasia management.

Between 300 and 400 patients are helped each year, with therapy services offered six days a week. "I think what sets us apart from other rehabilitation facilities is the level of experience we offer," said Ricci. "For example, our two physical therapists have 15 years and 20 years of experience, respectively, and are credentialed in orthopedic injuries. Patients can feel extremely confident coming to us if they have problems with their necks, arms or lower extremities as a result of surgery or injury."

Ricci noted that the staff has extensive experience in a number of different areas including skilled nursing, home care and rehabilitation. "We've seen just about every diagnosis there is, which gives our patients a level of comfort."

The Commons at Squirrel Hill is also outfitted with the latest rehabilitation

equipment, including specialized bariatric equipment not often found at long-term care facilities. "Because we are treating patients who are between 300 and 500 pounds, we need specialized equipment like bariatric lifts and tilt tables to help them," said Ricci. "It's often very difficult for bariatric patient to take part in rehabilitation programs because it's hard for them to stand up due to fractures in their lower extremities. We've got the right equipment to help get them going."

Patients can also take advantage of the Wii system for balance issues and upper extremity training, and a recumbent bike with a Play Station 2 attached to help keep their minds off of stress and exercise.

Within 24 hours of being admitted to the rehabilitation program, a physical therapist, occupational therapist and speech therapist will screen a new patient for services. "As long as the physician's orders state that a patient can get out of bed, we will begin a full rehabilitation program in the clinic on the second day," said Ricci. "We try not to treat patients at bedside because working in the clinic is better for socialization, and enables them to see other patients following a rehabilitation program and succeeding. It's a good motivational factor."

If it is determined that a patient can go home after their rehabilitation program is through, a staff member will visit the patient's home to evaluate if it is safe, and to make recommendations on what can be done to help in the healing process. "For example, throw rugs in a home can be dangerous to a person who just had a hip replacement; or we may suggest some modifications to a kitchen to make it easier for a person to move around and prepare meals," said Ricci. "We like to see how a person moves and functions in his or her own environment." If a patient is ready to leave The Commons but may not be safe at home, the facility will work to find other alternatives.

The Commons at Squirrel Hill also offers services including skilled nursing care, Alzheimer's and dementia care, respite visits, a ventilator program and wound care. They are backed by Berkshire Healthcare, one of the largest non-profit, long-term care providers in Massachusetts, which enables them to have access to an extensive network of top healthcare professionals and other resources to support their programs and services.

For more information on The Commons at Squirrel Hill, call 412-421-8443 or visit www.thecommonsatsquirrelhill.org.



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Memorial Medical Transitional Care Unit to add 12 beds

The only unit of its kind in the region, Memorial Medical Center's Transitional Care Unit TCU recently relocated to PC2 at MMC's Lee Campus, which will allow the unit to gradually increase its census from 18 to 30 residents, and anticipates ability for full capacity by June.

The TCU provides care to those at all stages of illness or injury, including those who are recovering from major surgeries as well as joint replacements, fractures or other orthopedic conditions. Residents have recently spent three or more days in an acute care facility, such as Memorial, and are still in need of short-term skilled services as defined by the Centers for Medicare and Medicaid Services (CMS). These services include: Physical, Occupational or Speech Therapy; IV Therapy; Cardio and Respiratory Management; and Pain Management.

"The TCU provides a very important part of the healing process for patients who are not serious enough to remain as an inpatient, but are still in need of specialized care and rehabilitation before returning home," says Dr. David Carlson, CMO, Conemaugh Health System. "There is a strong need for this kind of unit in our region, and we're proud to be the only facility in a four-county area to offer this crucial step-down level of care."

While in the TCU, a team of caregivers, including social workers, immediately begin working with patients and their families to develop a realistic "discharge plan." This plan includes long- and short-term goals as well as any additional needs that a patient may have upon leaving the TCU. Patients' families also receive progress updates twice a week. The TCU is regulated by the Department of Health division of long-term care and accepts Medicare patients only.

For more information visit www.conemaugh.org.

Submissions? Story Ideas? News Tips? Suggestions?
Contact Jen Kissel at hdkart@aol.com

Contracts carry more weight than patent law

By David Oberdick



What if you discovered a new molecular structure that changed the face of medicine, then let someone else help you put it on the market it and they kept the profits for themselves?

It's a risk anyone takes when they decide to share their rights to an invention by licensing a patent, and it's one all physicians, scientists and researchers should be aware of as they develop new treatments and work to advance medical technology. Whether they're part of the initial discovery, developing a product or even marketing to consumers, they have to know how to protect their rights once there's another party involved. And according to a federal court decision, that means having a written contract.

The U.S. Court of Appeals for the 7th Circuit recently ruled that when it comes to disputes over patent rights, a written contract can sometimes carry more weight than the federal law.

In this particular case, a university research foundation filed a lawsuit against a drug company for violating a joint-ownership agreement over a patent for an enzyme found to lower cholesterol in the human body. Researchers at the foundation discovered the enzyme, but licensed it to the drug company to put it on the market. In exchange for exclusive rights to develop, commercialize and promote associated products, the drug company agreed to share any profits it made from sales or sublicensing with the foundation.

But when the drug company sold rights to the enzyme to another company over-

seas, it failed to hold up its end of the deal. Claiming that it had not technically sublicensed the patent, but rather licensed its individual share of the patent, the drug company refused to split the fee it collected with the research foundation.

In court, the drug company argued that its right to act freely with its share of the patent was protected by the "law of concurrent ownership." According to U.S. patent law, when two separate entities have a joint-ownership agreement, each owner has the right to make, use or sell the patented invention without including or informing the other.

That is, unless there's an agreement to the contrary. And that's exactly what the joint-ownership contract between the two companies in question was – an agreement to the contrary. Based on the exception, the court ruled that the terms of the contract prevailed over any joint-ownership rights and gave the foundation the right to collect its share of the fee.

The court's decision that a written agreement between two companies outweighed federal law underscores just how important it is for anyone involved in joint-ownership of a patent to make sure they have a firm contract in place. Administrators should make sure all physicians and medical researches affiliated with their hospital or health care facility clearly document any licensing agreements with other institutions.

Patent laws are constantly changing, just as medicine is always evolving. Anyone involved in medical research should carefully review the patenting process to ensure they fully understand and take the necessary steps to protect their rights to the discoveries and innovations that keep health care on the cutting edge. **T**

David Oberdick of Meyer, Unkovic & Scott can be contacted at dgo@muslaw.com.

Gannon's Patient Simulation Center to host conference

Gannon University's state-of-the-art Patient Simulation Center has been chosen to host a prestigious education and training program.

The Simulation Center, located in the university's Robert H. Morosky Academic Center, 150 West 10th St., will host the annual Healthcare Simulation: Instructor Development Program in collaboration with the Peter M. Winter Institute for Simulation, Education and Research (WISER). WISER is an institute of the University of Pittsburgh focused on conducting research and training programs utilizing simulation-based education.

The Healthcare Simulation: Instructor Development Program will be held May 10-12 at the Simulation Center in the Morosky Center. The program serves as an introduction to fundamental skills and abilities for delivering simulation-based health care education through a variety of techniques and technologies.

Designed specifically for health professions educators, the program also will emphasize hands-on activities and active participation by the educators so as to maximize their skill acquisition and development. Participating educators will learn how to better incorporate simulation into their curriculum.

Paul Phrampus, MD, University of Pittsburgh, and John O'Donnell, DrPH, CRNA, MSN, University of Pittsburgh, will lead the program.

Gannon was chosen as the host site because it offers several strategic advantages, said Carolyn Masters, Ph.D., Dean of the University's Morosky College of Health Professions and Sciences. The university's Simulation Center:

- is interdisciplinary in nature and broader in scope than most similar facilities.
- offers real-time audio/visual capabilities that allow for subsequent reviews of training sessions.
- emulates the different settings found within a hospital. The center has individual sections capable of simulating an operating room, emergency room, labor/delivery area, pediatric unit, examination room, and a seven-station critical care area.
- is 5,800 square feet, allowing it to host large groups. Enrollment in the instructor development program will be limited to the first 30 people to register.

The Simulation Center is unique to Northwestern Pennsylvania. Students can learn by using 12 different stations with 14 human patient simulators, including several that are high fidelity. In addition, the simulators "run the life span" and include a newborn, infant, child, adult, and an

expectant mother, "Noelle," which simulates delivery.

The simulators are controlled electronically by faculty members while students treat them accordingly, based on the symptoms conveyed. The simulators react just as a human patient would.

For more information on Gannon's Patient Simulation Center, contact the Morosky College of Health Professions and Sciences at 814-871-7618. To register for the conference, visit www.wiser.pitt.edu or call 412-648-6073. **T**



Students practice their skills on human patient simulators at Gannon University's Patient Simulation Center. The simulators "run the life span" and include newborn, infant, child, adult and expectant mother.

HPI

Health Policy Institute Governance Briefing

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Implications of Health Reform for Boards

Lynne C. Parrott

Partner, Ernst & Young

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Lynne C. Parrott, a Partner in Ernst & Young's Advisory Services practice, is based in Columbus, Ohio. With more than 24 years experience in the health industry, she currently chairs Ernst & Young's committee on healthcare reform and works with executives across all practice areas to identify the implications of healthcare reform legislation and assists clients to respond effectively to the changes.

Ms. Parrott received her BS in Health Planning and Administration at Penn State and her MHA at Ohio State. She will review the challenging market and industry conditions that healthcare providers face today and discuss:

- Where healthcare reform legislation stands and how it will impact providers, payors and life science companies if it is implemented
- What will happen if it is not implemented and what reforms will be implemented by the market regardless of the ultimate resolution of healthcare reform legislation
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MT. KILIMANJARO From **Page 1**

Dr. Benza is director of Allegheny General Hospital's Gerald McGinnis Cardiovascular Institute, and he, with physician assistant Jessica Lazar and PH specialist Dr. Robert Franz of the Mayo Clinic, made the climb February 20 through 27 to raise money and awareness for pulmonary hypertension.

In detailing their patients' troubles, Dr. Benza explained, "Because of the symptoms they develop, they can't do the same things their families do, they can't participate in the same activities. And when someone feels like that it makes them feel very isolated and alone." He compared it with the sensation the climbers felt on the mountain, noting there were times when they felt very isolated and were so breathless they didn't know if they would be able to take that next step. "It is quite a scary feeling to feel like that. It also gave me a great sense of humility to know that what I was suffering at that altitude is what my patients suffer with every day at sea level."

Dr. Benza, who enjoys recreational climbing with his son, two years ago ascended 13,700-foot Grand Teton in Wyoming, also to raise money for and awareness of the disease. But the two experiences could not be compared. "This climb was a lot tougher than I thought it was going to be. And I did train quite

extensively for it. But there's very little you can do to train for the effects of altitude."

Dr. Benza said that for the first four or five days, the guides took them on a circuitous route up the mountain to help their bodies gradually adjust to the altitude. "We circled the perimeter kind of in spirals until we got to around 15,000 feet, because if we went straight up, we'd get very, very sick. Then on the final day we (scaled) the extra 5,000 feet."

He said the final ascent was particularly difficult



Climbers ascend the 19,340-foot mountain slowly to allow their bodies to acclimate to the effects of extreme elevation.

because they weren't permitted to rest—just one short five-minute break over a period of about eight hours. The reason is that the exertion caused them to sweat heavily; as they climbed higher the temperatures dropped, and the sweat would freeze if they didn't keep moving. By the time they arrived at the summit, their water was frozen and they had nothing to drink.


Dr. Benza added that the climb to the summit is made at night because the snow is still frozen. "The heat of the day melts the snow and makes it much more difficult and dangerous (to walk on)," he said. "So (the guides) make you do it at night when it's very cold—it was about minus-15 when we were on top with the wind chill."

So why climb? Why not just have a 5K walk to raise money? Because Dr. Benza wanted to do more. "The patients we see are wonderful people. You form very close relationships with them and their families. And when you see what they have to go through and the isolation and their anxiety of not knowing what's going to happen the next day, it really endears them to you and makes you want to do more for them. And we raised quite a bit of money that will fuel research so that we can have better tools ... to achieve what we want to with these patients."

Although Dr. Benza admitted that reaching the summit of Mt. Kilimanjaro and seeing the sunrise over the glacier was a breathtaking experience—literally and figuratively—another moment made an equally strong impression. He said that at one point during the final ascent, he was so tired he had to stop and put his knee down.

"I remember the mental thing I had to work through to keep myself going, and I remember praying at one point. I prayed for an angel to bring me up the mountain. And as soon as I said that, there was a guide who was right by my side, and he picked me up and pushed me forward. And I think that was the most memorable thing to me—I said a prayer and the prayer was answered immediately. It was a very humbling and touching moment for me."

And Dr. Benza is able to convey that moment to his patients. "The thing that we try to impart to our patients is that we know the disease makes you feel isolated, but we want to let you know we're here supporting you, we have the rope to pull you up this mountain. We try to break them out of that feeling of isolation to make them come back into life and realize that there are things that we're trying to do, and it gives them hope that pushes them forward."

For more information about pulmonary hypertension or to make a donation, visit www.phassociation.org. 

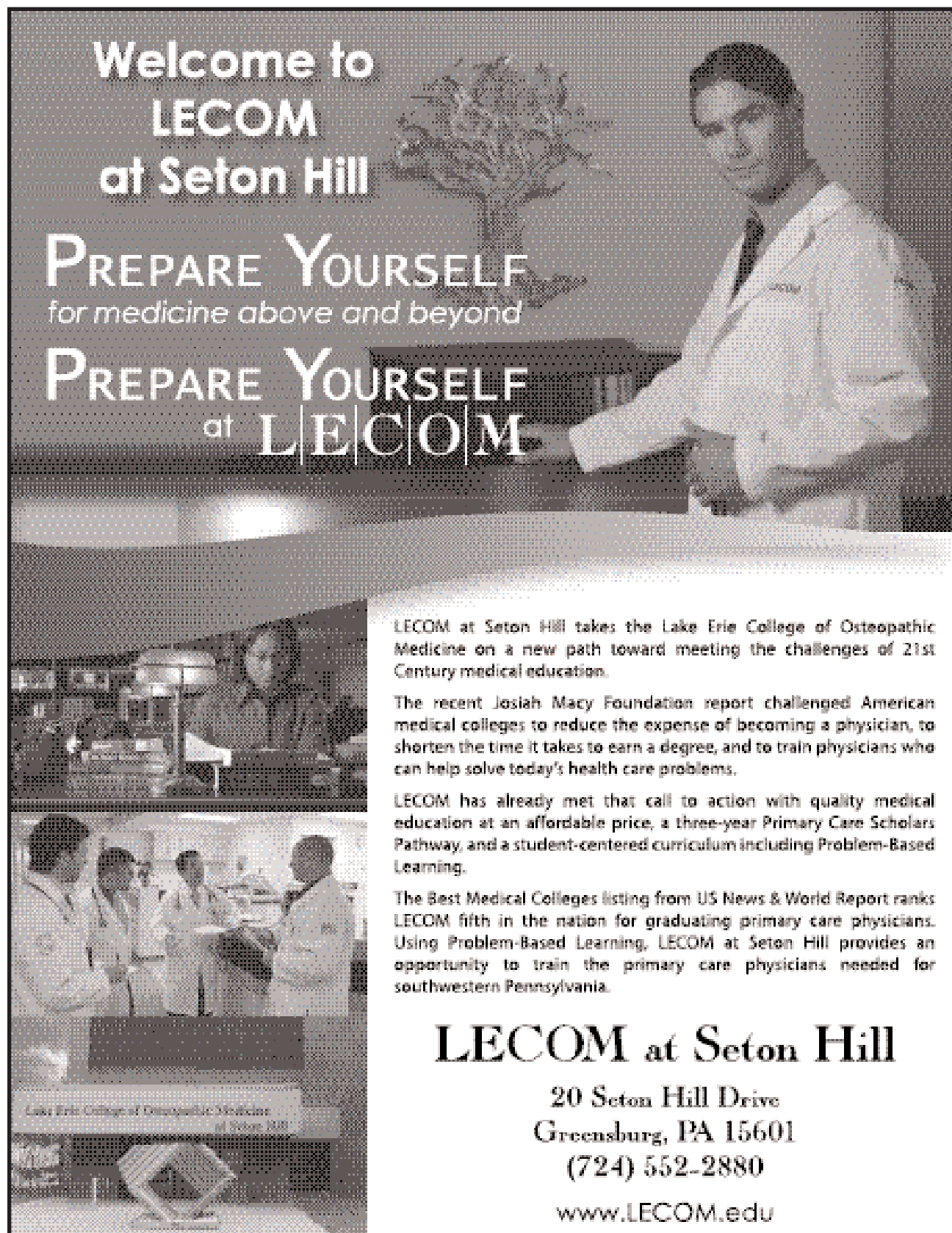
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Concentrate on the Health of Your Patients; Leave the Health of Your Practice to the Experts

The value of partnering with a Revenue Cycle Management Organization

By Richard Schickler



Why settle for 10 percent denial of claims when you could drop the rate by 50 percent or more? Wouldn't you prefer to see your employed and affiliated physician groups sustain an average days in A/R at 45 rather than over 90, and a collection ratio over 95 percent? With the impact of the recession and the growing pressures to pass through sophisticated insurance denial programs to receive reimbursement, it only makes sense to partner with a company that offers expertise and sophisticated technology in physician Revenue Cycle Management (RCM).

While some health organizations try to master the process in-house to keep operation costs down, we see time and again their trend analysis not moving in a positive direction and their collection rates lag behind best practice standards. By turning to an organization that understands physician practice operations and management, you can help your physicians improve the health of their practice while they spend time monitoring the health of their patients. MED3000 has with the tools to analyze A/R trends, monitor key indicators, and provide sophisticated technology tools. Technologies that incorporate plan rule changes to supplement ambulatory physician claims scrubbers, quick turnaround on patient statements, and a patient portal for reviewing statements and paying online, as part of our service deliverable. At the end of the day, improving financial, operational and patient outcomes is what sets healthy practices apart from dying operations.

With high unemployment rates translating into more uninsured patients and the continuing trend toward consumer-driven plans (often with higher deductibles), collecting your hard-earned dollar is much more complex. Not only is it becoming more challenging to collect monies owed from patients, it is inherently more difficult to collect monies from insurance companies due to their complex systems and "denial-first" approach. This coupled with the time-consuming and labor-intensive process of following up on denied insurance claims complicates healthcare receivables management. While many health organizations believe that

they can manage an in-house billing operation at a low-cost threshold, we believe that the focus of a lower-cost model is not always the most effective solution, mainly due to the lost revenue associated with the complexities of our health system. In other words, if one is able to run an internal billing operation at one to two percent below that of a professional managed RCM operation, we often find that the lost revenue far exceeds the cost savings. By outsourcing your physician revenue cycle management to a team of experts, the practice could see the denial rate below five percent, and increase in cash collections in excess of five percent of historical levels.

