

# Addiction Treatment with Compassion

By Lori Boone

Ten-dollar bags of heroin as well as illegal prescription painkillers are driving up numbers of local opiate addictions.

The upward trend is reflected at outpatient treatment facility Freedom Healthcare Services in Bridgeville, where Facility Director Dana Sarinic said about 98 percent of its patients are opiate addicted. That number has steadily increased over the facility's three years and her total of 11 years in the field, she added.

"They're (opiates) more accessible," Sarinic said, and counselors are seeing the addictions start much earlier. FHS, which accepts patients as young as 18, is finding that many patients started taking the drugs at the ages of 12 or 13, or in middle school.

Many of them are people who began by taking illegal painkillers such as Oxycontin and Opana then switched to heroin because it's become so much cheaper, she said.

FHS specializes in outpatient medication-assisted drug addiction therapy, and is also the largest Pittsburgh-area provider of Suboxone, used for opiate dependency.

Sarinic said Suboxone, which is approved by the federal Food and Drug Administration, allows Methadone-dependant patients an alternative that minimizes withdrawal symptoms.

FHS claims to offer more addiction treatment options under one roof than any other provider. In addition to offering Methadone and Suboxone, the facility also offers drug-free counseling and other outpatient counseling, and programs for drug-dependent pregnant women.

But Suboxone treatment is by far its largest program, comprising about 150 to 160 of its average 180 patients. FHS is also the area's largest licensed facility offering it.

Suboxone, a tablet containing Buprenorphine and Naloxone, can be taken daily at home. Patients don't require hospitalization, daily facility visits or residential care. The drug suppresses withdrawal symptoms, reduces cravings for illegal drugs and prescription medications, and blocks their effects if taken.

Sarinic said the drug reduces relapses and allows the FHS staff to focus on helping the patient achieve a drug-free life. At the same time, the drug allows the patient more time for work, family and other activities. Patients can more effectively address issues such as depression, anxiety or psychiatric conditions that may have contributed to their addiction.

Suboxone patients are required to come to FHS weekly for the first 90 days and, depending on a patient's progress, visits can become biweekly. Patients also can get their prescription at a pharmacy.

In contrast, Methadone treatment requires a patient to come to the facility seven days a week where they receive the treatment.

Both Suboxone and Methadone programs require counseling, but staff members customize each patient's course of action based on individual needs and progress, Sarinic said.

The FHS Maternity Program offers treatment options to pregnant women with opiate addiction. Unfortunately, numbers of opiate-addicted pregnant woman also are increasing, Sarinic said.

She said some of these women come to the facility already trying to treat themselves by buying Suboxone on the street. But they don't realize Suboxone can cause fetal problems, Sarinic said.

She said FHS always tells each pregnant woman that the FDA-advised treatment is Methadone, but FHS also offers Subutex treatment.

"Patients claim it's easier for the mother to wean herself off Subutex than Methadone," Sarinic said. Therefore most, if not all, of its patients choose the Subutex route, she added.

The Subutex treatment also allows the patient the flexibility of taking an at-home prescription. FHS advises the expectant mothers that the drug is not FDA-approved, and requires them to sign a consent form. FHS coordinates treatment with Magee-Womens Hospital, Sarinic added.

FHS also offers an Intensive Outpatient Counseling program, recognizing that recovering addicts need various levels of help in maintaining sobriety.

The IOP meets twice a week for three hours each, offering individual and group therapy and other interventions. Individual sessions further develop relationships with counselors while groups focus on issues such as relapse prevention, family problems, craving management and medication compliance.

Also, recognizing that the disease of addiction doesn't always require a medication component, FHS offers drug-free outpatient counseling for patients and their families.

The program provides drug and alcohol evaluations, individual and group therapy, an intensive outpatient program and family programs. Typically, there are about 10 people in this program, Sarinic said.

Beyond individual services, FHS also can offer services to corporate clients, and these may include educational awareness programs on the disease of addiction, in-house management and staff training on recognizing and addressing addiction, and referral sources to treatment programs.

The facility also has worked with South Fayette and Bethel Park schools and helps them with referrals, Sarinic said.

FHS also offers payment flexibility, including the ability to accept most insurances, Sarinic said. It also accepts medical assistance and works closely with Washington and Greene counties. It also works with private physicians, she added.

For more information, visit [www.freedomtreatment.com](http://www.freedomtreatment.com) or call (412) 221-1091. †



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# Managing Change: Getting to the Right Employee Retirement Program

By Kelly Swart

With reimbursement changes likely on their way as part of healthcare reform and an economy that still hasn't fully recovered, it is no wonder that effective financial management is a top priority for health systems. Employee retirement programs represent one area of financial scrutiny. In fact, many local healthcare organizations have recently modified their retirement programs or are considering a change in the near future.

In our experience working with regional healthcare organizations, the overwhelming trend has been to freeze the defined-benefit (DB) pension plan and adopt a new, or enhance an existing, defined-contribution (DC) plan, such as a 403(b) or 401(k) plan. In a Buck Consultants' sample of 25 regional hospitals, only two continue to provide a traditional DB plan to employees; eight are providing benefits through a cash balance DB plan; and the remaining 15 now provide DC plan benefits only. Freezing a DB pension plan generally means that benefit accruals stop, but all earned benefits as of the freeze date are preserved.

For most healthcare institutions, developing the right retirement benefits strategy often requires changing existing retirement plans to strengthen the organization's overall fiscal health. That comes with the challenge of managing significant benefit changes that impact employee morale and, ultimately, attraction and retention of top performers.

However, the immediate obstacles, such as increased short-term costs and effectively and convincingly communicating the new retirement program to employees, can still be well worth the ultimate objective: minimizing financial risk of the retirement program and providing more predictable funding costs going forward.

## HOW TO EVALUATE RETIREMENT BENEFIT PROGRAMS

When healthcare organizations determine whether switching from a DB to a DC retirement approach is the right decision, there are several factors to consider. It is critical to conduct a cost analysis to determine the expected short- and long-term financial costs of the current (DB) and alternate (DC) program options. Considering the costs under varying economic conditions and environments, as part of the analysis is important, too, because these factors remain volatile in today's economy.

A benefit analysis comparing the value of the current and alternate retirement program structures for employees is often performed. These programs also are analyzed under varying economic conditions and environments, helping to determine how different employee groups will be affected by proposed changes. Our aggregate

retirement benchmark data can help healthcare organizations ensure their benefits are competitive.

A final decision on a retirement program change is based on the results of the cost and benefit analyses and the collective objective of reducing financial risk while maintaining a competitive retirement benefit program at a manageable cost for the organization.

The decision to freeze a DB plan and move to a DC approach could mean higher short-term costs. This is often the case because the employer must continue to make contributions to the DB plan until it becomes fully funded, and that may take several years. But employer contributions to the new DC plan must begin soon after it is established, meaning that contributions to both the DB and DC plans could be required simultaneously for several years.

Evaluating an existing or selecting a new DC administrator is a crucial step in many retirement program evaluations. Plan sponsors want to ensure employees are getting the best services possible, which is even more critical when a DB plan is being frozen and employees must assume greater responsibility for planning and saving for their retirement. A DC administrator not only administers the plan, but provides participant education and, often, financial planning services, all of which need to be continually evaluated as part of an employer's fiduciary responsibility. At the same time, employers also should review their DC plan's investment lineup to make sure participants have a proper mix of well-performing and cost-effective investment options from which to choose. All of these activities are complicated initiatives that require a well thought out strategy and project plan.

## CHANGING RETIREMENT BENEFIT PLANS: CHALLENGES AND SOLUTIONS

Change is often difficult, especially when it deals with benefits that affect the future financial security of employees. When something is perceived as being taken away, such as an employer-paid pension benefit, negative reactions can be expected. This can be further complicated if a hospital has bargained employee groups. In addition, most people lack a general understanding of pension plans and other retirement program concepts, so it's understandable for employees to be concerned about having to choose the "right" investment mix or maximizing the value of employer matching contributions in a new DC environment.

Successfully communicating retirement program changes requires a strategic plan that considers the various stakeholder groups and delivers a compelling business case for change. Tactics often include a combination of letters, brochures, meetings, personalized statements and online modeling tools. Corporate culture, legal requirements and a sufficient communications budget play a large role in determining the approach that will work best for an individual organization.

Pension plan participants want to know how a pension freeze will affect them personally. Employees need to understand the "total retirement" picture – DB, DC, social security and personal savings, for example. Most importantly, employees must be motivated to take greater responsibility for their financial futures. All of this requires ongoing education and, at times, financial advice that is often provided by the DC administrator. Accomplishing these goals will ensure the retirement program transition will be financially beneficial for employers and employees.

As health systems seek ways to manage in this challenging economic environment, arriving at an employee retirement program that is competitive and minimizes the organization's financial risk is critical. Effectively dealing with the challenges inherent in changing to such a program is equally important. To succeed at both, healthcare organizations must develop and execute sound strategies built on best practices. †

*Kelly Swart is a principal in the retirement practice of Buck Consultants Pittsburgh office. For more information, visit [www.buckconsultants.com](http://www.buckconsultants.com).*

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# Highmark Supports Diverse Businesses with PennTAP Pilot Program

By Daniel Casciato

Highmark, which offers health insurance in Western and Central Pennsylvania, will sponsor a pilot program designed to assist minority and women-owned businesses to become more competitive through business website management.

Under the direction of PennTAP (the Pennsylvania Technical Assistance Program), Penn State New Kensington students in Information Science and Technology will assess the businesses' websites and offer recommendations for enhancing their presence on the web.

"Highmark is always exploring opportunities to strengthen its commitment to supplier diversity," says Roderick Craighead, director of Emerging Alliances and Shared Business Services for Highmark. "This pilot program provides the opportunity for diverse and small businesses to receive technical resources to help build their organization's capacity to compete for goods and services."

Craighead says that he hopes the women and minority-owned businesses will gain everything possible from the experience and training they receive as a result of their participation.

"More importantly, I hopeful the pilot program will provide candid insight to additional training that could benefit the diverse suppliers," he says.

Highmark's assistance for this effort is collaborative both monetarily and through resource support from the Emerging Alliances and Shared Business Services department responsible for supplier diversity initiatives.

Participants in the program were selected based on prior and/or current service to Highmark, favorable performance ratings and a willingness to increase their organization's technical acumen. The pilot program does not include suppliers with a healthcare exclusive based business. The suppliers selected provide multiple professional services to Highmark such as consulting services, creative development, promotional design, training and development.

PennTAP technical specialists will guide the students as they review website usability, content, load time, cross-browser compatibility, search engine optimization, and web analytics. The consultation and training will also assist with connecting the businesses to website developers so that they can improve their websites.

The program will begin with a workshop to educate the businesses on website usability and effectiveness.

"Highmark's commitment to diversity is well established," says Wayne Fig-

urelle, director of PennTAP. "We share their zeal and recognize the importance of investing resources to encourage the core values of a truly diverse community."

Craighead added that it is important for Highmark to remain active in the community through programs like this.

"As the largest health insurance company in Pennsylvania based on membership, Highmark relies on thousands of suppliers to provide services to our members, our employees and our company," says Craighead. "Highmark values supplier diversity and considers it an important and necessary tool that enables us to maintain a competitive edge in today's ever changing marketplace. Small and diverse businesses expand the social and economic vitality of every community where Highmark does business."

For more information, visit [www.highmark.com](http://www.highmark.com). For more information on PennTAP, visit [www.pennTAP.psu.edu](http://www.pennTAP.psu.edu).



