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Around the Region



West Penn Allegheny Health System Appoints New President and CEO

Officials at West Penn Allegheny Health System (WPAHS) recently announced the appointment of Christopher T. Olivia, M.D., as its new President and Chief Executive Officer. Dr. Olivia is expected to assume his new role in March.

Dr. Olivia currently serves as President and CEO for The Cooper Health System (CHS) in Camden, NJ. Dr. Olivia earned his undergraduate degree at the Pennsylvania State University and his medical degree with honors and academic distinction from Hahnemann Medical School. He served his internship at Columbia University's Morristown Memorial Hospital Program where he was Intern of the Year. Dr. Olivia also earned an M.B.A. from the Wharton School at the University of Pennsylvania.

After completing his residency in ophthalmology at The University at Buffalo, State University of New York, he joined a private practice and later served as a physician manager in a group practice at Healthcare Plan in Buffalo, NY.

In 1996, Dr. Olivia was recruited to Mercy Health Partners in Springfield, Ohio, where he served in a variety of positions including Senior Vice President and Chief Medical Officer. Within a year, he was promoted to President and CEO of the organization's health insurance corporation, Covenant Health.

Dr. Olivia was recruited in 2000 to be the President and Chief Executive Officer of University Physicians. It was in this capacity that Dr. Olivia merged the University Physicians into The Cooper Health System.

Within two years he was named President and CEO for the Cooper Health System. He has continued to practice medicine throughout his career both in private practice and presently as a member of the Robert Wood Johnson Medical School faculty where he engages in ophthalmology research and the training of medical students and residents.



Dr. Christopher T. Olivia

UPMC Hires Nursing Expert to Support International Growth

To support growing demand for its clinical services from around the world, the University of Pittsburgh Medical Center (UPMC) has hired Carole Miserendino, Dr.P.H., M.S.N., R.N., as vice president for interval nursing operations. Her primary responsibilities in this new role are to provide international clinical operations analysis and to serve as interim chief nursing officer as needed during the development of patient-care services overseas.

Dr. Miserendino brings a diverse background to UPMC. At Deloitte, she focused on patient safety and quality, electronic health records and improvements in hospital operations. In addition, she served as chief nursing officer and associate dean for clinical practice at the University of Illinois at Chicago Medical Center.



Dr. Carole Miserendino

Anne V. Lewis Joins the Board of Directors at The Children's Institute

Anne V. Lewis has joined The Children's Institute's Board of Directors. Lewis is a member of the Steering Committee for The Campaign for an Amazing Future and serves on the Government Relations Committee. She has been a driving force in Pittsburgh's nonprofit community for more than 25 years, leading major development efforts for the Children's Museum of Pittsburgh, Fox Chapel Country Day School and Shady Side Academy.

Lewis currently serves on the boards of the Jewish Healthcare Foundation, the Steeltown Entertainment Project and Family Communications, Inc. She is also a member of the Advisory Council of UPMC McGowan Institute for Regenerative Medicine and serves on the Advisory Board of the ALS Association.



Anne V. Lewis

Pittsburgh Affiliate of Susan G. Komen for the Cure Announces New Executive Director

The Pittsburgh Affiliate of Susan G. Komen for the Cure has named Kathleen (Kathy) Purcell as its new executive director.

As the executive director of Komen Pittsburgh, Purcell will be responsible for managing the day-to-day operations of the affiliate including education and outreach programs, organizational management, fundraising, and the coordination of the annual Komen Pittsburgh Race for the Cure®.

Purcell has extensive knowledge about breast cancer and its treatment as well as the health care community in Pittsburgh and its surrounding region. For 29 years she has worked as a social worker providing support and counsel to individuals in need. Since 1990, Purcell has worked at Magee-Womens Hospital of UPMC as the social worker responsible for providing services to breast and gynecological oncology patients. She also facilitates cancer support groups at the Cancer Caring Center. Prior to accepting the position as the executive director of Komen Pittsburgh, Purcell served on its Board of Directors.

"Having Kathy Purcell as Komen Pittsburgh's new executive director is an assurance that its future is secure," says Liz Sullivan, chair, Pittsburgh Affiliate of Susan G. Komen for the Cure. "Her leadership skills and knowledge about breast cancer are enormous assets, and her integrity, compassion and good judgment are qualities that we have embraced. Speaking for the Board, we are simply delighted to have Kathy as our new executive director."

Purcell received a Master of Social Work from the University of Pittsburgh and a Bachelor of Science from the State University College of New York at Brockport.



Kathleen Purcell

Altoona Regional Names Transitional Care Unit Administrator

Alice M. Hershberger, B.B.A., M.H.A.C., recently joined Altoona Regional Health System as the nursing home administrator of the Transitional Care Unit.

Previously a surgical services administrative coordinator at Hanover Hospital in Hanover, PA. Hershberger earned her bachelor's degree in Business Administration and Pennsylvania Nursing Home Administrator's license at Mount Aloysius College, Cresson. She also completed her master's degree in Healthcare Administration at the University of Phoenix, Arizona.



Alice M. Hershberger

New Fiscal Supervisor Appointed for Altoona Regional Center for Behavioral Health Services

Sherri Sell was recently promoted to the new position of fiscal supervisor of Altoona Regional's Center for Behavioral Health Services. She began her career with Altoona Hospital as a fiscal specialist in the department. She has a bachelor's degree in accounting from Penn State University, University Park.



Sherri Sell

Carolyn Virostek Named New Spa Harmony Director

Carolyn Virostek, CMT, NCTMB, believes self-care is a critical component of both healing and living healthy. And in her new role as Director of Spa Harmony, located in the Wilfred R. Cameron Wellness Center of The Washington Hospital, she hopes to encourage members of the Washington-area community to consider a holistic approach to taking care of themselves.

Virostek, originally from Pittsburgh, is familiar with the benefits of providing complementary therapies and treatments within a medical setting. She helped launch the University of Colorado's Integrative Medicine Program in 2001 while also maintaining her private massage therapy practice within a physician's office. In addition, she has been involved in National Institutes of Health-funded research studying the benefits of massage therapy for cancer patients.



Carolyn Virostek

ACHE of Western Pennsylvania Announces 2008 Board of Directors

ACHE of Western Pennsylvania is proud to announce its board of directors for 2008.

President - Amy Richards, VHA Pennsylvania Inc.; Vice President - Janet Cipullo, Jefferson Regional Medical Center; Treasurer - David Fuller, Corazon Inc.; Secretary - Alice Pedersen, Warren General Hospital; Immediate-Past President - Karen Hartman, Corazon Inc.; Members-at-large: Kaneen Allen, VA Pittsburgh; Sam Friede, University of Pittsburgh Graduate School of Public Health; Jeri Frizza, Pennsylvania Healthcare Providers Insurance Exchange; Richard Longo, Devon Health Services; Rose Nolan, Heritage Valley Health System; Fred Peterson, Hospital Council of Western PA; Michelle Robertson, Hamot Health; Kathy Sankovich, Clarion Hospital; Christy Wenger, Western Pennsylvania Hospital; Student Representative - John Zaharoff, University of Pittsburgh Graduate School of Public Health.

Meadows/UCBH Welcomes New Team

Larry Grimes was appointed Chief Executive Officer of The Meadows Hospital and Universal Community Behavioral Health in April 2007. Grimes earned his undergraduate degree at East Texas Baptist University and his Graduate Degree with a Masters in Religious Education with a concentration in Counseling from Southwestern Theological Seminary. He has done further graduate work at the University of Houston and Liberty University in Counseling and is a Licensed Professional Counselor in Texas. Over the last 10 years, he has served as CEO for River Crest Hospital in San Angelo, TX and Millwood Hospital in Arlington, TX.



Larry Grimes



Earnest Priddy



Michelle Stroud



Amy Schoen

Earnest "Sonny" Priddy was appointed Chief Financial Officer of The Meadows Hospital and Universal Community Behavioral Health in December 2007. Priddy is a graduate of Virginia Commonwealth University in Richmond and has over 25 years CFO experience serving other facilities such as HealthSouth and HCA. He was most recently employed at Grafton, Inc.

Michelle Stroud was appointed Director of Nursing of The Meadows Hospital in May 2007. She earned her Associates Degree in Nursing from Mount Aloysius College, her BSN at Penn State University and holds a nursing certification in Psychiatric and Mental Health Nursing from St. Francis University. Stroud worked as a Staff Nurse at the facility from 1995 through 2001 and then continued her nursing career working in Psychiatric Rehabilitation and Hospice. She recently was employed by Altoona Regional Health System with the Cardiothoracic Intensive Care Unit.



Melissa Delancey

Amy Schoen, LCSW, was appointed Program Manager for Adult Services at The Meadows Hospital in June 2007. Schoen completed her undergraduate degree at Penn State University and has a Masters in Social Work from the University of Pittsburgh. She holds an LCSW in the state of Florida. Schoen was employed at the facility as a Crisis Worker from 1996-1998 and since then, has been a therapist and Clinical Director of a substance abuse program, the Stewart Marchman Center in Daytona, FL.