By turning to a source with expertise in producing improved financial results for physician practices, you can elevate the operational process with a multifaceted approach. Many hospitals have limited resources to manage the large volume of unpaid insurance claims for their managed physician groups, and obtaining reimbursement can be a painstakingly long process. When you think of all the issues facing physicians today, giving them access to a team of professionals to manage their operations could provide great resuscitation to a practice which is not financially stable and impacting your bottom line as well.

Focused on maximizing practice revenue, enhancing cash flow and cost efficiency, MED3000 delivers timely, accurate and affordable physician billing and collection services along with the monitoring tools to measure performance and improve revenues and patient care. The MED3000 Billing & Revenue Cycle Management team uses leading-edge technology and proven skills in revenue collection to deliver the information and support physician practices need to improve their billing performance and grow revenues. Our business process outsourcing solution differs from traditional and offshore solutions because we have knowledge and expertise from managing thousands of physicians since 1995. We are invested in producing results for our clients, or we simply don't get reimbursed. Our processes have been proven time and time again to outperform in-house operations as well as off-shored solutions.

Can you really afford not to move in this direction for your managed physician groups? ↑

Richard Schickler can be reached at: Richard_Schickler@MED3000.com

Veterans missing out on free healthcare

Like the rest of Americans, many veterans are feeling the effects of a downturn economy. It is more important than ever for veterans to learn about the many ways the VA can help them with the healthcare they need and have earned.

There are an estimated 56,000 veterans living in Armstrong, Butler, Clarion, Lawrence and Mercer counties, but only approximately 18,000 have signed up to use VA Butler Healthcare's services.

One of the largest populations underrepresented are Vietnam-era veterans, despite the continued increasing of Vietnam-era eligibility and benefits. "Many veterans don't even know they are eligible for services here at the VA," said Bill Cress, social worker and program coordinator for VA Butler Healthcare.

In October 2009, Secretary of Veteran Affairs Eric Shinseki, a former Army chief of staff, made it easier for potentially 200,000 sick Vietnam veterans to receive service-connected disability compensation due to Agent Orange exposure. Service members who served in Vietnam or its coastal waters are automatically eligible for benefits due to possible Agent Orange exposure. Health issues such as B-cell leukemia, Parkinson's disease and ischemic heart disease have been added to the list of Agent Orange related care. Unlike other types of service connected disability, veterans do not have to prove direct exposure.

Benefits for the growing Iraq and Afghanistan veteran population are also being addressed. Iraq/Afghanistan veterans who have returned from a combat zone are eligible for no-cost VA care for five years. The five-year "clock" begins at the moment of discharge from the military, not from departure from the combat zone.

For information about VA Butler Healthcare programs and services, visit www.butler.va.gov. □

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Proper food choices can help combat celiac disease, promote heart health

By Vanessa Orr

As most people know, it's not always easy to stick to a heart-healthy diet. It can be especially difficult for those who experience other medical issues such as celiac disease, an autoimmune disease that damages the lining of the small intestine and interferes with absorption of nutrients from food.

People who have celiac disease cannot tolerate gluten, a protein in wheat, rye and barley. And although people on a gluten-free diet avoid those items or substitute other foods, it can be hard to adjust to an alternative diet or to weight gain once food begins to be properly absorbed.



Mark A. Dinga, MEd, RD, LDN

"I could eat anything I wanted back in the day when my body wasn't absorbing nutrients, but after my diagnosis of celiac disease, I gained 55 pounds," explained Mark A. Dinga, MEd, RD, LDN, outpatient dietitian, University of Pittsburgh Medical Center. "If a person is not gaining weight while following a gluten-free diet, in many cases they may not be eating enough, or may still be eating some gluten."

Celiac disease affects about one in every 133 Americans. And although many people have no symptoms at all, some may experience bloating, gas, diarrhea and weight loss. "Celiac disease is an autoimmune disease in which the body tries to protect itself by sending antibodies to counteract gluten," explained Dinga. "The only treatment for the disease is a '100 percent' gluten-free diet. Once there is no gluten in one's system, no antibodies are produced, enabling villi in the small intestine to heal and to absorb food."

Once a person with celiac disease begins to heal, foods are absorbed much better than before, including those that may not be good for the heart, such as saturated fats and trans fats. "This could potentially cause a person to develop hyperlipidemia (the presence of raised or abnormal levels of lipids and/or lipoproteins in the blood) and to gain weight," explained Dinga. Other risk factors, like high blood pressure, diabetes and high cholesterol, may also appear.

Once a person with celiac disease begins to heal, foods are absorbed much better than before, including those that may not be good for the heart, such as saturated fats and trans fats. "This could potentially cause a person to develop hyperlipidemia (the presence of raised or abnormal levels of lipids and/or lipoproteins in the blood) and to gain weight," explained Dinga. Other risk factors, like high blood pressure, diabetes and high cholesterol, may also appear.

"Pre-existing conditions, such as high blood pressure, high cholesterol, being overweight, smoking and a family history of cardiac disease may also contribute to a person's developing heart problems," added Dinga.

Education by a registered dietitian experienced in celiac disease is key to helping those with the condition understand how a gluten-free diet may affect their health. "My first goal when someone newly diagnosed comes to see me is to help them understand the disease process, and understand what comprises a gluten-free diet," explained Dinga. "As time goes on, maybe in three to six months, the ideal situation is to get the patient back in and teach them about a heart-healthy diet. They need to understand that while celiac disease may not kill them, other risk factors could."

There are many misperceptions about what a gluten-free diet requires. "The first thing that someone says is, 'Where do you shop? What do you eat?'" said Dinga. "Celiacs eat food just like everyone else—following the Food Guide Pyramid, what we eat in the majority of foods groups is no different than what the next guy eats; as we move into starches, we need to modify items such as cereals, pastas, crackers and types of bread."

While some people choose to eat foods specifically designed for a gluten-free lifestyle, others may just adapt the recipes they like. "I basically eat two or three gluten-free foods in my lifestyle; I was eating gluten-free pizza, which I'm now trying to replace with fish," said Dinga. "Another person may say they need bread or crackers more routinely, so they buy gluten-free products."

"Last night, I had beef stew made heart-smart with lean beef, extra vegetables and lower sodium that was kept gluten-free using cornstarch instead of flour," Dinga added. "At home, I eat like a king."

Dinga, who specializes in both celiac disease and cardiac care, recommends that all of the patients he sees make adjustments to a heart-healthy diet. "Celiac or not, I tell them to stop using real butter, and to use olive oil, canola oil, or a small amount of tub margarine," he said. "Try a vinaigrette instead of ranch dressing; change from a rib-eye or prime rib to a filet, and change from regular cheese to a low- or no-fat product. Celiacs who are worried about missing out on fiber can replace the fiber found in breads with fruit, vegetables, dried beans and gluten-free grains."

While adapting to a gluten-free lifestyle can be difficult, making the right food choices can make a big difference in controlling celiac disease, and in remaining heart-healthy. †

Mark A. Dinga, MEd, RD, LDN is a UPMC outpatient dietitian specializing in cardiac and celiac diseases. He can be reached at 412-647-7063 or dingama@upmc.edu. For a comprehensive list of celiac-related resources and organizations, visit <http://celiac.nih.gov/>.

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Promoting functional recovery with functional electrical stimulation

By Lisa Franz

A neurological injury/disease can be extremely debilitating for an individual. We often take for granted the things that come so naturally, such as getting up from a chair or walking across the room. Things that once required little effort or thought can suddenly become a great obstacle after sustaining a central nervous system (CNS) injury, such as a spinal cord injury or stroke.


One such impairment that may result from a neurological injury and can limit an individual's capacity to function "normally" is foot drop. Foot drop is the inability to dorsiflex, or lift up, the front part of the foot. Typically a patient is treated for foot drop with the use of appropriate orthotics (AFOs) to stabilize the ankle and provide some assist to lift the foot. However, recent studies have proven that the brain has neuroplasticity -- the ability to make changes after a CNS injury.

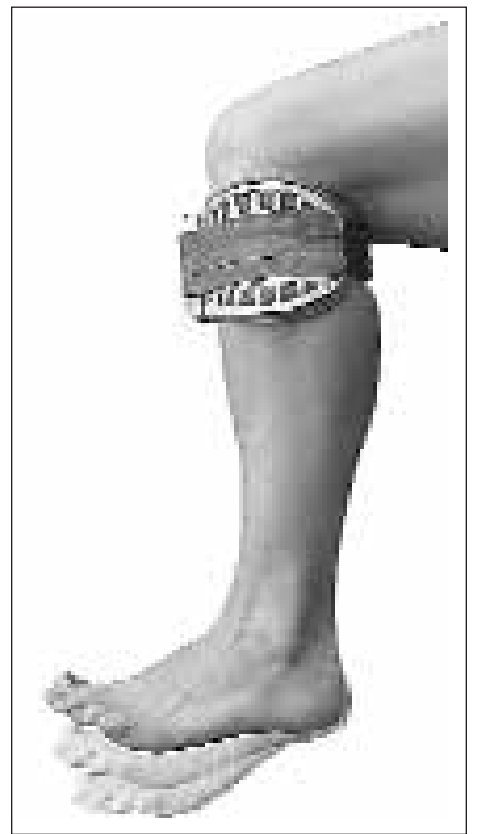
A key element that drives neuroplasticity is consistent repetition of the correct movement. Functional electrical stimulation (FES) for foot drop is able to replicate a more normal movement pattern so that a heel strikes the floor when it makes contact and the foot will not drag when in the swing phase of walking. In the past, FES was generally time consuming, uncomfortable for the patient, and inefficient for clinical use, but recent technology has revised FES to make it more user friendly and efficient. It is now a practical option for training in the physical therapy clinic and for the patient to use independently on a daily basis.

Functional electrical stimulation promotes muscle strength and endurance by repetitively stimulating the muscle. The Walk Aide is one type of FES unit that is currently used to help with foot drop in various diagnoses, including incomplete spinal cord injury, stroke, and multiple sclerosis. The Walk Aide can be pro-

grammed to adjust to each patient's gait to make the stimulation consistent and reliable. Through training in physical therapy these patients are able to demonstrate both increased walking speed and ambulatory endurance, as well as improved gait quality by minimizing compensatory movements. FES is now regarded as an excellent tool to enhance treatment outcomes and improve overall function in the appropriate patient.

Patients can be evaluated for the Neuro Prosthetic Device with a physician's prescription, by direct access to a CRS physical Therapist, or can attend the Walk Aide clinic the first Wednesday of each month at Centers for Rehab Services, 2310 Jane Street, Pittsburgh, PA 15203.

For more information or to schedule an appointment for the Walk Aide clinic you may contact Lisa Franz, physical therapist, at Centers for Rehab Services at 412-586-6900. 



VA launches "Her Story" program

This year's theme of Women's History Month in March was "Writing Women Back into History." The theme recognizes the important contributions women have made in our lives and in the success of our nation, and the importance of capturing and telling the stories of the women behind them.


To commemorate those lasting and profound contributions, the Veterans Administration launched an extended campaign that will celebrate the accomplishments of women veterans through the "Her Story" program. The goal of "Her Story" is to encourage VA program offices and facilities to acknowledge and honor the service of women veterans.

VA's Center for Women Veterans is working with the National Foundation of Women Legislators (NFWL) to encourage recognition of women veterans in every state through the "Her Story" campaign.

VA Central Office kicked off "Her Story" in March with a Salute to Women Veterans and Women Veteran Employees. The Center for Women Veterans has asked women VACO Veteran employees to submit their photos and military history summaries to be shared during the course of the campaign. The center encourages VA facilities across the nation to find ways to share the stories of their local women veterans with special events, such as exhibits highlighting women veterans, showing the "Lioness" documentary film (available in VA libraries), and shar-

ing written narratives in newsletters and other local media.

The center also asks that VA facilities encourage women veterans to submit their oral histories to the Women in Military Service for America (WIMSA) Memorial (<http://www.womensmemorial.org/index.html>) and the Library of Congress' Veterans History Project (<http://www.loc.gov/vets/>). Both web sites provide guidance in offering oral histories and background information on veterans.

The VA "Her Story" campaign will continue with special events on Women's Equality Day in August and Veterans Day in November. 

Women in Service

- Over 34,000 women served as nurses in World War I.
- Nearly 350,000 women served as nurses, pilots and ancillary support during World War II.
- An estimated 1.8 million women veterans have worn a uniform in defense of our country.
- There are 200,000 women warriors currently serving.

An advertisement in Hospital News reaches more than 36,000 health care professionals in Western Pa.

For more information, contact Margie Wilson at 724.468.8360 or Harvey Kart at 404.402.8878 or hdkart@aol.com.

5 easy tips for a more effective blog



By Daniel Casciato

Clients often ask me whether social media can help their business or if it's just a waste of their time.

This past January, the media forecasting company, NielsenWire, published a report indicating that time spent on social networking sites has increased from three hours per month to five and a half hours per month in the last year alone, representing a staggering 82 percent increase in the use of social media. It also reported that users spend the most time on the Internet on social networks, such as Facebook and Twitter, and blogs.

As I mentioned in a previous column, while you ponder whether having a social media presence is right for your healthcare organization, portions of your target audience are already online using social media. And if you're not leveraging these platforms, your competitors certainly are.

Blogs, in particular, should be an important component to your outreach and marketing initiatives. It's a highly effective, economical way to communicate with your audience. It's also a good way to start building a body of published work on the web that is keyword rich so that you can start attracting organic search results (search engine results that appear because of the keywords typed in as opposed to an advertisement).

A blog should be the hub of communication to which all the other social media traffic is being driven. So if you're tweeting, your profile page should send visitors back to your blog. If they're interested in your short bursts on Twitter, they may be interested in what you have to say in a blog. The same principle applies to Facebook or LinkedIn. You should drive those people you've connected with on these social media sites back to your hub.

You can get started immediately. When choosing a blog platform, you have several options, most of which offer free templates and are easy to use:

- www.wordpress.org
- www.blogger.com
- www.typepad.com
- www.livejournal.com

However, before you set up your blog, here are five tips to keep in mind.

1. Know your focus. Know what you want and keep your ideas clearly focused.



No matter how great your blog looks, if you don't know what you want your blog to say to your visitors or you appear disorganized, they will leave. Determine what the purpose of the blog is and why you're building it. What do you want your users to know?

2. Provide good content. Use clear, concise copy to get your intended message across. When you provide your visitors with quality information that informs, you're not only gaining their trust, but you're also building your credibility. For instance, during a really bad flu season one year, an ambulance service provided information on their blog on where local visitors can obtain a flu shot. As a health-care organization, you are in the business of educating and informing the public. Even though this particular ambulance company didn't administer flu shots, it knew that visitors might come to its blog to find some information about it. Focus on having good content and people will keep coming back.

3. Keep it simple. Make sure that your blog is efficient, simple, and practical. It doesn't have to be fancy. You can build the most incredible blog and have the best looking graphics, but it's useless if no one visits it. Every page on your blog should be consistent as far as icons, banners, and layout. To make the pages look more organized, divide copy with lines, bold headers, and, if possible, format some of the copy with bullets to make the information as easy to read as possible.

4. Maintain your blog. The greatest liability in setting up a blog is not updating it. This can reflect poorly on your organization. Develop internal procedures for posting the latest information and determine who will be posting content. Is it a team of bloggers or is it one person? Does the content need to be approved? If so, by whom? Also, you need to decide how often you want to write a post and then stick with that timeline. It's fine to write a new blog posting once a week, but be consistent and deliver content on the same day each week.

5. Check for grammar and other errors. Finally, once your blog is live, review it periodically for any broken links and missing images, and always check the content for correct spelling and grammar. ¶

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Turnaround: A new foundation for the future



By Jim Surman

The Ellwood City Hospital (TECH) is a rural health care institution, with 95 staffed beds, located one and one half hours north of the City of Pittsburgh. This facility was facing the same financial challenges other hospitals of its size and geography were facing. Ray Beck assumed the position of president and CEO of TECH in March of 2008. With the hospital's management and their board's support they recognized the need to make some very difficult decisions, and they would need some help. Their overall expense structure needed challenged,

specifically a system to manage and control staffing and supply chain resources, Mr. Beck approached the national management consulting firm of RPI, Inc. of Boston, Pa.

After red ink in the prior years, the hospital has made improvements this past year of over \$3,000,000 by applying basic management skills to everyday problems. Staffing, which represented 55 percent of the total budget and supply chain products 35 percent of the budget, all other expenses were included in the remaining 10 percent. Beck and Jim Surman, CEO of RPI, Inc. mapped out an action plan to start recovering lost revenues. Beck gained the support of the management team so that this process can help the hospital stop drawing from reserves, start operating profitably, and continue to be an asset to the Ellwood City community, especially because the hospital is one of the largest employers in town. "Our people are our greatest asset," said Beck.

Data was collected and scrubbed for validity and the systems were installed to monitor volumes and hours worked for each department by going back each pay period for the past twelve months. The Management Control System was tailored to fit the Ellwood City Hospital's culture and organization structure. Managers were trained to utilize the new systems and reports generated to tracking workload resource needs. The approach was to work towards setting reasonable time expectancies as targeted goals for each department, using Key Volume Indicators (KVIs) that drive internal and external benchmarks.

The Management Control System© (MCS) was implemented and now gener-

ates easy-to-use data reports, sent electronically to each manager. These reports monitor the needed management information for the department heads, each pay period, to make staffing and supply chain decisions. The data is trended to indicate progression of performance resulting from these management decisions. Included in this data are: volumes, hours worked, overtime and absent time. The system archives this data and calculates: payroll money per hour worked, performance measured against targeted hours per KVI, actual staffing compared to budget and required (targeted) staff, and YTD overtime and absent paid time percentages.

"As a by-product of the close working relationship of the consultants with the department management, we were able to identify obvious process improvements based on past experiences in our other client engagements," said Surman. For example, current automated systems were available but not being used i.e. Electronic signature equipment, manual logs used instead of the electronic logs, or the double filing of records manually and electronically. The staff just did not give up old habits when the new computer system was implemented three years ago. Other examples: purging old stock with Supply Chain days in inventory ranging from 71 days in some departments to in excess of 120 days in another department. These are but a few examples, but Surman stressed that these problems are not unique. In RPI's 87 client hospitals, not one has been free of these types of problems.

