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Shooting from the Hip

Working with a Windows 7

By Michael W. Weiss, M.D.

Today, I worked with Vicki.

Vicki is an experienced orthopedic assistant who used to be assigned frequently to this office, which is our original site and my home base. When our practice added providers and locations, Vicki joined the team of one of our newer physicians, Josh Szabo, elsewhere in our geography. She occasionally circulates back to cover for vacations.

This morning, I found her standing in the clinical area where one of my regular orthopedic techs, Melana, stands when she's not on a



cruise.

I like Vicki. I like my daughters, too. That never stopped me from wondering what parent-instilled life lessons they unlearned while they were away at college and removed from the daily influence of their Mom and me.

As I scanned my patient list, I thought, "Will Vicki remember that I complete my own surgical scheduling face sheets or confuse me with Josh, who doesn't?"

I'm the "no variation guy" in the practice. Employees who work with me soon learn that, although I'm adventurous when it comes to fishing and adopting new technology, I am 100 percent consistent when it comes to office hours.

Any departure sends me off rhythm.

If a physician is the computing power behind the day, the clinical support staff functions like the operating system, running tasks and processes to maintain a productive routine.

On my team, Melana is the ortho tech equivalent of a Mac OS X Snow Leopard. She knows my patients so well and can sort through dynamic information so quickly that I scarcely detect her toggling among programs as she helps to manage the day.

See **WINDOWS** On **Page 19**



Social Media Monitor

The Practice of Engagement: How a Health Care Attorney Transformed His Practice Through Social Media

By Daniel Casciato

In June 2007, health care attorney Mike Cassidy of Pittsburgh-based Tucker Arensberg, P.C. (and chair of its health law practice group) decided that blogging would be a more effective communication tool than a typical law firm newsletter. He could keep current clients informed about legal issues affecting the health care industry as well as cultivate new clients.

Until then, Cassidy used newsletters to keep his physician clients advised as to what was happening, such as the change in the Medicare fee schedule in the late 1980s, Stark Law in 1989, and anti-kick-back developments.

"They needed this information and they needed to know that I was an expert in all this," says Cassidy. "So a newsletter served this function well."



Mike Cassidy

See **SOCIAL MEDIA** On **Page 5**



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Growing Your Business with Social Media: Are you Onboard Yet?

Years ago, I sat on a media panel in Pittsburgh and the topic of websites came up. This was about the time when websites were just beginning, and I just scoffed at it and viewed it as an egotistical concept for organizations. Look how that turned out!

It seems like every decade, there's been some type of wonderful technology that comes around. I'm old enough to remember the fax machine, and was amazed that we could insert paper with words on it into this machine and transmit it to someone else. Going back years further, I can still remember turning the handle of a mimeograph machine, and then all of a sudden they created a button that would make it go by itself.

I can remember how advanced the telephone became with features like call waiting which was a phenomenon in its day. Then touch tone phones became the next big thing. I also remember all of the different phases of pagers, beepers, and the many reiterations of cell phones. I remember when I first got a computer with a modem. I can still recall the days of being on the phone with AOL until 2am just trying to figure how to get this new online technology to work.

For most of these technological advances, I have always been behind the curve. I felt that I never needed it because it was a luxury or a novelty. So I didn't pay much attention to it, until everyone was using it. Then I had to jump onboard, but I was already behind the times.

I didn't want to get behind the times with social media and so I embraced it and I'm trying to encourage others to get onboard too, before it's too late. Today, I often chat with people on a daily basis who claim they are all about social media, but when I check their social media account, whether it's LinkedIn or Twitter, they may have about a dozen connections. Their response is usually the same—they check their social media channels only when they are notified by email that someone connected with them. It's great to see that some of the people I come into contact with say that their companies are using social media, but they've reactive instead of being proactive, and it slows down their progress. In many instances, the same people who are holding back are those who were slow to adopt websites.

As I have mentioned before, social media has changed our brand. Some of you may slough it off and say that's because we're a media organization and that it won't work for their particular industry. Social media is here to stay and it can make an impact on your brand no matter what industry you are in. With social media, you now have better and direct contact with your customers and prospects. Your audience is already on social media—shouldn't you be where the party is? I can tell you with certainty that if you're not in the social media sphere and you're not active, then your competition surely is. They're the ones who are making their brand more exposed to the very same audience you are trying to reach.

I read last week that your car radio is being revolutionized. Pandora is expected to be a feature on your car radio. With satellite radio already popular among car buyers, and with Internet radio on the horizon, what are FM and AM stations going to do?

This same article I read stated that "for the first time, more people are getting their news from the web than newspapers. The Internet only trails television among American adults as a destination for news." Forty-one percent of the people in the study cited that the Internet is where they get most of their news about national and international news. This is up 20% from the previous year. The article then cited these stats about how people got their news:

Online platforms are gaining ground, while other sectors are losing. It goes back to my point that your audience is turning to the web for their news and information. If your audience is already turning to the Internet or mobile devices for news, they're also researching brands and companies they want to do business with. Google has become like the Yellow Pages. If you need a painter, a landscaper, a real

Publisher's Note



For those who know what a QR code is, click and enjoy. For those who don't, download a QR Code reader app on your smartphone, and then scan the code. I've come a long way since my mimeograph machine years!

- Harvey



estate agent, most likely you'll turn to Google or another search engine to research those services in your area. If you're invisible on the web, your company won't turn up in the search results. By being active on social media and by having an interactive website, you can become more visible, so your prospective customer can find you.

For 24 years, my business served our advertisers with a monthly newspaper and all we can offer them is "mac and cheese." A monthly ad is all I could offer for them to reach their audience and then later I was able to offer a banner ad on the site. I remember getting excited when I could tell someone our website had 30 hits in one day. Now we have a whole menu of options and able to reach a much wider audience. Our advertisers can now leverage our expansive platform, whether it's through a print ad, an online directory, Featured Thought Leader articles, email distribution, or social media connections, to reach over 50,000 connections combined.

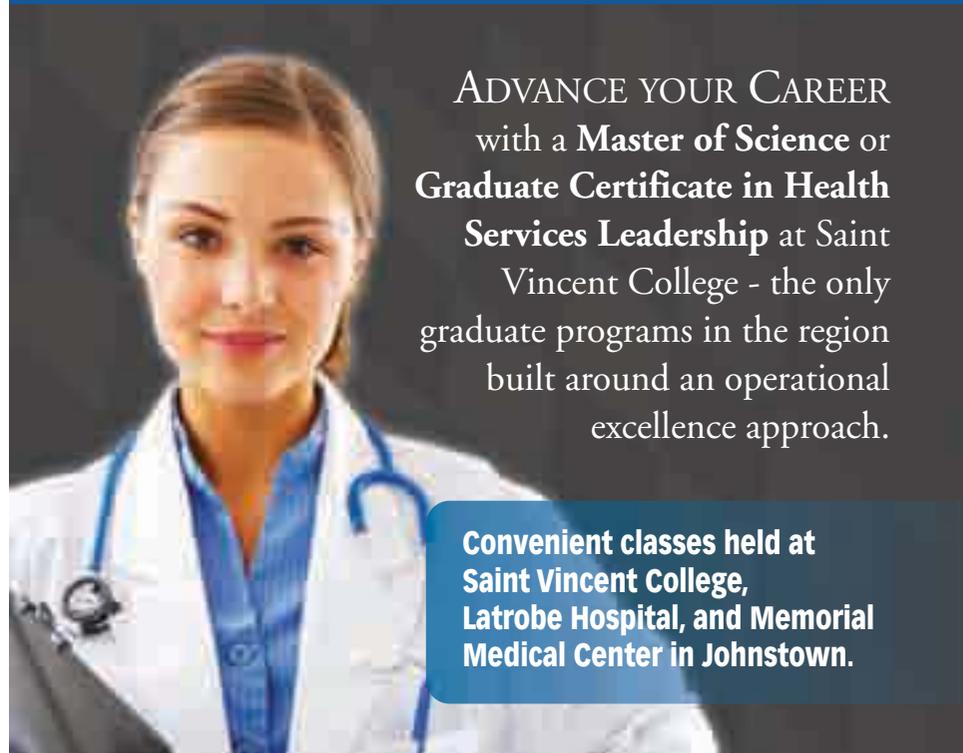
Your audience reacts to new technology pretty quick. They won't wait for you. If you sit back and wait to see what your competition does, your audience, unbeknownst to you, are off and running already.

Let's hear from you. Has your organization embraced social media yet? And for those of you who have embraced it, share your success stories. If they haven't, what's holding them back? Email me at hdkart@aol.com. †

Harvey D. Kart

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SOCIAL MEDIA From **Page 1**

However, Cassidy soon discovered that producing a newsletter was not very efficient. It took a long time to produce and you had to mail it to everyone. When the Internet became more mainstream, he was able to convert his newsletter into a digital format which made it easier to distribute via email. Despite the convenience of email, Cassidy still had to create and design the newsletter, and the production still took just as long.

Blogging changed all that. Now, Cassidy is able to create shorter articles for his readers, post ongoing, timely information, and produce a new article several times a week on his blog, called MedLawBlog.com.

“You also no longer have to explain concepts to your readers in great detail,” he says. “You can now hyperlink a phrase in your post for the reader to learn more about that particular topic.”

Cassidy says that blogging works well with the daily routine of practicing law. With his blog, he is posting items that come across his desk, such as the 2012 Medicare Physician Fee Schedule, links to other relevant articles, and summaries of court decisions related to other health law issues.

“I have to read items to keep current, and posting them on the Blog is almost an afterthought,” he says. “Sure you have to spend some time dictating those notes and finding the appropriate link to the regulation you are referencing in the post, but it’s an effective way of keeping my clients alert to the fact that I’m on top of these decisions.”

Cassidy doesn’t have any specific time during the day designated to writing a blog post. If something is brought to his attention that is interesting and important enough for him to read, then it’s interesting and important enough for Cassidy to take the time to post.

“Sometimes, a post could take all morning to research and then write, and sometimes it may take five minutes,” he says. “I write about whatever I think is good information for my readers to be aware of—even if it doesn’t come from me. Sometimes I’ll direct my readers to another good post on another blog.”

One obstacle that Cassidy believes discourages people from blogging is that they don’t want to give away information that they previously were paid to provide.

“If you post too much information on your blog, some attorneys feel that they are giving away information that clients would normally call you for,” he says. “I don’t think that’s true. We have evolved from information gatherers and advice givers to just advice givers. The ownership of the knowledge of specific information has decreased significantly and the importance of the expertise has increased.”

While Cassidy says that consumers are often turning to the Internet for more legal information, they still need someone to go to for advice. Years ago, only health care attorneys had access to information such as Medicare regulations. Now it’s accessible via the web to anyone who does a search. While people can research it themselves, they are finding that they still need help with the advice.