Melissa Delancey, LSW, was appointed Program Manager for Children Services at The Meadows Hospital in June 2007. Delancey completed her undergraduate degree at Eastern Mennonite University and has a Masters in Social Work from Temple University. She holds an LSW in Pennsylvania. Delancey was previously employed by Juniata County Children and Youth and was a Clinical Director for Universal Community Behavioral Health outpatient and partial hospitalization clinic.

Eric Zaney, EMT, Appointed to the Pennsylvania Emergency Health Services Council

Eric Zaney, EMT-P, has been appointed as a member of The Pennsylvania Emergency Health Services Council (PEHSC). He will represent the Washington County Emergency Medical Services Council.

Zaney is the pre-hospital care coordinator and the director of emergency medical services at Canonsburg General Hospital.



Eric Zaney

Shirley Brandon Named Stroke Clinician at UPMC St. Margaret Hospital

Shirley Brandon, R.N., B.S.N., has been named Stroke Clinician at UPMC St. Margaret Hospital.

Shirley joined UPMC St. Margaret in 2000 and is currently employed in the Emergency Department and is the Stroke Clinician for the hospital. She has been a member of the Emergency Nurses Association for 3 years. She also is one of the instructors for BLS, ACLS and PALS at St. Margaret. Shirley has been responsible for the collection of data on stroke patients and has recently applied for a Bronze Performance Achievement Award GWTG (a quality improvement initiative) with the American Stroke Association.

Shirley is a member of the Education and Advocacy Committee of the Three Rivers Affiliate of the American Heart Association and a community lecturer on symptoms of stroke and stroke awareness.



Shirley Brandon

PeriOptimum Appoints Walley to Leadership Post

PeriOptimum has recently promoted Cathy Walley, R.N., to the position of Vice President, Products and Services. Walley previously held the position of Director of Products and Services with the South Side based surgical throughput improvement company.



Cathy Walley

Magee-Womens Hospital Names Vice President of Operations

Ketul J. Patel, a Chicago hospital executive, has been named vice president of operations for Magee-Womens Hospital of UPMC, hospital officials announced. Patel was formerly senior vice president at St. James Hospital and Health Centers. He succeeds Will Cook, who has joined UPMC's international and commercial services division.



Ketul J. Patel

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MAKING ROUNDS

PHYSICIAN ANNOUNCEMENTS, APPOINTMENTS AND AWARDS

Children's Hospital Names New Clinical Affairs Vice Chair

A. Kim Ritchey, M.D., has been named vice chair for Clinical Affairs of the Department of Pediatrics.

Most recently, Dr. Ritchey served as chief of the Division of Pediatric Hematology/Oncology. In his new role, he will be involved in recruitment for that position.

Dr. Ritchey is a graduate of Dartmouth College and the University of Cincinnati Medical College. He was chief of the Section of Pediatric Hematology/Oncology at West Virginia University School of Medicine from 1986–1998 before coming to Pittsburgh in 1998.



Dr. A. Kim Ritchey

John Anastasi, M.D., Completes Continuing Medical Education

Heart surgeon John Anastasi, M.D., recently completed continuing medical education credits in the treatment of atrial fibrillation through Inova Health System, Falls Church, VA. He was awarded 6.35 AMA PRA Category 1 credits through his participation in "Twenty Years of Innovations in the Treatment of Atrial Fibrillation: An Integrated Surgical and Electrophysiology Summit." Dr. Anastasi is chairman of Cardiovascular and Thoracic Surgery of Altoona Inc.



Dr. John Anastasi

Five Altoona Regional Physicians Pass National Recertification Exams

The following members of the Altoona Regional Medical Staff have been recertified in their respective specialties.

Janelle L. Brumbaugh, D.O., is recertified as a diplomate by the American Board of Family Medicine through Dec. 31, 2014. Mark M. Keating, M.D., met the requirements for recertification in Medical Oncology and Hematology by the American Board of Internal Medicine and is recertified through Dec. 13, 2017. Timothy A. Lucas, M.D., met the requirements for recertification in Internal Medicine by the American Board of Internal Medicine through Dec. 31, 2017. Thomas M. Mextorf, D.O., is recertified in Geriatric Medicine by the American Osteopathic Board of Family Physicians through Dec. 31, 2017. Peter M. Smolarczyk, M.D., board certified anesthesiologist, is recertified in Internal Medicine by the American Board of Internal Medicine through Dec. 31, 2016.



Dr. Janelle L. Brumbaugh



Dr. Mark M. Keating



Dr. Timothy A. Lucas

Physicians Honored by Allegheny County Medical Society

The Allegheny County Medical Society (ACMS) recently honored the following physicians during their annual installation of officers ceremony.

Anant J. Gandhi, M.D., was honored with the Nathaniel Bedford Primary Care Physician Award.

The Nathaniel Bedford Primary Care Physician Award, given by the ACMS since 1975, honors a primary care physician who has demonstrated long-term dedication to the physical and psychological needs of patients.

A 1975 graduate of Kasturba Medical College Mysore University in Karnataka, India, Dr. Gandhi served a residency at Bronx Lebanon Hospital, Bronx, N.Y. He joined Dr. Kamlesh B. Gosai's practice in 1990.

Admitted to ACMS in 1982, Dr. Gandhi is board certified in internal, critical care and geriatric medicine. He is affiliated with Monongahela Valley Hospital and Jefferson Regional Medical Center.

David L. Katz, M.D., was presented with the Frederick M. Jacob Outstanding ACMS Service Award.

The Frederick M. Jacob Outstanding ACMS Service Award, established in 1966, honors a physician who has performed outstanding service to the ACMS.

Admitted to ACMS in 1962, Dr. Katz participated on the board of directors from 1987-1989 and from 2003-2006, serving as treasurer from 2003-2006; Public Relations Committee from 1968-1970; Maternal Health Committee from 1969-1974; Health Service Planning committee in 1969; Continuing Medical Education Committee from 1980-1989, serving as chair from 1988-1989; Third Party Liaison Committee from 1989-1994; Peer Review Board from 1998-2000, serving as chair in 2000; Executive Committee from 2003-2006; and Finance Committee from 2003-2006. He also has served as an alternate delegate to the Pennsylvania Medical Society from 1984-1987 and 1994-2001 and delegate from 1988-1993, 1995-2000 and 2002-2007.

L. Dade Lunsford, M.D., was honored with the Ralph C. Wilde Award.

The Ralph C. Wilde Award, given by the ACMS since 1975, honors a physician who exemplifies the personal and professional characteristics – physician, teacher, leader and human being – of the late ACMS president for whom the award is named.

A member of ACMS since 1977, Dr. Lunsford is a 1974 graduate of Columbia University College of Physicians and Surgeons in New York City. He served his internship at the University of Virginia Hospital in Charlottesville, Va., and his residency at UPMC Presbyterian.

Dr. Lunsford has served as the program director for the Neurosurgical Residency Training Program at the University of Pittsburgh for more than 10 years and as the chairman of the Department of Neurological Surgery.

Robert Cicco, M.D., was honored with the Physician Volunteer Award.

The Physician Volunteer Award, established in 2001, honors a physician member who is dedicated to providing medical care on a volunteer basis.

Dr. Cicco earned his medical degree in 1976 from Case Western Reserve University School of Medicine in Cleveland.

He has made several trips to Romania through the Humana Foundation to help to improve care of newborns there by educating physicians, nurses and respiratory therapists. He also has become a strong advocate for people with disabilities in the United States.



Dr. Anant J. Gandhi



Dr. David L. Katz



Dr. L. Dade Lunsford



Dr. Robert Cicco

Altoona Regional Physician Designated as Diplomate Certified in Pediatrics

Rebecca L. Delbaggio, M.D., a member of the Altoona Regional Medical Staff, has been recertified as a diplomate in pediatrics through Dec. 31, 2014, by the American Board of Pediatrics. Dr. Delbaggio practices with Blair Medical Associates Pediatrics.



Dr. Rebecca L. Delbaggio



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MAKING ROUNDS

Dr. Cordero Joins MVH Medical Staff

Marc Cordero, M.D., M.M.S., has joined the Medical Staff at Monongahela Valley Hospital in Carroll Township with privileges in general surgery and will join the practice of his father, Edgar C. Cordero, M.D. in Donora.

Dr. Cordero is board certified in General Surgery by the American Board of Surgery and specializes in Laparoscopic Surgery. He was Chief Resident in General Surgery and completed his residency in general surgery at St. Joseph Mercy-Oakland in Pontiac Michigan.



Dr. Marc Cordero

Excela Health Physician Practice Group Welcomes New Physicians

Westmoreland Gastroenterology Associates, an Excela Health Physician Practice, welcomes two new specialists to their growing practice.

Joining the group is Rachelle L. Johns, M.D., gastroenterologist, who attended medical school at the University of Pittsburgh School of Medicine.

Sarfraz Ahmad, M.D., MRCP attended medical school at the King Edward College Medical College, Pakistan, and completed post-graduate training at the Royal College of Physicians, London, England.



Dr. Rachelle L. Johns



Dr. Sarfraz Ahmad

UPMC Liver Cancer Specialist to See Patients at Womancare Center

David A. Geller, M.D., nationally-renowned hepatobiliary surgical oncologist specializing in the treatment of liver cancers and co-director of the UPMC Liver Cancer Center, now sees patients at the Womancare Center in Hermitage.

