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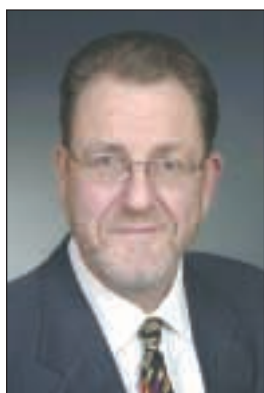
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## Shooting from the Hip

### A Trip to the Light Bulb Display



By Michael W. Weiss, M.D.

I can't take refuge in my local home-improvement store, anymore. Thanks to the store's new customer service strategy, what used to be an uninterrupted walk to the screw aisle is now an assault on my solitude.

When a store employee sees me from 50 feet away, he makes eye contact and smiles. At 15 feet, he makes eye contact again, smiles again and adds, "Hello." Reduce the distance to five feet or less, and it's more eye contact, more smiling, another version of "Hello," and, "How may I help you?"

I complained about this to my daughter, an MBA student, who told me to stop whining. She explained that, for retailers trying to win my loyalty, the 5-15-50 approach is a friendliness formula intended to enhance my shopping experience.

In other words, it's for my own good that I can't peruse in peace.

As someone who prefers the two-second formula – as in, tell me in two seconds where to find the nail guns – I miss being ignored. But as a private practitioner with patients to serve, I understand my daughter's defense of the store manager.

Knowing that other retailers sell screws, too, he has to leverage every tool in his toolbox to attract and keep customers. Based on the number of employees who now say "Hi" at multiple distances, the store must have invested a lot in cus-

tommer service, which means the manager highly values this particular tool.

Over the years, I've come around to that same point of view.

There was a brief period early in my practice when I believed that the M.D. after my name absolved me from thinking like a businessman. That began to change the first time a patient referred her mom to me not only because she liked the care, but also because my physician assistant, Duane, was attentive and helpful.

My skill as a physician mattered to this patient, but it was the combination of treatment and customer service that prompted the referral.

That was my first memorable trip to the light bulb display.

Two weeks ago, I made another. I entered an Apple® store, flagged an employee, handed him a picture and said, "I want to buy this." Without moving from my spot on the sales floor, the employee offered a service plan, swiped my credit card through a slot on his iPhone®, showed me the transaction on his screen and asked me to sign with my finger. As I picked up my computer and left, I looked at my cell phone and noted that my receipt was already in e-mail.

My gears have been turning ever since.

The home improvement store takes a nuts-and-bolts approach to customer service by providing ready in-store assistance. The computer company takes a high-tech approach by using its technological platform and network to process a transaction quickly.

What approach to customer service do we in health care take?

See **LIGHT BULB** On **Page 7**

## Duquesne University PA Students Provide Service in Liberia

By Mark Freeman

Five graduate physician assistant students from Duquesne University recently traveled to West Africa to experience the culture and provide medical care to the people of Liberia. This 18-day adventure provided the backdrop for a series of life-altering adventures for the students. Michael Lynn, Olivia Hess, Kayla Breindel, Amanda Candelmo and Laura Berkebile traveled to the base camp at ELWA Hospital, outside of the capital city of Monrovia on July 1.



Students pose outside the ELWA hospital, from left, Olivia Hess, Kayla Breindel, Lauren Berkebile, Michael Lynn and Amanda Candelmo.

ELWA Hospital provides basic medical and surgical care to thousands of Liberians as a part of their interdenominational Christian ministry. While working in the hospital, students rotated through the obstetrics and post-delivery wards, as well as Emergency Department, Surgical Services, and In-patient Services for adults and children. Relying on only history and physical examination skills as well as only some basic laboratory tests, students diagnosed and treated patients

See **LIBERIA** On **Page 8**

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# SEO Techniques to Improve Your Search Capabilities



By Daniel Casciato

More patients and consumers than ever before are using the web and social media applications to gather health information as well as information about your facility.

Many are using search engines, particularly Google, to not only scope you out, but your competitors as well. How well do you rank in search engines? Are your potential customers able to find you easily? Research indicates that visitors rarely go past the 2nd page after Googling a search term. With proper SEO (Search Engine Optimization) copywriting techniques, you can greatly improve your facility's ranking on search engines and get a step up over

the competition.

Need some help? Here are some ideas.

## KEYWORD SEARCH TOOL

First, you need to know what keywords to use. There are many keyword search tools out there to help you select the keywords you should be sprinkling throughout your content. Google's tool is one of my favorites and it's free: <https://adwords.google.com>

## WORK ON YOUR HEADLINES

Once you decide on the keywords, add some of these to the Headlines of your content. Search engines love this. For instance, instead of writing the header, "About Acme Homes," on a retirement community website, you can write, "Acme Homes: A Retirement Living Community."

Also, since search engines read content on a website page the same we do—left to right and top to bottom, position your headline on the top left side of each page. Be sure to add a headline to each page of your website.

One smart piece of advice learned from BarkleyREI—an interactive marketing agency in the Strip District who has contracted my services from time to time—is to make sure these page titles are clear. Always ask yourself if the title of the page make sense if it is the only thing you see.

## THINK OF NUMBER ONE

In its "SEO for Websites" tip sheet it sends to clients, BarkleyREI notes to focus on the number one. One topic, one page; One idea; one paragraph. This aids scanning and makes it easier for search engines to find.

Additionally, the most important information on that site should be located at the top of the page. For all you PR practitioners, it's like writing a press release. Think of the inverted pyramid. Also, use keyword phrases as intact when possible.

## INCLUDE BULLETS

More best practices from BarkleyREI:

- Bulleted and numbered lists make information easy to scan and quick to understand.
- Be descriptive—not clever.
- If you need to, punch it up with question words or numbers.

## ADD INTERNAL LINKS

I can't tell you how often I visit a website and see a lack of hyperlinks to the internal pages of a website within the body of the copy. For example, if you mention your



dedicated staff of highly qualified physicians on the home page, be sure to add a link to that page within the content. What will be most effective is if you can link the keywords to other pages on the site.

## FORGET META TAGS AND KEYWORD DENSITY

Chris Cox, an account executive at BarkleyREI, pointed out to me via email that the keywords in the Meta Tags (the coding behind websites) are no longer important. In fact, Google basically said they're ignoring keywords because of bad apples abusing them. Yahoo stated that while they still index the Meta Tags, the ranking importance given to them receives the lowest ranking signal in their system.

Another practice that is no longer as important is keyword density. However, it is important that your keywords appear naturally in the content. Add the keywords in the content as early as possible (again, think inverted pyramid), and make sure it doesn't look too spammy. Google and Yahoo hate that and will ignore your site.

## OTHER SEO COPYWRITING CONSIDERATIONS:

Some final words of advice from BarkleyREI:

- Chunk your paragraphs so they are between 150 and 300 words.
- Cut the fluff and get rid of empty words and phrases.
- Short pages may be 400 words or less. If you have less than 200 words, you might not have a page.
- Keep longer pages around 600 words.

Have any suggestion of your own? Email me at [writer@danielcasciato.com](mailto:writer@danielcasciato.com) and we'll share with our readers. For more information on BarkleyREI, check them out at [www.barkleyrei.com](http://www.barkleyrei.com). †

*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. For more information, visit [www.danielcasciato.com](http://www.danielcasciato.com), follow him on Twitter @danielcasciato, or friend him on Facebook ([facebook.com/danielcasciato](https://facebook.com/danielcasciato)).*

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# Upcoming Expo offers Valuable Healthy, Wealthy and Green Advice

By Laurie Bailey

Ellen Deslam, owner of Ellen Deslam Enterprises, has travelled the world during her 30-year span in the trade show industry. But the Greensburg native is now focusing on her roots, endeavoring to provide the Westmoreland County community with the services it needs to maintain a healthy and informed lifestyle. Her second annual Healthy Wealthy and Green Expo will take place on November 6 at the Four Points by Sheraton - Greensburg, and, like Deslam's other events, promises to be larger than the last.

"This is a well-rounded show," she says.

It will include over 100 representatives from an eclectic collection of products and services, including money management, health clubs, hospitals, organic foods, recycled products and much more.

Deslam began planning trade shows for corporate America in the late 1980s when she worked as the manager of the Invention Show, INPEX (Invention and New Product Exposition). Under her direction it became the largest show of its kind in the United States in 1990. A year later, it was the largest in the world, representing vendors from 35 countries.

During that time, Deslam also repeatedly filled the Monroeville ExpoMart with The Business Show.

"I loved it. It was truly my life," she admits.

Networking with business leaders throughout the world, she found herself driven to help them market their products.

In turn, she gained their respect, winning numerous awards, including an honorary doctorate degree in 2000 from the World University in Tokyo, Japan. It was presented to her by Dr. Yoshiro Nakamatsu who is credited for developing the basic technology for the floppy disk, compact disk and countless other inventions. That same year, she was interviewed and quoted in the March issue of Entrepreneur Magazine as an expert in the invention industry.

But it was a colon cancer diagnoses seven years ago that motivated her to return to Greensburg. While receiving treatments and recovering from the disease, she founded, understandably, the first Education Tent at Latrobe's American Cancer Society Relay for Life. She provided information to cancer survivors and their families for five years, each year growing to finally include 30 representatives under a 40-by 80-foot tent.

That last year, she also raised \$6,000 from her exhibitors for the American Cancer Society.

With a mission to expand her career and start her own business, a new bill of health and a strong faith in God, she began producing shows on her own.

"When things change in life, you've got to turn lemons into lemonade and listen to what you're hearing in life," Deslam admits. And she did just that.

Her next goal became the increasingly successful Women's Expos held each year at the Four Points by Sheraton in Greensburg. Beginning in 2008 with 81 exhibitors, her most recent show in April boasted 125 exhibitors – and a waiting list to participate.

"At 61 I feel that I want to do what I can for the women in Westmoreland County," she says, thankful for the support she gets from the Laurel Highland's Chapter of the Women's Business Network.

Next on her radar was to promote overall wellness to the community.

"I decided there was a need for everyone to better understand health, wellness and ecology," she says.

Visitors at this year's Healthy Wealthy and Green Expo will be able to learn everything from Reiki and cranial sacral therapy to retirement planning all in one location. Deslam says the show will include an abundance of sampling, testing and interacting.

"It's a great way to be able to provide help to the community. It's a lot of information in a small space with vendors who want to assist," says Maryanne Stairs, branch manager and vice president/investments for Stifel Nicolaus and Co., Inc. a sponsor of the show.

A representative for Stifel Nicolaus will be on hand to provide literature and answer questions about mutual funds, IRAs and other financial solutions.

"At the Women's Expo, people asked questions like 'How can I protect myself going into retirement?'" or 'Am I diversified enough?'" says Stairs.

She adds the show also provides the public with opportunities to physically meet with representatives without making several appointments.

"It's important to be comfortable with whom you're working from a physical and psychological standpoint," Stairs says.

Jay Troutman, clinical operations manager at Westmoreland Sleep Medicine agrees.

"It's a chance to initiate conversations with people," he says. Also a sponsor for the show and a participant in Deslam's Women's Expo, Westmoreland Sleep Medicine will provide sleep apnea information and demonstrate a CPAP (continuous positive airway pressure) machine.

"People will be able to see the type of equipment they would have sitting on their nightstand and that it's not noisy," says Troutman.

He explains that many people don't always recognize the causes, signs or outcomes – such as high blood pressure – of sleep apnea.

"At the Women's Expo, a lot of visitors came up to us and said, 'I need to take this information for my husband,'" he says.

There will also be several home-based businesses representative available for visitors to explore employment opportunities.

Further reaching out to the community, Deslam required each exhibitor to donate a \$50 basket to be raffled. Money raised from this will go to the Westmoreland County Food Bank and another unnamed charity.

"They're gorgeous. The vendors really go out of their way," says Deslam.

Apparently, so does she.

*There is still exhibition space available for the upcoming Healthy, Wealthy and Green Expo. For more information about the Healthy Wealthy and Green Expo, contact Ellen Deslam Enterprises at 724-837-3713 or edeslam@com-cast.net.*



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# Collaborative Care: Using Information across the Continuum

## How a cost-effective, proven solution that leverages complete data across clinical settings aids decision-making and improves patient outcomes



By Jim Jirjis, M.D.

The first U.S. national health care information technology coordinator, David J. Brailer, estimated that if the current rate of interoperable EHR adoption is sustained through 2014, it could create a launch-pad for quality gain and health care spending reduction in excess of 50 percent in the subsequent decade.[i]

Despite this prediction and despite the continued acclimation of Americans to working, communicating, and learning online, U.S. physicians have been slow to adopt technology solutions. This has created a logjam in waiting rooms and growing frustration among patients who are beginning to expect -- and demand -- that their health care interactions be streamlined electronically so that they can receive test results, messaging, appointments, prescription refills, and bills electronically from any computer.

According to a study conducted by the Center for Studying Health System Change (HSC), EMRs assist real-time communication with patients during office visits, "primarily through immediate access to patient information, allowing clinicians to talk with patients rather than search for information from paper records." [ii]

While the study revealed that some clinicians consider EMRs a distraction and a hindrance to real-time communication with patients and other clinicians, experienced EMR users avoided this pitfall by showing patients portions of their records to facilitate more accurate documentation and joint decision-making. Additionally, the study showed that clinicians believed EMRs enhanced communication with patients by providing immediate access to EMR data, which enabled them to focus on the patient -- with less time trying to physically obtain records or being interrupted by staff, who can send instant messages to the physician. Ease of access to information also provided a means for better educating the patient. "For example, clinicians could pull up information from the patient's record, such as the problem list, medication list and care plan, or educational information from the Internet to review on screen with patients and family members during the visit. Some respondents reported sharing copies of that information with the patient/family to reinforce their discussion." In addition, the study found that e-mail communication lowered communication barriers between patient and doctor, thus enhancing access between visits and reducing phone tag. [iii]

In light of these advantages and potential downsides, it becomes clear that EMRs must be designed to enhance workflow rather than hamper physician-patient communication. In fact, the ability to deliver seamless collaborative care that optimizes patient care must be a critical feature of any technology solution. It should also increase efficiency and improve quality at a marginal cost.

### REAL-WORLD CASE STUDY

Tennessee-based Vanderbilt Medical Center, developed a technology solution to serve its four 4 hospitals and 120 clinics. The core strength of its solution lay in an informatics-based approach that has been refined over more than 17 years by over 2,000 practicing physicians and 4,000 nurses across Vanderbilt's enterprise in collaboration with the largest Informatics faculty group in the country.

This solution offers a cutting-edge longitudinal patient record, workflow tools, and secure messaging that can be rapidly implemented without changing underlying information systems. Strong technology, usability-based design, and ongoing physician involvement have combined to create a system with value in interoperability, physician alignment, and disease management.

Regardless of an organization's current technical capabilities, this solution offers a cost-effective, proven platform that supports a number of Integrating the Health Enterprise (IHE) frameworks, particularly where care coordination and secure messaging across constituencies are of utmost importance. Beyond that, Vanderbilt's solution differentiates itself by supplying a bridge for systems that do not fit into IHE's standards.

Some solutions simply exchange data, like lab results and discharge summaries. Others exchange deeper levels of data, like medicine and allergies. Vanderbilt's

solution includes a comprehensive view of the patient -- which means continuity of care between departments.

Physicians access complete information with an Internet-like search capability that allows them to drill down to specific data. Over the last eight years, Vanderbilt has built on this platform with tools that align with workflow and how physicians practice. Vanderbilt's nurses, doctors, and patients use these tools to send some 38,000 messages a week to collaborate, refer patients, store notes from other clinicians in patients' electronic medical records (EMR), and set follow-up alerts if a patient has not checked a message in a certain number of days.

#### Enabling Care Across the Continuum

Vanderbilt's solution offers complete aggregation of clinical information across multiple organizations, systems, and data formats into a single, unified view. Its patient-centric dashboards are tailored to diseases and medical conditions and presented in a way that gives true cognitive support for clinicians at the point of care. Additionally, the solution improves workflow by including integrated alerting and secure messaging tools that can be configured to solve workflow challenges across treatment settings. It also reports across episodes of care by providing metrics tracking reports and easy export capabilities to external data warehouses.

Vanderbilt's solution also allows organizations to capture and track patient outcomes across episodes of care. By accelerating time to value, it can deliver community-wide interoperability working with existing systems at a fraction of the cost of competing solutions in less than six months.

#### The Vanderbilt physician advantages include:

- Quick access to patient information
- Views of patient charts that provide efficient access into other areas of the chart that may reside in different systems -- lab results, reminders, problem lists, medications, flow sheets combining lab and clinical data
- Views of multiple documents on screen -- e.g. chest x-ray and EKG side-by-side -- including results from a different clinic
- Ability to create graphs by clicking on lab results
- Ability to click on new orders without exiting from the chart
- Easy access to patients based on the attending and/or consulting relationship in a facility
- Flow sheets that combine results from multiple systems in a single view
- Ability to send a message to the appropriate caregiver
- Patient health portals so patients can learn and communicate

### CONCLUSION

More reliance on computer systems in a medical practice seems counter-intuitive to good doctor-patient relations. And yet an increasing number of studies demonstrate that the opposite is true. One study showed that high EMR-use physicians had patients who asked more questions and participated more in the medical interview than did low EMR use physicians. "The EMR tended to slow down the medical interview and gave patients a chance to think about their circumstance, symptoms, and other questions about their medical condition. Nonverbal phenomena (slow turn-taking and reduced eye contact) that are typically associated with less effective interpersonal communication were related to an increase in positive verbal exchange." [iv]

As more Americans adapt to the new forms of technology for communication, education, and data collection, the health care system will follow -- however slowly. But clearly, the time has come for U.S. physicians to embrace the change that is happening around them and leverage sophisticated information technology. Patients expect it, and every stakeholder will benefit from it. Improved communication tools and electronic collaborative care means the acquisition, retrieval, and analysis of clinical and administrative data that function with systems to provide efficient, effective communication so that they can perform multiple duties and contribute to improved patient outcomes. †

*Jim Jirjis, M.D. is Chief Medical information officer, Primary Care & Informatics at Vanderbilt University Medical Center. For more information, visit [www.mc.vanderbilt.edu](http://www.mc.vanderbilt.edu).*

[i] Milstein, Arnold; *Health Information Technology Is A Vehicle, Not A Destination: A Conversation With David J. Brailer*; Health Affairs, 26, no. 2 (2007): w236-w241; (Published online 15 February 2007) © 2007 by Project HOPE.

[ii] O'Malley, Ann S., Cohen, Genna R., Grossman, Joy M.; *Electronic Medical Records and Communication with Patients and Other Clinicians: Are We Talking Less?*; Center for Studying Health System Exchange; April 2010.

[iii] O'Malley, Cohen, Grossman; April 2010.

[iv] McGrath, John; "Doctor-Patient Communication: The Influence of Electronic Medical Record Usage on Nonverbal Communication in the Medical Interview" Paper presented at the annual meeting of the International Communication Association, Sheraton New York, New York City, NY. 2010-04-08.

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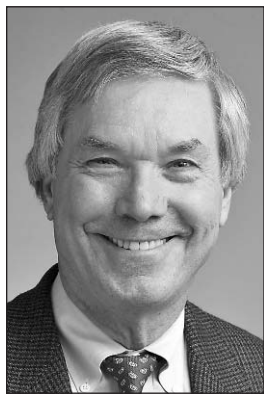
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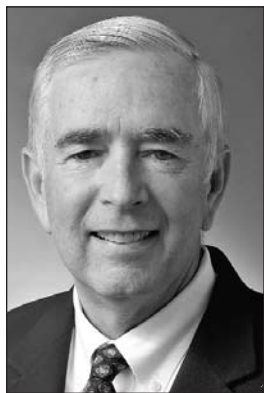
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# A Pathway to Physician-Directed, Best Practice Improvements

by William C. Mohlenbrock, M.D and Thomas M. Kish



William C. Mohlenbrock, M.D.



Thomas M. Kish

The economic challenges of the past decade have placed hospitals under unrelenting pressures to reduce costs while maintaining quality. With most of the stray dollars already found, any further cost cutting will likely bring with it the danger of compromised quality of care.

What healthcare organizations need are new tools and new thinking with which they can maintain or increase their clinical quality and efficiencies. More than ever, physicians are the key. The next stage of improvement must be a collaborative effort among physicians, clinical staff members and executives to develop innovative ways to improve patient care.

This imperative for collaboration is felt most acutely in those hospitals whose physicians are requesting to become hospital employees. The burden of office overhead, personnel management and loss of ancillary services is driving physicians to take the step. But herein lies an opportunity for innovative hospitals.

To take full advantage of physician integration, the enterprise must become as data-driven in its clinical arenas as it is in its finances. Timely, accurate and accessible data offers immense power for clinical process improvements. By allowing physicians to direct process improvements, the hospital can reduce the misuse and/or overuse of hospital resources, obviate costly errors, and control variations in care delivery. But to do so, physicians need more specific clinical information.