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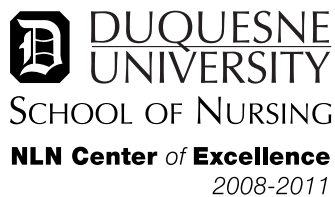
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# CMS Medical Words is Defining the Present and Future of Medical Transcription

by Christopher Cussat

For over 20 years, CMS Medical Words (CMS) has been providing transcription services to physicians and other healthcare-related professionals and agencies in Western Pennsylvania. Founder and Owner, Carolyn M. Svec, is looking toward her company's future with pensiveness about changing technologies in the industry and confidence that CMS will be ready to adapt and continue its success.

Svec began working in the health field in 1961 as a medical secretary. "I worked for a cardiologist for about 10 years," she adds. After building a new house and having children with her husband Jim, she did not want to work full time. So she registered with a temporary work agency where she continued to gain clerical experience in the health industry. Svec explains, "I started working at different hospitals because I requested work in my field, which has always been medical-related—at that time I also was interested in getting into word processing."

As a result, Svec started working at hospitals like Montefiore and she eventually ended up working at Presbyterian in its cardiac catheterization lab. Then in 1988, after responding to a newspaper ad to help someone with their home-based business, she formally became involved with transcription services. "This woman was doing transcriptions using a memory typewriter and we were already using computers at the hospital—so I thought to myself, 'You know what, I think I could do this better on my own.'" This was the catalyst that ultimately inspired Svec to formally found CMS in 1989. "It's ironic because, actually, she is now working for me—so it's kind of come full circle!" she adds.

Svec admits that beginning CMS was a slow process. "Starting out, we had a general surgeon that we worked with for a number of years. Eventually, I would just go out and make cold calls, and then it became word of mouth—and that's how we got started."

Today, the majority of CMS's business consists of doing medical-related patient notes, office notes, and other correspondence. "Our typical customers are physicians' offices, but we also work for solo-practice offices, as well as for groups of physicians," Svec adds. For example, CMS currently has an account with six physicians who are allergy specialists, and the company has worked for many different specialties over the years.

"We've worked in many fields of medicine over the years—family practice physicians, surgeons, Ob/Gyn, gastroenterology, pulmonary, neurosurgery, cardiology, pulmonary, urology, renal-endocrine, dental, oral surgery as well as a medical record department of a small hospital," she says.

Although CMS receives its transcription notes mostly from audio tapes (for which the company offers a courier pick-up service), there also have been clients who supplied hand-written notes or utilized CMS's telephone call-in option. But as technology has changed the medium for dictation, it has also required CMS to evolve with the times. Svec explains, "We'd like our new accounts to use digital, handheld dictation machines that they can dock with their computers and then transfer their recorded notes directly to our FTP site on the internet. We can then download their files to our computers and my transcribers can access the notes from their homes, transcribe them, and send the completed work directly back to each doctor." This process also creates a back-up copy of each client's audio notes for safety storage.

Svec feels that her company's competitive edge is directly related to CMS's highly qualified staff of independent contractors. "We have four very efficient and experienced transcriptionists whose accuracy is excellent," she adds. CMS also prides itself in the fact that it tries to work directly with all clients and cater to their specific needs. "Each customer is an individual person and we don't treat them all the same—if there's a doctor that needs a certain thing done, we'll do it the way they want to have it done."

The future of CMS includes a mix of expansion and related technological upgrades. Svec explains, "With the FTP site, we now have that capability to service doctors anywhere in the country and we can also have transcriptionists that live in those locations as well—so I would like to see us expand nationwide."

In addition, Svec is currently taking a six-month course in Health Information Technology (HIT) training to help better prepare CMS with record-keeping changes that are likely to occur as more and more physicians utilize Electronic Medical Records (EMR). "EMRs may eventually cut down on the amount of transcription accounts we receive—so my thought is that perhaps we can be one of the first companies to help doctors implement their EMRs," she adds.

Finally, Svec is very thankful for two people in her life who have helped her make CMS the company it is today—her husband, Jim, and her late mother, Charlotte. "My husband is extremely helpful in the business. Without him, I don't think I would have been able to keep CMS going—he is the courier, the human resource department, and the finance department! When I started my business, my first accountant and the person who worked side by side with me was my mother. She was also a tremendous help to me in getting CMS started—and she's now guiding me from above."

For more information on transcription services provided by CMS Medical Words, please visit [www.cmsmedicalwords.com](http://www.cmsmedicalwords.com) and [www.cmsmedicalwords.net](http://www.cmsmedicalwords.net), or call 412.751.8382. †

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# The Simple Act of Doing More

By Rafael J. Sciuolo

*"Those who can, do. Those who can do more, volunteer."*

~Author Unknown

The work done by those who care for patients – and their caregivers – at end of life is truly remarkable. Many say that it takes a special calling to provide such a compassionate level of care at what is arguably the most delicate time of life. But alongside the physicians, nurses, social workers and other hospice professionals are individuals who go above and beyond in so many ways.

They are our hospice volunteers. From family visits to bereavement support, from pet therapy to office administrative tasks, our volunteers do it all.

Since its inception, volunteers have been an integral part of hospice. And at Family Hospice and Palliative Care, our corps of over 400 dedicated volunteers truly makes a difference, each and every day.

Take for instance Alice, who serves as a "Candlelight Companion" in the Greensburg area. Family Hospice offers the Candlelight Companion program at hospitals, long-term care facilities, and our hospice Inpatient Unit, The Center for Compassionate Care.

Depending on a family's wishes, a Candlelight Companion may be asked to read, play the patient's favorite music recordings, pray or just sit quietly.

There's Marian, a volunteer who provides pet therapy by taking her dog Nellie to visit patients and families. Nellie is a regular visitor to Camp Healing Hearts, our annual free summer day camp for kids coping with the loss of a loved one.

Frank is a volunteer who is active in Veterans' affairs - and much more. He has done everything from directing traffic for events at our Center for Compassionate Care to taking time to visit patients in their homes.

And we're blessed to have the help of Harriett, Kathy and Odessa. These ladies come to our administrative offices each week, handling more paperwork than some business executives may know what to do with. Among their responsibilities is assembling the important admission packets that are presented to each patient and caregiver upon coming on to hospice service. In addition, these ladies share their time at our events, such as our annual Golf outing and Memorial Walk, by helping register participants.

These are just a few of the examples of how our volunteers make a difference. Others help us stay in touch with bereaved family members after the death of a loved one, or visit patients by providing massage therapy or expressive art and music. Each one



Volunteers Margaret Ponte, Toni McGrath and David Scott with Family Hospice and Palliative Care CEO Rafael Sciuolo, (l to r) at Family Hospice's annual volunteer recognition luncheon, April 14, 2011, at The Center for Compassionate Care in Mt. Lebanon.



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# Making the Most of Life

of them, no matter their role, makes a difference.

Saying "thank you" hardly is enough. But one way we do express our gratitude is at our annual volunteer recognition luncheon. Held each spring at The Center for Compassionate Care, our luncheon gives Family Hospice the opportunity to wrap our arms around these wonderful men and women who show such selflessness.

This year alone, Family Hospice recognized over 20 volunteers who celebrated milestone years of service, including six at the 10 year mark, five celebrating 15 years, two with 25 years of service, and two who have spent 30 years volunteering for our organization.

Carol, one of our 30-year honorees in 2010, remembers the first patient she helped:

"I remember that she had emphysema and liked me to read her the 23rd Psalm. Staying with her gave the family free time to do things outside of the home. I really felt I was doing something helpful."

Carol has gone onto do many more helpful things. Her volunteer service has included everything from picking up patients' relatives at the airport, to cleaning house, to taking grieving grandchildren to the park.

Carol, along with Alice, Marian, Harriett, Kathy, Odessa and hundreds more are the foundation of hospice. Their spirit, generosity and attitude are exemplary for people of all ages and backgrounds. Our volunteers are the ultimate example of "doing more."

Consider being a hospice volunteer: To learn more about volunteer opportunities with Family Hospice, please visit [www.familyhospice.com](http://www.familyhospice.com) and click on "Become a Volunteer." Or call Nick Petti, Manager of Volunteer Services, at 412-572-8806. †

*Rafael J. Sciuolo, MA, LCSW, MS, is President and CEO of Family Hospice and Palliative Care and Past Chairperson of the National Hospice and Palliative Care Organization. He may be reached at [rsciuolo@familyhospice.com](mailto:rsciuolo@familyhospice.com) or (412) 572-8800. Family Hospice and Palliative Care serves nine counties in Western Pennsylvania. Its website is [www.familyhospice.com](http://www.familyhospice.com).*



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# An Alternative Take On Denial Management



By Sal Novin

A perennial target of any revenue cycle strategy is reducing denied claims. Unquestionably, denial prevention is the undeniable winner when it comes to strategy. While a comprehensive and well-oiled appeals process is necessary, a denied claim represents a lose-lose scenario for providers. A denial constitutes an increase in administrative expenses to file an appeal or a reduction in net revenue from a denied claim - or both, resulting in a lose-lose-lose scenario. It only gets worse: resubmitted claims are a primary source of payment error, particularly if the resubmitted claim is a follow up of the partially paid original claim.

The cost of rebilling such a claim is 7 to 10 times greater than a standard claim because of the additional attention required. Of course, if these errors are not caught then the ensuing cost of recovery and associated administrative refund work remains a problem.

A successful prevention process is one that is tailored to the business needs of a given hospital and no one-size fits all solution exists. There are many generalizations that can be drawn from successful prevention processes. Creating a simple automated process to perform verifications prior to visit is a new approach to consider. An automated approach validates eligibility, authorizations, benefits and other key data with the payer. Operationally, the automated process and manual process are virtually identical. An automated tool connects directly to the payer system to perform all the verification steps instead of a hospital staff member making phone calls to a person at a payer.

An automated solution has many advantages over a phone call, including staff savings, performance, quality, and tracking. Some payers impose limits on phone calls, lowering the unfeasible administrative costs. There is no guarantee that verification can be performed in one call, making a manual approach less practical.

Automating these processes has many advantages, like an easier implementation. The processes tend to have a quick turnaround time and no additional burden is added on the staff. An automated solution can be triggered from a patient accounting system's scheduler well in advance and automatically connect to the payer. Many payers already have read-only capabilities with limited access to their

claim systems for automated verification, or they provide similar access via EDI or third parties. An automated system can automatically notify a physician of any outstanding issues, such as a missing or incorrect authorization.

Keep in mind, payers are incentivized to provide electronic access as this also reduces the administrative work on their side. Payers affected by prompt payment statutes no longer have the incentive to deny or delay payment. There is even greater motivation to take a more proactive approach when an automated approach comes as part of a broader preventative denial management solution.

As with any technology, there is a risk of sacrificing production for perfection. Turning to a quick and dirty solution can cause more problems than it solves. It is important to remember that automation is a great candidate for an alternative approach that starts small and grows quickly. Look for low hanging fruit and seek a direction that will yield success quickly. Consider that it is essential to evaluate the success of a project by including both administrative savings and quality savings. Administrative savings are usually realized first even while quality savings, in the form of reduced human error and increased thoroughness, yield the lion's share of the overall value.