Dr. Geller earned his medical degree from Northwestern University and completed a decade of postgraduate training at UPMC. His research interests include molecular mechanisms of hepatic (liver) injury, liver cancer cell biology, and gene therapy for liver cancer.



Dr. David A. Geller

UPMC Passavant Surgical Specialist to See Patients at Womancare Center

Steven Ahrendt, M.D., FACS, surgical oncologist with the UPMC Cancer Center at UPMC Passavant, now sees patients at the Womancare Center of UPMC Horizon.

Dr. Ahrendt's specialties include the surgical treatment of colorectal, pancreatic, and biliary tract cancers, specifically through the use of minimally-invasive surgical techniques. He earned his medical degree from the University of Chicago.



Dr. Steven Ahrendt

Children's Hospital of Pittsburgh Neurosurgeon Receives Grant

Children's Hospital of Pittsburgh of UPMC's Chief of the Division of Pediatric Neurosurgery Ian F. Pollack, M.D., has received a grant from the Children's Brain Tumor Foundation for his pioneering work in the field of neuro-oncology.

Awarded for his project, "Molecular Makers of Outcome in Childhood Oligodendrogliomas," Dr. Pollack's research focuses on a category of brain tumors that he says has previously not been well studied in children.

Dr. Pollack said Children's Hospital has continued to serve as a leader in this type of research because of the continued support of foundations like the Children's Brain Tumor Foundation. This grant totaled \$150,000.



Dr. Ian F. Pollack

Pitt Dental School Names Director of New Special Needs Center

Erik Scheifele, D.M.D., has been named director of the University of Pittsburgh School of Dental Medicine's Center for People with Special Needs, which will open in the spring of 2008. Dr. Scheifele is the former director of pediatric dentistry at Temple University's Kornberg School of Dentistry, as well as a former assistant professor at Pitt's dental school.



Dr. Erik Scheifele

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(Front l-r): Trudy Scarborough, Jean Taggart. (Back l-r): Yolanda Cypher, Debbie Burns, Debbie Smith, Tammy Cessna, Renetta Winkler.

VNA, Hospice Nurses Certified in Hospice and Palliative Care Nursing

Recently seven nurses from VNA, Hospice were Certified in Hospice and Palliative Care Nursing (CHPN). The Certificate Program in End of Life Care increases the nurses' knowledge of the latest treatments, developments, and technologies, and gives them the most up-to-date education and specialized training they need to best serve patients.

Those R.N.'s receiving this specialized certification are Debbie Burns, Tammy Cessna, Yolanda Cypher, Debbie Smith, Trudy Scarborough, and Renetta Winkler. Jean Taggart received recertification status.

Medical Society Honors Physician Group and Lay Group for Workplace Diversity

East Liberty Family Health Care Center was recently honored with the Physician Workplace Diversity Award by the Allegheny County Medical Society (ACMS) during the annual installation of officers ceremony.

The award honors a physician or physician group that has made outstanding contributions to fostering workplace diversity within the field of medicine in Western Pennsylvania.

East Liberty Family Health Care Center was founded in 1982 and provides quality whole-person health care to all, especially the poor. Most of the center's patients face serious demographic, geographic and cultural barriers to health care.

Jewish Family and Children's Service (JF&CS) was also honored with the Community Workplace Diversity Award.

The award honors a person, group or organization from the community who has made an outstanding contribution in fostering workplace diversity in Western Pennsylvania.

JF&CS provides services to immigrants and refugees, helping people from more than 70 countries. The program helps with everything from resettlement to employment to legal immigration counseling to tutoring for the citizenship exam.

St. Elizabeth Health Center Named One of the Nation's Top Cardiovascular Hospitals

St. Elizabeth Health Center has been named one of the nation's 100 Top Hospitals® for cardiovascular care by Thomson Healthcare. The Thomson 100 Top Hospitals® Cardiovascular Benchmarks for Success award recognizes the excellence of St. Elizabeth's cardiovascular clinical and management teams as one of the top in the nation. The annual award is based on hospitals' performance treating congestive heart failure, heart attacks and cardiac surgical patients.

Thomas Anderson Honored as a 2007 Pennsylvania Super Lawyer's Rising Star

Thomas B. Anderson, shareholder and trial attorney of Thomson, Rhodes & Cowie, P.C., for the third consecutive year, was the only Pittsburgh attorney honored as a 2007 Pennsylvania Super Lawyer's Rising Star in the area of Medical Malpractice Defense, by Law & Politics and Philadelphia Magazine.



Thomas B. Anderson

Conemaugh Health Foundation Awarded \$55,000+ for Health Screenings

For the third year in a row, Conemaugh Health Foundation (CHF) has been named a recipient of a strategic grant from The Edwards Lifesciences Fund. The \$55,797 grant, an increase of nearly \$6,000 over last year's grant, will support the Foundation's Diabetes Cardiovascular Disease Prevention Program.

Grants are awarded to organizations committed to expanding awareness of cardiovascular disease, its prevention and treatment, enhancing support and access to care for under-served cardiovascular patients and/or strengthening the communities in which the company's employees live and work.



Rich Cormier, Chief Information Officer, Edwards Lifesciences, presents Jan Albert, Diabetes Coordinator, Memorial Medical Center, with a grant award during a grant celebration luncheon held in Irvine, California.

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Secure Units at Kane Glen Hazel Serving Community Niche

Before the Glen Haven secure unit opened five years ago at John J. Kane Regional's Glen Hazel Center, resources were scarce to properly serve patients with psychological and behavioral needs in Allegheny County.

The need for such care was so strong that Kane opened a second secure treatment unit, Glen Harbor, two years ago also at the Glen Hazel site. Since their opening, the two centers have treated hundreds of residents who suffer from Dementia, Alzheimer's disease and other conditions that result in memory loss or mental confusion with possible added components of behavioral issues.

"There are very few dementia units in the area," said Judy Fockler, social services



Dr. LalithKumar Solai

supervisor at John J. Kane Regional's Glen Hazel Center. "We are offering a rather scarce resource, and we try hard to accommodate everyone as long as we know we can meet their needs."

What sets the secure units apart from Kane's average resident areas is their safety and specialized care.

Residents who are admitted to Glen Haven or Glen Harbor suffer from such difficult behavioral and physical conditions that they require specialized care. The environ-

ment on these units is in place to keep residents safe. Additionally, the staff spends time with the residents' families to educate them about the unit, the type of care provided and why it is necessary for their loved one. This provides the family with important understanding and peace of mind with

these units.

"The families are usually the ones who are reporting to us about the types of behaviors that may make the secure units the best option for care," said Dr. LalithKumar Solai, psychiatrist for both closed units.

"For instance, if mom is wandering and doesn't know how to get home or doesn't clothe herself properly in the cold, she could be putting herself at risk. Family members usually are aware of the dangers and understand the need for secure care. It is very rare that families protest or have a misunderstanding when we place a patient in a secure unit."

The staff on the two units also makes a major difference in the level of care for residents in Glen Haven and Glen Harbor. Dr. Solai said the difference between the staff on the closed units and elsewhere is they receive specialized training to deal with the unique issues posed by the unique needs of the individuals that reside on these units.

"The staff members are all trained in basic care requirements, but we also provide specific training sessions depending upon the type of conditions we are seeing," Dr. Solai

said. "For instance, we had a lot of people at one time who had come in with drug abuse problems so we put the staff through specific training for caring for those fighting drug abuses and the specific issues and challenges that brings."

Fockler said for many residents dealing with terminal conditions such as dementia and Alzheimer's, the secure units will serve as their home for the remainder of their lives. But that isn't the case for all patients who enter the units.

In some cases, a resident's conditions are only temporary and they are addressed in a more rehabilitative manner. Those residents, in time, will leave the secure unit and be placed into less intensive care situations.

"We have had some folks that their condition stabilized and adequate community resources can be found that allows them to be returned to a lesser level of care," Fockler said. "Sometimes that means moving someone into one of the regular units, sometimes it means they can be placed into personal care and some have even been able to return to their home."

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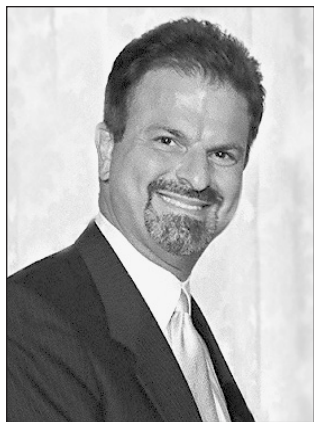
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The Journey to Improve Hospice Care in America

When Scott drew his last breath, Nancy was sitting at his bedside and bent her head in deep reflection. She stayed with Scott until his daughter arrived from across town. She then introduced herself as a volunteer with Family Hospice and Palliative Care's Candlelight Companion Program, expressed her sincere condolences and sat for a while comforting Scott's bereaved daughter.

Over the years, research has confirmed Dr. Cecily Saunders' findings in the 1960s at the first hospice in London. Most people fear dying alone. Throughout the country, hospices are implementing vigil programs that provide volunteers to be with patients who are actively dying. Although hospices are at the forefront of caring for the dying, often their staff and patient care volunteers are not able to be present when the patient is actively dying. The Candlelight Companion Program provides companionship to patients in nursing homes



BY RAFAEL J. SCIULLO,
MA, LCSW, MS

during the final 24 to 48 hours, especially when there is no or limited family.

