

# H Hospital News & More

Western Pennsylvania

*The Region's Monthly Healthcare Newspaper*

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## Reducing Hospital Readmissions Through Care Transitions: Western Pennsylvania Providers Prepare for Health Reform

*This is the first of a series of articles on specific aspects of health reform and its impact on western Pennsylvania health care providers. This article examines the issue of hospital readmissions and care transitions in western Pennsylvania. The writer is the vice president of Advocacy & Communications at Hospital Council of Western Pennsylvania.*



**By Patricia J. Raffaele**

Hospital readmissions and transitions of care is a complex set of processes which crosses care settings and providers. Now, under the new health reform law, payments to providers will be connected to readmission rates. Western Pennsylvania hospitals, Hospital Council of Western Pennsylvania



Jane Montgomery

MBA, vice president of Clinical Services and Quality for Hospital Council. "We want our members to be ahead of the legislation—because we recognize this

and Quality Insights of Pennsylvania, along with other providers have been working to address this issue well in advance of health reform.

"Hospital Council has identified this as one of our major priorities for the next few years," said Jane Montgomery, RN,

as an issue and want to address it to assist the patients our members serve as well as prepare our members so they do not face the financial penalties in the new legislation related to readmissions."

Under the new legislation, H.R. 3590. The Patient Protection and Affordable Care Act, there are several delivery system reforms. One of these reforms is in Section 3025 of the legislation and addresses hospital readmissions. The legislation addresses this issue because there is a high cost to patients being readmitted to hospitals within a 30-day period. Under the new legislation, savings to Medicare for preventing these readmissions is estimated to be more than \$7 billion over 10 years.

The savings are expected to be realized beginning in 2013 when hospitals with higher-than-expected readmissions rates will experience decreased Medicare payments. Prior to implementation, in

See **READMISSIONS** On **Page 18**

## Shooting from the Hip Finding Out is Better

**By Michael W. Weiss, M.D.**

Undergoing recent rotator cuff repair surgery – the same procedure I've performed on hundreds of patients over the years – taught me three lessons.

One, some of my post-op instructions to those patients lacked utility. Two, the world is kinder to those with obvious physical impairments than it is to those whose look O.K. but don't feel so great. And, three, when patients politely ask, "When will I return to normal," they often mean, "I have something important planned, and I'm counting on you, doc, to help me get better."

Lesson No. 1 is dedicated to baseball's Yogi Berra, who once issued this denial, "I never said most of the things I said."

For my rotator cuff repair patients, my usual speech included these orders: "You can't put pressure on your shoulder right away, so sleep sitting up and remove your sling for comfort. Put tape over your incisions after you shower. Don't use your arm till you come back to see me."

Having been on the other side of the scalpel, I now know that such instructions don't always instruct – tape over the incision just irritates the skin – and that the timing of my speech couldn't have been worse. Post-op instructions delivered the day of surgery come too late. Groggy from anesthesia, patients have no opportunity to borrow a recliner if they don't already own one, fill their script for pain meds in advance, or arrange for someone without a shoulder problem to help them change their shirt.

See **FINDING OUT** On **Page 40**



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# No Time for Social Media? Hire a Ghost



By Daniel Casciato

Earlier this month, I was invited to attend the 2nd Annual Healthcare New Media Marketing Conference presented by Q1 Productions in Chicago. One of the presentations on the first day focused on how to overcome internal resistance and prove the value of social media to a healthcare organization’s leadership team.

Although healthcare blogger Ed Bennett, of the University of Maryland Medical System, reported in May that 730 hospitals have an active social media presence with more than 1,400 sites, research has shown that leadership buy-in is the number one reason health systems are not yet implementing social media initiatives as part of their marketing

and communications mix.

One of the major reasons cited was the lack of employee resources. During the networking portion of the conference, I also heard many of the marketing professionals in attendance lament over this as well: many PR and marketing staffs are already stretched thin and no one can devote the time that social media deserves. In fact, in the TweetChat during the presentation, someone posted: “The reason hospitals don’t have blogs is b/c the marketing guy knows no one will write the post ongoing.”

So I immediately tweeted back, “Blogs do take a lot of time. That’s why you hire freelance writers!”

In addition to helping my clients better identify which social media channels are the most effective for them and how many channels they should use, I also ghostwrite their tweets, Facebook updates, and even LinkedIn profiles.

I remember I once posted on my Facebook status that I was ghost blogging for a client. A few snarky comments aside, one of my friends asked if it was an ethical practice. She says she’d be reluctant to hire a social media ghostwriter. She’s not alone. It’s a common concern, especially among healthcare organizations since they are always concerned about the impact of privacy laws such as HIPPA.

If you’re going to hire a social media ghostwriter, here are some guidelines to follow to work effectively with your cyber alter ego and avoid crossing that ethical line.

## USE THEIR VOICE

Make sure your ghostwriter is using the 2nd or 3rd person voice when ghost blogging or ghost tweeting. Once they start using “I,” they’re lying to your audience.



## PLAN AHEAD

Meet with your ghostwriter and discuss the direction and scope of your social media content. Create a social media calendar and stick with the plan and a schedule.

## BE A GUIDE

Give your ghostwriters topics to cover. For clients who want me to tweet on their behalf, they’ll email me some topic ideas, thoughts on a current event, or relevant news they want to share. I turn that communication into a tweet or a blog post.

## REVIEW AND APPROVE THE CONTENT

Always maintain editorial control. Be aware of what content is out there because it represents your brand. Never let your writer post anything without your approval.

## GUEST INSTEAD OF GHOST

If you have a blog, open it up to guest bloggers who can provide content. Copyblogger.com and SocialMediaExaminer.com does a great job with this. They’re still providing very useful and relevant information, but giving credit to the true authors.

## GHOST EDIT

If you want to write your own content, you can still use a ghost writer to edit your copy. One of my clients writes all of her blog posts and tweets, but sends me her drafts for me to polish and post.

Have you been using a ghostwriter for your social media platforms? What are some of the pros and cons? Email me at [writer@danielcasciato.com](mailto:writer@danielcasciato.com) and we’ll share your responses in a future column. 📧

*Daniel Casciato is a full-time freelance writer. In addition to writing for the Western PA Hospital News, he’s also a social media coach and a social media ghostwriter for the Western PA Hospital News and other clients. Follow the Western PA Hospital News on Twitter @wpahospitalnews or on Facebook at facebook.com/wpahospitalnews. For more information on the author, visit [www.danielcasciato.com](http://www.danielcasciato.com), follow him on Twitter @danielcasciato or friend him on Facebook (facebook.com/danielcasciato)*



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## Camp Healing Hearts

**Bereavement specialists design Family Hospice & Palliative Care's annual camp to make a positive impact on the lives of local kids**



**By Allison Holst**

On Saturday, August 14, Family Hospice and Palliative Care will host to its 7th Annual Camp Healing Hearts. The free camp, to be held at The Center for Compassionate Care in Mt. Lebanon, is open to any area child, age 6 to 12 (and their parent or guardian), who is grieving the loss of a loved one.

Each year, children come with their own unique story to tell – and the stories encompass a wide range of loss. In 2009, campers came having lost a mother, father, grandmother, brother, and teacher. The cause of death of these loved ones is just as wide-ranging: from lymphoma, colon cancer, lung cancer, and breast cancer, to accidental prescription overdose, violence, and even suicide.

As bereavement specialists at Family Hospice, we embrace the opportunity to touch the hearts of these children, even if it is only for one day. They come to our camp with a wide range of emotions – and naturally, some children are more willing to share their experience than others. But in each child we see a deep-rooted desire to heal – and we feel privileged to play a small part in that.

Preparation for Camp Healing Hearts begins in January, with supply purchases, meal arrangements, volunteer assignments and identification of potential attendees. Even though the preparation can seem overwhelming, the work is worth it as things fall into

place. One of our greatest rewards is watching the children open up to each other and the volunteers, through the telling of their stories.

The day starts with “ice breaker” activities. We begin by sharing our name, birth date, and an activity we enjoy. Connections are made as children realize they share a common birthday or hobby. Early on, many children do not want to speak or even leave their guardian's side. One little girl is particularly memorable, because she sat clinging to her dad for the first few minutes, but during the ice breaker activity she opened up and before long was running around the room laughing with other children.

Art and music expressions give the children an outlet for their feelings; allowing them to pound on a drum, shake a tambourine, or contribute words to a song with a “healing” theme.

At Family Hospice and Palliative Care, we dedicate ourselves to helping every person we touch make the most of life. Camp Healing Hearts plays a beauti-



ful role in that mission, as children realize the joy of taking one more step on the path to healing.



### OTHER HIGHLIGHTS OF CAMP HEALING HEARTS INCLUDE:

- Nellie, the therapy dog — always a big hit with the kids. In 2008, one little girl touched our hearts. She was the youngest and smallest camper that year and hadn't really opened up until she met Nellie. It was heartwarming to bear witness to the magic and silent understanding that happens between human and animal.

See **HEALING** On **Page 18**

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# Erie Hospital Recognizes National EMS Week with a Personal Touch

By John Chamberlin

National Emergency Medical Services week was May 16th – 22nd. During that week, many hospitals and healthcare related agencies take time to recognize the EMS professionals in their communities. The typical activity might be to provide food for a day during the week or to provide each provider with some type of ad specialty bearing the hospital's name.

Saint Vincent Health Center (Erie, Pa) seems to take a very personal touch by sponsoring their "Star of Life" award during EMS Week. The Star of Life award is an annual honor which recognizes exemplary service by EMTs and paramedics.

Each year, Saint Vincent Health Center accepts nominations for the Star of Life award from volunteer fire departments, ambulance services, and other emergency care providers from throughout Erie County. Nomination submissions typically start arriving at the hospital's marketing department as early as one month before National EMS Week.

This year, the Saint Vincent Health Center Star of Life Award was presented to longtime EmeryCare, Inc. paramedic, Rob Schleicher. Schleicher has worked for EmeryCare for 18 years and is assigned to EmeryCare in Harborcreek Township. Along with this work, Schleicher has accumulated countless training hours and participates on national response teams as well.

Schleicher, was nominated by four different individuals including, Bill Hager-ty, Executive Director of Emerycare, Inc. Hager-ty states, "Rob is the consum- mate professional and is totally committed to his profession and the care he ren- ders to his patients, if I could clone 100 EMTs, Rob Schleicher would be the

Health Center? Why do they take a more personal touch to EMS Week?

Wayne Jones, DO Director for Emergency Services at Saint Vincent, comments that the hospital started the Star of Life Award concept 3 years ago. "It came log- ically as the practice of medicine has evolved over the years. The hospital has accepted EMS as a partner in the linear continuum of patient care. We have been working closely with the EMS agencies to improve the process and make them an integrated part of the team." Dr. Jones, continued, "Internally, the hospital has a recognition program for those who provide exceptional care. We believe that the Star of Life Award is an extension of that exceptional care celebration. Although the EMS professionals are not hospital employees, they are a part of the patient care team, and the Star of Life award recognizes them for exceptional care in the pre-hospital aspect of the patient's care."

Interestingly enough, Saint Vincent Hospital only sponsors the award. Nobody from the hospital staff plays a part in reviewing the nomination. The nominations are reviewed by non-hospital representatives of various public service and emer- gency service agencies from the Erie area.

As a final note, the month-long process of award nominations, selection and eventual reception, during EMS Week, where the award is presented is a process that brings a number of community professionals for a good cause. Saint Vincent Hospital is happy to be the catalyst for this activity.

For more information, visit [www.saintvincenthealth.com](http://www.saintvincenthealth.com) or contact Cindy Pat- ton at [cpatton@svhs.org](mailto:cpatton@svhs.org).



Saint Vincent Health Center presented the Star of Life Award, an annual honor which recognizes exemplary service by EMTs and paramedics as part of Saint Vincent Health Center's observation of National EMS Week. Pictured left to right are: Star of Life Winner, Rob Schleicher, EMT; Wayne Jones, DO, Medical Director, Saint Vincent Emergency Department; Tony Pol, Chief, Erie Fire Department; and Angela Bontempo, President and CEO, Saint Vincent Health System

model!"

Others nominated for the 2010 Star of Life award include Linda Kobielski, EMT, from EmeryCare, Inc., and Theta Smith, EMT, from Perry Highway Hose Company and EmeryCare. Kobielski and Smith both received a special framed nomination certificate.

So why not just give out free hats and food for EMS Week at Saint Vincent

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# Redstone Highlands Offers Eventide Hospice Program

By Ron Cichowicz

Redstone Highlands—a continuing care retirement community with three locations in Westmoreland County—recently unveiled its Eventide program to offer a more comprehensive focus on the end-of-life experience for both residents and their family members.

According to Geoff Gehring, nursing home administrator for Redstone, Eventide is a partnership with Family Hospice and Palliative Care, honoring choice and promoting dignity in a comforting atmosphere.

“This partnership is in line with our mission to provide living alternatives and high quality services for older adults, while helping to meet the changing needs of the community,” he said. “It’s all part of our commitment to a ‘people first’ culture.”

Gehring said Redstone always has had hospice available to its residents but in recent years the administration began to ask, “How can we do this better?”

“We interviewed the hospice providers we work with and stressed one criteria: Who would best help to maintain the high level expectations of care our residents provided to our residents?” Gehring said. “After a series of interviews, we chose Family Hospice and Palliative Care.”

Redstone renovated an 11-bed unit—not reserved solely for hospice patients—and launched Eventide in the summer of 2008.

Family Hospice and Palliative Care provides Redstone Highlands with dedicated staff devoted to end-of-life assessment and issues. When it has been decided to place a resident on palliative or comfort care, Family Hospice and Palliative Care provides services such as volunteers to sit with the resident

and help document his or her life. It is ensured that the final days of a resident’s life are comfortable and reflective in nature, and that is why Redstone Highlands has chosen this like-minded partner that puts people first.

The program provides extensive end-of-life care, including symptom management, expressive art and music, massage therapy, spiritual care (if requested), volunteer candlelight visits, and quality of life services such as scrapbooking and video projects with and for loved ones.

“It’s more than just nursing care and social services,” Gehring said. “Eventide is a well-rounded program that focuses on dying with dignity.”

Although a contract was signed with only one hospice provider, residents are still able to choose a different provider if they wish. Redstone has three providers it works with (down from nine in the past). When asked if there is a preferred provider, Redstone staff direct family members to Family Hospice and Palliative Care.

“We allow for choice, but indicate that we have a preferred provider,” Gehring said. “Most of the time, they choose Family Hospice. Because they have dedicated personnel to work with our staff, this makes it more convenient for everyone.”

Gehring said the reaction has been positive so far.

“Once we unveiled the new process it was immediately accepted by the majority of our staff, residents

and family members,” Gehring said. “In my experience, the Eventide program has gotten more publicity from the families who have chosen it for their loved ones. More and more people are choosing it by name.”



(from left to right; back row first) Hal Lederman, MSW, FHPC Social Worker, Marty Howell, RN, FHPC Manager of Patient Care Services, Ruth Palmer, RN, FHPC Case Manager, Ed Pehanich, D. Min., FHPC Spiritual Care Specialist, Kathy Little, FHPC Senior Liaison, Paula Clawson, FHPC Hospice Aide, Patty Liebegott, FHPC Hospice Aide

“This program is successful because it is a true partnership; it really aids in this process because it provides a familiar face at a difficult time.”

For more information on Redstone Highlands or the Eventide program, contact Geoff Gehring at 724-832-8400 x367 or [ggehring@redstonehighlands.org](mailto:ggehring@redstonehighlands.org).





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# Families Protected by Healthcare Professionals Drug Prevention Outreach

By Norma Norris

Every medical professional witnesses the effects of addiction on patients. Many agonize how addiction destroys families, fuels crime, changes neighborhoods and imperils our youth.

Many professionals are discovering a way to make a difference. The grassroots Reality Tour Drug Prevention Program has been growing county by county since 2004, aided by healthcare volunteers. The consequence-driven, parent/child program started in Butler 2003. It organizes existing community resources to present the real story of addiction.

Neil Capretto, D.O., Medical Director at Gateway Rehabilitation Center in Beaver County, recognizes the collaborative benefits, "One of the many strengths of Reality Tour is that it brings together drug and alcohol treatment providers, schools, churches, businesses, hospitals, police and the legal system. They network through this program to improve the life and health of youth."

Reality Tour opens with brief dramatic scenes narrated by a 'teen on drugs' that involve the audience. Q & A sessions with police and a recovering addict offer insight. The tempo changes as parent/child learn coping skills and experience a revealing self-discipline test. Adults rate it as 'priceless' and a follow-up study shows 80% of youth are still working on prevention goals after three months.

CANDLE, Inc., is the Butler non-profit that oversees Reality Tour. Executive Director and developer Norma Norris recalls that, "The program took off by itself in 2003. We quickly had a 2-month waiting list. Soon other communities wanted to replicate it. Parents everywhere are eager to protect their children. Now over 25 communities are licensed."

Healthcare professionals are key players according to Norris, "Dr. Jeffrey David and his wife Jan played the role of grieving parents for years. Butler Ambulance provided ER props and sends EMT's monthly. Butler Memorial Hospital and Highmark were supportive." Over 5,000 Butler residents have attended and all eight county school districts are involved.

Volunteers like VA Pharmacist Tiffany Kimmerle continue to step forward, "I truly feel Reality Tour can change a teenager's mind about using drugs. Helping a program that has the ability to change lives, and probably save lives is most rewarding."

County by county replications continued. Armstrong County Memorial Hospital joined with ARC Manor and District Attorney Scott Andreassi in 2005. Originally, six programs per year were planned but demand requires a monthly frequency.

In Westmoreland County, Excelsa Health plays a primary role. R.N. Tina Bobnar and her family manage the ER scene along with Scot Ritenour. Nurse Educator Sheri Walker recalls, "Excelsa Health sent an e-mail requesting volunteers. I was interested because I have seen the devastating effects of addiction when I worked in Labor and Delivery. The numbers of addicted moms was on the rise." Her daughter Liza, who lost a classmate to an overdose, volunteered too declaring, "Mom, we have to do this!"

The parent/child approach appeals to Walker, "What impressed me the most and still does, is the focus on communication between parent and child. The program is not, 'just say no,' but is more about, 'these are some ideas for how to say no.' Reaching children before they start experimenting with drugs is why I believe in this program. Youth who attend have a chance to make an informed decision."

Research by the University of Pittsburgh's School of Pharmacy shows the Reality Tour does increase parent/child communication. Youth also report an increase in their perception of harm associated with drugs.

Norris underscores that, "The program is for the general public. Prevention has the best outcome when introduced early. A MetLife study shows a marked



Dr. Jeffrey David, OB/GYN, Armstrong County Memorial Hospital, played role of grieving father in original Butler Reality Tour.

increase nationally for youth in grades 9-12, with 38% reporting past 30 day drug/alcohol use."

While Western PA leads the state with 13 Reality Tour sites, Eastern PA healthcare providers are taking notice. Geisinger Medical Center, Wayne Memorial Hospital and the Child Death Review Team in Pike County are involved. Norris hopes to organize the whole state and has sights on Allegheny County next. Oregon, New York, New Jersey and Vermont will also start programs in 2010.

Any community is just 90 days away from a Reality Tour. Training is facilitated with the aid of CANDLE's detailed manual and volunteer workshop on DVD. More information and newsletter signup is available at [www.RealityTour.org](http://www.RealityTour.org) or you can e-mail [NormaNorris@candleinc.org](mailto:NormaNorris@candleinc.org) to arrange a teleconference. †

Norma Norris is the Executive Director of CANDLE, Inc.

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# Ursuline Senior Services' Guardianship Program Protects Vulnerable Elderly

By Ron Cichowicz



One of the most important, challenging and satisfying programs offered by Ursuline Senior Services is its Guardianship Program, designed to provide support to individuals deemed to be incapable of caring for themselves.

Initiated in 1984 through a contract with the Allegheny County Department of Human Services, Area Agency on Aging (AAA), Ursuline's Guardianship Program was restricted to those who are 60 or over, low income or indigent and meet the AAA criteria. Today, Ursuline offers these services to people who have assets as well. Ursuline

provides guardianship services in 15 counties throughout western Pennsylvania; since its inception, the program has provided help to more than 2,500 individuals.

"The need is only going to increase," said Anthony Turo, Ursuline executive director. "Today it is estimated that the over-85 age group is the fastest growing cohort in America and, by 2020, there will be more people in Pennsylvania over 85 than under 18."

"People over 60 years of age face many challenges," added Ann Mason, director of the Guardianship Program. "These include all forms of dementia, including Alzheimer's, as well as self-neglect, abuse and exploitation."

A member agency of the National Guardianship Association, Ursuline today has the only agency program providing Guardianship services for the over-60 population in western Pennsylvania. Currently, Ursuline, a not-for-profit agency, is the court-ordered Guardians of Person and/or Guardians of Estate for more than 250 wards. Besides the contract with the county to provide assistance to low income individuals, Ursuline also offers a private fee-for-service program for wards with larger estates.

Individuals can be referred to the Guardianship program through a variety of sources: family members, friends, hospitals, funeral homes, physicians, county protective services and nursing homes.

"For example, perhaps a woman in her 80s has a neighbor or a family member who begins to worry about her ability to care for herself," Mason said. "So that person calls the Area Agency on Aging and a Protective Services Investigator will

assess if the person has the capacity to function for herself. Is she taking her medicine and keeping her doctor's appointments? Is she paying her bills? Is she a safety hazard to herself or others?

"If she qualifies for a guardian, the next decision is whether she should stay in her home or moved to a nursing home or personal care home."



Mason explained that there are two categories of Guardianship: Guardians of Person and Guardians of Estate.

Ursuline Guardians of Persons monitor and advocate for the health, safety and welfare of their wards to ensure that they receive the proper quality and level of care according to their individual needs. Guardians of Person regularly visit each ward to address health and safety issues. If a ward resides in a long-term care facility, the Guardian of Person maintains an ongoing dialogue with the staff and medical team, receiving updates on any changes that occur.