On the organizational side, aggregated information can be analyzed and compared to industry norms in order to facilitate incremental, continual reforms in resource utilization and clinical outcomes. What's more, financial measurements exist that can allow the system to actually pay for itself.

In the clinical environment, comprehensive information gathering begins with the physician. New solutions must be implemented that are faster, easier for clinicians to use, and more easily integrated than paper charts. Thankfully, new and affordable electronic charting alternatives exist that can not only be implemented in hours or days, but also interface with enterprise-class data systems for analysis.

Such clinical systems have been shown to lower costs and raise quality of care through bi-directional information sharing. Knowing what tests have been ordered by colleagues and having access to the results help physicians avoid duplicate lab charges and make diagnoses more rapid and reliable. The reduction in redundancies conserves the hospital's resources, saves purchasers' money, and ultimately lowers premiums.

These technologies and quality improvement techniques will be essential to hospitals' ability to create Accountable Care Organizations (ACO) and compete in the new marketplace. Comprehensive federal healthcare reform (Affordable Care Act) enacted in 2010 identifies ACOs as a promising healthcare delivery structure that can improve the quality and cost efficiencies of American healthcare. The model differs from previous attempts at hospital and physician economic alignment by focusing on providers instead of insurers or HMOs.

Not all ACO functions have been detailed by the new legislation, but four primary functions are emerging:

1. Establish information interoperability to securely exchange clinical and patient information among authenticated individuals and facilities.
2. Contain healthcare costs within global budgets and defined patient populations.
3. Objectively improve medical quality across the continuum of care.
4. Financially reward MDs based on improved quality and cost efficiency outcomes.

In the new ACO paradigm, providers will hold themselves accountable for their outcomes of care. For this reason, one of the most exciting new frontiers for data-driven accountability assessments is the Accountable Care Index (ACI).

Developed in 2008 to support value-based clinical decision-making, ACI is a compilation of hospitals' and medical staffs' services and quality outcomes, trended over a three-year period. ACI examines clinically and financially reliable indicators and provides powerful insights into hospital and staff performance. By comparing internal data to ACI's industry-standard statistics, hospitals and MDs can identify specific areas for quality and cost efficiency improvements.

Five metrics comprise the ACI standard: Resource Consumption; Risk-Adjusted Morbidity Rates; Risk-Adjusted Mortality Rates; Reductions in Variation; and the NHQM (National Hospital Quality Measures). ACI uncovers statistically significant clinical variations and provides insights for clinical and financial improvements.

Collaborative, physician-directed best practice improvements are the healthcare industry's best insurance against the externally mandated cost containment alternatives that are the hallmark of third-party payers and proposed government-based reforms. As history has proven, advancements in the healthcare field rarely come from outside the profession. It's up to providers to be proactive in addressing their well publicized quality and cost problems. †

*William C. Mohlenbrock, M.D. is Chairman and Chief Medical Officer and Thomas M. Kish is President of Verras, LTD. (www.verras.com), a firm focused on delivering to healthcare organizations proven, quality-of-care technology that easily identifies and employs best practices for improving clinical excellence through physician directed process improvement. They can be reached at bmohlenbrock@verras.com and tkish@verras.com.*

## LIGHT BULB From Page 1

Ours is a field that's process-heavy and interaction-rich. We are in the favorable position of being able to borrow customer service strategies from the tech company that has eliminated the check-out line, as well as the retailer who has mastered the face-to-face interaction.

Like the rest of health care, our practice is moving in both directions, carefully trying to apply technology while making our patients feel genuinely cared for.

The balance means we offer online appointment requests for the wired patient but answer the phone for those who require or prefer to talk to a scheduler. Every day, we access MRIs and other studies quickly via the Internet, but we also know that the workhorse of diagnostic images for most orthopedic problems is the plain, old-fashioned X-ray taken in the office by our efficient, cheerful techs.

As the use of PACs systems and electronic medical records spreads, I expect to see the same slick ingenuity in records handling and paperwork processing that one can see in transaction processing at any Apple® store. But no matter how slick we become, I suspect we'll always need to think like the home-improvement store manager.

He understands that his business' success is tied in part to the quality of his customer service program. The 5-15-50 approach is a clever hedge: The manager would rather his team acknowledge all customers, even if they don't need help, rather than miss serving even one who does.

Can we use a friendliness formula in health care? Maybe we already are. A few days ago on rounds, I encountered a hospital employee who made eye contact, smiled and said "Hi" from exactly 15 feet away. †

*Dr. Weiss is an orthopedic surgeon with Tri Rivers Surgical Associates. His column appears quarterly in Hospital News. You can contact him with comments or suggestions for future columns at (412) 367-0600 or www.tririversortho.com.*

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**LIBERIA** From Page 1

for a number of tropical diseases including malaria, filariasis and typhoid.

While in Liberia, the students went to a clinic in Gbarnga in Bong County, assisting in mobile clinics in the bush. While there, the students treated nearly 250 villagers, many of whom traveled for hours by foot to be evaluated.



Amanda Candelmo works in a “clinic” in the bush: three chairs were gathered into each station in the communal dining area, and surrounding villagers wait their turns. The Duquesne team saw about 250 patients that day.

During this trip, the group also visited orphanages in Monrovia and Gbarnga, treating minor illnesses, while also playing and interacting with the children. The group then also visited Mother Theresa’s Sisters of Charity Hospice in Monrovia, where they learned of the outstanding work of the sisters as they care for men, women and children with HIV/AIDS and other debilitating illnesses. This rare look inside the mission was truly an honor for the group as the sisters rarely open their doors to outside visitors. A tour of JFK Hospital in Monrovia (once the pre-

mier hospital in West Africa) sadly revealed existing evidence of the recent war, as they try to rebuild the facility to its former glory.

Devastated by two recent civil wars in the past 20 years, Liberia is one of the most impoverished countries in the world. With the country’s infrastructure still extremely battered and showing the evidence of war, the poorly maintained streets make even local travel by taxi a major obstacle. Electrical power is unreliable throughout the country, and telecommunications is limited. Health care remains a significant need for the citizens of Liberia. Because of the cost of health care, which can sometimes cost as much as \$5 to \$10 U.S. per day for an inpatient stay—the wages of a year of work for some Liberians—many citizens wait until the advanced stages of illnesses to seek the treatment they need.

As a result, many patients die unnecessarily secondary to “treatable” illnesses. Through charitable donations collected by the group, as well as medications provided by Brother’s Brother Foundation, the group was able to deliver medical supplies, clothing, toys, computers and equipment to those in need. The trip is the first of hopefully many trips back to the region, so that others may provide service and experience this “once in a lifetime” life-changing opportunity. †

*Mark Freeman, assistant professor in the physician assistant program at Duquesne University, served as the faculty adviser for the trip.*



Emanuel, a Liberian boy who wants to be a doctor, listens to the heart of Olivia Hess. At the end of the trip, Olivia left her stethoscope with Emanuel.



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# Non-Traditional Parents Now Entitled to FMLA Leave to Care for Sick Children



**By Jane Lewis Volk**

Gay employees can now qualify for leave from their jobs to care for a partner's sick child under the Family and Medical Leave Act (FMLA). That's what a recent guidance from the Department of Labor (DOL) says.

The FMLA gives employees of covered employers (those with 50 or more employees) the right under certain circumstances to take up to 12

weeks of unpaid leave to care for seriously ill parents, sons and daughters or themselves. Qualified employees can ask for extended or intermittent leave for the birth of a newborn child, to adopt or assume care for a foster child or when a family member falls ill with a serious health condition. During their leave, they maintain benefits and are entitled to the same or equivalent position with the same pay and benefits when they return.

It is the employer's responsibility to administer FMLA leaves, and to administer them correctly. That's why all hospital administrators, human resource managers and supervisors should be aware of the DOL's newly issued guidelines for FMLA coverage. As the concept of family takes on an increasingly nontraditional form, the task of determining which employees are eligible for family leave is more complex than ever before.

Previously, employers interpreted "sons and daughters" as an employee's own sick, newly born or adopted children. But the DOL has now extended FMLA rights to many nontraditional parents, such as grandparents, step parents, aunts, uncles and gay, lesbian or transgendered partners under certain circumstances. Any employee who has assumed responsibility for a child may have the right to FMLA leave regardless of legal or biological relationship.

Because of the expanded definition of covered employees, employers will have to take extra steps to make sure they handle family leave correctly. Not following the

proper procedures to determine if an employee is eligible, failing to give timely notice to employees who do not qualify or wrongly denying an employee in a nontraditional parenting role the right to leave could result in discrimination charges and a costly lawsuit.

There are five basic steps all employers should take in response to the new FMLA parameters to avoid getting caught up in discrimination charges and legal disputes:

1. Check into the details of the regulation and any new requirements for compliance.
2. Rewrite company policies to ensure all newly eligible employees are granted FMLA rights.
3. Communicate any new company policies to all employees.
4. Train all managers, supervisors and human resource executives on what the changes entail.
5. Implement new policies fairly and consistently.

Though FMLA rights do not yet extend to gay employees' sick partners, these recent changes could lead the way to such a regulation. Employers should make sure they stay abreast of changes to all federal employment laws and adjust policies to comply with the most recent regulations.

Striking a balance between work and life is a challenge for both employees and employers. It requires flexibility, coordination and accountability on both sides. But as long as employers take the time to fully understand their responsibilities and implement their policies correctly, they can both meet the requirements of federal employment laws and provide a family-supportive work environment.

To contact Jane Lewis Volk of Meyer, Unkovic & Scott, email [jlv@muslaw.com](mailto:jlv@muslaw.com). †

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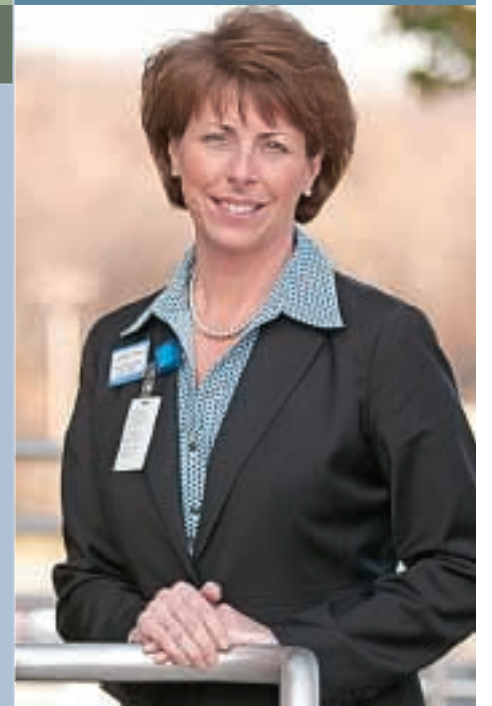
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# Heartland—Providing Care for the Mind, Body, and Spirit

by Christopher Cussat

Heartland Home Care, Hospice and IV Care (Heartland) is a national health care provider specializing in home care, hospice, and IV care (also known as infusion therapy). According to the company’s Pittsburgh Manager of Business Development, Kimberly Fanelli, RN, BSN, MBD, Heartland is actually a division of HCR-ManorCare—a leading provider of short-term post-hospital medical care, rehabilitation, and long-term skilled nursing care.



Kimberly Fanelli

HCR-ManorCare itself has nearly 60,000 employees who provide care for patients and residents through a network of more than 500 skilled nursing and rehabilitation centers, assisted living facilities, and outpatient rehabilitation clinics, as well as hospice and home care agencies.

Fanelli explains, “In many areas of the country, we also have skilled nursing facilities called ‘ManorCare Health Services.’ We also have secure Alzheimer’s assisted living facilities called Arden Courts—and in the Pittsburgh area, we have nine ManorCare Skilled Nursing Facilities (SNFs) and three Arden Courts’ facilities.”

Heartland alone has three main product lines: home care, hospice, and IV Care. Fanelli continues, “The first service that we offer is home care. Heartland Home Health Care provides services that address the patient’s physical, psychosocial, and spiritual needs through a specially trained team of nurses, therapists, and social workers. Services are provided with the focus on maximizing recovery, well-being, and/or quality of life.”

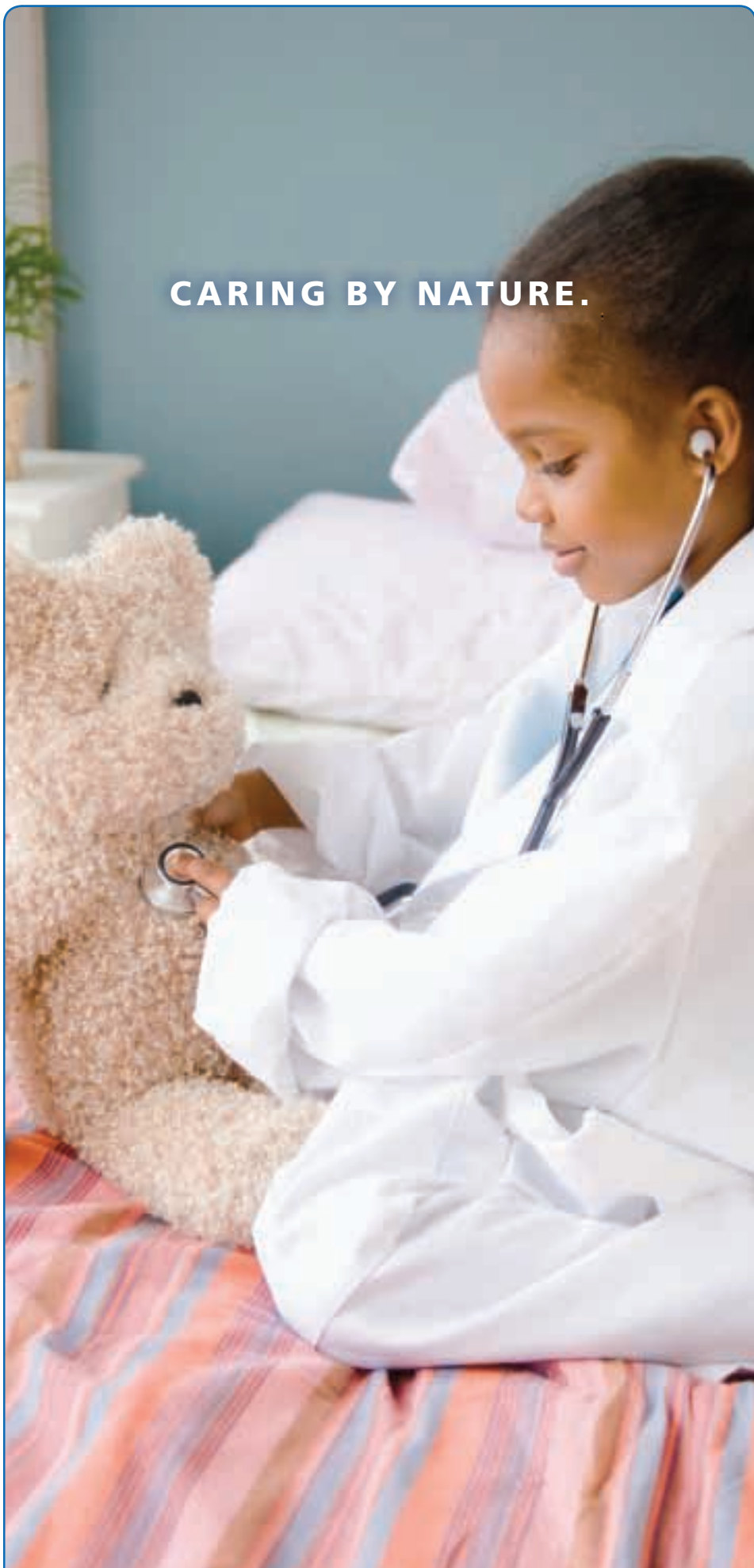
What separates Heartland from other health services companies is the fact it provides care for the mind, body, and spirit that is comforting and compassionate. “We respect our patients’ and their families’ choices. We also accept and support our patients wherever they are in life’s journey,” adds Fanelli.

Another unique offering of Heartland is Home IV services. Fanelli explains, “Patients receiving Home IV Care enjoy the satisfaction of returning to their own surroundings, resuming daily activities, taking an active role in their own care, and/or returning to work.” She adds that supporting the patient’s independence offers significant physical and emotional benefits that help recovery and healing. “Our IV care program is different because we have a specialized program that focuses on fragile and elderly patients to ensure that their special needs are met. For example, the labels are enlarged or we send two packages instead of one because one would be too heavy.”

The last service that Heartland provides is hospice—providing supportive care for patients and loved ones living with advanced illness, while tailoring care to their preferences and choice. “Our hospice team focuses on comfort by addressing the physical, psychosocial, and spiritual symptoms or needs of the patient and his/her loved ones. Our hospice program is different because patients need not lose hope nor stop comforting treatments to receive hospice services and advance directives—and health care decisions do not need to be completed.”

Heartland’s unique offerings and addressing the psychological and spiritual aspects of health care in addition to the physical sets it apart from other providers. And helping patients and families while they are making important decisions about their health services is the ultimate focus of Heartland’s care.

For more information on Heartland visit: [www.heartlandhomecare.com](http://www.heartlandhomecare.com) or [www.heartlandhospice.com](http://www.heartlandhospice.com). For more information on HCR-ManorCare please visit: [www.hcr-manorcare.com](http://www.hcr-manorcare.com).



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# Annual Flag Football Tournament Honors Former CMU Professor's Memory

By Daniel Casciato

Randy Pausch, the esteemed Carnegie Mellon University professor who inspired millions worldwide through his highly acclaimed "The Last Lecture," died of complications from pancreatic cancer on July 25, 2008. He touched the lives of all who knew him, and in *The Last Lecture*, he shared his insights on finding the good in other people, working hard to overcome obstacles, and living generously. His stunningly positive attitude towards life was infectious and awe-inspiring.

Pausch was also a passionate and intense flag football participant in the Pittsburgh Sports League (PSL). In the fall of 2008, the PSL, in association with PUMP, the young professional organization, created the *Randy Pausch Memorial Flag Football Tournament* in honor of Pausch's love of the game and in keeping with his goals of living life to the fullest and focusing on others. Pausch gave the league his blessing to do the event before he passed away, and suggested Pancreatic Cancer Action Network (PanCAN) as the recipient of the team fees.

In his memory, the tournament has become an annual event with the ongoing mission of raising money for charity while also raising awareness about the messages of *The Last Lecture*.

"Randy's friends felt compelled to do something to honor Randy while he was still alive," says Becky Reitmeyer, director of PSL, "and since they all played PSL flag football with him and he loved it, they felt that this was something they could do—something they could build, participate in, and something that was creative and fitting. They approached PUMP to

see if we would partner with them."

Pausch's friends felt that the tournament was the appropriate way to honor him because his legacy includes the lessons he left behind for his children in *The Last Lecture*. Lessons like "Do not give up striving for your dreams: Even if you do not achieve them, there is still a lot that you can gain out of trying." Or "Always maintain a sense of fun and wonder, no matter how old you are."

"I think that his participation in PSL flag football helped fulfill his childhood dream of playing football, and maintaining that sense of fun," says Reitmeyer. "It just seemed to be a good fit."

The annual tournament features competitions for both women's and men's flag football teams with proceeds donated to PanCAN and PUMP. PanCAN advances research and supports patients with pancreatic cancer on both the local and national levels. In its inaugural year, the PSL hosted 24 teams (about 300 participants). Last year, they hosted 32 teams (about 320 participants). To date, the tournament has helped raise \$13,600 to PanCAN.

PUMP's mission is to make Pittsburgh a more dynamic, diverse place to live by giving young and young-thinking people a voice and inspiring them to affect change in our community through civic engagement, professional development, recreation, and social networking.

As the event continues to grow, Reitmeyer says that they are always in need of assistance, especially for volunteer referees—"folks who know football like the back of their hand and hold up well in competitive situations."

"We also need food/drink or prize donations, in addition to corporate sponsorships to help underwrite the cost of the event," she adds.

Looking ahead, Reitmeyer says that the PSL wants to maintain a fun event that reminds the participants of Pausch and his lessons, while raising funds for PANCAN and for PUMP.



Players from the red team prepare to snap the football in last year's Randy Pausch Memorial Flag Football Tournament.

"I hope the participants are inspired to learn about Randy and what he left behind for us," she says. "I hope they leave with a sense of fun and good sportsmanship and charity."

*This year's tournament is scheduled to take place on Sunday, October 10 at the South Park Fairgrounds. For sponsorship opportunities or for further details visit [www.randypauschfootball.com](http://www.randypauschfootball.com) or email Becky Reitmeyer at [becky@pump.org](mailto:becky@pump.org).*

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# Eating Disorders and Self-Injury

By Dena Cabrera

Anorexia and bulimia are extremely complex disorders. In addition to eating disorder symptoms, patients usually present with at least one co-morbid diagnosis. At Remuda Ranch, most of our patients admit with anxiety or depression. However, during the past five years, we have experienced an alarming increase in self-harm among our patients. Approximately 40 to 50 percent of our women and girls have either reported a history of self-injury or are presently engaging in these behaviors.