More and more professionals in the field of death and dying are recognizing the comfort that can be given to the patient and family during these final hours. Knowing that hearing remains beyond most other senses, supports sending in a volunteer to read reassuring passages or to talk softly to the patient. Vigil programs are based on the fact that

human touch, music, aromatherapy and massage can all provide comfort during these final hours. These unique programs not only provide comfort to the patient, but also help calm and reassure the family who may not be able to be present at the bedside.

Volunteers often receive additional training to be a vigil volunteer. They are trained to recognize the signs of approaching death, how to appreciate the silence and to find meaning in the silence.

Volunteers are taught to focus on the patient's comfort and are encouraged to clear their minds before entering the room. Many volunteers bring with them a calmness that comes from their own personal experience or from their own spirituality.

Vigil programs have grown out of the many recent changes in modern society. Very often families are not living in the same city as the patient, making it hard for families to arrive at the bedside during a sudden change of condition. Families are increasingly complex and less available as all adults in the family may be working. Although more and more patients are dying in nursing homes, staffing in these facilities is not able to accommodate sitting with dying patients.

As in all hospice services, vigil programs are patient and family driven. They are growing because of the comfort they provide for patients and families. The importance of a human presence during the transition from life to death is becoming increasingly recognized as an integral part of a hospice's continuum of care. As the midwife helps to usher in life, hospice volunteers will be with the patient to help soften this final journey.

Rafael J. Sciuлло, MA, LCSW, MS, is President and CEO of Family Hospice and Palliative Care. He may be reached at rsciuлло@familyhospice.com or at (412) 572-8800.

Elderly Visits to Emergency Departments Accelerating

Rates of visits by elderly to emergency departments are increasing more rapidly than for any other group, which could lead to catastrophic overcrowding as the ranks of patients over the age of 65 swell, according to a study appearing today in the Annals of Emergency Medicine.

"Seniors are using the emergency department more and more frequently, and given the needs of this population and the nature of their medical problems, the current state of overcrowding is likely to continue to escalate dramatically," said Mary Pat McKay, M.D., of The George Washington University Medical Center in Washington, DC. "These patients tend to be sicker and are more likely to be admitted from the emergency department to the hospital, but with many hospitals running a deficit of inpatient beds, I don't see where these patients are going to go."

Researchers studied emergency department visits from 1993 through 2003, and found that the visit rate per 100 people age 65 and older increased faster than the visit rate for any other age group, with an overall increase of 26 percent over the 11 years of the study. People aged 65 and older are the fastest growing segment of the U.S. population. As emergency patients, they use the most resources, stay the longest, and are the most likely to be admitted to the hospital of all emergency patients. Researchers conclude that emergency department visits in the United States for patients between 65 and 74 could nearly double from 6.4 million in 2003 to 11.7 million by 2013.

"Emergency departments should not be relied upon as substitutes for primary care, but very often they are," said AARP Policy Director John Rother. "The trends released today underscore the need to make sure emergency departments can meet the demand for care by older people, but we also need a better understanding of why emergency room use by older people is on the rise and why these patients may not be getting care from their personal physicians. Our elected leaders should heed the warnings of this new survey and recognize that our health care system needs to deliver quality, affordable care in the most appropriate, cost-effective setting. Americans want their elected officials to work together to provide the health security that everyone needs and deserves."

"Many emergency departments are already overwhelmed with patients waiting hours for medical care," said Dr. McKay. "Just continuing the trend for elderly patients over the next few years could cause the emergency care system to collapse. Patients are already boarding in hallways, sometimes for as long as several days. At this rate, I could see patients waiting in the street because there just isn't any more room."

The study finds that the additional emergency department visits over time were not less urgent than at the beginning of the study, and suggests that older Americans are having more true emergencies, rather than increasingly visiting the emergency department for convenience or because of lack of access to non-emergency outpatient care.

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ElderCare

End of Life Treatment Decisions Often Difficult for Elders

It is quite common, if not expected, for people to become fearful of growing old, becoming ill, and being unable to make decisions on their own. It is especially frightening when an elderly person becomes ill and is also aware they are approaching end of life. To complicate the situation even further, end of life decisions are emotional. Because of this, health care workers must make special efforts to be extra sensitive to the needs and concerns of these particular patients.

Assuring the elderly of how they can maintain control over their lives is one of the most important roles of health care professionals. Often, people think that by requesting a "DNR" (do not resuscitate) directive that they are losing the ability to make future decisions about their health care on their own, or that they are electing to not be treated for certain medical conditions. Is it important that patients are properly informed in layman's terms of what these decisions mean, and that they are supported in whatever options they choose.

Advanced directives are becoming better known and are an important tool in helping explain to others your wishes should you become incapacitated. Many people still do not completely understand, however, that advance directives do not go into effect until a patient is in a permanent state of unconsciousness or a terminal condition in which they are unable to make decisions on their own. Advance directives are intended to be a guide and direction for the health care team and to loved ones of what a person would have wished if they were still able to communicate. The family's knowledge in advance of the patient's desires can also alleviate some of the guilt that loved ones experience if the decision is made to limit intervention.

A health care team's greatest contribution to elders in their last phase of life is education, communication, and support of decisions related to their end of life care.

Peggy Pavelek, Administrator, Jameson Transitional Care Unit, Jameson Memorial Hospital, can be reached at (724) 656-4279 or mpavelek@jamesonhealth.org.



BY PEGGY PAVELEK

Healthcare Briefs

A Single Bone Mineral Density Test Helps Predict 'Silent' Spinal Fractures Years Later

A single bone mineral density (BMD) test given 15 years earlier predicted a woman's risk of developing fractures to her spine over time, according to the largest and longest prospective study of osteoporosis. The study, published in the Dec. 19 issue of the Journal of the American Medical Association (JAMA) and led by investigators at the University of Pittsburgh Graduate School of Public Health, also found that women who had a spinal fracture at the start of the study were four times more likely to have another fracture. In fact, more than half of the women with low BMD and existing spinal fractures developed new fractures over the 15-year study period, raising concerns about the impact of so-called "silent" fractures to the spine.

"Spinal fractures are the hallmark of osteoporosis, but one of the problems with diagnosing them is that they often have no symptoms," said Jane Cauley, Dr.P.H., professor of epidemiology, University of Pittsburgh Graduate School of Public Health. "Many women may be walking around with multiple fractures and not even know it. Our study raises concerns about the impact of these fractures on quality of life by putting women at risk for subsequent fractures, but it also provides evidence that a simple and non-invasive bone density test can help identify those at risk."

Bright Light Therapy Eases Bipolar Depression for Some

Bright light therapy can ease bipolar depression in some patients, according to a study published in the journal Bipolar Disorders. Researchers from the University of Pittsburgh School of Medicine's Western Psychiatric Institute and Clinic studied nine women with bipolar disorder to examine the effects of light therapy in the morning or at midday on mood symptoms.

"There are limited effective treatments for the depressive phase of bipolar disorder," said Dorothy Sit, M.D., assistant professor of psychiatry and the study's first author. "While there are treatments that are effective for mania, the major problem is the depression, which can linger so long that it never really goes away."

In this study, women with bipolar depression were given light boxes and instructed on how to use them at home. The women used the light boxes daily for two-week stretches of 15, 30 and 45 minutes. Some patients responded extremely well to the light therapy, and their symptoms of depression disappeared. The responders to light therapy stayed on the light therapy for an additional three or four months. Four patients received morning light, and five used their light boxes at midday. Participants also continued to take their prescribed medications throughout the study period.

Breast-Specific Gamma Imaging Available to Region, Helps Diagnose Cancers Earlier at Cellular Level

BY MARCELA BÖHM-VÉLEZ, M.D., FACR

A short seven months ago, Weinstein Imaging Associates introduced Breast-Specific Gamma Imaging (BSGI) to the tri-state region — and the results of the new technology have been exciting.

We are eager to spread the word to medical professionals and the community that BSGI is an advanced diagnostic test that helps to detect breast cancers and evaluate questionable findings on mammography or ultrasound.

Performed with the Dilon 6800 high-resolution Gamma Camera, BSGI is an effective “problem-solving tool,” particularly when dense breast tissue is present. It is considered an ideal complement to mammography when additional assessment is needed.

Since summer 2007, we have used BSGI with 200 patients. In several cases, patients tested positive for breast cancer that was neither detected by mammography nor ultrasound. Because of BSGI, their cancers were diagnosed at an earlier and more curable stage. BSGI also relieved the anxiety of uncertainty for those who had normal BSGI tests.

We have many examples, but two typify our results:

Patient Case #A, Resident of Pittsburgh: This patient had painful breasts. A recent mammogram showed no signs of cancer — just dense tissue that often limits the accuracy of mammography. Ultrasound also showed no signs of cancer. Unexpectedly, BSGI showed suspicious spots that proved to be cancer.

Patient Case #B, Resident of Pittsburgh: This patient’s mammograms were difficult to read because of scar tissue and thickening from her past surgery and radiation treatments. She had supplemental BSGI testing, which provided normal results and a “sigh of relief that there were no cancerous cells in hidden areas.”