Surman gives credit to Beck and his management team for committing to make the tough decisions and provide staffing and supply chain resources to fit the level of patient activity. In the past we budgeted staffing and managed to those levels. Now we have had a culture change: we staff based on need, not the estimated budgeted levels.

The foundation for the future of Ellwood City is now being rebuilt. †

Jim Surman is a Certified Management Consultant (CMC) and CEO of Resource Productivity Institute, Inc. (RPI). He previously was with the public accounting firm of Coopers & Lybrand (now PriceWaterhouseCoopers) performing financial turnarounds for hospitals. Visit www.RPIconsulting.com or email him at rpiconsulting@msn.com.

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STAR center provides safe environment for practicing new and uncommon procedures

By Donamarie Wilfong

When a life is at stake; the stress is real. The adrenaline is real. The emotions are real. Even when the patient is not.

Each day, doctors, nurses and pre-hospital professionals make split-second decisions to protect their patients, responding quickly to changing circumstances in a hectic and emotionally-charged environment.

The Simulation, Teaching and Academic Research Center – or STAR Center – at West Penn Allegheny Health System is a virtual hospital. From the ambulance to the ICU to the delivery room, STAR allows aspiring and practicing healthcare professionals to perfect their skills in virtual reality, gaining confidence and proficiency prior to true patient encounters.

STAR opened with eight lifelike mannequins used to provide training in fields such as anesthesiology, surgery and emergency medicine. These “patients” speak,



STAR's unique ambulance simulator provides training opportunities for students in CCAC's paramedic training program. The first 19 students to train at STAR graduated in October after logging more than 500 hours of clinical training.

breathe, cough and mimic other symptoms to provide students with realistic learning experiences and immediate feedback on their treatment decisions. A new simulator added in 2009 displays realistic eye movements and is specially equipped for training in Basic and Advanced Life Support.

Responses to fluctuations in their patient's condition are filmed so that participants in the cases can review them with instructors and peers and look for opportunities for improvement. “The debriefing process following a simulation is invaluable,” said Andrew Adams, associate program director, Department of Medicine, The Western Pennsylvania Hospital. “Our ‘mock code’ scenarios require an entire team to respond to the patient's sudden deterioration, and reviewing our performance afterward helps us to discover the best way to work together under very stressful circumstances.”

Just as simulator training dramatically improved airline safety by reducing pilot errors, medical simulation has the potential to reduce medical errors and save lives by giving practitioners practical, hands-on experience before they treat live patients.

Task trainers available at STAR make it possible for healthcare professionals to rehearse specialized procedures such as lumbar puncture and ultrasound-guided central line placement in an authentic clinical environment.

In 2008, STAR introduced three unique simulation technologies to help first responders and professionals who care for newborns get the most realistic training possible.

A full-size ambulance cab – the first of its kind in western Pennsylvania – lets trainees experience what it's like to deliver emergency care within a confined space, complete with the distractions of lights and a siren.

STAR provided the ideal educational setting for aspiring paramedics, according to Anthony Cuda, program coordinator of the Public Safety Institute at Community College of Allegheny County (CCAC). CCAC graduated its first class of paramedic students trained entirely at the STAR Center in October. “Our students are able to practice their skills in the ambulance simulator prior to going out on their first ride-a-longs,” Cuda said. “It's very beneficial for students to experience the cramped quarters of an ambulance prior to attempting to treat a live patient in that environment.”



STAR's infant and neonate mannequins allow health professionals to prepare for normal and complicated deliveries and learn how to care for the immediate needs of sick newborns.

Another first for the region is STAR's simulated Neonatal Intensive Care Unit (NICU), which includes an incubator and a life-like neonate mannequin that can have seizures and change colors.

STAR also features a Family Birthing Center, equipped with mother and baby simulators to prepare healthcare providers to handle routine deliveries as well as those with complications. “The birthing and neonate simulators have helped our team hone their skills in caring for our tiniest and sickest patients,” said Cynthia Mueller, RN, West Penn Hospital NICU. “But the equipment is especially helpful in training health professionals from throughout the region who often must deliver and care for premature infants until they can be transported to a regional referral center with a level III NICU.”

The STAR Center provide physicians, nurses and support professionals with the tools to improve the health of the people of Western Pennsylvania, and give future generations of clinicians the knowledge, experience and confidence to provide exceptional medical care. †

Donamarie Wilfong is director of Clinical Operations for the STAR Center at West Penn Allegheny Health System. For more information on STAR, email simulation@wpahs.org or visit www.wpahs.org/star.

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Healthcare Professionals in the News

AGH cardiologist appointed to Health and Human Services Committee on Organ Transplantation

Raymond L. Benza, MD, a nationally recognized heart failure and heart transplantation specialist at Allegheny General Hospital has been appointed by U.S. Department of Health and Human Services Secretary Kathleen Sebelius to serve as a member of the national Advisory Committee on Organ Transplantation.

Dr. Benza, director of the Heart Failure, Transplant, Mechanical, Circulatory Support and Pulmonary Hypertension Program at AGH's Gerald McGinnis Cardiovascular Institute, will serve a three-year term on the committee.

He will help direct HHS efforts to enhance the public's confidence in the integrity and efficacy of the country's organ procurement and transplantation system by ensuring that it is as equitable and effective as possible and grounded in the best available medical science.

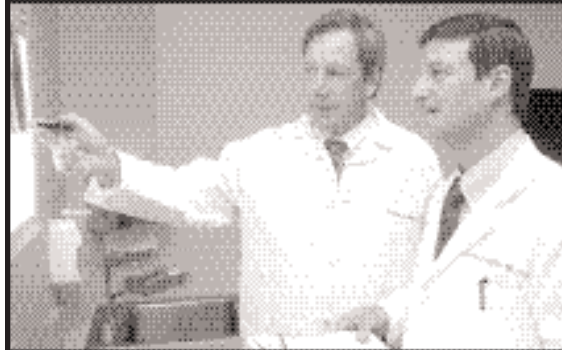
Dr. Benza already serves on the Thoracic Organ Committee of the United Network for Organ Sharing (UNOS), which oversees organ transplantation in the United States.

Psychiatrist earns certification from American Board of Psychiatry

Waleed Mushref, M.D., a member of the Altoona Regional Medical Staff, has passed the American Board of Psychiatry and Neurology exam for initial certification in psychiatry. Dr. Mushref is a full-time psychiatrist with Primary Health Network, Altoona Behavioral Health Center, an outpatient behavioral health office.

In becoming board certified, Dr. Mushref has completed rigorous training and achieved the gold standard in each of the six core competencies of patient care, medical knowledge, interpersonal and communication skills, professionalism, systems-based practice and practice-based learning and improvement to practice quality specialized medicine in psychiatry. This certification is valid until Dec. 31, 2019.

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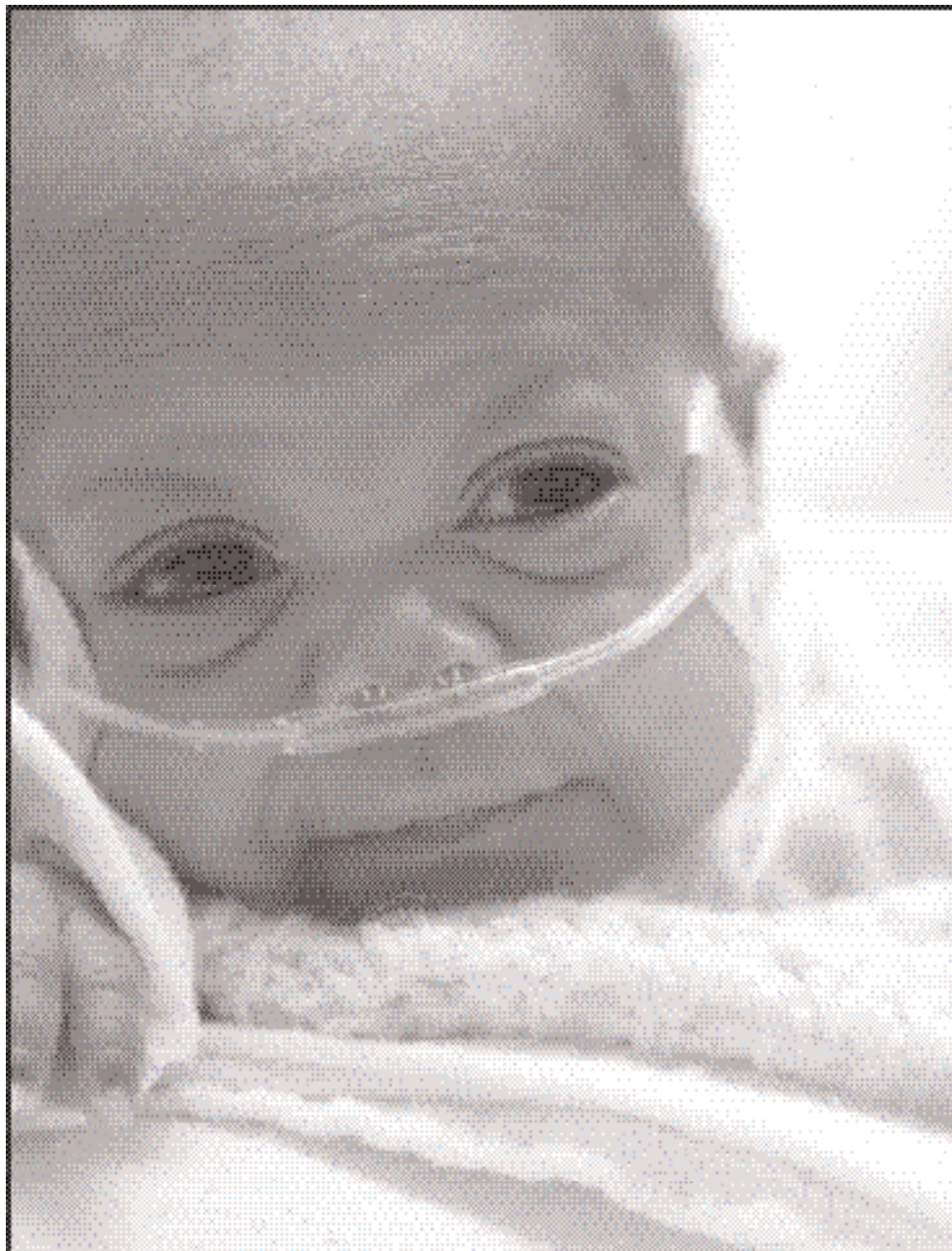


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Healthcare Professionals in the News

Internationally recognized physicians join West Penn Allegheny Health System

West Penn Allegheny Health System recently recruited two internationally recognized physician-scientists to fill prominent roles within the organization.

Susan Manzi, MD, MPH, and **Joseph Ahearn, MD**, co-founders and directors of the Lupus Center of Excellence at the University of Pittsburgh Medical Center, will join West Penn Allegheny in 2010.

Dr. Manzi has been appointed the first System Chair of West Penn Allegheny's Department of Medicine. Dr. Ahearn will serve as the first Chief Scientific Officer for Allegheny Singer Research Institute.

Dr. Manzi is internationally regarded as a pioneer in the research and care of patients with lupus and related autoimmune and rheumatologic disorders.

In her new role at WPAHS, Dr. Manzi will oversee all clinical, academic and scientific endeavors within the integrated Departments of Medicine at Allegheny General Hospital, The Western Pennsylvania Hospital and the Western Pennsylvania Hospital - Forbes Regional Campus. Together those departments have more than 678 physicians on staff and educate or train approximately 200 medical students, 120 residents and 68 fellows annually.

The divisions that fall under the Department of Medicine include allergy, cardiology, dental medicine, dermatology, endocrinology, gastroenterology, general/internal medicine, infectious disease, nephrology and hypertension, pulmonary, critical care and rheumatology.

Dr. Ahearn relocated to Pittsburgh from the Johns Hopkins Hospital and School of Medicine in 1996 to serve as Director of Research for the University of Pittsburgh Arthritis Institute. He is an internationally recognized expert in the causes and mechanisms of lupus and related immune disorders.

Collectively, Drs. Manzi and Ahearn have authored several hundred medical and scientific reports, have secured millions of dollars for research from local and national funding agencies, have mentored more than 100 undergraduate, graduate, medical, post-doctoral and junior faculty trainees, and are inventors of technology that has led to more than a dozen international patents and patents pending. They have received the Pitt Innovator Award twice

for discoveries related to blood tests for diagnosis and monitoring of autoimmune and inflammatory disorders such as transplant rejection.

Alle-Kiski welcomes Danielle J. Godinez, DO



Danielle J. Godinez, DO

Alle-Kiski Medical Center announces that **Danielle J. Godinez, DO** has opened an office in Saxonburg and is on the medical staff at the hospital.

Specializing in Family Practice, Dr. Godinez received a bachelor's degree in Biology from Allegheny College and her medical degree from the Lake Erie College of Osteopathic Medicine. Dr. Godinez completed her Osteopathic Internship and Family Practice Residency at the Western Pennsylvania Hospital.

Dr. Godinez is board certified by the American Board of Family Practice. She is a member of the American Osteopathic Associations, American Academy of Family Physicians and the

American Academy of Osteopathic Family Physicians.

Practicing since 2003 at Burrell Medical Center, Dr. Godinez is now opening a Family Practice Medicine office in Saxonburg at Dinnerbell Square, 333 West Main Street, Suite 202. She is accepting new patients and can be reached at 724-352-8422.

Ohio Valley's Provenzano selected for American Society of Regional Anesthesia and Pain Medicine Research Committee

Ohio Valley General Hospital's Institute for Pain Diagnostics and Care physician, **Dr. David Provenzano**, has been selected to serve a three-year term on the American Society of Regional Anesthesia and Pain Medicine research committee.

The research committee provides oversight for all research and funding activities of the society. Dr. Provenzano will be joining with other members to review all grant applications that include funds for basic science and clinical investigations and educational projects relating to regional anesthesia for surgery, obstetrics, and pain medicine.

The ASRA is the largest subspecialty society in anesthesiology with approximately 7,400 members, including physicians and scientists and a rich international distribution. The society is also recognized as the primary source of education in comprehensive anesthesiology.

Dr. Provenzano is a teacher, author, lecturer, researcher and recognized pain expert regionally and nationally. He is an adjunct assistant professor and clinical instructor at Duquesne University, President of the Board of Directors for of the American Chronic Pain Association, an anesthesiologist at Ohio Valley General Hospital and a speaker at pain forums nationwide where doctors and pain experts come to hear the latest in pain techniques. Board Certified in anesthesiology and pain medicine, his research and clinical expertise combine to provide accurate diagnosis and safe, effective treatment.



Dr. David Provenzano

VA Butler hires outpatient clinic leadership



Dr. William Nowotny


VA Butler Healthcare Center has hired **Dr. William Nowotny** as Assistant Chief of Staff and **James Torok** as the Health Systems Coordinator for the VA Outpatient Clinics. With approximately half of the 18,000 veterans treated by the VA Butler Healthcare Center seen at its five outpatient clinics—in Ford City,

Foxburg, Cranberry Township, New Castle and Hermitage—Dr. Nowotny and Mr. Torok will directly oversee the quality of service and healthcare for veterans cared for in those locations.

Dr. Nowotny, a 10-year navy veteran and resident of Mt. Jackson, Pa., has been with the Veteran Healthcare Administra-

tion for three years. Prior to arriving at VA Butler Healthcare he was a primary care physician at the James E. Van Zandt Altoona VA Medical Center.

James Torok, a native of Erie, Pa., has been with the VA Butler Healthcare Center for two years. Previously, Mr. Torok worked as the social worker for all of the outpatient clinics and has extensive experience meeting the unique needs of our veterans.

Veterans interested in enrolling for healthcare services should call the registration office at 800-362-8262. Veterans already enrolled at the VA Butler Healthcare Center who wish to receive services at one of their five outpatient clinics should contact their Primary Care Provider. 



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Have you had your annual fiscal exam?

By Michael Samuels



Most people make it a point to have an annual physical in order to ensure that everything is okay health-wise. But how many people make an annual appointment to make sure their financial health is on track?

Before investing, you should identify your goals and create a plan to achieve those goals. People sometimes choose to invest without understanding how these investments will affect their lifestyle and/or goals. These goals will include a series of cash inflows (paychecks, for example) and outflows (mortgage, college, car payments). Creating a savings and investing process during your working years, then a draw-down strategy for retirement, is the most appropriate way to make your money last as long as you do.

But you need to call and make an appointment to set up this financial plan. Sit down with your investment professional and begin the process by gathering all of your financial information. A full financial plan will include:

- Budget
- Your monthly and yearly cash inflows and outflows
- Mortgage(s)
- Taxes
- College Planning – 529 Plan
- Retirement – IRAs, Roth IRAs, 401(k)s, making sure to save enough for your retirement
- Insurance -- Health, Life, Long Term Care
- Estate Planning – Gifting, Trusts
- Making sure you have a will and durable powers of attorney
- Making sure your will and any durable power of attorney are updated
- Preparing for the unexpected

Now that your plan is finished, it is time to invest.

When investing, your asset mix and diversification will be based on your goals and objectives. When starting out, your asset class may be more geared to growth, as you want to give your investments the greatest time to grow. As you near retirement, though, you will be shifting towards the preservation of capital, as more income will be needed. As the world has changed, asset classes have become especially important as the global markets are having a bigger impact on individual



investments than in the past. Consider the growth of Brazil, Russia, India and China on global investments.

Periodic monitoring and rebalancing of your portfolios are very important to stay on track to meet your goals. In monitoring your portfolio, you will be making sure your asset mix does not go out of balance as the markets go up and down. When these parameters are met, a rebalancing will need to take place to get you back in to your desired mix.

Additionally, if anything in your financial situation changes (wedding, divorce, new child, loss of employment, etc.), you need to contact your advisor to see whether your plan may need to be updated, and whether any changes are needed.

So, just as your physical health is important, so is your fiscal health. Have your annual check-up, meet and go over changes that may affect your investments, and stay healthy. **T**

Mike Samuels, vice president Investments / financial consultant, BPU Investment Management, Inc., can be reached at msamuels@bpuinvestments.com.

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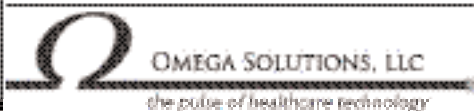


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PA Office of Rural Health renames internship in memory of former student



Jennifer Cwynar

The Pennsylvania Office of Rural Health has renamed its internship program in memory of Jennifer Cwynar '08 HPA, who served as a PORH intern in the summer of 2008.

Cwynar died on January 6, 2010, as the result of injuries sustained in a traffic accident near her home in Turtle Creek, Pa.