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Self-injury is defined by physical harm being caused to oneself on a repetitive basis, without suicidal intent. In terms of a psychiatric diagnosis, it falls under the realm of an impulse control disorder. This manifests in a variety of ways: scratching, biting, head banging and burning. Certainly the most common form of self injury is cutting. This can be done with knives, razors or glass. Because we have a treatment facility in Arizona, we have seen patients try to cut themselves with cactus needles.

Not unlike the eating disorder, self-harm serves a very real purpose in the individual's life, usually as a coping mechanism. In effect, cutting becomes an immediate, unhealthy response to an uncomfortable situation or unpleasant emotion. The reasons for cutting are many and varied; they can fall into one or more of the following categories:

**Diversion:** the act of self-harm can produce a trance-like state. This allows the woman or girl to avoid unpleasant feelings, emotions or suicidal thoughts.

**Attention:** Most of those who harm their bodies do it in areas that will not be seen: the inside of the thighs or upper arms, the lower abdomen, even the breasts. However, if the result of the action is highly visible, then it is probably a bid for attention or cry for help.

**Stimulation:** sometimes people cause pain to reassure themselves that they are "still here." They need to feel their own bodies in order to regroup themselves in reality.

**Emotional Release:** the cutting behavior allows an outlet for feelings of guilt, shame, weakness, or anger.

**Relaxation:** a person can actually find the cutting behavior to be stress-reducing and soothing. She can feel pleasure from the warmth of the blood and the sensation of pain.

**Social Motives:** many of those who have anorexia perceive themselves as strong because they have "conquered" the need for food. Similarly, cutters may view their action as one of great strength and believe it makes them appear powerful.

**Alteration:** for a variety of reasons, a woman or girl may want to cause her body to be unattractive to others through scarring.

## SELF-INJURY AND TODAY'S ADOLESCENTS

Self-harm is not confined to the eating disorder population. It is on the rise throughout our country, especially in teenage girls. Just as with the anorexia or bulimia patient, cutting is a method of emotion regulation and used as a way to cope with painful thoughts or feelings. Adolescent girls are under a tremendous amount of pressure today, especially in the area of appearance. They feel they must have a certain "look" to be popular in school or even successful in life.

Add to that pressure the normal angst of adolescence, stress over grades, or problems at home, and she is a pressure cooker of emotion. If this adolescent has never developed healthy coping strategies, she may consider cutting herself to achieve some relief. The problem is: it works. While engaging in the behavior, her attention is diverted from all of her problems; she is completely focused on the experience; and in some strange way, she feels powerful and in control. The additional problem is that cutting is often an addictive behavior because the relief is only temporary.

Self-harm is often the result of trauma, especially sexual. If a young girl experienced something traumatic such as divorce in the family, she may incorrectly conclude that the fault was hers. She may believe she is "bad" and needs to be punished; she deserves the pain that cutting inflicts. In the case of sexual abuse, she may think that her own body was the cause of the rape or molestation, so *it must* be punished. Or, fearing that such an assault might happen again, she mutilates her body to ensure its unattractiveness. †

*Dena Cabrera, PsyD, is a psychologist at Remuda Ranch, Programs for Eating and Anxiety Disorders. If you know someone who is intentionally hurting herself, please get help immediately. Call Remuda Ranch Programs for Eating and Anxiety Disorders or visit [www.remudaranch.com](http://www.remudaranch.com) today.*

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## LEADERSHIP PROFILE



**Name:** Mary Jo McLaughlin RN  
**Organization:** Three Rivers Hospice  
**Title:** Clinical Director  
**Years at current position:** May 2010 to present  
**Proudest accomplishment in your life:** My dream as a child was to become a nurse and care for people. This dream became a reality in 1987 when I received an AAS degree in nursing from CCAC. My nursing journey

has afforded me many rewarding experiences in acute care, long term care, and now hospice care. I have given direct patient care at the bedside and spent the last eight years as Executive Director of a 91 bed assisted living facility.

**What skills are necessary to succeed in your position?** Self motivation and strong communication.

**Work habit that you possess that you are most proud of?** I will not direct my staff to do any task that I would not do myself.

**Most valuable lesson you've learned in your career?** Always be yourself and never lose compassion for your patients and their families.

**What do you like to do with your free time?** I enjoy spending time with family and friends, reading and camping.

## Construction Begins on VA Butler's New Domiciliary

VA Butler Healthcare has awarded a contract for the construction of phase one of a new 56-bed Domiciliary on the VA's 88 acre campus. The contract was awarded to R.A. Glancy and Sons, Incorporated, of Gibsonia, Pennsylvania. The modern residential design concept of the new facility was developed by Radelet McCarthy Polletta Architects and Interior Designers.

"We are extremely pleased with the design concepts and to begin construction" states VA Butler Healthcare Director, Patricia Nealon. "The new Domiciliary will enable us better meet the needs of those Veterans in need of residential treatment, now and in the future, providing state of the art care in a state of the art facility."

This residential treatment facility will be constructed directly behind (south of) the main building on the site of the former ball field. The facility will be built in phases. Phase one of the project includes two separate multiple story apartment buildings with a total of 24 private bedrooms of which up to 12 have been designated for women Veterans. The apartment buildings will be situated adjacent to a central common treatment complex. Phase two is expected to be designed and awarded in FY 2011 and will include two additional apartment style buildings with 16 bedrooms each and therapeutic gardens.

Construction for phase one began this summer with an anticipated completion date the end of fiscal year 2011. The estimated cost, phase one and two, is \$8,500,000.

For information, visit <http://www.butler.va.gov>.



Artist's rendering of VA Butler Healthcare's planned 56-bed Domiciliary.

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

### Ligonier Valley Ambulance Service Breaks Ground for New Ambulance Station, Education Center

Long anticipated construction of a new ambulance station and education center for Ligonier Valley Ambulance Service (LVAS) of Excelsa Health has begun. Groundbreaking ceremonies were held September 8 on the site of the former Town and Country Ford dealership property in Ligonier, with officials from the borough and Excelsa Latrobe Hospital, joining members of the Latrobe Area Hospital Charitable Foundation board, architects and building contractors.

The project, made possible through a \$1.2 million grant from the Richard King Mellon Foundation, will result in a modern facility from which to dispatch emergency medical personnel to Ligonier Borough, Ligonier Township and Laurel Mountain Borough. A Spring 2011 completion date is anticipated, at which time the ambulance service will relocate from its present location on Kelly Street.



Artist's rendering of new ambulance station and education center for Ligonier Valley Ambulance Service.

"I'm delighted the day has come when we can start the project in full and have it completed by spring," said Sandra S. Mellon, vice chairman of Latrobe Area Hospital Charitable Foundation, through which the grant will be administered. "It's very important not only to me, but to all Ligonier Valley residents. We very much want to thank the Richard King Mellon Foundation for making this project possible."

Plans call for garage bays to accommodate six ICU type ambulance vehicles; an operations center for monitoring and dispatching; and sleeping quarters, locker rooms, lounge, kitchen and dining facilities for the 26 paramedics and emergency medical technicians who staff the garage 24 hours a day. In addition, the new station will include a community education center for on-site life support training for other first responders. Burt Hill is project architect; A. Martini & Co., Inc. is the general contractor, with subcontractors from the Ligonier Valley.

For more information about the Ligonier Valley Ambulance Service, call 724-238-4935.

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# In Case of Emergency, Use Modular Construction

By Todd Hastings

Saving lives leaves little time for doctors and nurses to think about responsibilities outside their line of duty, but decisions made by others often have a tremendous impact on their work. For instance, the size of a hospital emergency room is the duty of the organization's facility manager. However, the environment in which doctors and nurses practice medicine is crucial to their ability to do their job.

Many health care organizations need more space. But they're putting off expansions because they believe their budget won't allow for it. The reality is that in today's economy, the needs of patients can be met even in cash-constrained organizations.



ModSpace's Nash General Hospital Modular Healthcare Construction Project in Rocky Mount, NC.

The more doctors and nurses know about the latest innovations in medical facility expansions, the better they can support the facility managers and architects in developing these spaces to suit their needs and those of patients. One solution they should be aware of is modular construction.

Modular construction can cut construction costs by up to 20 percent and get buildings up and running up to 50 percent faster. And it can do this while still providing state-of-the-art medical facilities.

Modular construction uses modern, prefabricated materials that can be specially designed to either match the rest of a hospital or create a new design that supports a specific need.

Modular facilities look and operate like their traditionally built counterparts. What differentiates modular from traditional construction is that modular buildings are built in factories, not onsite.

This process allows a builder to focus on site preparation while the building is constructed in a separate location. This simultaneous approach accelerated the project timeline and overall savings for the building process.

Plus factory-built buildings provide high-quality permanent solutions for any space need. They offer faster design-build process, simultaneous site and building work, greater quality control, minimized site disruption, maximized material resources, and more.

The end result is a superior, quality-controlled product that can help meet and exceed project schedules. This allows for faster occupancy of the medical facility, which in turn provides faster revenue generation and return on investment for the organization.

Modular medical facilities include operating room additions, ambulatory care and physician offices, emergency room expansions, sleep centers, emergency departments, hyperbaric wound care facilities, community clinics, diagnostic imaging facilities (MRI, CT, PET/CT), mental health and psychiatric clinics, and dialysis treatment centers.

# Future of Real Estate & Construction Trends in Health Care

A prime example is a project completed in Lansdale, Pa. The hospital needed to build a dialysis and cardiac addition that would also accommodate laboratory space and staff facilities. They contacted MedBuild®, the specialized health care division of one of North America's largest modular building providers, ModSpace®. Together, they designed a dual clinic permanent addition in a timely fashion to allow patients to begin receiving treatment as quickly as possible.

The clinic included 16 dialysis stations, a lab area, nurse and doctor offices, nutrition room, and a lounge/conference area. A handicap accessible bath, soiled utility room, filter system room (housing a water-treatment system), equipment work room (with state-of-the-art fume hood), and tank storage rooms completed the design.

The cardiac rehabilitation portion of the design included increased floor loads in order to accommodate the installation of extensive exercise equipment. The complete addition has an integrated fire, security, and phone system, as well as Meditech seamless flooring in all patient areas.




Interior of Nash General Hospital.

A site-built corridor connects the addition to the existing hospital seamlessly. The addition was 12,000 square feet and took just 105 days to complete.

The modular design allowed the customer to move in on a compressed time schedule: The hemodialysis portion had most of the finishing performed at the factory, while the cardiac rehab portion was fitted on site. The building is as permanent as any conventional construction they originally considered. The occupants of the building are very pleased, as are the patients being treated.

Health care organizations don't have to be constrained in this economy. Whether it's a permanent addition to a hospital or a temporary clinic, doctors and nurses can support facility managers and architects who choose to use modular construction. Because when it comes providing a better standard of care, modular construction can give doctors and nurses a place to treat patients and keep their community healthy. †


Todd Hastings is a Clinical Buildings Specialist for MedBuild. For more information, visit [www.modspace.com](http://www.modspace.com) or [www.medbuild.com](http://www.medbuild.com).



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## CJL Engineering Sees Continued Success in LEED® Initiatives for Healthcare Clients

With each one of its projects, Pittsburgh-based CJL Engineering wants to engage the public with contemporary, sustainable-built facilities that integrate new construction techniques and materials. As a leader in LEED (Leadership in Energy and Environmental Design) for many decades, CJL tries to design its projects with sustainability in mind.

With offices in Pittsburgh, Johnstown, PA, and Youngstown, OH, CJL has substantial experience in the design, construction, and commissioning of high performance and LEED certified buildings, emphasizing integrated design and operational strategies for sustainable site development, water conservation, energy efficiency, resource conservation, and indoor environmental quality. A multi-disciplined mechanical/electrical/civil consulting engineering firm, CJL offers a full range of other services as well, including analysis and concept, construction budgeting, detailed construction documentation and construction administration.

Its broad range of clients includes hospitals and medical centers. Recently, CJL provided mechanical and electrical engineering as well as LEED design services for the new UPMC East. This 300,000 sq. ft. hospital in Monroeville will be the Pittsburgh region's first hospital entirely designed to LEED standards.

According to company officials, the healthcare complex is being designed to emphasize UPMC's commitment to sustainable buildings and operations. UPMC East will include Emergency, Surgery, Cardiac Catheterization, Laboratories, Imaging Services, Cancer Center, Endoscopy, Dining, Pharmacy and a patient capacity of 156-beds. UPMC East also includes a 149,000 sq. ft., 460-vehicle parking garage that adjoins the new hospital.

Among the design solutions provided by CJL Engineering:

- Three 750-Ton centrifugal chillers and three 750-Ton cooling towers for N+1 redundancy
- Complete Variable Air Volume HVAC System with hot water reheat and perimeter radiant panels plus a DDC Control System
- Three 9,900 MBH high-pressure steam boilers provide steam to sterilizers, humidifiers, converters and instantaneous hot water heaters
- Snow melting system for helipad and the connecting sidewalk
- Primary Electrical Distribution System – 4,160 volts
- Fire Protection and Fire Alarm Systems
- Communication, Paging, Monitoring and Nurse Call Systems
- Interior and Exterior lighting design
- All Plumbing and Medical Gas Distribution and Evacuation Systems
- Testing, adjusting and balancing of all operational systems

CJL Engineering also provided the electrical engineering design on the expansion and renovation of UPMC Passavant Pavilion, a community-based hospital in Pittsburgh's North Hills. The \$100 million project involved a seven floor addition, with 170,000 sq. ft. of new construction and 30,000 sq. ft. of renovations to the 'E' Wing of the existing facility. The project was engineered to achieve LEED® Silver certification. Its design solutions on this project included:

- LEED Commissioning
- Energy Modeling



Facade of 1555 Coraopolis Heights Road, the new offices of CJL Engineering in Moon Township, PA.

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

- Sustainable Green DesignRoof Garden
- Lighting Design, Site Electric and Electrical Distribution upgrade
- Electrical power to New Central Boiler Plant and Central Chiller Plant
- Electrical design for programming areas that include Oncology, Emergency, ICU, Surgeries and patient rooms – many of which incorporate the 'Universal Room' concept design.



UPMC East - South Side

The LEED System is a voluntary third party rating system in which credits are earned for satisfying specified green building criteria. Projects are evaluated within six environmental categories:

- Sustainable site development
- Water conservation
- Energy and atmosphere
- Materials and resources
- Indoor air quality
- Innovation and design

Silver, Gold and Platinum green building certification levels are awarded based on total credits. LEED has been adopted as the industry standard of green building measurement by federal agencies, state and local governments, as well as private companies. Learn more about LEED at [www.usgbc.org](http://www.usgbc.org).

For more information on CJL, visit [www.cjlengeering.com](http://www.cjlengeering.com) or call (412) 262-1220. ↑

### CJL ENGINEERING MOVES TO NEW LOCATION



John J. Wilhelm

Last month, the Moon Township corporate headquarters of CJL Engineering moved its offices to its new location at Westpointe Corporate Center Two (also known as the NOVA Chemicals Building), 1555 Coraopolis Heights Road, Suite 4200, Moon Township, PA 15108.

Expansive corporate growth and the need to accommodate additional staff precipitated the need for the 72-year-old consulting engineering firm to move to larger facilities. The new 15,000 sq. ft. suite of offices amounts to a 50 percent gain in space.

"We have an ideal suburban location with excellent access for our clients and employees," said John J. Wilhelm President, President of CJL Engineering. "We're basically gaining much-needed space, while at the same time adding employee amenities like an on-site cafeteria and fitness center."

For the last eight years the firm has been located at Westpointe Corporate Center One, directly across from the new location. A new website and logo are scheduled for release early this fall as well.



# Applying Universal Design Principles and ADA Standards to Your Facility

By Daniel Casciato

Are you designing your new facility or renovating your current space with universal design principles in mind?

While ADA (Americans with Disabilities Act) codes have been developed to meet the needs of people living with disabilities, universal design calls for all communications, products, and environments to be accessible and usable by everyone regardless of their age, or sensory, cognitive, or physical ability levels. As it relates to environments, universal design features must also be seamlessly integrated into the design of a public space or residence.



Harry Burns

Harry Burns, an independent living strategist and founder of Pittsburgh-based Home Evolutions, says that some property owners and business owners, in particular medical services, do not consider the need for universal design unless someone has a friend or loved one living with a disability or if their practice has a large percentage of their patients living with a disability.

"If your space is not accessible for people living with disabilities, they are not coming to your practice," he says. "If 1 out of 100 of your current patients is living with a disability, you probably don't see it as a priority."

According to the Center for Universal Design at North Carolina State University, there are seven standards of universal design:

- **Equitable Use:** The design is useful and marketable to people with diverse abilities.
- **Flexibility in Use:** The design accommodates a wide range of individual preferences and abilities.
- **Simple and Intuitive:** Use of the design is easy to understand, regardless of the user's experience, knowledge, language skills or current concentration level.
- **Perceptible Information:** The design communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities.
- **Tolerance for Error:** The design minimizes hazards and the adverse consequences of accidental or unintended actions.
- **Low Physical Effort:** The design can be used efficiently and comfortably and with a minimum of fatigue.
- **Size and Space for Approach and Use:** Appropriate size and space is provided for approach, reach, manipulation and use regardless of user's body size, posture or mobility.

The first sign that your facility is not meeting universal design and even ADA standards is the lack of accessible entry, such as a ramp. Burns says that the sidewalks leading up to your entrance must have accessible curb cuts (like a ramp) for people using wheelchairs. A ramp should lead up onto a landing area at your main entrance.

"Whether you have one step or three, the barrier is the same and you need to remove it and modify the entrance for accessibility," says Burns, adding that it can cost anywhere from \$5,000 to \$10,000.

Another common problem is a lack of space on the latch side of the door, where the handle of the door or lock is located.

"There's a certain amount of space required where you need to be able to reach the door without it being in the way," says Burns. "A lot of buildings with ramps don't provide that latch side space. You'll sometimes see some kind of button to activate an automatic door opener where you need to put your finger on to open the door."

Burns often sees situations where waiting rooms are not sized to accommodate people living with disabilities or are using a wheelchair.

"Every space is filled with a chair and if you are using a mobility device, you're stuck sitting in the circulation space and may feel out of place and awkward," he says. "There should be a place for them to park in the same seating area as everyone else. Another common oversight would be the turning radius in the waiting area is too small. A lot of times there's not an accessible path and the door openings are too narrow."

Most of these issues can be immediately addressed to ensure that your facility is indeed meeting universal design and ADA standards. Other universal design features that can be incorporated into your facility include:

- **Public transit:** Being located near to public transportation stops
- **Good wayfinding system and signage:** Buildings should incorporate

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

intuitive layouts, color contrasting, and design strategies geared toward wayfinding.

● **Visual impairments:** Use color to highlight entrances and exits, and consider full-spectrum lighting that emulates natural light. Make sure there is a clear line of sight to all important areas and elements for both seated and standing users.

● **Direct access to public amenities:** Have a clear path from the waiting room as well as waiting areas adjacent to the entry where visitors can wait comfortably without disrupting traffic. You should have a 36-inch wide route that has no level changes greater than  $\frac{1}{4}$  inch or  $\frac{1}{2}$  inch with a 1:2 bevel. The path can narrow to 32 inches at a doorway or for a distance of 24 inches maximum.

● **Parking:** Generally, you must provide at least one accessible spot for every 25 spaces you have. So if you have 100 spaces, you need at least four accessible spaces.

While Burns applauds the fact that more facilities are applying universal design principles to their space, he also urges practitioners to be more empathetic.

"You might not notice the growing number of people living with disabilities in your office. This is primarily because people are isolated in their homes," he says. "And they can't really go out and visit places that aren't accommodating to their needs. They have money to spend like everyone else."

He adds, "If you cater to this clientele and advertise that fact, it's good for business. The travel industry is raking in the billions of dollars from resorts to cruise ships and transportation because they are catering to people living with disabilities."

To learn more about universal design principles, visit Home Evolutions at [www.homeevolutions.com](http://www.homeevolutions.com).

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## The Strategy behind Legacy Planning

By Nadav Baum



Legacy planning or structured philanthropy is a sophisticated process, which includes, but is not limited to:

- Identifying your personal reasons for gifting to the particular charity.
- Computing how much you can realistically give today and in the future without having a material impact on your lifestyle or the future of your heirs and the amount of assets they will inherit.
- Establishing a giving plan based on your needs, desires and means.

It's important to understand how legacy planning may affect you and your family. It is human nature to want to leave this world in a better place than when you were born. One of the ways we can do that is through conscientious legacy planning. If that means better parks, ball fields, more homes for neglected children, or a better place for a special animal, all the more credit to you. All of these gifts of kindness are considered your legacy and deserve proper financial planning.

Your church, synagogue, YMCA, or other civic organization to which you may belong, often needs to raise money for major renovations, building a new facility, starting a new program or for other pressing needs. The organization will institute a capital campaign to fundraise for the project. As a member of the organization, you receive a request for a donation and as the story goes, you send in a check and then take a charitable deduction for the appropriate amount. This is not legacy planning, it is an outright gift of cash.