Mammography primarily measures differences in tissue density, but because dense tissue and cancers often have the same color and structure on a mammogram, cancers may blend in with the normal surrounding tissue and be difficult to see. BSGI measures differences at the cellular level and is not affected by tissue density. It is also useful for patients who have scar tissue, breast implants or a palpable lump when a mammogram and ultrasound are normal.

The new molecular imaging technique has a high sensitivity for the detection of small



WFMJ-TV Anchor-Reporter Susan DeLeo (left) traveled from Youngstown to Pittsburgh to interview Marcela Böhm-Vélez, M.D. FACR, of Weinstein Imaging Associates



Recent patient Dotti Bechtol, talks about the importance of new Breast-Specific Gamma Imaging to the tri-state region.

breast cancers. In addition, it has infrequent false-positive results, which means that many surgical biopsies for benign conditions can be avoided.

When patients have a BSGI test, they receive a small amount of a tracing agent that is absorbed by all cells in their body. Because cancerous cells have higher metabolic activity, they absorb more of it and thereby show up as “hot spots” on the gamma camera pictures.

BSGI takes about 45-to-60 minutes to perform. Since tight compression of the breast is not necessary and patients are seated throughout the procedure, they generally find the exam to be comfortable. Although it is a relatively new test, most insurance companies already pay for BSGI.

Introduction of BSGI to the region is one of several Weinstein Imaging developments. We also began offering breast MRI and MRI-guided breast biopsies (through an affiliation with West Mifflin Imaging), digital mammography, 3D ultrasound, measurement and documentation of fetal nuchal translucency for early diagnosis of chromosomal abnormalities and filmless presentation of expectant-mother-and-child images on DVD/CDs.

Expanding our community-education efforts, we plan to meet with an increasing number of organizations and civic groups to inform members of new imaging technologies “beyond mammography” and emphasize the importance of early diagnosis.

Marcela Böhm-Vélez, M.D., FACR, is an internationally recognized radiologist and a managing partner at Weinstein Imaging Associates. For more information, visit weinsteinimaging.com.

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What's *new*

ACMH Hospitalist Program

ACMH Hospital recently began a Hospitalist Program. What is a Hospitalist, you ask? Hospitalists are physicians who are inpatient physicians, only seeing patients who are admitted to the hospital. Hospitalists work closely with the patient's outpatient, primary care physician (PCP) before, during and after the hospital admission to provide seamless, personalized care. Because Hospitalists see inpatients, they are able to spend more time with their patients and have more time to communicate with patients, families, and the referring PCPs.

How Does A Hospitalist Program Work?

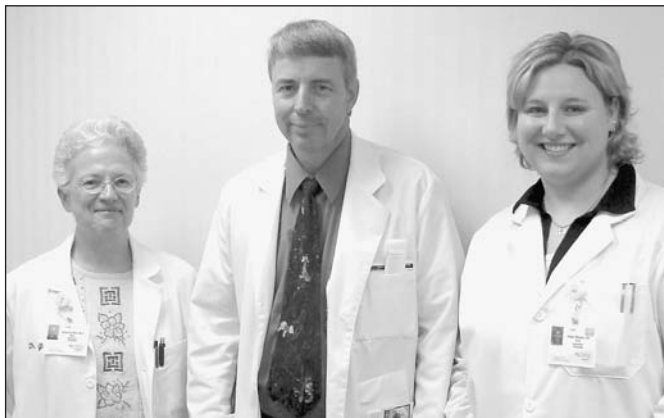
When a patient needs to be admitted to the hospital, the PCP communicates with the Hospitalist to discuss the patient's history, current medical condition, and reason for admission. Together the PCP and the Hospitalist discuss the diagnosis and treatment plan. Because Hospitalists are only involved in hospital care, they are able to manage inpatient problems while the PCPs are freed to concentrate on caring for outpatients. Having a physician in the hospital at all times provides the opportunity for rapid assessment and treatment as a patient's status changes. By design, the Hospitalist's discharge communication and planning is comprehensive, providing complete information for both the patient and the referring PCP.

Outpatient Considerations

The Hospitalist Program also benefits the PCPs and their outpatients. Because PCPs are no longer required to spend time in the hospital, they have more time to spend with their outpatients. Eliminating the hospital obligations for the PCPs improves office efficiency and decreases interruptions in the office.

Who are the Hospitalists?

ACMH Hospital is happy to welcome Dr. Larry Wingard, Dr. Vicky Gillis, and Dr. Gwen Breuer as its Hospitalists. As Medical Director of the program, Dr. Wingard brings local knowledge and passion for the new service. Although he admits that he will miss seeing his office patients, Dr. Wingard firmly believes that the Hospitalist Program will provide another option for personalized and compassionate care for those who seek healthcare at ACMH Hospital.



(l-r) Dr. Vicky Gillis, Dr. Larry Wingard and Dr. Gwen Breuer

EXPRESS LAB Making it Easier on Patients Needing Lab Services

Waiting rooms became part of life for Dale Croasmun. In his second year after a kidney transplant he has tried to be at the hospital around 6:30 or 7 a.m. to minimize the wait for his weekly blood draws. "Typical waits for blood draws can go past 30 or 45 minutes when there is a good crowd waiting," said Croasmun. When the hospital started offering EXPRESS LAB services, Dale signed on. Now he is in and out of his blood draws in 10 minutes or less at the time he has chosen. Dale continued, "I enjoyed getting to visit with people as I waited, but I can't imagine sitting in the waiting room now that this service is available. I can't believe why anyone wouldn't use this service."

For Dale and other patients who have set schedules for work and family activities and don't have time to wait for their lab services, they are using the UPMC Bedford Memorial Hospital EXPRESS LAB services on Tuesdays and Thursdays 7 to 11 a.m., at the UPMC Bedford Internal Medicine Office.

"Nobody likes to wait," said Annette Godissart, Manager, Lab Services, UPMC Bedford Memorial Hospital. "While we appreciate those who are able to use the normal lab procedures, many patients have expressed the need to have lab services on the way to their workplace, or on a specific schedule. After reviewing patient comments and requests, we initiated the EXPRESS LAB services for eligible patients."

AGH to Become State's Fourth Center for Lung Transplantation

Allegheny General Hospital (AGH) announced that it will soon add lung transplantation surgery to its capabilities in the treatment of patients with advanced pulmonary disease.

Approved by the United Network for Organ Sharing (UNOS) in September 2007, the new AGH program has already begun evaluating patients for placement on the lung transplant list, said Mary Ann Palumbi, senior director of transplantation services at the hospital.

Of the now 48 UNOS-sanctioned lung transplant programs in the country, AGH will become just the fourth based in the state of Pennsylvania.

According to Robert Keenan, M.D., director of AGH's Division of Thoracic Surgery, lung transplantation will be a critical component of the hospital's comprehensive lung disease program.

"For patients with certain life-threatening pulmonary illnesses, lung transplantation is a vital therapeutic alternative that may help us improve and extend lives. We are excited to provide such patients in this region with a new lung transplantation program that will afford them the highest level of clinical care and compassion," said Dr. Keenan, who will lead the AGH program.

West Penn Allegheny Health System Finalizes Corporate Merger of AGH and The Western Pennsylvania Hospital

West Penn Allegheny Health System (WPAHS) announced that it has finalized the corporate merger of its two tertiary institutions, Allegheny General Hospital (AGH) and The Western Pennsylvania Hospital.

The official integration of the hospitals, which also includes The Western Pennsylvania Hospital - Forbes Regional Campus in Monroeville, involves a consolidation of the System's board of directors and the respective boards of AGH and West Penn into one single governing entity.

"With the completion of this important initiative, our system has taken another critical step in its evolution. Through this merger, we now have before us the opportunity to function in more cohesive and effective fashion, optimizing the use of our personnel, programs, facilities and governance in a manner that affords the people of western Pennsylvania an exceptional choice for their healthcare needs and also strengthens our financial performance," said David L. McClenahan, chairman of the WPAHS board of directors.

According to W. Keith Smith, WPAHS president and chief executive officer, the System has also begun to explore or affect integration in a number of clinical areas, including cardiothoracic and vascular surgery, radiation oncology, women and infants services, the neurosciences, medicine, gastroenterology and research.

He emphasized the integration process is being led and directed by physician leadership from all three institutions, working in conjunction with senior administrative leaders.

"Integration is designed to make us stronger and to maximize the use of our talent at all levels of the organization," Smith said. "It is also designed to position our services in a manner where they are most able to grow and thrive."

The Sisters of Mercy Remember, Give Thanks and Celebrate



Most Reverend David A. Zubik, Bishop of the Diocese of Pittsburgh, lights the three-wick candle on behalf of the Diocese of Pittsburgh, as Reverend Joseph Monahan, TOR, and Reverend Edward Stafford, chaplains at UPMC Mercy look

On January 3, an historic 161 years and two days after they opened Pittsburgh's first hospital and the first Mercy Hospital in the world, the Sisters of Mercy hosted "A Thousand Thanks: A Celebration of Remembrance, Thanksgiving, and Transition."