"We attend care conferences," Mason said. "We listen, but we also ask questions. Guardians can make hard decisions on behalf of the ward and allow the family to enjoy their relationships."

For those wards living in the community, Guardians of Person determine that the environment is safe, that proper care-giving arrangements are in place and that all nutritional and dietary needs are met.

Guardians of Person coordinate all medical appointments, oversee prescription drugs, shop for personal items and arrange transportation for their wards. In addition, Guardians of Person are responsible for making end of life decisions, including advance directives and funeral arrangements, in accordance with the understood wishes of each ward.

By comparison, Ursuline Guardians of Estate are well-versed in all aspects of asset and debt management. Their knowledge and experience assure that each ward receives comprehensive financial services tailored to their individual needs.

Some of the services Estate Guardians provide include creating a budget to maximize income and obtain the best, most cost-effective care for each ward; banking; the administration of investment portfolios; the sale of residential and commercial real estate; handling tax matters; the disposition of personal property; and the coordination of financial arrangements.

In addition, Guardians of Estate apply for all benefits and entitlements from federal, state and county governments, as well as all pensions.

All guardians meet all court reporting requirements and Estate Guardians undergo financial audits by government regulatory agencies.

Currently there are 14 Guardians serving as Guardians of Person and/or Estate at Ursuline and five are National Certified Guardians.

"Our Guardians of Person all tend to have social work backgrounds," Mason said. "Our Guardians of Estate are more trained in accounting. But they all meet the clients for whom they work and compassion is key to the work we do."

And why does someone choose to become a Guardian for the elderly?

"First and foremost, we care about people," Mason explained. "The people we work with, for the most part, we are all they have. One woman, for example, when we told her a guardian would visit her regularly, she perked up immediately. She hadn't had a visitor in three years."

For more information about the Guardianship Program of Ursuline Senior Services, contact Ann Mason at 412-683-0400 x258 or [amason@ursulineseniors.org](mailto:amason@ursulineseniors.org).

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# When There's a Serious Illness, There's No Place Like Home

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**by Evalisa McClure, RN, BSN, CHPN**

The diagnosis of a terminal illness brings with it a host of questions, fears and concerns: "Will I be able to handle the pain?" "How will my family care for me?" "How can I afford quality end-of-life care?" And the question we hear most frequently: "Can I stay at home?"

Faced with a life-limiting prognosis, some 90 percent of patients prefer to remain in their homes, using the bed they know and continuing the routines that make them comfortable. Whether they live in their family home, an adult living community or a nursing

home, they want to age—and die—in place.

For terminally ill patients, hospice makes that possible. Hospice patients are cared for by an interdisciplinary team of hospice experts, including a physician, nurses, hospice aides, social workers, chaplains and volunteers who provide medical care and spiritual, social and emotional support to terminally ill patients and their families.

"Hospice care typically is provided in a patient's home. This allows the patient to stay in a familiar setting surrounded by family and friends," says Karene Scott, RN, CHPN, team manager for VITAS Innovative Hospice Care® of Greater Pittsburgh. Scott oversees a patient care team who care for VITAS patients in their Western Pennsylvania homes.

Yet the perception persists that hospice means going to—or ending up in—a place. Hospice isn't a place. Hospice is a philosophy of care; it focuses on enhancing a patient's comfort and overall quality of life during the last months of life. By treating physical symptoms and providing pain management, as well as addressing emotional and spiritual concerns, hospice can make the dying process more meaningful for patients and their loved ones.

### WHEN THERE'S A CRISIS, THERE'S CONTINUOUS CARE

But what happens when the patient has a medical crisis and experiences, for example, uncontrolled pain, intractable nausea, uncontrolled bleeding or severe confusion? Even then, hospice offers options to help the patient remain at home.

"Patients often experience acute symptoms when dealing with a terminal illness, as well as emotional, spiritual and psychosocial challenges," says Lisa Stariha, RN, home care team nurse. "This can make it difficult for patients to continue to receive care in their residence and it can be overwhelming for fam-

ily members. But when things get difficult, VITAS can be there around the clock."

VITAS provides Intensive Comfort Care<sup>SM</sup>—a service (referred to by the Medicare Hospice Benefit as "continuous care") that puts a trained nurse or hospice aide at the bedside up to 24 hours a day. It means a hospice patient doesn't have to choose between the comforts of home and care at a hospital.

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# Beaver County Orthopaedic Surgeon Can Relate to Patients' Injuries

By Lori Boone

Dr. John Lehman knows his patients' pain firsthand.

"There's not much I do that I haven't had done to myself physically," the Beaver orthopaedic surgeon says.

He's torn his rotator cuff and broken his clavicle. He's pushed his body past its limits in races and in recreational activity. Lehman, an avid athlete, recently completed the Mooseman Half-Iron Triathlon in New Hampshire in a very respectable five hours and 25 minutes, placing him in the top third of the pack. The grueling, 70.3-mile race includes 1.2 miles of swimming, 56 miles of biking and 13.1 miles of running. Competing in a 140-mile Ironman triathlon is on his to-do list.

His wife, Angie, a grade-school physical therapist through Heritage Valley Health System, has torn her anterior cruciate ligament while skiing in Colorado. His three school-age children participate in sports.

All that personal background comes in handy when examining and relating to patients and explaining their injuries.

"That and being able to tell (patients) firsthand what it takes to get through it" really gives him an advantage in his field, he explains.

Lehman said he's able to give patients a more realistic view of how much effort and time an injury will take to heal and how long it will be before they're back to biking, swimming or whatever activity brought them to his office.

Located in the Association of Specialty Physicians Inc. offices on the Brighton Township campus of Heritage Valley Health System in Beaver County, Lehman is able to refer patients to a large, bright gym just down the hall for rehabilitation. The facility is also available to the public.

Lehman, 46, is also a Beaver native and still lives in the county seat, making him that much more familiar with the areas where his patients live and may suffer injuries. His broken clavicle happened while mountain biking in nearby Brady's Run Park and he knew an experienced biker who was killed while riding there last year.

While he has a special view on sports medicine, Lehman says one of the biggest trends he's experiencing is how "things are being done smaller."

The Temple University-educated surgeon said smaller incisions, less-invasive surgery or minimally invasive surgery has been quickly evolving over the past five or six years and he sees it continuing.

"People are getting the same or better results," he says, with much smaller incisions.

Lehman, who has been practicing for 12 years, says that the trend started with knees and progressed to shoulders. Now other joints such as wrists and elbows are being treated with arthroscopic surgery.

An arthroscope, a type of endoscope, is inserted into the joint through a small incision. It keeps the surgeon from having to open the entire joint, which speeds recovery time.

The days of the long, thick scars disfiguring patients' knees are over, Lehman says.

Joint replacements, typically seen in 60- to 70-year-olds, now require scars that are half to a third of the size the procedure used to leave, he adds.

According to Lehman, people are living longer because of better medical care and because of such advancements many are choosing to have surgeries people used to forego. The advancements are encouraging them to get help and live better and more active lives, he says.

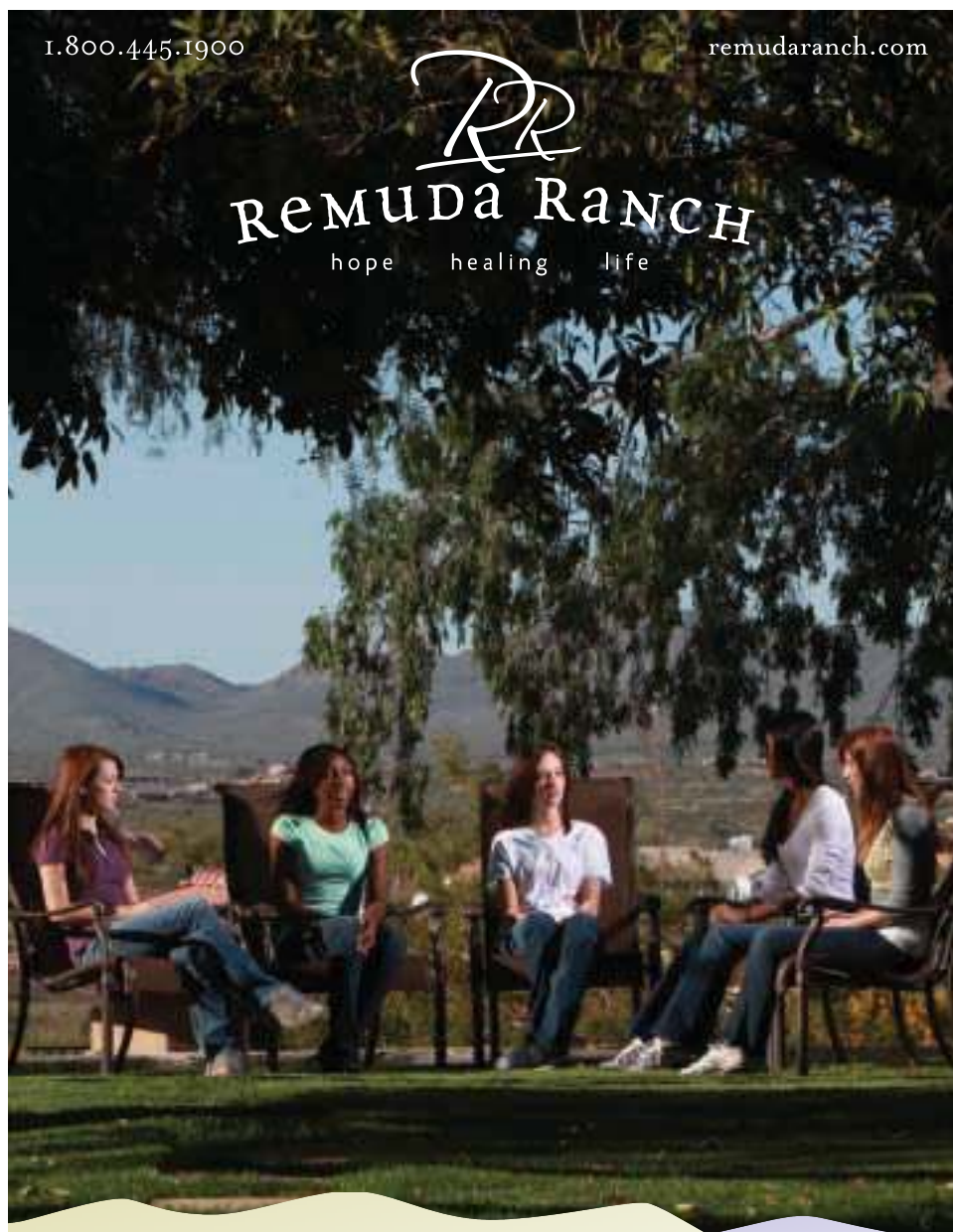
"Seventy is like the new 50," Lehman says of the change. "We're now actively fixing much older patients than we used to."

And as those older, more active patients require help, Lehman is sure to be adding more of his own experience to his expertise.

For more information on Dr. Lehman and the Association of Specialty Physicians, Inc., visit <http://aspidoc.com>.



Dr. John Lehman

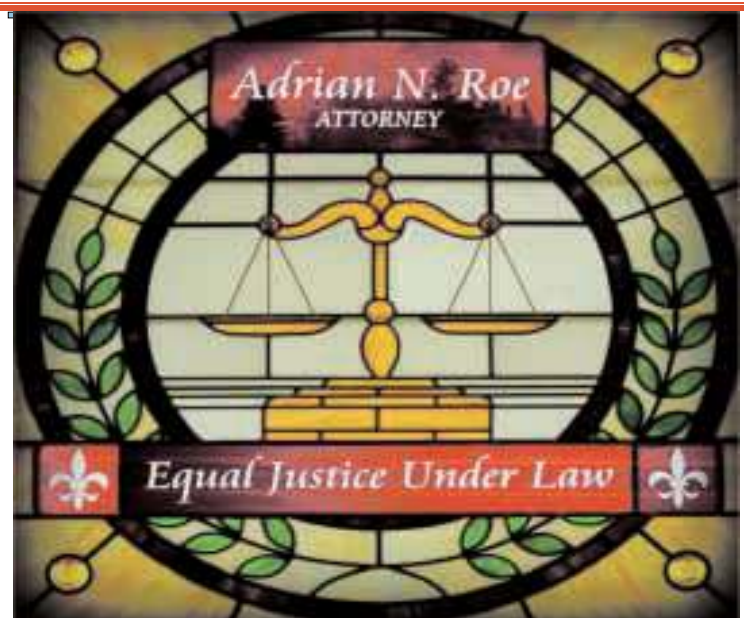


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## Eating Disorders and the Elderly



**By Dr. Dena Cabrera**

Eating disorders among both male and female older adults are far more common than realized. They are routinely overlooked and can lead to tragic outcomes. In fact, there has been a noticeable shift in the ages of patients admitted to Remuda Ranch in

the past 20 years. Patients are becoming younger and younger as well as older and older.

Anorexia is especially lethal in older adults due to their compromised baseline health status. The majority of people (78%) who die from anorexia nervosa are over 65 years old. Nurses who work in assisted living and long-term care are often the only health care providers who routinely see older adults, and therefore, are in a position to help identify those with eating disorders.

Eating disorder origins among the elderly are surprisingly similar to those identified for young women, but with a unique stage-of-life dimension.

### COMMON CAUSES

Common causes of eating disorders in older adults resemble those issues present in younger adults. However, there are unique developmental issues present at this stage of life. For example, loss is a significant issue at this stage. Elderly people may be dealing with the loss of a spouse, friend, or relative. In addition, medical ailments

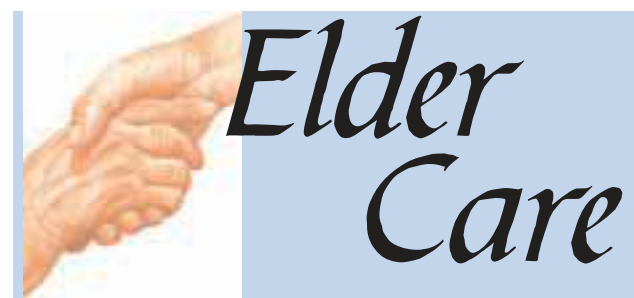
or sickness may reduce a once-energetic and able-bodied person to one who may often feel sick or tired. This sense of loss could lead to depression and feeling out of control. Thus, refusing food is often an attempt to control the one thing the person still feels able to control: food intake.

Another developmental milestone that occurs as women age is menopause. Physical and emotional changes may result in body image, weight, or eating concerns.

Another issue is the negative messages portrayed by the media with regard to aging. With our cultures extreme obsession with beauty, the media presents beauty that is only obtainable for the young. Older women are not immune to these negative stereotypes.

Eating disorders dwell in darkness and isolation. People who have diminished meaningful human contact and whose eating behaviors are not closely monitored can easily stop eating and waste away. Many elderly people living independently have a limited number of meaningful relationships and contact with others. For those living in nursing care centers or assisted living facilities, it's common to refuse food and become dangerously thin. Typical excuses such as "I'm full," "I feel sick," and "I have no appetite" are often accepted at face value.

For elderly people living alone, limited food intake can be an esteem-preserving response to not having the money to buy groceries. Refusing food may also be a protest aimed at loved ones, expressing displeasure regarding activity restrictions or



limited family visits. Even more serious, refusing food may be a passive effort to commit suicide arising from hopelessness, despair and depression.

### ASSESSMENT AND TREATMENT

It's important to evaluate why elderly people are restricting their food intake. There are significant underlying emotional issues that could influence and affect eating behaviors. However, just because someone reduces or avoids food intake doesn't automatically indicate the presence of an eating disorder. As we age, taste buds grow less sensitive and appetite decreases. Certain medications blunt taste and sense of smell and a variety of illnesses also reduce appetite. So food restriction may be due to psychological issues, medical issues, or a combination of both.

It is important to note that age does not mean a woman has "grown out of" her body image issues. In fact, body dissatisfaction is present across the entire female lifespan. Women, age 30 to 75, display the same level of body dissatisfaction as younger women.

See **DISORDERS** On **Page 12**

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### DISORDERS From Page 11

Eating disorders in the elderly are treated with therapy, medications, nutrition education and support. Programs that provide healthy meals, physical rehabilitation, disability-related environmental modifications and appetite-stimulating medications may be useful. It's important to evaluate for other comorbid issues such as depression and anxiety.

### SUMMARY

Clearly, eating disorders appear across the life span. Treatment needs to include a biological, psychological, social and spiritual approach. It's important to help the person explore and search for their identity based on life successes and positive personality characteristics, rather than focusing on appearance, weight, or size. This can bring about hope, purpose, and peace for the elderly person. †

*Dr. Dena Cabrera is part of the National Speaker's Bureau for the Remuda Ranch Programs for Eating & Anxiety Disorders. If you or someone you love struggles with an eating or anxiety disorders call 1-800-445-1900.*

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# Training Caregivers to Care

## Treating Seniors with Disruptive Behaviors

By Rogher Hargus

The task of training individuals in how to care for seniors who are experiencing disruptive behaviors related to mental illness is both rewarding and challenging. As our baby boomer population ages, a greater number of our seniors will experience behavioral disturbances requiring some degree of intervention; these interventions are best delivered by trained and experienced caregivers. Whether these caregivers are professionals educated formally in bachelor or master level programs or technicians working in group homes, nursing homes or behavioral health hospitals, their care and interventions are critical. Seniors experiencing disruptive behaviors need special care and understanding in order to progress through this difficult time. For those caregivers who do not have professional degrees developing competency through training and education verified by testing, observation or demonstration of skills is vital.

The caregiver must understand that the behaviors and symptoms they will encounter can be exasperating. These behaviors are an aspect of a disorder, and the caregiver should not take behaviors directed towards them personally. One of the first tasks therefore is helping the caregiver learn this key lesson.

In the process of providing care, relationships should and will develop. A “therapeutic relationship” differs from other types of relationships. A therapeutic relationship is based on one in which a trained worker agrees to provide care to one in need. It is not a friendship. Often these relationships are unequal in power and as a result special care must be taken to maintain an ethical and professional “therapeutic” relationship.

In this process the caregiver will experience a full range of intense feelings. This challenges the caregiver to be aware of his or her feelings and to develop methods of dealing with them. Having a supervisor with whom to discuss and resolve these feelings is essential. It is critical that caregivers not respond based on their feelings, either positive or negative, but respond in a therapeutic manner based on what the senior needs at that time.

Listening and communication play key roles in the delivery of all care. Trained caregivers must learn these skills in order to be successful. Listening includes not just hearing the words of the patient, but also hearing the feeling and message behind the words spoken. The senior who, with clenched fists and tight jaw, says everything is ok is sending a mixed message. Reading body language is a crucial caregiver skill as it helps determine how to respond to the real issue.

By using active listening (responding in a way in which the caregiver shares in his or her own language the message the senior is sending), the caregiver can effectively respond to the underlying need and de-escalate the senior’s frustration and anger. The caregiver may say “I hear you are frustrated and upset because you can’t get your wife to understand you.” When the senior comes to realize that the caregiver truly understands him, this tends to reduce the anger. The caregiver can then help the senior find a different way to interact with his wife.

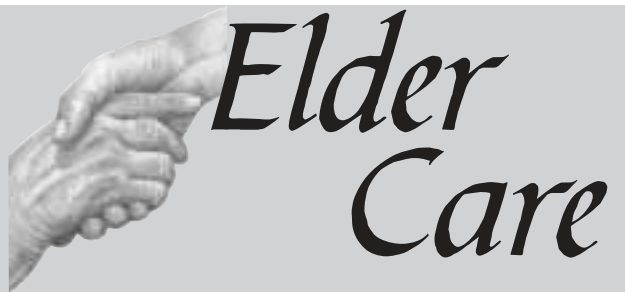
In addition several other key interventions need to be taught and learned. One must assess the potential cause of the behaviors. There may be several: health (diabetes, thyroid problems, urinary tract infection), environmental (temperature, noise, etc.), medications (taken in combinations), and emotional/psychological/cognitive (paranoia, psychosis, dementia). In addition

the caregiver must assess the need for safety. The potential for violence may exist and it is vital to keep the senior and caregiver safe. In some cases this violence may be mild (striking out or throwing objects) or serious (suicidal or homicidal thought or intentions). The caregiver must know when and how to intervene and when to ask for help from a professional.

Interventions available to the caregiver are primarily directed toward the social, environmental, and behavioral. Social interventions may include verbal de-escalation, diversion and redirection, while environmental interventions require a change to the setting (reducing noise or disruptions, adjusting the temperature, providing adequate hydration). Behavioral interventions include skill training, verbal counseling and problem-solving. Medication, support groups and others may also be available in the community and utilization of community resources can also prove beneficial. The caregiver must know the scope of his skill set, license or training, and do only what is safely in that domain.

For more information, visit [www.havenbehavioral.com](http://www.havenbehavioral.com).

Rogher Hargus, BSW, MSSA, is Executive Director of the Haven Behavioral Senior Care in North Denver. Rogher brings more than 20 years of experience in leadership roles in the behavioral healthcare field. This covers a variety of populations and settings including acute care, residential treatment, partial hospital, and outpatient. He earned his master’s degree from Case Western Reserve University in Cleveland, Ohio.



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# Rose Popovitch Lynn: Personal Trainer Empathizes with Clients with Special Needs

By Jennifer Kissel

When Personal Trainer Rose Popovitch Lynn tells a client with special needs, “I know how you feel,” she’s not just paying lip service. At 62, she has arthritis and lower back problems, has had a hip replaced and will eventually need to have a knee replaced. “I am in pain all the time,” she acknowledges. But Popovitch Lynn, a personal trainer for 15 years, uses her discomfort to her advantage, empathizing with her clients in a way few personal trainers can.