I am not trying to discourage you from playing a part in the fundraising efforts of a capital campaign, I simply want you to understand the difference between legacy planning and gifting. So, next time you are asked to send in a



Investor's Lab

check for a capital campaign, by all means participate! But also take the time to begin to think about your legacy, that is, how you want to make the world a better place going forward.

The first step in legacy planning is to meet with your financial advisor and discuss the various options and gifting strategies available to you. Identify how you want to create a structured gift, or as I like to call it, your individual and particular legacy plan.

The questions you should be asking include:

- What type of accounts should be set-up?
- Should you use donor advised funds or pooled income funds? With a donor-advised fund, donors make an irrevocable contribution to the fund and receive an immediate tax deduction. The fund invests the money in an account the donor creates. Donors recommend which charities will receive their contributions, with the fund makes the actual grants.
- Is a charitable remainder trust the most tax efficient for you? A charitable remainder trust is an arrangement in which property or money is donated to a charity, but the donor continues to use the property and/or receive income from it while living. The donor receives the income and the charity receives the principal after a specified period of time.

These are just a few of the types of decisions you need to consider before you embark on your personal legacy plan. Legacy planning is your imprint on the things that mean the most to you and your family. Spend the time with your advisor and make sure you establish an appropriate and properly structured legacy. Remember, gifts are a one-time donation, but legacies live on!

To contact Nadav Baum, Executive Vice President of BPU Investment Management, Inc., email him at [nbaum@bpuinvestments.com](mailto:nbaum@bpuinvestments.com). †

## The Commons at Squirrel Hill: Perfecting the Art of Superior Care

By Lori Boone

Located in the bustling Squirrel Hill neighborhood, The Commons at Squirrel Hill is in an ideal location for folks who like being in the heart of a community and close to all sorts of activities.

The area has a wide array of restaurants, shopping and a library. It's close to Downtown Pittsburgh and the many hospitals in the Oakland area.

But perhaps the bigger draw for the rehabilitation and nursing facility, said admissions and marketing director Amy Trevino, is the true home-like environment inside.

For example, instead of a formal dining room shared by all patients, the Commons features a less formal dining area on each floor where residents can share family-style meals at group tables, Trevino said.

The new dining feature started within the last couple of months, she said, and residents appreciate the change.

"It makes it more home-like for (residents) instead of eating in rooms on trays," she said. Another more recent change brought flat-screen televisions to each room, making them even more accommodating, she added. All rooms are wired for telephones and cable TV.

The Commons also features an Internet café with a coffee bar, computers and wireless access, Trevino said. The facility also gradually adds new furniture on a continual basis, she noted.

Berkshire Healthcare, which is one of the largest, nonprofit long-term care providers in Massachusetts, operates the 178-bed facility. The Commons is one of Berkshire's 17 rehabilitation and nursing facilities and its only Pennsylvania location.

Trevino noted that many of the Pittsburgh-area nursing home/rehabilitation facilities are for-profit and the Commons' nonprofit status is a benefit. "It helps us to focus more on patient care" and not on profit, she said.

Medicare and Medicaid certified, the Commons creates a personalized care plan for each resident. Each plan is based on needs and crafted from an array of services by its team of nurses, nursing assistants, dieticians, rehab therapists, social workers, activities staff and medical director.

Long-term residents are the heart of the facility, Trevino said. The staff works to keep them as independent and as active as possible.

Staffers help them stay connected to their family, the community and friends, and even allow pets to visit, she added. Residents can join in shopping trips or to a Pirates game or the Phipps Conservatory and Botanical Gardens, among other excursions. Residents went to Kennywood three times this year, Trevino said.

The top floors of the eight-story building have unobstructed views of Schenley Park, Oakland and the Downtown skyline, she said. Residents can watch the city's Fourth of July fireworks or those at Pirates games.

The seven-day-a-week activity calendar offers mental, physical and spiritual activities, including gentle exercise, games, music, crafts, discussion groups and religious services. Community organizations and local school children stop by for projects and visits and hobbies are encouraged.

Trevino said the number of short-term patients the facility helps has steadily increased. People looking for somewhere to recuperate after a hospital stay or when a chronic condition flares up have access to skilled nurses and a wide variety of services, including pain management and wound care. Services also include rehabilitation with physical, occupational and speech therapists. Residents can get orthopedic rehab for fractures, joint replacement or degenerative joint diseases; stroke rehab; neurological rehab for progressive conditions such as Parkinson's; and cardiopulmonary rehab for conditions such as congestive heart failure.

Other services include Alzheimer's and dementia care. The facility also offers respite visits, which can allow at-home caregivers the freedom to attend to other needs. The Commons also has a dedicated hospice room where family can comfortably spend time together.

The Ventilator Program's goal is to increase mobility for ventilator-dependent residents and wean them from the units when possible. The Commons has a dedicated wing with piped-in oxygen and is directed by a board-certified pulmonologist.

Trevino said the Commons plans to become even more involved in the community. On Sept. 21, it will host its first health fair, featuring a blood drive and the Squirrel Hill Food Pantry. She said it hopes to make it a semiannual event.

"We're trying to get even more involved with the community and give back to the community," she said.

For more information, visit [www.thecommonsatsquirrelhill.org](http://www.thecommonsatsquirrelhill.org). †

# Will Private Equity Play a Role in Health Care Finance?



**By Louis Longo**

At first the concept may seem irrational. However, when you take a look at the current market conditions for both private equity investment and the economics of the health care delivery system, the possibility seems logical and perhaps even probable.

The fiscal challenges of the health care providers are fairly well known within the sector, as well as the communities in which they serve. Generally speaking the fiscal results, including those of many of the Western PA hospitals, indicate that one-half of the hospitals have experienced recent operating losses. Combine this fiscal reality with the health reform prescription written to cut future provider payment levels, as well as the pressures from commercial carriers for hospital's to continue to address costs and one may conclude that the traditional financiers may soon be unavailable to much of the sector. Keep in mind, the capital needs of the sector for the last few decades has been largely achieved by a combination of tax exempt bond offerings, commercial loans and investment reserves. However, with deteriorating operating margins one can reasonably assume that the sectors ability to secure capital from traditional sources will similarly diminished.

During recent years, the American appetite for investment in Private Equity has continued to grow. In fact, I have seen a recent report stating that our collective private equity investment levels now approximate the aggregate public company levels. Further-

more, there have been frequent periods where demand for private equity investment has outpaced the suitable investment opportunities for the funds. This phenomenon has challenged private equity fund managers to identify suitable investments, or else loose the investors' confidence in the fund's ability to "put their money to work".

In addition, as the American economy continues to struggle, counter cycle industries (such as health care) become even more in vogue for a private equity portfolio. Given these dynamics, it would appear practical for the health care provider sector to be on the radar screen of private equity.

Although not overwhelming to date, there has been a precedent of major private equity investment in the provider sector. In 2004, Blackstone made an investment in the Vanguard for-profit Health System. And just recently, Cerberus has made an investment in the Caritas Christ System in the Greater Boston Area.

Traditionally, there have been a few barriers that have restricted private equity's interest in the provider sector. These barriers would include; a general unfamiliarity with the sector, a concern of becoming a significant provider of service to the public sector (via the Medicare and Medicaid patient population), the capital intensive nature of the sector and a general lack of a foreseeable exit strategy. Furthermore, private equity investments generally are limited in duration and are tied to the life of a private equity fund. As a result, planned investment terms frequently run in the 5-8 year range.

So given these facts, what is different now about the sector that could enable deal flow? From my perspective, a few significant items. First of all, the health care industry has not yet implemented a viable

alternative to the traditional fee for service payment methodology. Moreover, if this is not addressed before the adoption of wide scale electronic medical record (EMR) adoption, it could be a boom period for the provider sector. After all, the provider sector has experienced significant financial upturns during the early stages of prior reform periods (i.e. does anyone recall PPS adoption). And given the demographics and general lack of health of the American population, one can only imagine the exponential increase in delivery system demand when health warning indicators within provider EMR systems go off like service lights in my teenage son's car. A provider boom can easily be foreseen should this scenario play out.

Frequently, it is the timing of such market events such that private equity has had the foresight and operating experience to capitalize upon. So in my view, the only remaining obstacle appears to be a predetermined exit strategy. Well at a minimum, there is no reason to believe that a recently profitable enterprise would not be able to recapitalize via a public offering, or alternatively identify a strategic buyer in search of growth by acquisition.

As I role play with my futurist hat on, I can certainly see a scenario in which private equity plays a near term meaningful role in the U.S. health care delivery system. †

*Louis Longo, CPA is a shareholder with Alpern Rosenthal, where he is the Director of the firms Health Care Industry Services. In addition, he currently serves on the Board of Directors, as Secretary and Treasurer, of the Pittsburgh Chapter of the Association of Corporate Growth. He can be reached at [llongo@alpern.com](mailto:llongo@alpern.com).*

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Phillip Glyptis



David Givens

The United States Supreme Court of Appeals recently denied a petition for writ of certiorari on a landmark opinion issued by the Fourth Circuit Court of Appeals, which provides a roadmap for health care organizations concerning peer review activities in Pennsylvania and in its surrounding states. *Wahi v. Charleston Area Med. Ctr., Inc.*, 563 F.3d 599 (4th Cir. W. Va. 2009), *cert. denied*, 130 S. Ct. 1140 (U.S. 2010). While the Supreme Court's denial of the physician's petition for writ of certiorari does not constitute an endorsement of the Fourth Circuit's opinion, it does mean the Fourth Circuit's decision remains undisturbed.

In *Wahi*, the United States Court of Appeals for the Fourth Circuit affirmed the dismissal of a physician's claims against one of West Virginia's largest hospitals for the alleged improper suspension of his privileges. The Fourth Circuit found that the hospital, represented by the law firm of Flaherty Sensabaugh Bonasso PLLC ("FSB"), was entitled to immunity under the Health Care Quality Improvement Act ("HCQIA"), 42 U.S.C. §11101 et seq., even though the hospital did not hold a formal hearing regarding the summary suspension of the physician's privileges because it provided "other procedures" that were "fair and reasonable . . . under the circumstances."

In 1999, the physician's privileges to practice medicine as a cardio-thoracic surgeon were summarily suspended.

After prolonged negotiation and two separate state court actions, the physician filed a complaint in the U.S. District Court for the Southern District of West Virginia, alleging the hospital's decision to suspend him and deny his application for reappointment was made in bad faith to prevent competition in the field of cardio-thoracic surgery in the region. The physician also asserted claims for breach of implied covenants of good faith, conspiracy to deny him Due Process, defamation, and violation of his Constitutional rights. The District Court granted the hospital's motion for summary judgment, finding that the physician's claims had no basis and that the hospital was otherwise immune from liability under HCQIA.

On appeal to the Fourth Circuit, the physician argued that the district court erred in determining that the hospital was entitled to immunity under the HCQIA because the hospital never held a hearing regarding the physician's suspension, and therefore did not satisfy the requirements for claiming immunity under the Act. The Fourth Circuit ultimately held that a formal hearing was not required for immunity. Rather, the court ruled that all that was required under 42 U.S.C. §11112(a)(3) was that the physician be afforded adequate and "fair procedures."

Effective peer review is an essential tool for improving healthcare quality, which was acknowledged when the United States Congress enacted the HCQIA. HCQIA provides a "professional review body" with immunity from damages whenever a "professional review action" as to the competence of an individual physician is taken, provided certain delineated standards are met. There is a presumption that a hospital has met the necessary standards for immunity unless this presumption is rebutted by a preponderance of the evidence. The applicable standard is one of objective reasonableness, viewed in light of the totality of the circumstances. While the hospital attempted to accord the physician a hearing, the hospital was more intent on forestalling a hearing than having one. Viewing the totality of the circumstances in an objectively reasonable manner, the Fourth Circuit then affirmed the District Court's ruling that the hospital had afforded fair procedures to the physician under "the totality of the circumstances."

Accordingly, the opinion provides a good framework as to how other courts, such as Third-Circuit Court of Appeals, will look at these issues, and provides hospitals and other healthcare facilities with useful guidance as to the administration and immunity of their peer review processes. The *Wahi* opinion provides that an objectively reasonable review of the totality of the circumstances should be undertaken by the courts, and that if such reviews demonstrate that the hospital afforded the physician fair procedures in taking a professional review action, the hospital will be entitled to immunity under HCQIA. Failure of a hospital to comply with every detail of the procedures outlined in its governing documents is not necessarily a bar to immunity. Hospital leaders should, however, scrupulously document correspondence with physicians who are subject to professional review actions and establish a clear record that the physician subjected to discipline was clearly given notice of the allegations against him or her and was afforded a fair opportunity to respond.

*Should you desire a full text of the opinion or a copy of any of the briefs filed before the United States Supreme Court, or if you have any questions regarding medical malpractice claims or peer review issues, please contact Phillip Glyptis at [pglyptis@fsblaw.com](mailto:pglyptis@fsblaw.com) and David Givens at [davidg@fsblaw.com](mailto:davidg@fsblaw.com). Founded in 1991, Flaherty Sensabaugh Bonasso is a regional law firm with offices in Charleston, Morgantown and Wheeling, West Virginia. The firm is known for representing health care providers in litigation, regulatory compliance and transactional matters in West Virginia, Ohio, and Pennsylvania. †*

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## PA Department of Health Report Shows Strong Infection Rate Outcome for Corry Memorial Hospital

The Commonwealth of Pennsylvania recently released its *2009 Technical Report on Healthcare-Associated Infections (HAI) in Pennsylvania Hospitals* (available online at [www.portal.health.state.pa.us](http://www.portal.health.state.pa.us)). The report reveals the progress Pennsylvania hospitals are making in reducing HAI related infections. Among the 25,914 total HAIs reported for 2009 statewide, nearly 25 percent of those infections are related to catheter associated urinary tract infections (CAUTIs). For this reason, the Pennsylvania Department of Health has targeted CAUTIs (among several other common HAI infection types) for incident reduction.

Corry Memorial Hospital showed strong CAUTI outcomes last year. The report showed that Corry Memorial ranked number one in its 2009 CAUTI infection rate performance out of 22 Pennsylvania hospitals (classified with a <1 Expected CAUTI Infection Rate). Statistically, the hospital had a .83 expected rate of CAUTI infection; and actual observed infections were zero, placing the hospital in the lead for its category performance.

"This infection rate result demonstrates the commitment and dedication of Corry Memorial's staff to superior patient care," said Barbara Nichols, President and CEO of Corry Memorial Hospital. "Infection prevention remains a top priority, and we are pleased to see confirmation of our efforts in the Commonwealth's latest infection outcomes report."

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

# 30 Years of Compassionate Care

By Rafael J. Sciuolo

Every year has its milestones and memories. In 1980, Jimmy Carter was President, Mt. St. Helen's erupted in Washington state, CNN was launched, the U.S. Olympic Hockey team pulled off the "Miracle on Ice," and a postage stamp cost just 15 cents.

At Family Hospice and Palliative Care, we feel 1980 was a pretty special year because that's when our organization was established. Known then as South Hills Family Hospice, we at first served a handful of patients and had about a dozen volunteers. Over the past three decades, we have been blessed to experience growth that allows us to now serve over 3,500 patients annually in nine counties.



(from left) Family Hospice President Rafael Sciuolo, Advancement Board Chair Jon Allegretti, 30-year volunteer Carol Vockel, and emcee Andrew Stockey of WTAE at the Tropical Tribute to 30 Years.

Thirty years later, 2010 is witness to some milestones of its own. Family Hospice has recently launched a new and improved website (at [www.familyhospice.com](http://www.familyhospice.com)), which serves as an information source for end-of-life care. To complement the work of six other Family Hospice therapy dogs, we have added Ivan, a three year-old Golden Retriever, to our full-time staff at The Center for Compassionate Care. And today, our organization and patients are served by over 400 dedicated volunteers.

Reflecting on our 30th anniversary, I know we couldn't have done it as an organization without committed Board members, interdisciplinary professionals on committees and widespread community involvement. Looking back, there's no question that our devoted employees, loyal volunteers and generous benefactors were critically important in serving over 31,000 men, women and children since 1980.

On August 5, we celebrated our 30 years of compassionate care with a special night at Phipps Conservatory in Oakland. Our "Tropical Tribute to 30 Years" took place in Phipps' Tropical Forest room and Special Events Hall. Staff, volunteers, benefactors and friends of Family Hospice marked the occasion with food, beverages, special memories, a silent auction - and even a little tropical-themed music to set the mood. We were fortunate to have Andrew Stockey, WTAE-TV news anchor, as our master of ceremonies. Andrew even took the time to help us recognize a special volunteer who has given 30 years to Family Hospice, our patients and their families.

## The Journey to Improve Hospice Care in America

Great strides have been made since 1980, including development of our Annual Golf Benefit and Memorial River Walk, each raising important funds that help sustain our programs and services. Family Hospice has established Palliative Home Care and Quality of Life programs. We now have specialized programs for dementia and heart failure patients, and Veterans. And, we operate four offices in Western Pennsylvania, including Mt. Lebanon, the North Side, Forest Hills and Hermitage.



In light of the growth experienced over the last 30 years, Family Hospice remains rooted in our founding mission: to provide compassionate, quality, comfort care that enhances the lives of people with life limiting illness and their families.

Our 30th anniversary celebration reminded us of this mission. As we gathered at Phipps, we recalled our humble beginnings and the steps taken to grow our services over time. We reaffirmed that serving our patients and families is a privilege. And we enjoyed great fellowship with so many individuals who have made a difference in our history. As we look ahead to the next three decades and beyond, Family Hospice is ready to meet new challenges and opportunities.

Most things change over time. A first class postage stamp is now 44 cents. But what remains unchanged is the desire for our loved ones to be comfortable and enjoy quality of life. In 1980, now and in the future, it remains our commitment. †

*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 nine counties in Western Pennsylvania. Its website is [www.familyhospice.com](http://www.familyhospice.com).*

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# Grooming Tomorrow's Leaders Today

By Robert Bagdon



"Where have all the leaders gone?" (Iaccoca, 2007) is the title of Lee Iaccoca's 2007 bestselling book. It is an interesting question. Health care needs great leaders—not just great clinicians or great managers but rather people at all levels who are committed to a vision and are able to inspire those around them to be better.

To begin, we should define the difference between a manager and a leader. Leadership is more than title. A manager is a task supervisor but a leader is a visionary. A manager ensures his employees do the job properly and on time. A leader encourages those around him to be the best they can be and uses each individual's talents and abilities to complete the job and delight his customers. A manager gets the job done. A leader gets the vision and the big picture. Managers are very good at performing a set of tasks and ensuring others do the same. Leaders inspire those around them to work towards a common goal.

For example, a good manager may be able to direct his employees on the proper construction of a wall. Step by step a manager will supervise the construction. He will post the plans and the exact wall construction policies and procedures. He will work hard to ensure that everything goes according to the plan. In the process of building the wall he may have to fire some employees who just will not follow the manual. He may have to require that his employees work overtime to make up for the staffing shortage. But in the end the wall will be completed according to the plan and on time.

A leader also will understand how to build the same wall. He will lead his team in the construction of the wall. He will post the plans and the related policies and procedures... and the artist's rendering of the completed project. He will see the bigger picture and understand that the wall will be a part of a beautiful cathedral—and he will communicate this vision to everyone on his team. The team will work hard to solve problems as they arise. He will understand the strengths of his team members and provide the necessary support. In the end the wall will be completed according to the plan and on time. The team will then be able to sit back and admire the beautiful cathedral that they

had a part in constructing.

Which person is the best choice to lead your organization through the coming years? I am going to propose four characteristics of great leaders. My encouragement is to seek the people in your organization that exhibit these qualities and begin to groom them to lead.

**Communicators:** Great leaders are great communicators. They can discuss ideas with others and are not intimidated when they are challenged. Leaders are able to inspire those around them to become better and work together to achieve a common goal. Great leaders can take ideas and create a vision and a set of goals.

**Principled:** The golden rule says to treat others as you would like to be treated. Great leaders treat others better than they would like to be treated. Great leaders do what is right—regardless of the consequences. Who in your organization values others regardless of where they fall on the corporate hierarchy?

**Humble:** Arrogance is never attractive. The more success people enjoy the easier it is to become arrogant. Remember, the person who cleans the floors is also valuable—in fact, he may have the best plan to build the wall. Management does not always have the best ideas. The closer you are to the process—the better your ideas are to improve it.

**Willing to take action—and responsibility:** Great leaders can only be great when they take action. Can you name any great dreamers? They also are willing to take responsibility. Every action is not a good one. Great leaders learn from their mistakes and move forward. To paraphrase Thomas Edison, while inventing the light bulb, he also learned many ways not to make a light bulb.