While the transfer of ownership of Mercy Hospital of Pittsburgh to the University of Pittsburgh Medical Center (UPMC) officially occurred Jan. 1, 2008, at 12:01 a.m. E.S.T., the Sisters of Mercy and 250 invited guests celebrated the notable occasion an hour-long ceremony in UPMC Mercy's Holy Family Chapel on Jan. 3. The ceremony was accentuated by bells, songs, prayers, as well as readings and stories of personal reflection from several of the Sisters of Mercy, the Diocese of Pittsburgh, and representatives from UPMC and UPMC Mercy of the Diocese of Pittsburgh.



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Children's Community Pediatrics – GIL First in the Region To Open Environmentally Friendly Medical Office

Children's Community Pediatrics–GIL (CCP–GIL) announced the opening of the region's first "green" sustainable medical office — a visionary step toward making the community environment cleaner, safer and healthier for children and parents.

The new 5,180-square-foot pediatric outpatient office was built using "green" technology and design. This pioneering project was motivated by CCP–GIL's long-standing commitment to environmental health, urban renewal and, most importantly, child well-being.

"Part of our mission always has been to promote family health and wellness through a focus on prevention and environmental health," said pediatrician Keith Somers, M.D., whose expert article about the value of "green" medical offices will be published in the January issue of AAP News, the magazine of the American Academy of Pediatrics. "This initiative is a natural extension of these professional values, and we hope our new office becomes a demonstration site that will act as a catalyst for the 'greening' of health care facilities across Pennsylvania and beyond."

The CCP–GIL "green" pediatric office was designed by LEED-certified architects at Pittsburgh-based Designstream Architectural Studios and built by KJ Johnston Ltd. LEED, an initiative of the U.S. Green Building Council, stands for Leadership in Energy and Environmental Design — a design and construction standard that results in sustainable use of natural resources. These benchmarks are gaining popularity because they lower a building's long-term operational costs and reduce its ecological footprint.



Wetzel County Hospital Reports Successful 2007

"2007 has been a great year for Wetzel County Hospital," George Couch, CEO reported to the Board of Trustees at their year-end meeting. "We have expanded and improved services; installed new state-of-the-art equipment and have already made plans for significant progress for 2008."

Bill Grimm, President of the Board of Trustees extended congratulations to the hospital employees and management. "We are extremely proud of our employees and medical staff for the great progress that has been made to improve services to our citizens and surrounding communities." Grimm pointed to three major announcements by the hospital in 2007. They include the installation of a full digital PACS system, funding to provide for expansion and upgrading of the Emergency and Trauma Department and the Board of Trustees recent approval to purchase a new 32-slice CT Scanner.

Pam Deel, Wetzel County Hospital's Director of Radiology and Imaging Services reported that the hospital is in the final stages of upgrading to a full PACS (Picture Archiving Communication System). "PACS will advance our Radiology department into the digital age. With PACS, all x-ray images will be stored digitally. Through a secure connection, x-ray images can be viewed on computers throughout the hospital or in a physician's office. After the installation of PACS has been completed, patients that may need to take copies of their x-ray studies to their doctor will only need to see us to obtain a CD. We will have the capability to transfer images to a CD which will make it easier for patients to transport their films." Deel said that the system is presently being installed and should be in full operation in late January, 2008.

\$869,000 for Wetzel County Hospital's Emergency Room expansion project was recently approved by the United States Senate, due to the work of U.S. Senator Robert C. Byrd, D-W.Va. The bill approving that funding was signed by President Bush on December 26. This will be the first major refurbishing of the Emergency Department since 1979, when the hospital opened its doors. With increased patient loads and more challenging cases such as increased incidents of all-terrain vehicle (ATV) accidents; chemical exposures; drug abuse and overdose; mining disasters; and other industrial accidents, the facility has been in need of upgrades.

Another major improvement recently approved by the Wetzel County Hospital Board of Trustees, and slated for installation in February is a state-of-the-art Toshiba 32-Slice Aquilion CT Scanner. The Aquilion 32 is designed to deliver unmatched clinical images using multislice imaging technology that captures up to 32 anatomical slices in a single rotation. In addition, the system's sensitivity and accuracy are enhanced using isotropic scanning, which results in images that accurately capture the body's rapidly moving organs like the heart and lungs.

Listed among the other Wetzel County Hospital accomplishments for 2007 include: addition of the state-of-the-art laboratory processing equipment; expansion of the outpatient surgical area; addition of sleep laboratory services; renovation of the patient registration area; addition of a full-time speech therapist added to the therapy staff; Wetzel County Hospital's Woodfield Clinic opened with the additional of Dr. Charles DeNunzio, D.O. and Samantha Farnsworth, P.A.; a new General Surgeon, Jeff Pilney, M.D. was added to medical staff; digital transcription equipment was replaced; the physician lounge was renovated; and the Special Procedures unit opened in November.

George Couch, C.E.O. also reported that the hospital has been operating profitably allowing the Board to provide employees with three pay increases over the last 13 months. He noted that employee holiday bonuses were increased this year and employee health insurance premiums have not increased for three years.

Conemaugh Health Foundation Awarded \$55,000+ for Health Screenings

For the third year in a row, Conemaugh Health Foundation (CHF) has been named a recipient of a strategic grant from The Edwards Lifesciences Fund. The \$55,797 grant, an increase of nearly \$6,000 over last year's grant, will support the Foundation's Diabetes Cardiovascular Disease Prevention Program.

Grants are awarded to organizations committed to expanding awareness of cardiovascular disease, its prevention and treatment, enhancing support and access to care for under-served cardiovascular patients and/or strengthening the communities in which the company's employees live and work.

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Tax Season 2007 and Beyond: Selected Issues for Physicians and Their Practices

Tax season has arrived. With the recent enactment of certain late-2007 tax legislation, Congress has sent taxpayers and the Internal Revenue Service scrambling to prepare for the upcoming filing season so that tax returns (and tax refunds) can be processed as timely as possible (although refund delays are likely, according to the IRS). In the case of the IRS, the issue is particularly acute, since the recent legislation affects the 2007 tax forms that the Service must now revise for tax season. Perhaps the most significant of the legislation coming from Congress is related to the highly controversial alternative minimum tax, which was originally designed to tax wealthy individuals who are able to avoid taxation through various means. Due to nature of the AMT calculation, and the fact that the exemption that is an integral part of the calculation is not sensitive to inflation, the tax now applies to an incredibly large number of middle-income taxpayers. While there have been proposals to eliminate the AMT, Congress has been unable to move forward with any kind of repeal. Consequently, as a stop-gap mea-



BY JOSEPH P. NICOLA, JR.,
CPA, JD, CVA

sure, Congress enacted a stop-gap provision by slightly increasing the exemption amount available to taxpayers in certain tax brackets. While far from a cure from the AMT blues, this late-December provision reduces the number of taxpayers who will be subject to the AMT. Since physicians are particularly vulnerable to the AMT, care should be exercised to ensure that the stop-gap measure is applied on their 2007 tax returns, if possible.

In preparing their 2007 tax returns, whether the returns are individual tax returns or business tax returns, physicians and their practice administrators should be aware that the standard business mileage rate for business use of a vehicle is 48.5 cents per mile for 2007. In planning for 2008, the rate increases to 50.5 cents per mile for 2008. These rates are often used for purposes of setting reimbursement rates for employees. In addition, in the case of physicians who purchased equipment during 2007, they should be aware that they may be permitted to expense certain equipment purchases (rather than depreciating them over their useful lives). Referred to as the

Section 179 expensing election, the amount that may be expensed in 2007 is \$125,000, although the deduction begins to phase-out if total purchases exceed \$500,000. In planning for 2008, these amounts are increased to \$128,000 and \$510,000 respectively. Finally, many taxpayers depreciate their automobiles, to the extent used for business purposes. For 2007, the first-year automobile depreciation limitations for vehicles placed in service in 2007 are \$3,060 for automobiles and \$3,260 for light trucks or vans.

In preparing their 2007 tax returns, taxpayers, including physicians, should remember that IRA contributions for 2007, whether deductible or nondeductible, can be made at any time up to the taxpayer's 2007 return due date (not including extensions). IRA accounts can be set up at the same time that the contribution is made. While nondeductible contributions are encouraged, due to the tax-free growth inside the IRA, remember that, in certain cases, depending on income levels and participation in certain employer plans, contributions may actually be deductible. For 2007, the maximum contribution amount is \$4,000 and, for 2008, it is \$5,000. For individuals attaining age 50 by year-end, a catch-up contribution is \$1,000 is permitted.

In preparing the 2007 return, beware of penalties and their exceptions. There are many exceptions to penalties; individuals (and businesses) should be certain that they (or their tax preparers) are employing the provisions of the law that allow taxpayers to avoid penalties.

Finally, many taxpayers sponsor employer retirement plans and provide other benefits, and certain limits apply in those cases. The Internal Revenue Service announced the limitations that apply for 2007 and 2008 for those taxpayers, which include the following that are important, particularly in

the case of physician practices.