In her exercise studio, RDP Studio Ltd.: Special Needs Personal Training in Mt. Lebanon (in Pittsburgh’s South Hills), Popovitch Lynn helps clients with a range of challenges and illnesses, including lupus, polio, fibromyalgia, osteoarthritis, Alzheimer’s, muscular dystrophy, multiple sclerosis, rheumatoid arthritis, and knee or hip replacements. Exercise might be the last thing on the mind of someone fighting with constant, sometimes debilitating pain. But, she says, “It’s really interesting how little exercise it takes to make someone feel better and increase their strength and range of motion and flexibility.”

Popovitch Lynn also sees a broad range of clients without challenges, of all ages, from stay-home mothers to business executives to retired grandparents. “Some people just feel more secure and prefer the one-on-one training,” she says.

Popovitch Lynn was a personal trainer for about five years when she began having arthritis. “I had to change how I exercised,” she recalls. “It was no longer about muscle and muscle mass, but about my joints and how they could hold and push weight.” Around that time, more clients with arthritis and joint replacement began coming to her. “Because I have my own (health) issues, I had a better understanding and was able to help these people better.”

At first, she says, “I would have to take these clients to the back of the studio—they are self-conscious and don’t

want to share their problems with other clients who can lift more and do more.” But soon she realized that training special needs clients was an untapped niche, and her personal understanding of the issues made her a natural for the job. “Regular training can hurt (clients with special needs) if not done correctly,” she says, adding, “It’s more than exercise and training – its understanding the mindset of the people who have these problems.”



Clients with special needs might have chronic pain, arthritis, poor balance, lack of flexibility, limited range of motion and low stamina. Popovitch Lynn customizes exercise programs to each client’s needs, keeping in mind his or her personal goals, capabilities and safety. Training includes strength, stretching and cardio exercises as well as nutritional guidance. Clients can take advantage of a variety of equipment including weight machines, ropes, bands and dumbbells.

“Some come to learn how to do exercises they can do at home,” says Popovitch Lynn. “Some want to learn to do things at home but also see the value in using the machines, which they can use here.” Some RDP Studio equipment has been modified so the weights are lighter; weight can be added gradually as it is suitable to the client.

Each studio session is one hour and is a private, one-on-one session with Popovitch Lynn. “There are no other trainers or clients,” she says. “Clients don’t want competition; they want to feel good about themselves. One-on-one they can be encouraged.”

Michele Agostinelli, a physical therapist at Centers for

Rehab Services, South Hills, often refers clients to RDP Studio. Centers for Rehab Services works with clients who have a wide variety of injuries, special needs and health histories, and offers physical, occupational and speech therapies. “When clients are done here, they have to make sure they maintain their (exercise) program. Because Rose works one-on-one and works with people with special needs, I feel comfortable giving people her name,” Agostinelli says, adding, “If they go to regular gym, they might not get all the attention they need.”

An unexpected consequence of her unique business is the relationships that Popovitch Lynn develops with her clients. “I become a companion to them,” she says. “In some cases, when you have these illnesses, your world is very small and you don’t go out very much.” One client recently told Popovitch Lynn that she was fearful of working out again, but had confidence in her. “It’s not just about the exercise,” Popovitch Lynn emphasizes. “It’s about being there and understanding and building confidence when they need it most.”

A baby boomer whose clients are often boomers as well, Popovitch Lynn has molded her training and pursued continuing education credits to focus on clients with special needs. She sees her studio almost as a haven for the 40- to 70-year-old client with special needs who would not feel comfortable or safe at a regular gym without specialized attention.

Popovitch Lynn finds inspiration even in small steps, and joy in helping people with degenerative and debilitating illnesses. “Each person is a success story,” she says. “All I have to do is think about the people I deal with and it lifts me up. Some have challenging lives, and they come here and I give them a break from that. It helps my own heart.”

For more information on RDP Studio Ltd., visit [www.rdp-studio.com](http://www.rdp-studio.com) or call Rose Popovitch Lynn at 412-818-1599. 📞



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## Groundbreaking Care and Heartwarming Stories

By Rafael J. Sciuolo

When we broke ground in September of 2005, we knew we were on the verge of something special. It didn't matter that our groundbreaking for The Center for Compassionate Care was dampened with rainfall. Nor were we apprehensive about the amount of work that lie ahead. We knew that once all was said and done, we would have a facility of which we would be proud.

Two years later, the former Ward Home for at-risk youth had been transformed into The Center for Compassionate Care, our 12-room inpatient facility, offering a home-like atmosphere for patients and families alike. Rooms are not numbered, rather they are named for trees, each offering a picturesque outdoor view.

At Family Hospice and Palliative Care, we feel fortunate that our building is able to be not only a home to compassionate patient care, but much more. It allows us the honor of providing comfort care when families need it most – and it enables us to enrich the lives of professionals and caregivers alike through education.

In the past year alone, our inpatient unit has witnessed some incredible stories. We have celebrated two wedding vow renewal ceremonies – one taking place on the occasion of the couple's 60th wedding anniversary. Each service was complete with an officiating clergyman, cake and family members present.



The garden courtyard at The Center for Compassionate Care provides a tranquil setting for patients and their families.

Earlier this year, our facility was graced with a man and wife sharing the same room. Married 64 years, the wife suffered from leukemia and her husband was a dementia patient. Originally in separate rooms, the husband couldn't help but worry about his wife. That's when a Family Hospice liaison suggested the idea of the couple sharing a room. In side-by-side beds, just a few feet apart, they were together.

## The Journey to Improve Hospice Care in America

"Being with my mom has relieved a lot of my dad's tension," explained their daughter. "It's a wonderful set-up, just like home."

Having a husband and wife at The Center for Compassionate Care at the same time was rare enough. And it's safe to say that was probably the first time a married couple has shared the same room.

The amenities for patients and families extend beyond the rooms. Our garden courtyard offers a tranquil setting and beautiful scenery. Patients and family members alike enjoy the courtyard for fresh-air conversation, quiet reflection, or even for a little bird watching.

The Center for Compassionate Care also plays host to Camp Healing Hearts, our annual free day-camp for grieving children and their parents or guardians who are coping with the loss of a loved one. Via indoor and outdoor activities, Camp Healing Hearts teaches children that they are not alone in their feelings and helps them express their emotions.

Our facility's versatility extends to education as well.

Among the first programs of its kind nationally, the Caregiver Training Program offers weekly two-hour instruction for caregivers of Family Hospice patients, at The Center for Compassionate Care. The sessions are designed to meet physical and psychological concerns of persons charged with tending to a patient at home. I am always encouraged to know that caregivers leave our sessions feeling more confident and secure than when they arrived.

We are also proud to serve professionals in an educational capacity. In February, The Center for Compassionate Care hosted a CEU program, "Spiritual Care at the End of Life: Beyond Bedside Prayers." This presentation provided local nurses and social workers with ways to identify the spiritual care needs of patients with life-limiting illnesses and tips on developing a collaborative approach between spiritual care staff and other health care disciplines.

These are but a few examples of why Family Hospice and Palliative Care is fortunate to have The Center for Compassionate Care. Every day, we are witness to groundbreaking care and heartwarming stories. It allows us the privilege of serving, caring and educating. It motivates us to constantly seek new and better ways to utilize the facility.

It reminds us that the building alone is not enough – it's what we do with it that counts. 🕯

*Rafael J. Sciuolo, 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 [rsciuolo@familyhospice.com](mailto:rsciuolo@familyhospice.com) or (412) 572-8800. Family Hospice and Palliative Care serves 11 counties in Western Pennsylvania. To learn more, visit [www.familyhospice.com](http://www.familyhospice.com).*



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# Lupus Foundation Provides Education, Awareness, Support & Research

By Jennifer Kissel

I have three friends with lupus. One is a young woman with a constant smile, bubbly personality and no outward symptoms. Few people know she has days when her joints hurt so badly she can't get out of bed. Another, a woman in her 50s, is a candidate for a kidney transplant. She wears a stylish wig and walks our neighborhood, stopping often to chat with my kids. The third friend, once a registered nurse and marathon runner, is in such constant and agonizing pain that she can no longer think clearly or care for herself. Her every system is being ravaged as her body continues its vicious attack on itself.



Marian Belotti, R.N., B.S.N., patient services director, Lupus Foundation of Pennsylvania, Pittsburgh.

And therein lays the problem of diagnosing, treating and understanding lupus. An often misunderstood (even by health-care professionals) and misdiagnosed disease, "Lupus is difficult to diagnose because the symptoms come and go and often mimic other illnesses," explains Marian Belotti, R.N., B.S.N., patient services director with the Pittsburgh branch of The Lupus Foundation of Pennsylvania. "If you see someone with a cast on one arm and a bandage on their head, you say, 'Oh my goodness what happened?' But you might see a lupus patient pull into a handicapped parking spot and walk into a grocery store, and you say 'Hmmm, what's that about?'"

Lupus is a chronic inflammatory disease where the immune system attacks the body's own healthy tissue. It encompasses periods of remission (with few signs of inflammation) and flares (where there are signs of inflammation). There are numerous triggers that can cause it to flare and patients are taught to learn what affects them personally. There are three types of lupus: drug-induced lupus; discoid (skin) lupus; and the most common and severe, systemic lupus. The cause of lupus is unknown and there is no cure, but there is treatment.

In addition to educating the community about lupus and promoting awareness, the Lupus Foundation of PA helps those affected by lupus find services to help them cope – from finding doctors and support groups to directing them to information about kidney transplants and where to buy a wig. In service since 1975, the LFP has four branch offices -- Pittsburgh (serving 20 counties), Erie, Pocono and Harrisburg.

When a person contacts the LFP because he or she has been diagnosed or thinks she might have lupus, the staff at LFP provides resources. "We have education by phone and in person, a new patient orientation program, and extensive literature support (including a website, brochures, newsletters and recommended books)," says Belotti. "We have a resource directory that includes resources for insurance questions, dermatology, rheumatology, pain, disability information, wigs, lab testing, kidney disease, and much more."

Belotti and the LFP staff try very hard to make a personal connection with a lupus patient. For example, if Belotti gets a call from someone who was just diagnosed, she tries to connect in person if possible, get some history and what the person understands about the disease and its treatment. "We consider what each person is looking for," she says. "You have to take each circumstance individually – like with all diseases, there are some very mild and some horrendous situations. But a person with a chronic illness needs to have support."

In addition to receiving educational and directive support from LFP, patients can also attend support groups according to their need – for example, there are family support groups, and even a teen support group (in the Poconos area). Belotti notes that in Pittsburgh, patients have excellent medical support with world-class rheumatologists and hospitals.

Not only can lupus patients find that daily tasks become difficult, but details that any healthy person might find frustrating – like dealing with health insurance or Social Security – can be completely overwhelming and extraordinarily stressful. Sometimes Belotti writes letters of support, from the standpoint of the lupus foundation, for a person seeking disability. "We typically find that people are denied Social Security the first time," she notes. "I think people need to keep a good history of what they've been going through and be able to get that story across to justify that need for disability."

Uncertainty is a way of life for lupus patients. "They might feel good one day but the next morning can't get out of bed," Belotti says. "One of the biggest struggles is not knowing what tomorrow will be like."

According to LFP literature, in the United States, 1.5 million to 2 million people have been diagnosed with lupus. It is more prevalent than sickle cell anemia, cerebral palsy, multiple sclerosis and cystic fibrosis combined. Female lupus patients outnumber males 9:1. Most people are diagnosed between the ages of 15 and 45.

For more information, please contact the Lupus Foundation of Pennsylvania, Pittsburgh branch at 412-261-5886 or [www.lupuspa.org](http://www.lupuspa.org). The LFP holds a number of fund raising and awareness events, including the Lupus Loop 5K on the North Shore on October 9. 📌



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## LUPUS SYMPTOMS

The mission of the Lupus Foundation is to promote awareness, education, service and research for those affected by lupus. "The Lupus Foundation frequently hears that people have been to several doctors and it has taken them several years to be finally diagnosed," said Marian Belotti, R.N., B.S.N., patient services director with the LFP Pittsburgh branch.

According to the LFP website, 11 symptoms and signs distinguish lupus from other diseases. For a physician to detect lupus, a person must have four or more of the following symptoms at some time during his/her illness:

1. Rash over the cheeks.
2. Discoid rash (red raised patches).
3. Photosensitivity
4. Ulcers in the nose or mouth (usually painless).
5. Arthritis
6. Pleuritis or pericarditis (inflammation of the lining of the heart or lung).
7. Kidney disorder
8. Neurologic disorder (seizures/convulsions and/or psychosis).
9. Hematologic disorder
10. Antinuclear antibody (ANA).
11. Immunologic disorder (positive double stranded Anti-DNA test, positive Anti-Sm test, positive antiphospholipid antibody such as anti-cardiolipin, or false positive syphilis test (VDRL).



# Helping Hispanics Stay Healthy

By Dr. Philip Benditt



Last month, Hispanics in cities across the nation celebrated their shared heritage on Cinco de Mayo. It's a time each year to celebrate the rich and colorful Mexican culture, and also a good time to take a look at the shared health conditions and risk factors that are a part of the Hispanic heritage.

According to Centers for Disease Control and Prevention, the top three causes for death among Hispanics are heart disease, cancer and unintentional injuries often suffered in the workplace. All three of these ailments are treatable, if not preventable, with proper education and lifestyle changes. The problem is many Hispanic communities face limited access to health information, health care providers and health insurance benefits.

Take a look at cancer. Hispanics have lower survival rates than other ethnicities for most forms of cancers. That's in part because of language and cultural barriers, employment in jobs that often do not provide health insurance and limited preventive screenings available through primary care providers.

There are basic steps Hispanics can take to minimize the risk of cancer if they have the support and resources, such as eliminating use of tobacco, alcohol and other risk factors, scheduling regular medical checkups, initiating regular self-examinations, learning to recognize cancer warning signs and seeking prompt medical attention when cancer is suspected. Good nutrition and exercise can also play an important role.

Cancer can carry warning signs, and recognizing them early can help put a stop to the disease. Warning signs include, a sore that doesn't heal, a lump or thickening anywhere on the body, any unusual bleeding or discharge including in the stool, any

change in a mole or a wart, persistent indigestion or difficulty swallowing and persistent hoarseness or coughing.

A variety of heart disease risk factors can impact Hispanics as well. These include increased age, family history, a previous heart attack or stroke, smoking, high blood cholesterol and blood pressure, obesity and diabetes. Though people cannot control their family history or age, they can reduce the risk of heart disease by working with their health care providers to evaluate their risk factors and alter their lifestyle habits by taking measures like beginning an exercise regimen and adhering to a diet low in saturated fat and cholesterol.

But Hispanics sometimes feel alone in trying to become more attentive to these health risks. That's why UnitedHealthcare is working on developing new health plans and resources that combine traditional health benefits with bilingual customer care services. Online tools designed to meet the specific needs of Hispanics make it easier to locate Spanish-speaking physicians, find culturally relevant health information and research common health conditions.

While Cinco de Mayo is an ideal time to celebrate the heritage of Mexican culture, it can also serve as a springboard for improved health and wellness. By helping patients take simple steps like following nutrition guidelines, seeing a doctor regularly for preventive screenings and becoming more physically active, we can begin to close the gap on some of the health disparities that affect Hispanics. And finding new ways to provide Hispanic communities with better information, more support and access to affordable, high-quality care will improve the health care system for all of us.

*Dr. Philip Benditt, medical director, of UnitedHealthcare of Pennsylvania can be contacted at [philip\\_l\\_benditt@uhc.com](mailto:philip_l_benditt@uhc.com).*

## McAuley Ministries Awards Grants to Support Health and Wellness, Violence Prevention, Community Development, and More

McAuley Ministries, the grant-making arm of the Pittsburgh Mercy Health System, recently announced the awarding of \$156,280 in grants to 15 area organizations. A majority of the grants are designed to address health and wellness, violence prevention, community development, and capacity building in the Hill District, Uptown, and West Oakland neighborhoods.

This brings the total amount of grants awarded by McAuley Ministries since its inception in January 2008 to \$2,701,730.

Grants awarded this spring will support a local collaborative urban farm, local community development initiatives, earthquake relief and rebuilding initiatives in Haiti, and more. Grant recipients approved by the McAuley Ministries Board of Directors and their amounts include:

### HEALTH AND WELLNESS GRANTS

**Center for Hearing and Deaf Services:** \$30,000 to further develop and maintain a website that will deliver physical and mental health information in English, close captioning, and video-streamed American Sign Language for persons who are deaf, deaf-blind, and hard of hearing.

**GTECH Strategies:** \$37,580 to launch the Francis Street Community Garden and Farm at the former Bedford Dwelling site at Bedford and Francis Street in the Hill District. This project is a collaboration of GTECH, Grow Pittsburgh, the Pittsburgh Housing Authority, the A Philip Randolph Institute, and the Greater Pittsburgh Community Food Bank to reclaim a large vacant lot in the Hill District and return it to productive use. The Francis Street project will consist of an urban farm, a community vegetable garden, a sunflower garden, a wildflower garden, a pumpkin patch, and a farmer's market. Four youth from the community will be hired to work with the farm manager during the summer to learn farm systems management.

**Pittsburgh Mercy Health System Development Office for Mercy Behavioral Health's Dancing Classrooms Pittsburgh Program:** \$7,000 to Mercy Behavioral Health to expand Dancing Classrooms Pittsburgh to two Catholic schools in the Diocese of Pittsburgh: St. Agnes Parish School in West Oakland and St. Benedict the Moor School in the Hill District.

### COMMUNITY DEVELOPMENT GRANTS

**Amani Christian Community Development Corporation:** \$10,000 to green and beautify vacant, blighted properties in the Upper Hill District

**Uptown Partners of Pittsburgh:** \$15,000 for the creation of a mosaic sign and three-dimensional sculpture at the intersection of Fifth Avenue, the Birmingham Bridge, and Kirkpatrick Street in Uptown. The artist will work with a group of teens from the Hill House Association's Youth Service Program and refugees from the Refugee Service program of Jewish Family and Children's Services to create this public art.

### EARTHQUAKE RELIEF & REBUILDING IN HAITI

**Catholic Health East Global Health Ministry:** \$5,000 toward rebuilding Hospi-

tal St. Francis de Sales in Port-au-Prince, Haiti

**Catholic Relief Services:** \$5,000 for the Haitian Emergency Relief fund

*For more information about McAuley Ministries, visit [www.mcauleyministries.org](http://www.mcauleyministries.org).*

*For more information about Pittsburgh Mercy Health System, visit [www.pmhs.org](http://www.pmhs.org).*

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**READMISSIONS** From **Page 1**

March 2012, a program will be made available through the Secretary of Health and Human Services to hospitals to help improve readmission rates through patient safety organizations. Based on a formula outlined in the legislation, a hospital could lose up to 1 percent in Medicare reimbursement in FY 2013, 2 percent in 2014 and 3 percent in 2015 and beyond.

“One of the reasons we have already been working on this issue in western Pennsylvania is that our state is in the second highest groups of states across the county with readmissions,” Montgomery said. “One of the reasons for the higher readmissions rate is that the state and our region in particular, have an elderly population.”

Nationally, statistics show that more than 17 percent of Medicare beneficiaries discharged from the hospital are readmitted within 30 days and that more than 85 percent of those hospitalizations are unplanned. Estimates are that anywhere from 20 to 40 percent of re-hospitalizations are possibly preventable.

Hospital Council of Western Pennsylvania has started addressing this issue through member forums and Committees and through education programs. Hospital Council recently held an educational forum, *Improving Care Transitions to Reduce Readmission*. The forum featured national, leading experts on the issue and attracted more than 100 participants. Sponsors of the program included sanofi aventis, the Jewish Healthcare Foundation, Amerinet and the Pittsburgh Regional Health Initiative.

In addition, Quality Insights of Pennsylvania, Pennsylvania’s quality improvement organization, was selected by the Centers of Medicare and Medicaid Services (CMS), to be one of 14 quality organizations across the country to work with specific providers on care transitions to reduce readmissions for Medicare patients.

“Western Pennsylvania was identified as a region for this project because the base rate for readmissions here is a little higher than the base rate in other regions,” said Naomi Hauser, RN, MPA, CLCN, director of Care Transitions of Quality Insights of Pennsylvania. To that end, Hauser said, she is working with providers in Allegheny, Westmoreland, Washington and Fayette Counties.

“This is a unique project,” she said. “We are working with hospitals, physician’s offices, home health agencies, skilled nursing facilities and a variety of

stakeholders.” The model being used for this project is based on a “coaching” model originally designed by Eric Coleman, MD, MPH, from the University of Colorado at Denver and the Health Sciences Center. “Two of our community partners in this demonstration project providing coaches are the Southwest Area Agency on Aging and the Area Agency on Aging in Westmoreland County,” Hauser said.

The root causes of drivers of hospital readmissions are varied, Hauser noted. The demonstration project is looking at several types of interventions in transitions of care to prevent readmissions. These include provider specific interventions, system-wide interventions and disease-specific interventions. “We are no longer looking at discharge transitions for patients



Naomi Hauser

as handoffs but instead as handovers for continuity of care,” Hauser said.

Both Montgomery and Hauser said discharge planning and post-discharge coaching for patients have proven to assist in reducing readmissions. Transition coaches can assist patients with following up with their physicians within 7-10 days after leaving the hospital. Transition coaches can also help patients with medication reconciliation and making sure their prescriptions are filled.

“Discharge planning starts at admission,” Montgomery said. “Medications should be discussed during the patients stay in the hospital, not just when the patient is leaving the hospital. Medications should also be discussed with the patients’ caregiver and communication should continue for the patient with their next level of care.”

There are two initiatives nationally which are being researched, Montgomery said. One, Project RED, is looking at medication reconciliation during and after hospital stays and the impact on hospital readmissions. The other, Project BOOST, is looking at several specific interventions related to discharge planning and the impact on readmissions. Both of these projects offer tools and resources which can be

used by other providers. Jeff Greenwald, MD, FHM, the co-investigator of both Project RED and Project BOOST, also spoke at Hospital Council’s conference.

This issue will continue to be a focus for both Hospital Council and Quality Insights of Pennsylvania, Montgomery and Hauser said. “We believe CMS will expand this readmissions project to all states in its 10th Scope of Work,” Hauser said. “In addition, through reform, the payment mechanism for readmissions is going to change—this is not IF it is going to change, but WHEN it is going to change,” she said.