There you have it. Simple to say (or write) but challenging to do. Most people who work in health care are there because they are compassionate. They want to improve the world around them. Grooming great leaders is not just another duty but rather it is an obligation. †

*Robert Bagdon is the Director of Training and Special Projects for Gateway Hospice in Pittsburgh, PA. He is also a licensed nursing home administrator in Pennsylvania. He can be reached at [rbagdon@gatewayhospice.com](mailto:rbagdon@gatewayhospice.com). For information on Gateway Hospice, visit [www.gatewayhospice.com](http://www.gatewayhospice.com).*

## Pharmacology and Clinical Practice Update



This monthly series for advanced practice nurses will provide up-to-date information related to pharmacology advances with corresponding clinical practice concepts.

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## 7th Annual Reindeer Ball

Pittsburgh Mercy Health System is hosting its 7th Annual Reindeer Ball, a holiday children's gala, Sunday, December 5, 2010, from 4 to 7 p.m. in the Westin Convention Center Hotel, Downtown Pittsburgh. Dance with Mrs. Claus, Jingles the Elf, and your favorite storybook and cartoon characters to "A Candyland Christmas." Craft holiday projects, decorate holiday cookies, enjoy face painting, balloon and caricature artists, a child-friendly buffet, and more. Proceeds from the evening benefit A Child's Place at Mercy, a Pittsburgh Mercy Health System advocacy program that serves children who are suspected victims of child abuse and/or neglect, as well as children in foster care. Tickets are \$80 for adults and \$45 for children. For tickets or more information, contact the Pittsburgh Mercy Health System Development Office at 724.934.3537, e-mail [CMurray@mercy.pmhs.org](mailto:CMurray@mercy.pmhs.org) or visit <http://www.pmhs.org/mercy-foundation/events.aspx>. †



Children enjoy dancing the night away with Jingles the Elf and Frosty the Snowman at Pittsburgh Mercy Health System's Reindeer Ball.

Image is courtesy of Pittsburgh Mercy Health System and Laszlo Bartos Photography.



## You are a Role Model

By Tom Baker



Everyone within your office, practice, or hospital is a role model. All members of your team play a special part in ensuring that your patients are served efficiently and effectively. As a leader, it is vital for you to remain mindful of the fact that your staff looks up to and is watching your behaviors and interactions all of the time. They are not solely observing your behaviors when you are consulting a patient or conducting a procedure. Instead, they are observing you are your top moments of professionalism but also in the moments when you let down your guard a bit.

The first community organization that I got involved with when I completed my undergraduate studies was Big Brothers Big Sisters. I was matched with my little brother, Preston, when he was 10. Preston had spent a minimal amount of time with his father, who was in and out of incarceration, and was signed up for BBBS by his mother and grandmother. At the time I was Director of a daycare in Lancaster County and had recently completed a service oriented college experience, most recently as Student Body President for two terms.

Unfortunately, I had retained a negative habit from college. When I went out to eat at fast food restaurants, which is a bad habit in its own right, I would order a glass of water and walk directly over to the pop machine to fill my glass with Diet Pepsi. This probably isn't the worst habit any of you reading Western PA Hospital News have worked with, but it was still bad and unethical.

One night I dropped off Preston at his house and his mother, Holly, came out to welcome us. After Preston went inside she began to tell me about Preston's progress. He was doing well in school, playing hard at soccer, interacting great with friends, and his morale was increasing. However, she had noticed something new within Preston that was not a positive tendency. When he was going out to eat with them, Preston was ordering a glass of water but instead filling his cup with iced tea. Holly asked, "could I talk to Preston about it?" I was of course horrified by this conversation and so embarrassed that my behavior was rubbing off on Preston in a negative way. He was internalizing some of the positive habits that

he was observing in me but also directly internalizing one of my worst tendencies as well.

As leaders within your hospitals, practices, and offices it is important to be mindful of your "pop stealing" moments. These traits likely are not on the fore front of your mind but could be something that others that you work with are noticing and discussing within the workplace. If you are taking shortcuts, others might notice, and assume they can get away with it as well. Even worse, your actions could be hurting your credibility and your overall ability to motivate and inspire others to work hard and get the job done.

No matter what former basketball star Charles Barkely and other celebrities say, we are most definitely all role models to someone. This can hold true within work and also in our personal lives as well. Our staff members and families both need for us to behave admirably not just when we are in the limelight, but all of the time. So often it is the seemingly small things that can tarnish our reputations and therefore our likelihood to lead effectively in our professional lives. It is likely that while you read this article in Western PA Hospital News a negative habit or trait from a former boss or professor came to mind. Make sure to carefully consider and then hopefully eliminate the comparable tendencies you may have within your hospital, office, or practice. These little differences and changes could make a world of difference in your ability to motivate and manage your team.

I should also note that I proudly cheered on Preston as he graduated with honors from McCaskey High School on June 10, 2010 in Lancaster, PA. His family and I jumped, clapped, and hugged our way through the with great pride for Preston. He is starting his collegiate studies this fall at Franklin and Marshall College and will be playing soccer. And for the record: eight years later, Preston and I both happily pay for our drinks when we go out to eat! †

*Tom Baker, MA, is the Vice President of Programs for Big Brothers Big Sisters of Greater Pittsburgh and President of Baker Leadership. His Get Involved! series includes two books, an audiobook, Get Involved! Pittsburgh on PCTV 21, a monthly Power Hour, and the annual Pittsburgh Service Summit. The second annual Pittsburgh Service Summit will be held on January 26, 2011 at Carlow University. To learn more about Get Involved! visit [www.bakerleadership.com](http://www.bakerleadership.com)*

## New CareChex Studies Rank Quality of U.S. Hospital Care and Patient Satisfaction with Hospital Stay

### Pennsylvania ranks 12th in Quality of Care; 40th in Patient Satisfaction

There has never been widespread agreement over whether the actual quality of care delivered by a hospital has a positive impact on patient satisfaction. A case in point, the *National Business Coalition on Health*, which represents 60 purchaser-related business coalitions and 7,000 employers has operated with the belief that as long as employees have access to cost-effective, high-quality healthcare they'll generally be satisfied with their care.

Additionally, there has never been a large-scale quantitative study performed looking at the connection between quality of care and patient satisfaction — in part, because there hasn't been any national data for comparison. In the past, both sides of the debate have simply relied on personal experience to form their opinion.

New studies by CareChex, a division of The Delta Group specializing in rating the quality of hospital and physician care, help to settle this debate. The studies reveal broad disparities between quality of U.S. healthcare by state and metro area and surprising regional differences in patient satisfaction with the care they are getting.

The studies are paired with a analysis that highlights a startling trend: that technical quality of care in the U.S. is a poor proxy for patient satisfaction with their hospital stay. In fact, some of the states with the most dissatisfied patients are the most highly ranked for quality of care.

The first study, "2010 CareChex Quality of Care by U.S. Geographic Area," provides insight into the relative quality of care and the broad disparities in care delivered across different states and major metropolitan areas. The data also helps explain the grow-

ing trend toward U.S. "medical tourism," where patients travel outside their local market to receive higher quality care at a better price. Pennsylvania ranked 12th in quality of care.

The second study, "2010 CareChex Patient Satisfaction by U.S. Geographic Area," identifies the relative patient satisfaction with hospital care among states and major metropolitan areas and gives a "macro" view of which locations offer the best customer-centric care. With the rise of "consumerism" in healthcare, the hospital industry has realized that cost and quality alone are insufficient competitive differentiators in the minds of customers - service excellence also plays a vital role in determining value. The absence of "customer-oriented" care can often lead to patient dissatisfaction despite excellence in clinical quality. Pennsylvania ranked 40th in patient satisfaction.

Other key survey findings:

- The nation's capital (District of Columbia) has the "lowest quality" of overall hospital care and the "lowest patient satisfaction score" when compared to the rest of the country.

- With one of the highest levels of HMO managed care penetration in the country, California had one of the lowest "quality of care" scores. While more research is needed to determine why this may be, a link to aggressive ancillary cost reduction and shorter hospital stays may be adversely affecting quality of care.

- The three states with the "highest patient satisfaction scores" are all from the "Northeast region" of the U.S. (i.e., Vermont, Maine, and New Hampshire)

- 5 of 10 states with the "highest quality" of over-

all hospital care are in the "Midwest region" of the U.S. (i.e., Ohio, Michigan, Indiana, Wisconsin, and North Dakota)

- 6 of 10 states with the "lowest quality" of overall hospital care are in the "Western region" of the U.S. (i.e., California, Wyoming, New Mexico, Nevada, Hawaii, and Alaska)

- There are puzzling disparities in some locations between quality of care and patient satisfaction. For example, the Raleigh/Durham, NC area has relatively low quality of care rankings and high patient satisfaction. Ohio, Delaware and Connecticut have very high quality rankings but unusually low patient satisfaction. Mississippi, while ranked 44th among states for care quality, has a relatively high patient satisfaction score.

Full quality rankings and percentile scores by state and metropolitan areas for overall hospital care and for patient satisfaction are available at [www.carechex.com/media/studies.aspx](http://www.carechex.com/media/studies.aspx). Also available are quality rankings and percentile scores for the 50 largest metro areas by select clinical categories (e.g., cardiac care, cancer care, orthopedic care, etc.).

Maps available for reprinting showing state by state comparisons on quality of care, patient satisfaction with hospital care and disparities between quality and satisfaction are available at [www.carechex.com/media/maps.aspx](http://www.carechex.com/media/maps.aspx). †



Dr. Thane Forthman

# Communicating More Effectively with Your Patients and Staff



By Dr. Cathy Cameron

Does your hospital, medical office, or healthcare technology business have a communication problem? If you're experiencing a breakdown in communication, whether it's with your clients, patients, or employees, other problems can begin to crop up which can ultimately harm your organization's reputation.

This could lead to high staff turnover or a severe loss of patients or clients and have a negative ripple effect on your business. Research has shown that one unhappy customer usually tells 11 other people about a negative experience, and in turn, each of those 11 will tell 5 others. That's a total of 67 people who now have a less than favorable impression on your services or products. If your organization is experiencing communication problems, you have to resolve them as soon as possible.

The eight major reasons for communication failure today are due to the following:

**Information Overload:** providing your staff or patients with more information than they could possibly handle at any given moment. Information overload can also occur if you're giving them too many ways in which to receive those messages, i.e. emails, websites, memos, etc.

**Poor-Quality Information:** presenting disorganized information to your employees. You can also be dispensing outdated and erroneous information.

**Poor Timing:** check on the timing of your messages. Are you giving information to someone at the wrong time, is it late, not current, or even too early? It could also be that the recipient of the information might not be able to deal or process it at that particular time.

**Lack of Feedback from Customers:** if you're now following up with your patients you may now know what problems, if any, exist. Some patients are reluctant to voice their displeasure on their own, but may do so if someone follows-up either by phone call or email asking about their experience.

**Follow-up from Personnel:** no matter what you're trying to communicate with another party, it's always helpful to receive feedback. But problems may arise when you receive few responses or poor request for feedback.

**Communication Anxiety:** this can manifest itself in nervousness, stress, and apprehension. It also hampers the ability to think, talk, and listen.

**Cultural Barriers:** any biases and prejudices can severely affect communication issues in the workplace.

**Technological:** malfunctions or a break down in equipment is another reason of communication failure.

So how do you correct or resolve these communication issues? Develop a communications plan to evaluate how your office is presently communicating with your patients. This will assist you with the following:

## IDENTIFYING THE PROBLEM

First, you have to understand the communication problem and the only way to do so is to identify what the problem is. This may involve listening to those clients, staff members, or patients who were involved in a communication breakdown in the first place. Discover the roots of why that breakdown occurred in the first place. Only then will you be able to find out what you need to correct.

## IMPROVING YOUR PERSONAL INTERACTION

Never underestimate the importance of personal contact. Today, it's so easy to get caught up in emailing or texting rather than picking up the phone or speaking with someone in person. Don't substitute technology for personal interaction. More direct contact will help you build rapport and trust.

## ESTABLISHING CLARITY IN YOUR COMMUNICATIONS

In a healthcare setting, you're often dealing with a variety of patients and employees, and not everyone will understand you in the same manner. We each process information differently. That's why it's important to always ask whether you have been in clear in your instructions or if that person needs more clarification.

If your organization is already suffering communication problems, don't wait for the symptoms to get worse. Good communication is necessary for your healthcare organization to function properly and thrive. Take action immediately on any communication problems in your workplace and prevent them from getting worse.

If you'd like a sample of a communications plan that you can use as a model for your office, please email [ccameronphd@comcast.net](mailto:ccameronphd@comcast.net) for your free copy. †

A college professor at local universities for over 20 years, Dr. Cathy Cameron now teaches essential business skills to displaced workers, individuals seeking a career change, people interested in learning new business models, and students who want to learn about business without attending a 2-year or 4-year program. Her Wexford-based Cameron Seminars provides various training sessions, including 7 Reasons for Communication Failure, designed to assist students in becoming more successful in their business venture or as a real estate agent. For more information, visit [www.cameronseminars.com](http://www.cameronseminars.com) or call 412-213-0044.



## Orthopedic Spine Surgeon Joins Tri Rivers



Dr. Scott Rainey joins Tri Rivers.

Tri Rivers is pleased to welcome Scott G. Rainey, D.O., an orthopedic spine surgeon. Dr. Rainey attended the Kansas City University of Medicine and completed his internship and orthopedic surgery residency at St. Joseph's Health Center in Warren, Ohio. He then completed an orthopedic spine fellowship at the Texas Back Institute, where he refined his skills in degenerative spinal conditions in the cervical and lumbar areas. Dr. Rainey has also researched and presented on various spinal topics. He will see Tri Rivers patients in Butler.

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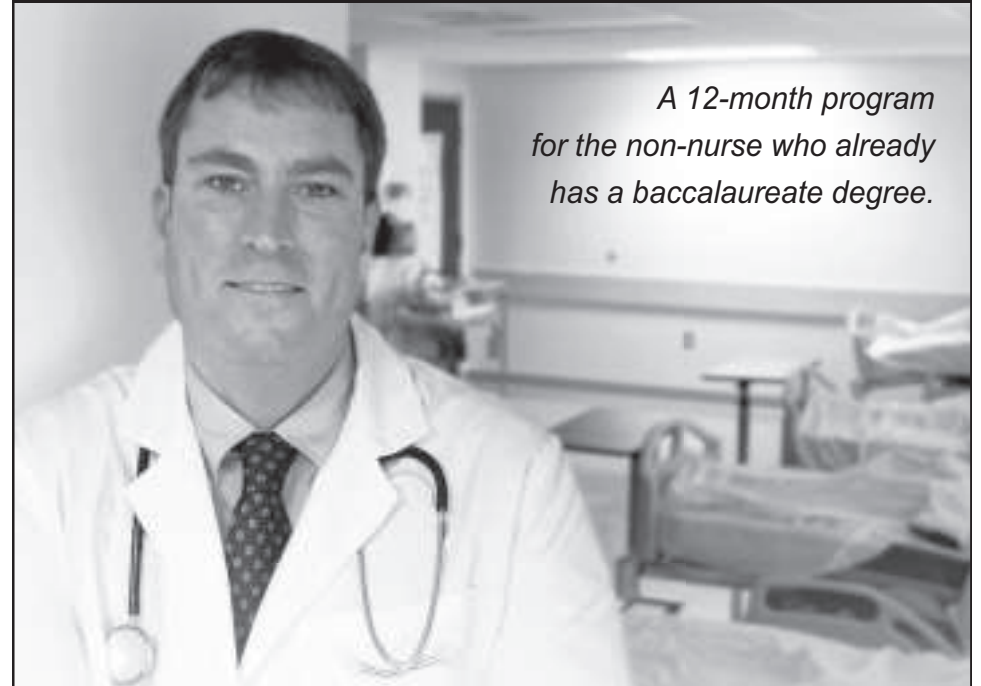
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# 8 Ways to Build Trust in Uncertain Times



By Patrick Sweeney

Is trust on its way to becoming an endangered species? With an ever-changing healthcare industry—and uncertainty being the name of the game—it's no wonder that less than half of employees have trust and confidence in their senior leaders, according to a Watson Wyatt survey of 12,000 workers. But while this distrust may be understandable, it can be very detrimental to success. Without trust, employees are less productive, less dedicated and less willing to take the initiative. Here are some ways to build employee confidence and become more successful in difficult times.

## 1. WE'RE IN THIS TOGETHER

Always speak in terms of "us" and "we." Talk about shared responsibility as well as shared hardships. If you've gone through layoffs or pay freezes, be honest about how difficult this is for everyone and address the fears most people will have about what happens next. Express belief, as long as it's sincere, in everyone's ability to pull together and meet the challenges that lie ahead. Give people permission to whine briefly about some of the struggles and the crises, but after you have communicated openly, ask them to move on so you can all focus on bringing in revenue and servicing customers. The manager/leader – employee relationship is one that matters now, more than ever.

## 2. SHARE THE PLAN

Outline the challenges that exist and share the strategy for the how the company will address them. Employees are looking to leadership for a plan and guidance. They want to know things have been thought through and real steps are being taken to remain competitive and move forward. Leaders must not become overly focused on what they don't have. They should focus on their teams and what strengths their teams bring. Real leadership wisdom comes from knowing your team—and using that information to create a clear plan.

## 3. TELL THE WHOLE TRUTH, AND NOTHING BUT THE TRUTH

Communicate often. Don't withhold information or try to sugar coat the issues. Share the things you know for sure and be honest when you're uncertain. People may not like what they're hearing, but when they know they have full disclosure, they don't need to spend energy wondering where things stand, imagining worst-case scenarios or feeding the rumor mill until an "us against them" mentality evolves.

## 4. BALANCE HARDWARE WITH HUMAN

Don't leave everything to email or other electronic communication. Conduct more face-to-face talks and be sure the leadership team is visible. Walk around more; get a handle on the pulse of the organization. The more aware you are of potential trust issues, the quicker you can step in and address them with candor, concern and credibility.

## 5. HOLD EMPLOYEES ACCOUNTABLE

High trust companies reward top performers while also holding poor performers accountable through discipline, and even termination. If stellar

employees see unproductive co-workers getting away with poor performance with no real consequences, resentment and distrust in leadership can build quickly.

## 6. LET PEOPLE TALK ABOUT THEIR CONCERNS AND IDEAS—AND LISTEN.

To get honest feedback, try conducting attitude surveys. These can help you determine if, and why, trust is low. Use survey results to sit down with employees and delve deeper into why trust is lacking and what could be done to improve it. Get specific employee input for improving the work climate and make constructive changes with the suggestions you receive.

## 7. REMIND PEOPLE OF GOALS—AND THE PART THEY EACH PLAY IN ACHIEVING THEM.

Companies with high levels of trust are very effective at communicating the company's business goals and the part each employee plays in achieving them. When people understand why certain decisions are made and feel that their roles are vital in helping the company achieve success, they take more ownership and pride in what they're doing.

## 8. LEADERSHIP NEEDS TO SHOW THEY TRUST EMPLOYEES

Be sure to talk about the strengths of your organization and how it is the combined effort of the employees that have brought everyone this far. Let them know you believe in their abilities and appreciate their loyalty. And avoid creating an environment where employees feel that "big brother is watching." Nothing breeds distrust like distrust. †

*Patrick Sweeney is the president of Caliper, an international management consulting firm that consults with executives on hiring, employee development, team building, executive coaching, succession planning and organizational performance. He can be reached at Patrick@calipercorp.com or at 609-524-1200. For more information on Caliper visit www.calipercorp.com.*


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**The Current Economic Crisis:  
Governance Strategies to Help Your Bottom Line**

Anne McGeorge  
National Managing Partner, Health Care Industry Practice  
Grant Thornton, LLP

With more than 25 years experience representing healthcare clients, Ms. McGeorge specializes in the challenges that health care organizations face as a result of changes to federal and state health care policies. She is adjunct faculty at UNC and Duke.

Ms. McGeorge will discuss:

- Governance practices that help health care organizations thrive in the current economy, focusing on recent studies of high performing health systems' governance best practices for boards and ways to determine the board's effectiveness
- Recommendations for management and boards to increase revenue streams, contain costs, assess capital capacity, realign debt, reduce fraud and reexamine strategic plans
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**Future Briefings**

**Friday, November 5, 2010, 8-9:30 AM**  
*Trustee Recruitment:* Michael Peregrine, Partner, McDermott Will & Emery, LLP, Chicago

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**Friday, December 10, 2010, 8-9:30 AM**  
*The Board's Role in Creating a Culture of High Quality:* Greg Carlson, PhD, Assistant Professor, Associate for Healthcare Consulting, Dept. of Health Services Administration, University of Alabama at Birmingham

Health Policy Institute, GSPH, Dept. of Health Policy & Management, University of Pittsburgh, Pittsburgh 15261

# Highmark QualityBLUE Recognizes Jameson Health System

Highmark QualityBLUE commended Jameson Hospital for their creation and successful implementation of new processes to promote positive clinical outcomes to further improve and develop patient safety initiatives. Improvements recognized by QualityBLUE include: increased Emergency Department efficiencies; reducing hospital acquired infections, implementing an antimicrobial stewardship program; improving venous thromboembolism (VTE) prophylaxis compliance; and decreasing the number of deliveries less than 39-weeks gestation.