Effective denial management requires participation from referring physicians; this is where an automation solution provides significant addition to value. An automated system can connect other systems and frequently follow up with the practice's billing office. This mitigates risks caused by practices that lack the technical capabilities to properly manage their processes. More advanced automation solutions can even interact with payers on the physician's behalf by maintaining synchronized data across all parties. †

*Sal Novin is a specialist in efficiency and productivity techniques using information technology and software automation tools. With 10 years of experience in this specialty, his focus has been in the healthcare industry since 1999. In the past 5 years, his notable accomplishments include developing an end-to-end process analysis document for a Tennessee Managed Care Insurer, an EDI File Management System, and an Automated Claims Processing Application. These projects have resulted in savings of over 10 million dollars respectively for several health insurers. Sal is now the CEO of Healthcare Productivity Automation. For more information, visit [www.hpapro.com](http://www.hpapro.com).*



Health care providers know that for medically fragile and technology dependent children and their families, challenges continue after the child stabilizes.

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## Medical Homes - Defining What Patients Want



By Nick Jacobs

The definition of a medical home can be confusing to those who have not been dedicated students of this terminology. As the medical home concept has been added to the healthcare landscape of this country, many uninformed healthcare professionals look at each other and shrug as if they seem to expect to see villages being built with work-out facilities and critical care equipment as part of the accoutrements. Instead, the concept of medical home refers to patient-centered care, a phrase that we and Planetree have been using for over thirty years.

Imagine a physician's office or clinic where the patient's records are reviewed prior to each visit to ensure that the necessary immunizations, tests and wellness milestones are in place and accounted for on a consistent basis. If that stretched your imagination, consider a medical support staff that communicates by secure e-mail and phone to organize the patient's care. Add to that an electronic medical record system that tracks the patients, their tests and prescriptions. That is just the beginning of what a medical home could be and do.

One of the companies with which SunStone Management Resources is working goes so far as to add nurse-patient advocates to the mix and then assigns them to help sort through the morass of decisions every person faces with significant comorbidity risk factors. This system not only helps the patient, it holds down costs by giving people a stable, well-coordinated patient centered medical experience. As an advocate, I believe that it will be key to stopping the loss of billions of dollars in unnecessary treatment costs that conversely leaves millions of our citizens without appropriate medical care.

These outcomes can only be achieved by developing years-long, longitudinal relationship with the primary care provider and their team, and with patient advocate nurses who are assigned to work with those teams to help sort out the redundant tests and medications that often evolve from interacting with as many as nine different specialists each year. This number of hands usually results in at least 15 office or clinic visits and countless unnecessary tests. Imagine how great it would

be to have someone who can lead the patients more efficiently through this journey.

In a recent edition of Modern Healthcare, Andis Robeznieks wrote an article entitled "In search of medical homes." Interestingly, it described the evolving requirements from the National Committee for Quality Assurance for medical home standards. Some of you may remember that this journey began officially in 2008. Of course the Joint Commission and the Accreditation Association for Ambulatory Health Care were also in on the act as they began that same journey. The question posed by these organizations centers around the unique qualities of a patient-centered medical home.

Even though, as the article pointed out, the NCQA was experiencing success from their medical home practices business line, patients weren't experiencing that same feeling of success, attention or comfort. According to Mr. Robeznieks this fact was eagerly confirmed by the patients as they filled out their patient satisfaction scores. The piece went on to outline the latest and greatest revisions to the NCQA standards which included, heaven forbid, a stronger voice from the patients. My favorite quote from the article was from Dr. Somava Stout, vice president of patient-centered medical home development for the Cambridge Health Alliance, "One of the things we do over and over again in healthcare is we don't remember to include the patient as a partner in designing the (personal) healthcare system."

In summary, medical homes would provide patient-centered care that results in reduced visits to specialists and allows less expensive primary care doctors to care for the majority of people's health care needs. This in turn would result in higher quality outcomes with greater patient satisfaction and more funds to take care of the under insured?

Sound like a plan? †

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

## Social Media Policy Can't Restrict Workers' Rights to Discuss Working Conditions



By Antoinette Oliver

Whether it's over coffee in the break room or on a coworker's Facebook wall, employees have the right to talk about their jobs. A recent case with the National Labor Relations Board (NLRB) has become an important reminder that sometimes harsh criticism by employees is protected by federal law at work, at home and now on the internet.

Under the National Labor Relations Act (NLRA), employees have the right to join together, with or without a union, to share complaints, address concerns with employers and negotiate to improve their working conditions and pay. The NLRA not only protects workers' rights to form or join a union and engage in collective bargaining, but also their right to discuss work-related issues with other employees.

But the line between an honest discussion and defamation of a company can be blurry in certain situations, and the rapidly growing presence of social media in the workplace has made it even more difficult to distinguish. As sites like Facebook and Twitter continue to evolve and influence the way coworkers communicate, employers must find a way to protect the company's best interests without infringing on workers' rights.

This delicate balance became strikingly apparent in a recent case filed with the NLRB by a non-union employee fired from a non-unionized emergency medical response team. The employee filed a charge with the NLRB against the company for wrongful discharge after losing her job for posting negative comments about her boss on Facebook.

According to the employer, the postings violated a company policy that prohibits employees from making negative remarks on the Internet about the company or its employees. But the employee claimed that policy and her discharge from the

company violated the NLRA by denying employees their right to engage in the protected, concerted activity of sharing complaints about working conditions with fellow workers.

The case settled before an actual hearing with the company agreeing to revise its policy to eliminate any social media restrictions on its employees that could be in violation of the NLRA. In the initial complaint against the company, the NLRB claimed the employer's policy was overly broad and prohibited employees from writing personal depictions of the company online without permission or posting any disapproving comments.

The Facebook case was similar to other recent NLRB actions against employment policies that declare discussions of wages and employment terms as confidential and "off limits." It's important to remember any policy that arguably stifles the ability of employees to discuss work conditions may run afoul of the NLRA.

This case should serve as a reminder to every health care employer that the NLRA applies to unionized and non-unionized employers alike. Social media provides another forum for employees to exercise their protected collective activities, and employers must make sure newly developed social media policies give due consideration to employees' protected NLRA rights.

The larger question looming overhead in this case and in many others brought about by the proliferation of social media in the workplace is where companies can and should draw the line. Employers must find a way to draft and implement employment policies that protect the company from legal disputes and charges of discrimination down the line. At the same time, they must make sure employees' rights under the NLRA and other federal employment laws are preserved as they continue to explore uncharted territories with new avenues of expression created by social media and other newly developed technologies.

To contact Antoinette Oliver, employment law attorney at Meyer, Unkovic & Scott, email her at [aco@muslaw.com](mailto:aco@muslaw.com). †

## Landau Building Company Focuses on Infection Control Risk Assessment

For the past few years, healthcare construction has been 80% of Landau Building Company's workload—working at many of the healthcare systems in the area including Heritage Valley, UPMC, Monongalia General Hospital and West Virginia University Hospitals. Medical office buildings and MedExpress urgent care facilities are also populating its project list.

In an effort to be the best healthcare construction provider possible, Landau Building Company sent 11 employees to ICRA (Infection Control Risk Assessment) certification training. The certification course was a three-day (24-hour) training, held on consecutive Fridays beginning November 5, 2010 at the Pittsburgh Carpenters Training Center.

During the intensive course, Landau Building Company employees learned how to identify potentially infectious hazards, expedite remediation plans, and implement the control measures that protect patients and staff.

Proper construction techniques for the four classes of ICRA control were taught in both the classroom and shop.

Jeff Clair, Infection Control Specialist for the UPMC Healthcare System, participated in the class and informed participants of the rationale behind ICRA procedures and implementation.

Given the new ICRA requirements stipulated for contractors working at UPMC facilities, Landau Building Company is well positioned to continue offering construction services there. The following goals have been set:

By November 1, 2011 all Landau superintendents and foreman will be 24-hour certified

At least half of all carpenters sent to a UPMC jobsite will be 24-hour certified

All subcontractor superintendents/foreman will be 8-hour certified.

In addition, by November 1, 2012 at least half of the carpenters on site will be 24-hour certified, and the remaining carpenters and subcontractor employees on UPMC sites will be 8-hour certified (at a minimum).

By November of this year, all of Landau's employees assigned to healthcare facilities will be ICRA certified.

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

## New & Notable

### Bishop Canevin High School Awarded \$10,000 Grant from Highmark Blue Cross Blue Shield

Bishop Canevin High School has been awarded a \$10,000 grant from Highmark Blue Cross Blue Shield to support the school's St. Ignatius Scholars Program, an innovative program designed to better prepare leaders for tomorrow. Through the grant, Bishop Canevin High School will provide scholars students with experience outside of the classroom through speakers and site visits – with a specific emphasis on health care and medicine.

According to Principal Kenneth Sinagra, Bishop Canevin launched this program to “enhance our present values and mission of inspiring students to lead lives anchored in faith, enhanced through learning and enriched through service to others.”

St. Ignatius Scholars at Bishop Canevin are challenged to pursue an academically rigorous program offering regular enrichment opportunities in various professions. The inaugural class of St. Ignatius scholars includes 26 sophomores and 11 freshmen. These scholars form a unique learning community who partake in a curriculum centered on excellence, high intellectual and academic study, the development of effective communications skills, a moral discernment reflecting Catholic values and a transforming commitment to social justice.

“Assisting students in furthering their education is important to Highmark,” said Mary Anne Papale, director of community affairs at Highmark. “Our support of the St. Ignatius Scholars Program helps provide an outlet, as well as an interactive experience, for students who are interested in learning more about specific topics, such as health care.”

For more information about Bishop Canevin, visit [www.bishopcanevin.org](http://www.bishopcanevin.org). †

### MVH Now Performs Stereotactic Mammography Biopsies

Biopsy is now the most widely accepted method for definitively determining the presence or absence of cancer following detection of a breast abnormality. The latest technique to retrieve a biopsy, called stereotactic biopsy, uses advanced computerized equipment to take a very precise piece of abnormal tissue that was previously detected during a mammogram from a patient. The availability of stereotactic biopsy has significantly lowered the number of open surgical procedures performed in the health care community.

Monongahela Valley Hospital's Medical Imaging recently opened a new area that houses such equipment. It addresses women's unique imaging and biopsy needs in a conveniently located, woman-centric environment on the first floor of the hospital.



Patrick Alberts, Senior Vice President and COO at Monongahela Valley Hospital said, “There was a clear need for this type of service in the area and we spent more than a half million dollars so the equipment being used in the unit is the most advanced available. It avoids the need to travel out of the area and the center is accredited with the American College of Radiology and the FDA's Mammography Quality Standards Act.”

Using MVH Medical Imaging mammography services, patients now have access to digital mammography, stereotactic biopsy and ultrasound-guided biopsy as indicated. Also available are all of the possible treatment and follow-up services they may need, including surgery, image-guided radiation therapy using a linear accelerator and chemotherapy.

“Before, if we saw something on a mammogram and it didn't show on ultrasound, we had to have patients undergo surgery. For some people it's a real hardship. The ability to diagnose these patients at MVH this way tremendous,” said Dr. Natalie Furguele, a breast surgeon on staff at MVH.

“If we find a cancer now, we find it much earlier,” said Furguele, who added that when these tiny tumors are diagnosed and treated, the cure rate is almost 100 percent. These biopsy procedures require only local anesthesia and take no more than 90 minutes to complete. There is also minimal scarring, which is especially important if the lesion turns out not to be cancerous after all.”

Dr. Furguele also talked about the advantages of the vacuum-assisted needles that are being used during biopsies.

“Prior to receiving this equipment, if a patient had a large lesion we could biopsy it with ultrasound guidance,” she said. “But if it was a smaller one, it may be a hard target to hit. We can now ensure a pinpoint accurate sample for the pathologist increasing the chances for early detection, and therefore improve the chances of a cure.”