“By focusing on improving our region’s readmission rates, we can provide a better quality of care for Medicare patients,” Hauser said.

*Hospital Council of Western Pennsylvania is a regional association representing more than 65 healthcare providers in more than 30 counties. Hospital Council, located in Warrendale, Pennsylvania, provides its members with advocacy, information, education and data, among other services. For more information about Hospital Council visit [www.hcwp.org](http://www.hcwp.org).*

## RESOURCES ON READMISSIONS

Below are several websites which offer tools, information and resources to providers on readmissions.

### Eric A. Coleman, MD, MPH, AGSF, FACP

Professor of Medicine  
Director, Care Transitions Program  
University of Colorado at Denver  
[www.caretransitions.org](http://www.caretransitions.org)

### National Transitions of Care Coalition

[www.NTOCC.org](http://www.NTOCC.org)

### Project RED

[www.bu.edu/fammed/projectred](http://www.bu.edu/fammed/projectred)

### Quality of Insights of PA Tool Kit

[www.qipa.org](http://www.qipa.org)

### Centers for Medicare and Medicaid Services (CMS)

[www.cms.hhs.gov/QualityImprovementOrgs](http://www.cms.hhs.gov/QualityImprovementOrgs)

### Colorado Foundation for Medical Care

[www.CFMC.org](http://www.CFMC.org)

**HEALING** From **Page 4**

● The Survivor’s Challenge, an outdoor activity which concludes with campers putting together our camp puzzle, a heart with the words “Friendship Divides Our Sorrow and Multiplies Our Joy.”

This year’s camp is underwritten by the generous work of the Episcopal Church Women of St. Paul’s Church in Mt. Lebanon.



While Camp Healing Hearts is designed primarily for kids – it also benefits their parents or guardians. During morning and afternoon workshops, adults have the opportunity to discuss their own grief and ways to support their children through their grief.

Our goal is that a family can attend our camp and leave feeling a little stronger by the end of the day.

For David, a father who attended the 2009 camp with his son (age 9) and daughter (age 6), Camp Healing Hearts brought some joy, despite the loss of their wife & mother. “The camaraderie was great, my son made a new friend, and I appreciated the chance to mingle with other adults who have had a loss,” he said. “It felt good to see my kids discovering that it’s okay to have fun even though you miss mommy.”

When our 2009 camp drew to a close, one camper summed up the day by exclaiming, “Dad, this day was so cool!” Seeing the smile on his face and hearing his joy made all of the work worthwhile. As bereavement specialists, we could not ask for anything more.

*Allison Holst is a Bereavement Specialist for Family Hospice & Palliative Care.*

Camp Healing Hearts will be held Saturday, August 14, 9 a.m.-3:30 p.m. at The Center for Compassionate Care, 50 Moffett St., Mt. Lebanon. Space is limited. For more information and to register, call 412-572-8829. Family Hospice & Palliative Care serves 11 counties in Western Pennsylvania. To learn more, visit [www.familyhospice.com](http://www.familyhospice.com).



## Waking Up the Brain Dead

By Nick Jacobs



With an 84% success rate in waking up patients from deep, irreversible, persistent vegetative state comas, traditional neurologists, neurosurgeons, and neuroscientists have called these “wake ups” *flukes*, but once you have nearly 45 successes, the question becomes, “Are they really flukes?”

*Popular Science* in their March 2010 Edition published an article entitled “Waking Up the Brain Dead.” the sub-title read “A Cocktail of Therapies Jump-Starts Patients’ Brains.” Then, the May 2010 *Ladies Home Journal* is publishing an article entitled, “World Leaders in Translational Clinical Research for Alzheimer’s Disease,” (The International Brain Research Foundation – IBRF; in November of 2009, *The Clinical Neuropsychologist* published an article “The New Neuroscience Frontier: Promoting Neuroplasticity and Brain Repair in Traumatic Brain Injury” that was co-authored by at least two members of the IBRF, Dr. Philip DeFina and his associate Dr. Rosemarie Scolaro Moser. This paper is about the future of treatment for Traumatic Brain Injury (TBI).

As the *Popular Science* article states, Dr. DeFina and his team apply already approved medications, electrical stimulation, and nutraceuticals to the patient, but they do it in a virtual cocktail that has had a dramatic impact on these patients, many of whom were considered brain dead.

After having spent several days working with the folks at the International Brain Research Foundation, my personal heart strings began making their own music. Not unlike the work that we did at my previous employer, DeFina’s Research Foundation is blazing new trails, not necessarily by inventing all new methodologies, but by applying new approaches to well-established and FDA-approved drugs and protocols. **They are making unbelievable progress with highly nuanced protocols that will potentially change neuroscience forever.**

In typical “small science” fashion, the traditional approach to these patients has been to apply one protocol at a time, and when that fails, move on to the next. Dr. DeFina appropriately points out that this unconventional approach is

effective because it goes to the source of numerous highly complex brain centers. He asked me to imagine the Wright brothers trying to fly an airplane one “part” at a time. “Orville, do you think this propeller will fly?” Of course, that concept is absurd, but that is an appropriate description of how Traumatic Brain Injuries are currently addressed.

Nearly a dozen years ago, when we were beginning our research, it was obvious that the reason that cancer had not been cured was because science takes a very laser-like approach to everything; let’s call it small science. When we determined that we should have a pristine, highly-annotated collection of specially-collected breast tissue, that we should have a central data repository, and that, heaven forbid, we should have ensemble-type multi-disciplinary teams of scientists and MDs working together, it was as if we had suggested that all science be trashed. It was very controversial. To think that one scientist did not keep total and complete control over all of the data generated by his work was heresy.

Bottom line? I believe that the International Brain Research Foundation will have us rethinking our living wills not too many years from now as they continue to awaken deep, irreversible coma victims and help them find their lives again. Not unlike the activities at the Windber Research Institute, where the “Platinum Quality Tissue” is currently being used to map the breast genome. We are looking into the future of science, and it is very exciting indeed.

The very difficult news is that the IBRF like most nontraditional research organizations is totally and completely dependent upon donations and grants for their work, and traditional granting organizations do not favor nontraditional approaches to curing disease and saving lives. So, after you do your due diligence, if you are as moved as I was, check out the IBRF’s website (including their excellent videos) at [www.ibrfinc.org](http://www.ibrfinc.org), and watch them change history. †

Nick Jacobs, international director for SunStone Consulting, LLC, is known as an innovator and advocate for patient centered care. With 22 years in health care management, he is author of the health care book, “Taking the Hell out of Healthcare” and the humor book, “You Hold Em. I’ll Bite Em.” Read his blog at [healinghospitals.com](http://healinghospitals.com).

## CCAC Partners with Virginia College in Health-IT Consortium

**\$16 million grant will train up to 7,500 for careers**

The Community College of Allegheny County (CCAC) will partner with Tidewater Community College (TCC) in Hampton Roads, Va., as part of a consortium in a 12-state region to educate up to 7,500 information technology professionals in healthcare over the next two years through a U.S. Department of Health and Human Services (HHS) grant for \$16,017,608.

One of the largest of five regions in the country’s Community College Consortium to Educate Health Information Technology Professionals in Health Care program, the region including CCAC and TCC has 25 percent of the U.S. population – more than 75 million people. CCAC expects to receive \$435,000 in the first year of the grant.

Efforts to improve, implement and unify electronic health records (EHRs) across the nation come under the American Recovery and Reinvestment Act of 2009, as part of HHS activities to increase access to healthcare, protect those in greatest need, expand educational opportunities and modernize the nation’s infrastructure.

TCC will coordinate the collaboration of more than 100 community stakeholders and 22 other community colleges, including CCAC, to provide training on six key positions needed to establish or expand health information technology (HIT) systems.

The six key positions are:

- Practice Workflow and Information Management Redesign Specialist
- Clinician/Practitioner Consultant
- Implementation Support Specialist
- Implementation Manager
- Technical/Software Support Staff
- Trainer

Leading educational partners in the consortium are Sentara Healthcare, Eastern Virginia Medical School and Virginia’s Statewide Health Information Technology Regional Extension Center. †

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# Artists Among Us — Pam Schanwald Eases Her Mind Through Beading

By Christopher Cussat

In addition to providing an outlet for creative expression, art can also serve as a distraction from the everyday stresses of work and life. Pamela R. Schanwald, RN, MHSA, has found that beading and jewelry making not only provide stress relief and peace of mind, but they also help her creatively approach problems and solutions for her professional role in health care management.

As the Chief Executive Officer of The Children's Home of Pittsburgh & Lemieux Family Center, Schanwald has been providing administrative leadership for pediatric specialty hospitals for more than 18 years. She previously worked as a nurse on the orthopedics, pulmonary, and adult medical surgical floors of Suburban Hospital in Bethesda, Maryland.

Schanwald felt the power and gratification of artistic inspiration from a very early age. "Art has been a long time interest since I was a young child. While I participated in conventional art classes through the public school system, I also supplemented my experiences with community offerings in pottery, sand art, drawing, painting, photography, and other areas."

This early interest continued into Schanwald's young adulthood, and in 1980 and 1981, she attended Interlochen Music Camp with a focus in the visual arts. Schanwald recalls that she had to prepare an art portfolio to be admitted to this competitive and intensive eight-week creative camp experience.

Additionally, Schanwald played clarinet in the concert band at the camp, and during college for nursing, she also took fine art electives at Syracuse University and summer courses in photography. "During the summer that I spent in Syracuse, I focused my work on photo journalism. As a result of my experience, I had a photograph from a gay and lesbian rally published in a local Syracuse newspaper," she adds.

But her real artistic passion in beading and jewelry making all started in 1989 when Schanwald began creating collage pins from pieces of broken watches and jewelry—even founding her own business, Timeless Original Designs. "Over time, I sold many original pieces and I was commissioned to produce pins from small family mementos including cufflinks, pins, earrings, and broken watches."

She continued to make this kind of jewelry until becoming pregnant with her son, when health concerns forced her to make a fateful switch of artistic creation. She explains, "With the realization that the adhesives I was using could be harm-



ful to my child, I instead started to produce complex beaded necklaces, bracelets, and earrings."

Schanwald says that she was also specifically drawn to beading because it is a great form of relaxation for her. "While I am beading, I have to be intensely focused and this allows me to retreat from thinking about my professional work." She also enjoys the almost immediate gratification of this art form, which is quite the time-opposite of her professional expenditures. "Beading a necklace or a bracelet is a short-term task which allows me to experience the satisfaction of completing a task quickly—whereas many of my goals at work involve long-term strategic projects."


Still, Schanwald has been able to draw a balance among her professional, family, and artistic lives. "As my children are getting older, I can set aside some time during the evening or weekends to bead." She is also looking forward to further growing as an artist through independent class work. "I haven't had much time to take any community classes—though I look forward to taking classes in the future when my schedule permits."

The consistent popularity and sell-ability of her work are a testament to its high quality and beauty—and some of Schanwald's beading and time piece pins have even been sold by the Pittsburgh Center for The Arts in its gift shop. Over time, she continued to focus on beading and eventually renamed her small, one-person cottage company, High Strung.


Although she really enjoys her artistic endeavors, Schanwald admits that healthcare is her true passion, and that she always finds ways to incorporate her innate artistic impulses into her work. "The challenges of my job allow me to use my creative energies to implement 'out of the box' programs and services. I consider my career choice and the way that I practice healthcare leadership akin to the energy that an artist demonstrates to excel in the fine arts."

She also acknowledges the often challenging aspects of living a completely artistic life. "Being an artist is a full-time, multifaceted career—one that requires great dedication, knowledge of business, marketing, and finances; I would consider myself to be a happy hobbyist."

Schanwald continues to bead for pleasure and her bead work always appears on the poster and other collateral materials to promote the second annual Art Bazaar at the Boyd Community Center. She also has found ways to utilize her art form to help charities and bring joy to others. "I have donated necklaces to help non-profits to raise funds for their special events including the annual Austin Lemieux Playroom Luncheon sponsored by the Lemieux Foundation. I also simply love making jewelry for friends and family." †




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# Monongahela Valley Hospital Reinstates Angioplasty

Earlier this month, Monongahela Valley Hospital reinstated the service of elective coronary angioplasty for the community.

Patrick J. Alberts, senior vice president and chief operating officer at Monongahela Valley Hospital, noted that Monongahela Valley Hospital has continued to perform emergency coronary angioplasty procedures since the end of the state's Elective Coronary Angioplasty Demonstration Project.



Patrick J. Alberts

"Patient outcomes continue to be excellent and our physicians urged for the reinstatement of the service and residents of our community came to rely on having it available. Study after study has demonstrated angioplasty is a safe and proven procedure with successful patient outcomes that can be performed in community hospitals," he said.

The cardiologists who perform angioplasty procedures at Monongahela Valley Hospital "are the same ones who do it in Pittsburgh." They are Simon Chough, M.D., Stephen A. Bowser, M.D. and Francis L. Ergina, M.D. and are representatives of Century Cardiac Care. UPMC Mercy Hospital will become the MVH referring tertiary care facility through the Atlantic Cardiovascular Patient Outcomes Research Team (C-PORT) Clinical Trial.

"Monongahela Valley Hospital endorses the largely established national and international practice, that in a properly controlled setting, elective angioplasty is effective, cost-efficient medicine. C-PORT will be the definitive study demonstrating once and for all that elective angioplasty can be safely provided in community hospitals."

"This agreement reinstates our ability to provide angioplasty services on an elective basis; that is, if the patient chooses to have it done at Monongahela Valley Hospital instead of traveling to Pittsburgh," Alberts said. "In addition to outperforming the national standards, we have received so many favorable reactions from patients and their families who have undergone the procedure here since its inception."

The term "elective" in the case of this angioplasty procedure means that the procedure is needed, but not on an emergent basis. When a person is having a heart attack, he or she requires an emergency or "primary" angioplasty. This procedure is performed to save patients' lives as they are experiencing a heart attack.

An "elective" angioplasty is also a life-saving procedure, but the patient is not in an immediate emergency situation and the angioplasty is performed on a scheduled or "elective" basis. In both instances, a patient's blockage is cleared by a balloon inserted into an artery and the artery may be propped open with a stent, a tiny mesh device that enables blood to flow to the heart. Both procedures are per-

formed using highly sophisticated digital equipment

Monongahela Valley Hospital had been offering coronary angioplasty services since February 12, 2003.

"Based on the experience and performance of Monongahela Valley Hospital during the demonstration project, the clear answer is that it proved to be feasible," Alberts said. He emphasized that Monongahela Valley Hospital's mortality rate in regards to angioplasty services is 0.36 percent, "far better than" the "gold standard" of 1.46 recognized by national health care advocacy groups such as Leapfrog.

Monongahela Valley Hospital has been designated a site for this clinical trial to determine if there are differences in the outcome of PCI, also known as angioplasty, when performed in hospitals that do not offer cardiac surgery versus hospitals with heart surgery capabilities.

At one time, PCI - the widening of a narrowed or obstructed blood vessel using a balloon and stent - could be performed only in hospitals with open heart surgery capabilities. However, the significant decline in need for emergency cardiac surgery following PCI has led to performance of elective PCI in facilities without cardiac surgical backup.



Dr. Simon Chough with Diane Hester, RN, MVH CardioVascular Lab Supervisor

The C-PORT study is being conducted in conjunction with the Johns Hopkins Medical Institutions and the Economics and Quality of Life Coordinating Center at Duke University. Potential candidates for the study are patients requiring a diagnostic cardiac catheterization because of suspected blockages in the coronary arteries that can be treated with PCI.

"C-PORT allows smaller, high-quality community hospitals such as Monongahela Valley Hospital to provide advanced catheter-based therapies, including coronary angioplasty and stenting, to its patients locally," said Alberts. "The focus of this study is to help determine if PCI success and complication rates are the same at hospitals with and without cardiac surgery capabilities. If the trial determines that these rates are the same for both types of facilities, it could greatly impact the future of cardiac care at smaller community hospitals."

For more information, visit [www.monvalleyhospital.com](http://www.monvalleyhospital.com).



Stephen A. Bowser

## Erie VA Launches New Palliative Care Rural Health Program

### Using in-home technologies to provide convenient palliative care.

Erie VA recently launched a new Palliative Care - Care Coordination Home Telehealth (CCHT) program this past April that provides in-home technologies to Veterans who are suffering from a serious illness. This new program pairs palliative care services with the established rural health CCHT program.

The goal of this new program is to prevent hospitalization by providing patients with in-home equipment that allows patients to track their health status daily. The information gathered by the in-home equipment is securely transmitted to a Care Coordinator at Erie VA who is able to track vitals, review symptoms and provide symptom management tools in response to significant changes in a patient's health in hopes to discover a health problem before it leads to a trip to the emergency room or to the doctor.

"This new program pieces palliative care with home-based primary care," says Karen Orr, Registered Nurse in the CCHT program. "Instead of making frequent trips to and from the doctor's, this program takes some of the burden off the Veteran and their family by monitoring their health in the comfort of their own home. For Veterans living in rural areas, this is especially important."

Palliative care services are intended to monitor in-home treatment to relieve, but not necessarily cure, symptoms caused by a chronic disease or illness to improve the quality of life. Educating patients and their families on when it is appropriate to transition from palliative care to hospice care is also an important benefit of this program.

"It can be very hard for patients and their families to be told you have only a couple of weeks left," says Orr. "But it is important for families to remember that choosing to receive hospice or palliative care isn't about giving up; it's about improving the quality of life."

The Palliative Care - CCHT program complements Erie VA's expanding Hospice and Palliative Care Unit. Last year, five staff members were added to the hospice and palliative care team. Erie VA is one of the only facilities in the area with an inpatient hospice and palliative care unit, which can accommodate up to 13 patients at a time. With an increase in staff and funding, palliative care services are now able to expand to Veterans in rural areas through this new program.

For more information, visit [www.erie.va.gov](http://www.erie.va.gov).

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27 Suncrest Drive, Delmont, PA 15626

Phone: 724-468-8360 • Fax: 724-468-0214

Email: [hdkart@aol.com](mailto:hdkart@aol.com) • Website: [www.wpahospitalnews.com](http://www.wpahospitalnews.com)

**HARVEY D. KART**

Publisher

404-402-8878 • [hdkart@aol.com](mailto:hdkart@aol.com)

**DANIEL CASCIATO**

Assistant to Publisher

412-607-9808 • [writer@danielcasciato.com](mailto:writer@danielcasciato.com)

**MARGIE WILSON**

Director of Advertising

724-468-8360 • [margiehn02@aol.com](mailto:margiehn02@aol.com)

**BETH WOOD**

Art/Production

**Contributing Writers**

Lori Boone

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Ron Cichowicz

Daniel Casciato

Christopher Cussat

Amanda Dabbs

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# Dr. Stofman: Mission Complete A Life-Changing Medical Journey to Haiti

By Christina E. Morton

After the devastating earthquake in Haiti on January 12, people from around the world joined forces to help those suffering from the overwhelming aftermath of the natural disaster.

Within days after the quake, a plastic and reconstructive surgeon from Dallas, Texas, founded a nonprofit medical foundation called Life Enhancement Association for People (LEAP) and began organizing hundreds of surgeons, anesthesiologists and nurses from all over the world to volunteer for week-long medical rotations to provide medical treatment and reconstructive surgeries to an estimated 300,000 injured in the disaster.

Guy Stofman, MD, chief of plastic surgery at UPMC Mercy Hospital of Pittsburgh, and clinical associate professor of Surgery at the University of Pittsburgh School of Medicine, responded to an Internet call sent to every plastic surgeon in the country to volunteer in Haiti through LEAP. Dr. Stofman volunteered the same day he received the e-mail, but so many others had done the same and LEAP didn't need more volunteers at that time.

LEAP asked Dr. Stofman if he would be willing to volunteer in two months, but he never thought he would get a call to help. At the beginning of March he received the call that would change his life forever. LEAP contacted Dr. Stofman and asked if he would assemble a surgical team within a week and lead them on a week-long medical mission trip to Haiti. Without hesitation Dr. Stofman, who is board certified both by the American Board of Plastic Surgery and the American Board of Otolaryngology, put his medical team together and embarked on an amazing journey to Haiti.



*Dr. Stofman, after you said you would be willing to go to Haiti, what did you do first?*

I went to my colleagues at Mercy Hospital and I began putting my surgical team together for the mission. I recruited my surgical physician assistant, and my wife Lori volunteered her services. She has a background as an esthetician and has been a medical assistant in our office for the last 10 years. I also recruited three critical care nurses from Dallas and an anesthesiologist from Montana. The three of us from Pittsburgh knew each other, but none of the others did, so we all met in Miami on March 5 in advance of the trip to Haiti.

*How were you feeling about the mission trip once you got to Miami?*

We all met for the first time at the airport in Miami as we were boarding the plane. There was a lot of trepidation about the mission, even though we were not necessarily concerned about our skills. I was very confident, particularly being head of a level-one trauma center and a burn unit, that there was nothing at least clinically to indicate that we couldn't meet the challenge. My biggest concerns were: what was the equipment going to be like; what was the environment going to be like in which we were going to be operating, and; what were the security issues going to be for every-one? So there was a little bit of excitement, enthusiasm and trepidation all at the same time.

*What was it like when you got to Haiti, including*

*some of your first encounters and impressions?*

From the sky it looked like the apocalypse. You could actually see one building up and then two buildings down, and from the air you could see tent cities pretty much everywhere. The U.S. military had a very strong presence at the airport where they guarded the hospital supplies. The U.N. had the responsibility for providing security to people in Port-Au-Prince.