Jameson Hospital earned a total score of 96% thereby attaining the Maximum Achievement Level for Fiscal Year 2010. Jameson also met 95% of the Pennsylvania state averages for applicable Centers for Medicare & Medicaid Services (CMS) Quality Core Measure performance and 20% of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS).

The Highmark QualityBLUE Pay-for-Performance Program began in 2002 with six hospitals. Today, 29 hospitals participate in the program in Western Pennsylvania and the program was recently expanded to include one hospital in Central Pennsylvania. Further expansion is projected.

“Jameson is committed to advancing a culture of quality,” says Douglas Danko, Jameson Health System President/CEO. “I commend the members of the QualityBLUE Team in their efforts and continued commitment to improving patient care on a daily basis.”

These specific measures show the program is progressive. The QualityBLUE program is making a difference when it comes to quality care. Jameson Hospital and other hospitals in the program are safer with significant cost savings.

For more information, visit [www.jamesonhealth.org](http://www.jamesonhealth.org).



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# Around the Region

## Bradford Regional Medical Center E.D. Introduces New After-Hours Immediate Treatment Center



David Kobis

Bradford Regional Medical Center’s emergency department is expanding emergency care with the new After-Hours Immediate Treatment Center (ITC).

For the past year, Bradford Regional Medical Center operated an evening urgent care program named “ER Plus.” However, in response to the requests from the community and the immediate needs of patients after their primary care physician’s office is closed, the Hospital decided to enhance non-emergent care under the new After-Hours Immediate Treatment Center title.

Starting August 1, the ITC is available from 5:00 p.m. to 11:00 p.m., 7 days a week in the BRMC emergency department (E.D.).

“Patients will enter through the emergency department and be triaged by a nurse,” said Debbie Price, VP of Patient Care Services at BRMC. “Based on the level of their illness or injury, they will either become an E.D. patient or an Immediate Treatment Center patient.”

In preparation for this new service, the emergency department underwent several renovations and modifications to support the patient flow and to increase confidentiality during the registration process.

“Local patients can avoid a long drive to visit other emergency health care facilities,” said David Kobis, COO of Bradford Regional Medical Center. “Bradford Regional Medical Center’s new After-Hours Immediate Treatment Center is the only urgent care center in McKean County with a highly-trained team of emergency physicians and nurses, and a full-complement of support services in radiology, surgery, cardiopulmonary and laboratory.”

For more information about the new After-Hours Immediate Treatment Center visit [www.brmc.com](http://www.brmc.com).

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## Jameson Hospital Receives ACR Accreditation for MRI

Jameson Hospital has been awarded a three-year term of accreditation for the Open Bore Magnetic Resonance Imaging (MRI) and the closed MRI as the result of a recent survey by the American College of Radiology.

“ACR accreditation for both the MRI units at Jameson is a quality indicator for our patients and physicians,” says Jane Beight, Administrative Director of the Medical Imaging Department. “By achieving the ACR accreditation status and following the scanning techniques approved by the American College of Radiology we can ensure that a quality study is provided on every case. There’s no better place than Jameson Hospital to have quality care close to home.”

Jameson’s staff of Board Certified Radiologists, Charles Donley, MD, Richard Folke, MD, Frank Madonna, MD, Richard Pica, MD and Theodore Whitford, MD are available daily to interpret the results.

The American College of Radiology, headquartered in Reston, Virginia, awards accreditation to facilities for the achievement of high practice standards after a peer-review evaluation of its practice. Evaluations are conducted by board-certified physicians and medical physicists who are experts in the field. †

## Around the Region

### J.C. Blair’s MRI Accredited

The American College of Radiology (ACR) awarded the new magnetic resonance imaging (MRI) program at J.C. Blair a 3-year term of accreditation as the result of a recent survey.

The ACR awards accreditation to facilities for the achievement of high practice standards after a peer-review evaluation of the practice. Evaluations are conducted by board-certified physicians and medical physicists who are experts in the field. They assess the qualifications of the personnel and the adequacy of facility equipment. The surveyors report their findings to the ACR’s Committee on Accreditation, which subsequently provides the practice with a comprehensive report.

“After opening the new MRI suite, our goal was to be accredited within a year; we did it in six months,” explained Larry Garman Director of Imaging. The new MRI suite replaced the MRI trailer that was stationed just outside the Radiology Department. The new GE HDc MRI system features a 1.5 Tesla high field magnet with a wider flared opening for greater patient comfort. The updated software allows for stronger gradients which showcase more detailed, quality MRI images. The new additions laid the groundwork for the MRI accreditation.

The Hospital’s MRI program includes dedicated MRI certified technologists, Holly Rhodes and Elaine Homan. Both experienced intense training on the specific 1.5 Tesla high field magnet and developed all the necessary safety protocols. In addition, J.C. Blair’s Chief of Radiology Dr. Maria Pettinger completed 40 hours of training on the new MRI system.

For more information, visit [jcblair.org](http://jcblair.org). †



J.C. Blair MRI Certified Technologists Elaine Homan and Holly Rhodes completed intense training on the specific 1.5 Tesla high field magnet and developed all the necessary safety protocols for J.C. Blair’s newly accredited MRI system.



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## Slippery Rock University Gifts Healthcare Exhibit to Heinz History Center

Slippery Rock University recently gifted its “Sisters in Healthcare History Project” to the Senator John Heinz History Center in Pittsburgh. The project features a collection of artifacts showcasing the significant contributions of 16 orders of Roman Catholic Sisters who helped develop health care in western Pennsylvania from 1847-1969.

The collection includes mannequins outfitted in nursing uniforms and religious clothing, documents, medical equipment, historical panels and photographs. The collection will provide insight and awareness of the sisters’ extraordinary spirit of service to the community as well as valuable historical information for researchers.



Photos courtesy of Senator John Heinz History Center.

Dressing the mannequins in the exhibit.

The History Center plans to display part of the collection simultaneously with the “Vatican Splendors: A Journey Through Faith and Art” exhibition, which opens Oct. 2.

“We gifted it to the History Center because as a Smithsonian-affiliated museum, it is the proper place to honor the sisters’ dedication for generations to come,” said John Bavaro, SRU associate professor of professional studies. Bavaro amassed the collection with help from sisters in four dioceses: Altoona-Johnston, Erie, Greensburg and Pittsburgh. The SRU Foundation owned the collection before the transfer was finalized this week.

“The story of the sisters in health care has largely been untold,” said Anne

Madarasz, museum division director at the History Center. “These women had a tremendous impact, not just on their orders and the church, but on their communities and as business women, care providers, social service providers and educators. For many of our newest Americans, they were our safety net.”

Madarasz said the History Center annually attracts more than 180,000 visitors and hopes to include some materials from the exhibit as part of the museum’s long-term displays.

The artifacts pay tribute to the hundreds of unheralded sisters who cared for the sick, usually for little or no pay, Bavaro said.

“Our current health care system in western Pennsylvania and across the nation owes a great deal to the foundation created by these sisters,” Bavaro said. “The sisters founded Pittsburgh’s first Hospital [Mercy Hospital] in 1847 and were involved in advancements in the use of anesthesiology, the polio vaccine, the first in-patient drug rehabilitation center, generic drugs and even a prototype for managed care.”

Bavaro said he is full of admiration for the sisters, past and present. “I am inspired by their story. It is beyond anything I could have imagined,” he said. “They really have responded to the needs of society. Even now, though they have changed in terms of how they look, their dedication has not changed.”

Sister Louise Grundish of the Sisters of Charity in Seton Hill, who saw the exhibit during its fall premier at SRU, described the medical artifacts as significant. They include a blood pressure device from the 1920s, a wooden crutch used by a soldier during the Civil War and a sick call set used for last rites.

“It is a legitimate and well done exhibit,” Grundish. “All of the things that are in it the sisters provided, and they also reviewed them to make sure they were telling the story accurately. It is a beautiful exhibit; the sisters themselves are pleased with it.”

Grundish said historians would be able to make connections with important events, such as the Johnston flood in 1889, the 1918 influenza pandemic and the development of a polio vaccine.

“There is a greater story to be told, and this exhibit tells it in a fashion that is professional, warm and real,” she said. “The History Center is the place where people interested in the history of the area go to first, so it a good beginning to have the exhibit there.”

Vatican Splendors is a 10,000-square-foot exhibition presenting objects illustrating 2,000 years of art, history and culture. The History Center is the largest history museum in Pennsylvania and includes six floors of long-term and changing exhibitions, including the Western Pennsylvania Sports Museum and the Library & Archives.

Visit [www.HeinzHistoryCenter.org](http://www.HeinzHistoryCenter.org) or [www.VaticanSplendors.com](http://www.VaticanSplendors.com) for more exhibition information. †

## ManorCare Health Services’ Post-Acute Rehabilitation Center (The PARC)—a One-of-a-Kind Concept in Post-Hospital Health Care

Innovations in medical science, as well as early intervention, have generated new hope for patients recovering from heart disease, stroke, cancer, joint replacement or other major surgery, illness or injury. These advances in acute care have improved patients’ ability to regain strength, relearn skills and return to their active lifestyle.

Today, patients who have been hospitalized for a disabling illness, surgery or injury are spending less time in the hospital than ever before. This doesn’t mean they are ready to get back to their lives. It means choosing a post-hospital provider for vital comprehensive medical and rehabilitation services is critical to a successful recovery. At ManorCare Health Services, their primary focus is caring for post-hospital or post-acute patients with complex needs.

Based on the company’s positive rehabilitation success, customer experience, professional level

of employees and community demand, ManorCare’s parent company, HCR ManorCare, developed Post-Acute Rehabilitation Centers, or PARCs.

The PARC offers the latest in medical and rehabilitation pathways and procedures. They employ highly trained professional teams committed to complex medical care and rehabilitation with an interdisciplinary team approach. Treatment plans are designed to maximize independent functioning, improve psychological, as well as physical, well-being and assist the patient in returning home.

The PARC also delivers comprehensive evidenced-based rehabilitation. The therapy teams are trained with clinical practices that incorporate advanced therapeutic techniques, addressing patients’ impairments and preparing them to successfully function in the community. Recreation

services enable patients to gain the skills, knowledge and experience they need to participate in new or past leisure activities. A clinical and medical team provides a broad range of services to support the increasing complex needs of patients. The nutritional dining experience is based on respecting patients’ choices in menu selection and scheduling. They also offer amenities that are designed for the patient’s comfort and needs.

“We are pleased to introduce this one-of-a-kind service to the community,” states Barbara Nichols, Administrator. “Our staff has over 100 years of experience, and nothing is more satisfying to us than to see patients successfully return to the community. We encourage patients to stop by for a pre-surgery tour to really experience our facility and services.”

For more information, visit HCR Manor Care-Greentree at [www.hcr-manorcare.org](http://www.hcr-manorcare.org). †



Tanima Shaheed

## Tanima Shaheed Joins UPMC Horizon

Tanima Shaheed, MD, internal medicine physician, has joined UPMC Horizon's medical staff and the staff of Horizon Internal Medicine—UPMC.

Dr. Shaheed earned her medical degree from Dhaka Medical College, Dhaka, Bangladesh. She completed internships in medicine and obstetrics/gynecology at Dhaka Medical College Hospital and an internal medicine residency at Brookdale University Hospital and Medical Center, Brooklyn, N.Y. †

## College of Healthcare Information Management Executives Certifies Altoona Regional CIO



Dale Fuller

Altoona Regional Health System Vice President/Chief Information Officer **Dale Fuller** of Woodbury has earned certification through the College of Healthcare Information Management Executives Chief Information Officers Program (Certified Healthcare CIO). He is one of only 56 CIOs certified nationally.

The CHIME Certified Healthcare CIO (CHCIO) Program is the first certification program exclusively for CIOs and IT executives in the health care industry. A CHCIO demonstrates the commitment, knowledge and experience required to master the core skills inherent to be successful CIOs and IT executives. CHIME members who have been in a health care CIO or equivalent position for at least three years and want to enhance their professional stature are eligible to become certified. †

# Healthcare Professionals in the News

## Dr. Padmini Sircar Joins Medical Staff of Grove City Medical Center

Cardiologist **Dr. Padmini Sircar** recently joined Grove City Medical Center. Dr. Sircar will provide full time cardiology services to patients in Grove City through the hospital as well as her office at Pine Medical Center, 675 North Broad Street Extension.

Dr. Sircar received her Bachelor of Medicine and Surgery with Honors in Biochemistry from the Medical College of Calcutta, India and completed her residency in Internal Medicine at Coney Island Hospital, Brooklyn, New York. She completed a Cardiology Fellowship at Maimonides Medical Center in Brooklyn, New York.

Trained and experienced in performing a full complement of cardiology services, Dr. Sircar is also an accomplished public speaker who has won numerous prizes and awards for speaking and debating; she is fluent in four languages. †



Dr. Padmini Sircar

## Tri Rivers Expands Services with Two New Specialties



Anna M. Dumont

Tri Rivers Surgical Associates welcomes **Anna M. Dumont, D.O.**, a fellowship-trained primary care sports medicine specialist, and **Scott G. Rainey, D.O.**, a fellowship-trained orthopedic spine surgeon. Drs. Dumont and Rainey provide expanded care for patients in Allegheny, Butler and surrounding counties. They are backed by Tri Rivers' team of orthopedic surgeons and physical medicine specialists who offer a wide range of musculoskeletal care.

From competitive athletes to weekend warriors and their active kids, Dr. Dumont treats a full scope of nonsurgical sports medicine conditions, including:

- Acute and chronic sports injuries
- Soft tissue injuries
- Fractures, sprains and strains
- Concussion follow-up care
- Juvenile back pain
- Plantar fasciitis

Dr. Dumont attended the Lake Erie College of Osteopathic Medicine and completed her family medicine residency at the Uni-

versity of Pittsburgh Medical Center. She then conducted a primary care sports medicine fellowship at the Max Sports Medicine Center in Columbus, Ohio. Dr. Dumont served as a team physician for Otterbein College and provided medical coverage for the Columbus Blue jackets of the National Hockey League.

Dr. Rainey is an orthopedic spine surgeon who provides treatments for conditions, including:

- Disc herniation
- Spinal stenosis
- Myelopathy
- Spondylolisthesis
- Compression fractures

Dr. Rainey attended the Kansas City University of Medicine and completed his internship and orthopedic surgery residency at St. Joseph's Health Center in Warren, Ohio. He then completed an orthopedic spine fellowship at the Texas Back Institute where he refined his skills in degenerative spinal conditions in the cervical and lumbar areas. Dr. Rainey has also researched and presented on various spinal topics. †



Scott G. Rainey

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## Sharon Regional welcomes new vascular surgery team



Satish Muluk

The experienced group, all of whom are board certified in vascular surgery, specializes in diseases of the arteries, veins, and lymph vessels; dialysis access points, dialysis grafts, and implanting dialysis catheters; diagnosis and treatment of Peripheral Vascular Disease (PVD); high blood pressure associated with renal disease; other vascular diseases; and advanced wound care and treatment. The surgeons will perform both vascular surgery procedures and minimally-invasive endovascular procedures at Sharon Regional.



Bart Chess

Sharon Regional Health System recently announced that five vascular surgeons from the renowned Gerald McGinnis Cardiovascular Institute at Allegheny General Hospital in Pittsburgh have joined the Sharon Regional medical staff and have opened an office in Hermitage at 2425 Garden Way. The surgeons include **Satish Muluk, M.D., Dean Healy, M.D., Bart Chess, M.D., Carlos Rosales, M.D., and Daniel Benckart, M.D.**

The experienced group, all of whom are board certified in vascular surgery, specializes in diseases of the arteries, veins, and lymph vessels; dialysis access

points, dialysis grafts, and implanting dialysis catheters; diagnosis and treatment of Peripheral Vascular Disease (PVD); high blood pressure associated with renal disease; other vascular diseases; and advanced wound care and treatment. The surgeons will perform both vascular surgery procedures and minimally-invasive endovascular procedures at Sharon Regional.

Dr. Muluk is system chief, Division of Vascular Surgery, West Penn Allegheny Health System, and an associate professor, Cardiovascular and Thoracic Surgery, Drexel University College of Medicine. Dr. Muluk completed a surgical fellowship, residency, and internship at Massachusetts General Hospital, Boston, and a fellowship in immunology research in the Experimental Immunology Branch, National Institute of Health, Bethesda, MD.

Dr. Healy is chief, Division of Vascular Surgery, West Penn Hospital, and an associate professor, Cardiovascular and Thoracic Surgery, Drexel University College of Medicine. He is also board certified in surgical critical care. Dr. Healy completed a clinical fellowship in vascu-



Dean Healy

## Healthcare Professionals in the News

lar surgery at the University of Washington, Seattle Hospital, a research fellowship at the Veterans Administration Hospital, Nashville, and a surgical residency and internship at Vanderbilt University Medical Center, Nashville. Dr. Healy recently received the National Kidney Foundation 2010 "Gift of Life" which is presented to individuals who epitomize the profound commitment that is essential to providing the greatest quality of life for chronic kidney disease patients and their families.



Daniel Benckart

Dr. Benckart is an associate professor, Cardiovascular and Thoracic Surgery, Drexel University College of Medicine, and associate dean, Academic Affairs, Allegheny General Programs, Drexel University College of Medicine. He completed a cardiac surgery fellowship at the New York University Medical Center and a surgery fellowship and internship at Vanderbilt University Medical Center in Nashville. †



Carlos Rosales

Dr. Chess is also board certified in general surgery and is an assistant professor of Cardiothoracic Surgery, Drexel University College of Medicine. He completed a vascular surgery fellowship at the Ohio State University Hospital in Columbus and a general surgery residency and internship at the same hospital. Dr. Chess also completed an endovascular fellowship at the Eastern Virginia Medical School.

Dr. Rosales completed a vascular surgery fellowship at the University of Cincinnati Medical Center and a general surgery residency and internship at the University of Texas Medical Branch, Galveston, TX.

### LECOM Pharmacy School Dean Appointed to National Committee

**Hershey Bell, MD, MS, FAAFP**, has been appointed to the American Association of Colleges of Pharmacy (AACP) 2010-2011 Special Committee on Student Professionalism. The committee will examine efforts aimed at helping students grow in the areas of leadership, professionalism, honesty, and ethics. The AACP is a national organization for pharmacy education in the United States. Dr. Bell is the Vice President for Academic Affairs and Dean at the LECOM School of Pharmacy in Erie, Pennsylvania and Bradenton, Florida. †



Hershey Bell

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## Charles Cole Memorial Hospital Welcomes New Providers



Theresa Arvesen

Theresa Arvesen, MD, recently joined the medical staff at Coudersport, PA-based Charles Cole Memorial Hospital (CCMH). Dr. Arvesen specializes in anesthesia and pain management. She earned a medical degree and completed a residency at Indiana University School of Medicine and a pain management fellowship at Wake Forest University. Dr. Arvesen is board certified by the American Board of Anesthesiology with additional certification in pain management.

Cyril Gunawardane, MD, is a cardiologist with the Hamot Heart Institute and comes to Charles Cole as the hospital's relationship with Hamot continues to evolve. Services, such as cardiology, are one of the priorities established by both organizations in their recent announcement outlining their new clinical affiliation agreement. Dr. Gunawardane will help to expand cardiology services at CCMH, where he joins Dr. Howard Miller, Dr. Steven Herrmann and Dr. Ravi Akula. Dr. Gunawardane completed an internal medicine residency and cardiovascular diseases fellowship at State University of New York at Buffalo affiliated hospitals. He previously served as director of non-invasive cardiology at the Erie County Medical Center, associate professor of clinical medicine at the University of Buffalo's cardiology division, and as a staff cardiologist at the Olean Medical Group. He is an American College of Cardiology fellow.

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Cyril Gunawardane



Moheb Mohareb

Moheb Mohareb, MD, earned a medical degree at Cairo University and completed a surgical residency at the University of Illinois, Metropolitan Group Hospitals. He is board certified by the American Board of Surgery and is an American College of Surgeons fellow. He most recently served as chief of surgery at Wetzel County Hospital in West Virginia where his practice included gastrointestinal, endoscopic, laparoscopic, colorectal, and breast surgery. Dr. Mohareb and Dr. Frank Horn see patients in the hospital's general surgery suite at the Irwin Medical Arts Center.

Paul Shaderowsky, MD, is a radiologist with the Foundation Radiology Group and comes to Charles Cole as the hospital's full time, permanent radiologist. He earned a medical degree at UMD-New Jersey Medical School and a residency at Monmouth Medical Center. He previously served as a radiologist at CCMH, Marian Community Hospital and Endless Mountains Health System. He is also a certified clinical densitometrist and a member of the American College of Radiology, Radiologic Society of North America, Society of Clinical Densitometry and Southern Medical Society.

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Paul Shaderowsky

Foundation Radiology Group became the hospital's exclusive provider of radiological services in 2008. Based in Pittsburgh, they provide service to CCMH 24/7, 365 days per year.