The Jennifer S. Cwynar Rural Health Undergraduate Internship Program exposes Penn State undergraduate students to the unique health care access, affordability, and quality issues facing rural Pennsylvanians. The internship gives students the opportunity to research rural health policy and legislation; assist with the planning of a statewide rural health conference; and participate in meetings with key state, regional, and national rural health policymakers and stakeholders.

During her internship, Cwynar completed an analytical compilation of health insurance issues at the state level and assessed their impact on Pennsylvania's rural communities.

"Jen was a bright and engaging young woman who had plans for a meaningful career in public health. We feel very fortunate that we were able to help guide her in that direction and are very pleased to be able to honor her time in our office by naming the internship program in her memory," reflected Lisa Davis, PORH director. Jennifer's passion of helping others has continued even after she passed away, as she donated her organs to help save lives.

"Jen was a wonderful student and on her way to a great career helping others. I was not surprised to see that she was already volunteering her time as a mentor for Penn State students," said Dr. Dennis Shea, professor and head of Penn State's Department of Health Policy and Administration. "Keeping her memory and inspiration alive for other students in this way is a perfect tribute to her by the Pennsylvania Office of Rural Health."

Students interested in learning more about internship opportunities should contact PORH at 814-863-8214. ↑

LECOM named to President's Honor Roll for community service

Lake Erie College of Osteopathic Medicine has been named to the 2009 President's Higher Education Community Service Honor Roll, the highest federal recognition a college or university can receive for its commitment to volunteering, service-learning and civic engagement.

LECOM medical and pharmacy students in Erie and Bradenton, Fla., contributed more than 20,000 hours toward helping local community organizations during the 2008-09 academic year. Many of the volunteer hours go toward working with local youth programs. The LECOM Mentoring Clubs in Erie and Bradenton have received national recognition for after-school tutoring and activities with the YMCA/Erie Housing Authority and the Florida Sheriff's Youth ranch. LECOM teamed with Wellsville USA in Erie last year to present mini-medical school programs for elementary children in Erie, and LECOM Bradenton offered a similar program in Florida.

More than 400 LECOM Bradenton students participated in the local Area Health Education Council anti-smoking program. They presented more than 50 talks to more than 1,200 children. Each summer, LECOM Erie medical students assist local health and social service agencies through the Bridging the Gaps program providing education and assistance to the clients of those organizations.

The Corporation for National and Community Service, which administers the annual Honor Roll award, recognized more than 700 colleges and universities for their impact on issues from poverty and homelessness to environmental justice. The Honor Roll includes six colleges and universities that are recognized as Presidential Awardees, with an additional 115 named to the Distinction List and 621 schools named as Honor Roll members. Honorees are chosen based on a series of selection factors including the scope and innovation of service projects, percentage of student participation in service activities, incentives for service, and the extent to which the school offers academic service-learning courses. ↑

New & Notable

LECOM at Seton Hill hosts its first white coat ceremony

Lake Erie College of Osteopathic Medicine at Seton Hill medical students marked their transition from classroom study to clinical education on February 13, as students received their white coats – symbols of trust between doctor and patient of compassion and of the purity of a medical professional's purpose.

In the Seton Hill University Performing Arts Center in Greensburg, more than 100 students in LECOM at Seton Hill's inaugural class pledged to uphold professionalism and competence in the presence of their families, professors and peers. Students receiving their white coats are members of the class of 2013.

Courtney Bunevich, D.O., M.S., delivered the keynote address. Dr. Bunevich is a 2006 graduate of the Lake Erie College of Osteopathic Medicine, where she also received a Master of Science in Medical Education degree in 2009. She is the Chief Resident of Internal Medicine at Millcreek Community Hospital in Erie. ↑

Pitt researchers receive patent for new head and neck cancer treatment

Researchers from the University of Pittsburgh School of Medicine have been awarded a patent from the U.S. Patent and Trademark Office for the development of a new DNA therapy for head and neck cancers. The patented therapy targets the epidermal growth factor receptor (EGFR), a protein found on the surface of many types of cancer cells that causes cancer cells to multiply.

Standard treatments for head and neck cancers are often ineffective and tend to have debilitating side effects, explained Jennifer R. Grandis, M.D., professor of otolaryngology and pharmacology at Pitt and director of the Head and Neck Program at the University of Pittsburgh Cancer Institute (UPCI). "We set out to develop an alternative treatment approach in targeting the EGFR receptor. The result is an antisense EGFR sequence that is safe and effective in patients with advanced head and neck cancer."

The treatment utilizes a form of genetic therapy called "antisense," or AS. AS involves synthesizing a strand of DNA or RNA that will turn off a particular gene by binding to and inactivating the messenger RNA produced by the gene. The target gene's mRNA is unable to "deliver" its message because it is already attached to the AS molecule and not free to attach elsewhere. Dr. Grandis and her colleagues developed an AS strategy that targets the EGFR genes within a head and neck tumor.

According to Dr. Grandis, while a phase I study of the therapy was designed primarily to determine the safety and potential toxicity of EGFR AS injections given to human patients with advanced head and neck cancers, the results exceeded expectations. "The AS injections were well-tolerated, and 29 percent of the patients achieved a clinical response," said Dr. Grandis. "These results show that EGFR AS therapy has great potential as a safe, effective treatment."

A phase II clinical trial evaluating the safety of EGFR AS injections in combination with the drug Cetuximab and radiation therapy will soon be open for eligible patients. According to Ethan Argiris, M.D., associate professor of medicine at Pitt and co-leader of the Head and Neck Cancer Program at the University of Pittsburgh Cancer Institute, the study will enroll advanced head and neck cancer patients 70 years of age or older, and patients who aren't eligible for Cisplatin, the chemotherapy often used to treat head and neck cancers. ↑

Local veteran honors Grove City Medical Center

When Charles "Chuck" Carter joined the Pennsylvania Army National Guard eight years ago, he did so knowing that he might serve a tour of duty overseas. But, he didn't necessarily count on serving two tours. The 28-year-old maintenance specialist for Grove City Medical Center received the call to serve his second tour in May 2009. He was stationed at Talill Air Base in Iraq, where he worked as a helicopter fueller for the next eight months.

While he was away, he was never far from the minds of his coworkers at Grove City Medical Center, and they regularly sent notes of encouragement and packages overseas to let him know that he was missed. "One of the greatest things I received was a small portable fan," Carter reminisced, and explained that it helped combat the oppressive heat in Iraq.

When word came that he'd returned home and would once more be helping to keep things running smoothly at Grove City Medical Center, his colleagues were anxious to

see him, grateful that he'd kept out of harm's way during his time in Iraq.

Carter presented Robert Jackson, Jr., CEO of Grove City Medical Center, with an American flag that had flown over his base, as a tribute to the support he'd received from his fellow employees during his tour. Of Carter's gift, Jackson said, "I'm truly touched with his thoughtfulness. What a wonderful gesture."

Accompanying the flag is a certificate that reads:

"This American Flag was flown on 21 October 2009 over the Hardened Aircraft Shelter next to the main runway at COB Adder, Iraq. While flying, numerous aircraft came and left the base to support Operation Iraqi Freedom.

This flag stood strong as attacks were waged on Coalition Forces around Iraq. Like the American resolve, this flag will never waiver, and it will never fail.

On behalf of the United States Army, you are thanked for your support of the American Soldier. Your continued

support helps soldiers complete their mission."

The certificate is signed by Carter's platoon leader, David F. Mourar, 2LT, QM. ↑



Health Care Event & Meeting Guide

Health Policy Institute Governance Briefing

PAA, 5th Avenue, Oakland

April 9

www.healthpolicyinstitute.pitt.edu or 412-624-3608

2010 ICD-10 Summit: A Strategic Approach to Challenges and Opportunities

April 12-13, 2010, Washington, DC, Capital Hilton

www.ahima.org/events

Principles and Practice of Gamma Knife Radiosurgery

UPMC Main Conference Room, Fourth Floor, B-Wing

April 19-23

Charlene Baker (412) 647-7744 or bakerch@comcast.net

PURE Black and Gold, an evening with Art Rooney Jr. and Steelers friends benefiting Stroke Survivor Connection

The Pennsylvanian, Downtown Pittsburgh

April 22

(412) 904-3036 or www.strokesurvivorconnection.org

Let Them Eat Cake! 2010 - to benefit The Midwife Center for Birth and Women's Health

The Children's Museum of Pittsburgh

April 24

412-321-6880, www.midwifecenter.org, or c.haas@midwifecenter.org

AHIMA Academy for ICD-10: Building Expert Trainers in Diagnosis Coding

April 24-25, 2010, Firesky Resort and Spa, Scottsdale, AZ

www.ahima.org/events/icd10trainer/april-2010.html

November 8-9, 2010, Hilton Suites Magnificent Mile, Chicago, IL

www.ahima.org/events/icd10trainer/nov-13-2010.html

4th World Congress for Endoscopic Surgery of the Barin, Skull Base, and Spine

David L. Lawrence Convention Center

April 28-30

Gina BeBlasis (412) 441-9811 ext. 15 or info@skullbasecongress.com

Pennsylvania Osteopathic Medical Association's 102nd Annual Clinical Assembly and Scientific Seminar

Valley Forge Convention Center, King of Prussia

April 28-May 1

Mario E.J. Lanni (717) 939-9318 or fax (717) 939-7255 or poma@poma.org

Blood in Motion Conference

Sheraton Station Square

April 30

Deb Small (412) 209-7320, fax (412) 209-7325 or dsmall@itxm.org

National CPA Healthcare Advisors Association HCAA Spring Conference 2010

Las Vegas, Nevada

May 5-7

Holly@the-apa.com, 615-377-3392, or www.hcaa.com

x-3 Summit, Integrating technology into healthcare facilities

Washington Duke Inn, Durham, North Carolina

May 5 - 7, 2010

www.x3summit.com, 702-944-8753 or customercare2@rhq.com

Allergies and Sinus: 5th Annual Update in Rhinology

UPMC Biomedical Science Tower, Room S120

May 7

dibattistem@upmc.edu

Submissions for the Wellspring Healthcare Technology Innovator Forum (WHAT IF), a Business Concept Competition

Due May 7

brian.bricker@wellspringworldwide.com

Surgical Pathology of Organ Transplantation

Herberman Conference Center, UPMC Shadyside

May 7-May 8

ccehsconfmgmt201@upmc.edu

Fourth Annual Stroke Survivor and Caregiver Symposium

Embassy Suites Hotel, Coraopolis

May 8

(412) 904-3036 or www.strokesurvivorconnection.org

Voice Therapy: A Comprehensive Approach

UPMC Mercy, Clark Auditorium

May 12-14

dibattistem@upmc.edu

17th Annual Nursing Horizons Conference

University Club

May 14

Call 412-624-3156

Brain Injury Conference

UPMC Mercy, Clark Auditorium

May 15

synnottm@upmc.edu

2010 Amerinet Member Conference

Gaylord Opryland Hotel and Convention Center, Nashville

May 17-20

http://memberconference.amerinet-gpo.com/Amerinet.aspx?tabid=1

Donna Kosmack (877) 711-5700 ext. 7285 or

amerinet.events@amerinet-gpo.com

23rd Annual Family Hospice & Palliative Care Golf Benefit

Valley Brook Country Club, McMurray

May 17

Karen Eckstein (412) 572-8812

PAMS 2010 Annual Convention

Seven Springs Mountain Resort, Seven Springs

May 20-21

www.pamsonline.org

22nd Annual Monongahela Valley Hospital Fundraising Gala: A Tropical Getaway

Westin Convention Center and Hotel

May 22

Kimberly Quinn (724) 258-1097 or kquinn@monvalleyhospital.com

ARRA/HITECH: The New Relationship Between Covered Entities and Business Associates

May 3, 2010, 12 noon-2 p.m. Central, Virtual Meeting

www.ahima.org/events

Data Analyst Institute

May 5-6, 2010, Chicago, IL, AHIMA National Office

www.ahima.org/events

ARRA Workshop: Demonstrating Organizational Success

May 10-11, 2010, Hyatt Regency, Atlanta, GA

www.ahima.org/events

To list an event or meeting, contact
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As this region's premiere provider of living and care options for older adults, Presbyterian SeniorCare offers a wide variety of employment opportunities - all with competitive wages and comprehensive benefits - at multiple locations throughout Southwestern Pennsylvania. As part of its philosophy of Human Resources, PSC strives to develop a rewarding work environment that is rich in interdepartmental cooperation and that recognizes the value of each individual employee.

Human Resources Department
 1215 Hulton Road, Oakmont, PA 15139
 412-826-6123 or call our "Job Line" 412-826-6080

ST. BARNABAS HEALTH SYSTEM

RNs, LPNs, Home Care Companions, Personal Care, Attendants, Hospice Aides, Dietary Aides
 St. Barnabas Health System frequently has job openings at its three retirement communities, two assisted living 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.

EXTENDED CARE & ASSISTED LIVING

ASBURY HEIGHTS

For 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 assisted living, nursing and rehabilitative care and Alzheimer's specialty care. The Health and Wellness Center is headed by a board certified, fellowship trained geriatrician. 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 contact Joan Mitchell for independent living; Michele Bruschi for Nursing Admissions; or Lisa Powell for Assisted Living at 412-341-1030. Visit our website at www.asburyheights.org.

BAPTIST HOMES SOCIETY

For almost 100 years, Baptist Homes Society has served older adults of all faiths throughout the South Hills. As a continuing care retirement community, we provide a full continuum including independent living, short-term rehabilitation, personal care and assisted living, memory support, skilled nursing programs and hospice care. Between our two campuses, we offer one-stop shopping for senior living services. Baptist Homes, our Mt. Lebanon campus, serves nearly 300 older adults. Providence Point, our new campus in Scott Township, has the capacity to serve over 500 older adults. Our mission is to offer a full continuum of enriched living, compassionate care, and benevolence to a broad spectrum of individuals. Baptist Homes Society is both Medicare and Medicaid certified. For more information, visit our websites (www.baptisthomes.org or www.providencepoint.org) or arrange for a personal tour at either campus by calling Karen Sarkis, Community Outreach Liaison, at 412-572-8308. Baptist Homes is located at 489 Castle Shannon Boulevard, Mt. Lebanon, and Providence Point is located at 500 Providence Point Boulevard, Scott Township.

COMMUNITY LIFE

Living Independently for Elders

Community LIFE is a non-profit program that offers all-inclusive care that goes beyond the traditional boundaries of elder care. It allows seniors to remain in the community, maintain their independence, and allows them to enjoy their golden years at home. Community LIFE provides older adults with fully integrated and coordinated health and social services, usually at no cost to qualified individuals. Participants in the program are transported to our day health center on an as-needed basis, to receive health care and social services, meals, and participate in various activities.

The LIFE Center is staffed by a geriatric physician, RN's, physical and occupational therapists, dietician, social worker, and aides, and includes a medical suite for routine exams and minor treatments, some emergency care, therapy areas, dining/activity space, personal care area and adult day services. Community LIFE offers complete, coordinated health care for the participant, including all medical care, full prescription drug coverage, rehab therapies, transportation and in-home care. If you or someone you care about is having difficulty living in the community, then call Community LIFE at 866-419-1693.



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Golden Living Center - Mt. Lebanon
 350 Old Gilkeson Road, Pittsburgh, PA 15228
 412-257-4444 • Fax: 412-257-8226

KANE REGIONAL CENTERS

The Kane Regional Centers, located in Glen Hazel, McKeesport, Ross and Scott, provide 24-hour skilled nursing care, rehabilitation services, specialty medical clinics and dedicated units for dementia care to the residents of Allegheny County. Admission to the Kane Regional Centers is based on medical needs and can occur within 24 hours, including weekends and holidays. Kane accepts a number of insurance plans as well as private pay. To apply for admission to the Kane Regional Centers call 412-422-6800.

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

3800 Oakleaf Road, Pittsburgh, PA 15227
 Phone 412-881-8194, Fax 412-884-8298
 Equal Housing Opportunity

PRESBYTERIAN SENIORCARE

A regional network of living and care options for older adults throughout southwestern Pennsylvania. Services and facilities include skilled and intermediate nursing care, rehabilitation, personal care, specialty Alzheimer's care, adult day care, home health care, senior condominiums, low-income and supportive rental housing. For more information:

Presbyterian SeniorCare - Oakmont
 1215 Hulton Road, Oakmont, PA 15139
 412-828-5600
 Presbyterian SeniorCare - Washington
 825 South Main Street, Washington, PA 15301
 724-222-4300

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 carriage homes, and The Washington Place at St. Barnabas efficiency apartments. Assisted living 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, dentists, rehabilitation therapists, home 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.

WESTMORELAND MANOR

Westmoreland Manor with its 150 year tradition of compassionate care, provides skilled nursing and rehabilitation services under the jurisdiction of the Westmoreland County Board of Commissioners. A dynamic program of short term rehabilitation services strives to return the person to their home while an emphasis on restorative nursing assures that each person attains their highest level of functioning while receiving long term nursing care. Westmoreland Manor is Medicare and Medicaid certified and participates in most other private insurance plans and HMO's. We also accept private pay. Eagle Tree Apartments are also offered on the Westmoreland Manor campus. These efficiency apartments offer independent living in a protective environment.

Carla M. Kish, Director of Admissions
 2480 S. Grande Blvd., Greensburg, PA 15601
 724-830-4022

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www.bayada.com
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 Phone 412-473-0210 • Fax 412-473-0212
 1789 S. Braddock Avenue, Suite 395,
 Pittsburgh, PA 15218

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At Heartland, we provide Home Care, Hospice or IV Care. We have a special understanding of the health care challenges of our patients, as well as their families and loved ones may be experiencing. Through our passion for excellence, we are committed to enhancing their quality of life through our compassionate and supportive care. Most of the care Heartland provides is covered under Medicare, Medicaid or many health care plans including HMOs, PPOs and private insurance. Our team can provide more information about Heartland's services and philosophy of care at anytime. Please feel free to contact us at 800-497-0575.

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Penn Center West Two Suite 120, Pittsburgh, PA
 412-788-1233 or 412-999-2611

INTERIM HEALTHCARE

Interim HealthCare is a national comprehensive provider of health care personnel and services. Interim HealthCare has provided home nursing care to patients since 1966 and has grown to over 300 locations throughout North America. Interim HealthCare of Pittsburgh began operations in 1972 to serve patient home health needs throughout southwestern Pennsylvania and northern West Virginia. IHC of Pittsburgh has been a certified Medicare and Medicaid home health agency since 1982. IHC provides a broad range of home health services to meet the individual patient's needs - from simple companionship to specialty IV care and ventilator dependent care to hospice care - from a single home visit to 24 hour a day care. IHC has extensive experience in working with facility discharge planners and health insurance case managers to effect the safe and successful discharge and maintenance of patients in their home. For more information or patient referral, call 800-447-2030. 1789 S. Braddock, Pittsburgh, PA 15218 3041 University Avenue, Morgantown, WV 26505

LIKEN HOME CARE, INC.