As soon as we got off the plane, they took our bags and threw them in a pile. It was a mad, chaotic search to find your bags. There was no runway or conveyer belt, just one big cluster of people with no organization at all. There was a man at the airport with a sign that said "LEAP organization," and he tried to get everyone together, but while we were still at the airport we were surrounded by hundreds of begging people desperate for anything from a quarter to a piece of candy. Before we even got into the cars that were going to take us to the hospital where we would be operating, we were literally overwhelmed by this environment of desperation. The roads were complete chaos. There were no street-lights and no infrastructure. Roads were unpaved, and it took us about two hours to go 10 miles. Everything was so congested. Fortunately we had an incredible guide.

*Talk a little bit about the guide you had in Haiti.*

Our guide was an interesting young Haitian man who had spent time in the U.S. where he had been going to school. He came from a great family, but got involved with some drugs when he was a junior or senior in college. Because he had a Haitian citizenship, he was deported. He had tremendous remorse for his college behavior and had really matured. The young man was desperate to do something to give back to his country. He spoke perfect English and went above and beyond to make us feel safe and welcome. If we wanted to see some of the culture, go into the small towns or go to a restaurant, he was there to make sure we were going to be okay. We felt very safe once we met him because he was really in charge.

*Where did you stay once you were in Haiti and what were the conditions like?*

We stayed in an absolutely delightful host home in a small town about 10 miles outside the city of Port-Au-Prince. The conditions were by no means roughing it at all. We didn't have air conditioning and went two days without running water, but that's just how it is for everyone on that island. We were staying right next to a tent city where the people were living on rock, dirt floors with no water at all, no electricity and sewage was wherever they could dig a hole; so compared to those conditions, we felt like we were staying at the Taj Mahal.

*Where did you and your team perform surgery and what kinds of surgeries did you perform?*

The LEAP organization basically created its roots at the Haitian Community Hospital in Petionville, a city outside of Port-Au-Prince. It had one of the few up-and-running, organized hospital operating rooms. That is where we did all of our surgery.

The first day in Haiti we immediately went to the hospital and that's where it was a real eye opener. We made rounds on 22 patients. The majority were open wounds or wounds that had healed poorly. But while we were there we took on all types of surgery, not just that limited to those victims of the earthquake. We did head/neck surgery, skull and facial reconstructions and even delivered a baby, which was something that I was just overwhelmed by. The baby was stillborn and couldn't breathe because he had aspirated. Fortunately one of our nurses was an ICU pediatric critical care nurse. (Talk about being in the right place at the right time.) The baby was born listless, wasn't moving and wasn't breathing. . . We thought the baby was dead, but after almost three minutes, he started to cry. It was amazing. We all had tears in our eyes. He became known as the miracle baby and was one of the highlights of the trip.

*Did you perform any services other than surgery while you were in Haiti?*

We did a myriad of surgeries—probably close to 40 cases over the seven days that we were there. We could have done more, but we spent a lot of time going into tent cities to let people know that we were there, because there is no other form of communication.

You couldn't put it in the paper or out on the Internet. It was literally like guerrilla marketing. You have to walk into these cities with flyers to let them know that this organization is there.

*What were the people like in Haiti, and how were you and your team received?*

Every morning the hospital gates would open at 8 a.m. The ones who were lucky to get the first rounds at the clinics would come together and pray and sing hymns. The human spirit of these people was unbelievable. There were lines to the hospital in the morning as far as eyes could see. Some patients would travel for three hours to come to the clinics and then wait in line for eight to 10 hours. If a patient came in with a hernia, for example, we would have to tell him that we don't take care of that and that he would have to come back when the general surgeons were there. Instead of getting upset they were so gracious. They would bless us, hug us and thank us for being there. It was unbelievable.

*We take so many things for granted in our daily lives. What was one thing that was very surprising to you?*

After fixing a wound for someone, we would tell the patient to wash the wound with soap and water twice a day. They would say, "Dr. Guy we don't have water." I asked what they meant. They said that there was a water buffalo that would come to the tent cities. An entire family would get one bucket of water and that was their allotment for the day, so they didn't have the ability to wash their wounds. We would have them come back to the hospital and somebody would clean their wounds daily.

*Are you glad you were able to share this experience with your wife?*

It was amazing and I'm glad that she was there with me. You can talk about it forever, but unless you were there, it is indescribable until you live it. It was an opportunity for her to get an idea of what the ultimate human condition can endure. After you come back from a trip like that, there are very few things that you get upset about. I think it is a very powerful life experience to put everything into perspective. Unfortunately it is at the suffering of not hundreds, but thousands, of people. You are so grateful for what you have. I wish my kids could have gone. That would have been a powerful lesson. It really was a tremendous eye opener.

*Do you have a final message for our readers?*

Although the earthquake is no longer front-page news, Haiti is a country that is full of life, full of love and the people there are just so grateful for anything someone does for them. I would encourage my colleagues in Allegheny County to get involved if they want to be part of a life-changing experience that they will never forget. †

*Christina Morton is a communications consultant. She can be reached at [cmorton@acms.org](mailto:cmorton@acms.org). For more information on LEAP, visit [www.leap-foundation.org](http://www.leap-foundation.org). Dr. Stofman can be reached at [gstof@acms.org](mailto:gstof@acms.org).*

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Guy Stofman



# How Healthcare Professionals Can Leverage Social Media

## An Interview with Paul Furiga, WordWrite Communications President

By Daniel Casciato

Social media has drastically altered the public relations and communications landscape for many healthcare organizations. Using a social media platform, whether it's Twitter, Facebook, or LinkedIn, has allowed healthcare professionals to establish a closer relationship to the media in their market; instantly issue critical news stories to the public; reach a wider patient audience; and interact with healthcare leaders across the country.

Over the next few months, *Western PA Hospital News* will bring you various Q&As and case studies from healthcare and communications experts on their social media experience and what best practices we can learn from them. For this issue, we spoke with Paul Furiga, president of Wexford, PA-based WordWrite Communications, LLC, to get his thoughts on how social media is changing the way we communicate.

**WPHN:** Tell us about WordWrite.

**Furiga:** Our clients call us corporate storytellers, because we are in the business of helping them create, develop and share their great, untold stories with everyone who needs to see, hear or experience them. We use every tool in the PR toolbox — including social media — to make our clients the heroes in their own stories.

**WPHN:** How does your organization currently use social media platforms?

**Furiga:** It's important to us that we model the social media behavior we recommend to our clients, so WordWrite's team members are all fluent storytellers in social media. For example, every WordWriter has a personal Twitter (mine is @paulfuriga) and we also run two for our company, @wordwritepr and @healthcarebuzz, which is a Twitter identity we use to participate in the healthcare conversation, sharing news and items of interest.

We also have a YouTube channel, are active on Linked In, as a company and individually, and we have a nice Facebook presence. It's important to us that when clients and prospects evaluate whether we can help them in social media that we can point to ourselves as an example.

**WPHN:** How do you help your healthcare clients better engage in social media?

**Furiga:** Especially with hospital organizations, there is a fear that HIPAA considerations prevent them from engaging in social media. While HIPAA is always an important consideration in any healthcare communications involving patients, there are many, many examples of social media success in healthcare and hospital organizations. The Cleveland Clinic, the Mayo Clinic, and many institutions locally, including UPMC and West Penn Allegheny Health System, are active in social media.

We help our healthcare clients through a five-step process to evaluate what social media platform is best for them, review the nature of the existing conversation on say, Facebook or Twitter, help them get started and then guide them along the way as they take on social media as an internal function.

**WPHN:** What role do social media sites play in healthcare organizations?

**Furiga:** Social media can play many roles in healthcare organizations. In the competition for talent, Facebook and Linked In are particularly useful tools. Recently, a fairly large local community hospital organization saved hundreds of thousands a year by moving the majority of its recruiting online, to these kinds of platforms.

Facebook is also a great place to build online community, especially for community relations efforts and to build communities of patients and families. The personal stories that can be shared this way are great credibility-builders for a hospital organization and great information when a potential patient is searching for information.

Twitter is also a vibrant resource for information on a hospital organization's capabilities and successes. The guideline on Twitter is that about one-third each of all hospital organization tweets should be promotional (this could be programs, press releases, system news, etc.), about a third should be shared healthcare news, and a third should be conversation — having a dialogue with others who engaged in the conversation, retweeting, replying, etc.

All of these activities are especially important as Google and other search engines are now tracking social media activity. This means that the more that a healthcare organization is active in social media, the more good it does for its natural search rankings.

**WPHN:** How can you measure your social media efforts?

**Furiga:** There are many ways to measure social media. Those measurements that are easiest to track are not necessarily the best. The number of Twitter followers or "likes" you have on your healthcare organization's Facebook page mean nothing without context and meaning. It's important to track the depth of those relationships and the quality of the dialogue. Because you can search any content on social media, you can develop metrics to determine quality and the depth of the relationships. And because you can measure practically every click on the Internet, you can also put strong quantitative measurements to your activity.

At WordWrite, we look at everything on the Internet, including social media, as a highway leading to the healthcare organization's digital home, which is its web site. It's there that a good web site design, with great content and lots of opportunities for engagement, should create the ultimate social media payoff. There are many

simple and great tools to create engagement and measure it, such as RSS feeds, permission e-mail marketing, etc., that are all driven from the organization's web site.

**WPHN:** What is the biggest misconception about social media?

**Furiga:** For healthcare organizations, the biggest misconception is that engaging in social media can only produce bad results because of the random HIPAA horror stories or crisis communication examples that are tossed around like urban legends. Those are actually far less frequent than it seems when you put a group of hospital lawyers in a room. I'm not saying those things don't happen — and you do need to respond to them appropriately. What I am saying is that you do not improve the conversation (or your reputation) by refusing to participate in it. You improve it by participating appropriately.

There is a second, broader misconception, and that is that social media takes a lot of time. It can take a lot of time, and certainly, it will take some time. This leads to the third misconception, that social media is "free." It's not free because it does require smart people with good thinking to create social media strategy and content. This is what our clients hire us to help them figure out.

**WPHN:** What are some of the biggest mistakes healthcare organizations make when using social media?

**Furiga:** The biggest mistakes are directly related to the biggest misconceptions. So they are: First, not to do it. Second, to mistakenly assume that you can engage in social media without dedicating resources to do it, Third, to engage in social media without having a plan and strategies to create the kind of rich content required to engage your stakeholders and deliver success.

**WPHN:** What words of wisdom can you share with our readers on how to get started with social media?

**Furiga:** We always counsel our clients to do their due diligence before jumping in. Then pick one social media platform to try first, until the organization is comfortable conversing in that space. After that, the organization can try others. By the way, as I mentioned earlier, not every social media platform is right for every organization. So don't feel bad if you are not active in every single social media platform. Pick what is right for you and the audiences you want to reach.

**WPHN:** If you could only follow one person on Twitter, who would it be and why?

**Furiga:** Wow. This is a tough question. My answer would be: "On what topic?" In my own case, I follow people in PR because that is my business, I follow people in the media because that is related to my business, but I also follow a few people in the music business because I play music and I also follow eclectic choices such as the university where my daughter goes to college and even a stand-up comedian in Minneapolis. I even follow the morning team on KISS-FM in Pittsburgh because our senior account executive, Deanna Ferrari, turned me on to them. They are great practitioners of social media.

**WPHN:** Is there anything else our readers should know about social media?

**Furiga:** C'mon in, the water's fine! Don't be afraid to give social media a try. Or should I say, a Tweet!

For more information about WordWrite, visit [www.wordwritepr.com](http://www.wordwritepr.com). ↑



Paul Furiga

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## Young Internet Tycoon Not the True Image of Today's Entrepreneur



**By Ann Dugan**

Entrepreneurism isn't what it used to be.

Or rather, it's not what many of us assume it used to be. Likely owing to the boom in technology and Internet startups during the late 1990s, the image of the twenty-something dot-comer seems to have become the symbol of

American entrepreneurship.

But that may not be an accurate reflection of the modern-day entrepreneur. Recent research reports have shown that the people out there taking risks, starting new businesses and fueling economic growth and recovery look nothing like 26 year-old Facebook founder and chief executive officer Mark Zuckerberg.

In fact, a person over the age of 55 is more likely to start a business than mid-twenties Internet-era tycoon.

According to a 2009 study by the Kauffman Foundation, entrepreneurs between the ages of 55-64 have started more new businesses than anyone else every year since 1996. Meanwhile their 20-34 year-old counterparts had the fewest startups of all.

Though the technology boom made young faces of

companies like Google and Facebook the entrepreneurial icon, the study demonstrates that, ironically, it was during the dot-com era that the gap between generations first appeared. The average age of the founders of technology companies in the United States is a surprisingly high 39 years old, with twice as many over age 50 as under age 25.

The Kauffman study suggests that as the youngest baby boomers reach the age of retirement, the United States may be on the cusp of an entrepreneurial boom. The job creation, innovation and productivity that will help pull the economy out of the recession could come from the vast population of skilled workers opening new businesses later in life.

If you ask the Center for Women's Business Research (CWBR), however, an impending entrepreneurial boom could also come from the female population.

CWBA says more and more women entrepreneurs are finding their footing in the business world, launching successful new companies in the U.S. and around the globe. According to one of the Center's recent studies, there are now nearly 8 million women-owned enterprises generating close to \$3 trillion in the U.S. each year.

The findings suggest this growing force of women entrepreneurs and business owners are a valuable lifeline, and just what today's recovering economy

needs. They're creating jobs, spurring economic development and building businesses that are growing faster than those owned and run by men. In the U.S. alone, women-owned companies account for 16% of all employment, creating and maintaining more than 23 million jobs.

The problem is that even though female entrepreneurs are rising in the ranks of business leaders, it's still harder than it should be for many to get their companies off the ground. The study points out that in addition to gender discrimination, women encounter serious economic, legal and cultural obstacles on their way to starting a business.

Regardless of age, gender or ethnic background, aspiring entrepreneurs should look to the wealth of resources available through business associations in the area, like the Institute for Entrepreneurial Excellence at the University of Pittsburgh, for support in launching and growing a new business. Those entrepreneurs who reach out to other business owners, advisors and local professionals in industries outside of their own to network and collaborate will be more successful in establishing a strong and lasting business. ↑

*Ann Dugan of the Institute for Entrepreneurial Excellence at the University of Pittsburgh can be contacted at [adugan@katz.pitt.edu](mailto:adugan@katz.pitt.edu).*

## Roth IRA Conversion Create a Tax Free Benefit

**By Nadav Baum**



This article marks the third time that I have written about the Roth IRA conversion in the past 18 months. I'm writing about the Roth IRA

conversion again because of my deep conviction that people converting to a Roth IRA over the next year or two will receive one of largest tax breaks most people will ever be granted. The more affluent the individual, the larger the potential tax savings with be.

The many benefits of the Roth IRA conversion range from getting a tax free income for life to being allowed not to include Roth IRA income when considering taxable portions of Social Security benefits. There are also positive Estate Planning consequences to the Roth IRA conversion.

Summarized below is some key information that people should understand right now about a Roth IRA conversion:

- 2010 is the first year in which high wage earnings, those with an

adjusted gross income of \$100,000.00 or more, can convert a Traditional IRA to a Roth IRA.

- 2010 is the only year you can spread your tax payments due on the conversion over the two years of 2012 and 2013 by showing the income in 2011 and 2012.

- Your assets in these retirement accounts are likely still below the high water mark of the 2007 market.

I often hear a lot of confusion surrounding the topic "to convert, or not to convert." Let me clear up all the confusing nonsense that has been written on this subject for you.

There are a few people who represent ideal candidates for the conversion. Many others should, however, go through the exercise of running conversion numbers to understand the pros and cons and see if it makes sense to convert. Running those numbers consists of projecting how much the Roth IRA will make untaxed in the future and how many years until you want to use the Roth IRA money to determine what your break-even point on the conversion is going to be.

### IDEAL CANDIDATE #1

An individual who has ample assets



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outside of their retirement accounts and will not need retirement assets to supplement income needs. Therefore, by converting a Traditional IRA to a Roth IRA, the individual will not need to worry about making required minimum distributions at the age of 71.5, as you have to with a traditional IRA. Converting those gives the individual the ability to allow their retirement assets to grow on a tax deferred basis and gives the individual the option to pass the assets on to their heirs or charities, free of income tax although still requiring appropriate federal estate tax. In essence, you can decide to pay down all of the taxes today while you are alive, and then leave the assets to your kids or charities with a zero tax burden.

### IDEAL CANDIDATE #2

The second ideal candidate is an individual with a 10-year or longer

time horizon before needing to begin thinking about living off of retirement assets. In this example, the individual will have sufficient time to grow the asset base and take advantage of the compounded effect of their account by paying taxes today and not paying taxes again no matter what the account grows to overtime.

The 2010 Roth IRA Conversion opportunity is a true tax incentive for the affluent investor. The income requirement has been lifted for all years going forward but 2010 is the only year you can spread tax payments over two years as opposed to paying the tax on the conversion in the following year.

*If you would like more information on the advantages and disadvantages of the Roth IRA conversion, please contact Nadav Baum, Executive Vice President of BPU Investment Management, Inc. at 412-288-9150 or [nbaum@bpuinvestments.com](mailto:nbaum@bpuinvestments.com).* ↑



## University of Pittsburgh School of Nursing Announces Research Funding and Achievements

The University of Pittsburgh School of Nursing faculty, staff and students often are honored by prestigious organizations for their achievements and exceptional leadership. The following individuals are among those who recently have been recognized with research grants and awards:



Mandy Bell

Mandy Bell, B.S.N., Ph.D. candidate in the Doctor of Philosophy program, received a predoctoral research training award from the National Institute of Nursing Research for her work to discover a link between a genetic pathway and preeclampsia. Bell's research focuses on identifying women at risk for the condition and intervening before it escalates.

Grace Campbell, M.S.W., B.S.N., student in the Doctor of Philosophy program and nurse educator at the UPMC Institute for



Grace Campbell

Rehabilitation and Research, received a predoctoral research training award from the National Institute of Nursing Research to explore whether certain types of cognitive impairment are predictive of patient falls after a stroke.



Denise Charron-Prochownik

Denise Charron-Prochownik, Ph.D., R.N., professor in the Department of Health Promotion and Development, received an American Recovery and Reinvestment Act of 2009 stimulus grant from the National Institute of Child Health and Human Development for her research on reproductive health intervention for teen girls with diabetes.

Jacqueline Dunbar-Jacob, Ph.D., R.N., dean and professor of nursing, epidemiology and occu-



Jacqueline Dunbar-Jacob

pational therapy, has been named to the inaugural Sigma Theta Tau International Nurse Researcher Hall of Fame. This honor acknowledges nurse researchers who have achieved long-term recognition for their work and whose research has influenced the profession and the people it serves. She is among 22 nurse leaders who will be inducted into the Hall of Fame during the International Nursing Research Congress on July 16 in Orlando, Fla.

Dr. Dunbar-Jacob participated in the National Institutes of Health State of the Science panel addressing the prevention of Alzheimer's disease and cognitive decline. The panel was held in April in Bethesda, Md.



Janet Grady

Janet Grady, DrPH, M.S.N., R.N., associate professor and director of the nursing program at the University of Pittsburgh Johnstown, received the Canadian Society of Telehealth's award for innovative use of store-and-forward technology for her project on diabetes care for adolescents.

Margaret S. Hannan, Ph.D., M.S.N., R.N., assistant professor in the Department of Health Promotion and Development, received a grant from the International Transplant Nurses Society for her research on the reproductive health communication between adolescent female liver transplant recipients and their mothers.



Margaret S. Hannan

Mary Beth Happ, Ph.D., R.N., professor in the Department of Acute/Tertiary Care, received the 2010 Eastern Nursing Research Society John A. Hartford Geriatric Research Award for her significant contributions to nursing research directed toward the older adult population.



Mary Beth Happ

Sigma Theta Tau International Research Grant from Sigma Theta Tau International Honor Society of Nursing for her work related to physical activity in young adults with early stage schizophrenia.

Jill Radtke, M.S.N., B.S.N., Ph.D. candidate in the Doctor of Philosophy program, received a predoctoral research training award from the National Institute of Nursing Research for her work related to breastfeeding within the late preterm population. †



Heeyoung Lee

## Healthcare Professionals in the News

### Family Practice Physician Joins Greenville Medical Center-UPMC

Briana D. Yee-Providence, MD, family practice physician, has joined Greenville Medical Center-UPMC and UPMC Horizon's medical staff.

Dr. Providence earned her medical degree from Saba University School of Medicine in the Netherlands Antilles and recently completed a family medicine residency at Aultman Health Foundation, Canton, Ohio. She is a member of the American Academy of Family Practice.

Dr. Providence practices in association with Thomas Pineo, DO, and James Liszewski, MD, at Greenville Medical Center. †



Briana D. Yee-Providence

### Family Hospice and Palliative Care Hires New Community Liaison



Christine Meduho

Christine Meduho has joined Family Hospice and Palliative Care as a Community Liaison. Meduho will work to enhance relationships with Jefferson and Ohio Valley General Hospitals, as well as long term care facilities in southern Allegheny County and parts of Washington County. Before joining Family Hospice, she worked as Admissions Director at HCR Manor Care in Bethel Park, and in public relations with Sala Chiropractic and Rehabilitation.

Meduho is a graduate of Slippery Rock University. She resides in South Park with her husband and two children. †

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## Mark Gladwin, M.D., First University of Pittsburgh Faculty Member Elected to the Council of the American Society for Clinical Investigation



Mark Gladwin

Mark Gladwin, M.D., chief, Pulmonary, Allergy and Critical Care Medicine, University of Pittsburgh School of Medicine, recently was elected to serve on the council of the American Society for Clinical Investigation (ASCI).

ASCI is one of the nation's oldest and most respected medical honor societies. It comprises more than 2,800 physician scientists from all medical specialties and is dedicated to the advancement of research that extends understanding and improves treatment of human diseases. Members are elected to the Society for their outstanding records of scholarly achievement in biomedical research and commitment to mentoring future generations of physician scientists.

Dr. Gladwin currently is the principal investigator on the multi-center clinical trials Walk-PHASST (Pulmonary Hypertension and Sickle Sildenafil Therapy Trial) and DeNOVO (Delivery of NO for Vaso-Occlusive pain crisis in sickle cell disease). He has served as a principal or associate investigator on more than 25 clinical trials.