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

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## Children's Hospital of Pittsburgh of UPMC Receives Official LEED Certification

Children's Hospital of Pittsburgh of UPMC has become one of the first LEED®-certified pediatric hospital campuses in the United States.

On the Children's campus, the hospital and mid-campus parking garage recently received official LEED (Leadership in Energy and Environmental Design) certification, which was established by the U.S. Green Building Council (USGBC) and verified by the Green Building Certification Institute. Children's Hospital's John G. Rangos Sr. Research Center has received LEED Silver certification, the third-highest designation attainable.

The new Children's Hospital campus, located on 10 acres in the Lawrenceville neighborhood of Pittsburgh, opened in May 2009 and includes more than 1.5 million square feet of usable space.

Children's received LEED certification for energy use, lighting, water and material use, as well as for incorporating a variety of other sustainable strategies. By using less energy and water, LEED-certified buildings save money for families, businesses and taxpayers; reduce greenhouse gas emissions; and contribute to a healthier environment for employees, residents and the larger community, according to the USGBC.

Children's commitment to employ green practices extends well beyond its bricks and mortar to operating policies and procedures regarding facility maintenance, housekeeping, food service and waste management. Children's also fosters its green philosophy by working with clinicians, academicians and the community to conduct research on the subject of sustainability and its health effects on children. Additional environmentally sustainable initiatives include:

- water-efficient landscaping with drip irrigation systems
- use of building materials with recycled content (including recycled post-consumer structural steel)
- use of regional construction materials to reduce transportation issues
- use of low VOC materials such as sealants, adhesives, paints and carpets
- installation of air filtration systems that increase indoor air quality
- installation of water fixtures that reduce water use
- maximum use of daylight and views and automatic shade systems to reduce cooling costs
- access to a rooftop healing garden
- continued use of recycled content and local materials whenever possible
- access to public transportation
- availability of bike racks and showers
- employing a "green" education program for staff, patients and guests
- utilization of 9.2 percent renewable electricity generation
- energy optimization systems and heating and cooling recovery systems
- plant materials with low water needs
- fragrance-free cleaning products in most locations
- low mercury lighting and no mercury equipment in the health care environment
- waste reduction including recycling of batteries, paper, cardboard and kitchen grease
- utilization of reusable sharps containers to minimize medical waste
- development of a continuing medical education-accredited lecture series for residents that focuses on environmental health issues
- implementation of a paperless information management system that allows physicians to place nearly all inpatient care orders electronically, eliminating handwritten and verbal orders

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

## New & Notable

### Landau Building Company Awarded New Contracts

Landau Building Company was contracted by MedExpress to build another interior fit-out in Hanover, Pennsylvania. Facilities in Altoona, Reading, State College, Lancaster North and Johnstown, PA have been built. Projects currently under construction include Lancaster West and Chambersburg, PA. MedExpress is an urgent care facility that is open 7 days a week, 12 hours a day.

Landau Building Company will soon start construction of a Hyperbaric Wound Therapy Suite for West Virginia University Hospitals at the Cheat Lake site in Morgantown, West Virginia. The 2,660 SF basement shell space has been renovated to include a Class B Hyperbaric Chamber Room set-up for two single occupant units. The hyperbaric chamber room is also supported by four new treatment rooms, staff area and waiting room.

Monongalia General Hospital has contracted Landau Building Company to renovate three areas within the Morgantown, WV hospital; A 22,000SF Orthopedic OR on the first floor, a 11,000SF Endoscopy Suite on the second floor and a 4000SF Infusion Unit on the third floor that will be used for cancer treatment.

Landau Building Company recently completed additions and renovations to Hope Evangelical Lutheran Church in Cranberry Township. A new narthex and vestibule were added, the sanctuary was expanded which included new seating and site modifications were made. Paul Slowik and Associates were the architects.

Replacement of the UPMC Cyclotron at Presbyterian University Hospital (PUH) is complete. The project involved removing the existing cyclotron and replacing it with a new one thru an opening in the side of the hospital at the ninth floor level. Heavy demo and structural modifications were necessary to support the 100,000 pound piece of equipment.

Landau has completed the New Pharmacy at the UPMC Hillman Cancer Center, the nationally and internationally recognized flagship treatment and research facility of the UPMC Cancer Centers network, in Pittsburgh, PA. The architect was Radelet, McCarthy and Polletta.

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

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## Digital Mammography Now Available at Womancare Center of UPMC Horizon

UPMC Horizon recently implemented digital mammography at the Womancare Center in Hermitage, which provides a valuable complement to the Magee Comprehensive Breast Center at UPMC Horizon and the Womancare Center's existing breast imaging program, which was named a Center of Excellence by the American College of Radiology in 2009.

"The addition of digital mammography enhances an already thriving breast imaging program at the Womancare Center, where patients have come to expect a warm, personal experience from our highly-qualified staff," says Scott Pickering, MD, medical director of Imaging Services at UPMC Horizon.

Breast imaging services at the Womancare Center also include stereotactic breast biopsy, breast ultrasound, and ultrasound-guided breast biopsy. The center is staffed by six certified radiology technologists who, combined, have more than 100 years of experience in mammography. Results are read onsite by UPMC Horizon's five board-certified radiologists, who live and work in the community.

The addition of digital mammography to UPMC Horizon's diagnostic services is part of a comprehensive cancer program that encompasses not only the Magee Comprehensive Breast Center but also the UPMC Cancer Center at UPMC Horizon, which offers patients local access to medical, radiation, and surgical oncology from a National Cancer Institute affiliated program.

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

## TeleTracking Technologies Joins the American Hospital Association

TeleTracking Technologies announced today it has joined the American Hospital Association, the world's oldest and largest hospital association, to advance their shared interest in improving the performance of American hospitals and health systems.

"The ability to exchange subject matter knowledge involving performance optimization with AHA experts was the driving force in the decision to align with AHA," said Anthony Sanzo, CEO of TeleTracking, the world leader in automated patient flow.

As an Associate Advantage AHA member, TeleTracking will have input and access to industry information, advocacy, healthcare policy analysis and regulatory information as it develops.

"AHA provides the strategic link to critical information, insights, and inside perspectives to the ever changing challenges facing the hospital (community)," said Tony Spohn, AHA Executive Director, Associate Membership. This Advantage level membership demonstrates TeleTracking's desire to provide their customers with knowledge and market-driven solutions that reduce costs and enhance operational efficiencies.

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

## UPMC Welcomes Thoracic Surgeon Jason Lamb, M.D.

UPMC announced that **Jason Lamb, M.D.**, has joined the UPMC Department of Cardiothoracic Surgery, Division of Thoracic and Foregut Surgery. Formerly, he was chief of the Division of Thoracic Surgery at West Penn Hospital. He's been practicing thoracic surgery in Pittsburgh with the West Penn Allegheny Health System for the past eight years.

Dr. Lamb will now see patients at UPMC St. Margaret near Aspinwall and the UPMC St. Margaret outpatient center on Burtner Road in Natrona Heights. His areas of interest and expertise are thoracic surgical oncology and minimally invasive thoracic surgery for lung, pleural and esophageal diseases.

Dr. Lamb, who has been appointed assistant professor of surgery at the University of Pittsburgh School of Medicine, is board-certified in general surgery and thoracic surgery. He earned his medical degree in 1996 at the University of Virginia School of Medicine and completed both his general surgery residency and his cardiothoracic surgery residency focusing on general thoracic surgery at Allegheny General Hospital. He is a diplomate of the American Board of Thoracic Surgery and of the American Board of Surgery, a fellow of the American College of Surgeons and member of the Society of Thoracic Surgeons. He is a frequent presenter of clinical and surgical advances at national and international meetings and has contributed to numerous publications on various topics concerning thoracic surgery.

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

## New & Notable

### UPMC Uses New Technology to Treat Aortic Heart Valve Disease without Open Heart Surgery

UPMC has performed its first patient implants in the Medtronic CoreValve® U.S. Clinical Trial to evaluate a non-surgical, less-invasive procedure as a treatment alternative to open-heart surgery for patients who suffer from a serious narrowing of the heart's aortic valve.

UPMC is one of 40 hospitals across the U.S. to participate in the trial for patients with severe aortic stenosis, which prevents the heart's aortic valve from opening completely and in turn hampers healthy blood flow from the aorta to the rest of the body. Untreated, it can lead to serious heart problems.

A 66-year-old man, from New Alexandria, Pa., was one of the first patients at UPMC to receive the CoreValve implant. He suffered shortness of breath, which worsened when climbing stairs, and required oxygen nearly around-the-clock because of his aortic stenosis.

In January, physicians channeled a catheter through a small opening in his femoral artery to reach the heart. The physician then guided the CoreValve System to the aortic valve, where the valve self-expanded to replace the diseased aortic valve; the procedure was completed without open-heart surgery or surgical removal of the aortic valve.

"Now I'm practically not using oxygen at all," the patient said.

His procedure was performed by William Anderson, M.D., director of Interventional Cardiology at UPMC, and Thomas Gleason, M.D., director of the Center for Thoracic Aortic Disease of the UPMC Department of Cardiothoracic Surgery.

"Aortic stenosis frequently occurs in elderly patients who have a higher risk of complications from standard valve-replacement surgery. This growing patient population may then have the most to gain from new, less invasive, catheter-based approaches to the implantation of a new aortic valve. The trial will allow us to explore this possibility," Dr. Anderson said.

Worldwide, approximately 300,000 people have been diagnosed with this condition (100,000 in the U.S.), and approximately one-third of these patients are deemed at too high a risk for open-heart surgery, the only therapy with significant clinical effect that currently is available in the United States.

"Because open-heart surgery is currently the only available treatment option for these patients, and because the risks of surgery can be significant for many patients, the medical community is enthusiastic about the less-invasive option," Dr. Gleason said.

In the U.S., the CoreValve System will not be commercially available until the successful completion of this clinical trial and approval by the U.S. Food and Drug Administration. The CoreValve System received CE (Conformité Européenne) Mark in Europe in 2007.

For more information about the Medtronic CoreValve U.S. Clinical Trial, visit [www.aorticstenosistrial.com](http://www.aorticstenosistrial.com). †

### Sharon Regional Welcomes New EMS Coordinator



Kurt Ellefson

Sharon Regional Health System recently welcomed **Kurt Ellefson, B.S., NREMT-P, CCEMT-P** as its new Emergency Medical Services (EMS) coordinator working out of Sharon Regional's Emergency Care Center. Ellefson will serve as a liaison between the Health System and the local emergency medical service providers coordinating EMS education and emergency preparedness training/education, overseeing quality assurance for the documentation and protocols of EMS providers, and developing EMS outreach and education programs for the community.

Ellefson comes to Sharon Regional from Medic Rescue in Beaver, PA where he was the operations supervisor. His other professional experience includes Emergency Medical Services and Preparedness Coordinator for Commonwealth Medical Center, Inc. in Aliquippa, PA; Associate Professor of Emergency Management and Preparedness for Pennsylvania State University (Beaver Campus); Director of Support Services for Aliquippa Community Hospital; and EMS Coordinator/Specialist for the University of Pittsburgh Medical Center. In addition Ellefson has served as a firefighter, paramedic, emergency medical technician, Dive Team coordinator, a flight paramedic, and a police officer.

Ellefson holds a Bachelor of Science degree in Organizational Leadership from Mountain State University, an associate degree in applied sciences in police technologies from Community College of Beaver County, and certification and national registration as a paramedic from the Center for Emergency Medicine in Pittsburgh.