“They want experienced people to answer their questions,” he says. “In the past, all the law was in law books, so as an attorney, you needed to do both, gather the information and give advice. The advice part comes with experience. I can provide good advice because of my experience. I identify issues that my clients should be aware of now, and suggest that if it’s something that concerns them, they should call me.”

Soon after blogging, Cassidy also began to using LinkedIn to make new connections and deliver his blog posts to another audience.

“We decided that being active on LinkedIn would provide an opportunity to maintain visibility,” says Cassidy, who has more than 1,000 connections on LinkedIn. “The blog helps us with search engine visibility. Participating in LinkedIn complements that because when I post something on my blog, it is also posted on my profile on LinkedIn.”

● Considering starting a blog yourself? Here’s Cassidy’s advice and tips for getting started:

● Tailor your content to your specific audience’s interest. (For Cassidy, his audience is health care professionals who care about laws and regulations affecting the health care arena.)

● Keep it short and sweet.

● Make it part of your daily routine so it flows easier, rather than becoming a distraction.

● Find what interests and is important to you because it will be for your audience.

● Post often. Posting occasionally won’t achieve visibility because search engines measure a number of dynamics including number of hits, frequency of posts, and number of links.

“Your blog has to be active to be productive,” says Cassidy. “If you only do it once a month, no one is ever going to see it or pay attention to it.”

Cassidy’s blog has helped his practice from a marketing standpoint because it has given him much greater visibility. Since he started blogging four years ago, there has been 227,379 visits to his blog in that time span. He averages between 200-250 hits per day now.

“That’s a lot of visibility,” he says. “Blogging is a marketing, networking and business development tool which has been effective. Someone usually calls or e-mails me every week about advice they’ve seen on my blog. And that’s a good return for me.”

For more information on Mike Cassidy’s blog, visit www.MedLawBlog.com. You can also email him at Mcassidy@tuckerlaw.com.



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HIMSS11: A Retrospective



By Lee Kim, Esq.

This year, at the HIMSS11 Annual Conference and Exhibition which was held from February 21 through 24, there were over 31,000 attendees from around the world and more than 1,000 global exhibitors. HIMSS is one of the largest health care information technology and management organizations in the world and the annual conference and exhibition is one of the largest trade shows.

A wide variety of people attend the HIMSS annual conference and exhibition: executives, physicians, nurses, technicians, consultants, attorneys, vendors, academicians, and students. Exhibitors offered solu-

tions for ambulatory information systems, continuity and disaster recovery, clinical decision support, educational resources, electronic medical record systems, financial decision support and management, hardware, health information management, interoperability, computer networks, telecommunications, telemedicine, and more.

In all, these individuals represent a wide range of entities from hospitals, physician practices, software companies, provider and payer organizations, government entities, and law firms.

In the words of Bonnie B. Anton, RN, MN of UPMC St. Margaret and Immediate Past President of Western Pennsylvania HIMSS, she eloquently stated: "The annual HIMSS conference is an excellent opportunity to attend educational sessions on a wide variety of eRecord topics, query vendors about their products and network with colleagues."

The selection of keynote speakers was stellar--and not just health professionals, but even celebrities from the worlds of entertainment and politics who were using their "celebrity" to raise some important issues for our industry. They included Robert B. Reich, Former Secretary of Labor under President



Bonnie B. Anton

Clinton; the Honorable Kathleen Sebelius, current Secretary of Health and Human Services; David Blumenthal, MD, MPP, the National Coordinator for Health Information Technology Department of Health and Human Services; Michael J. Fox, actor, author, and founder of the Michael J. Fox Foundation for Parkinson's Research, and Richard Boyd, Chief Architect of Lockheed Martin's Virtual World Labs.

They were all memorable and powerful speakers who left us all talking about what next steps we could take to continue the dialogue they brought to the podium.

Some accolades, too, for people from our Western Pennsylvania HIMSS chapter. Barry T. Ross, was the 2010 Distinguished Fellows Service Award recipient. This is an award which is presented to a fellow HIMSS member who, in the judgment of HIMSS Fellows, has made significant, commendable, and long-standing contributions to the organization. Fifty outstanding industry leaders, including Ross, were recognized for achievement over the past fifty years in the field of healthcare information technology and management systems.

In retrospect, Ross shared the following comments about HIMSS11, its evolution and where it is today:

"I am enthralled about having been part of the planning process for HIMSS11 as it was a remarkable milestone event in the Society's legacy. The event commemorated 50 years since the Society was founded as the Hospital Management Systems Society (HMSS) on December 1, 1961. It reflected about sixty (60) years since the profession of management systems/Management Engineering was first formally introduced to health care. It also marked about thirty (30) years since healthcare information technology (HIT). HIMSS11 was, for me, an opportunity to reunite with those who helped shape out legacy. It helped recall how, in the 1980s, management engineers such as me, were assuming responsibility for information systems in hospitals. It also was a reminder of my Board discussing with the American Hospital Association about the potential to welcome HIT practitioners to become members of HMSS. I was fortunate to have been in my position as HMSS President to formally structure the Society to embrace HIT professionals as a constituent segment of the Society."

Dr. Mohamad Arif Ali, President of the Western Pennsylvania HIMSS Chapter, echoed Ross' comments by adding:

"I am proud the three Pennsylvania chapters--Western Pennsylvania, Central, and Delaware Valley HIMSS--were able to work together...celebrating the 50th anniversary of HIMSS this year was special as its roots are in Western PA. We are blessed to have 50 in the 50 honorees and past president of HIMSS, Barry Ross, on our Western Pennsylvania HIMSS advisory board. I am blessed to call him a mentor."

The organization has many programs, events and new ideas planned for the coming year, so be sure to become a HIMSS member. Join your local chapter and become part of a new beginning with rich history and tradition. †

Lee Kim, Esq. is an HIMSS Member and attorney for Tucker Arensberg, P.C. You can get the most updated information on HIMSS by going to the national website at www.himss.org and the Western Pennsylvania HIMSS website at www.wphimss.org.



Barry T. Ross



Dr. Mohamad Arif Ali

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 on a variety of topics.

These continuing education sessions will be held the first Saturday of each month from 8:30 to 11:30 a.m. at the School of Nursing, Victoria Building, Oakland Campus, and at the Pitt-Greensburg Campus, Millstein Library via conference video.

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Saint Vincent Celebrates Doctors Day 2011

Saint Vincent Health System celebrated Doctors Day during the week of March 21 with the medical staff honoring Thomas Wittmann, MD, during a luncheon on March 22 at Saint Vincent.

Dr. Wittmann is board certified in pulmonology and critical care medicine, and practices with Chest Diseases of NW PA. He has been on the Saint Vincent Medical Staff for 29 years.

After earning his medical degree from the University of Pittsburgh, Dr. Wittmann completed a residency in internal medicine at the University of Cincinnati. He went on to complete a fellowship in pulmonary disease at University Hospitals of Cleveland in 1982, at which time he joined the Saint Vincent medical staff as a clinical pulmonologist.

Throughout his career at Saint Vincent, Dr. Wittmann has served as president, vice president and secretary/treasurer of the medical staff; chairman and vice chairman of the department of medicine; division chief of pulmonary and critical care medicine; and as a member of the Saint Vincent Board of Trustees. In addition, he has been a member of several committees, including Medical Executive, Clinical Investigation, Credentials and Operating Budget Review.

Dr. Wittmann has been actively involved in the education of physicians and respiratory therapists and students, teaching weekly chest conference and respiratory therapy classes at Saint Vincent. He is also the physician advisor for respiratory

therapy students seeking certification at Saint Vincent and a teacher in the Saint Vincent Family Practice Residency program.

He has earned multiple honors for his educational work including the "Golden Apple" award for teaching Saint Vincent family practice residents (twice) and the Physician's Recognition Award in Continuing Medical Education from the American Medical Association. In addition, he consistently earns the Teaching Recognition Certificate from the American Academy of Family Practitioners for the significant amount of time he spends educating residents and practitioners.

Dr. Wittmann helped establish the first laser bronchoscopy and endobronchial brachytherapy units in the Erie region. He has been the recipient of numerous awards for his clinical achievements and compassionate commitment to his patients as well, including "Best Doctors" in America, and the Saint Vincent "We Know How To Treat People" award. He has also been recognized as a Fellow with the American College of Physicians and the American College of Chest Physicians.

"Dr. Wittmann displays a considerate manner and exhibits a profound understanding of knowing how to treat all patients, and employees and colleagues," said Richard Cogley, MD, Saint Vincent chief medical officer. "Over the 29 years while serving the medical staff as teacher, department chairman, president and board representative, he exemplified what President Coolidge once said, 'No person was ever honored for what he received. Honor has been the reward for what he gave.' For what he gave Saint Vincent and me, I will forever be grateful."

In honor of Dr. Wittmann on this Saint Vincent Doctors Day, Saint Vincent Health System is making a \$1,000 contribution to his charity of choice – the Saint Vincent Foundation.

"I have most enjoyed the opportunity to make a difference, even a small difference, in someone's life," said Dr. Wittmann when asked about what he found most satisfying about his career as a physician. "At Saint Vincent, I have been privileged to be part of a very special team of people who share a common vision. Whether administrator, professional nurse or housekeeper, each member of the team has shared the goal of providing God's healing love to those in need. Being part of this team has been the most enjoyable part of my career."

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NATIONAL DOCTORS DAY MARCH 30th

- March 30, 1842 Dr. Crawford W. Long of Jefferson, GA, administered the first ether anesthetic for surgery. He removed a tumor from a man's neck. The patient said that he felt nothing during the surgery and wasn't aware the surgery was over until he awoke.
- Following overwhelming approval by the United States Senate and House of Representatives, on October 30, 1990, President Bush signed (Public Law 101-473) designating March 30th as "National Doctors Day." (The red carnation is symbolic for that day.)

Dr. Elmer Hess, a former president of the American Medical Association, wrote: "There is no greater reward in our profession than the knowledge that God has entrusted us with the physical care of His people. The Almighty has reserved for Himself the power to create life, but He has assigned to a few of us the responsibility of keeping in good repair the bodies in which this life is sustained." Accordingly, reverence for human life and individual dignity is both the hallmark of a good physician and the key to truly beneficial advances in medicine.

A special recognition for Three Rivers Hospice and Palliative Care Medical Directors:

- Dr. Rudolph Antoncic III
- Dr. John Prendergast
- Dr. Viharika Bakshi
- Dr. Eugene Skiffington
- Dr. Philip Gelacek
- Dr. Kevin Wong

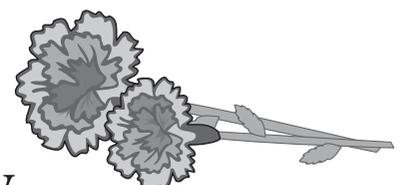


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A Salute to All Doctors on This Day



Dispelling the Myths about Hospice: Do you know the real facts?