Since 1998, his research activities have led to more than 180 published, peer-reviewed manuscripts. Dr. Gladwin's work includes the discovery that the nitrite anion is a regulator of blood pressure and blood flow and mediates hypoxic signaling. He also characterized the role of hemolytic anemia in driving vascular disease and pulmonary hypertension, which occurs in 30 percent of patients with the hemolytic anemia sickle cell disease, making it a major cause of mortality in this population.

Dr. Gladwin received his medical degree from the University of Miami Honors Program in Medical Education in 1991. After completing his internship and chief residency at the Oregon Health Sciences University in Portland, he joined the National Institutes of Health (NIH) in 1995 as a critical care fellow. After completing a clinical fellowship in pulmonary medicine at the University of Washington in Seattle, Dr. Gladwin served as chief of the Pulmonary and Vascular Medicine Branch within the National Heart, Lung, and Blood Institute, an arm of the NIH. In August 2008, Dr. Gladwin became chief of the Pulmonary, Allergy and Critical Care Medicine Division at the University of Pittsburgh. †

## Healthcare Professionals in the News

### St. Clair Hospital Names Manager of Observation Unit

St. Clair Hospital has named Holly James, BSN, RN, CCRN, as Manager of the Observation Unit. James, who received her bachelor of science in nursing from Clarion University, most recently served as Manager for Invasive Cardiology at West Penn Hospital, Bloomfield. Her responsibilities at West Penn included overall operation of the department, quality assurance, fiscal accountability and staffing.

She and her husband, John, reside in Oakdale. †



Holly James

### WESTARM Therapy Services Hires New Occupational/Hand Therapist

WESTARM Therapy Services of Lower Burrell, PA, announces the hiring of Jolene A.M. Schneider, M.S., B.S., MOTR/L, as a Staff Occupational / Hand Therapist. She will work primarily out of the Lower Burrell facility located at Wildlife Lodge Road and Kipp Avenue.

Schneider has 11 years of clinical experience working in hospitals, long & short-term care facilities, outpatient clinics, home health agencies, and school districts. She has worked extensively in hand & upper extremity rehabilitation and has a certificate in Functional Ergonomics. She believes in a holistic approach to treating patients.

She earned a Master of Science (MS) in Occupational Therapy and a Bachelors of Health Science (BS) both from Duquesne University. Schneider, her husband, and 2-year old daughter reside in the Whitehall area of Pittsburgh. The Schneider's love to travel, fly fish, and play golf.

WESTARM is a Medicare Certified Rehabilitation Agency that has been in business for over 27 years. They offer outpatient Physical & Occupational Therapy at eight clinics and Athletic Training Services at three school districts throughout Southwestern Pennsylvania. They also operate a Homecare division that services the same areas as their out-patient clinics. †



Jolene Schneider

### Rosslyn Farms Resident is Director of DU's New Community Pharmacy



Terri Kroh

Duquesne University's Mylan School of Pharmacy welcomes Terri Kroh as director of its new community pharmacy slated to open this fall in Pittsburgh's Hill District neighborhood. The initiative is the first off-campus, community pharmacy in the nation designed and operated by a school of pharmacy.

Kroh, a 1988 graduate of Duquesne's School of Pharmacy, is responsible for overseeing all facets of the pharmacy's operations, including clinical pharmacy services, medication therapy management, health and wellness education and screenings, medication adherence counseling, and management of staff and student pharmacists. She also will

work to strengthen partnerships with neighborhood community groups and local government leaders to address the most pressing community-identified needs.

Kroh has more than 20 years of experience in many facets of pharmacy practice including retail, hospital, specialty, and pharmaceutical sales. She has also managed federal 340B pharmacy programs that enable certain grant-funded entities to provide lower-cost medications to their patients through a contracted pharmacy arrangement.

Prior to her appointment at Duquesne, Kroh worked as the HIV clinical pharmacy specialist at the Positive Health Clinic of Allegheny General Hospital. She is one of a limited number of pharmacists credentialed by the American Academy of HIV Physicians.

Currently, Kroh is working closely with the School of Pharmacy and University administration on preparations for the pharmacy's opening. She also plans to meet with community leaders, residents and health care providers to gather their input about the services they want and need.

Kroh resides in Rosslyn Farms, Pa. †

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## New Buyer Selected For Nursing/Emergency Departments



Laura Cresswell

Laura Cresswell of Bellwood is the new buyer in the Purchasing department of Materiel Management. Her new responsibilities include buying for the nursing floors and for the emergency departments on Altoona Hospital and Bon Secours Hospital campuses.

Cresswell was hired in August 2009 as a Patient Access Representative. She is a graduate of St. Francis University with a Bachelor of Arts degree in Spanish and Marketing. †

## Healthcare Professionals in the News

### Shehnaz Mohsin, M.D. Joins Altoona Regional Medical Staff



Shehnaz Mohsin

Shehnaz Mohsin, M.D. has joined the Altoona Regional Medical Staff. She is affiliated with Lexington Hospitalists, 620 Howard Ave. Dr. Mohsin is board certified in Family Medicine and received her medical degree from DOW Medical College, Karachi, Pakistan. She completed the residency program in the department of Family Medicine (OB Track), Southern Illinois University School of Medicine. †

### St. Clair Hospital's Chairman of Emergency Services Named 2010 Emergency Physician of the Year

The Pennsylvania Chapter, American College of Emergency Physicians (PA ACEP) named Christopher DeLuca, M.D., FACEP its 2010 Emergency Physician of the Year. Dr. DeLuca is Chairman of Emergency Services at St. Clair Hospital, Mt. Lebanon.

In a statement, the PA ACEP said: "Dr. DeLuca is a dedicated and outstanding clinician and manager. During his tenure as department chair, his ideas, leadership, and process improvements resulted in improved patient care and satisfaction, and his hospital receiving three awards for clinical improvement, patient flow innovation, and teamwork."

Dr. DeLuca resides in Mt. Lebanon with his wife, Lori, and their son, Nicholas, 8. †



Christopher DeLuca

### UPMC Health Plan Director Remains on Oncology Nursing Society Board of Directors



Laura Fennimore

The Oncology Nursing Society recently announced its 2010–2011 Board of Directors at its 35th Annual Congress in San Diego, CA. Laura Fennimore, RN, MSN, director of clinical programs for Medicaid, special needs plans, and children's insurance plan at UPMC Health Plan, in Pittsburgh, PA, will continue to serve as the Society's treasurer. †

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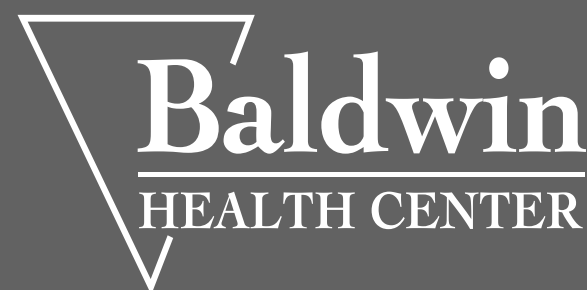
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## Healthcare Professionals in the News

### AGH Senior VP Debra L. Caplan honored by YWCA of Greater Pittsburgh For Leadership in Community Health and Development



Allegheny General Hospital (AGH) Senior Vice President Debra L. Caplan was among seven outstanding local women honored by the YWCA of Greater Pittsburgh at its annual Tribute to Women Leadership Awards Luncheon, held May 26 at the Westin Hotel in downtown Pittsburgh.

A Tribute to Women Leadership Awards recognize and honor women from the Greater Pittsburgh area who have demonstrated excellence and leadership in the workplace and in the community, and for their contributions to the goals of the YWCA – the empowerment of women and girls and the elimination of racism.

Ms. Caplan was honored in the Health Services category for her role in improving the health of communities as a public health administrator, hospital executive, and community development advocate.

Ms. Caplan came to AGH from Harvard-affiliated Brigham and Women's Hospital in Boston, where in her nine-year tenure as Vice President, she had responsibility for the hospital's major inpatient clinical, educational and ancillary services, including the establishment of the first heart transplantation program in New England. †

### Barry T. Ross Recipient of Excellence in Healthcare Management Engineering/Process Improvement Award



Barry T. Ross is the recipient of the **Excellence in Healthcare Management Engineering/Process Improvement Award**, a recognition made jointly by the Boards of Directors of the Society for Health Systems (SHS) of the Institute of Industrial Engineers and the Healthcare Information and Management Systems Society (HIMSS). The award was co-presented by SHS and HIMSS during the annual SHS Conference and the HIMSS Award Banquet that was held in Atlanta on March 2, 2010.

The award is presented to one individual who has best demonstrated leadership in implementing significant synergies between the process improvement and information technology professions. It is awarded for exemplary contributions to the healthcare Management Engineering/Process Improvement (ME/PI) profession and to the professional societies representing ME/PI.

Barry Ross has made enduring contributions to the management engineering profession throughout his career which began in 1971. He was a member of an early group of industrial engineering professionals that transitioned from other industries to healthcare in order to improve performance of healthcare organizations. He is a Life Fellow of HIMSS, A Diplomate of SHS, a former president and Board chairman of HIMSS, and a former president of the Western Pennsylvania Chapter of HIMSS. †

## New & Notable

### Meadville Hospital Receives ISO Certification

Meadville Medical Center has earned International Organization for Standardization certification, meaning that the Crawford County hospital's quality management system has adopted best-practice standards.

ISO certification is usually associated with manufacturing businesses, but hospitals can also be certified.

The certification came from Det Norske Veritas Healthcare, Inc., the first organization in more than 40 years to be approved by the federal government to accredit hospitals. †

## New & Notable

### BRMC's McKean County VNA & Hospice earns first-ever Best Practices award from Pennsylvania Homecare Association

Bradford Regional Medical Center's (BRMC's) McKean County Visiting Nurses Association (VNA) & Hospice has been named by the Pennsylvania Homecare Association as the winner of its first-ever 2010 Best Practices in Homecare and Hospice Award.

A committee of state officials and healthcare experts selected McKean County VNA & Hospice for its initiatives to reduce avoidable hospitalizations. The VNA received the distinction during an awards ceremony attended by more than 200 peers and state officials at the PHA annual conference in Harrisburg on May 13, 2010. The McKean County VNA is the home health organization operated by BRMC. The Pennsylvania Homecare Association (PHA) represents home health, hospice and personal care providers across the state.

"This Best Practice award for the McKean County VNA is very significant because it represents collaborative efforts among 10 departments at BRMC to develop an evidence-based standard of care for heart failure patients," says Kathy Pascarella, Director of the VNA. "It demonstrates our commitment to quality patient care and successful outcomes across BRMC's continuum of care."

The VNA and BRMC developed and distributed a Healthy Heart patient education booklet and calendar with treatment guidelines and measures to avoid unnecessary readmissions. As a result, the number of VNA patients who had to be readmitted to the hospital fell from 28 percent to 19 percent. This outcome is only achieved by the top 20 percent of home health agencies nationwide.

"The Best Practices award program promotes the exchange of ideas and presents in-home care providers with a unique opportunity to learn from each other," says Vicki Hoak, Executive Director of PHA. "Sharing insights and creative solutions to all agencies promotes improvements to quality care for 750,000 people who receive in-home care in Pennsylvania each year."



At the awards presentation in Harrisburg are (from left): Christine Kocjancic, Quality Improvement Coordinator for Bradford Regional Medical Center's McKean County VNA & Hospice; Ann Newcombe, the hospital's Coordinator of Patient Safety/Nursing Quality; Stacy Mitchell, Deputy Secretary for Quality Assurance in the Pennsylvania Department of Health; and Ashley Wenner, a secretary at the VNA.

"A Healthy Heart Book and calendar is now utilized to establish healthy heart behaviors and promote patient self-management," says Pascarella. "For VNA home care patients, telehealth monitoring is also utilized in addition to the healthy heart tools so early identification of negative vital signs that require intervention can occur."

Telehealth, also known as telemedicine, is the provision of healthcare, health information, and

health education across a distance, using telecommunications technology and specially adapted equipment. It allows nurses and healthcare specialists to assess, diagnose and treat patients without requiring both individuals to be physically in the same location.

For ambulatory patients, "There also is a telehealth unit in each senior center in McKean County that can be utilized to monitor key vital signs," Pascarella says, noting, "All of these measures will enable patients to implement healthy heart behaviors that can prevent avoidable hospitalizations and avoidable emergency room visits."

"Receiving this first-ever award from the Pennsylvania Healthcare Association demonstrates the wonderful quality and comprehensive care our VNA program provides to in-home patients in our region," says David Kobis, BRMC's Senior Vice President and Chief Operating Officer.

"Our goal to continually deliver the best in-home care possible is reinforced by receiving this prestigious state award. We're also proud of our staff for the initiative they've taken to reduce patients' rehospitalizations, show measurable improvement with newly adopted procedures and prove the ability to sustain long-term results," adds Deborah Price, BRMC's Vice President of Patient Care Services.

The VNA at 20 School St. in Bradford is McKean County's longest operating home health agency, first established in 1912. The VNA offers specialized nursing care, therapy services, medical support and technological assistance services to patients.

Additionally, the agency provides cancer and diabetic care, infusion therapies, maternal/child health care, medical and surgical follow-up, medication management, nutritional care, ostomy care, pain management, telemedicine monitoring, wound care and hospice services.

For more information about VNA, visit [www.brmc.com](http://www.brmc.com). Bradford Regional Medical Center and Olean General Hospital are members of Upper Allegheny Health System. †



## Children's Hospital of Pittsburgh of UPMC and Shriners Hospitals for Children® - Erie Partner to Provide Enhanced Pediatric Orthopaedic Care

Additional orthopaedic care for children will soon be available in Erie due to a new partnership between Shriners Hospitals for Children® - Erie and Children's Hospital of Pittsburgh of UPMC. Pediatric orthopaedic surgeons from Children's Hospital will begin treating children at the Shriners Hospitals for Children®, complementing the hospital's existing orthopaedic staff.

"This agreement marks a milestone in our efforts to further enhance the orthopaedic medical care available to patients who come to our hospital," says John D. Lubahn, M.D., Chief of Staff at Shriners Hospitals for Children® Erie. "This relationship will clearly benefit our patients."

Children's Hospital orthopaedic surgeons will treat patients at the Erie Shriners Hospital three days a week in the hospital's outpatient clinic and perform ambulatory surgery in the hospital's surgical suites. Over time, plans call for the Children's Hospital surgeons to be present at Shriners Hospitals for Children® - Erie five days each week.

"Children's is committed to helping Shriners continue providing the extremely skilled orthopaedic care it is renowned for," says W. Timothy Ward, M.D., chief of the Division of Pediatric Orthopaedic Surgery at Children's Hospital. "Our surgeons will see outpatients and perform ambulatory orthopaedic surgery at Shriners. For patients who require more complicated, inpatient surgical procedures, those patients can be treated at Children's Hospital's new state-of-the-art campus in Pittsburgh."

The team of pediatric orthopaedic surgeons from Children's Hospital will be led by James W. Roach, M.D., a pediatric orthopaedic surgeon at Children's Hospital and former Chief of Staff of Shriners Hospitals for Children® - Salt Lake City. Dr. Roach is the current president of POSNA, the Pediatric Orthopaedic Society of North America.

"As a former Shriners surgeon, I'm familiar with the high standards for orthopaedic care for which the organization is known and look forward to continuing that tradition in Erie," Dr. Roach says. "This agreement also gives families in the Erie region access to the world-class care Children's Hospital is known for."

"We have a team of outstanding physicians at our hospital," adds Charles R. Walczak, hospital administrator. "However, in recent years, we have been challenged in recruiting additional full-time pediatric orthopaedic surgeons to join our medical staff. This is primarily the result of a nationwide shortage of pediatric sub-specialists, including pediatric orthopaedic surgeons."

Walczak notes that the agreement with Children's Hospital addresses not only the physician manpower challenges, but will bring to Erie some of the best pediatric orthopaedic surgeons in the country.

"The Children's Hospital physicians, working with our current medical staff, will provide the Erie Shriners Hospital with the manpower and continuity of services it requires to address the medical needs of the thousands of children we see every year," Walczak says.

This new agreement between the Shriners Hospitals for Children® - Erie and Children's Hospital is the first step in building a relationship that could result in additional Children's Hospital pediatric sub-specialists coming to Erie to treat children with a variety of medical conditions. †



James W. Roach, M.D., Pediatric Orthopaedic Surgeon at Children's Hospital.

## New & Notable

### Nurse Recognized for Loyalty to Breast Cancer Patients



Earlier this spring, Harriet Gudenburr of Peters Township received the 2010 Pittsburgh Affiliate of Susan G. Komen for the Cure's PNC Community Caring Award.

Gudenburr graduated from Thomas Jefferson High School and the Presbyterian University Hospital School of Nursing. Currently, she manages the Informed Decision Making program at Allegheny General Hospital in Pittsburgh, part of the West Penn Allegheny Health System. Her duties include various forms of cancer, but a specialty is women with breast cancer. She's worked with cancer patients for a number of years, including as a home care nurse. †

### ACMH Hospital Keeps Up To Date with Latest Technology in Orthopaedic Surgery

Kittanning, PA-based ACMH Hospital takes pride in its ability to stay up-to-date with current technology in the healthcare industry. In holding true to their standards, ACMH is now using the 30-Year Knee, the latest in knee replacement surgery, within their orthopedic surgery department.

The knee uses a new technology called VERILAST. The technology has doubled the duration of time expected for a knee replacement and it has reduced wear on the knee by 81 percent.

The 30-Year Knee is a large step forward within the medical profession and have many surgeons excited about the new advancement. Dr. Bert Hepner, one of the top orthopedic surgeons at ACMH, has already adopted the procedure as the top choice in knee replacement surgery.

For more information about ACMH and their latest advancements visit [acmh.org](http://acmh.org). †



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\*Ranked seventh in the most recent issue of U.S. News & World Report's America's Best Graduate Schools and fifth in National Institutes of Health nursing research dollars. Rated one of America's best academic values by Kiplinger. Visit our Web site for information about all our programs.

## Saint Vincent Orthopedic Program Recognized by Highmark Blue Cross Blue Shield

Saint Vincent Health Center earned the designation of Blue Distinction Center for Knee and Hip Replacement<sup>SM</sup> from Highmark Blue Cross Blue Shield.

To be designated as a Blue Distinction Center for Knee and Hip Replacement, the following types of criteria were evaluated.

- Established acute care inpatient facility, including intensive care, emergency care, and a full range of patient support services with full accreditation by a CMS-deemed national accreditation organization
- Experience and training of program surgeons, including case volume
- Quality management programs, including surgical checklists as well as tracking and evaluation of clinical outcomes and process of care
- Multi-disciplinary clinical pathways and teams to coordinate and streamline care, including transitions of care
- Shared decision making and preoperative patient education

The Blue Distinction designation is awarded by Blue Cross Blue Shield to medical facilities that have demonstrated expertise in delivering quality health care in certain specialty areas. The program is part of The Blues® efforts to collaborate with physicians and medical facilities to improve the overall quality and safety of specialty care.

*Note: Designation as Blue Distinction Centers means these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading professional organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at any facilities, please call your local Blue Cross and/or Blue Shield Plan.*

For more information on Saint Vincent Health Center, visit [www.svhs.org](http://www.svhs.org). †



## University of Pittsburgh School of Nursing to Offer Online Doctor of Nursing Practice Program

This fall, the University of Pittsburgh School of Nursing will begin offering an online post-master's degree doctor of nursing practice (DNP) program, in addition to the current onsite program. Areas of concentration include clinical nurse specialist, nurse anesthetist, nurse practitioner and nursing administration.

"The DNP brings the education of advanced practice nurses to a new level. The program combines research utilization with education and practice, providing students with the skills needed to meet the needs of tomorrow's diverse health care systems," said Jacqueline Dunbar-Jacob, Ph.D., R.N., dean of the Pitt School of Nursing. "Graduates will be prepared for roles in direct care or systems-focused care."

The American Association of Colleges of Nursing and the American Association of Nurse Anesthetists recommend the DNP to be the terminal degree for advanced practice nurses.

"The program is available to nurses who want to study at a well-recognized, high-quality university, but need to balance that with all the other commitments in their lives," said Gail Wolf, R.N., D.N.S., program leader and professor in the Department of Acute and Tertiary Care at the Pitt School of Nursing.

The DNP program will continue to be offered onsite along with a post-bachelor's (BSN to DNP) option. Pitt School of Nursing also offers an online Clinical Nurse Leader master's degree program. Scholarships are available.

For more information, contact Emily Bennett at (412) 648-0287 or [emb108@pitt.edu](mailto:emb108@pitt.edu). ↑

## Former UPMC Cancer Institute Exec to Manage OSU Cancer Center

Ohio State University has created a new executive post to manage administrative and financial functions for its cancer treatment and research programs.

The university hired Jeff Walker as executive director of the Comprehensive Cancer Center and 180-bed James Cancer Hospital and Solove Research Institute. Walker served as associate director of the cancer center from 2001 to 2007 and later took a job working as executive vice president for Buffalo, N.Y.'s Roswell Park Cancer Institute. Before coming to OSU in 2001, he spent more than a decade as an administrator with the University of Pittsburgh's Cancer Institute.

Walker has a bachelor's in biochemistry from Pennsylvania State University and an MBA from the University of Pittsburgh. ↑

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## New & Notable

### PA HOSPITALS RECEIVE 2010 ACHIEVEMENT AWARDS

**17 programs recognized for innovation in health care**

Seventeen of Pennsylvania's most innovative hospital programs—dealing with issues including flu immunizations, health care-associated infection prevention, inner-city violence, physician workflow, pediatric HIV testing, asthma care, and lung cancer care—have been named winners of The Hospital & Healthsystem Association of Pennsylvania (HAP) 2010 Achievement Awards. Entries were received from 134 hospital programs.