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

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## Sharon Regional Welcomes New Provider of Emergency Medicine Services



Michael Garfinkel

Sharon Regional Health System is pleased to welcome Emergency Medicine Physicians (EMP) as the new provider of emergency medicine services within Sharon Regional's Emergency Care Center and to also welcome **Michael Garfinkel, M.D., FACEP**, as its new Director of Emergency Medicine. EMP is the leading provider of emergency medical services in the United States, providing emergency department staffing for more than 60 hospitals in twelve states.

EMP has gained an outstanding reputation for their commitment to quality patient care/patient satisfaction through decreasing the length of stay for emergency department patients, decreasing wait time to see an emergency physician, and for delivering the highest quality of emergency medicine services with compassion and efficiency.

Dr. Garfinkel joins Sharon Regional from the Forbes Regional campus of the West Penn Allegheny Health System in Pittsburgh where he served as both an emergency department physician and director of quality for its emergency department. Dr. Garfinkel completed an emergency medicine residency at the University of Pittsburgh Medical Center and received his medical education from the Medical College of Pennsylvania in Philadelphia.

Dr. Garfinkel is board certified in emergency medicine and is a fellow in the American College of Emergency Medicine. He received EMP's Physician of the Year Award in 2009 and also received the Excellence in Emergency Medicine award from the Society for Academic Emergency Medicine.

Sharon Regional's Emergency Care Center is Mercer County's largest emergency treatment facility, featuring rapid response teams for heart, stroke, and trauma emergencies, specialized treatment rooms for hazardous materials exposure and eye/ear/nose/throat conditions, plus dedicated areas for women and children along with a Fast Track service for minor illnesses and injuries. †

## Healthcare Professionals in the News

### Kane Compliance Officer Has Diverse, Innovative Background

**Angel Hoffman, MSN, RN**, brings more than 30 years experience in health care to her new position as Corporate Quality/Compliance Officer at the John J. Kane Regional Centers in Allegheny County.

A Pittsburgh native, Hoffman joined Kane on January 31. She said one of her primary goals is to implement an Electronic Medical Record (EMR) system at Kane.

Hoffman previously had served as Director of Corporate Compliance at the University of Pittsburgh Medical Center (UPMC), where she directed and managed both the Corporate Compliance and HIPAA programs. She has held positions such as a Chief Compliance and Ethics Officer and Privacy Officer for a physician billing company. Hoffman is also recognized as a compliance and ethics consultant.

Hoffman helped the HIPAA Program Office at UPMC achieve national recognition for its HIPAA Privacy efforts and best practices. She also has received a number of invitations to speak at national conferences, including the International Association of Privacy Professionals (IAPP), the National HIPAA Summit and the Academic Medical Center Privacy and Security Conferences.

For more information, contact Kane Community Outreach Representative Bill Lalonde at 412.292.8069 or e-mail [wlalonde@alleghenycounty.us](mailto:wlalonde@alleghenycounty.us). †



Angel Hoffman

## Allegheny General Hospital Welcomes New Director of Bloodless Surgery Program

Rita Schwab, CPMSM, has joined Allegheny General Hospital (AGH) as Program Director for its Center for Bloodless Medicine and Surgery.

In her new role, Schwab will oversee the day-to-day operations of the Center and serve as an educational resource for individuals who wish to learn more about transfusion-free surgery options.

Schwab also will be an instrumental part of a newly formed committee to investigate how blood conservation principals used within the Center for Bloodless Medicine and Surgery can be applied in other departments at Allegheny General.

Schwab is certified in medical services management and worked as a consultant in Ohio prior to joining AGH. She also has worked at the Cleveland Clinic as manager of clinical risk management and medical staff administration.

Allegheny General's hospital-wide Bloodless Medicine & Surgery program was established well over a decade ago to provide quality health care for patients who request treatment without the use of blood or blood products.

Under the direction of Jan Seski, MD, a respected national leader in transfusion-free medicine, AGH's Center treats more than 400 patients per year, some traveling from as far as Florida, Arkansas, West Virginia and Ohio.

Whether due to religious convictions or concerns over the safety of blood transfusions, a growing number of people in our country are expressing an interest in bloodless medicine programs. AGH's comprehensive center provides highly complex surgical procedures, such as organ transplantation, brain, vascular, gynecological, cardiac, orthopaedic and gastrointestinal surgery, without the necessity of transfusion.

To learn more about the Center For Bloodless Medicine and Surgery at AGH, call (412) 359-8787 or 1-877-284-2000. †



### Lake Erie College of Osteopathic Medicine Brings a New Level Of Medical Education to Southwestern Pennsylvania - LECOM at Seton Hill



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## Landau Building Company Hires New Project Manager

Landau Building Company is pleased to announce that **Andrew Marsic** has rejoined the company as a Project Manager.

Marsic interned for Landau Building Company while finishing a Bachelors of Science in Construction Management at the Pennsylvania College of Technology. As a project manager, he has managed all phases of construction on commercial projects ranging from \$1 million to \$22 million. His most recent work includes the construction management of 75 restaurant franchises and 5 corporate stores on the East Coast. Landau welcomes Andrew back as a well experienced team member.

Landau has completed various types of projects throughout the years including healthcare, higher education, recreational, light industrial, ecclesiastical and commercial work. A few notable projects recently completed by Landau are the Heritage Valley Beaver Emergency Department Auxiliary in Beaver, PA, the Huntington National Bank at the Village at Pine in Wexford, PA, and a new medical research laboratory for Precision Therapeutics in Lawrenceville, PA.

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



Andrew Marsic

## Conemaugh Health System Welcomes New VP of Human Resources



Wesley Schmidt

The Conemaugh Health System recently welcomed **Wesley Schmidt, MBA**, to his role as Vice President of Human Resources.

Schmidt comes to Conemaugh from Simi Valley, California, where he most recently served as Director of Human Resources at Mee Memorial Hospital in King City, California.

In his role with Conemaugh, Schmidt will oversee all aspects of Human Resources. Prior to his position at Mee Memorial Hospital, Schmidt served as Director of Human Resources at Encino Hospital Medical Center and Sherman Oaks Hospital. There Schmidt oversaw the hiring and recruitment process. His duties also included talent acquisition, performance management, training, leadership development,

planning and employee relations.

Prior to that, Schmidt served as Vice President of Human Resources at Valley Presbyterian Hospital in Van Nuys, California. There he helped restructure the human resources department while directing hospital-wide education and training and a robust volunteer program.

In addition to his MBA, Schmidt has a Bachelor of Business Administration (BBA) from Southwestern Adventist University in Keene, Texas. He is a member of several professional organizations including the American Society for Healthcare Human Resources Administration and the Society of Human Resource Management.

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

## Allegheny Valley Hospital Welcomes the Physicians of Allegheny Neurological Associates

Allegheny Valley Hospital (AVH) is recently welcomed the physicians of Allegheny Neurological Associates to the hospital's medical staff. The following physicians are currently providing inpatient neurology consultation and coverage at the hospital.

Susan Baser, MD	Jon Brillman, MD	Troy Desai, MD
Hebah Hefzy, MD	Patricia Jozefczyk, MD	Kevin Kelly, MD
Lara Kunschner, MD	Sandeep Rana, MD	George Small, MD
Thomas Scott, MD	Ashis Tayal, MD	James Valeriano, MD
David Wright, MD		

The physicians of Allegheny Neurological Associates are also on staff at Allegheny General Hospital's (AGH) Neuroscience Center. The AGH Neuroscience Center offers integrated programs of excellence in neurology and neurosurgery. Programs offered are composed of multidisciplinary teams of physicians, nurses and support staff dedicated to providing the highest national standards of care for neurologic disorders. Patients are provided with exemplary clinical care along with access to multi-center clinical research trials.

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

## Healthcare Professionals in the News

### West Penn Allegheny Health System Recruits New Chief Trauma Surgeon

**Allan S. Philp, MD**, has joined West Penn Allegheny Health System (WPAHS) as Chief Trauma Surgeon, effective May 1, 2011.

A decorated military trauma surgeon who led critical care teams in both Afghanistan and Iraq, Dr. Philp comes to WPAHS from Carilion Roanoke Memorial Hospital in Virginia, where he served as Section Chief, Trauma Surgery and Director of the NeuroTrauma Intensive Care Unit.

Dr. Philp's appointment follows that of Stephen R. Smith, MD, a nationally recognized trauma specialist who joined West Penn Allegheny in February as Director of its newly formed Division of Acute Care Surgery.

Prior to his role at Carilion, Dr. Philp served in several capacities at the University of Maryland, including Trauma Surgeon/Surgical Intensivist at the R.A. Cowley Shock/Trauma Center; Clinical Assistant Professor, Division of Surgery, University of Maryland Medical School and Physician Education Director, USAF Center for the Sustainment of Trauma and Readiness Skills. Throughout his career, Dr. Philp has been honored for excellence as a surgeon and surgical educator.

During Operation Enduring Freedom and Operation Iraqi Freedom, Dr. Philp served in a variety of medical positions including Trauma/ICU Director, Critical Care Aeromedical Evacuation Team Leader, Surgical Intensive Care Unit Director of Landstuhl Regional Medical Center, Chief Physician of Al Dhafra Air Force Base. His military commendations include a Bronze Star, Air Force Commendation Medal and Army Achievement Medal.

Dr. Philp's academic experience includes professorships at Virginia Tech Carilion School of Medicine, University of Virginia Health Sciences Center and Virginia College of Osteopathic Medicine.

A graduate of Vanderbilt University and its Medical School, Dr. Philp completed a residency in general surgery and a fellowship in surgical critical care at Vanderbilt University Medical Center.

He is certified in general surgery and surgical critical care by the American Board of Surgeons and is a Fellow of the American College of Surgeons and College of Critical Care Medicine. Dr. Philp authored or co-authored numerous publications, abstracts, book chapters and invited presentations on a variety of topics in surgical critical care.

The Acute Care surgery division at WPAHS includes the system's highly regarded Level 1 Trauma Center at Allegheny General Hospital and Burn Center at West Penn Hospital. Acute care surgery is a newer clinical model for serving patients who require immediate surgical intervention. Research shows an acute care surgery service can help surgeons at academic medical centers provide more timely and effective care to patients who arrive at the hospital and need immediate surgery.

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

### Altoona Regional Health System Announces Promotions



Kim Corle

**Kim Corle, R.N., MSN, MHA, CCRN**, has been promoted to administrative director, Emergency department, according to Chris Rickens, R.N., senior vice-president/chief nursing officer at Altoona Regional Health System. In this capacity, Kim will be responsible for the overall administrative and daily operations of the Emergency departments on both hospital campuses.

Corle began her career in 1987 as a registered nurse in a medical-surgical unit on the Altoona Hospital Campus. Her nursing career progressed as she became a clinical manager, nurse manager, and most recently a manager of quality and research. She has a bachelor's degree in nursing from Penn State and two master's degrees from the University of Phoenix:

one in nursing and one in health administration.

Corle lives in Martinsburg.

Altoona Regional Health System also announced the promotion of **Anne Stoltz, MBA**, to marketing and insurance contracts manager. In this capacity, Stoltz will continue her responsibilities in the Marketing and Communications department while also working with Risk Management on various insurance-related duties.

Stoltz was hired in 2005 in the Marketing and Communications department. She has a bachelor's degree in public relations from Penn State and a master's in business administration from Saint Francis University.