By Dr. W. J. Monsour

Hospice is a difficult subject. In America, we don't like to talk about death. Yet it happens to all of us and to our loved ones. What if there were a comprehensive, medically directed program that helped patients and families understand and deal with the pain and process of death?

Hospice is just such a program. Hospice is a family-oriented, team-directed program that brings comfort to patients with limited life expectancy by controlling pain and symptoms while maximizing quality of life in the time remaining. Hospice also focuses on helping

families through the trauma of losing a loved one, both during the process and for up to a year afterwards.

Yet because hospice deals with an uncomfortable subject, there are many misunderstandings about what it is and isn't. Hopefully the following facts will dispel the myths and allow more people to understand this valuable service.

- Hospice brings comfort to patients in the process of dying and to their grieving families by enhancing the quality of life left to live and by replacing helplessness and fear with peace. Hospice works with men and women of all ages, races, and religions. It respects the values and culture of families and their right to choice.

- Hospice is available to anyone with an illness that is expected to limit life to six months or less. That includes cancer, heart disease; neurological disorders, such as MS or ALS; Alzheimer's and dementia; diabetes; emphysema; kidney disorders; stroke; and lung and liver disease.

- Hospice is not a place, it is a service that can be provided in the home, an assisted living facility, the nursing home, or the hospital. Interdisciplinary hospice team members include doctors, RNs, nurse's aides, social workers, spiritual counselors, and bereavement counselors. The hospice team helps patients and their families on a physical, emotional, social, and spiritual level. Several companies provide hospice services.

- Hospice is not a volunteer organization; care is provided by highly trained medical professionals who specialize in end-of-life care, social workers who understand what patients and family needs are at such a time of crisis, and spiritual and bereavement staff who can talk about painful subjects in ways that promote understanding and acceptance instead of fear. Hospice also has volunteers who are available to offer companionship for patients and even to run errands for time-pressed family caregivers.

- Hospice is not a "death-bed" service in the last hours of a patient's life; it is designed as a care plan for the last six months (frequently longer) of a patient's life. Once a patient has been diagnosed as having a limited life expectancy, hospice can begin to alleviate physical pain and address the emotional and spiritual issues that face both patients and their families. In fact, the sooner hospice services are initiated, the more comfortable the patient will be and the better quality of life he or she will have in the remaining days.

- Medicare, Medicaid, and most insurances pay for all of hospice services. Unlike with home health, medications, supplies, and equipment, such as a hospital bed, are also one-hundred-percent covered.

- Hospice does not take control of patient care; instead, nurses and staff work with the patient's physician to coordinate care and make recommendations, based upon their expertise, on how to alleviate pain and symptoms. The patient does not have to give up his or her family physician. Hospice also works with the patient and family to help them understand the changes that are happening and to choose the most meaningful way, consistent with their wishes and needs, to spend the remaining time.

- Hospice doesn't replace family care; it enhances the involvement of the family. Often families have unresolved issues and strains. With their special training, hospice social workers and interdenominational spiritual counselors can help alleviate those issues and bring families closer together.

If you would like information about AseraCare Hospice in Pittsburgh, please call our office at 412.271.2273. If you are interested in joining our team of volunteers, please call Rebecca or Linda at 412.271.2273. †



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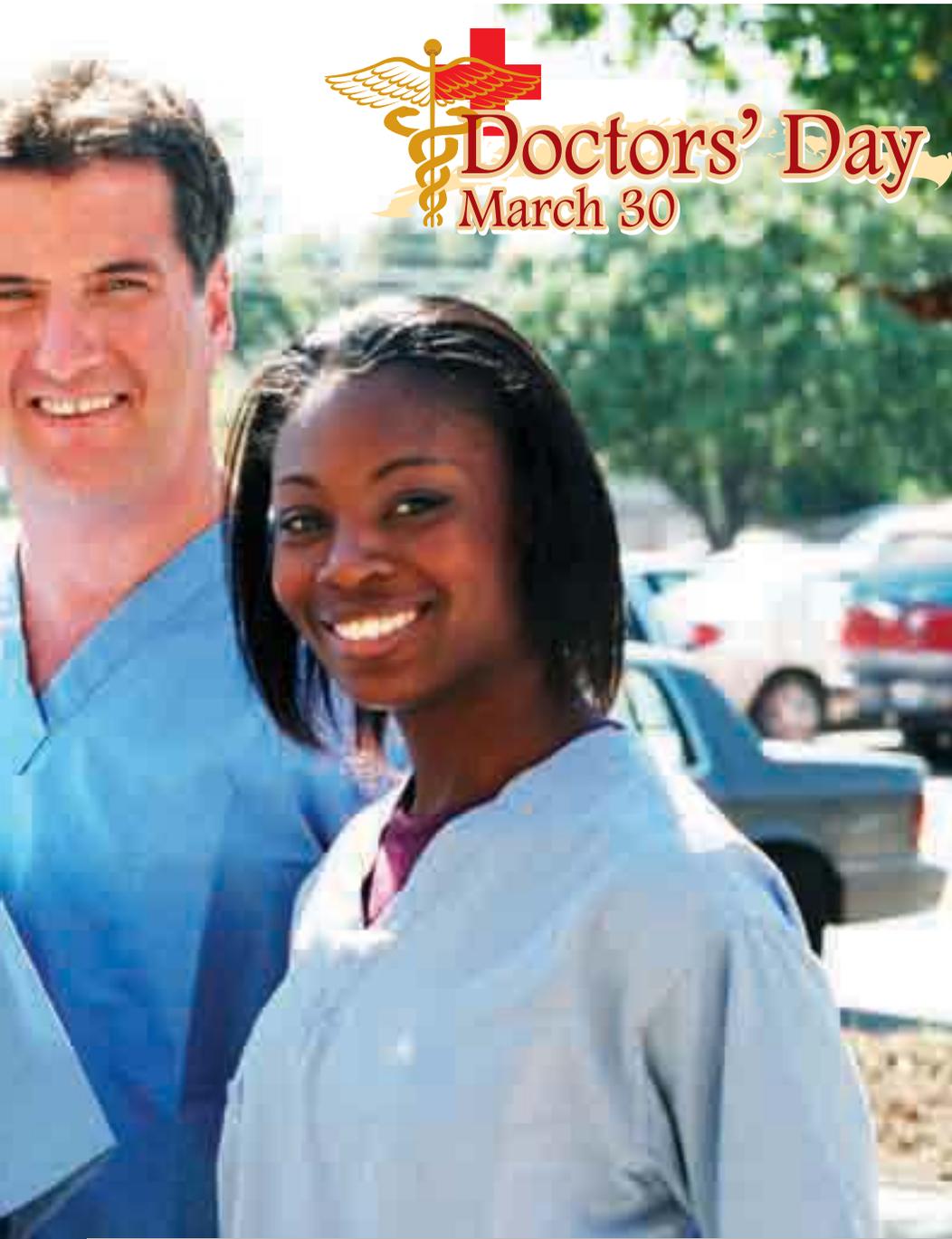
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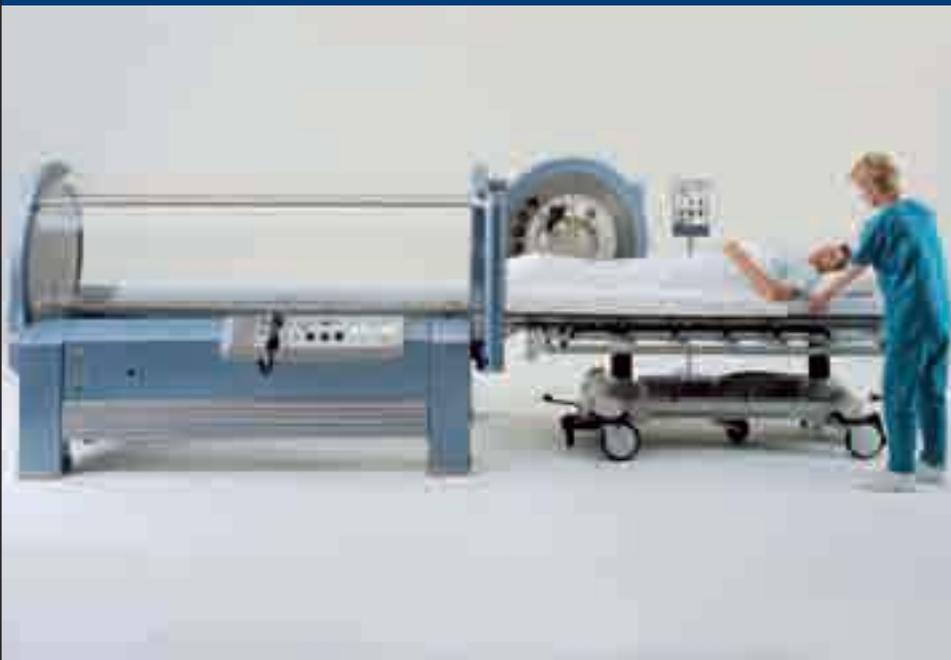
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Building Your Brand from Within



By Phil Feldstein

It's rare to turn on the TV, read the newspaper or open any local magazine and not see an ad for a hospital or provider within a few minutes. Healthcare providers like other industries understand that targeting consumers is vital to the growth of their organizations. While many regional providers are doing a great job of marketing to the public to build awareness it's not unusual for them to neglect their most loyal group – employees.

If you ask the typical hospital employee to tell you about some of their main service lines or key physicians, chances are you will get a shoulder shrug. I've seen hos-

pitals advertise services offered that their own employees were unaware that they provided. While these examples sound extreme there is always more that can be done to target employees. The last thing any health system would want is for one of their employees or their family members to go elsewhere for care that can be offered by them. However, when this data is available, it is not uncommon to discover an outmigration of your own staff to other facilities.

Internal marketing provides an important link to the community as the hospital is often the biggest employer in its own primary service area. "Word of mouth" advertising through employees, family members and friends can exponentially grow hospital volume and improve public perception. Building the brand from within is an underestimated component of the overall marketing plan and can be achieved through regular communications, internal promotion and progress updates for the system. Share all of your achievements and let staff know what they are and how they were attained. Do people really understand the significance of Joint Commission certification, Magnet status or a Five-Star HealthGrades designation? If they do not, then the average consumer certainly does not.

This level of communication should flow to all levels of the organization from volunteers to sr. leadership. It should also incorporate strategies to include other personnel who are actively engaged with the hospital such as the physician network, physician office staff, vendors and suppliers. Anyone who walks into the door of the hospital is a potential utilizer of services or knows someone that might.

The audience most often neglected in this process is the volunteer. They are expected to help everyone coming into the hospital, yet little is typically done to educate them regarding what the hospital offers. This is unfortunate since they are

often the most vocal members on staff and they are typically involved with multiple other groups throughout the community. You can be sure if something is getting positive feedback they are going to tell others and the reverse is true as well. Paying special attention to this group though planning dedicated programs and events can go a long way to promote the hospital's services to this key demographic of healthcare users.