"These programs are examples of the commitment hospitals and health systems make—every day, in good times and bad—to their patients, communities, and employees," said HAP President and CEO Carolyn F. Scanlan. "They are among the most innovative and creative in the health care field, and we salute their accomplishments."

"HAP's Achievement Awards program began in 1978 as a way to recognize the innovation of Pennsylvania's health care organizations," Scanlan said. "Although HAP member hospitals and health systems may look and operate very differently now than they did back then, one thing has not changed: their commitment to quality and continuous improvement as they deliver care in their communities."

#### The 2010 Achievement Award winners:

##### Workforce

**Magee Rehabilitation Hospital**, Philadelphia—*Creation of a "Culture of Excellence" Customer Service Improvement Program*

**Grand View Hospital**, Sellersville—*Tackle the Flu: Improvement of Seasonal Influenza Vaccination Rates Among Employees*

**St. Luke's Hospital & Health Network**, Bethlehem—*Developing Insightful Leaders: A Customized Leadership Support/Development Program*

##### Community Outreach and Engagement

**Charles Cole Memorial Hospital**, Coudersport—*Community Benefit Advisory Committees: Advancing Community Partnerships*

**Bryn Mawr Hospital**, Bryn Mawr—*It Takes a Community to Raise the Community*  
**Heritage Valley Health System**, Beaver—*Pediatric Asthma Care Protocol Project*

##### Patient Safety

**St. Luke's Hospital** – Allentown Campus—*Nurse Practitioner-Led Rapid Response Team Reduces Unanticipated Transfers to the ICU*

**The Lankenau Hospital**, Wynnewood—*Robust Feedback to Reduce Ventilator-Associated Pneumonia*

**St. Clair Hospital**, Pittsburgh—*Improving Patient Safety Through Standardization of Anticoagulation Processes*

##### Patient Care

**St. Luke's Quakertown Hospital**, Quakertown—*Championing Core Measures*

**St. Christopher's Hospital for Children**, Philadelphia—*Rapid HIV Testing in a Pediatric Emergency Department*

**VA Pittsburgh Healthcare System**, Pittsburgh—*Lung Cancer Collaborative Improves Patient-Centered Care and Decreases Time to Treatment*

##### Operational Excellence

**St. Luke's Hospital** – Allentown Campus—*Bariatric Patient Access Improvement Project*

**Holy Redeemer Hospital and Medical Center**, Meadowbrook—*Reducing Emergency Department Patients Left Without Treatment*

**Hospital of the University of Pennsylvania**, Penn Medicine, Philadelphia—*Improving Quality and Safety Through the Implementation of a Unit-Based Clinical Leadership Model*

##### Honorable Mention for Innovation Award

**Temple University Hospital**, Philadelphia—*A Proactive Hospital-Based Approach to Inner-City Violence*

##### Innovation Award

**Heritage Valley Health System**, Beaver—*Mobile Clinical Access Portal (M-CAP) Enabling Physician Workflow*

Details about the award winning programs are available online at <http://www.haponline.org/resourcecenter/awards/>.

The 2010 Achievement Award entries were evaluated by a 19-judge panel representing the public and private sectors, health care and business organizations, the media, and for-profit and nonprofit entities.

HAP is a statewide membership services organization that advocates for nearly 250 Pennsylvania acute and specialty care, primary care, subacute care, long-term care, home health, and hospice providers, as well as the patients and communities they serve. Additional information about HAP is available online at [www.haponline.org](http://www.haponline.org). ↑



## Pittsburgh's Wound Healing Institute Helps Cancer Survivors with Leading Edge Treatment for Radiation Injuries to the Jawbone

You would think that after surviving cancer, having a tooth extracted would be as easy as a walk in the park. Yet people who undergo radiation therapy of the head or neck are more likely to be at risk for osteoradionecrosis (ORN), delayed bone damage caused by radiation which is most commonly found in the mouth.

"The extraction of teeth in a previously radiated jaw accounts for nearly nine out of 10 cases of trauma induced mandibular radionecrosis," explains Dr. Robert Bartlett, senior medical advisor for National Healing Corporation whose Wound Healing Centers around the nation treat the condition. "It seems counterintuitive when cancer survivors gauge success in the passage of time, yet there is greater risk of ORN five years after radiation versus one year later since the degenerative process is progressing beneath the surface without any outward sign."

Pittsburgh's Wound Healing Institute, a National Healing Corporation managed Wound Healing Center owned by Ohio Valley General Hospital, uses leading edge hyperbaric oxygen therapy (HBO) to treat ORN. Unlike the tedium of sitting in a dentist's chair, patients watch movies during treatment while relaxing on a bed incased in a large see-through plastic shell as they are surrounded by 100 percent oxygen at higher-than-normal atmospheric pressure. The therapy enables oxygen molecules to pass through the plasma to the tissue more easily and speed healing.



Dr. Robert Bartlett, Senior Medical Advisor for National Healing Corporation.

"Microorganisms begin to impact the surface of irradiated bone in the mouth," Bartlett says. "This makes ORN a matter of wound healing rather than infection and these problematic wounds do not require the same type of topical management."

Complications from ORN can result in intractable pain, difficulty opening the mouth, bone fractures, nutritional deficiencies caused by difficulty eating, chronic wounds and the loss of large areas of soft bone and tissue.

The local experts at Pittsburgh's Wound Healing Institute recommend the following for preventing, identifying and treating ORN:

- ORN is often not visible and may be diagnosed by x-ray, CT scans, MRI or biopsy. The doctor may ask for your radiation therapy records to determine exact location and dose of radiation you received.
- Patients considering radiation therapy of the head or neck should consider a pre-radiation dental consultation to optimize oral health.
- ORN risk factors include inadequate healing time between undergoing oral surgery and starting radiation therapy, extractions within irradiated bone, alcohol and tobacco use and nutritional factors.
- Quit smoking. Radiation is successfully used to treat many types of head and neck cancer caused by tobacco use and the jawbone is the most common site of ORN because the bone receives poor blood flow due to its density and also because teeth are present.
- The most common symptom of ORN is bone pain. Hyperbaric oxygen therapy can help in pain management if the pain is due to ORN and not recurring cancer or other causes.
- Patients who are currently receiving chemotherapy must have a thorough review by a hyperbaric physician before being treated for injuries since some drugs may have adverse affects.

For more information about ORN and treating and preventing chronic wounds, contact Pittsburgh's Wound Healing Institute at 412-250-2600 or visit [www.ohiovalleyhospital.org](http://www.ohiovalleyhospital.org).

## New & Notable

### Executive Director of Washington Drug and Alcohol Commission, Inc. Receives Gateway Rehab's 2010 Thank You Award

Donna Murphy, executive director of Washington Drug and Alcohol Commission, Inc., recently was named Gateway Rehab's 2010 Thank You Award recipient. The annual Thank You Conference is held in recognition and appreciation of professionals from various organizations who support Gateway's mission to help all affected by addictive diseases to be healthy in body, mind and spirit.

"Donna's commitment to healthy life choices for youth in Washington County has enabled us to provide valuable drug and alcohol prevention services to thousands of families and young people," said C. deRicci Horwatt, director of Gateway Rehab's school-based prevention program, Gateway Vision.

Gateway Rehabilitation Center is a nationally recognized, private, not-for-profit organization that provides treatment for adults, youth and families with alcohol and other drug dependencies in locations throughout western Pennsylvania and Ohio. Gateway was founded in 1972 by Dr. Abraham J. Twerski, an internationally recognized authority on chemical dependency treatment. Since 1972, more than 100,000 individuals found the help they needed to begin recovery from chemical dependencies and hope for a second chance at life.



Pictured left to right are C. deRicci Horwatt, program director for Gateway Vision; Jan Curry, senior director of Gateway's main campus and Donna Murphy, executive director of Washington Drug and Alcohol Commission, Inc. and Gateway Rehab's 2010 Thank You award recipient.

### Heart Center Named for D'Angelo

Hamot Medical Center has dedicated its Heart Institute after Erie's pioneering cardiac surgeon.

The George J. D'Angelo, M.D., Center for Cardiovascular Excellence was dedicated during a ceremony Friday at the Heart Institute, 120 E. Second St.

D'Angelo, 87, was the first surgeon to perform open- and closed-heart surgeries in Erie, and the first to use heart catheterization. He also performed the first valve-replacement and coronary artery-bypass surgeries, and inserted the first pacemaker.

He also served as Hamot's first chief of cardio-thoracic surgery and was the hospital's first director of medical education.

### Time to Consider a Graduate Degree

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### PRESBYTERIAN SENIORCARE

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.

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RNs, LPNs, Home Care Companions, Personal Care, Attendants, Hospice Aides, Dietary Aides

St. Barnabas Health System frequently has job openings at its three retirement communities, 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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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

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For more information or patient referral, call 800-447-2030.

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# Health Care Event & Meeting Guide

## AHIMA Summer Team Talks

Swissotel, Chicago

July 16-July 18

Call 800-535-5535 website [www.ahima.org/events](http://www.ahima.org/events)

## Optical Coherence Tomography

Fairmont Hotel July 24

Call 412-647-2256 email [gallaghersa@upmc.edu](mailto:gallaghersa@upmc.edu)

## PancreasFest 2010 and the 6th International Symposium on Inherited Diseases of the Pancreas

The University Club, University of Pittsburgh

July 29-July 31

Call 412-648-3232 or email [Merusij@msx.dept-med.pitt.edu](mailto:Merusij@msx.dept-med.pitt.edu)

## Camp Healing Hearts

The Center for Compassionate Care, Mt. Lebanon

Saturday, August 14, 9:00 am-3:30pm

Call 412-572-8829 or visit [www.familyhospice.com](http://www.familyhospice.com)

## AHIMA – ABRA Workshop: Risks and Rewards

Swissotel, Chicago

August 14 – August 15

Call 800-535-5535 website [www.ahima.org/events](http://www.ahima.org/events)

## AHIMA – 2010 Legal HER Summit

Swissotel, Chicago

August 16 – August 17

Call 800-535-5535 website [www.ahima.org/events](http://www.ahima.org/events)

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

Swissotel, Chicago

August 18 – August 20

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## Nurse Leaders: Navigating Stormy Seas to Outcomes that Matter

Nemacolin Woodlands Resort, Farmington, PA

September 2 – September 3

Visit [www.swponl.org/SHSMD's](http://www.swponl.org/SHSMD's)

## Annual Conference and Exhibits, Connections 2010: Healthcare on the Winds of Change

Chicago, IL

September 12-15

[www.shsmd.org/connections](http://www.shsmd.org/connections)

## Healthcare Facilities Symposium & Expo

Navy Pier, Chicago, IL

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## 2010 Pittsburgh Start! Heart Walk

Heinz Field

Saturday, September 18; 8:30am-12:00pm

412.702.1192 or [Pittsburgh.ahw@heart.org](mailto:Pittsburgh.ahw@heart.org)

## Food Allergy Walk

Hartwood Acres

Sunday, September 19

[www.facebook.com/FoodAllergyWalk](http://www.facebook.com/FoodAllergyWalk)

## 2010 Westmoreland County Start! Heart Walk

Kennametal Fitness Trail

September 25; 9:00am- 1:00pm

Christy Mastrian: 814-836-0013 or [westmoreland.ahw@heart.org](mailto:westmoreland.ahw@heart.org)

## 2010 Beaver County Start! Heart Walk

The Gazebo - Downtown Beaver

October 2; 10:00am-1:00pm

Barbara Roth: 724-453-1004 or [beaver.ahw@heart.org](mailto:beaver.ahw@heart.org)

## Allegheny County Immunization Coalition

IBEW Circuit Center and Ballroom

October 7

Call 412-578-8305 or email [ihodge@achd.net](mailto:ihodge@achd.net)

## 2010 BMW Start! Heart Walk

Butler County Community College

October 9; 9:00am-1:00pm

Barbara Roth: 724-453-1004 or [beaver.ahw@heart.org](mailto:beaver.ahw@heart.org)

## Adagio Health Hot Pink Pittsburgh

Byham Theatre

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Larrissa Yates: [lyates@adagiohealth.org](mailto:lyates@adagiohealth.org) or 412-253-8165

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# Hospital Construction and Renovation Heating up for the Summer

By Daniel Casciato

In late May, Memorial Medical Center (MMC), part of the Conemaugh Health System, hosted an open house for its newly renovated Transitional Care Unit (TCU) located at its 500,000-square-foot Lee Campus. The TCU is separately licensed by the Long-term Care Division of the PA State Department of Health.



Dana Begley

This project was just one among dozens of recently completed healthcare renovations in western Pennsylvania. While new construction has slowed, renovations continue to be the norm. Not surprising to many healthcare facility planners and executives across the region.

"A greater emphasis will be on outlying outpatient facilities that feed the main hospitals," says Dana Begley, MMC's vice president of medical management & post acute services. "Otherwise, we believe that major construction projects will slow down dramatically. We believe that renovation of existing facilities will occur more often."

The TCU, expanded from 18 to 30 beds, is the only unit of its kind in a four-county area. Residents of the unit receive the care they need to make the transition from the hospital back to their home, offering short-term care for those recovering from surgery, joint replacement, fractures, stroke or other injuries.

"We expanded and moved into newly renovated space which meets all of the DOH long-term care requirements. Due to high demand for this unit, an existing unit was renovated to add 12 beds," says Begley. "In addition to the 30 licensed beds; there are also 18 private rooms and 6 semi-private rooms."

Another recent healthcare renovation took place at St. Clair Hospital's. Its Lobby and Dunlap Conference Center Renovations were the first major upgrades of these spaces since the original construction as part of a major expansion of the Hospital in 1975, originally designed by Pittsburgh-based VEBH Architects.

"The lobby was transformed to enhance the patient and visitor experience to St Clair Hospital. Amenities such as new comfortable seating areas, free Wi-Fi, a new patient discharge area, gift shop and a bistro style café have created a warm, open and comfortable environment and an unparalleled patient and visitor experience," says Rich Sieber, director of public relations and marketing at St. Clair.

According to Bob Bodnar, president of VEBH Architects, the current design includes a central information desk that is visible from both wings of the L-shaped lobby.



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## Future of Real Estate & Construction Trends in Health Care

"Multiple seating areas were established for specific purposes, including an area for discharged patients awaiting pick-up and overflow seating for the adjacent café," says Bodnar. "The overall design, including the selection of colors, finishes, and furnishings aided in opening up the area creating what appears to be a larger space."

The Dunlap Conference Center was renovated to provide a modern space for meetings, training sessions, and community outreach seminars and activities. The Conference Center can be utilized as a single large space, or divided into three separate meeting rooms, each with multi-media and presentation capabilities.

The Lobby and Conference Center project at St. Clair Hospital renovated nearly 8,000 square feet of space at the Hospital's main entrance from Bower Hill Road.

Rather than renovate, Forbes Regional Hospital will be adding on to existing space. It plans to expand its Emergency Department from 29 to 38 beds. The \$1,044,000 project will add nine new treatment rooms—eight exam rooms and one mental health room—to the department's current floor plan. The expansion is expected to be completed by December 2010 and will incorporate amenities such as thicker mattresses, brighter colors and televisions in every exam room.

"We are continuing to see an increase in volume every month which is the reason for the expansion," says Darlette Tice, vice president of operations and chief nurse executive at Forbes.

Completely renovated in 2006, the Gerald McGinnis Emergency Department at Forbes currently has 29 private acute care exam rooms with advanced cardiac monitoring and state-of-the-art technologies to provide faster, more personal and specialized care to more than 46,000 patients who seek treatment there each year.

Emergency Department visits at Forbes have grown steadily since the facility's last renovation, from 37,000 per year to nearly 46,000 this fiscal year. Executives believe that when the full impact of the closures of UPMC Braddock and Excelsior Health's hospital in Jeannette are realized next year, visits to Forbes' emergency department are expected to increase to 55,000.



Pictured left to right: Marcia Slisz, RN; Sovonnia Coleman and Erin Lonas, employees of MMC's Good Samaritan Nursing Care Center, receive a tour of the TCU's Activity Room from Catherine Wright, RN, Director of Nursing, TCU.

### TECHNOLOGY HASTENS NEED FOR RENOVATION

Some expansion or renovation projects are necessitated by new imaging equipment or other technologies. For instance, UPMC Horizon, in collaboration with UPMC Cancer Centers, recently broke ground on the UPMC Cancer Center at UPMC Horizon, located at UPMC Horizon's Shenango Valley campus in Farrell. The \$6 million project will introduce radiation oncology services to UPMC Horizon.

According to a release issued by UPMC, the 7,135 square-foot center, designed by Image Associates, Inc., of Pittsburgh, will bring the most advanced radiation oncology services available at UPMC Cancer Centers community sites to UPMC Horizon's service area. The center's linear accelerator offers gated image-guided intensity modulated radiation therapy (IMRT) with an on-board imager that delivers precise doses of radiation in a shorter amount of time than traditional IMRT. Gating enables the linear accelerator to adjust for changes in the tumor's position related to respiration, allowing the patient to maintain a normal breathing pattern during treatment.

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The new center also will include a patient waiting room with an educational kiosk, private sub-waiting rooms and dressing booths, four examination rooms, physician offices and staff lounges, and a conference room. The center will be accessible by a separate canopied entrance at the front of the hospital with short-term, drop-off parking for patients and an ambulance entrance site to the rear of the building. On the interior, the center will be connected to the main hospital for convenient transport of inpatients.

The expansion will add 3,375 square feet to the front and north side of the Farrell facility. Completion on the project is scheduled for January 2011.



Rendering courtesy of Radelet McCarthy Polletta Architects

The artist rendering is of JPMC Diagnostic Services' latest imaging center, located next to Jefferson Regional Health Pavilion in Bethel Park.

Likewise, a new free-standing center that will offer a comprehensive array of diagnostic imaging services for residents of Bethel Park and surrounding communities is under construction with plans for a July opening.

Located next to the Jefferson Regional Health Pavilion, the center will be the fourth location for JPMC Diagnostic Services, LLC, and is part of a \$20 million investment in the community by Jefferson Regional Medical Center at its Bethel Park location.

Services to be offered at JPMC Diagnostic Services, Bethel Park, include High Field MRI, multi-slice CT, digital mammography, digital x-ray and ultrasound. The outpatient services will complement those already offered at Jefferson Regional Health Pavilion, including a Wound Care and Hyperbaric Oxygen Center, physical therapy and occupational therapy. The center features free parking and convenient community access.

The Toshiba Vantage Titan MRI system that was delivered recently to JPMC Diagnostic Services at Bethel Park features state-of-the-art technology and the largest open



bore available to accommodate larger and athletically-built persons and reduce claustrophobia, providing the highest level of patient comfort.

## INCORPORATING GREEN DESIGN

A recent study titled, "Targeting 100! Envisioning the high performance hospital: implications for a new, low energy, high performance prototype," shows how hospitals can achieve a 60% reduction in energy utility use by redesigning the way they use energy. The study was completed through collaboration between the University of Washington's Integrated Design Lab and NBBJ, and was primarily funded by the Northwest Energy Efficiency Alliance through its BetterBricks initiative.

The study identified a process that brings together architectural, mechanical and central plant systems to deliver significant efficiencies. These strategies include heat recovery, daylighting, and thermal energy storage, which when integrated at the very beginning, can reduce up to 60% of a new hospital's energy use. A newly constructed, code-compliant hospital can expect to save around \$730,000 a year, according to the report.

Sustainability played a large part of the TCU renovation process. The unit now features LED lighting and day lighting.

"We also recycled the building," says Begley, "meaning that rather than building a new building, we made some simple upgrades to an existing nursing unit in order to meet the DOH requirements as well as meeting the needs of the patients, reused existing patient furniture."

For Washington Hospital in Washington, Pa., there was a focus on using locally produced building materials where possible. Its expansion was the largest in the hospital's 100+ year history. It was also the first major expansion since VEBH Architects designed the E-Wing and E-Wing expansion in the mid 1990's.



Blackman and Bell

The Washington Hospital.

The recently completed expansion included a:

- New 24,000 sq. ft. Emergency Department with 34 Exam/Treatment Rooms;
- New Surgical Services Center that is comprised of 32,000 sq. ft of new space and 33,000 sq. ft of renovated space;
- New 24,700 sq. ft., 24-Bed, Critical Care Center;
- Four new ORs were added at the Hospital and the renovation of the existing OR suite added two more ORs, for a total of ten ORs within the Surgical Services Center.

"The Washington Hospital was not only responding to an increase in the number of local residents using the hospital, but was also looking to the future as the 'baby boomer' generation begins to need more healthcare services," says Jamie Ivanac, community relations coordinator for The Washington Hospital. "This expansion is helping the hospital better meet the current demand and is enabling us to reconfigure our services for greater convenience and efficiency, as well as prepare for the future healthcare needs of the community."

Major components such as the exterior brick and interior wall board were produced in local plants, reducing the cost and the environmental impact of transporting the material to the site. The structural steel used in the project was produced with a high percentage of recycled materials.

"The interior finishes such as carpeting, vinyl flooring, and ceiling tile used in the project have a high recycled content," says Bodnar. "These materials, along with the paint, are also low VOC (volatile organic compound) to enhance the indoor air quality. In particular, the rubber flooring material used in and around the ORs is manufactured in a highly sustainable fashion and provides a quiet, cushioned surface for the staff that spends long days on their feet."

Windows in any hospital facility are required in patient rooms, but the design for this expansion went further by including windows at the end of corridors, and utilizing window openings in the interior walls to allow daylight to reach interior corridors. In addition to bringing daylight to the inner corridors, these interior windows increase visibility within nursing units between the nurse stations and patient rooms.

In the final stages of construction, the project was fully commissioned to fine-tune the building systems and adjust the efficiency of the HVAC systems prior to occupan-

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cy. Data from the commissioning aided in the final inspection by the Pennsylvania Department of Health.

Earlier in June, Butler, Pa.-based Burt Hill was recognized for its design work on Al Mafrq Hospital, operated by Abu Dhabi Health Services Company (SEHA). It was named "Best Sustainable Hospital Project" in the prestigious Hospital Build Middle East 2010 Awards program.