Established in 1974, is the city's oldest and most reputable provider of medical and non-medical care in private homes, hospitals, nursing homes, and assisted living facilities. Services include assistance with personal care and activities of daily living, medication management, escorts to appointments, ambulation and exercise, meal preparation, and light housekeeping. Hourly or live-in services are available at the Companion, Nurse Aide, LPN and RN levels. Potential employees must meet stringent requirements; screening and testing process, credentials, references and backgrounds are checked to ensure qualifications, licensing, certification and experience. Criminal and child abuse background checks are done before hire. Liken employees are fully insured for general and professional liabilities and workers' compensation. Serving Allegheny and surrounding counties. Free Assessment of needs available.

For more information write to Private Duty Services, 400 Penn Center Blvd., Suite 100, Pittsburgh, PA 15235, visit our website www.likenservices.com, e-mail info@likenservices.com or call 412-816-0113 - 7 days a week, 24 hours per day.



LOVING CARE AGENCY OF PITTSBURGH
Loving Care Agency is a national provider of extended hour home health services with 31 offices in 7 states. The Pittsburgh office cares for medically fragile children and adults with a variety of diagnoses. Specializing in the most complex care, including mechanical ventilation, the staff of Loving Care Agency of Pittsburgh includes experienced RNs, LPNs and home health aides. Services are available 24 hours per day, 7 days per week in Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland Counties. Backgrounds and experience of all staff are verified. Loving Care Agency is licensed by the PA Department of Health.
Contact information:
Loving Care Agency of Pittsburgh
875 Greentree Road, Building 3 Suite 325,
Pittsburgh, PA 15220
Phone: 412-922-3435, 800-999-5178
Fax: 412-920-2740
www.lovingcareagency.com

VITAS INNOVATIVE HOSPICE CARE® OF GREATER PITTSBURGH
VITAS Innovative Hospice Care is the nation's largest and one of the nation's oldest hospice providers. When medical treatments cannot cure a disease, VITAS' interdisciplinary team of hospice professionals can do a great deal to control pain, reduce anxiety and provide medical, spiritual and emotional comfort to patients and their families. We provide care for adult and pediatric patients with a wide range of life-limiting illnesses, including but not limited to cancer, heart disease, stroke, lung, liver and kidney disease, multiple sclerosis, ALS, Alzheimer's and AIDS. When someone becomes seriously ill, it can be difficult to know what type of care is best ... or where to turn for help. VITAS can help. Call 412-799-2101 or 800-620-8482 seven days a week, 24 hours a day.

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CMS MEDICAL WORDS
Do you need help with medical transcription? CMS Medical Words may be the answer. Founded over 20 years ago by Carolyn Svec of Elizabeth Township, her company works with multi-physician facilities as well as solo practicing physicians. CMS Medical Words also provides transcription services on a temporary basis caused by staff turnover, vacations and leaves of absence. With new digital equipment, reports and/or letters can be sent electronically to your site, saving you valuable time. For more information phone 412-751-8382.

PEDIATRIC SPECIALTY HOSPITAL

THE CHILDREN'S HOME OF PITTSBURGH & LEMIEUX FAMILY CENTER
28-bed, licensed pediatric specialty hospital serving infants and children up to age 21. Helps infants, children and their families transition from a referring hospital to the next step in their care; does not lengthen hospital stay. Teaches parents to provide complicated treatment regimens. Hospice care also provided. A state-of-the-art facility with the comforts of home. Family living area for overnight stays; private bedrooms, kitchen and living/dining rooms, and Austin's Playroom for siblings. Staff includes pediatricians, neonatologists, a variety of physician consultants/specialists, and R.N./C.R.N.P. staff with NICU and PICU experience. To refer call: Monday to Friday daytime: 412-617-2928. After hours/weekends: 412-596-2568. For more information, contact: Kim Reblock, RN, BSN, Director, Pediatric Specialty Hospital, The Children's Home of Pittsburgh & Lemieux Family Center, 5324 Penn Avenue, Pittsburgh, PA 15224. 412-441-4884 x3042.

PUBLIC HEALTH SERVICES

ALLEGHENY COUNTY HEALTH DEPARTMENT
The Allegheny County Health Department serves the 1.3 million residents of Allegheny County and is dedicated to promoting individual and community wellness; preventing injury, illness, disability and premature death; and protecting the public from the harmful effects of biological, chemical and physical hazards within the environment. Services are available through the following programs: Air Quality, Childhood Lead Poisoning Prevention; Chronic Disease Prevention; Environmental Toxins/Pollution Prevention; Food Safety; Housing/Community Environment; Infectious Disease Control; Injury Prevention; Maternal and Child Health; Women, Infants and Children (WIC) Nutrition; Plumbing; Public Drinking Water; Recycling; Sexually Transmitted Diseases/AIDS/HIV; Three Rivers Wet Weather Demonstration Project; Tobacco Free Allegheny; Traffic Safety; Tuberculosis; and Waste Management. Bruce W. Dixon, MD, Director.
333 Forbes Avenue, Pittsburgh, PA 15213
Phone 412-687-ACHD • Fax: 412-578-8325
www.achd.net

THE CENTER FOR ORGAN RECOVERY & EDUCATION
The Center for Organ Recovery & Education (CORE) is a nonprofit organization designated by the federal government to provide individuals an opportunity to donate life through organ, tissue and corneal donation. CORE devotes a large portion of its resources to developing innovative educational programs and engineering research that will maximize the availability of organs, tissue and corneas. Lastly, CORE strives to bring quality, dignity, integrity, respect and honesty to the donation process for the families, hospitals and communities it serves.
For more information, please contact CORE at 1-800-366-6777 or www.core.org.

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In the new consumer-based healthcare environment, the marketing, communications, and strategic planning of hospitals and healthcare systems has never been more important. Professionals in these fields are often given high expectations from senior management and a shoestring budget for implementation. Through membership in the Society for Healthcare Strategy and Market Development of the American Hospital Association, you will have access to the resources and education you need to increase the productivity of your department and your professional growth. For more information, call 312-422-3888 or e-mail shsmnd@aha.org.

REHABILITATION

THE CHILDREN'S INSTITUTE
The Hospital at The Children's Institute, located in Squirrel Hill, provides inpatient and outpatient rehabilitation services for children and young adults. Outpatient services are also provided through satellite facilities in Green Tree, Irwin and Wexford. In addition, The Day School at The Children's Institute offers educational services to children, ages 2-21, who are challenged by autism, cerebral palsy or neurological impairment. Project STAR at The Children's Institute, a social services component, coordinates adoptions, foster care and intensive family support for children with special needs. For more information, please call 412-420-2400
The Children's Institute
1405 Shady Avenue, Pittsburgh, PA 15217-1350
www.amazingkids.org

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Blairsville - 724-459-7222
Derry - 724-694-5737
Greensburg - 724-838-1008
Greensburg Ortho & Sports - 724-216-9116
Greensburg West - 724-832-0827
Harrison City - 724-527-3999
Irwin - 724-863-0139
Jeannette - 724-523-0441
Latrobe - 724-532-0940
Ligonier - 724-238-4406
Lower Burrell/New Kensington - 724-335-4245
McKeesport/N. Versailles - 412-664-9008
Monroeville - 412-373-9898
Moon Township - 412-262-3354
Mt. Pleasant - 724-547-6161
Murrysville - 724-325-1610
New Alexandria - 724-668-7800
Penn Hills - 412-241-3002
Pittsburgh Downtown - 412-281-5889

BALANCE THERAPY
Blairsville - 724-459-7222
Derry - 724-694-5737
Greensburg - 724-838-1008
Harrison City - 724-527-3999
Irwin - 724-863-0139
Jeannette - 724-523-0441
Latrobe - 724-532-0940
Lower Burrell - 724-335-4245
McKeesport - 412-664-9008
Monroeville - 412-373-9898
Moon Township - 412-262-3354
Mt. Pleasant - 724-547-6161
New Alexandria - 724-668-7800
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FUNCTIONAL CAPACITY EVALUATION SCHEDULING
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Challenges and rewards offered by Medicare Part A

By Martin Siefering



Widespread demand for Medicare Part A is growing. This demand provides a great benefit for older adults as well as providers; following a qualifying hospital stay, seniors

are eligible for up to 100 Med A benefit days for rehabilitation in a nursing home, with a focus on getting the individual back home as quickly as possible. For providers of these services, Med A is the most expensive service provided in their facilities due to intense therapy services and pharmacy costs. It is also the most profitable payer source for an individual provider.

"Today, we frequently see average Med A rates of \$450 per day with associated profits nearing \$90 per day," says Patrick A. McCormick, CPA, partner, Health and Human Services Group, Plante & Moran, based in Cleveland, Ohio. "In Pennsylvania during 2008, the average Med A revenue was \$389 and the associated profit was \$48. Clearly, this profitability helps cover some of the Medicaid deficits that nursing home operators are experiencing, because of the shortfall of funding for Medicaid residents."

Many providers are expanding home- and community-based service offerings and looking at short-term rehab as a critical component of these services. A fluid continuum of services seems to be the ideal for both the individual senior and the provider – one that begins with inpatient rehab services, followed by outpatient rehab and, ultimately, home health services in the senior's home.

The terminology used for these patients/beds varies from location to location. Some providers call it transitional care, recuperative services, sub-acute

or short-term rehab. The length of stay also typically varies from 10 to 30 days. In the interest of clarity and to differentiate these patients from the long-term care residents, let's call it short-term rehab and take a closer look.

At MorseLife in West Palm Beach, Fla., plans are underway for a new stand-alone, short-term rehab facility, offering the marketplace a 6,000-square-foot rehabilitative services suite with the latest technology and equipment.

"Our organization is positioning itself now to better serve the explosive growth of the number of frail seniors projected in south Florida – a population that strongly desires to stay at home as long as possible," says Keith A. Myers, president and CEO of MorseLife. "In many cases, we can support seniors through our home and community based services program, except for those events requiring hospital stays and the rehab that often follows. We see our short-term rehab program as an important component of the services we offer and significant to our future success."

For some providers, accommodating short-term rehab patients is as simple as getting their skilled nursing facility Medicare certified and admitting a few residents. Others believe that in order to attract and efficiently serve a significant short-term rehab patient mix, patients need to be grouped together in an environment separate from long-term care residents.

There is a younger and less frail short-term rehab population (among them, those recovering from joint replacement or post-accident surgeries), who are strongly focused on recovery and returning home as soon as possible. There is generally a feeling that this group is uncomfortable being housed with significantly older and frailer long-term care residents. The resulting transience and higher frequency of visitors associated with a short-term rehab program can also be disruptive elements in a long-term care environment.

Future of Real Estate & Construction Trends in Health Care

Providers like Pittsburgh's St. Barnabas Health System and Asbury Heights are choosing to integrate Medicare patients into their long-term care mix. Both St. Barnabas and Asbury Heights have dual certifications (Medicare and Medicaid) for their skilled nursing facilities, so they can flexibly place Medicare patients wherever there is an empty bed. It also means that, if the short-term rehab stay converts to a long-term stay, the patient/resident does not have to be relocated.

Patient and family expectations are evolving. They are more frequently scrutinizing the care being provided and are asking for private rooms in the same way they ask for them when selecting hospitals for surgical procedures. Providers are seeing the infection control benefits that private rooms and private bathrooms offer. Often additional revenue can be leveraged to build new or renovate to an all-private room short-term rehab program, while reducing the long-term care census.

"St. Ann's increased focus on short-term rehab beds was based on demographics, consumer desires (delaying/forgoing a nursing home stay) and trends in the health care environment such as reduced hospital lengths of stay that drive the need for more post-acute care and rehabilitation," says Debra M. Metzger, vice president of Planning and Project Development for this Rochester, NY provider. "The Baby Boomers entering 'prime' joint replacement age was another driver in our desire to increase the number of beds."

Differences in the goals of the short-term rehab and skilled nursing program often result in physical environment

design differences. Environments for short-term rehab generally offer a more hospitality/wellness/spa setting compared to the homelike focus of long-term care. This hospitality focus seems appropriate when the stay is short and centered on healing.

Some providers are looking to move as many as one-third of their long-term care beds to short-term rehab. To attract this segment of the market, they are building new, purpose-built beds. These newly constructed facilities are often all-private rooms with dedicated rehab spaces on the floors to reduce the amount of time the patient and staff spend in transit.

"Irrespective of any revenue gains, short-term rehab beds offer long-term care providers with a way to introduce themselves to their customers before they need long term care," says Nancy Rehkamp, principal, Health Care Group, Larson Allen. "The right mix of short-term rehab beds is a good way to keep long-term care beds full in the future. This will have the added benefit of tightening relationships between long-term care providers and hospitals, which will be necessary to stay vital if healthcare reform currently contemplated is passed."

It appears Med A is going to be a challenge that many providers will need to address; those who take up the challenge thoughtfully may find rewards for themselves and their patients. **T**

Martin Siefering, AIA, principal, Perkins Eastman is an architect who has been involved in the design of care environments for older adults for more than 20 years, working with providers throughout the U.S. Please contact Martin at m.siefering@perkinseastman.com.

Cedars Community Hospice opens new hospice center

The new Cedars Community Hospice in Monroeville celebrated its opening on March 2 by showcasing its "green" design and celebrating its mission to provide terminally ill patients and family members a beautiful and supporting environment in which to cherish their final time together.



The only inpatient hospice center in Pittsburgh's eastern suburbs, Cedars Hospice Center is located on a two-and-a-half-acre site in Monroeville adjacent to

the Cedars Assisted Living Community. The 27,750-square-foot, three-floor building offers 16 private patient rooms and a number of unique features, including overnight accommodations for family members and kitchen and dining areas where families can prepare and share meals together.

Designed by R3A and built by Turner Construction, the center is the first "green" building in Monroeville and is slated for LEED Certification at the Silver Level. The building was constructed with energy conserving and sustainable materials and technologies throughout, from recycled materials in the structural steel, to bamboo floors in the Community Outreach

Room, to its "green" roof with reflective shingles.

The nearly \$8.5 million facility resembles a "woody" spa retreat in both look and feel, and includes a two-story water feature prominently located in the main entrance area, around which family lounges, media rooms, a children's play room and a non-denominational chapel are situated to provide a number of spaces for privacy, visiting and reflection. The center offers patients and family members full access to its spa, equipped with a therapeutic whirlpool tub, a massage area and a sauna. Each of the 16 private patient rooms includes a "smart" large flat screen to be used as a television or computer screen. Free Wi-Fi is available throughout the building.

Cedar Community Hospice's Medical Director, Dr. Isaac Levari, commented during the opening, "Hospice is meant to



provide hope – hope of alleviating pain and suffering and hope of providing peace and comfort. The original meaning of the word hospice was to provide shelter along one's journey. It is our hope that we will provide patients and families not just physical, but emotional and spiritual shelter during this natural stage of life's journey."

For more information on how to refer patients, or to schedule a tour, please call 412-380-9500 or visit www.cedarscommunityhospice.com. **T**

Slump, what slump? Healthcare construction booming in Western PA

By Daniel Casciato

Having worked in the healthcare construction industry for the past two decades, Bralynn Newby sees a huge shift in how care is delivered and how space is used.

"It's more expensive to operate and maintain space, and advances in technology have changed business models," says Newby, a project manager experienced in healthcare construction and corporate facility planning in Sacramento, Calif. "With the advent of electronic medical records and digitized screening, the infrastructure required to support it has grown exponentially."

Newby adds that shared jobs and telecommuting is reducing the amount of private offices required, and a team approach to care delivery changes the row of offices along a corridor traditional model to more open work/meet spaces.

"Green building practices and a focus on wellness and wholeness has revolutionized the way we build, as well as the look and feel of the spaces we build," she says. "Healthcare also competes more for market share in this economy and increasingly savvy culture. Our facilities have to look great, cutting-edge, like we know what we're doing and we're glad you came."

Despite the economic woes, credit crisis, and impending healthcare legislation, healthcare construction projects in Western Pennsylvania totaled over \$330 million last year, according to the Master Builders' Association of Western Pennsylvania. Also, after an additional 17 new centers were built between June 2008 and May 2009, the Pennsylvania Health Care Cost Containment Council reports that the Commonwealth is now home to 261

ambulatory surgery centers—quadrupling what it had last decade.

In Western Pennsylvania, as in most of the country, medical office buildings (MOB) and ambulatory surgery centers construction is one of the more appealing types of real estate development. Thomas M. Korpiel, director of Pittsburgh-based Integra Realty Resources, attributes this to an increased demand in outpatient services,



attempts to provide convenience for patients, advanced medical technology, restricted insurance reimbursements, as well as more physician partnerships and health service groups expanding into areas outside the hospital centers and developing relatively small- to medium-size office buildings.

"While new MOB construction has been stymied in the past year due to the lack of available debt capital, it

Future of Real Estate & Construction Trends in Health Care

still remains an appealing investment," he says.

CoStar, a real estate data service in the Pittsburgh region, reports an MOB occupancy level of 93.5 percent as of the current quarter, compared with the Pittsburgh conventional office building occupancy rate of 89.7 percent. It identifies about seven million square feet of medical office space in the Pittsburgh market, an increase of more than 600,000 since the beginning of the decade.

"Some of this additional space includes new construction, while the remaining inventory includes older conventional office space converted for medical office use," says Korpiel. "Older MOB, even those built in the 1990s, are upgraded with state-of-the-art medical technology and are being repositioned in the market."

HEALTHCARE CONSTRUCTION MARKET REMAINS HEALTHY

This is great news for builders such as Wexford-based Landau Building Company.

"Healthcare construction has not experienced a downturn in Western Pennsylvania, in my opinion," says Steve Bishop, senior project manager for Landau. "I see the near-term future promising."

Healthcare facilities in Western Pennsylvania are becoming outdated in two ways. First, the physical structure, such as air conditioning and heating, is wearing out. Second, there is change in healthcare delivery systems and new technology, and changes in the expectations of patients, their families, and their physicians. These factors

See **SLUMP** On **Page 36**

Resident-centered design for long term care, memory support, and rehabilitation



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SLUMP From Page 35

have caused organizations to examine their existing facilities and either update what they have or build new. Another key factor is demographic changes. More people are moving to the suburbs and many hospitals want to be closer to their populations and have added satellite facilities to their building stock.