She resides in Duncansville. †



Anne Stoltz

## Healthcare Professionals in the News

### Veterans' Hospital Selects New Chief of Staff



Dr. Ali Sonel

**Dr. Ali Sonel** was recently appointed to serve as the chief medical officer for VA Pittsburgh Healthcare System (VAPHS) after serving as the interim for nearly a year. Prior to this appointment, Sonel served as VA Pittsburgh's associate chief of staff for research and development for the preceding five years and director of the VAPHS cardiac catheterization laboratories for the preceding seven years. Sonel is also a faculty member at the University of Pittsburgh School of Medicine. He continues to perform cardiac catheterizations and participate in research studies as the Chief of Staff.

VAPHS is one of the largest VA medical facilities in the country. VAPHS's 583 inpatient beds are distributed among medicine, surgery, primary care, psychiatry, intermediate care, nursing home care and domiciliary care. In fiscal year 2010, VAPHS served 61,750 veterans with a budget of more than half a million dollars. Last year the veterans' health care system employed 163 physicians and 935 nurses. With more than 160 academic affiliations, VAPHS trains future providers and conducts ground-breaking research (2010's research budget was \$29.4 million).

Sonel received his doctor of medicine degree from Hacettepe University in Ankara, Turkiye. His graduate medical training included a residency in internal medicine, and a fellowship in cardiology at Indiana University in Indianapolis, including training in a VA medical center.

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

# HONOR ROLL

### UPMC Passavant Receives Get With The Guidelines®-Stroke Gold Plus Quality Achievement Award

UPMC Passavant has received the American Heart Association/American Stroke Association's Get With The Guidelines®-Stroke Gold Plus Quality Achievement Award. The award recognizes UPMC Passavant's commitment and success in implementing excellent care for stroke patients, according to evidence-based guidelines.

To receive the award, UPMC Passavant achieved of 85 percent or higher adherence to all Get With The Guidelines-Stroke Quality Achievement indicators for two or more consecutive 12-month intervals and achieved 75 percent or higher compliance with six of 10 Get With The Guidelines-Stroke Quality Measures, which are reporting initiatives to measure quality of care. These measures include aggressive use of medications, such as tPA, antithrombotics, anticoagulation therapy, DVT prophylaxis, cholesterol reducing drugs and smoking cessation, all aimed at reducing death and disability and improving the lives of stroke patients.

"UPMC Passavant is to be commended for its commitment to implementing standards of care and protocols for treating stroke patients," said Lee H. Schwamm, M.D., chair of the Get With The Guidelines National Steering Committee and director of the TeleStroke and Acute Stroke Services at Massachusetts General Hospital in Boston. "The full implementation of acute care and secondary prevention recommendations and guidelines is a critical step in saving the lives and improving outcomes of stroke patients."

Get With The Guidelines-Stroke uses the "teachable moment," the time soon after a patient has had a stroke, when they are most likely to listen to and follow their healthcare professionals' guidance. Studies demonstrate that patients who are taught how to manage their risk factors while still in the hospital reduce their risk of a second heart attack or stroke.

Through Get With The Guidelines-Stroke, customized patient education materials are made available at the point of discharge, based on patients' individual risk profiles. The take-away materials are written in an easy-to-understand format and are available in English and Spanish. In addition, the Get With The Guidelines Patient Management Tool gives healthcare providers access to up-to-date cardiovascular and stroke science at the point of care.

For more information, visit [heart.org/quality](http://heart.org/quality).

National Health Care Decisions Day • Saturday April 16, 2011

## Help Give Patients a Voice

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## Heritage Valley Health System Awarded 2011 Plan Sponsor of the Year

Heritage Valley Health System was awarded the 2011 Plan Sponsor of the Year Award for the Nonprofit/403(b) workplace segment by PLANSPONSOR Magazine. Heritage Valley received the award based on its high participation rate, 82%, among employees in the 403(b) retirement plan, its extensive education campaign to inform and share the benefits of retirement savings with employees, and the 5.8% average deferral rate, or amount which each employee contributes from their paycheck to their 403(b) plan account, which is above the national average.



Brenda Maravich (left) and Laurie Clemens

“Involvement from the human resources staff, Health System management and the retirement plan advisors, Retirement Resources, in educating employees about the importance of retirement savings was critical to our success,” said Laurie Clemens, director of human resources, Heritage Valley Health System. “With their hard work over the last four years we’ve been able to significantly grow participation in the retirement plan from 53% to 82%.”

Each year, the editors of PLANSPONSOR magazine honor employers that demonstrate leadership in providing

a more secure retirement for workers. Strong investment performance, rigorous corporate governance, and an enduring commitment to participant education are the hallmarks of distinction of PLANSPONSOR’s Plan Sponsor of the Year awards.

“It is an honor to be recognized on the national level for the retirement plan that we offer to our employees,” added Brenda Maravich, manager of human resources at Heritage Valley. “The doctors, nurses, clinical technicians and all other healthcare employees are very dedicated to providing care for patients. Heritage Valley, as an organization, feels its part of our mission to help them attain a secure retirement savings.”

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

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# HONOR ROLL

## Jameson Health System Volunteers Honored at Recent Celebration Jameson Health System Volunteer Recognition 2011

The invaluable contributions made by over 400 volunteers of the Jameson Health System were brought into the spotlight with a Volunteer Recognition luncheon on April 14th at The Villa in celebration of National Volunteer Week.

**Cyndee Adamo**, Volunteer Coordinator, welcomed the volunteers to the delicious lunch prepared in their honor thanking them for their dedication to the Health System throughout the years.

**Lisa Lombardo**, Director of Public Relations/Marketing opened the celebration commending the volunteers who give the gift of time to Jameson. Time, one of the most precious gifts given by volunteers “make a difference every day” to Jameson and all those touched by Jameson.

**Doug Danko**, President/CEO, welcomed the volunteers and thanked them on behalf of the boards of directors, the physicians and the employees. He expressed his appreciation for their dedication and personal commitment to assist Jameson in being a quality health-care facility. The volunteers are a powerful force tirelessly giving over 41,000 hours of service for the past year.

**Stan Miller**, Jazz Saxophonist and vocalist, entertained the guests with a rendition of songs with his own stamp of style, grace and flair in every performance as he delivered a rendition of classic standards.

Jameson’s Volunteer Program is tailored to accentuate individual’s gifts and talents. Volunteers can choose to give back by performing in positions offering a wide variety of volunteer positions that can be tailored to individuals’ availability, skill sets and interests. Daniel Kushner, volunteer pianist, said, “By volunteering we open ourselves up, not only to praise but to scrutiny; we take on new responsibilities and challenges. We meet new faces and make new friends. But most importantly we make someone’s life a little easier, and that makes all the difference.”

Volunteer contributions are endless. Jameson’s volunteers come from all walks of life and their motivation is driven by their enthusiasm to make a difference in the community by volunteering at Jameson. They have a heart filled with compassion for their fellow mankind. Volunteers make a difference every day. †

## UPMC Physician and International Expert in Women’s Mental Health to Receive Prestigious 2011 Women in Science Award

The American Medical Women’s Association has named **Katherine L. Wisner, M.D., M.S.**, as the recipient of the 2011 Women in Science Award, which is given to a female physician who has made exceptional contributions to medical science, especially in women’s health, through her basic and/or clinical research, her publications and through leadership in her field.

Dr. Wisner is a professor of psychiatry, obstetrics, gynecology and reproductive sciences and epidemiology at the University of Pittsburgh School of Medicine, and director of the Women’s Behavioral HealthCARE program at the Western Psychiatric Institute and Clinic of UPMC. She also serves as an investigator at the Magee-Womens Research Institute. Her research focuses on the psychiatric treatment of women of childbearing age, and she is internationally recognized as an expert in the treatment of depression during pregnancy and the postpartum period.

Dr. Wisner has received funding from the National Institute of Mental Health as the principal investigator since 1988. She studies the impact of both exposure to major depression during pregnancy, as well as treatment with a class of antidepressant medications called selective serotonin reuptake inhibitors (SSRIs) on maternal and infant outcomes. Dr. Wisner also is studying pregnancy outcomes for women with bipolar disorder and the pharmacokinetics of treatment with lithium during pregnancy.

She currently is conducting a clinical trial for postpartum depression that includes treatment with an estradiol skin patch, the antidepressant sertraline or placebo to increase treatment options for women with postpartum depression. Her team has screened over 10,000 new mothers from Magee-Womens Hospital of UPMC for depression, and found a 14 percent positive rate.

Dr. Wisner received her award during a presentation that took place at the American Medical Women’s Association annual meeting in Washington D.C., on April 2.

The American Medical Women’s Association (AMWA) is an organization of women physicians, medical students and other persons dedicated to serving as the unique voice for women’s health and the advancement of women in medicine. The organization was founded by Dr. Bertha VanHoosen in 1915 in Chicago, at a time when women physicians were an under-represented minority. As women in medicine increase in numbers, new problems and issues arise that were not anticipated. AMWA has been addressing these issues for 94 years.

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



Katherine L. Wisner

## Dr. Donald Atkinson Honored with National Pancreas Foundation Courage Award

The National Pancreas Foundation (NPF) recently announced that **Donald Atkinson, MD**, a surgical oncologist at Allegheny General Hospital, will be recognized with the 2011 NPF Courage Award for his lifelong dedication to patients and families coping with pancreatic disease.

The award will be presented at the NPF Courage for a Cure Gala on Friday, June 24 at the Circuit Center at SouthSide Works.

The National Pancreas Foundation is a Pittsburgh-based nonprofit established in 1997 to address the needs of people with pancreatic disease. The Foundation provides patient support services, funds medical research to develop a cure for pancreatic disease and increases public awareness regarding these devastating conditions.

“Dr. Atkinson is a staunch advocate for patients coping with pancreatic disease,” said Patter Birsic, NPF co-founder. “We are pleased to recognize his tireless support of the NPF mission and the patients we serve.”

Board certified in general surgery, Dr. Atkinson earned his medical degree from the University of Kansas followed by an internship and residency at Wayne State University Health Center. He completed a fellowship in surgical oncology at Memorial Sloan-Kettering Cancer Center. He is a clinical assistant professor of surgery at Drexel University College of Medicine.

Dr. Atkinson specializes in surgery for patients with pancreatic cancer, the fourth leading cause of cancer death in the United States as well as around the world.

“The NPF and the patients they represent have been truly courageous in the fight against pancreatic disease,” Dr. Atkinson said. “I have been privileged to support the work of the NPF through the years and am honored to accept this award.”

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

# HONOR ROLL

## Dr. Muhammed Javed Receives Physician of the Year Honor from National Kidney Foundation of Western New York



Muhammed T. Javed

Upper Allegheny Health System (UAHS) announced that **Muhammed Javed, MD** has been named Physician of the Year by the National Kidney Foundation (NKF) of Western New York. The Foundation selected Dr. Javed for his efforts in significantly enhancing the quality of care for patients suffering from kidney problems in Southwestern New York and Northwestern Pennsylvania.

The award was presented to Dr. Javed during the annual Gift of Life Celebration on March 24 in Buffalo. The National Kidney Foundation of Western New York is a volunteer organization that seeks to prevent kidney and urinary tract diseases, and improve the health and well-being of individuals and families affected by these diseases. The Physician of the Year award is given to physicians who show exemplary dedication

to their patients, support the NKF mission by volunteering their time at patient programs and service events, and demonstrate a passion for helping the over 170,000 residents of Western New York that are living with kidney disease.