The award recognizes outstanding commitment to sustainability in terms of design, development, and construction by honoring projects that demonstrate an efficient use of resources, such as energy and water, and use of materials that reduce environmental and health impacts of the facility.

Examples of sustainable design features at the 745-bed Al Mafrq Hospital, located in Abu Dhabi, include:

- Natural daylighting;
- VAV system to reduce volume of air supply and fan energy;
- Use of locally sourced or produced materials;
- New wadi-scape with low water/low maintenance landscape with indigenous plants;
- Low flow water fixtures and appliances
- Condensate recovery used for non-potable purposes (cooling towers) to reduce fresh water consumption;
- 75% of the total power requirement for heating hot water generated by roof mounted solar panels;
- Construction waste program.

## CHOOSING AN ARCHITECTURAL AND CONSTRUCTION FIRM

While choosing the right architect and construction firm to partner with is critical, some healthcare organizations, like MMC, are fortunate to use the talents of its own in-house construction crew.

"MMC has had an in-house architect and construction department for many years," Begley says. "The construction work oversight/approvals were provided by our director of architectural planning and design."

Others like, Forbes, awards the construction end of the project based on competitive bids.

"We contract with an architectural firm based on program," says Daniel Keller, vice president of construction and facilities. "The program was awarded to IKM Architects which already had a longstanding partnership with West Penn Allegheny Health System."

While the contractor is selected on competitive bid, Keller says that the selection goes beyond cost.



Darlette Tice, Forbes Regional Hospital

"Schedule is also important," he says. "We requested that the project be completed in three phases so we can keep the emergency department functional."

As a result, Tice knows that the emergency department will have to be staffed differently.

"Navigation will be more challenging, so we are going to place more people in our waiting room and lobby to help support our patients during the construction," she says. "Once construction begins, it's going to be difficult for a patient to find their way through. We want to make sure that the patients can get into the emergency department and get cared for properly."

(Editor's note: As of this writing, Forbes' contractor had not been selected.)



Daniel Keller, Forbes Regional Hospital

## OVERCOMING CHALLENGES

The primary challenge that kept Begley and the rest of the executive staff at MMC awake at night was meeting Long-term care facility requirements in an acute care building, such as clearance around a toilet, utility rooms which had to be duplicated, and the accessibility of bathing facilities.



One issue that Forbes Regional Hospital has faced in the expansion of its emergency department is the lack excess space on its 57-acre campus.

"We had to try to get really creative to find nine new rooms," says Tom Moser, chief operating officer for Forbes.

For Saint Vincent Health Center in Erie, Pa., which broke ground in June on a nearly \$40 million expansion project, it's looking at building up, and not out.



Graham Lund, Saint Vincent Hospital

"We're located in the city, so we have limited space to grow," says Graham Lund, senior vice president of Saint Vincent. "And what space we do have, we want to preserve for the future."

Its current project will connect Saint Vincent's Hardner Building with the main Health Center to accommodate increasing patient volumes by improving access to the Health Center, streamlining the delivery of care. It is the second phase of its 10-year, multimillion dollar expansion initiative.

Specifically, the \$37.5 million project—designed by Erie-based Rectenwald Architects, Inc. and construction managed by E.E. Austin and Son, Inc.—will include a new emergency department, expanded and larger operating room suites and a highly efficient energy plant in a three-story, 105,000 square foot building. It will extend from the existing Hardner Building, across the parking lot and connect to the north side of the Health Center where the emergency department and operating rooms are currently located.

"We're a very busy ED. Our ED volume has doubled the original design capacity from 30,000 patients per year to about 70,000," says Lund. "It's definitely time to respond to that need and come up with the latest in ED services."



Tom Moser, Forbes Regional Hospital

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Meeting codes is another issue healthcare facilities have to deal with.

"Healthcare construction gets more complex," says Lund. "It's difficult to keep up with codes and it's become a constant issue. The purpose of codes is for safety and protection, but it's also a challenge and difficult to squeeze something new into an old shell."

That played an important factor when it came time to choose an architect, says Lund. "Because of the scope of work involved, it's very much code-driven. So we looked at firms who were knowledgeable in hospital building codes as well as knowledge of our campus."

Capital also weighed heavily on everyone's mind especially in today's economic conditions.



Bruce Knepper,  
Burt Hill

"The market right now is not as robust as it once was, simple because of two factors: one is the healthcare reform act and two, the downturn in the economy," says Bruce Knepper, an architect since 1977, and principal and leader of the healthcare design group at Burt Hill. "These two things have negatively affected the healthcare construction market."

He adds, "Three or four years ago, the biggest trend in healthcare construction was replacing aging hospitals because many hospitals in Western Pennsylvania are in older buildings. Now people are wondering how they can make do with what they have. There is a substantial shift. We've seen many East Coast hospitals finding ways to make what they have last longer. That is driven by ROI."

While in the past hospitals would build new programs because the community needed them, everything is now driven by return on investment.

"Now every project that we see—about 99%—an ROI is done somewhere, either internally or externally, because healthcare has become a business," Knepper says. "That may be really good for us as consumers."

LOOKING AHEAD

While the economic downturn has affected hospital construction in western Pennsylvania and across the country, for VEBH Architects, the effects have varied from client to client, project to project, contractor to contractor.

"There are no consistent conclusions or observations that can be drawn other than it is another dynamic that can have an effect on a project's viability, cost, and schedule," says Bodnar. "It's another factor that we deal with."

But he remains optimistic about the future. "With Southwestern Pennsylvania being a leader in providing cutting edge healthcare and healthcare research, the combination of major hospital systems and multiple, vibrant community-based hospitals and outpatient facilities gives us a resilient healthcare industry."

WORDS OF WISDOM

If your facility is seeking upgrades in the future or you just need room to expand, Begley advises to make sure you understand the programming and life safety regulations.

"Also, make sure the end user has input into the design decisions in the beginning and all throughout the process," he says.

Moser advises his counterparts at other facilities to plan early with all the key people who plan to be involved with you at the beginning.

"Get as many knowledgeable people who are going to be involved in either the construction or operations end around the table while you are developing the plans. Do the planning right at the beginning and it will make everything go much easier."

Bodnar agrees, and adds, "There is value in including broad input, including from staff and other end-users, in the design process to have their observations, goals and ideas for adding efficiency in any new or renovated facility."

"Their early involvement in the design process is important in identifying equipment needs and requirements as well as more basic preferences such as furnishings and finishes, including colors and materials."

This process is also known as Integrated Project Delivery.

"There's a move away from what has been a traditional delivery of new projects or renovation, which is design-bid-build," says Knepper. "That had been the mainstay of American delivery of the built environment. There is a move towards Integrated Project Delivery, which removes some of the redundancies or waste of the design-bid-build process. And if it's done right, it removes the factor of the low bidder."

Integrated Project Delivery brings together the designers, constructors, and the owners at the beginning of the project.

"Everyone begins at the beginning of the project together as a team and we deliver the project," says Knepper. "A lot of times, someone will say that if we do this, then we



Al Mafrq Hospital in Abu Dhabi, designed by Burt Hill.

can do that. When that change occurs halfway through the design of the project or if they are already under construction, these changes cost a lot of money."

Knepper says that the best time to make a decision about how, where, and what you build is at the beginning of the project when it will have the greatest cost impact.

"If you make the changes at the end, it becomes a huge cash impact on the negative side," he says. †

**For more information on the organizations mentioned in this article, please visit their websites:**

- Memorial Medical Center ([www.conemaugh.org](http://www.conemaugh.org))
- Jefferson Regional Health ([www.jeffersonregional.com](http://www.jeffersonregional.com))
- The Washington Hospital ([www.washingtonhospital.org](http://www.washingtonhospital.org))
- St. Clair Hospital ([www.stclair.org](http://www.stclair.org))
- UPMC Horizon ([www.upmc.com/horizon](http://www.upmc.com/horizon))
- West Penn Allegheny Health ([www.wpahs.org](http://www.wpahs.org))
- Forbes Regional Hospital ([www.wpahs.org/frh](http://www.wpahs.org/frh))
- Saint Vincent Health Center ([www.SaintVincentHealth.com](http://www.SaintVincentHealth.com))
- VEBH Architects ([www.vebh.com](http://www.vebh.com))
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FINDING OUT From Page 1

Deep in the night of my surgery, I sought comfort by removing the sling, only to find that the trick doesn't work. The next day, I thanked my wife for assisting with tasks that can't be performed with one non-dominant arm, and decided to tweak and re-time my misguided lecture upon return to the office.

Part 1 of Lesson No. 2 – people are more attentive when they know you have a problem –became obvious when my partner and physician, Rob Waltrip, began talking repair. His physician assistant and techs treated me not just with respect as their boss, but with concern as my caregivers. The women who performed my MRI and drew my blood wished me a speedy recovery. The O.R. team fussed.

After surgery, my sling attracted attention while I rounded on the unit, followed by an unusually curious and attentive hospital staff. My office hours ran late because patients asked questions about my injury. Strangers in stores opened doors.

Then, the sling – the only outward evidence of my still-lingering pain and ban on heavy lifting – came off, and I learned Part 2 of Lesson No. 2. It can be summed up in the 19th century words of Jane Austen, "Nobody can tell what I suf-

fer." But the modern version works, too: "You don't look hurt, so carry your own stuff, buddy."

For this reason, I opted to drive to a business meeting in Philadelphia. There, I asked the hotel valet to unload the box of paper from my trunk, rather than wrestle it solo through two airports.

I acquired insight No. 3 when I heard myself telling Rob, "How long will it be before I can operate again?" Translated, what I really said was, "You have to get me through this by August. I need to go to Guatemala." The encounter reminded me of the knee patient who casually mentions that his daughter will marry in September. Translation: "I would prefer not to accompany her down the aisle on crutches."

For me, traveling to Guatemala means joining the other health care volunteers associated with the non-profit organization, Operation Walk Pittsburgh, to treat those who have no access to joint reconstruction surgery. Like my patients with plans, I just want to hear, "Released to full activity."

While I ramp up my practice and prepare for the trip, I like to think my detour through rotator cuff repair has resulted in more than a shoulder that works. My patients now will see a physician whose insights include having been where they are. As a result, they'll receive meaningful surgical instructions, empathy for the functional challenges of recuperation, and improved awareness of their goals.

Though I would have preferred not to need surgery ever, I agree with Mark Twain on the value of personal experience.

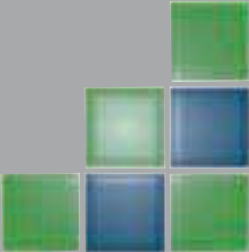
"Supposing is good," he wrote. "But finding out is better." ? †

*Dr. Weiss is an orthopedic surgeon with Tri Rivers Surgical Associates. His column appears quarterly in Hospital News. Contact him with questions or comments at (412) 367-0600 or mail@tririversortho.com. To learn more about Operation Walk Pittsburgh, visit [www.operationwalkpgh.org](http://www.operationwalkpgh.org).*

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# Joint Works: Excelsa Health Tackles Joint Replacement Surgery Through Teamwork

Some things just seem easier when you tackle them as a team, with a cheering squad of supporters. Even joint replacement surgery.

Imagine preparing for and recovering from a hip or knee replacement with a small team of fellow patients who are going through the same thing you are. And each of you is supported by a personal and professional cheering section made up of orthopedic surgeons, nurses, physical therapists, occupational therapists, pharmacists, family and friends.

That's Joint Works at Excelsa Health.

## PREPARING FOR THE BIG GAME

An innovative approach to surgery and recovery, Joint Works starts on the first day a person prepares for knee or hip replacement surgery.

"Joint Works is a group approach to a highly concentrated rehabilitation environment for those seeking a more rapid recovery after total joint replacement," explained Christopher Bellicini, DO, orthopedic surgeon with Excelsa Health Orthopedics.

As part of a larger patient team, individuals start with a special orientation class taught by a multidisciplinary group of people who focus on answering questions, walking through surgical preparation and explaining what to expect during and after surgery. Medications, anesthesia, pain management, expected daily recovery progress, discharge planning and rehabilitation are all reviewed. This 1st Step class is offered several times each month at Excelsa Health hospitals.

Here, patients learn what they can do before surgery to help make the

transition back home easier afterward, such as reviewing the floor plan and furniture layout to determine if rearranging items will make walking around easier. Typical schedules and activities are examined to help people decide if they need assistance from friends and family for grocery shopping, pet care or other activities of daily life.

Team members often get acquainted during this orientation class and may continue their interaction during pre-operative lab tests at the hospital and again at check-in on the day of surgery.

## HOME FIELD ADVANTAGE

After surgery, patients stay in a separate hospital area with the rest of the Joint Works team. This special unit is staffed by medical professionals with focused training in joint replacement surgery and recovery. Different from other patient areas in the hospital, patients dress in their own clothing and join other members of the team for a schedule of shared group activities, including group physical therapy sessions. A close friend or family member may join in these sessions to help as a therapy "coach" once the patient returns home. "Competitions" are also slated to add some fun to recovery. On the last day before discharge, the group shares a meal together, enjoying the company of others going through the same recovery process.

## WHY IT WORKS

The goal is to offer a better experience and better results, from surgical expertise and therapeutic exercise and equipment, to home care and follow-up.



Excelsa Health orthopedic surgeon Jack Smith, MD, confers with Ron Ott, president, Excelsa Westmoreland Hospital during open house for Joint Works. The fourth floor at Westmoreland Hospital and the sixth floor at Excelsa Latrobe Hospital have been designated for joint replacement patients.

"At Joint Works, we are committed to the comprehensive care of those experiencing total joint replacement through a group-focused regimen," said Bruce Her shock, MD, orthopedic surgeon, also with Excelsa Health Orthopedics. "This group care has shown to reduce the length of stay in the hospital while often lessening pain and increasing postsurgical mobility."

With Joint Works, a little extra support makes a big difference. At each step of preparation and recovery, people have the motivation and encouragement of fellow patients and the positive reinforcement and training of an expert medical staff. This supportive, therapeutic environ-

ment can help people who have had joint replacement surgery recover faster so they can return to a healthy, active lifestyle.

To learn more about Joint Works, visit [www.excelsahealth.org](http://www.excelsahealth.org) or contact Excelsa Health's Call Center, toll-free, 1-877-771-1234. 📞

## TRANSITIONING FROM HOSPITAL TO HOME

### Support and Supplies Pave Way to Recovery

After 10 years of knee troubles, Loretta Swanger knew it was time for a joint replacement. With the trifecta of arthritis, spurs and a torn muscle, the 65-year-old Derry resident was apprehensive to be sure.

Thanks to Excelsa Health's home caring philosophy and its new Joint Works program for joint replacement patients, several weeks out from surgery,

Swanger is navigating easily about her home, and she's back to cooking, a joy for both her and her husband, Ted. She's also excited to be home with her beloved toy poodle, Pasha.

"I am so pleased with the care I got every step of the way, from the classes I took prior to surgery, to the surgery itself, to the many people who helped me when I got home," she says. "From the nurse to the physical and occupational therapists who worked with me, all were so very kind and knowledgeable. I'm doing great!"

Swanger was put at ease even before surgery began, when she and her husband began the journey by attending a 1st Step class.

"The class was very comprehensive," she explains. "We learned everything — what a joint replacement looked like, what to expect in the hospital from types of anesthesia to recovery, and all about the equipment and rehabilitation I

might need when I got home. I felt really prepared for the surgery and to get on with my life."

According to hospital liaison Shelly Bastin, RN, Excelsa Health's goal is to move patients from hospital to home as soon as possible, so they can heal where they're most comfortable. Bastin's job is to take care of all the details, from helping to schedule rehabilitation to securing medical equipment and supplies. Bastin likens her role to that of a hotel concierge, whose job it is to ensure guests have no worries.

Swanger needed assistance with ordering a cane, walker and elevated toilet seat as well as assistive devices for dressing. Bastin helped her get these quickly and easily through MedCare Equipment Company, a partner of Excelsa Health.

"Any patient leaving the hospital and going home can expect this type of seamless care and treatment. Patients have the freedom to choose where they would like to receive outpatient therapies or purchase medical equipment, but the beauty of the health system having all of these resources is that it's really like a one-stop shop for health care needs," noted Bastin.

Thanks to Swanger's active role in the surgery planning and recovery process, her knee surgery is just a bump in the road of life.

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# Make Time for a Business Compliance Checkup



**By Elaina Smiley**

It is important for hospitals to keep up with the many and frequent changes to employment laws in order to maintain a productive work environment and avoid costly legal disputes. Because employment standards change so often, new and amended laws and employer responsibilities

can sometimes slip through the cracks.

That's why it's a good idea for every employer to take the time for a business "checkup" once a year. It's a chance for human resource managers, supervisors and administrators to step back and examine the work environment to ensure the business is in compliance with all current employment laws – a time to double-check everything from mandatory notices posted on the wall to employee contract terms and agreements.

The first step in the annual HR compliance checkup should be to review all written policies and employee handbooks to see if they're up to date. Over the course of a year, new regulations, amendments to current laws, changes in technology and many other factors can impact the work environment, and company policies need to reflect it.

Take for example, email privacy. As technology

continues to evolve in the workplace, sensitive issues such as whether or not employers have the right to read employee emails sent using company accounts must be addressed. The best way for employers to protect themselves from a lawsuit is to have a clearly written company policy in place.

In the process of reviewing written policies, some of the questions employers should ask include:

- Do we have proper procedures in place to handle discrimination and harassment claims?
- Are the most recent legislative changes reflected in our employment policies, such as those made in 2009 to the Family and Medical Leave Act and Americans with Disabilities Act?
- Do any of our handbook policies create unintended employee rights or contradict the "employment at will" doctrine?

Another important part of the yearly compliance checkup is reviewing written contracts. It's important to make sure all agreements with employees are firm, clearly worded and include the necessary stipulations to ensure that the company's interests are protected and to prevent a debate about the enforceability of the agreement. Some of the questions an employer should ask when reviewing employee contracts include:

- Do we have enforceable non-compete agreements with clear time and scope limitations?
- Do we have strong agreements in place to pro-

tect confidential trade secret information?

- Do we have agreements in place that support an independent contractor relationship or should the person be classified as an employee?

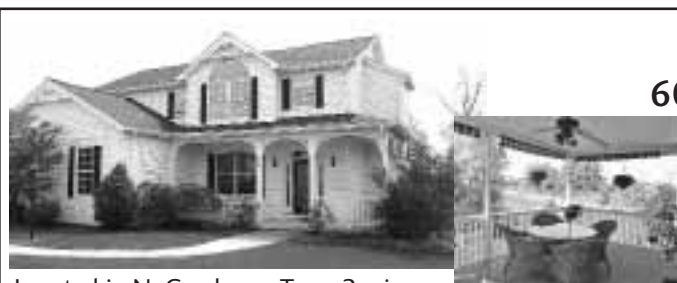
During the HR compliance check-up, employers should also examine pay practices to make sure they are addressing such issues as properly paying overtime and avoiding practices such as comp time and pay deductions that may lead to legal liability. To make sure all pay practices comply with legal standards, employers should consider questions like:

- Are those employees paid on a salary basis truly exempt under the law from overtime?
- Are employees properly recording all of their time actually worked?
- Have there been improper deductions taken from employees' pay without written authorizations or that may cause the company to lose an exemption under the Fair Labor Standards Act?

It's a challenge for any employer to keep up with the constant changes and new regulations shaping our employment laws, but those who make time each year for a business compliance checkup to answer these important questions will be much better positioned to avoid a lawsuit and maintain a positive, productive work environment. †

*Elaina Smiley of Meyer, Unkovic & Scott can be contacted at [es@muslaw.com](mailto:es@muslaw.com).*

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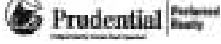
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412-856-7570

**Golden LivingCenter  
– Murrysville**

3300 Logans Ferry Road  
Murrysville, PA 15668  
724-325-1500

**Golden LivingCenter  
– Oakmont**

26 Ann Street  
Oakmont, PA 15139  
412-828-7300

**Golden LivingCenter  
– Oil City**

1293 Grandview Road  
Oil City, PA 16301  
814-676-8208

**Golden LivingCenter  
– Mt. Lebanon**

350 Old Gilkeson Road  
Pittsburgh, PA 15228  
412-257-4444

**Golden LivingCenter  
– Shippensburg**

21158 Paint Boulevard  
Shippensburg, PA 16254  
814-226-5660

**Golden LivingCenter  
– Titusville**

81 East Dillon Drive  
Titusville, PA 16354  
814-827-2727

**Golden LivingCenter  
– Kinzua**

205 Water Street  
Warren, PA 16365  
814-726-0820

**goldenrehab™**  
[www.goldenlivingcenters.com](http://www.goldenlivingcenters.com)





Your best way  
**home**  
is through **our doors**<sup>SM</sup>

After surgery, illness or injury, you want to get home and back to your life as quickly as possible. Choosing the right medical and rehabilitation team will strongly impact your recovery. HCR ManorCare offers state-of-the-art equipment, trained therapists and nurses, similar to a hospital setting. Our team offers alternatives for patients making the transition from hospital to home by using an intensive approach that teaches lifestyle adjustments to promote independence. After all, isn't your goal to successfully return home and back to a meaningful lifestyle?

Come tour HCR ManorCare, see our staff in action and receive a complimentary tour package. We will also show you our outcomes that are targeted to getting patients back home.



*Providing post-hospital skilled nursing and rehabilitation care.*

Heartland of Pittsburgh  
**412.665.2400**

ManorCare - Bethel Park  
**412.831.6050**

ManorCare - Greentree  
**412.344.7744**

ManorCare - McMurray  
**724.941.3080**

ManorCare - Monroeville  
**412.856.7071**

ManorCare - North Hills  
**412.369.9955**

ManorCare - Whitehall Borough  
**412.884.3500**

Shadyside Nursing & Rehab Center  
**412.362.3500**

Sky Vue Terrace  
**412.323.0420**

**HCR ManorCare** 

**A PROVEN LEADER**<sup>SM</sup>