- Defined Contribution Plans. The limit on the annual additions to a participant's defined contribution account increased from \$45,000 for 2007 to \$46,000 for 2008.
- Annual compensation limit. The maximum amount of annual compensation that can be taken into account for various qualified plan purposes increased from \$225,000 in 2007 to \$230,000 for 2008.
- Highly compensated employee. The dollar limit used in defining a highly compensated employee increased from \$100,000 in 2007 to \$105,000 in 2008.
- Elective deferrals. The limit on the exclusion for 401(k) elective deferrals remained unchanged at \$15,500 for 2008.
- SEPs. The compensation limit for SEP plans remained at \$500 for 2008.
- SIMPLE accounts. The maximum amount of compensation an employee may elect to defer for a SIMPLE plan remained at \$10,500 for 2008.
- Qualified Transportation Fringe Benefits. For taxable years beginning in 2008, the monthly limitation, regarding the aggregate fringe benefit exclusion amount for transportation in a commuter highway vehicle and any transit pass, is \$115. The monthly limitation, regarding the fringe benefit exclusion amount for qualified parking, is \$220.
- The Social Security wage base increased to \$102,000 in 2008.

The issues set forth in this article are complex, and do not represent a comprehensive list of the tax issues that physicians and their practices face during the course of the year. Therefore, if you have questions, and seek to discuss these or any other matters, contact Joe Nicola, Sisterson & Company, LLP, at (412) 594-7006 or jpnicola@sisterson.com.

In preparing their 2007 tax returns, taxpayers, including physicians, should remember that IRA contributions for 2007, whether deductible or nondeductible, can be made at any time up to the taxpayer's 2007 return due date (not including extensions).



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Investors' Lab

Dollar Weakness and Foreign Investment

Last month, reporters from two major metropolitan newspapers contacted me with the same question. "What should investors do to protect themselves from the falling dollar crisis?" I thought it was an interesting question worth exploring, even though I didn't really believe there was a crisis.

The currencies of different nations trade so that payments can be made across borders, facilitating the transfer of both funds and purchasing power from one country to another. If you want to purchase foreign goods or invest in other countries, you must first buy the currency of the country in which you want to do business. The price of your currency in terms of another currency is the exchange rate.

The currency markets trade 24/7, 365. The New York Federal Reserve Bank estimates that \$1.2 trillion dollars of currency change hands every day. That's about \$195 per person, worldwide, each day! This volume makes the currency market the largest market in the world.

What makes the dollar weak or strong?

In the United States, the Federal Reserve controls supply through monetary policy. It attempts to manage supply based on the amount of spending in the economy. If there's too much supply, i.e., too many dollars, then we have inflation. Prices rise and the value of the dollar declines.

Demand for currency occurs when there is a growing economy with price stability, in conjunction with demand for that country's goods and services. Remember that investment flows towards markets perceived by investors to have the best return with the least risk. If U.S. stocks and bonds are seen as offering a better reward for the same or less risk, demand for our currency will increase as foreign investors purchase the dollars necessary to invest in our markets and purchase our goods.

During the period of 2002 through 2005, real interest rates in the U.S. were actually negative and lower than rates in the U.K. and Euro-zone by as much as 5%. Investors sold dollars to purchase the currencies needed to invest in other countries. Said another way, foreign currencies strengthened.

Is there a crisis?

Many people believe that the dollar is in crisis and cite as proof the fact that the dollar was at an all-time low relative to the Euro. I think it's important to note that the Euro has only been around since 1999 and that it might be better to view the dollar relative to the country-weighted, broad basket of currencies, adjusted for inflation, known as the Real Effective Exchange Rate (REER). The Federal Reserve Bank of New York in conjunction with the U.S. Treasury has calculated and published the REER every day since March 1973. Since that time, the dollar has experienced regular cycles of advance and decline. While low now, the dollar's worth against REER is not at its absolute lowest point. One might conclude that there is no crisis, but rather normal cyclicality.

What should investors do?

JP Morgan reports that fund flows into international and global investments have increased dramatically since the dollar's high in 2003. In 2003, fund flows into foreign investment were \$38 billion while flows into U.S. equities were \$131 billion. Since then, the trend has reversed. Year-to-date, flows into foreign investment were \$111 billion versus just \$27 billion for U.S. equities. The impact of a declining dollar generated an approximately 10% extra return from foreign securities over the S&P 500 in every year since 2003. This extra return has caused investors to have an insatiable appetite for foreign securities at the same time that the dollar is nearing its cyclical lows.

But what currency giveth, currency can taketh away! Should this dollar trend reverse, as it has in the past, returns on foreign investment stated in U.S. dollars may also reverse, allowing the S&P 500 to outperform the EAFE, which is one of the most used indices of foreign equities markets.

In such an environment, the best thing an investor can do is to establish a fixed allocation for domestic and foreign securities that is reasonable and within the tolerance for risk. Periodically rebalancing that allocation back to its target weightings in spite of current momentum as a prudent way to manage the risks inherent in investing outside the United States.

Paul Brahim, CFP® AIFA®, Managing Director, BPU Investment Management, Inc., can be reached at pbraham@bpuinvestments.com.



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UPMC Horizon Announces Plans for \$5.6 Million Comprehensive Cancer Center in Hermitage

In order to enhance oncology services in Mercer County, officials at UPMC Horizon and UPMC Cancer Centers have announced plans to construct a \$5.6 million cancer center adjacent to the Womancare Center of UPMC Horizon in Hermitage. Working in collaboration with the University of Pittsburgh Cancer Institute (UPCI), the new facility will offer patients with cancer access to the only National Cancer Institute (NCI)-designated comprehensive cancer center in the area.

The new center will provide a full range of oncology services, including chemotherapy, radiation therapy, diagnostic imaging services, access to the latest clinical research trials through UPCI and UPMC Cancer Centers, support groups, and community education programs. In addition, the opening of a UPMC Passavant multi-specialty surgical suite later this year at the Womancare Center will further enhance oncology services locally by providing access to surgical oncology specialties such as minimally-invasive treatment of colorectal, liver and pancreatic cancer, as well as advanced surgical therapies for thyroid and breast cancer.

Groundbreaking on the cancer center will occur by early 2008 with a project completion date in early 2009.



UPMC Helps to Create New Trauma Service in Qatar

The University of Pittsburgh Medical Center (UPMC) and Hamad Medical Corp. (HMC) announced the creation of a trauma service at Hamad General Hospital to better serve the citizens and residents of Qatar, located in the Persian Gulf.

As part of a contract announced in June 2006 to provide education, training and services to Qatar's emergency medical system, UPMC collaborated with HMC to create a trauma service modeled after the most sophisticated trauma centers in the United States, including one at UPMC. "This is part of our broader plan to establish Hamad General Hospital as a verifiable Level 1 trauma center, according to criteria established by the American College of Surgeons," said Kimball I. Maull, M.D., director of trauma services at Hamad.

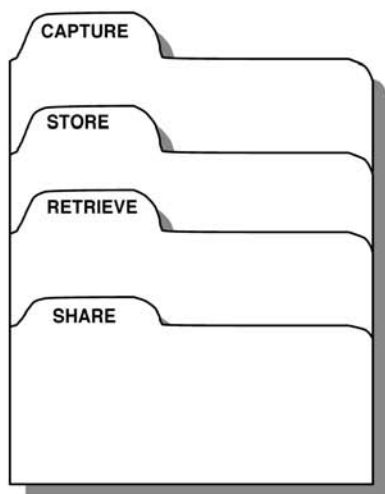
With the new service, which opened November 1, patients with multi-system injuries are immediately admitted to the trauma service, where they are cared for by teams of surgeons specializing in trauma medicine. Previously, such patients were admitted through the emergency department and seen by surgeons from various services throughout the hospital. A new radio in the trauma unit also allows for direct communication between paramedics at the scene of a trauma incident and the hospital's doctors, allowing the trauma teams to be activated before a patient reaches the hospital. The hospital also has created a trauma registry to track and improve the outcomes of its patients.

Pitt Autism Center of Excellence Receives \$9.6 Million NIH Grant

The Center for Excellence in Autism Research (CeFAR) at the University of Pittsburgh has been named an Autism Center of Excellence (ACE) by the National Institutes of Health (NIH). This prestigious and highly competitive award comes with \$9.6 million of funding over five years for the autism research program led by Nancy Minshew, M.D., director of CeFAR and professor of psychiatry and neurology at the University of Pittsburgh School of Medicine.

The ACE program represents a consolidation of two Pitt programs, the Collaborative Programs of Excellence in Autism and the Studies to Advance Autism Research and Treatment, which includes researchers from Carnegie Mellon University.

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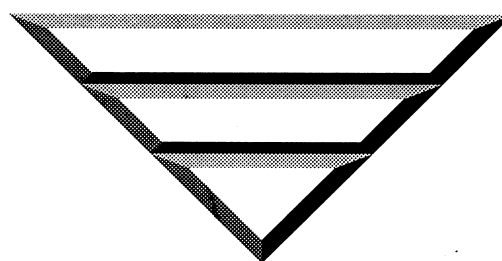
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May 20-23 HIMSS Asia Pac, Hong Kong

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For more information, visit www.himssasiapac.org.

June 9 -10 HIMSS Summit, Washington D.C.

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For more information, visit <http://www.himsssummit.org/>.

June 11 Advocacy Day, Washington D.C.