Fortunately for those not actively targeting staff, an internal campaign can be far more cost effective as compared to the other traditional forms of media advertising. Adding education about the services provided during new employee orientation can establish this message early, but it must also be an ongoing effort. Take in inventory of the resources your organization has to communicate to staff and use these regularly to disseminate information. Common vehicles to accomplish this include:

- Internal newsletters
- E-mail
- Closed circuit video
- Staff memo and paycheck stuffers
- Intranet or social media pages
- Staff briefings and town hall forums
- Bulletin boards/signage in the cafeteria, lounges and other common areas

Does the hospital have annual events that can also serve as a springboard to educate employee on specific services? Most places now celebrate Hospital Week, Nurse Appreciation or other themed events. There is no reason these cannot serve multiple functions to educate as well as recognize staff for the work they have done.

A well conceived internal campaign will make employees at all levels feel included and take greater satisfaction in the services they provide to the community. Being creative in your approach, sharing your successes and using all available outlets will not only pay dividends by increasing overall awareness with consumers, but give employees a greater sense of pride. †

Phil Feldstein is President and Founder of Creative Health Advisors, a healthcare marketing consultancy firm based in Pittsburgh. Phil has worked with over 100 hospitals, physician groups and other ancillary providers on the creation of marketing and branding strategies. He has spoken at national conferences and is an active member of the Society for Healthcare Strategy and Market Development (SHSMD). His website is www.creativehealthadvisors.com.

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Finding the Cure...for Bullying

By Nick Jacobs



It seems like each week, another story about bullying is featured on the television news. As I have mentioned here and elsewhere, I believe that bullying is the quintessential cancer on our lives in places of business, in the military, politics, and relationships of all types.

The good news – actually the *very good* news – is that there has been some incredible work being performed on this topic through the efforts of Dr. Matt Masiello at the Windber Research Institute in Windber, PA. Grants through the Highmark Blue Cross Foundation of Pittsburgh have fueled this initial effort and the academic and

quantitative analysis being done by Clemson University has documented this work. I believe that this joint effort is a magnificent example of what can be done to change the future course of events currently being controlled by bullies.

One of the stories that I saw recently featured the Massachusetts school where, due to cyber-bullying, a young girl committed suicide last year. Apparently, another girl is now having the same experience at the same school. With the help of programs like this comprehensive anti-bullying program, the former Secretary of Education from PA, Dr. Gerald Zahorchak, (now Superintendent of the Allentown PA school system), embraced the effort to quell and discourage this type of destructive behavior. And the program, under the direction of Dr. Matt Masiello has successfully been introduced across the entire State of PA. (Matt had started the Allegheny County's Goods for Guns program in 1994, when he was the head of pediatric intensive care at Allegheny General Hospital. To date, this program is responsible for collecting more than 11,000 illegal guns from the streets of Pittsburgh.) Matt has had the same success with this anti-bullying program. Now, both Massachusetts and Maryland are looking into embracing this effort.

This anti-bullying program is based on a European program with which Dr. Masiello had become familiar. This effort is a school system-wide effort that is very well documented and results in tremendous awareness and reduction of bullying at all grade levels.

The trainers bring a group of teachers and administrators together in the school system, and then "train the trainers" as to how this effort can become part of the

philosophy of the school. They start the training in the spring, typically launch the school wide effort in the fall and run it for at least a year. During that time, detailed records are kept measuring outcomes.

Matt is a wonderful physician and a truly giving person, and, by the way, he is also the only U.S. representative on the board of the World Health Organization's Health Promoting Hospitals program. He has worked tirelessly to address both this problem and problems related to childhood obesity.

The Olweus Bullying Prevention Program (Olweus.org on the web, @Olweus on Twitter) has impacted more than 400 school districts and 20% of all school-aged children in Pennsylvania. It has also had up to a 50% reduction in student reports of bullying ...and bullying others. †

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

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Choose a Patient Payment Solution that is HIPAA Compliant



By **William Collins**

In today's healthcare environment, providers are faced with numerous challenges around patient billing and payment acceptance. Patient payments have become one of the fastest growing portions of a providers' revenue stream, yet can be one of the most difficult for a healthcare provider to collect.

In the April 2010 issue of Medical Group Management Association's *Connexion*, providers reported that \$1 of every \$4 comes directly from patients, and up to 50% of patient payments are being written off as bad debt due to their inability to effectively collect from their patients.

Both tremendously impact a healthcare provider's bottom line.

The reason for this shift varies. Unemployment and uninsured patients are a factor as are insured patients with higher deductible plans and the overall decline in payer reimbursement rates. All of these variables have led to patients becoming more fiscally responsible for healthcare services and providers needing more robust patient payment acceptance solutions.

Healthcare providers state they need a payment solution designed for healthcare — not for retail — that will help them:

- Accept patient payments of any kind quickly and easily
- Improve cash flow by bringing in payments sooner
- Increase staff efficiency for patient payment acceptance
- Decrease billing and collection costs
- Offer patients an online payment option
- Ensure the solution complies with HIPAA to protect sensitive patient information

TRADITIONAL CREDIT CARD PROCESSING SOLUTIONS

Traditional payment processors do not meet the needs of healthcare providers. Their systems are designed for retail environments and not equipped to handle the unique challenges of patient payment acceptance. Many only support basic credit card processing and lack the features and functions needed to collect payments from patients after services have been provided.

If a traditional processor does support more advanced features, use of those fea-

tures by the practice may violate one or more HIPAA regulations as they relate to the sharing of protected health information. As a general rule, most traditional payment processors have not taken the steps necessary to become HIPAA compliant, putting the practice at risk with any patient information they may share with the processor.

A PATIENT PAYMENT MANAGEMENT SOLUTION

A payment processing system designed for the healthcare environment that meets the stringent requirements of both the payment card industry (PCI), and HIPAA can make a significant impact on any healthcare practice.

A patient payment management solution can provide the tools necessary to improve patient collections — both at the point of care and after the patients have left the office. By offering an online patient payment portal, secure patient payment data storage for future processing, automated recurring payments and space for detailed demographic information for every patient payment — whether in the form of cash, ACH or credit card — a patient payment management solution can make posting and payment reconciliation easier at the end of the day. Additionally, this solution is one that allows healthcare practices to securely use patient information to better manage business, knowing it will not violate HIPAA rules.

In the ever-changing dynamics of healthcare where patients are becoming more and more fiscally responsible for healthcare services, providers are in need of robust patient payment management solutions — for example, Heartland Payment Systems' ConfirmPay™, powered by TransEngen.

There are plenty of payment processing options on the market today, but that doesn't mean they are all good for a healthcare practice. By choosing the right processing partner — one that will meet the healthcare providers and patients' needs and offer a HIPAA compliant solution that meets PCI requirements — a provider can be confident that its HIPAA compliance is in good hands — and perhaps even see an improvement in its bottom line. †

William Collins is the executive director of vertical market strategy at Heartland Payment Systems, provider of the ConfirmPay patient payment management solution. To learn more about Heartland's full line of healthcare business solutions — including ConfirmPay — call 972.295.8677 or visit HeartlandPaymentSystems.com/healthcare.

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Translational Science in Schools Training Available



By Charles J. Vukotich

The School Based Research and Practice Network (SBRPN), established in 2008, is a partnership between The Center for Public Health Practice in the Graduate School of Public Health and the Clinical and Translational Science Institute (CTSI). The network acts as a liaison between investigators and school administrators, assists investigators in all facets of community-engaged research in schools, and supports the use of research results to inform policy.

As of the end of 2010, SBRPN has met and established contacts with nearly all 43 Allegheny County school districts, including the Roman Catholic Diocese of Pittsburgh, plus a number of private schools and schools in the surrounding counties. Collaborations involving ten investigators, five private institutions, and 29 districts representing more than 100 schools have begun. Projects include studies of anxiety disorders, environmental factors affecting childhood asthma, parenting strategies, autism, sleep education, and concussion evaluation.

SBRPN provides a wide range of services to investigators in the University community, including Pitt, UPMC and CMU. It provides training on working in K-12 schools, and the opportunities and challenges inherent in such research. It also will:

1. Help design research which is school friendly and will be school successful.
2. Advise/assist on writing grant proposals.
3. Comment on existing protocols and proposals.
4. Provide one-on-one specific counseling with design, implementation and other research issues.
5. Advise on Pitt/School IRB challenges and procedures.
6. Help introduce/match researchers with schools and school systems.
7. Help facilitate implementation of research protocols.
8. Assist researchers to find temporary staff or volunteers available for school research tasks.

9. Coach/train staff working in schools.

SBRPN will help investigators by using its existing network of school and community connections in Pittsburgh and Allegheny County.

SBRPN provides "Research with Schools", a seminar designed for investigators, project managers, research coordinators and research staff, to provide insight into designing and carrying out research in schools. It incorporates real world experiences. The seminar will also explain the full range of assistance available to help you design and implement successful school-based research programs.

The next session will be held on Thursday April 7, 2011, in 5604 Posvar Hall (Colloquium Room). Spaces are limited. Contact RJT8@pitt.edu or call 412-383-5347 for information or to register.

To learn more about the SBRPN, look on the web at <http://www.cphp.pitt.edu/translationalscience.htm>. To learn more about the Clinical and Translational Science Institute go to <http://www.ctsi.pitt.edu>.

Charles J. Vukotich is a Senior Project Manager at the Center for Public Health Practice at the University of Pittsburgh. He is Director of the School Based Research and Practice Network. He can be reached at CharlesV@pitt.edu.

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Whose Employee Is the Temp Worker? That Depends.

By Jane Lewis Volk



The solution seems easy: when you're short a nurse or two, hire a qualified temporary worker through an agency to fill in the gaps. But things can get complicated, and fast.

For instance, when the temp is laid off, who pays for unemployment benefits? The temp agency or the company hiring the temp through the agency? What about employment discrimination charges? Against which company would a temp file charges?

With a high demand for health care workers, more and more health care providers are looking to staffing agencies to cover the gaps and cut back on high employment costs. But when it comes time to deal with common employment issues, like a request for extended medical or family leave or an injury on the job, whose employees are these temp workers?

In many cases, the answer is both companies. When a health care provider hires temps through a staffing agency, the health care provider and the agency are both responsible for complying with federal and state employment laws. The health care provider can even be considered a "joint employer" if it has some control over temp employees' work, as most will.

All health care providers should know their responsibilities in the following areas when hiring temp workers through an agency:

1. Discrimination in the workplace

Discrimination against any employee, full-time, part-time or temporary, is against the law for any employer. Discrimination includes harassment, failure to accommodate disabled workers and making employment decisions based on race, gender, national origin, age or religion. Both staffing agencies and health care providers must comply with discrimination laws, and either or both could be held responsible for claims filed against them, regardless of who signs the employee's paycheck.