Dr. Javed received his Doctor of Medicine Degree from Ross University School of Medicine. He completed his Internal Medicine and Nephrology Fellowship at Long Island College Hospital, State University of New York (SUNY) Downstate in Brooklyn. In 1995, Dr. Javed moved to the Allegheny region and established a nephrology practice in Bradford. Due to the extraordinary need for chronic kidney care in the area, he expanded his practice to Olean, and helped establish the Marie Lorenz Dialysis Unit at Olean General Hospital.

Dr. Javed currently serves on the medical staff at both BRMC and OGH. He is the Medical Director for both hospitals' Dialysis Units, and currently serves as Chief of Medicine at Olean General Hospital. Dr. Javed is also a member of the Board of Directors at Upper Allegheny Health System, and is actively involved with several medical research projects. He has presented at the Annual Meeting of the American Society of Artificial Internal Organs (ASAIO) and the Annual Conference on Peritoneal Dialysis. Dr. Javed has an active Peritoneal Dialysis Program, and established one of the first hemodialysis programs in Western New York.

In addition to his contributions at both hospitals, Dr. Javed has been an active participant in area medical education programs. He is currently an Assistant Clinical Professor and mentors students in the Family Practice Program at the University at Buffalo. He is also involved in St. Bonaventure University's Pre-Medical Program, where he provides guidance to students seeking a career in medicine.

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

## Heritage Valley Beaver Receives Three Star Rating

Heritage Valley Beaver's Cardiovascular and Thoracic Surgery program recently received the highest quality rating, three stars, from the Society of Thoracic Surgeons (STS) for outcomes related to isolated coronary artery bypass surgery (CABG) from July 2009 to June 2010. Historically, 12 to 15 percent of hospitals receive the “three-star” rating during a given time period and Heritage Valley Beaver was among that group for this period.

The Society of Thoracic Surgeons developed a comprehensive rating system that allows for comparisons of quality of cardiac surgery among hospitals across the country. The “three-star” composite score for Isolated CABG is based on eleven NQF (National Quality Forum) measures which are divided into four domains:

- Avoidance of operative mortality
- Avoidance of major morbidity
- High quality intraoperative care as measured by use of IMA (internal mammary artery)
- Appropriate medication usage

Cardiovascular and thoracic surgery is one of the core services available through Heritage Valley's Heart & Vascular Center which offers comprehensive cardiac care including diagnostic and interventional cardiology, electrophysiology, VeinCare, vascular surgery, cardiac computed tomography (CT) and cardiac rehabilitation services.

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

## Dayle Griffin, M.D. Wins 2011 Physician Recognition Award

St. Clair Hospital in Mt. Lebanon has bestowed its 2011 Physician Recognition Award to **Dayle Griffin, M.D.**, Medical Director of the Hospital's Pediatric Unit.

Dr. Griffin joined St. Clair 17 years ago as a Pediatric Hospitalist. Among her many contributions and accomplishments at St. Clair, she is credited with championing a program to have all newborns' hearing screened, years before it was mandated by law. She also is largely responsible for the high quality of care in the Hospital's Special Care Nursery. Dr. Griffin is also well known throughout the greater Pittsburgh area for her humanitarian efforts over the years, including helping organize and leading medical mission trips to impoverished Haiti.

Dr. Griffin earned her medical degree at Howard University and is board certified by the American Board of Pediatrics. She resides in Oakdale.

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



Dayle Griffin

## Corkery, Heise, Dainesi, Trapanotto Receives National Recognition for Providing Quality Cardiovascular and Stroke Care

The National Committee for Quality Assurance (NCQA) and the American Heart Association/American Stroke Association (AHA/ASA) announced that Corkery, Heise, Dainesi, Trapanotto, West Penn Allegheny Health System, of McMurray, PA have received recognition from the Heart/Stroke Recognition Program for providing quality care to their patients with cardiovascular disease or who have had a stroke.

The Heart/Stroke Recognition Program was designed to improve the quality of care that patients with cardiovascular disease or who have had a stroke receive by recognizing clinicians who deliver quality cardiovascular and stroke care, and by motivating other clinicians to document and improve their delivery of cardiovascular and stroke care. To receive recognition, which is valid for three years, Corkery, Heise, Dainesi, Trapanotto, West Penn Allegheny Health System submitted data that demonstrates performance that meets the program's key cardiovascular and stroke care measures. These measures include blood pressure and cholesterol control, among others. When people with cardiovascular disease or who have had a stroke receive quality care as outlined by these measures, they are less likely to suffer additional complications, such as a second heart attack or stroke.

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

## Society of Interventional Radiology awards Gold Medal to Gordon K. McLean



Gordon K. McLean

Gordon K. McLean, MD, FSIR, FACR, Chief of the Division of Interventional Radiology at West Penn Allegheny Health System, was awarded a Gold Medal by the Society of Interventional Radiology (SIR), recognizing his extraordinary contributions to the field, dedicated service to the Society and distinguished career achievements in interventional radiology.

The award was presented at the Society's annual meeting March 26-31 in Chicago.

Dr. McLean is widely regarded as both a pioneer of interventional radiology procedures and an important leader in the growth of SIR. Fellow society members cited his educational background, unique style, high level of credibility, and major contributions to the science and practice of interventional radiology in awarding him the Gold Medal.

Dr. McLean completed a residency in diagnostic radiology at the University of Pennsylvania and remained there for the next decade as a faculty member and Chief of the Department of Radiology's Angiography/Interventional Radiology section. He joined West Penn Hospital in 1989 as Chief of Angiography/Interventional Radiology and is a fellow of the American College of Radiology as well as the SIR.

He was one of the original innovators of hepatobiliary and gastrointestinal interventional procedures and has been involved in the development of original techniques and devices for the past three decades. He has published nearly 100 scientific papers including a 1991 landmark paper on angioplasty in patients with SFA (superficial femoral artery) disease.

During his years of service on the SIR Executive Council, Dr. McLean worked tirelessly to ensure that the coding methodology for interventional radiology procedures would be accepted by Medicare and that IR services were appropriately valued. He was one of the first presidents of the Cardiovascular and Interventional Radiology Research and Education Foundation (CIRREF) and played an important role in establishing the foundation as a major resource for IR research funding.

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

# HONOR ROLL

## Amerinet Announces Member Achievement Awards Canonsburg General Hospital Recipient

Amerinet announced Canonsburg General Hospital as a recipient of the Amerinet Healthcare Achievement Award in the category, Financial and Operational Improvement. Amerinet grants these honors yearly in recognition of member excellence for commitment to the reduction of healthcare costs and improvements in the quality of patient care delivery. Sixteen outstanding members were selected for creating and implementing cutting-edge advances in operational efficiencies during 2010.

The Healthcare Achievement Awards offer an opportunity for Amerinet to underscore acute and non-acute care member facilities that met the highest standard of excellence addressing a value-of-care mission.

Canonsburg General Hospital focused on reducing the average length of stay (ALOS) for a patient in the hospital to improve financial responsibility. A clinical resource management team (CRM) was created to take an assertive approach to reduce the length of stay, and achieved this by placing emphasis on actual anecdotal patient/physician experiences from the case managers.

Procedures for tests and consults were also changed to expedite processes and after three months with the new focus and objectives the hospital ALOS began to decline, dropping to 4.35 days for an eight month period (April 2010 – November 2010). This was a decrease of 0.45 days or 9.4 percent, putting the hospital below the geometric mean length of stay for five continuous months.

The decrease is estimated to show an annual expense reduction of approximately \$400,000.

Amerinet recognized superior member performance in four categories: community impact and innovation, financial and operational improvement, quality/patient care and patient satisfaction, and supply chain/data management/supply cost efficiencies. Facility categories included acute care facilities offering either greater or less than 300 beds, integrated delivery networks and critical access hospitals. In the non-acute care sector, surgery centers, long-term care facilities, physician offices and clinics were reviewed.

All entries received were carefully evaluated by a panel of expert judges and Amerinet was extremely impressed with the quality of all the projects our members thoughtfully shared. Two representatives from each of the chosen member facilities will receive a complimentary trip to the Amerinet Member Conference – the premier national alliance event in the healthcare group purchasing organization industry – occurring May 9 – 12 at the Walt Disney World Dolphin Resort in Orlando, Fla. The conference will also feature a professional poster session highlighting all award-winning projects, as well as the many other success stories submitted by participating Amerinet members.

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

## Around the Region

### Musculoskeletal Practice Opens Office in Slippery Rock

Expanded musculoskeletal care is now available in the heart of Slippery Rock when Tri Rivers Surgical Associates opened its new location on the Slippery Rock University campus April 11.

"The addition of a new Slippery Rock office was a necessary step to increase and improve our patients' access to musculoskeletal care in the communities north of Butler," said D. Kelly Agnew, M.D., managing partner, Tri Rivers Surgical Associates. "Patients in Slippery Rock, Grove City, New Castle and the surrounding communities no longer have to travel to Butler to see a Tri Rivers provider."

Patients will have access to teams of specially trained orthopedic, sports medicine and physical medicine specialists. Advanced treatment and technology available in Slippery Rock will include on-site digital radiography and fluoroscopy services, as well as electrodiagnostic services.

The following providers will be available to see patients in Slippery Rock:

#### Orthopedic Surgery & Sports Medicine:

D. Kelly Agnew, M.D. – Total joint replacement and sports medicine

Scott G. Rainey, D.O. – Fellowship-trained orthopedic spine surgery specialist

Christopher J. VanSchepen, PA-C – General orthopedic injuries and problems

#### Physical Medicine & Rehabilitation:

James L. Cosgrove, M.D. – Physical medicine and rehabilitation specialist

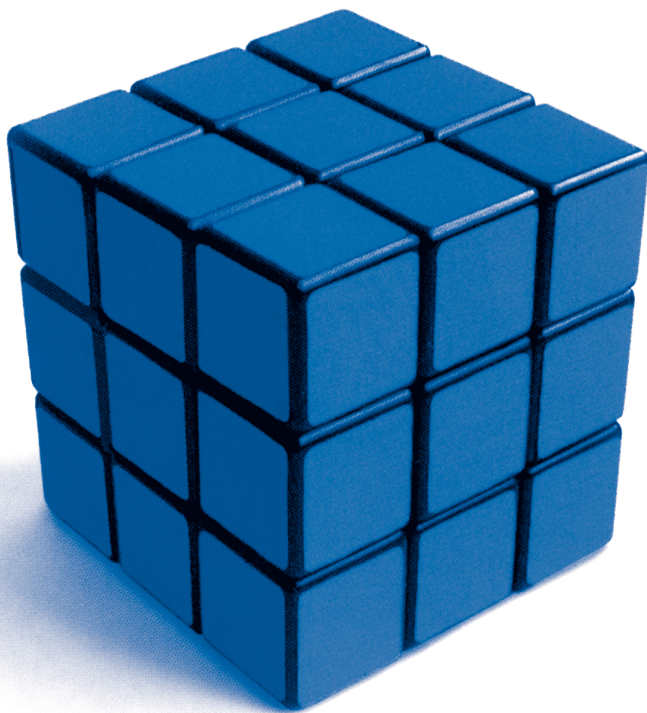
Edward D. Reidy, M.D. – Physical medicine and rehabilitation specialist

#### Primary Care Sports Medicine:

Anna M. Dumont, D.O. – Fellowship-trained primary care sports medicine specialist

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## Conemaugh Cancer Care Center Offers New Cellular Immunotherapy Treatment for Prostate Cancer

The Conemaugh Cancer Care Center is among the first sites in the nation to offer cellular immunotherapy treatment for patients with advanced prostate cancer.