Landau recently worked on the new Heritage Valley Beaver Emergency Department Auxiliary. The \$19 million addition and renovation project included a 45,000-square-foot, three-story addition at Heritage Valley's Beaver Campus. The new space includes: a new lobby; three endoscopy rooms; a fluoroscopy room; 42 exam rooms; advanced medical gas delivery systems; and complex custom HVAC equipment.

Landau is also currently remodeling the former emergency department into a new 11,000-square-foot Cardiac Catheterization Lab. The expansion was necessary because Heritage Valley has outgrown its 30-year-old emergency department.

"They're expanding to accommodate the number of annual visits," says Bishop. "They also want to provide better patient care and better working environment for the staff."

Heritage Valley is not alone in this endeavor. The Department of Veterans Affairs VA Butler Healthcare facility, which serves over 18,000 veterans throughout Armstrong, Butler, Clarion, Lawrence and Mercer counties; and parts of Ohio, has invested \$8.8 million in stimulus dollars on its 88-acre campus to improve and maintain its currently expanding 485,000-square-foot infrastructure including boilers, water system, electrical and HVAC improvements, sanitary and storm sewer refurbishments, and energy conservation.



VA Butler Healthcare is also actively working on the design and construction of a 60-bed Community Living Center (CLC) (\$6.5 million), and a 56-bed domiciliary (project bids not open yet), both of which are the first new structures built there since 1938. The CLC will feature a transitional care model, meaning a community setting with private rooms and baths. The domiciliary will be more akin to an apartment instead of a dormitory setting.

"For some veterans this is the first time to have such a home," says Jeffrey Heiger, PE, CEM, chief engineer at the VA Butler Healthcare facility. "The VA has made the commitment to continually improve the veterans' experience and satisfaction through program improvements and evolving patient care models. Our infrastructure project continually makes the existing space fit that model, and the new construction, obviously, is geared toward providing the best care possible with the improved space layout and accessibility to care."

Last December, VA Butler Healthcare also completed work on a new Community Based Outpatient Clinic in Cranberry Township in partnership with Valor Healthcare, which will provide primary care, lab, prescription and radiology services, as well as women's healthcare, preventive health and wellness programs, and behavioral health services.

HEALTHCARE DESIGN AND CONSTRUCTION TRENDS

Today, the biggest trends in healthcare design and construction are a movement toward specialized facilities and a greater adoption of sustainable practices. There has also been a reduction of patient beds in hospitals, including the elimination of beds in existing facilities, as well as fewer beds being included in new facilities.

"In addition, there is a greater emphasis on evidence-based design in the planning process, and a greater emphasis on the comfort of patients and their care partners," says Timothy Sean Black, a LEED AP (Leadership in Energy and Environmental Design Accredited Professional), managing director for AE Design, Inc.'s Seattle regional office. "Aside from the aging population, perceived and functional obsolescence has contributed to the upswing in healthcare construction."

In a society with ever-increasing mobility, Black says healthcare facilities are competing in an open market for patients.

"Being perceived as providing the best care in the safest and most comfortable setting is critical to this competition," he says. "In addition, they must do so in a bottom-line driven environment, where providers must do more with fewer dollars. This is forcing many healthcare facilities to in effect retool in order to become more competitive and efficient."

Martin Valins agrees. "We're now in a financial outcome model," says Valins, a principal in the Philadelphia office of Stantec, an Edmonton, Alberta-based architectural firm that has designed hospitals across Pennsylvania. "The healthcare construction industry had a perfect storm: an economic recession and at the same time, some level of 'wait and see' in regards to impending healthcare reform. As this debate continues, providers are cautious in proceeding with their programs. The number one priority is still the benefit to the patient but that has to be connected to making sense to the patient financially."

What better way to improve patient care and save money than investing in green technology? Building a green facility is healthier for the patient and saves on energy costs for the healthcare organization. Incorporating sustainable features was important



to Humility of Mary Health Partners in Youngstown, Ohio, which recently built a radiation oncology center. It designed its new facility to become LEED-certified.

"Being a faith-based organization one of our missions is to be good stewards of our environment," says Wayne Tennant, vice president of Support Services for the organization. "So certainly, developing processes and efforts that speak to that is extremely important to us. Whether that's basic recycling efforts, how we utilize and purchase materials, or how we consume our energy. An opportunity to build a building that can be all of those things in one package from the ground up is certainly in line with our values and our mission."

With Humility of Mary Health Partners dealing with several aging structures, Tennant expects it'll have to do more extensive renovation or expand new facilities that have been built recently.

His facility's 14,000-square-foot radiation oncology center was engineered around Elekta Volumetric Modulated Arc Therapy (VMAT), the world's most advanced radiation therapy technology. Elekta VMAT is a new treatment option for cancer patients and promises to significantly improve patients' experience and the quality of care. The new technology reduces the time required for radiotherapy sessions to five minutes or less, while giving the ability to treat targets more aggressively than ever before.

Sustainable design is always included in every project that VA Butler Healthcare initiates as well. It routinely set goals for the use of recycled materials in project designs, and also tasks contractors to recycle old materials that used to be removed and land filled.

"We monitor our success with this, and continually try to improve the ratio of recycled/non recycled materials used," says Heiger. "We also focus a lot of attention to energy conservation, looking at minimizing our cost/square foot, and also the MMBTUs/square foot, which aren't always the same thing. We currently have projects to install energy efficient boilers and chillers, and a window replacement projects as well to highlight a few."



CHALLENGES FACING HEALTHCARE FACILITY MANAGERS

Two key challenges facing healthcare decision makers are financing and expertise. A building project can be a substantial undertaking, so many decision makers find it beneficial to engage the services of a program manager or developer early in the project, who not only can assist in the design and construction, but its business planning, financing and acquisitions as well.

"This takes a substantial load off of existing staff, which not only may not have sufficient capacity to oversee a project, but may not have sufficient experience, either," says Black. "Whatever path the decision maker takes to the completion of a project, it's important for them to get their design or construction professional involved early in the process."

According to Black, changes to healthcare construction mirror changes to the construction industry as a whole. Healthcare facility administrators have new programs and practices at their disposal allowing for deeper design planning, greater precision in construction, and better communication and collaboration amongst team members.

"It's important for administrators to educate themselves with regard to best practices in the construction industry, in order to advocate the delivery model with the best outcome for their project type, rather than falling back on dated methodologies," he adds.

For Ken DeFurio, president and CEO of Butler Health System, the greatest challenge faced by his organization was access to capital and tax-exempt bonds.

"Just at the time we were ready to go to the market, the market collapsed and there was no debt being sold," DeFurio says. "We were already under construction, using cash reserves to pay for it. A year ago when it was time to go to the bond market there was no credit available anywhere. Nobody could have anticipated that we'd be dealing with Wall Street the way we were."

Ultimately, Butler Health System received the capital it needed to construct a 200,000-square-foot new patient tower for Butler Memorial Hospital. Construction of the new patient tower is scheduled for completion this summer. Fifty-seven beds were added as well as a new entrance, and the facility will include a technologically advanced

education center and auditorium, a new chapel, coffee bar, outpatient pharmacy, durable medical equipment, and more. Access to the tower will be from a new entrance that comes off of an entirely new access route to the campus—a new serpentine driveway coming directly off Route 68, eliminating the need for vehicles to access the hospital through narrow neighborhood streets.

Total costs will be about \$152 million. About \$126 million will be funded by new money issuance and \$19 million will be funded by the hospital's existing cash reserves. The remaining \$7 million will be raised in its capital campaign.

Cost will always play a major factor in an organization's decision on whether to renovate or build. Valins says that the riskiest and costliest option is to do nothing.

"To plan for the future is to be sure that you're in alignment with your market and your mission," he says. "To do nothing in the face of the inevitability of change is to take a reckless gamble with history."

TIPS AND RECOMMENDATIONS

A critical element in construction, whether new or renovation, is to assemble your team together as early in the process as possible.

"Choosing an architect and general contractor early on enables the owner to know the costs as the project is being designed," says Joseph A. Massaro III, president and COO, Massaro Construction. "It lends itself to have proactive discussions regarding design elements and green initiatives as well as pre-qualifying major subcontractors to ensure the subs are capable of completing the project on time and within budget."

Massaro has worked on a number of construction projects for UPMC including: UPMC Shadyside Catherization Lab Renovations (completed in 2009); Western Psychiatric Institute, Merck Unit (not started yet); UPMC Cancer Centers; UPMC Horizon, Shenango Campus (currently in preconstruction); UPMC Magee Women's Research Institute Addition and Renovations; and UPMC Cumberland Woods Senior Living.

Maintaining the quality of care for patients throughout a renovation project in an occupied environment is also crucial. "It is imperative to know your customers needs so that we can build a more efficient effective working environment," says Massaro.

Heiger recommends starting the planning cycle as early as possible; establish stakeholders; meet socioeconomic goals; report regularly to your facility management group; work from a strategic plan that includes coordination of funding, design, construction and strong project scopes—all while allowing care to continue; and finally to collaborate, schedule, and move forward on decisions.

"I firmly believe that none of us is as smart as all of us, and a collaborative effort brings success, and minimizes any subsequent changes to the contract," he says.

DeFurio would add to do your homework and understand what best practices look like as you're designing your facility.

"It requires studying and learning from others," he says. "You may build a new facility like this once or twice in a career. Since it's not something you do often, I strongly suggest that you go to the outside and work with construction managers who do this kind of work all of the time. It's what they do and it is their area of expertise."

Finally, DeFurio says, be as decisive as possible upfront. "Define the project, define the programming inside the building, define your budget and really stick to it. If you're making changes once those decisions have been made, then it becomes far more expensive to make in the midst of construction versus doing it proactively and upfront before you ever stick a shovel in the ground."



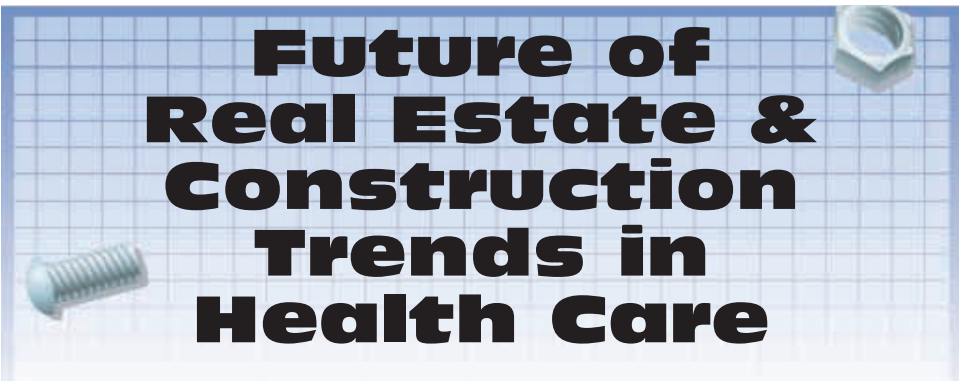
THE FUTURE OF HEALTHCARE CONSTRUCTION

In the foreseeable future, there are two challenges in the Western Pennsylvania healthcare construction market. Healthcare reform may have profound implications on the money people are willing to spend on brick-and-mortar facilities.

"Also, in the near term are the challenges that relate to the 2007-2009 recession," says Jeff Burd of the Master Builders' Association of Western Pennsylvania. "The region's larger hospital systems are nonprofits and the reduction in market value of investments cut the amount of working capital available for construction. Funds distributed as part of the American Recovery and Reinvestment Act that supported research were insufficient to offset this, and most of those funds were sent to the educational side of healthcare, which was a benefit to the University of Pittsburgh or Hershey Medical for example, but did little for clinical advancement."

While the region's demographics and the regional makeup supports a long-term expansion of medical facilities and the region is well-positioned to respond to any increased investment in research, regardless of the clinical specialty or technology, Burd expects for at least two years, the lingering financial difficulties from the recession and the uncertainty of the long-term solutions to reimbursement for services will keep the regional healthcare systems from investing to the degree they did in the last five years.

Whether or not the construction boom continues, DeFurio says that healthcare



organizations should be careful not to duplicate services.

"There needs to be some rational thought brought to the process so facilities are not being built simply in the spirit of competition versus a true community need," he says. "Ultimately healthcare costs are going to be managed and controlled with healthcare reform. Because facilities are very expensive and there are limited healthcare dollars out there, I think we need to get better at managing those resources as time marches on."

- For more information, visit:
- Integra Realty Resources (www.irr.com);
 - Landau Building Company (www.markslandau.com);
 - VA Butler Healthcare (www.butler.va.gov);
 - Heritage Valley Beaver (www.heritagevalley.org);
 - AE Designs (www.ae-design.com);
 - Stantec (www.stantec.com);
 - Humility of Mary Health Partners (www.hmpartners.org);
 - Butler Health System (www.butlerhealthsystem.org);
 - Massaro Construction (www.massarocorporation.com);
 - Master Builders' Association of Western PA (www.mbawpa.org).

* The chart below shows the volume of hospital projects in 2000, 2005-2009 and a forecast for 2010.

Year	# of Projects	Contract value
2000	52	\$ 53,192,373
2005	85	\$ 332,819,745
2006	92	\$ 227,386,557
2007	67	\$ 236,231,904
2008	84	\$ 301,580,705
2009	74	\$ 330,130,445
2010	40	\$ 120,000,000

* From the Masters Builders' Association of Western Pennsylvania

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New patient pavilion at UPMC Passavant opens



UPMC Passavant has opened a 220,000-square-foot, seven-story Patient Pavilion, home to top community-based physicians joined by renowned UPMC physicians and surgeons, together providing highly advanced cancer, cardiac and spine care.

The pavilion houses an expanded emergency department, the newest technologies for education, and is LEED (Leadership in Energy and Environmental Design)-certified. As the first LEED-certified hospital addition in the North Hills, the new pavilion's features include natural lighting, non-toxic materials, water conservation method and special lighting designed to reduce light pollution.

Amenities include concierge and valet services, easy-to-understand signage, patient and family resource centers, comfortable waiting and respite rooms, a family convenience area with a private bathroom and shower, and an outdoor healing garden. The hospital's entrance and exit routes have been redesigned and reconstructed. The pavilion's 88 private patient rooms, clinical care areas and nursing stations all have been designed for optimal patient comfort and safety.

UPMC CANCER CENTER AT UPMC PASSAVANT

The first floor of the new pavilion provides 27,000-square-feet of increased capacity for the UPMC Cancer Center at UPMC Passavant, tripling its size, offering medical, radiation and surgical oncology services by experts of UPMC Cancer Centers and the University of Pittsburgh Cancer Institute, the region's only National Cancer Institute-designated Comprehensive Cancer Center. Features include: New clinical space for advanced tertiary services to treat breast, lung, esophageal, upper gastrointestinal, pancreas, colorectal and liver cancer; a separate and dedicated outside elevator for cancer patients; separate waiting areas for radiation and chemotherapy patients; windows in all chemotherapy rooms for improved visibility and natural lighting; a cancer resource library, and more. High-end treatment modalities include: 4D respiratory-gated and intensity modulated radiation therapies, and on-board imaging to improve tumor targeting and treatment.

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EMERGENCY DEPARTMENT

The expansion adds 21,000-square-feet to the first-floor Emergency Department (ED), increasing the hospital's capacity from 35,000 to 60,000 visits annually. Features include: "Fast track" area for minor medical issues; dedicated "fast track" imaging services to minimize wait times; 26 acute treatment rooms; a 10-bed observation area; designated area for critical heart patients; three new trauma rooms; and Austin's Playroom for children. The ED also features a stroke telemedicine program, whereby UPMC Passavant ED physicians have immediate, 24-hour access to experts at the UPMC Stroke Institute in Oakland through videoconferencing technology.

SURGICAL SERVICES

The pavilion's second floor has six new operating rooms for advanced vascular, neurosurgery and oncology cases. Two of the new rooms are dedicated to image-guided procedures. A hybrid angiography suite is revolutionary in that it enables vascular surgeons to do both open and minimally invasive cardiovascular procedures at the same time in the same room. It is the only operating room in the region where surgeons essentially can do an angiogram, an operation and a CT scan in the same setting, improving efficient care for patients. Another room with a 64-slice CT Scanner also provides the capability to perform open procedures in the same setting. Spine surgeons have access to real-time, integrated 3-D imaging, which can increase the accuracy of stabilization techniques, minimize operating time and enable surgeons to perform more complex procedures. Other surgical suite features are: On-site pharmacy, blood bank and pathology labs for improved efficiency; videoconferencing technology for teaching; expanded recovery room and family waiting area space.

INPATIENT FLOORS

The third floor adds 16 critical care rooms for cardiothoracic patients, where nurse and physician work stations are located right outside patient rooms within view of patients through glass. The rooms were designed to improve patient safety, reduce noise and accommodate family members and visitors.

The fourth, fifth and sixth floor private patient rooms include floor-to-ceiling windows, sleeper sofas and large bathrooms. Each room is Americans with Disabilities Act-compliant and feature three "zones" built to suit the individual needs of the patient, clinical care team and family. †

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Outdated imaging equipment fueling hospital construction

By Daniel Casciato

In the 20-plus years of his company's Atlanta-based practice, Timothy Sean Black, a LEED AP (Leadership in Energy and Environmental Design Accredited Professional), has seen a trend towards better, smarter, faster, and more efficient medical imaging equipment. As new fixed-placement equipment has been introduced into healthcare facilities nationwide, suite and vault sizes have grown while mobile medical equipment has shrunk.

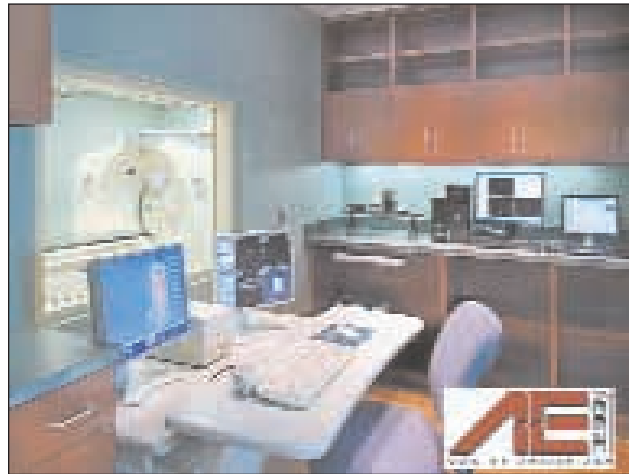
"Even new equipment from the same manufacturer can require substantial renovations to support installation," says Black, managing director for AE Design, Inc.'s Seattle regional office. "Hospitals and other facilities have to work to maintain a perception in their market of providing cutting-edge care in order to attract healthcare dollars."

Since the technology within emergency and operating rooms continues to advance at a rapid rate, so too has the pressure to keep up with the competition.