2. Extended medical leave

Under the Family and Medical Leave Act (FMLA), eligible workers of covered employers have the right to take up to 12 weeks of unpaid leave to care for ailing family members or themselves or for childbirth or adoption, if they've been

employed by the company for 12 months and worked at least 1250 hours.

If an eligible temp employee requests FMLA leave, the staffing agency administers the leave, provides all notice and benefits and restores the worker's job when he or she returns. The client health care provider is not free of responsibility, however, especially if it continues to employ workers from the staffing agency. In that case, the client company may be required to reinstate the employee when the extended leave is up. And either employer could be held liable for retaliating or discriminating against employees who invoke their rights under the FMLA. Health care providers should also be aware that workers who start as temps and then become full time employees can count any hours worked as a temp toward the minimum FMLA requirement.

3. Safety and injury on the job

Under the Occupational Safety and Health Act, employers must maintain a safe and healthy work environment for all employees, including temporary employees. Staffing agencies may be responsible for preventing or correcting hazardous situations of which they are aware or should have been aware.

If a temp employee is injured on the job, the agency is generally responsible for providing workers' compensation. But if a temp employee is injured while performing a task outside of the agency's agreement with the client company, the protective lines of the workers' compensation law become blurred. In these situations it becomes possible to argue that workers' compensation no longer applies, which raises the potential for a direct lawsuit by the injured employee.

4. Unemployment compensation.

Any temporary employee who is an independent contractor is not eligible for unemployment benefits. If not an independent contract, temporary employees are entitled to unemployment benefits, in most cases paid by the employer responsible for paying the taxes on the temp worker's wages.

Health care providers hiring temps through staffing agencies should keep in mind that either company can be considered to be an employer if and when an employment issue arises. Each employer may have its own distinct responsibilities, but either or both may face potential penalties and legal action if they violate a temporary worker's rights. †

To contact Jane Lewis Volk of Meyer, Unkovic & Scott, email jlw@muslaw.com.

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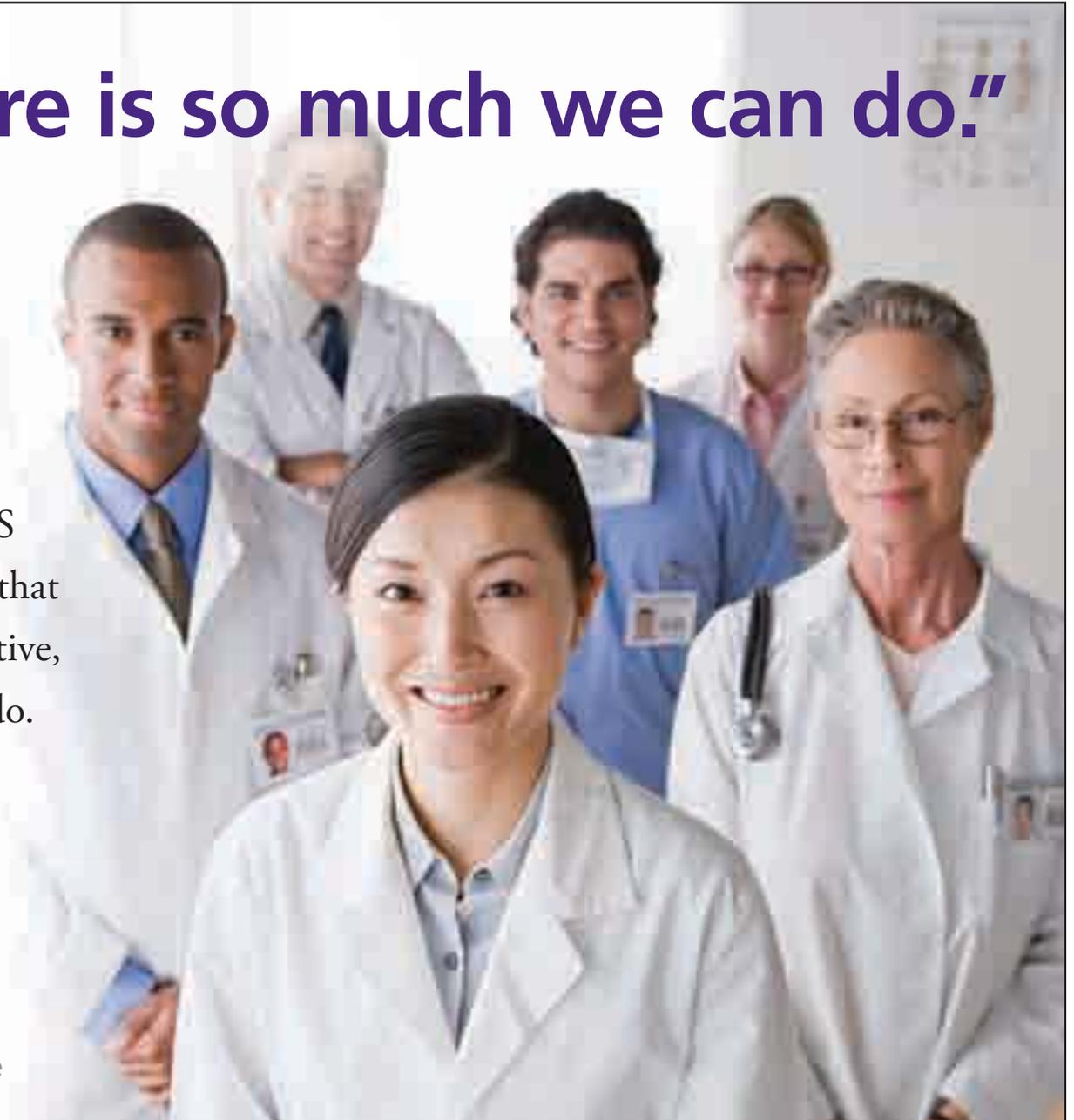
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Know Your Stress



By Andrea R. Nierenberg

Everyone has some stress. There's so much to do in our departments and only a certain amount of time to do it. We get it done, yet often at a harried pace. What can we do to alleviate some of the stress?

Slow down.

The word "harried" suggests that our system is running on adrenaline. It is almost like an addictive drug and if not monitored can be dangerous. When we're under stress, particularly long-term stress, the chemicals our body produces to save our skins in time of real emergency, are called upon far too often. They slowly

eat away at our good health and well being.

Under stress our brain is in control. It perceives a "danger" and sends a host of forces out to defend itself. It sends signals to release powerful chemicals into the bloodstream – cortisol compounds, adrenaline and the like – just in case we have to fight – or run – for our lives. The "Fight or Flight" response has enabled us to stay alive, be alert, and survive in a tough world.

We've all seen the picture of the 100-pound woman who is able to lift a car with one hand because her child is under it. Stress chemicals are truly performance enhancing drugs. Just keep in mind that 90% of all illness is stress related.

Occasional stress? This is actually good– it adds a little juice to life and keeps us sharp – some stress works for the system. It provides creative tension. Too much stress is deadly. This is the balance issue people really need to tackle.

Short-term stress is really no problem if you've built up a "reserve tank" with healthy habits and know a few tricks to zap stress as it's coming at you. Shifting from the "what's wrong?" of the situation to the "what's good?" in the situation is helpful. Shifting your focus from the stressor at hand to something you can be grateful for and appreciate will actually shift your heart rate variability and cause harmony in your system. Creating a positive emotion to replace the negative one will help you repair the effects of the stress. Knowing how to spot the stressful situations before they zap your energy is key.

So the first step is to slow down and take a good look at the long and short term stressors in your life and how they affect you.

On the right side of a piece of paper write down a list of the daily things you do that give you energy. (Playing with your kids, getting challenging yet solvable issues at work, taking a walk, spending time with a friend, loved one or co-worker, feeling gratitude and appreciation, meditation, prayer, etc.) These are our 'energy gains'.

On the other side of the page write Energy "Drains" and list the things you do that sap your energy and/or light. (Rushing to pick the kids up for practice, the boss who always gives you last minute work, the dreaded dentist appointment, negative self-talk, forgetting to exercise, saying yes to everyone except yourself.)

Take a good look at a one or two day chunk of time and see if you can discover a pattern or get an idea from looking at your gains vs. your drains.

Make this exercise more significant and give each "Gain" a score +1 - +5 and give each "Drain" a score of -1 - -5. Add up the columns and see where you are at the end of the day. Look at your numbers. Tell the truth.

If you consistently end each day with an energy deficit you need to make the commitment – right now – to fix that situation. Not enough energy for too long means you are in a state of depletion and that means long-term stress on your system.

Where might you add some energy "gaining" activities – even short ones – to balance out the drains?

Long term and chronic stress is a problem and needs to be proactively addressed in order to maintain good health. Understanding how you use – or lose – your energy every day is an important piece of information.

You can't fix the problem if you don't really know what or where it is.

Reducing stress is really about managing your energy differently. When you have an energy leak, you get stressed and the body sends out an alarm and the adrenal glands respond (and too often keep responding.)

So, knowing where the leaks are is the first step in fixing them.

Take several deep breaths and sit down with your paper to begin taking charge of your stress and your life.

What can you eliminate or change to reduce the energy drain or stress? Can you ask for help? Can you say "no"? Most people are over scheduled and overwhelmed by trying to do too much. Add work to that load and the stress begins to feel even worse.

Secondly, take a look at your perception of the situations you described on paper.

Is your "Drama Quotient" too high? Are you perceiving any situations as

"terrible, horrible, or awful" when someone else might look at the same situation as bothersome, annoying, or "whatever"?

How we label things can affect how we perceive them and how our body reacts to them. Naming something imposes meaning on the thing we name. Taking things too personally (like upset customers) can intensify our reaction.

Take a work situation for example. When you we think about it objectively, most upset customers are not out to get you, they're just out to get justice. How you perceive and label their behavior affects how you take it in. In order to preserve the health of your body and mind, it's a good idea to see difficult situations as challenges you can skillfully navigate.

Learn to create a respectful distance between you and someone else's negative emotions. Stepping back from the "triggering" that occurs as our "Fight or Flight" reaction tries to kick in we have a split second to shift our perception and move right into "solution" mode.

Learning to empathize and manage a communication with an emotionally charged person is a high level skill. The sooner you master it, the easier your job becomes. (In the office and at home.)

When your perception of a situation changes, your response changes. The opportunity to have a healthier response is available to you once you become aware of what your triggers are. Awareness is always the first step. Become a student of your own reactions. Once you begin to see what triggers you, you can get to work at reducing the impact on your system. Most of our reactions are habitual and we are hardly aware they exist until we're right in the middle of them. By then the stress is already in motion and some of the damage is already done.

Learn to take a breath and count to ten. That will give you enough time to assess the situation. You can change the situation, or you can change your perception of the situation. If it's something you'll laugh about in two weeks – start laughing now (at least on the inside.) Make it a priority to preserve your health and well-being. Put on your own oxygen mask first before assisting others. †

Andrea R. Nierenberg, author, consultant and business speaker is the force behind The Nierenberg Group. For more information, visit www.nierenberggroup.com.