Korin Trumpie, PA-C has joined the Coudersport pediatric office of Dr. Mary Ann Rigas and Dr. Marlene Wust-Smith. Trumpie graduated from Lock Haven University of Pennsylvania's physician assistant program, where she also earned a bachelor's degree. She previously worked at CCMH's laboratory before continuing her education to become a physician assistant. Upon graduation from Lock Haven, she worked in the hospitalist program at Elk Regional Health System. She is a member of the Pennsylvania Society of Physician Assistants.



Korin Trumpie

Korin Trumpie, PA-C has joined the Coudersport pediatric office of Dr. Mary Ann Rigas and Dr. Marlene Wust-Smith. Trumpie graduated from Lock Haven University of Pennsylvania's physician assistant program, where she also earned a bachelor's degree. She previously worked at CCMH's laboratory before continuing her education to become a physician assistant. Upon graduation from Lock Haven, she worked in the hospitalist program at Elk Regional Health System. She is a member of the Pennsylvania Society of Physician Assistants.

## Christopher J. Lincoski, M.D., Joins Altoona Regional Medical Staff

Christopher J. Lincoski, M.D., has joined the Altoona Regional Health System Medical Staff in the department of Orthopedics. He practices with University Orthopedics, 101 Regent Court, State College, and Station Medical Center, 1509 9th Ave., Altoona.

He received his medical degree from Temple University School of Medicine, Philadelphia. He completed his residency in orthopedic surgery at Geisinger Medical Center, Danville. Dr. Lincoski also completed a fellowship in hand surgery at Thomas Jefferson University Hospital, Philadelphia, and the Philadelphia Hand Center.

He specializes in hand and upper extremity surgery.

## Healthcare Professionals in the News

### Alle-Kiski Medical Center Welcomes Nithya Guhanand, MD and David Peter, MD

Alle-Kiski Medical Center (AKMC) recently announced that Nithya Guhanand, MD has joined Allegheny Valley Internal Medicine with staffing privileges at AKMC. Dr. Guhanand is a recent graduate of the West Penn Allegheny Health System's Family Practice Residency Program.

Dr. Guhanand received her bachelor of medicine and bachelor of surgery from PSG Institute of Medical Sciences in Coimbatore, India. Her previous training took place from 1996-1998 at Residency Mandeville Public Hospital/Manchester Health Department located in Mandeville, Jamaica.

She is board certified by the Medical Council of Jamaica, has ECFMG certification, and received her medical training license from the Pennsylvania Medical Board.

Dr. Guhanand joins physicians Heather Hanzlik, MD, Dominick DeFrances, Jr., DO and Helen Wang, MD in the Natrona Heights office. Her specialty of Family Medicine provides opportunity for infants, children and adolescents to seek primary medical care services from the practice as well as providing medical care to adult patients.



David Peter

David Peter, MD also joined Alle-Kiski Surgical Associates and has staffing privileges at AKMC. Dr. Peter received his Doctorate of Medicine from the Indiana University School of Medicine and his undergraduate degree in Cell Biology from Purdue University. Dr. Peter completed his general surgery residency at UPMC-Mercy Hospital in Pittsburgh, Pa.

Dr. Peter joins general surgeons John Hower, DO and Michelle Zuba, DO, at Alle-Kiski Surgical Associates in their office in Natrona Heights, Pa.

Dr. Peter joins general surgeons John Hower, DO and Michelle Zuba, DO, at Alle-Kiski Surgical Associates in their office in Natrona Heights, Pa.



Nithya Guhanand

### Debra Sauro Joins Family Hospice and Palliative Care

Debra Sauro, RN, BSN, CIC, has been promoted from Director of Quality, Programming and Education, to Vice President, Organizational Excellence, at Family Hospice and Palliative Care.

With Family Hospice since April of 2008, Sauro oversees quality and educational initiatives, as well as medical records and corporate compliance. Her new role will also include administrative supervision of Family Hospice's Anderson Manor (North Side) and Hermitage (Mercer Co.) sites.



Debra Sauro



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## Neurologist fellowship-trained in Multiple Sclerosis and Clinical Neurophysiology joins Memorial

**Renu K. Pokharna, MD**, board-certified neurologist, has joined Conemaugh Memorial Medical Center. With a fellowship in Multiple Sclerosis from University of Pittsburgh Medical Center (UPMC) and one in Clinical Neurophysiology from West Virginia University School of Medicine, Dr. Pokharna says she's excited to use her knowledge and experience to help the people of our region.



Renu K. Pokharna

Drawing on her skills in Clinical Neurophysiology, Dr. Pokharna utilizes technology such as Electromyogram (EMG), Nerve Conduction Studies, Electroencephalography (EEG) and Evoked Potentials (EP) to record and interpret brain and muscle signals in an effort to diagnose and treat disorders and conditions of the brain and central nervous system, including multiple sclerosis, epilepsy, Alzheimer's Disease, Parkinson's Disease and stroke.

In addition to treating patients at the John P. Murtha Neuroscience and Pain Institute, Dr. Pokharna will also participate in the Amyotrophic Lateral Sclerosis (ALS) and Parkinson's Disease specialty clinics offered at the facility.

From 2002 through 2005, Dr. Pokharna was enrolled in a Neurology Residency at Louisiana State University in New Orleans, but when her training was interrupted by Hurricane Katrina in June 2005, she completed her residency training at UPMC in 2006. During her fellowship training in Multiple Sclerosis from July 2006 to June 2007, Dr. Pokharna also served as a clinical instructor at UPMC. In addition, she has been employed as a neurologist at facilities across western Pennsylvania, including St. Clair Hospital, Washington Hospital and Canonsburg Hospital. †

**Submissions? Story Ideas? News Tips? Suggestions?**

**Contact Harvey Kart at [hdkart@aol.com](mailto:hdkart@aol.com)**

## Healthcare Professionals in the News

### Local Woman Named Pennsylvania State Dietary Managers Board of Directors Education Chair



Kimberly Campagna

**Kimberly Campagna**, director of partnership development for Cura Hospitality, was named to the Pennsylvania State Dietary Managers Board of Directors as Education Chair. Pennsylvania boasts one of the largest memberships of Certified Dietary Managers (dining services professionals) in the nation, with over 1000 members.

In accepting this volunteer role, Campagna will be responsible to determine current membership needs, seek out and plan meaningful educational opportunities and provide mentoring for managers state-wide to maintain their credential and advance their skills.

Serving in progressive healthcare dining and nutrition leadership roles for over 25 years, Campagna has been a featured speaker at national, regional and state levels including conferences such as Press Ganey, Planetree, Maryland Healthcare for a Healthy Environment, HFM and the DMA. She is a Penn State graduate with a degree in Dietetics Systems Management in addition to being a Certified Dietary Manager and Certified Food Protection Professional, previously serving on the Penn State Advisory Committee during the early World Campus years for the dietetics program. Campagna and her family reside in Johnstown, Pa. †



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## Excelsa Health Cardiothoracic Surgeon Promotes Minimally Invasive Techniques for Treating Aortic Aneurysms



Lawrence R. Sowka

Excelsa Health recently added cardiothoracic and vascular surgeon **Lawrence R. Sowka, MD**, to its medical staff. Dr. Sowka is board certified in general and cardiothoracic surgery with a special emphasis on peripheral vascular problems. A native of Wisconsin, he received his medical degree from the Medical College of Wisconsin. After completing a general surgical residency at Temple University, Philadelphia, and a cardiothoracic surgery residency at the University of Miami School Of Medicine, he served a cardiothoracic surgical fellowship at Allegheny General Hospital, Pittsburgh.

Dr. Sowka has been in practice for 15 years. He joins Excelsa Health Cardiothoracic Surgical Associates with Mark Suzuki, MD, and David West, MD. His most recent training includes procedures for stroke prevention and peripheral vascular disease. Additionally, he performs several high end vascular procedures for the treatment of thoracic and abdominal aortic aneurysms. †

## Healthcare Professionals in the News

### Director of Marketing for HealthSouth Hospitals of Pittsburgh



Dana E. Thomas

**Dana Thomas** recently joined HealthSouth Hospitals of Pittsburgh. Thomas brings many years of marketing experience within the healthcare industry to HealthSouth Hospitals of Pittsburgh. Prior to joining HealthSouth, Thomas held the position of Vice President of Marketing at Cangen Biotechnologies in Baltimore, Md. An active member of the American Marketing Association, Thomas holds a bachelor's of arts degree in biology from the University of Louisville and is currently pursuing a Ph.D. in microbiology from the University of Louisville School of Medicine. He will oversee marketing operations for HealthSouth Harmarville and Sewickley Rehabilitation Hospitals and HealthSouth Hospital (LTAC) in Monroeville. †

### St. Clair Hospital's Emergency Department Named No. 1 ED in the U.S.A.

St. Clair Hospital's Emergency Department has been ranked No. 1 in the country for patient satisfaction, according to Press Ganey, an independent national survey firm. The ED had previously been ranked No. 2 nationally and No. 1 across the commonwealth.

The new No. 1 in the U.S.A. ranking is based on random surveys that were mailed to patients treated in St. Clair Hospital's ED between April 1 and June 30, 2010. St. Clair's ED was deemed No. 1 in the country when its survey results were compared to 279 "like-sized" EDs -- those that treat 50,000 or more patients a year.

St. Clair attributes the No. 1 ranking to an employee-led effort to redesign processes within the ED, which recently underwent a \$13.5 million expansion and renovation.

On Monday, August 2, St. Clair opened an extension of the ED called an Observation Unit. The 35-bed unit is designed for patients who enter the Hospital through the ED, but require further testing and monitoring before being admitted as an inpatient or discharged within 16 to 24 hours.

For more information, please visit [www.stclair.org](http://www.stclair.org). †

### Adam Lucich joins Sharpshville family practice



Adam Lucich

**Adam Lucich, DO**, family practice physician, has joined UPMC Horizon's medical staff and the practice of Horizon Family Medicine-UPMC.

A graduate of Westminster College, New Wilmington, Dr. Lucich earned his medical degree from Lake Erie College of Osteopathic Medicine, Erie. He recently completed a family practice residency at UPMC Horizon and is a member of the American College of Osteopathic Family Physicians. †

### Memorial's Surgical Technology Program Graduates all Pass National Exam



Front - Lindsay Grobosky, Joshua Capouellez, Harry Jenkins, Carmelo Furnari, Lisa Sleppy. Back - Christina Carl, Sage Kimmel, Bianca Marchington, Macie Moore, Brittany Pugh, Kelly Felmlie.

Each of the 11 surgical technologists who graduated from Memorial Medical Center's Surgical Technology Program August 6, recently passed the National Board of Surgical Technology and Surgical Assisting (NBSTSA) certification exam.

Surgical technologists are members of the surgical team. They assist in the performance of procedures in the operating rooms (OR), department of emergency medicine (DEM), obstetrics dept. (OB), post-anesthesia care unit (PACU), cardiac

catheterization laboratory (CCL), ambulatory surgery unit (ASU) and gastrointestinal laboratory (GI Lab).

Memorial Medical Center's accredited Certificate Program for Surgical Technologists was established in 1966. †

Western Pennsylvania

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## Wife-Husband Physicians Returns to Johnstown

**Dr. Paula Jofre**, a board certified internal medicine physician, fellowship trained in rheumatology, is anxious to help the Johnstown region learn more about the new treatments and options available for those who suffer with disorders of their connective tissues including joints, tendons and ligaments.

Dr. Jofre is no stranger to the Johnstown region. After receiving her medical degree at Universidad Catolica de Cordoba in Argentina, she completed an internship and residency at Conemaugh Memorial Medical Center serving as Chief Resident from July 2007 to June 2008. Following her residency, Dr. Jofre completed a fellowship in rheumatology at the University Hospitals of Cleveland—Case Western Reserve.



Paula Jofre

Dr. Jofre returns to Johnstown with her husband **Dr. Justin Boccardo**. Dr. Boccardo, a board certified vascular surgeon, also trained at Memorial Medical Center has joined the Conemaugh Physician Group (CPG) Vascular practice with Dr. James Tretter.

Dr. Boccardo recently completed a Vascular Surgery Fellowship at Case Western Reserve in Cleveland, Ohio, in June 2010. The addition of Dr. Boccardo to Conemaugh Physician Group (CPG)-Vascular Surgery, the practice of James Tretter, DO, FACS, will make the group the only in the region with two fellowship-trained vascular surgeons.



Justin Boccardo

Prior to completing an Internship and General Surgery Residency at Memorial, Dr. Boccardo received a medical doctorate from Universidad Catolica de Cordoba in Cordoba, Argentina in 2002. He and his wife currently reside in Johnstown with their son.

For more information visit [www.conemaugh.org](http://www.conemaugh.org).



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# HONOR ROLL

## HMHP Nurses Earn National Recognition for Research

Nurses from the Nursing Research Council of Humility of Mary Health Partners' hospitals have received national recognition for their efforts at getting staff nurses to engage in research projects that will improve outcomes for their patients.



Barbra Turner

The front page of the Aug. 1 edition of *Catholic Health World*, the national publication of the Catholic Health Association of the United States, includes a feature on the council's Nursing Research Idea Fair, which has been held over the past four years at St. Elizabeth Health Center in Youngstown, St. Joseph Health Center in Warren and St. Elizabeth Boardman Health Center. The event is designed to encourage nurses to follow up on their valuable frontline insights into better patient care by conducting research projects. You can find the story at [www.chausa.org/CHWorld](http://www.chausa.org/CHWorld) under the headline: "Humility of Mary nurses pursue clinical research ideas."

Three members of the Nursing Research Council will be presenting both an oral presentation and poster presentation on the Nursing Research Idea Fair at the national Magnet® \* conference in Phoenix on Oct. 13-15. Sponsored by the American Nurses Credentialing Center of the American Nurses Association, the annual conference attracts some 6,500 nurses and nurse leaders from across the country and around the world.

Registered nurses **Mary Ann Turjanica, Barbra Turner and Karen Rodgers**, co-chairs of the Nursing Research Council, will present at the national conference. The oral presentation will be for one hour on Oct. 14; the poster presentation will be for the duration of the conference.



Mary Ann Turjanica



Karen Rodgers

"The goal of nursing research is to improve the care of our patients. Through nursing research, we can find better ways to decrease their pain, lessen their anxiety and increase knowledge about their condition and health care experience," said Turjanica. "Through the research fair, we are generating an increased number of studies that will ease our patients' journey through their care. As Magnet facilities, we have a responsibility to lead in this regard. Each study contributes to the body of knowledge and translates into evidence-based practice changes."

\*Magnet® hospitals are recognized for nursing excellence by the American Nurses Credentialing Center of the American Nurses Association. St. Elizabeth and St. Joseph were the first hospitals in Ohio to be designated Magnet® in 2002. They were the first to be re-designated in 2006. St. Elizabeth and St. Joseph will be going for their second re-designation this year. St. Elizabeth Boardman Health Center will be seeking its first designation.

Learn more about HMHP online at [www.HMpartners.org](http://www.HMpartners.org).

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## New & Notable

### The Clinic at Walmart Operated by Heritage Valley Convenient-Care Opens in the East Liverpool Walmart Supercenter

Walmart and Heritage Valley Health System announced last month the opening of "The Clinic at Walmart" operated by Heritage Valley ConvenientCare in the Walmart store located at 16280 Dresden Ave., East Liverpool, OH. The Clinic's intention is to provide fast, affordable access to basic healthcare services such as check-ups, immunizations, screenings and treatment of minor injuries. The East Liverpool walk-in health clinic is Heritage Valley's first ConvenientCare location outside of Pennsylvania. Other Heritage Valley ConvenientCare locations inside Walmart stores are in Cranberry Township, Chipewa, Monaca and New Castle. In addition, Heritage Valley has a self-standing ConvenientCare location in Beaver. The clinic will be open for walk-in service Monday-Saturday 9am-9pm and Sunday 9am-5pm.

The Clinic at Walmart in East Liverpool is staffed by Heritage Valley Certified Registered Nurse Practitioners and overseen by an offsite physician supervisor also employed by Heritage Valley. Referrals for more coordinated care are made to Heritage Valley's network of primary care physicians, satellite facilities or its two hospitals, Heritage Valley Beaver or Heritage Valley Sewickley, providing a better continuity of care.

The clinic is designed to provide convenient, efficient and cost-effective healthcare access for consumers and is connected to Heritage Valley's electronic health record (EHR) and electronic prescription program. This system allows for automatic medical record delivery to Heritage Valley associated physicians, providing an unprecedented continuity of care for patients choosing this convenient, efficient and cost-effective alternative for the care of minor illnesses and injuries.

For further information about Heritage Valley ConvenientCare, please visit [www.heritagevalley.org/convenientcare](http://www.heritagevalley.org/convenientcare).

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## New Operating Rooms Now Open At St. Clair Hospital

St. Clair Hospital has added three new operating rooms to accommodate growing patient volume. The first surgeries in the new ORs were conducted on September 16.

The Hospital performs more than 11,000 surgical cases a year. That volume is expected to increase approximately 3 percent to 4 percent annually.



One of St. Clair's new 750-square-foot operating rooms.

Two of the new rooms are 600 square feet and the third—the largest in the hospital—is 750 square feet. Each is equipped with state-of-the-art technology, including operating equipment and flat panel, high definition (HD) monitors mounted to the ceiling via “booms,” which allow for easy access to and return of equipment. The new ORs feature the most advanced minimally invasive surgical tools, an integration system for routing radiologic images (e.g., CT scans) and pathologic data (e.g., biopsy results) between the new ORs and other departments, large windows to allow for natural light flow, and even satellite radio, and CD and iPod docking stations. The new ORs are also designed to address future technological advances.

With the addition of the new ORs, the total number of main operating rooms at the Hospital is 13. The 7,429 square foot addition also includes new scrub and sub-sterile areas and mechanical and electrical infrastructure upgrades. Cost of the entire project was \$5.5 million.

“The opening of St. Clair's new surgical suites effectively addresses the Hospital's increasing rise in the number of surgical procedures it performs,” says Diane Puccetti, R.N., who manages the Hospital's operating rooms. “Most importantly, the additional space allows St. Clair's surgeons to treat patients in a more comfortable, convenient and modern setting with optimal efficiency that reduces surgical times, putting patients on a faster road to recovery.”

For more information, please visit [www.stclair.org](http://www.stclair.org).

## New & Notable

### Pitt Team Gets Federal Grant to Find New Head and Neck Cancer Drugs

Researchers at the University of Pittsburgh Cancer Institute (UPCI) and the University of Pittsburgh School of Medicine have been awarded an \$800,000 federal grant to develop agents to inhibit a cellular signaling protein that plays a key role in triggering and supporting the growth of many cancers, including cancers of the head and neck.

A member of a protein class called Signal Transducers and Activators of Transcription, activated STAT3 in excess levels can drive the transformation of healthy cells into cancer, said principal investigator Jennifer R. Grandis, M.D., professor of otolaryngology and pharmacology at Pitt, and director of the Head and Neck Program at UPCI. The abnormality has been found in not only head and neck cancers, but also in many malignancies including breast, prostate and lung cancer.

“This protein can send signals to other molecules encouraging the replication and spread of cancer cells, promoting new blood vessel growth to tumors and suppressing the immune response against the disease,” Dr. Grandis explained. “Animal studies have shown that inhibiting it can shrink tumors and prolong survival, so it represents an important target for therapies against a range of cancer types.”

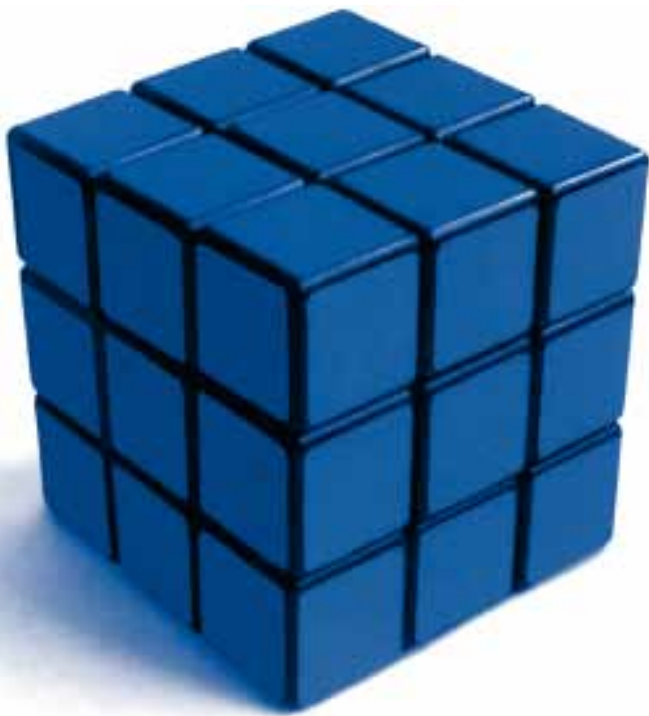
With funding from the National Cancer Institute, part of the National Institutes of Health, Dr. Grandis and her team will identify and develop small-molecule inhibitors of STAT3 activation, which is present in squamous cell carcinoma of the head and neck (SCCHN) and in 95 percent of all head and neck cancers. The best candidates will be tested in animal models of SCCHN.