"These rooms today are far more complex and far more technical, and the older operating rooms just aren't able to accommodate that new technology," says Martin

Valins, a principal in the Philadelphia office of Stan-
tec, an Edmonton, Alberta-based architectural firm that has designed hospitals across Pennsylvania.

"When hospitals look at where they can provide the most care and revenue streams, operating rooms are a good place to start," he says. "Many hospitals are looking to increase the number of operating rooms they have and making sure they are in alignment with the latest technology."



Steve Bishop, project manager for Landau Building Company in Wexford, Pa., whose firm recently upgraded Allegheny General Hospital's emergency room to accommodate a new CT scanner, has also seen a significant increase in the upgrade of imaging

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equipment in the past 18 months.

"Everyone seems to be upgrading because their current technology is outdated," Bishop says. "New technology is evolving so rapidly that many healthcare facilities need to keep up with it. So we're seeing a trend towards more upgrades of MRI machines, CT scanners, as well as X-Ray and radiology equipment."

Accommodating new imaging equipment is one of the two principal reasons facilities are renovating or building new additions on its campus. The physical demands of new equipment may require facilities to be renovated as does meeting the demand of patient expectations.

Innovations in equipment engineering and design can change the configuration of utility connections, access doors, even cabinet size and footprint. The trend toward developing multifunctional equipment also has an impact on the overall size of the design.

"As many older machines are located in purpose-designed rooms, replacing the machines often requires major redesign of spaces to support new equipment," explains Black.

This would include changing utility connections, upgrading shielding, even making structural changes to walls, floors and ceilings.

"Also, the control areas must be redesigned to house more advanced electronic control suites," he adds.

Medical imaging equipment is one of largest capital outlays for a healthcare facility. Additionally, the cost of renovating to provide the necessary infrastructure for new equipment can trigger the thresholds for meeting current building codes. Depending on the age of the facility, and the extent of the changes for equipment replacement, building code upgrades can have a far-reaching impact on a building.

"It is important for a facility to discuss replacement plans with an architect or other licensed building professional, to fully develop expectations for a project, before commencing," advises Black.

Although there are always advances in technology, it is still viewed by healthcare administrators as what will be the return on investment, according to Christopher Ervin, a former emergency physician who is now serving as a consultant to several nonprofits in the Atlanta area.

"Fortunately for medical imaging, much of the upgrades can be done in software with improved imaging algorithms so the need to replace the equipment can be done prudently," he says. "With the move to digital imaging and electronic health records, it is the right time to do medical imaging updates."

Aside from the immediate demands new equipment places on spaces designed for older technology, there is also the factor of patient expectations. Patients are an increasingly sophisticated consumer group, and competition for healthcare dollars is always growing.

"Due to this, patient satisfaction is a critical issue in facility design," says Black. "Institutions are pursuing better ways to provide patients with comfortable and supportive environments for healing."

In addition to changes made for patient comfort, Black says that these changes may also be made to provide care partners with safer, more accessible work environments, in part to improve patient care, as well as improving cycle times. This may include redesigning ancillary equipment placement, cabinetry, storage and support spaces, and work areas.

He adds, "The anticipated return on investing in these changes is an improvement in patient care, shorter cycle times, a reduction in overtime and turnover, and overall improved employee satisfaction among care partners." T



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Heritage Valley on course with major expansion plans

By Ron Paglia

Even Mother Nature and Old Man Winter can't keep Heritage Valley Health System from moving forward.

Despite the Blizzard of 2010 (Parts 1 and 2) in early February and a record amount of snowfall in the region during the second month of the year, Heritage Valley is on schedule with major expansion programs at its hospitals in Beaver, Beaver County, and Sewickley, Allegheny County.

"The estimated completion date for work on the Emergency Department project at Heritage Valley Beaver was early February and that deadline was met with the official opening occurring on February 20," said an obviously pleased Norm Mitry, president and chief executive officer of Heritage Valley.

The entire project, including the new John "Tito" Francona Heart & Vascular Center, will be completed as scheduled in June, Mitry said.

Transformation at Heritage Valley Sewickley was completed in January.



Both projects increased the capacity of the emergency departments. At Sewickley, the number of beds in the emergency department increased from 19 to 25, three behavioral health rooms were added, and available space increased from 8,800 square feet to 23,000

square feet. The Beaver Emergency Department gained 16 beds, from 26 to 42, added four behavioral health rooms, and doubled its available space from 12,000 to 24,689 square feet.

Mitry and Rosemary Nolan, chief operating officer and chief nursing officer at Heritage Valley, said a variety of things caused the growth of emergency department usage in Western Pennsylvania and subsequent expansion of those units.

"The increase in the uninsured population is a contributing factor, but there is a combination of other issues that have also added to the increase in emergency department patients," Nolan said, including:

- The general population in Heritage Valley's service areas is increasing in age, leading to a growing number of elderly patients.
- There are more people living with chronic diseases that require continuous care.
- Primary care physician offices are overwhelmed with volume.
- The emergency department provides instant access to a physician and diagnostic testing (MRI, CT scan, etc.) that result in a more immediate diagnosis, as opposed to waiting a couple of days for a physician appointment.

"While there is a wait in the emergency department, in the consumer's eyes it is more convenient than scheduling and waiting for tests and test results on an outpatient basis," Nolan said. "Consumers in their everyday lives are used to 'instant' access to services," she continued. "This has transferred into the healthcare industry where people want medical care and don't want to wait. Since emergency departments are required by law to provide a medical screening exam to everyone who seeks care, people have learned that the emergency departments are accessible 24/7/365 and, even though they may have to wait, they eventually will be seen."

Many emergency department patients are treated as charity care cases; that is, they cannot pay for the care they receive but hospitals cannot, by law, turn them away. This, Mitry agreed, can have a strong impact on a health system's efforts to maintain fiscal stability.

"Heritage Valley has experienced a significant increase in the amount of charity care provided when comparing fiscal year 2009 to 2008, which negatively impacted our financial results," Mitry said. "Total charity care provided, at cost, increased from \$2.1 million in fiscal 2008 to \$5.3 million in fiscal 2009. This is a result of increasing numbers of patients qualifying for charity care coupled with our decision to increase the qualification threshold from 200 percent to 300 percent of the federal poverty guidelines."

So how does a healthcare system balance the mandate for financial responsibility with a need for expansion and construction projects?

"Heritage Valley has a five-year strategic plan with definitive projects and deliverables," Mitry said. "In addition we have a five-year capital plan that allows us to plan and budget for our growth and expansion."

Heritage Valley operates under five strategic imperatives that guide decision making, Mitry said. These imperatives "help us strike a balance between strategic direction and growth and operational and financial excellence," he said.

The strategic imperatives are:

- Quality/Safety/Customer Satisfaction
- Human Resources
- Market Expansion and Community Health

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- Information Technology
- Fiscal Responsibility

"To remain competitive and viable as a healthcare system Heritage Valley must continually upgrade facilities and technology," Mitry said. "Balancing these improvements is essential to success. Monies are invested in areas where Heritage Valley is experiencing growth or has identified a need for expansion. The emergency departments are excellent examples of the tremendous growth in volumes over the past few years."

Nolan said Heritage Valley constantly strives to meet the needs of its communities and patients with quality services and care while competing in the tough Pittsburgh metropolitan market.

"Our mission is to improve the health and well-being of all people in the communities we serve and we focus on achieving this each and every day," Nolan said. "Our goal is to continue to provide high quality, cost-effective healthcare locally, close to home so our patients do not need to travel to the city. In that spirit, Heritage Valley aims to ensure that our patients have access to the latest and most innovative technology, through our provision of high quality healthcare."

Mitry emphasized that Heritage Valley is not "keeping up" with other health systems in terms of expansion or new technology just for the sake of competition. "As a healthcare organization focused on the community, Heritage Valley does what is necessary to meet, maintain and preserve generally recognized standards of care," he said. "We constantly re-evaluate our processes for providing care to identify methods for improvement. Progress is not just about bricks and mortar. The proper environment can help facilitate care, but delivering high quality healthcare comes from skilled health providers and efficient, safe care processes that are consistent with evidence-based care."

Heritage Valley's efforts toward fiscal responsibility was emphasized in 2009 when it received a favorable (AA-) rating from Standard & Poor's Rating Services. The S&P report lauded Heritage Valley for its "excellent balance sheet ... strong cash to debt ... and overall growth in liquidity over the past five years" and other factors for the emphasis on "a stable future outlook."

This is significant in light of the health system confronting rising costs for supplies (i.e., pharmacy products), goods and services against such constant fiscal challenges as inadequate reimbursements (Medicare and Medicaid) to keep its head above water.

"The daily operation of our health system is met with many challenges that implicate the bottom line," Mitry said. "Our employees are the front line and do the hard work of 'blocking and tackling' critical operational issues on a daily basis. Heritage Valley is constantly searching for ways to improve our operations. Eliminating waste and variation in processes, curtailing non-value added steps, power buying through group purchasing and streamlining are processes we employ to assure that healthcare is safe, efficient and effective. Without the front line, the quarterback is not effective and the game will, most likely be lost. The same is true for healthcare operations."

Nolan said administration is grateful for the reaction from the public and Heritage Valley staff to expansions at Sewickley and Beaver. "The Medical Staff, employees and the community have responded positively to Heritage Valley's ongoing growth and expansion," she said. "The newly expanded emergency departments at Heritage Valley Beaver and Her-

itage Valley Sewickley have been well received in the community. The public and staff have been receptive to the modern and technologically advanced facilities. We believe that everyone is proud to be part of the organization and the community."

Mitry said employees in particular, seem "very pleased" with their new work surroundings at both hospitals. "Heritage Valley's approach to customer service has been 'CQI: Clean, Quiet and Informed,'" he said. "It's difficult to have a clean, quiet facility when there is inadequate space to meet the volume requirements for patient care. The expansion has enabled staff to provide care in a way that is private and confidential, which makes everybody's job a little bit better. So far, the employees are all smiles."

Mitry also said the health system is "deeply appreciative of" the financial support it received for the new emergency departments. "The Beaver and Sewickley emergency department projects each received a \$1 million grant from the state of Pennsylvania," he said. "In addition, generous capital campaign gifts from Heritage Valley medical staff, employees and hundreds of community members were contributed in order to make these projects a reality." T



Alle-Kiski Medical Center's emergency department renovation already improving patient service

By Laurie Bailey

On track for a March 24 completion, construction of the next phase of Alle-Kiski Medical Center's emergency department expansion and renovation project is underway. Part of an \$11.6 million project, it includes a new entrance to the main hospital, a larger fast track and new and separate waiting room areas for outpatient registration and the emergency department.



It's all part of a multi-phased endeavor at the Natrona Heights hospital that began in August of 2009, and it is already producing more efficient patient flow. Combined with new electronic documentation processes and expanded treatment areas, the department continues to improve patient satisfaction.

"The industry standard recommends 1,500 patients per bed each year," said Emergency Department Medical Director Jerry Taylor, M.D. The emergency department there currently sees more than 3,000 patients per bed each year, putting the department over capacity by double.

Once completed, the new emergency department will double in size to boast 24 totally reconstructed exam and treatment rooms – up from the original 12 rooms. The department's

square footage will increase from its original 11,000 square feet to 22,000 square feet.

Seven totally redesigned new rooms were completed as of January and, to minimize disruption to patient care are being used as the renovation continues. The rooms are in the area that was once home to the hospital's Endoscopy Short Term Procedure Unit, which was moved to another area in the hospital as part of the project's first phase.

Subsequent phases will include the total demolition of the existing emergency department exam rooms and construction of new, larger and redesigned rooms, new triage area, gift and snack shop and new office space for emergency department management.

The hospital worked with architects from VEBH Architects, P.C. to achieve a more comfortable and quiet environment, Dr. Taylor said. Each room will be private and have glass doors, hard synthetic wood flooring, a television and music.

Each room will also be equipped with:

- bedside computers, allowing for more efficient and accurate patient and medical tracking;
- a pneumatic tube system connected to the lab and pharmacy for quicker delivery of specimens and medications; and
- point-of-care-testing allowing for bedside lab testing that can be processed in the department.

The department has also added new airway and ultrasound equipment.

"Registration will also be 100 percent bedside," said Dr. Taylor, adding that the department has been in the process of eliminating front door registration. "We're generally seeing patients within 10 minutes of their arrival."

Services offered to patients at Alle-Kiski Medical Center will continue uninterrupted. To keep operations running smoothly, temporary changes to previous traffic patterns, inside and around the exterior of the hospital, are carefully marked and continue to change through the project's many phases. The completion date for the entire project will be December of this year. †

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Future of Real Estate & Construction Trends in Health Care

Physician in triage speeds up process

By Laurie Bailey

Traditionally, most patients upon arriving at the emergency department would initially have their condition assessed by a triage nurse and begin the registration process before moving into the department to see the doctor. An increasingly popular concept, and one provided by the emergency department at Alle-Kiski Medical Center from 1 p.m. to 9 p.m., is to have the physician in triage.

With this system, patients are assessed by a physician as soon as they enter the department. The physician can immediately start an evaluation, order any necessary tests (as blood work or CT scans) or move the patients into the main department as needs.

The triage physician may be the only doctor many patients need to see. He can treat several conditions (as ankle sprains or sore throats), send the patient to a "quick treat" area and work with the physician assistant to get the patient positioned. If the patient presents a simple straightforward condition, the doctor can treat it and discharge the patient from triage.

Why have a physician in triage?

- The patient is seen by a physician almost immediately.
- It reduces the chances for delays throughout the department.
- It reduces treatment room demand in the department when some patients are discharged from triage, causing less likelihood of back-ups.
- There is less of a chance that a patient would leave the hospital without being seen because of long waits. Once a patient is seen by a physician, they are less likely to leave prior to completion of care. †

Ohio Valley General opens outpatient wound and pain care centers

Ohio Valley General Hospital has a new outpatient facility in Ohio Township that houses the secondary branches of the hospital's wound care and hyperbaric oxygen therapy center and the Institute for Pain Diagnostics and Care. An additional facility featured is the Pittsburgh Primary Care Center. The center is run by a primary care physician who is not only board certified in family practice medicine but also has subspecialty training in wound and hyperbaric oxygen therapy.

"We take a different approach to wound care and pain treatment, and as a result we have one of the largest wound care centers in the country. And our pain center is quickly becoming one of the largest pain centers in Pittsburgh," says hospital president and CEO William Provenzano. "So what we've done is moved that model into a larger Pittsburgh area where there are patients who need that service and where no one else is actually meeting that need with the approach that we use."

Provenzano says the hospital has about a 95 percent cure rate for curing non-healing wounds, one of the highest rates nationally. "And last year, our pain treatment volume increased by 20 percent," he adds.

One of the key factors in the success of both programs is the continuum of care that patients receive. The pain and wound care programs, along with any additional hospital support, provide patients with full service to address their ongoing medical needs. "A lot of wound patients have more problems than the wound itself," says Provenzano. "Usually the wound doesn't heal for a certain reason – the patient may have poor circulation or some other medical problem like diabetes. So, every patient is evaluated on an ongoing basis, and we make sure that the patient sees the appropriate specialties."

For more information about Ohio Valley General Hospital's Care Centers, visit www.thecarecenters.org or call 412-847-7590. †

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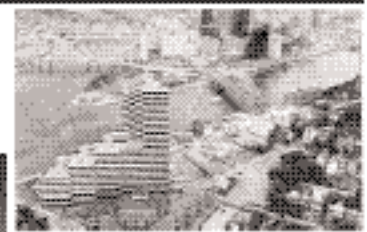


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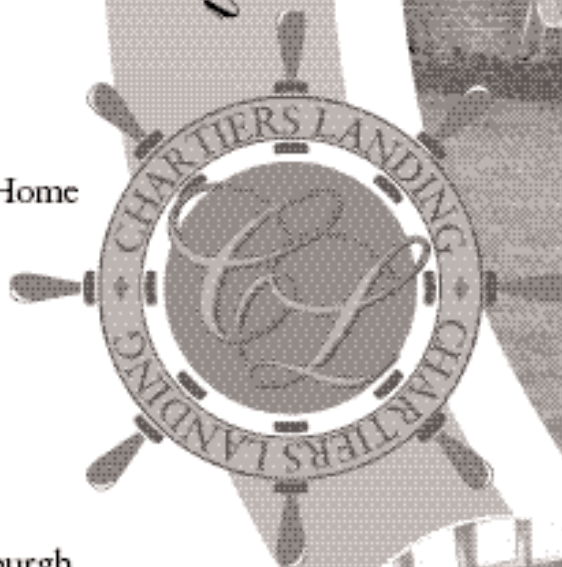
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Youth leaders combat childhood obesity

By **Stephanie Bernaciak-Massaro**



Whether they're slicing and dicing, digging and planting or grinding and spicing, Health HEROES in Pittsburgh and through-

out Pennsylvania will have the tools they need to lead the fight against childhood obesity.

UnitedHealthcare and Unison Health Plan chose 24 groups in Pennsylvania, including seven in the Pittsburgh area, to receive 2010 UnitedHealth HEROES grants totaling \$15,000, awarded to student and youth organizations for developing programs that get friends, classmates and community members moving toward a healthier lifestyle.

UnitedHealth HEROES is a service-learning, health literacy initiative designed to encourage young people, working through educators and youth leaders, to create and implement local hands-on programs to address the issue of childhood obesity. According to the Centers for Disease Control

and Prevention, more than 30 percent of young people are obese, which means they are at an increased risk for heart disease, diabetes, high blood pressure and numerous other life-altering health conditions.

When students, teachers and community leaders collaborate to raise awareness and develop programs, they make the positive changes that lead the fight against childhood obesity. UnitedHealth HEROES grants are helping young people take action to improve their overall health and quality of life in a way that's not only educational, but beneficial for their communities.

Each year, the UnitedHealth HEROES program awards grants to schools and youth-focused, community center-based programs that demonstrate a clear understanding of the health risks associated with childhood obesity and propose creative solutions that can be easily implemented in their schools and communities. Youth Service America administers the UnitedHealth HEROES grants.

In Pittsburgh, a group of obese teenage girls from Woodland Hills Junior High will learn about making healthy choices and incorporating a fun activity into their daily routine by

participating in a dance class and, after learning some popular dances, organize and instruct their own exercise class at a community center.

The Allegheny Valley YMCA, in Natrona Heights, will start a "Youth Strength Training" program to help young people struggling to overcome inactivity through a mentor exercise program that features a circuit of weightlifting, body sculpting, cardiovascular exercise and nutritional classes.

Seneca Valley School District students, in Zelienople, will start a youth mentoring program to encourage healthy habits, respectful relationships and caring hearts.