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Security Issues of Using Technology in Health Care: Diagnosis and Treatment
Gary Manning, DSc, assistant professor and chair, Information Technology Management, Carlow University

The Role of Simulation in Emergency Care Education
Ann Roth, MD, professor, Emergency Medicine, University of Pittsburgh

SmartRoom—Thoughtful Technology at the Bedside
David Starko, president, SmartBooks, LLC

Issues of Life and Death—Patience and Wisdom
Bill Stewart, PhD, executive professor, philosophy, Carlow University

Simulation in Healthcare—A Multidisciplinary Approach
Jennifer Sprink, DEd, RN, director, Nursing Simulation and Skills Lab, Carlow University
Suzanne Davis, DEd, RN, assistant professor, Carlow University
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403(b) Retirement Plans: Why a Due Diligence Request for Proposal?



Jere L. Cowden

**By: Jere L. Cowden, Chairman and
Mark C. Muto, Financial Advisor,
Cowden Associates, Inc.**

The Answer Is Simple: Requests for Proposals (RFP), Done Right, Result In:

- Reduced fiduciary risks
- Lower plan costs
- Improved service for plan participants
- More efficient internal operations
- Setting the stage for improved retirement readiness by plan participants



Mark C. Muto

EXECUTIVE SUMMARY

The retirement landscape for hospitals has changed dramatically. Among the factors driving change is the shift to defined contribution plans as the primary retirement offering and the rapidly changing regulatory environment impacting 403(b) plans, the retirement benefit vehicle of

choice among hospitals. Additionally, board members, senior management and others are being subjected to much closer fiduciary scrutiny. Their increasing awareness of their fiduciary duty is contributing to the increased retention of independent advisors. A corresponding decrease in the use of agents and brokers is occurring as hospitals seek to eliminate the potential conflicts of interest they present.

Establishing appropriate processes is critical to protecting plan fiduciaries as well as maximizing the possibility that plan participants enjoy a dignified retirement. Included among the critical processes is a well established and documented process for selecting vendors, investments and related services and documenting fees. Conducting periodic due diligence RFPs is a critical part of fulfilling the fiduciary duty.

BROKERS, AGENTS AND ADVISORS

This article references brokers and agents and how they differ from advisors. Let's begin by defining how. Brokers and agents are compensated by the financial services

company they are representing based on products sold, whether it's a hospital retirement plan; your IRA or your homeowners insurance. They are not compensated for the guidance they provide, in fact, any guidance is considered incidental to the sale and is not advice. Brokers and agents are not fiduciaries. Often you will hear things like "well, if this were my money I might..." from your broker or agent. Conversely, an advisor is compensated for the advice they provide, they do not sell products. Their sole relationship is with the client and they are fiduciaries for the advice they provide.

BACKGROUND ON HOSPITAL RETIREMENT PLANS

Hospitals historically offered employees defined benefit retirement plans with a supplemental defined contribution voluntary savings option covered under IRS Section 403(b). Funding and accounting challenges related to defined benefit retirement plans have made it increasingly costly and more difficult to sponsor these plans and defined contribution plans have gradually become the primary or only retirement plan sponsored by many hospitals. Proactive plan sponsors will take the viewpoint that this evolution is an opportunity to leverage the regulatory changes to create a plan with more predictable cash flows that is viewed as an enhanced benefit of employment and is an effective tool for retaining and recruiting employees. Improved fiduciary protection is an added benefit to those in decision making roles.

Historically, 403(b) plans were individually sold annuities. Now, many existing 403(b) plans have simply transitioned to similar group contracts. Frequently these group contracts do not offer the more robust retirement plan features available in better 403(b) group plans. Many of the contract provisions of these group plans are outdated and rife with fiduciary liability, including:

- Excessive expense
- Investment contracts with unreasonable restrictions to participants and plan sponsors
- Investment offerings which are mostly or all funds offered by the provider (proprietary funds)
- Absence of a solid process to select, monitor and remove funds offered to participants
- Providers who are unwilling or unable to accept co-fiduciary responsibility
- Participant "education/counseling" through an insurance agent or broker paid to sell products, a potential conflict of interest
- Because hospitals have not historically retained independent advisors for their defined contribution plans, many are unaware of these potential liabilities.

REGULATIONS EQUAL DISCLOSURE AND TRANSPARENCY

The landscape for retirement plans, especially for hospitals has changed significantly. Hospitals are now faced with new 403(b) compliance rules that will: (1) Require them to complete a Form 5500 including the Schedule C fee disclosures (2) Beginning in 2012, IRS Code Section 408(b)(2) will be effective and plan sponsors will be required to disclose to participants on a quarterly basis plan-related and investment-related information including:

- A description of the services provided
- Whether the service provider will be an ERISA fiduciary
- A description of the direct payments the service provider (and its affiliates and subcontractors) expect to receive from the plan
- A description of the indirect payments the service provider (and its affiliates and subcontractors) expect to receive in connection with the arrangement, who will pay the indirect compensation, and for which services it will be received
- A description of any compensation exchanged among related parties (such as within a bundled services arrangement) that is transaction-based or charged against a plan's investment and reflected in its net value
- A description of any compensation expected to be received in connection with termination of the service agreement
- A description of how the service provider will receive its compensation
- Please take a moment and ask yourself whether you know the answers to these questions and if you are prepared to provide this information to your employees?

Regulators from both the Department of Labor and the Securities and Exchange Commission are committed to increased joint investigations. This alone should serve as notice to plan sponsors that they can be investigated, and the probability of being investigated is increasing. For these reasons, according to a 2009 Healthcare Retirement Trends survey conducted by the American Hospital Association and Diversified Investment Advisors and covering nearly 200 healthcare plan sponsors, more hospitals are retaining advisors, most of those advisors are paid on a retainer basis and most plan sponsors meet with their advisor on a quarterly basis.

See **RETIREMENT** On **Page 26**

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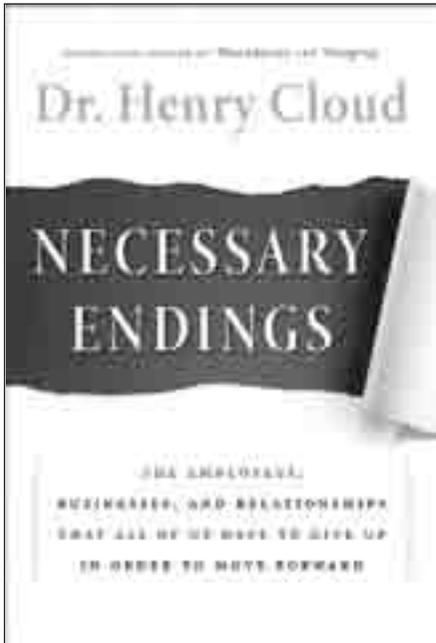
www.LIFEPittsburgh.org

LIFE Pittsburgh
Living Independence For The Elderly

“Necessary Endings” by Dr. Henry Cloud

c.2010, HarperBusiness \$25.99 / \$28.99 Canada

256 pages



In the last three years, you’ve lost plenty.

You’ve lost business, first of all, and maybe your job. You lost clients, investments, money, and opportunity. You might’ve lost your house and your confidence, too.

It’s enough to make you lose your mind.

But there’s still fight in you and things are looking up. So now it’s time to examine your losses by reading “Necessary Endings” by Dr. Henry Cloud. You’ll see how those terminations might’ve been the best thing that ever happened.

Endings, says Cloud, are a part of the universe. They’re a reality. You literally can’t move through life without any endings because growth demands it.

So when endings are forced upon you – like the loss of job or client – it’s important to understand how to deal with them by redefining the definitions of “positive” and “negative”. It helps to look at them as a “season”: when things end through no fault of your own, it was the “season” to move on.

But what if the decision is yours? Cloud likens endings to a rosebush. When a gardener prunes, he cuts off healthy buds and branches as well as sick and dead ones. Smart businesspeople are like that gardener: they can spot a branch of the company that is doing well, but that isn’t the best place to spend energy or funds. They can see if an ailing arm of the corporation will get better or not. They can spot dead wood. And they have the courage to strategically prune all three.

“It’s been said that some things die,” says Cloud, “and some things need to be killed.”

WINDOWS From Page 1

The result is predictability and efficiency. Another upside to having Melana by my side for 15 years: Friendship and trust have developed between us, too. The combination of productivity and familiarity makes office hours pleasurable on good days and generates the emotional capital needed to power the team smoothly through the not-so-good.

“Will Vicki,” I wondered on that note, “find my sarcasm endearing and fuss over the latest pictures of my dog?”

Vicki is the equivalent of Josh’s Windows 7.

During Josh’s office hours, she works just as hard as Melana and with just as much processing speed. She’s a competent, caring tech who happens to be assigned to a physician who sees a different category of patients than I do – he’s sports and shoulder, I’m joints and general orthopedics – and manages his schedule different from the way I manage mine.

This morning, my concern was that Vicki is so much a Windows 7 that only a complete wipe out of her hard drive would convert her to an OS X Snow Leopard.

I looked at my watch. The Genius Bar at the Apple Store wouldn’t open for an hour and a half. Too late. Our waiting room was full.

One casualty of our practice’s growth has been the confidence that I used to find in our consistency not just within teams, but also across them. Fewer physicians, subspecialties and locations meant fewer variations in practice style. Our tech staff was more interchangeable then.

My wife says that, when someone is too rigid and narrow-minded, he misses opportunities to gain new insights and experience the richness of meeting diverse people.

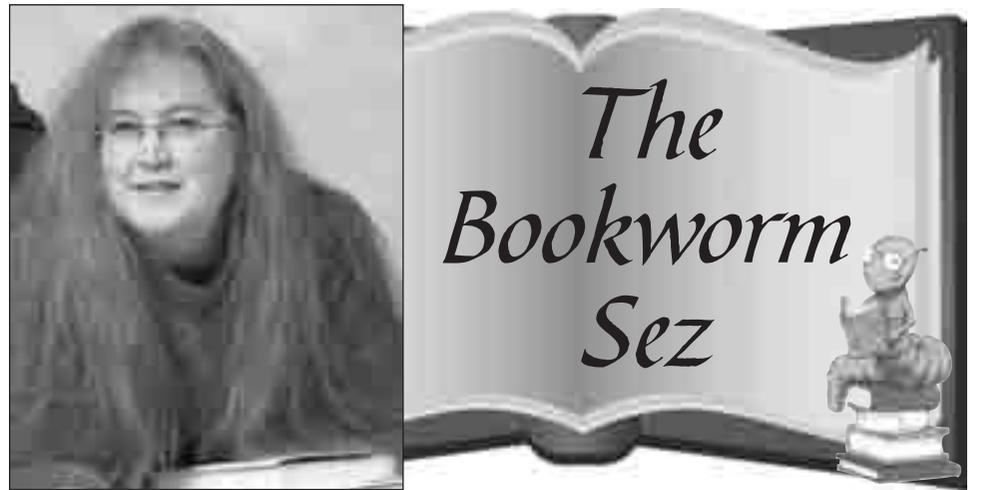
She’s right again.