Provenge (sipuleucel-T), the first in a new therapeutic class known as autologous cellular immunotherapies, was approved by the US Food and Drug Administration (FDA). The cancer treatment vaccine is designed to attack cancer cell growth. The process uses cells from the patient's own immune system, the body's natural defense against the disease, to identify and target prostate cancer.

During the leukapheresis procedure a small percentage of the patient's immune cells, along with some of the platelets and a small amount of red blood cells, are removed. The leukocytes (white blood cells that defend the body) are removed from the blood and then combined with a protein that is found in most prostate cancers. That protein is linked to an immune stimulating agent. The combination of the immune cells and this protein is what makes the active component of Provenge.

The process of collecting the patient's immune cells takes about 3 to 4 hours and is done at an authorized cell collection center.

Prostate cancer is primarily found in men over age 55, and the average age of diagnosis is 70. African American men are disproportionately affected by prostate cancer with an incident rate more than 60-percent higher than white males. Having a father or brother with prostate cancer more than doubles a man's risk of developing the disease.

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

## Sharon Regional Board Approves \$13 Million EMR Project; Adds New IT Director



Donna M. Walters

The Sharon Regional Health System board of directors has approved a five year, \$13 million information technology (IT) upgrade that will provide comprehensive electronic medical records throughout all of Sharon Regional's inpatient services, outpatient services, satellite offices, and physician practices.

Sharon Regional has chosen the Cerner Corporation, a company that specializes in digital electronic solutions that are licensed by more than 8,500 healthcare organizations worldwide. Cerner solutions enable physicians, nurses, and other authorized users to share data and streamline processes through a comprehensive electronic medical record that displays up-to-date patient information in real time, allowing for rapid and accurate ordering, documentation, and billing.

In conjunction with the IT upgrade, Sharon Regional welcomed **Donna M. Walters** as the new Senior Director of Information Technology. Walters will be responsible for the implementation of the IT expansion/electronic medical record project plus all other aspects of Sharon Regional's IT department and its operations, including direct supervision of all staff and IT projects/initiatives.

Walters comes to Sharon Regional from JMC Steel Group, the parent company of Wheatland Tube and Atlas Tube companies, where she served as the Senior Manager of IT Applications. Prior to that she was the Director of Business Systems and Processes for Sharon Tube with responsibility for all IT operations, including serving as the project manager for a corporate-wide IT upgrade/replacement project. While at Sharon Tube she also served as a Senior Systems Analyst/Systems Manager. In addition, Walters formerly served as a Manager of Information Systems, Senior Data Base Administrator, Data Base Administrator, and Programmer/Analyst for Wheeling-Pittsburgh Steel Corporation. She holds a Bachelor of Science in Business Administration with a specialty in Computer Information Systems from West Liberty State College, West Virginia.

The information technology components including support staff for the new electronic medical records project will be based at Sharon Regional's new 5000 square foot Technology Center at the LindenPointe Innovative Business Campus in Hermitage. The Center is expected to be completed by the end of August.

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

## Around the Region

### Social Workers Enrich, Improve Lives

By Tricia Whaley

Each March during National Professional Social Work Month, we recognize the dedication of more than 640,000 social workers who are involved in our communities. Whether in schools, hospitals, mental health clinics, or nursing homes, social workers work tirelessly to serve individuals and families in need.

According to the Bureau of Labor Statistics, many people choose a career in social work because they have "... a strong desire to help improve people's lives." That's exactly what drives the social services team at AseraCare Hospice-Pittsburgh.

"Social services professionals wear many different hats when caring for hospice patients," said Erin McAndrew, Executive Director of AseraCare Hospice. "They are pillars of support and vocal advocates for our patients and families, but they also play a key role in understanding and addressing the practical and emotional needs of our patients and their families."

Social workers are part of the interdisciplinary teams that care for patients of AseraCare Hospice. In addition to providing emotional support to patients and their families, social workers often help with practical matters, for example, by sharing information about helpful community resources or broaching conversations about matters patients and families should consider at the end of life. AseraCare social workers are focused on helping patients maintain dignity and enjoy the best possible quality of life.

"Social Work Month is a great opportunity for all of us to consider the vital role that social workers have in our community, and to thank all social services professionals for the care that they provide," said McAndrew.

AseraCare would like to recognize the following social workers:

- Meryl Thomas
- Courtney Welk
- Deb Byrum
- Bernadette Furin

With 63 hospice locations and 17 home health locations in 20 states, AseraCare is one of the largest providers of hospice and home health services in the United States, serving more than 30,000 patients annually. AseraCare is part of the Golden Living family of companies. For more information about services provided by AseraCare Hospice please call 412.271.2273 or visit [www.aseracare.com](http://www.aseracare.com).

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# Resource Directory

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Loving Care Agency is a national provider of extended hour home health services with 31 offices in 7 states. The Pittsburgh office cares for medically fragile children and adults with a variety of diagnoses. Specializing in the most complex care, including mechanical ventilation, the staff of Loving Care Agency of Pittsburgh includes experienced RNs, LPNs and home health aides. Services are available 24 hours per day, 7 days per week in Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland Counties. Backgrounds and experience of all staff are verified. Loving Care Agency is licensed by the PA Department of Health.

Contact information:

Loving Care Agency of Pittsburgh  
875 Greentree Road, Building 3 Suite 325,  
Pittsburgh, PA 15220  
Phone: 412-922-3435, 800-999-5178/  
Fax: 412-920-2740  
www.lovingcareagency.com

## PSA HEALTHCARE

At PSA Healthcare, we believe children are the best cared for in a nurturing environment, where they can be surrounded by loving family members. We are passionate about working with families and caregivers to facilitate keeping medically fragile children in their homes to receive care. PSA Healthcare is managed by the most experienced clinicians, nurses who put caring before all else. Our nurses are dedicated to treating each patient with the same care they would want their own loved ones to receive. PSA is a CHAP accredited, Medicare certified home health care agency providing pediatric private duty (RN/LPN) and skilled nursing visits in Pittsburgh and 10 surrounding counties. The Pittsburgh location has been providing trusted care since 1996, for more information call 412-322-4140 or email scoleman@psakids.com.

## VITAS INNOVATIVE HOSPICE CARE® OF GREATER PITTSBURGH

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

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**Kindred Hospital Pittsburgh**  
7777 Steubenville Pike Oakdale, PA 15071

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**Kindred Hospital Pittsburgh - North Shore**  
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**Kindred Hospital at Heritage Valley**  
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## MEDICAL TRANSCRIPTION

### CMS MEDICAL WORDS

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## PUBLIC HEALTH SERVICES

### ALLEGHENY COUNTY HEALTH DEPARTMENT

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

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For more information, please call 412-420-2400  
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www.amazingkids.org

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**Angela Mize**  
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**132 S. 12th Street:**  
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**150 Cherry Valley Road:**  
**Offered for \$149,900**

This adorable 3 bedroom home has a large fenced yard, two car garage, beautiful hardwood floors, first floor den, c/a, sunny updated kitchen and bath, situated on a desirable tree lined street. Just minutes to Parkway, Oakland, Hospitals and Universities. Less than rent. See mls#856329 for additional photos.




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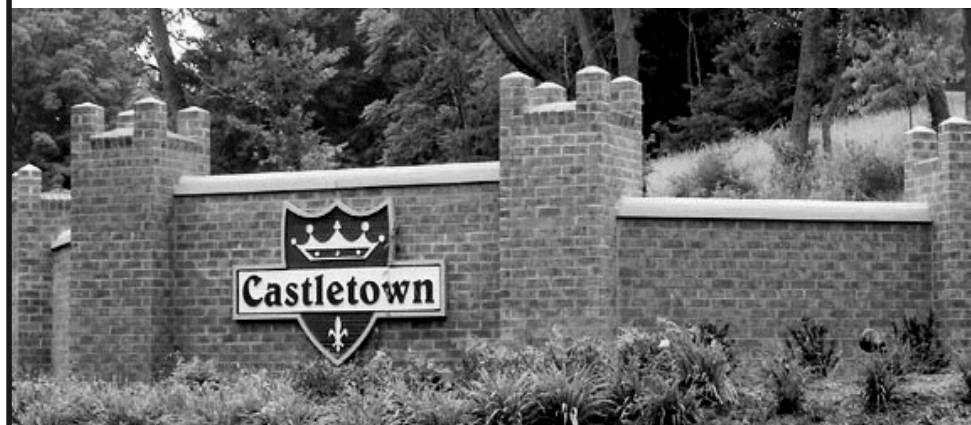
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- Cul-de-sac plan (no through streets).
- Sidewalks throughout.
- Protective covenants and an active Home Owners Association.



## ***Important Message for Pennsylvania Physicians:***

# **Reduce Your Malpractice Insurance Costs**

Since 2003, Professional Casualty Association (PCA) has insured only Pennsylvania physicians. And we've done it quite successfully. Nearly 1900 of your colleagues across the Commonwealth have entrusted us to provide their coverage and look to us to provide the most aggressive defense strategies in the industry when claims have been brought against them.

The reasons why we only insure Pennsylvania doctors are simple. It allows us to hone our underwriting and claim settlement expertise, helps us maintain our pricing focus and it provides our policyholders and prospects with the assurance that we will not divert resources from the Commonwealth for the lure of short term profits from neighboring states. PCA is licensed, admitted and domiciled in Pennsylvania and supported by an A+ rated reinsurer. You can rest easy that we will be here when you need us!

From the beginning, our motto has been "Fighting back is good business" and we will vigorously fight every defensible lawsuit as well as countersue, when appropriate. We understand the frustration experienced by a physician when sued. For that reason, we retain only the most experienced and successful attorneys and claim personnel and do everything possible to make the experience as painless as possible. Not only do we try more cases than any of our peer companies, we've won ninety (90%) percent of our cases.

If you have a reasonable claim history and think you may be paying too much, have your agent contact PCA. Or you can contact us directly by phone (610.337.3374) or through our website ([www.professionalca.com](http://www.professionalca.com)). We will recommend an agent if needed. But rest assured that PCA will work hard to lower your premium now and into the future.



**PROFESSIONAL  
CASUALTY ASSOCIATION**

**1012 W. Ninth Avenue, Suite 250 • King of Prussia, PA 19406  
P: 610-337-3374 • F: 610-337-7549 • [www.professionalca.com](http://www.professionalca.com)**





ManorCare Health Services -  
Bethel Park  
**412.831.6050**

ManorCare Health Services -  
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**412.344.7744**

ManorCare Health Services -  
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**724.941.3080**

ManorCare Health Services -  
Monroeville  
**412.856.7071**

ManorCare Health Services -  
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**412.369.9955**

Heartland Health Care Center -  
Pittsburgh  
**412.665.2400**

Shadyside Nursing  
and Rehab Center  
**412.362.3500**

Sky Vue Terrace  
**412.323.0420**

ManorCare Health Services -  
Whitehall Borough  
**412.884.3500**

**It's not just about getting you back on your feet.  
It's about getting you back to your life.**

Few rehabilitative care centers have as impressive a record as HCR ManorCare. For years, our focus has been to return patients home as quickly as possible, while reducing their risk of rehospitalization. In fact, more than nine out of 10\* patients are able to regain their independence even before they leave our facilities. For better clinical and rehab expertise, remember, HCR ManorCare is your best way home. For more information, call the center nearest you, or visit [www.hcr-manorcare.com](http://www.hcr-manorcare.com).

**HCR ManorCare**   
Rehabilitation and Skilled Nursing