Students on the Holy Trinity High Flyers Jump Rope Team, in Ligonier, will show their friends, classmates and parents how to jump rope and have fun while exercising in a demonstration at the local YMCA.

The Mon Valley YMCA in Monongahela will host weekly meetings for volunteer members to discuss how to inspire local kids to lead healthy lives, connect with community leaders, and incorporate physical fitness activities, culminating in a community-wide Healthy Kids Day event.

Lawrence County Social Services,

Inc., in New Castle, will help students enrolled in the local vo-tech high school become wellness mentors to low-income preschoolers, develop a newsletter and design programs to encourage parent involvement.

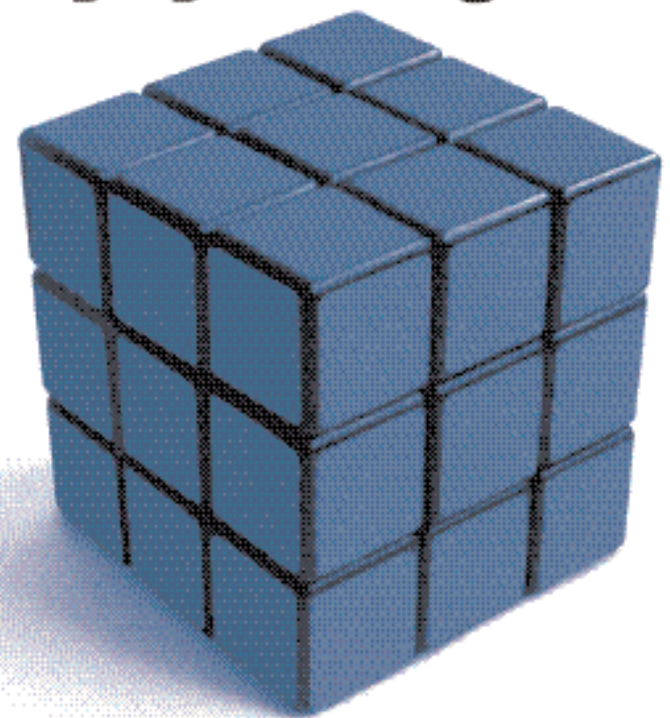
Students in grades 3 to 5 at Claysville Elementary School will create a "Healthy Living" informational DVD focused on the three main areas of "Healthy Snacks," "Healthy Habits," and "Healthy Activities" and distribute it to classmates, community members and local media outlets.

Dance classes, jump rope teams and healthy lifestyle DVDs are just some of the innovative programs Health HEROES have been able to bring to their communities with the help of a UnitedHealth Group grant. This year, UnitedHealth Group awarded \$182,890 in 267 HEROES grants to schools, youth groups and community organizations in 35 states and the District of Columbia, including \$15,000 to 24 groups in the state of Pennsylvania. †

Stephanie V. Bernaciak-Massaro, vice president and head of the Pittsburgh office of UnitedHealthcare, can be reached at svbernaciak@uhc.com

www.lroche.edu or by phone at 412-536-0272 toll-free 1-800-839-4LRC'. The La Roche College logo is also present."/>

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MIRACLE BABIES From **Page 1****MIRACLE BABIES RALLY EACH OTHER
THROUGH CANCER TREATMENT**

Madeline and Isabella Dunn do everything together. The identical twins faced birth – and even near-death -- together. At only two months old, the eight-pound infants were diagnosed with an aggressive cancer, neuroblastoma, just two days apart. They became the ninth known case of monozygotic twins with neuroblastoma.

Madeline's engorged, hard abdomen was the first indication something was wrong. Within days of her first pediatrician appointment, Maddie was in neonatal intensive care at Children's Hospital of Michigan fighting for her life and undergoing her first round of chemotherapy. Her parents, Michael and Alissa, would soon learn that Maddie's cancer, which started with a tumor in her belly, had spread to her liver and bone marrow, and to her sister via the placenta.

"We were in full-blown shock," Michael said. "It all happened so fast. There was a parade of doctors, each with their own specialty. Our days became doctor after doctor." Added to the parents' concern was the welfare of their two-year-old son, who also needed their attention.

The day Isabella was diagnosed, another family at the hospital introduced the Dunns to CaringBridge. Michael was skeptical they'd ever use the site. But ultimately, he said, it became a lifeline between the family at the hospital and the outside world.

"It allowed us to tell the story we could never have told to people personally," Michael said. "It would have been a much more difficult and lonely time without CaringBridge."

Michael and Alissa stayed positive around the girls, finding strength in their faith and the CaringBridge guestbook. Their emotional highs and lows, the girls' treatment and daily challenges were captured on CaringBridge, effectually becoming the twins' baby book.

Looking back, of course the Dunns prefer that the twins had never gotten cancer in the first place but they're thankful the girls got the disease together.

"It was bonding time between sisters that they never would have had if they had not both had cancer," Alissa said. "They pulled strength from each other."

The twins were separated for the first few weeks while in intensive care. Once they were stable, the parents held the girls next to each other and watched their faces light up and the girls kick each others' feet. From then on, they were always together, sharing a crib at the hospital.

Four months after diagnosis, neither Madeline and Isabella had evidence of the

disease. Today, the lively toddlers show no lasting effects from their cancer or treatment, and are as inseparable as ever.

"They are our miracle babies," Alissa said. †

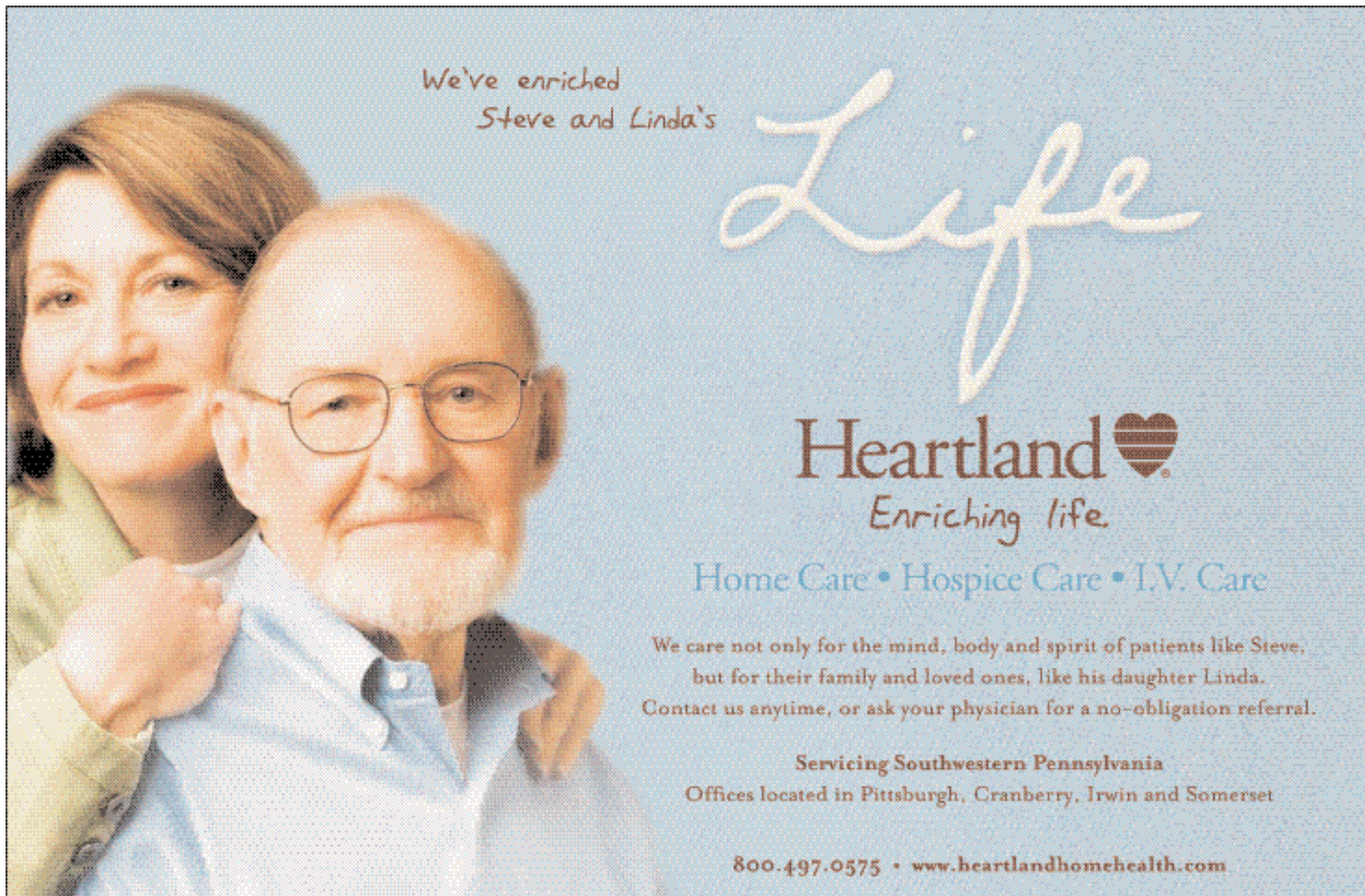
Sona Mehring is the founder and executive director of CaringBridge. Each day CaringBridge websites bring together more than one-half million people. To discover how CaringBridge creates connections that comfort, sustain and support patients, caregivers and families during difficult times, visit www.CaringBridge.org.



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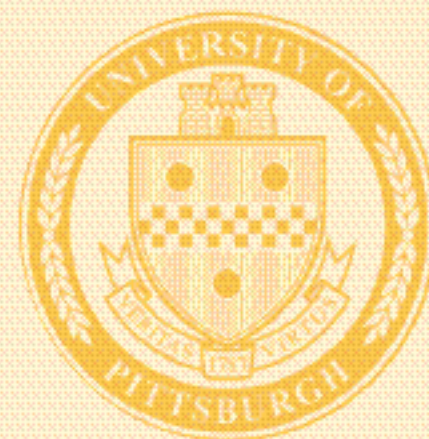
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Welcome.

Jacqueline Dunbar-Jacob, PhD, RN, FAAN, Dean and Professor, University of Pittsburgh School of Nursing

8:30-10 a.m.

Keynote Address

Kathy B. Dempsey, RN, MEd, CSP, Author of *Shed or You're Dead*

10:15-10:30 a.m.

Book Signing, Poster Presentations, Exhibits, and Break

10:30-11:30 a.m.

Concurrent Sessions

Clinical Quandaries on the Horizon: The Future of Antimicrobial and Anticoagulation Therapy

Brian D. Simpkins, PharmD, RPh, Clinical Pharmacist, Medical ICU, UPMC Presbyterian

Application of Genetics in the Clinical Setting

Yvette P. Conley, PhD, Associate Professor of Nursing and Human Genetics, University of Pittsburgh School of Nursing

11:30-11:45 a.m.

Book Signing, Poster Presentations, Exhibits, and Break

11:45 a.m.-12:45 p.m.

Lunch

12:45-1:45 p.m.

Concurrent Sessions

Are You Up to the Challenge of Diabetes Care for 2010?

Jolynn M. Gibson, MSN, RN, CDE, Diabetes Advanced Practice Nurse, UPMC St. Margaret

Creating an Ideal Environment to Care for the Hospitalized Older Adult: the ACE Model

Diane Krueger, MSN, RN-BC, Advanced Practice Nurse, Gerontology, UPMC Presbyterian

1:45-2 p.m.

Book Signing, Poster Presentations, Exhibits, and Break

2-3:30 p.m.

Endnote Address

Deborah E. Trautman, PhD, RN, Executive Director, Center for Health Policy, Johns Hopkins SAIS

3:30-3:45 p.m.

Evaluation/Adjournment

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University of Pittsburgh School of Nursing The University of Pittsburgh School of Nursing, founded in 1939, is one of the oldest programs in baccalaureate and doctoral education in nursing in the United States. As one of the nation's distinguished schools of nursing, the resources of the school constitute an invaluable asset for the intellectual, scientific, and economic enrichment of health care in Pennsylvania, the nation, and throughout the world.

The School of Nursing educates nurses for increasingly demanding environments through a comprehensive curriculum that combines rigorous academic work with varied and intense clinical experiences and a growing involvement in research.

The school's many strengths include a renowned clinically focused undergraduate program and critically acclaimed graduate program. The latest edition of U.S. News & World Report, 'America's Best Graduate Schools' ranked the University of Pittsburgh School of Nursing graduate programs 7th in the country. For more than 50 years, researchers at the University of Pittsburgh School of Nursing have helped redefine the science and practice of nursing through research. Among schools of nursing, the National Institutes of Health (NIH) ranks the University of Pittsburgh School of Nursing 3rd in number of research grand awards received, which is the 10th consecutive year the school has ranked in the NIH's top 10 list. The NIH rankings reflect the substantial contributions that the school is making to advance nursing care through research.

For more information about the School of Nursing, visit www.nursing.pitt.edu.

Registration Information

Conference Fee: \$99.00 (Breakfast, lunch, and break refreshments are included). All registrations should be received on or before May 3, 2010. Payment must accompany registration. Vouchers, checks, or money orders are acceptable.

Credit card payments may be accepted via on line registration at www.nursing.pitt.edu/academics/ce/horizon.jsp.

Registrations received after May 3, 2010, including on site registration, will cost \$125.

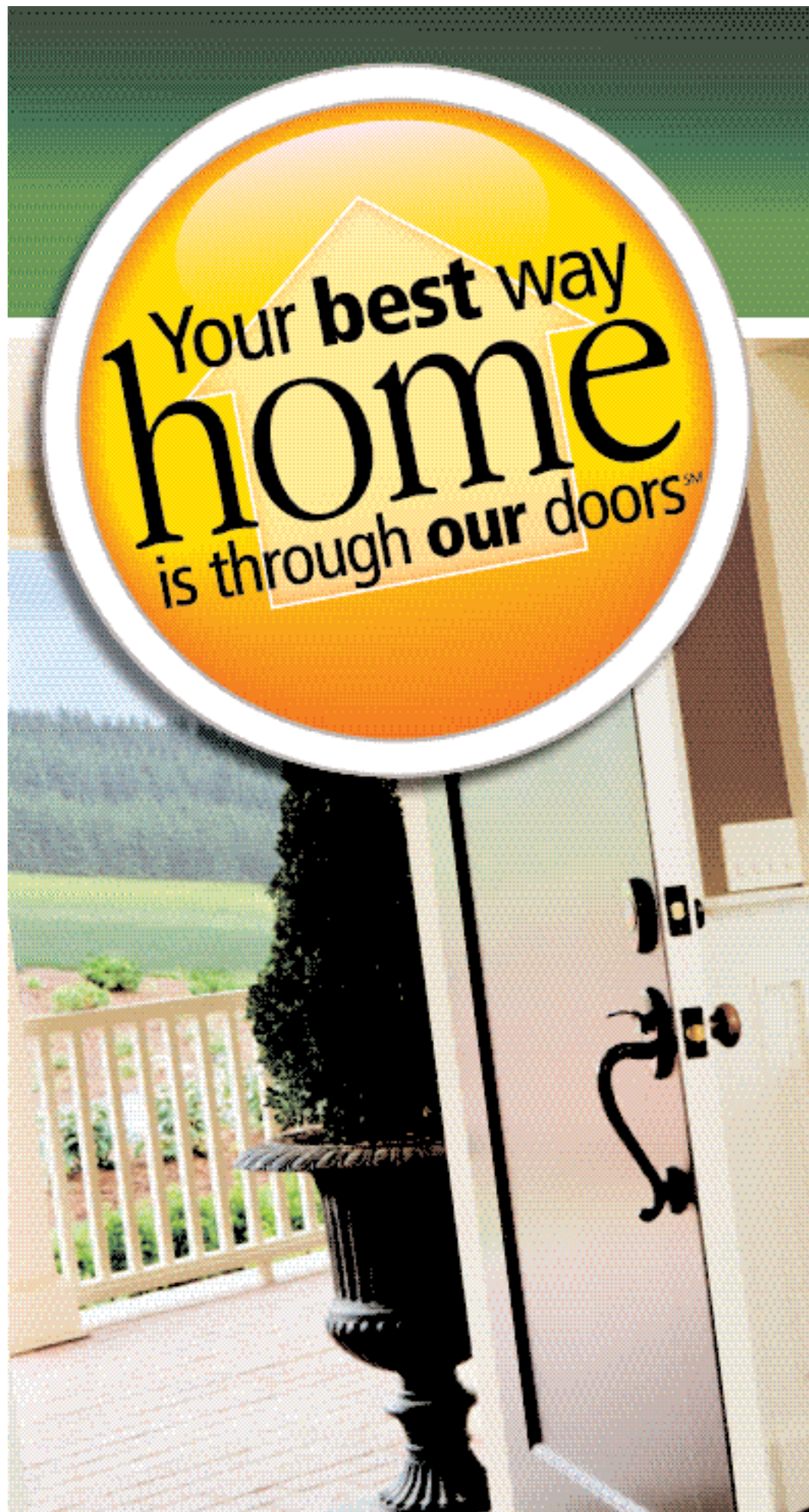
Cancellation Policy: All cancellations must be made in writing. Cancellations received on or before May 3, 2010, will be refunded minus a \$35 administrative fee. No registration fee will be refunded after May 3, 2010. The University of Pittsburgh School of Nursing reserves the right to cancel this program if a sufficient number of advances registrations is not received. In case of cancellation by the University of Pittsburgh School of Nursing, registration fees will be refunded in full.

Continuing Education Credit: Six and one-half (6.5) hours of continuing education credits will be granted by the University of Pittsburgh School of Nursing. The University of Pittsburgh School of Nursing is an approved provider of continuing nursing education by the American Nursing Credentialing Center's Commission on Accreditation.

Parking: Discount parking will be available at the Soldiers and Sailors parking garage, which is located at the corner of Fifth Avenue and Bigelow Blvd. Parking meters and other parking garages are located throughout campus. The discount parking vouchers will only be accepted at the Soldiers and Sailors Military Museum and Memorial garage. The University Club is also accessible via public transportation and is adjacent to Soldiers and Sailors parking garage. The University Club is located at 123 University Drive, Pittsburgh, PA 15261.

Special Needs: Participation by all individuals is encouraged. Advance notification of any special needs will help us provide better service. Please notify us of your needs at least two weeks in advance of the conference by indicating the special need on the registration form or calling 412-624-3156.

Lifetime Learning Tax Credit: Individuals can qualify for a new educational tax credit for tuition and fees paid by undergraduate, graduate, and continuing education courses. For detailed information, consult IRS publication 970, Tax Benefits for Higher Education, which can be obtained at any IRS office or at www.irs.gov/publications/index.html.



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