Growth has an upside, too. For example, it brought us Holly, one of our newer orthopedic techs who also recently covered for Melana. Holly, I quickly realized, is a natural-born OS X Snow Leopard. She can sub on my team any time.

I’ve also come to realize that at least one Windows 7 in our practice can capably run two operating systems simultaneously.

Vicki and I didn’t need the Genius Bar today. †

Dr. Weiss is an orthopedic surgeon with Tri Rivers Surgical Associates. His column appears quarterly in Hospital News. You can contact him at (412) 367-0600 or mail@tririversortho.com.



Look for “the moment”, Cloud says, when you know you need to make change. Come to grips with the truth and learn to recognize when you get stuck or experience misery that can be alleviated by change. Understand that sometimes, things end. Get hopeless. Learn how to transfer “need” back to the one who really needs. Stay close to the pain. Know that you may not be able to control change, but you can control your response to it.

When economic recovery is on the horizon but feels as fragile as an egg, it’s a little scary to think that more loss could come. But “Necessary Endings” puts a lot of things in perspective.

Though most of this book is from the active side of endings (being the ender and not the endee), author Dr. Henry Cloud’s words are the soothing balm that readers may need. What’s most helpful about this book is that, if you’re experiencing loss, Cloud helps you understand that endings aren’t the end of the world. And if you’re the one who’s urging the finish, he clearly explains how to evaluate situations with an eye toward reality and to move from pain to plug-pulling.

“Necessary Endings” is one of those books you’ll wish you had three years ago, at the beginning of the recession, but that you’ll be glad you’ve got now. If you want your business to grow anew, read it.

The End. †

The Bookworm is Terri Schlichenmeyer. Terri has been reading since she was 3 years old and she never goes anywhere without a book. She lives on a hill in Wisconsin with two dogs and 12,000 books.



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Office Cleaning Should Always Include Infection Control Procedures

Office managers should evaluate the processes and approach being provided by their janitorial service providers frequently



By Barry Bodiford

Office and property managers of most commercial offices seem to focus primarily on the standard procedures that are being provided by their janitorial service provider. The standard procedures include dusting, vacuuming, emptying trash and mopping. The procedure that is most often neglected by traditional cleaning companies is infection control.

Below are important questions all office and property managers should include in their evaluation of their current janitorial service. These are the questions that 360clean uses when introducing our services to prospective clients.

1) Does your current cleaning company use advanced cleaning technologies to avoid cross contamination while cleaning? The use of traditional cleaning rags leads to cross-contamination of germs. In 360clean's proprietary cleaning methods, we use advanced color-coded technology to completely eliminate the risk of cross-contamination.

2) What do they do to succeed in germ removal? 360clean uses Microfiber cleaning cloths designed to be more effective and catch more of the dirt and germs that the traditional cotton rags or paper towels leave behind.

3) Does your cleaning service use clean water when mopping? 360clean uses a microfiber flat mopping method that eliminates the contamination of mop water and greatly increases germ removal.

4) Are they cleaning with hospital grade disinfectants with a focus on germ infested touch surfaces, counters and floors? 360clean's operations are focused on cleaning beyond what the human eye can see.

5) Does your current cleaning company use vacuums that have Multi-filtration, HEPA certified and improve indoor air quality? This is another example of 360clean's commitment to higher standards.

Most of us think of physicians as the professionals who keep us healthy, but your janitorial service provider plays an important role. More importantly, a



proactive approach to decreasing germs from spreading through office buildings will keep us all healthy during all seasons.

360clean is a rapidly growing franchised commercial cleaning service based in Charleston, S.C. Through its expanding network of independently owned cleaning businesses, 360clean is establishing itself as one of the nation's most affordable business opportunities for eager entrepreneurs. Using a two-pronged approach to growth, including area development and single business franchises, 360clean is broadening its reach throughout the Southeast U.S. and beyond. 360clean was founded by Barry Bodiford, who is now its CEO. For more information about the company, visit www.360clean.com.



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ULI Pittsburgh Presents Health Care Real Estate: Trends and Insights Nationally and Locally

The impact of the health care industry on real estate has increased significantly in recent years. This impact is felt not only on hospital campuses, but in retail shopping centers, office buildings, and mixed-use projects. The enactment of health care reform legislation in Washington and the flight to quality by real estate investors in response to the economic downturn are just two reasons for this increased impact.

ULI Pittsburgh will present a program that will provide a basis for understanding national health care real estate issues while discussing local impacts. The program features Jeffrey Ackerman, Director, Private Client Group, EVP Brokerage, CB Richard Ellis Capital Markets; Eric Cartwright, VP Corporate Construction and Real Estate, UPMC; and Eric Fischer, Managing Director, Trammell Crow Company, Washington DC, and 2010 Fall Meeting Program Chair ULI Healthcare and Life Sciences Council. The program will be moderated by Louis Oliverio, Special Counsel, DLA Piper LLP.

The panel discussion will focus on:

- The impact of national health care trends on local demands in the Greater Pittsburgh real estate market;
- Specific challenges with financing a health care real estate transaction;
- Health care real estate development impacts in all major real estate sectors;
- How health care real estate transactions differ from other transactions.

Registration and additional information available: <http://pittsburgh.uli.org> or by contacting the ULI Pittsburgh District Council Office 724.625.9953 or 412.370.8583. †

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The Next Nurse Specialty: Architecture and Health Care Design?

John Chamberlin

In talking to Sandie Colatrella, RN, BSN, CLNC, you get an understanding that she knows her nursing specialty very well and is quite passionate about it. What is her specialty? Colatrella is the Vice President in charge of Health Care Operations and Research at the Pittsburgh-based firm, Avanti Architecture.

Colatrella now continues her original nursing mission of caring for patients within the confines of an architectural firm with a healthcare design specialty. She sees her role as helping the healthcare practitioners as well as patients by designing improved work spaces that incorporate comfort, safety and efficiency into the functionality of the plan.

Some statistics to consider:

- Thirty-three per cent (33%) of all reported incidents to NPSA were “slips and falls” at a cost of approximately \$24,962 per case. By including a shortened distance between the bed and bath into a design; limiting travel in open spaces with resting points; increasing capability for staff observation; carefully selecting flooring choices and improving ways of finding and incorporating patient lifts, slip and fall incidents can be reduced dramatically.

- Two out of every one-hundred hospitals in-patients experience an adverse drug event at a cost of \$4,700 per case. Research has revealed that medication errors can be decreased by 30% by increasing the size of medication rooms, reorganizing supplies, improving lighting and controlling noise and distractions therefore preventing misinterpretation of verbal orders and distractions that are at the



Sandie Colatrella and John E. Bavero



root of medication errors.

Nurses traditionally have participated in health care design projects in a variety of consulting roles but a nurse, full time in an architecture firm is still rare. Colatrella was the first nurse in this position in the Pittsburgh areas when she joined Avanti in 2006.

The role of health care architects has become increasingly critical considering it is estimated that \$200 billion of health care construction is expected by 2015, according to the AHA.

There are 5,815 registered hospitals in the United States (per AHA) and, of those, approximately 65% are over 40 years old and antiquated or obsolescing.

By the year 2020 it is estimated that over 16% of the population over age 65 and the need for health care will increase exponentially. Health care in the future will move from the inpatient environment to over 90% being delivered in ambulatory care or specialized short stay facilities.

Anticipating these needs/changes will translate into successful health care architecture business. Colatrella and the Avanti team assist the facilities' planning team with research to establish a foundation to lobby for facility improvements and capital expenditures by identifying how environmental design, combined with best practices, can positively impact optimal organizational structure, patient safety, performance and quality outcomes.

Design horror stories are abundant, according to the Avanti Architecture team. Most of the Avanti practice is based on problem solving, according to John E. Bavero, Avanti's Managing Principal, who guides Colatrella with over 35 years of health care design experience.

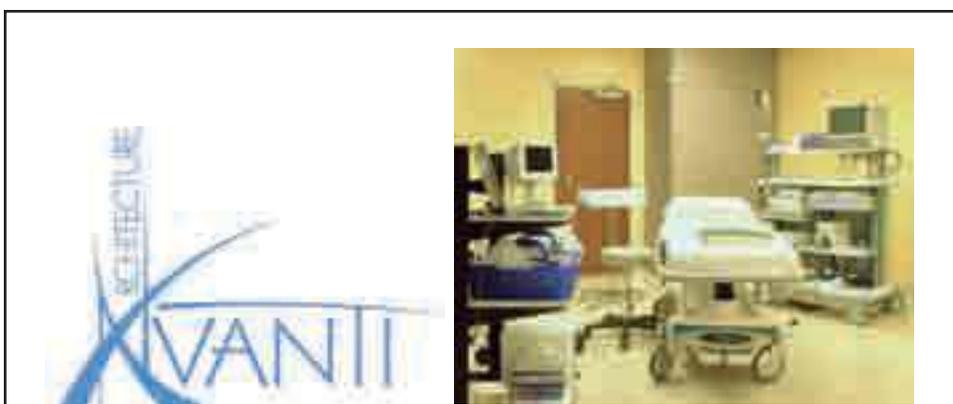
“Most design errors occur because of lack of vision and communication,” he says. “Projects that are rushed forward without a detailed review of the functional program are the ones that are at risk of heading toward the completion of construction without the space accommodating the necessary clinical equipment or meeting regulatory requirements.”

Colatrella adds, “Our goal is for the architect to focus on the design.”

From an administrative standpoint and from a health practitioner view, a team approach to designing work space can increase practicality, decrease costs in the long run, increase patient satisfaction scores as well as decrease adverse events.

So the next time you look around your work space and ask, “Who in the world designed this?” or “Why would they have ever put that kind of door handle here?,” think of how you may be able to make an impact on future designs. Or from an administrative standpoint, consider how you might involve the staff in design decisions to increase functionality.

For more information, visit www.AvantiArchitecture.com. If you have questions regarding a current design project, contact Sandie Colatrella at Avanti Architecture. She can be reached at scolatrella@avantiarchitecture.com. Additionally, if you're a practitioner looking to explore how you can expand your horizons into the design field, contact Colatrella regarding the Nursing Institute for Health Design. She is the founding member of the organization. †



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Health Care Tools of the Trade

By Daniel Casciato

Many healthcare executives and physician practices are continually seeking the fastest and best in technology that can help them run their offices more efficiently, whether it's devices, applications, or even accessories.

Throughout the year, we'll occasionally alert you to new products or devices to help you make your jobs easier. Below are just a few tools of the trade that should be on the wish list of healthcare professionals in 2011. Prices are listed where applicable.