The cornerstone event of National Health IT Week is HIMSS Advocacy Day, which will be held on Wednesday, June 11 in Washington, DC. The purpose of Advocacy Day is to advance the best use of healthcare IT to improve the quality and affordability of healthcare. Advocacy Day participants connect with federal and congressional healthcare policymakers in a half-day discussion on current issues before traveling to Capitol Hill to discuss HIMSS Advocacy Agenda with members of Congress and their staff. For more information, visit www.himss.org/advocacy/activities_advocacyday.asp.

February 23 Diamond Anniversary Charity Ball

The Auxiliary for Mount Nittany Medical Center will hold its 60th Anniversary Charity Ball on Saturday, February 23 at The Nittany Lion Inn. The proceeds from this diamond anniversary celebration will help the Medical Center's surgical services department purchase an image-guided navigation device used in surgical procedures, especially orthopedic procedures. For more information, call (814) 234-6777 or visit www.mount-nittany.org.

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May 16 15th Annual Nursing Horizons Conference

The 15th Annual Nursing Horizons Conference, Best Practices in Patient Safety: Sharing the Evidence, will take place May 16, 2008 at the University of Pittsburgh School of Nursing, 3500 Victoria Street, First Floor. The target audience is clinicians, educators and

managers in clinical and academic settings. This conference showcases the best practices in patient safety as they relate to communication, technology and work environments. At the conclusion, nurses will learn how evidence, applied in practice, promotes patient safety.

For more information, contact (412) 624-3156 or chb30@pitt.edu.

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

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Westmoreland Manor with its 150 year tradition of compassionate care, provides skilled nursing and rehabilitation services under the jurisdiction of the Westmoreland County Board of Commissioners. A dynamic program of short term rehabilitation services strives to return the person to their home while an emphasis on restorative nursing assures that each person attains their highest level of functioning while receiving long term nursing care. Westmoreland Manor is Medicare and Medicaid certified and participates in most other private insurance plans and HMO's. We also accept private pay. Eagle Tree Apartments are also offered on the Westmoreland Manor campus. These efficiency apartments offer independent living in a protective environment. Shelley Thompson, Director of Admissions
2480 S. Grande Blvd., Greensburg, PA 15601 • 724-830-4022

HOME CARE / HOSPICE

CATHOLIC HOSPICE

At Catholic Hospice, we never lose sight of the person behind the illness. We help individuals feel that they matter, that they are cared for, and that even with illness they can still make a valuable contribution to the lives of their families and loved ones. As a non-profit, Medicare certified program, our compassionate team of professionals and volunteers serve people of all faiths at end of life – body, mind and soul. Unlike other programs, we only provide hospice care. And we do it exceptionally well. Faith based, mission focused...quality end of life care. 1-866-933-6221 Serving Allegheny, Beaver and Butler counties.

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Concordia Visiting Nurses provide skilled and psychiatric nursing, physical a, occupational and speech therapies, wound and ostomy care, respiratory therapy, nutritional counseling, infusion therapy, maternal/child care, in your own home. The TeleHealth Monitoring System is a free service that keeps you constantly connected to your doctor and HealthWatch personal response system is an electronic device designed to summon help in an emergency. Concordia Visiting Nurses pledged same day service, weekend referrals and evaluation visits for post-emergency room patients. It is a non-profit, Medicare certified home care agency that accepts most major insurances. Contact Concordia Visiting Nurses at 1-877-352-6200.

GATEWAY HEALTH HOSPICE

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Homewatch CareGivers

Homewatch CareGivers serve our clients with affordable and trusted care providing families with peace of mind and freedom. Staff are selected based on experience, skill and dependability and are provided orientation to the client and continuous training. We provide free initial assessments, individualized care plans and in home risk assessments. Our services are professionally supervised to meet quality assurance standards. Homewatch CareGivers go the extra mile to make a meaningful difference in the lives of our clients. Penn Center West Two Suite 120
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Interim HealthCare is a national comprehensive provider of health care personnel and service. Interim HealthCare has provided home nursing care to patients since 1966 and has grown to over 300 locations throughout North America. Interim HealthCare of Pittsburgh began operations in 1972 to serve patient home health needs throughout southwestern Pennsylvania and northern West Virginia. IHC of Pittsburgh has been a certified Medicare and Medicaid home health agency since 1982. IHC provides a broad range of home health services to meet the individual patient's needs – from simple companionship to specialty IV care – from a single home visit to 24 hour a day care. IHC has extensive experience in working with facility discharge planners and health insurance case manager to effect the safe and successful discharge and maintenance of patients in their home. For more information or patient referral, call 800-447-2030.
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Irwin - 724-863-0139
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Harrison City - 724-527-3999

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HAMPTON

\$229,900 MLS# 694966

Porch life returns in this charming 4 bedroom, 2.5 bath home with screened rear porch allowing everyone to savor the view of the private wooded yard. Wonderful updates include recently painted entire first and second floor, replaced all carpeting, changed lighting fixtures, new window in family room and sliding glass door in kitchen. Must see!

Gloria Carroll 412-367-8000 x242



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\$342,900 MLS# 681957

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\$1,149,000 MLS# 695453

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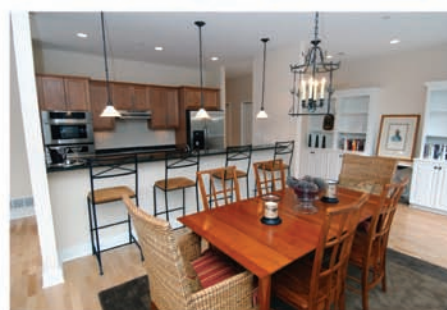
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CRANBERRY TOWNSHIP
\$318,500



Upgraded pleasures in a cul-de-sac setting! Attractive 4 BR colonial affords special amenities! 2 story foyer with custom Oak banister leads to bright living room. Arched doorways guide you to a formal dining room! Practical beauty comes from the granite counters in the kitchen, while delight comes from special ceramic heated floors & touch under-cabinet lighting! Room is endless with a first floor den & large bedrooms upstairs. The exterior presents new stamped, stained concrete & a generous, level yard! #708323

Visual Tours at www.HoneywillTeam.com
Call Linda Honeywill 412-367-8000 x237

FRANKLIN PARK
\$222,500



A dream colonial! All neutral decor is featured in this nearly new 4 BR, 2.5 BA residence in Settler's Walk. This home is in mint-condition presenting formal living room, traditional dining room & family room that flows into an open kitchen. Light abounds in the functional kitchen & a sliding door grants access to a wonderfully level backyard! Enjoy living in a great community that features playgrounds, walking trails, various sports courts and is only minutes away from a brand new YMCA and highways! #705218

Visual Tours at www.HoneywillTeam.com
Call Linda Honeywill 412-367-8000 x237

LANCASTER TOWNSHIP
\$612,500



Peaceful luxury surrounded by breathtaking scenery! Appealing ALL brick residence presents generous floor plan with hardwood on the entire first floor! Flow seamlessly from a tray dining room, to a granite kitchen with stainless steel appliances & 2 story family room with incredible views! Indulge yourself in a tray master bedroom offering 2 walk-ins & access to a vaulted bath. Bedrooms boasts cathedral ceilings & basement walks-out to over 2 acres! A 15x26 rear deck maximizes the spectacular landscape during all seasons! #706440

Visual Tours at www.HoneywillTeam.com
Call Linda Honeywill 412-367-8000 x237

RICHLAND TOWNSHIP
\$478,900



Featured home in the 2004 builder's association "Parade of Homes!" Matchless colonial with exceptional floor plan offers graceful living room, formal dining room with a wet bar, eat-in kitchen with bay window & vaulted family room with fireplace. The first floor boasts the master suite & huge laundry/mudroom. A stunning second floor library loft features hardwood floors. A functional bonus room and 3 other bedrooms are situated on the second floor. A magnificent home on a half acre wooded lot! #690601

Visual Tours at www.HoneywillTeam.com
Call Linda Honeywill 412-367-8000 x237

PINE TOWNSHIP
\$799,900



Expertly built Spagnolo home with 4 bedrooms & 4.5 bathrooms in lakeside community of Lake MacLeod! Custom features begin with an impressive 2 story foyer, den with walk-in bay window & a hardwood dining room leading to a butler's pantry with wine rack! A chef's dream, the kitchen boasts gourmet stainless appliances, granite counters & walk-out to patio. A 2 story great room is adorned with brilliant walls of windows & a tray master includes 11x8 sitting area! Completely finished lower level presents additional fireplace & wet bar area. Access to 10 acre lake and boathouse! Incomparable & beautiful, this is your home! #678385

Visual Tours at www.HoneywillTeam.com
Call Linda Honeywill 412-367-8000 x237

HAMPTON TOWNSHIP
\$979,000



Sophisticated grace & superior location! Custom Ken Shirk home sits graciously in the Estates at the Villas. An interior boasts rich woodwork & brings an abundance of light! Highlights include a study with attached wet bar, soaring 2 story foyer & family room, as well as, a living room with formal gas fireplace. Granite kitchen opens to a covered patio and vaulted master suite has sitting room. Finished game room offers 5th bedroom. The exterior boasts 4 car garage & over 1 level acre of yard! Incredible find! #684843

Visual Tours at www.HoneywillTeam.com
Call Linda Honeywill 412-367-8000 x237

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Linda Honeywill, Associate Broker 412-367-8000 x237

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