Current treatments for SCCHN include surgery and chemoradiation, and the only approved molecular approach is the monoclonal antibody cetuximab, which inhibits epidermal growth factor receptor (EGFR).

“Although EGFR expression is common in these tumors, cetuximab works only in a subset of patients, leaving the rest likely to succumb to their cancers,” Dr. Grandis noted. “It's possible that STAT3 activation is contributing to resistance to the drug, so blocking it could make cetuximab treatment more effective.”

Co-principal investigators include John Lazo, Ph.D., Allegheny Foundation Professor, and Paul A. Johnston, Ph.D., research associate professor, both in the Department of Pharmacology and Chemical Biology, Pitt School of Medicine.

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## Uniontown Hospital and LECOM Announce Medical Teaching Affiliation

The Lake Erie College for Osteopathic Medicine (LECOM) recently added Uniontown Hospital (UH) to its network of affiliated teaching hospitals.

"This reaffirms Uniontown Hospital's mission to serve again as a medical education teaching hospital," Hospital President & CEO Paul Bacharach said. "This program will serve as the conduit to attract, train and nurture talented physicians and assure quality medical care in our community for generations to come."

"Our area has been declared as a health professional shortage area (HPSA)," Bacharach said. "By having a clinical rotation program, we hope to reduce the shortage by attracting more physicians to the area."

According to Sarah Lumley, DO, a graduate of LECOM and President of the Fayette County Medical Society who also serves Uniontown Hospital's Director of Medical Education,

"Through this affiliation UH will serve as a clinical training site for third- and fourth-year medical students from the Lake Erie College of Osteopathic Medicine, which has campuses in Erie, Seton Hill University in Greensburg and Bradenton, FL. The students will gain experience in both the hospital and physicians office settings."

Since this past July, LECOM students have been performing clinical rotations and receiving valuable first-hand experience, while observing and working alongside physician mentors at UH and in their offices. Two student doctors are enrolled at present. One resides in the Medical Student Residence on Berkeley Street. The medical society donated \$100,000 to help pay the \$180,000 needed to purchase the residence and refurbish it. Further funds came from the hospital and LECOM, Bacharach said.

One student, Jeff DeFranc of Coal Center near Uniontown, hopes he can come back to this area when he completes his schooling and training. Focusing on emergency room medicine, DeFranc said the student program "has exceeded all my expectations. It was because of this hospital that I decided to get into emergency medicine," he added. "I was able to learn with the Uniontown Hospital physicians than I did at some larger hospitals."

Allison Daigle of Maine is the first student to live in the new medical residence. She plans to specialize in neurology.

"This is a fantastic program and there are great physicians here," Daigle said.

Dennis Agostini, DO, Associate Dean of Clinical Education says the UH program will involve at least ten LECOM students on rotations every four weeks. "This is a valuable learning experience that these students can only have through the dedication of physicians who have made teaching part of their medical practices," Dr. Agostini said.

The students will be performing rotations in internal medicine, surgery, OB/GYN, pediatrics, emergency medicine, family practice, and medical and surgical subspecialties.

For more information, visit [www.lecom.edu](http://www.lecom.edu).



Pictured left to right, Allison Daigle, Sarah Lumley, and Jeff DeFranc.

## New & Notable

### Forbes Regional Hospital Introduces New Digital Mammography Unit and Comprehensive Breast Cancer Program

With the addition of new technology and a Breast Care Coordinator, Forbes Regional Hospital offers patients comprehensive breast imaging and treatment services. These changes are part of Forbes' continued commitment to offer the best care possible to patients in their own community.

Forbes has installed a second digital mammography unit. The GE Essential Digital Mammography unit is a full field digital unit with a large field view and is considered the gold standard in digital mammography imaging.

In addition to offering patients state-of-the-art breast imaging technology, Forbes Regional Hospital has added services to support patients in what can be an incredibly difficult situation. "Our goal through imaging and coordination of services is to provide a pathway for quicker diagnosis and more timely treatment," says Maureen Bidula, MD, Vice Chair, Radiology at Forbes Regional Hospital.

Through a grant from the Susan G. Komen for the Cure Pittsburgh Affiliate, Forbes has also hired a Breast Care Coordinator. In this role, Karen Schwaderer, RN, BSN, OCN® assists women who have abnormal findings on a mammogram or ultrasound. Karen helps patients navigate through the health care system by coordination of follow up care with specialists such as surgery, medical oncology, and radiation oncology.

Schwaderer says that patients love this service since it gives them someone to reach out to in a very stressful time. "In the past, patients were left to their own devices to make follow up care appointments, which is incredibly overwhelming," she said. "I help them navigate the system and also give them a sounding board to voice their concerns and fears." She also facilitates finding financial assistance for patients who are uninsured or underinsured.

Breast Care Coordinators are a fairly new service being offered at hospitals, but one that is quickly growing throughout the nation. "With disjointed health care, Breast Care Coordinators have become imperative to helping patients identify resources and plan their care," says Schwaderer. In addition to follow up care, she can also assist patients in locating more specialized services such as genetic counseling, lymphedema care, and plastic surgery.

To learn more about the Breast Care Program at Forbes Regional Hospital, please call 412-858-2747.

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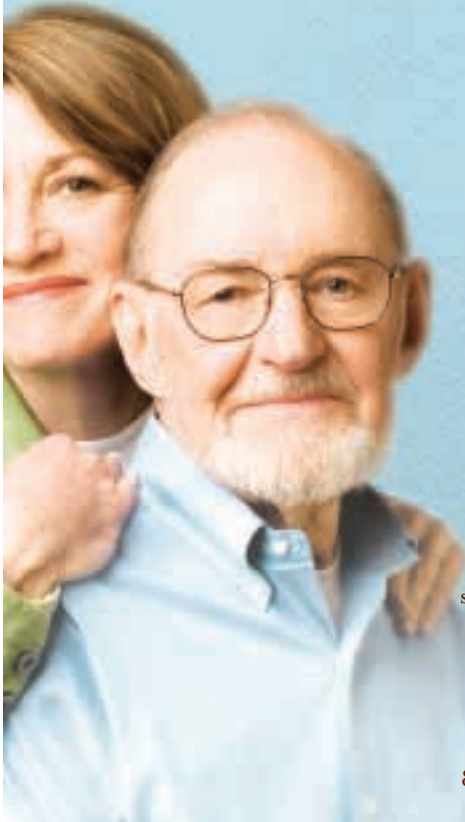
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### PRESBYTERIAN SENIORCARE

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.

Human Resources Department

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825 South Mail Street, Washington, PA 15301

724-222-4300

### ST. BARNABAS HEALTH SYSTEM

RNs, LPNs, Home Care Companions, Personal Care, Attendants, Hospice Aides, Dietary Aides  
St. Barnabas Health System frequently has job openings at its three retirement communities, two assisted living facilities, two nursing homes, and an outpatient medical center that includes general medicine, rehab therapy, a dental practice, home care and hospice. Campuses are located in Gibsonsia, 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, Gibsonsia, PA 15044. 724-444-JOBS; mhorton@stbarnabashealthsystem.com. www.stbarnabashealthsystem.com.

## EXTENDED CARE & ASSISTED LIVING

### ASBURY HEIGHTS

For over a century, Asbury Heights, operated by United Methodist Services for the Aging, has been providing high-quality compassionate care to older adults in Southwestern Pennsylvania. Asbury Heights is a faith-based, non-profit charitable organization located in Mt. Lebanon. Through various accommodations, services and amenities, the needs of independent living residents can be met. For residents requiring more care, the continuing care community also offers 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 over 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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1215 Hulton Road, Oakmont, PA 15139  
412-828-5600  
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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 Gibsonsia 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 Gibsonsia, Allegheny County, and Valencia, Butler County. For more information, call 724-443-0700 or visit [www.stbarnabashealthsystem.com](http://www.stbarnabashealthsystem.com).

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**PUBLIC HEALTH SERVICES****ALLEGHENY COUNTY HEALTH DEPARTMENT**

The Allegheny County Health Department serves the 1.3 million residents of Allegheny County and is dedicated to promoting individual and community wellness; preventing injury, illness, disability and premature death; and protecting the public from the harmful effects of biological, chemical and physical hazards within the environment. Services are available through the following programs: Air Quality, Childhood Lead Poisoning Prevention; Chronic Disease Prevention; Environmental Toxins/Pollution Prevention; Food Safety; Housing/Community Environment; Infectious Disease Control; Injury Prevention; Maternal and Child Health; Women, Infants and Children (WIC) Nutrition; Plumbing; Public Drinking Water; Recycling; Sexually Transmitted Diseases/AIDS/HIV; Three Rivers Wet Weather Demonstration Project; Tobacco Free Allegheny; Traffic Safety; Tuberculosis; and Waste Management. Bruce W. Dixon, MD, Director.  
333 Forbes Avenue, Pittsburgh, PA 15213  
Phone 412-687-ACHD • Fax: 412-578-8325  
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The Hospital at the Children's Institute, located in Squirrel Hill, provides inpatient and outpatient rehabilitation services for children and young adults. Outpatient services are also provided through satellite facilities in Bridgeville, Irwin and Wexford. In addition, The Day School at The Children's Institute offers educational services to children, ages 2-21, who are challenged by autism, cerebral palsy or neurological impairment. Project STAR at The Children's Institute, a social services component, coordinates adoptions, foster care and intensive family support for children with special needs. For more information, please call 412-420-2400  
The Children's Institute  
1405 Shady Avenue, Pittsburgh, PA 15217-1350  
[www.amazingkids.org](http://www.amazingkids.org)

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Irwin/N Huntingdon - 724-863-0139  
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Latrobe - 724-532-0940  
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Monroeville - 412-373-9898  
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# Health Care Event & Meeting Guide

## 2010 Pittsburgh Start! Heart Walk

Heinz Field  
Sunday, October 10; 8:30am-12:00pm  
412.702.1192 or Pittsburgh.ahw@heart.org

## 3rd Annual "Our Community, Our Children" Chef Auction

Frank J. Pasquerilla Conference Center, Napoleon Street, Johnstown, PA  
Wednesday, October 13  
Reservations are \$75 each.  
RSVP by calling 814-534-3133 or email Debbie Costlow at dcostlo@conemaugh.org.

## ACHE of Western Pennsylvania presents: "Sustaining a Financially Vibrant Healthcare Organization" (1.5 Category I ACHE Continuing Education Credits)

Hospital Council of Western PA  
October 14, 2010, Networking 5:30, Panel Discussion 6:30  
Visit <http://westpa.ache.org> or Email Beth Wright at [info@westpa.ache.org](mailto:info@westpa.ache.org)

## MobilityWorks Annual Mobility Expo

Mobility Works 1090 Mossdale Blvd, Wall, PA  
October 14  
Call 412-824-8091 or Email [ask@mobilityworks.com](mailto:ask@mobilityworks.com)

## 5th Annual Gerald McGinnis Cardiovascular Institute Speaker Series

**An Evening with Doris Kearns Goodwin**  
George Magovern MD Conference Center at Allegheny General Hospital, 320 E. North Ave. on Pittsburgh's North Side  
Tuesday, Oct. 19, at 7:30 p.m.  
Tickets are \$50 and available at [www.aghgiving.org](http://www.aghgiving.org)

## Center for Women's Entrepreneurship - "Sales and Innovation: Keys to Competitive Success and Growth" during 5th Annual Think Big Forum

Chatham University's Athletic Fitness Center  
October 22  
Call 412-365-1253 or email [womens-entrepreneurship@chatham.edu](mailto:womens-entrepreneurship@chatham.edu).

## 18th Annual Mercy Parish Nurse and Health Ministry Symposium: "Blessed to be a Blessing"

UPMC Mercy's Sister M. Ferdinand Clark Auditorium (Building C, Level 2)  
October 23  
Call 412.232.7997 or e-mail [ParishNurse@mercy.pmhs.org](mailto:ParishNurse@mercy.pmhs.org)

## The Healing Power of Food

**Presented by Allegheny General Hospital's Integrated Medicine Program**  
George Magovern MD Conference Center at Allegheny General Hospital, 320 E. North Ave. on Pittsburgh's North Side  
Saturday, Oct. 23, from 9 a.m. to 4 p.m.  
Cost is \$30 and all proceeds benefit AGH's Integrated Medicine Program  
Call (877) 284-2000 or email [sven@peaceburgh.net](mailto:sven@peaceburgh.net)

## Community Fall Health Festival "GREAT HOPE FOR HEALTHY LIVING" CEU Presentations for RNs and Social Workers

Kindred Hospital Pittsburgh - North Shore 1004 Arch Street, Pittsburgh, PA 15212  
Saturday, October 30 8am - 2pm  
Call 412-494-5500 Ext. 4021 or visit website [www.religioushappenings.com](http://www.religioushappenings.com)

## Trustee Recruitment

Pittsburgh Athletic Association, 5th Avenue, Oakland  
November 5  
Registration is required at [HPI@pitt.edu](mailto:HPI@pitt.edu) or phone 412-624-3608

## Hearts and Hands Gala to benefit the Change a Heart: Franciscan Volunteer Program

Scotus Hall on the campus of the Sisters of St. Francis, 146 Hawthorne Road in Millvale  
Saturday, November 6, 6 p.m.  
Tickets are \$40 in advance, or \$45 at the door  
Call 412.821.0861 or e-mail [volunteers@sosf.org](mailto:volunteers@sosf.org)

## Healthy Wealthy & Green Expo

Four Points by Sheraton, Greensburg  
November 6  
Call 724-837-3713 or email [edeslam@comcast.net](mailto:edeslam@comcast.net)

## The Patient and Family Centered Care Series - How-To Guide for Delivering Exceptional Care Experiences

The Herbman Conference Center - UPMC Shadyside Hospital  
November 12  
Call 412-641-1924 website [www.amd3.org](http://www.amd3.org)

## Pennsylvania Culture Change Coalition Expo

Four Points Sheraton-Pittsburgh North  
Nov 15 and 16  
Contact Kimmi Campagna [kcampagna@curahospitality.com](mailto:kcampagna@curahospitality.com) 412-237-3452


## 7th Annual Reindeer Ball

### Benefiting A Child's Place at Mercy, part of the Pittsburgh Mercy Health System


Westin Convention Center Hotel, Downtown  
Sunday, December 5, 2010, from 4 to 7 p.m.  
Tickets are \$80 for adults and \$45 for children.  
Call the Pittsburgh Mercy Health System Development Office at 724.934.3537, e-mail [CMurray@mercy.pmhs.org](mailto:CMurray@mercy.pmhs.org), or visit <http://www.pmhs.org/mercy-foundation/events.aspx>

## The Board's Role in Creating a Culture of High Quality

Pittsburgh Athletic Association, 5th Avenue, Oakland  
December 10  
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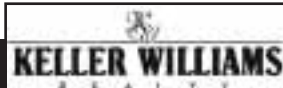
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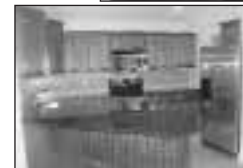


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# Nursing School Sees Increase in Freshman Male Enrollment

By Rose Ravasio

In the midst of a continuing national nursing shortage, more college students—particularly men—are choosing nursing as a career goal. Duquesne University’s School of Nursing is experiencing this growth, with men making up approximately 16 percent of this fall’s incoming freshmen in the four-year BSN program.

Males account for 13 percent of the school’s undergraduate enrollment compared to the national average of approximately 10 percent, according to Dr. Eileen Zungolo, professor and dean of the nursing school.

“Historically, men have been involved in nursing practice, but as social values and social expectations have changed, it has varied as an attractive career for men in Western culture,” said Zungolo, who is a past-president of the National League for Nursing.

The increase is a welcome one.

“We strive to make all students successful and work hard to help all students feel comfortable,” added Zungolo. “I have always had a strong conviction that nursing would not really take its full place as a partner in healthcare until we had more representation from men within our ranks. There are unlimited opportunities for men in nursing.”

“Freshman enrollment in 2005 was at 10 percent, and we’re thrilled that it has climbed to 16 percent this year,” said Cherith Simmer, assistant dean of recruitment. “In surveying our incoming students on why they’ve chosen the field of nursing and why they want to become nurses, there really is no difference in the answers between the men and the women. They come into nursing for the same reason—to help others.”

Paul-James Cukanna, associate provost for enrollment management and executive director of admissions, said the increase in male enrollment marks a trend.

“We have witnessed a trend in more males choosing the nursing profession,” said Cukanna. “Reasons for this include an increase in economic opportunities, highly competitive salaries, the ability to have flexible working schedules and no limit to where one can live geographically. Students are also able to leverage the bachelor of science in nursing to obtain advanced clinical training or to pursue opportunities in fields outside of direct patient care to include management, law, business or government.”

The Office of Undergraduate Admission has collaborated with the nursing school to enroll more men into the BSN program. “We have worked to ensure that our admission research and strategies, marketing materials and communications are more aligned to our objective to enroll more academically qualified young men into the program,” explained Cukanna.

The nursing school’s one-year, second-degree BSN program has also seen its male enrollment increase; it grew from 7 percent in 2005 to 15 percent this fall.

“The student population in the second-degree program tends to be a little bit older than our basic, four-year BSN program, and not as influenced by stereotyping in occupational roles as younger students might be,” said Zungolo. “I think men are just seeing that nursing is a good career with considerable stability.”

“I think that the word is out among high school students that nursing is an extremely viable, exciting and challenging career,” said Simmer.

For more information, visit [www.duq.edu/nursing](http://www.duq.edu/nursing).

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## Pitt Faculty Member Takes a Global Approach to Health

By Clare Collins

When University of Pittsburgh faculty member Joanne Russell traveled to Tanzania, East Africa, in June 2005, it became a life changing journey. She learned that a close friend there who had been diagnosed with ovarian cancer was suffering from serious complications that made breathing labored and painful. Trained as an oncology nurse, Russell did what she could to help her friend obtain basic care and pain control, but was troubled by what little could be done. For starters, chemotherapy drugs had to be shipped in from faraway distances and medication for pain relief was available in only one clinic in the entire 26-region country.

Two months later, a day after Russell, 50, returned home to the United States, she learned her friend had passed away. A short time afterward, Russell's father was diagnosed with lung cancer. Although his illness



Joanne Russell

was far from easy, Russell was able to help him find a first-class oncologist and receive state-of-the-art treatment and medication to control his pain, all of which extended his time with loved ones and provided comfort in his final days.

"I had worked in Tanzania previously and was aware health care inequities existed, but seeing two people I loved dearly suffer from cancer with vastly different resources and access to care forced me to face these disparities head on," recalls Russell.

These experiences eventually led Russell to her current position as the first director of Pitt's Center for Global Health, founded in 2009 by Donald S. Burke, University of Pittsburgh's Associate Vice Chancellor for Global Health.

Recognizing that most global health problems result from a combination of social, economic, political and environmental inequalities, Russell works with Pitt faculty and students in the areas of research, education, service and policy.

Through her work with the Center, Russell helps provide grants to support faculty members' projects in international health, enabling them to travel to low- or middle-income countries where there are significant health needs. The Center also supports travel expenses for students pursuing global health research at the University of Pittsburgh Schools of the Health Sciences, the Graduate School of Public and International Affairs and the School of Law.

"The Student Global Travel Program enables students to apply their academic training to communities in need overseas. They return with a much greater understanding of not only the populations they are serving, but also the challenges involved in conduct-

ing research in the developing world," she explains.


Russell has already developed strong relationships with international global health groups through the establishment of a formal internship program with the Pan American Health Organization, which plays a central role in promoting and protecting health and human rights globally.

Since its founding, the Center has sponsored the federally funded Fogarty International Center Framework in Global Health Program to develop academic curricula in international health and has hosted an ongoing lecture series the involves health experts from around the world.

Recently, Russell brought together local, national and international experts to address relief efforts tied to the Haitian earthquake, which destroyed most of that country's infrastructure when it struck in January of this year. Other Center projects she facilitates are addressing pandemic preparedness in Thailand, children's health in India, mosquito-borne viruses in Brazil, and HIV/AIDS in Mozambique, South Africa.

"One of our goals at the Center is to bring world-renowned experts to Pittsburgh to inspire young people to become involved in work related to ending health inequities. By facilitating global health research, we hope to have a far-reaching impact on easing the burden of disease," she says.

As the Center continues to grow, Russell's medical training and personal experiences are certain to keep her committed to building awareness of the dire medical and public health needs that exist around the world.

For more information on Pitt's Center for Global Health, visit <http://www.globalhealth.pitt.edu/>. 

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# A Heart Felt Thanks

October 2010 is National Physical Therapy Month.

We want to take this opportunity to thank all of the physical and occupational therapists, speech and language pathologist as well as therapy assistants and aides in all they do each day to help patients in their recovery efforts. Our therapists are a critical piece in helping 89%\* of our patients return home quickly and safely.

\*2010 company-wide statistics

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