TECH GADGETS

WorkForce 840 (\$299)

The Epson WorkForce 840 (www.epson.com) is the ideal printing solution for high print volume, multi-tasking environments that require maximum speed and flexibility. It provides organizations with high performance and productivity features including fast single- and double-sided print speeds. Additionally, it offers advanced print/copy/scan/fax solutions with larger volume printing with a 500-sheet input capacity and built-in Wi-Fi® n and Ethernet networking.



Epson WorkForce 840

HP TouchSmart (\$899)

The TouchSmart (www.hp.com) provides fast and convenient data entry at clinician stations. The TouchSmart is also being used in hospital receptions allowing patients to check themselves in with a simple touch and is used with healthcare colleagues to collaborate using video conferencing.

Xerox DocuMate 3460 (\$1,595)

The Xerox DocuMate 3460 (www.xeroxscanners.com) is great for both front office and back office applications. It can digitize patient files at speeds up to 60 pages per minute, has a 50 page automatic document feeder and can scan hard plastic ID cards as well.

Visioneer Strobe 400 (\$299)

The Visioneer Strobe 400 (<http://www.visioneer.com>) is a portable scanner that can be brought to a patient room with a laptop for bedside registration or it can be used in the front office as it also scans hard plastic cards.



Visioneer Strobe 400

Samsung External DVD Writer (\$69.99)

The external SE-S084D DVD Writer features a sleek, stylish and modern design and is available in seven colors. It's compact—20 percent smaller and 25 percent lighter than conventional DVD writers. The DVD writer is compatible with Win7 and Mac OS and features Buffer Under Run technology to prevent errors that result from writing speeds that exceed data transfer speeds, while also enabling PC multi-tasking.

MEDICAL DEVICES

VerifyNow P2Y12 Assay Test

Accumetrics' VerifyNow (www.accumetrics.com) is used to measure the antiplatelet effect of medications such as clopidogrel or prasugrel (Plavix® and Effient®) that reduce platelet reactivity by blocking the platelet P2Y12 receptor. This point-of-care test provides results in under 15 minutes and is an important aspect to tailoring medicine for individual patient's needs while saving time and determining if their anti-platelet medication is working since multiple factors, including genetics, can render certain medications ineffective for some patients putting them at high risk for heart attack or stroke.

VivaScope

Lucid's VivaScope (www.lucid-tech.com) is the only FDA approved non-invasive skin cancer diagnostic screening tool. This tool, using confocal imaging, shows living tissue at a cellular level to determine the malignancy of a skin lesion without an unnecessary painful biopsy or weeks of waiting for the result.



Vscan

Vscan

Vscan, a new, pocket-sized visualization tool from GE Healthcare (www.ge.com), is about the size of a smartphone and provides doctors with the ability to take a quick look inside a patient at the initial point of care, potentially aiding in diagnosis and speeding time to treatment.

Exergen TemporalScanner (TAT-5000)

With a light stroke across the forehead, this non-invasive and accurate thermometer gets a precise reading in two seconds. From geriatric units to newborn infants, the Exergen thermometer is gentle enough to be used on a sleeping patient. Temperature taking is one of the most frequent activities performed by healthcare workers as a part of a basic health assessment. This helpful medical gadget streamlines the process while providing increased accuracy, time management and patient comfort. The TAT-5000 is backed by a Lifetime Warranty.



Exergen TemporalScanner

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Navigating in a New Moon: Utilizing an Objective Decision-Making Framework in Uncertain Times



By **Scott A. Rogerson, CISA, CAPM**

Whether navigating the seas or migrating across an unknown landscape, the ability to analyze available information, understand potential advantages and consequences, and craft a plan for optimizing benefit while mitigating risk has been the differentiator between success and failure since the days of antiquity.

This formula remains applicable for today's organizations, especially in the current regulatory environment. Recent passage of the Patient Protection and Affordable Care Act (PPAC), enforcement of some

revised and supplemented provisions of the Health Insurance Portability and Accountability Act (HIPAA) through the Healthcare Information Technology for Economic and Clinical Health Act (HITECH), and pending financial reform legislation has prompted many organizations within the healthcare and financial services value chains to consider the effects of this legislation on their current operations and ability to attain future objectives.

With many of the provisions outlined in the legislation awaiting additional clarification, these firms must prepare themselves to compete in an unknown business landscape. This, coupled with the volatile (at best) nature of the current economic climate, has found small business owners and corporate executives alike clamoring for clarity as to what the future may hold.

In too many cases, the haze placed over an organization's future through these uncontrollable environmental risk factors has resulted in a moratorium on strategic decision making or forced the hand of organizations to invest millions in software products or services with the only objective being future "compliance". These solutions often fail to consider how the investment will help the organization to achieve its vision and provide additional value to its shareholders, funders, customers, or the individuals it was created to serve.

However, as with all things, a silver lining exists. Organizations possessing a strong decision-making framework can develop a competitive advantage by continuing to make strategic improvements that will not only align with regulatory requirements, but will prepare the organization for greater operational

efficiencies while others, who continue to wait, later scramble to comply. This framework consists of five key tenants:

1. Understanding the Business Environment
2. Articulating the Objective
3. Determining Decision Alternatives
4. Developing an Implementation Plan
5. Preparing for Change

GET YOUR BEARINGS: DEFINING THE BUSINESS ENVIRONMENT

When detailed maps did not exist, sailors worked to keep their bearings by staying within sight of land, understanding the characteristics of winds and currents, and using celestial navigation. Much like ancient seafarers, an organization must too get its bearings by defining the environmental landscape in which it operates. While most organizations possess an understanding of the current landscape, the increased uncertainty in defining the future provides a difficult challenge. Before charting a course, decision makers within organizations should begin by reviewing information that currently is available around them to better understand what may lie ahead.

With the current speed and ease of distributing information, many firms and governmental agencies have compiled key points from recent legislation and provide interpretation on how these new provisions will be implemented; However, nothing can replace the value gained from reading the legislation's original language. It will not only provide you with a thorough understanding of what has been released, but a better understanding of what is yet to come. The information gleaned from these documents provides an initial map of the regulatory landscape and often a timetable for when additional clarity will be provided.

Once the external environment has been defined, organizations can then look internally to determine current capabilities (areas of strength and weakness) that may allow it to become compliant with applicable regulations and/or to capitalize on opportunities afforded within this newly defined environment. Fortunately, much of the legislation recommends or requires an organization to conduct some form of internal assessment to determine the necessary level of compliance (as in the HIPAA/HITECH Act Risk Assessment). These assessments should look beyond the requirements for compliance and assess the culture, resources, and supplier/consumer relationships. Knowledge in these areas will become crucial in making the most appropriate decision for your organization.

DEVELOP YOUR CHARTER: ARTICULATING THE OBJECTIVE

An understanding of the potential business climate and internal capabilities provides only part of the picture. An organization must also ensure that strategic decisions align with the role they wish to fulfill in this new business environment. Any goal or objective should consider the organization's purpose (mission), what it wishes to become (vision), and its responsibilities to internal and external stakeholders (values).

This determination should not be made within a vacuum but completed through the solicitation of feedback from key stakeholders that are integral to the successful implementation of the strategic decision. Obtaining this feedback not only aids in the collection of multiple perspectives, but also lays the foundation for gaining acceptance among key stakeholders when the organization begins implementing the plan.

DETERMINE YOUR OPTIONS: DEFINING DECISION ALTERNATIVES

Before embarking on any voyage, literal or figurative, determining the route to take often begins with an analysis of potential options. In defining these options, various internal and external factors should be considered. As in the golden age of seafaring when weather conditions, crew experience, and piracy were necessary considerations in choosing a course, modern day organizations should follow a similar process by defining the potential options available toward achieving any organizational objective, especially given the regulatory and economic environment as well as the organization's internal capacity. It is important to note that these alternatives should be mutually exclusive, completely exhaustive, and may vary only in the size, scale, or timeline for implementation.

CHART YOUR COURSE: DEVELOP AN IMPLEMENTATION PLAN

Once all decision alternatives have been defined, identify the criteria for evaluating each alternative in an objective manner. These criteria often cluster



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around the areas of economic feasibility (i.e. cost and ROI), administrative operability (i.e. internal capacity to implement), political palatability (i.e. how the decision would be received by key internal and external stakeholders), and alignment with the objectives of the organization (i.e. mission, vision, and values). In decisions that remain highly reliant upon future state assumptions about the organization, industry, or larger economic climate, additional criteria should be included to capture the degree with which the decision depends on these assumptions, both in ability to implement the decision and its perceived value.

It is critically important to complete this alternative evaluation in an objective and well-documented manner. This will allow for the presentation of decision-making logic to supervisors, peers, and subordinates as well as other applicable stakeholders to evidence the process performed, support the decision, and obtain acceptance.

REMAIN ALERT: UNDERSTAND AND PREPARE FOR CHANGE

After a route has been defined, no ship leaves port without the appropriate navigation equipment. These devices, whether advanced or archaic, are used to ensure alignment with the predefined plan and allow for alteration of the course, as environmental and other factors require. The path defined from even the most thorough execution of a decision-making process is bound to require modification during implementation. This requirement is only exacerbated as the time horizon of the decision is extended. Navigating across a strait where you are able to see the destination generally requires far less modification to the originally charted course than crossing the Atlantic for the first time.

However, even in most controlled environments, a gap will always exist between the planned and the realized. Therefore, outputs from this process should not be viewed as concrete, but rather an initial path that will serve as a compass for navigating the future business climate. Organizations should remain vigilant in reviewing and assessing changes to both the internal and external environment, measuring progress, and reevaluating decision criteria in light of new data as implementation progresses. This will provide senior leadership with the information necessary to make informed decisions about if and/or how to alter the current trajectory in order to maximize their efforts and remain focused on the objective they seek to accomplish.

SCOPING DECISION MAKING

The level of time and resources utilized to complete this process can, and should, vary greatly depending on the type of decision being made and level of knowledge held by those making the decision in the applicable areas. This process, if executed efficiently and effectively, should not result in “analysis paralysis”, but clearly display the most appropriate alternative for your organization.

The process should provide comfort to all involved that the tools and processes are available to alter the decision, if necessary, as the environment becomes clearer. However, even if this process consists of only yourself, a few hours, and the back of an envelope, the ability to deliberately define the external environment, your internal capabilities, targeted objectives, decision alternatives, and evaluation criteria will provide increased clarity to decisions that otherwise would seem like navigating the Titanic through a sea of icebergs during a new moon.

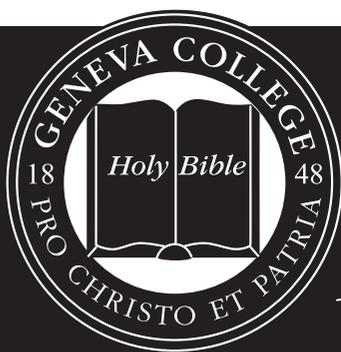
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