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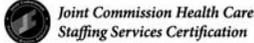
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# Nine Western Pennsylvania Nurses Put New Skills to Work

BY NAIDA GRUNDEN

One of the most hopeful and dynamic experiments in improving nursing satisfaction just concluded here in Pittsburgh. The year-long Nurse Navigator Fellowship Program, jointly funded by the Jewish Healthcare Foundation (JHF) and Robert Wood Johnson Foundation (RWJF), relied on quality improvement as its cornerstone. The program's hypothesis was simple: when nurses are given the tools, scientific data-gathering skills, and permission to improve care at the bedside, they'll be more satisfied in their work, and patients will receive measurably better care. Nurses win. Patients win.

## Nurse Navigator Fellowship Program Structure

Nine nurses were selected from among dozens of applicants, based on their quality improvement goals. They completed the Pittsburgh Regional Health Initiative's (PRHI) four-day Perfecting Patient CareSM University, which teaches Toyota-based work redesign and process improvement methods, and a specially designed curriculum on data collection, which was taught throughout the year. PRHI, one of two operating arms of JHF, and Health Careers Futures, the other operating orga-

nization, provided coaches for quality improvement projects that the nurses initiated.

Coaches made the rounds among all nine sites during the year to mentor and teach each Navigator and team how to apply the principles they were learning. The nine also benefited from monthly meetings where they shared information on the triumphs and challenges of implementing change.

For their part, host institutions agreed to release the Nurse Navigators to participate in PPC University and allow them eight hours per month for additional training. In return, the institutions each received stipends of \$10,000 for the nurses' time. Perhaps most important, the institutions agreed to put the nurses in the driver's seat of their improvement efforts.

"It was one of the most rewarding events of my career," said Kathy McPherson, R.N., a Nurse Navigator from Alle-Kiski Medical Center. "JHF thought enough of me to buy some of my time, and the hospital consented, so that I could do some of the quality improvements I'd been dreaming of. They invested in me."

"The Nurse Navigator Program exceeded our expectations, which had been high to begin with," said JHF President Karen Wolk Feinstein, PhD. "These projects were in such capable hands. Every one of

them produced measurable improvements in patient care and nursing satisfaction. The only 'criticism' we encountered was that these nurses wanted more of everything—more training, more time, more information. It's the kind of criticism we love."

The nurses and their projects are listed below.

- **Kimberle A. Barker, BSN, RN**, Grove City Medical Center, worked to improve patient identification, resulting in a safer process for medication delivery
- **Laura Mainarich, BSN, RN, CPN**, Children's Hospital of Pittsburgh, helped to improve communication about patient care between nursing units by developing a prototype for standardizing the patient reports that accompany "hand-offs."
- **Kathleen McPherson, BSN, RN**, Alle-Kiski Medical Center, worked in the Emergency Department to standardize equipment, and procedures such as starting IV therapy, bringing about a time savings equal to one 8-hour RN shift per week and a reduction in unit supply costs.
- **Albert H. Minjock, MSN, RN, CCRN, FCCM**, UPMC Shadyside, helped institute protocols for beginning standardized, nurse-driven therapies on

ICU patients experiencing changes in condition. The project resulted in savings of 292 ICU days and more than \$1.4 million the first year.

- **Lynda Nester, BSN, RN**, Monongahela Valley Hospital, targeted prevention of patient falls; the focus has since enabled five units to celebrate months on end with zero falls.
- **Jacqueline M. O'Brien, MSN, RN**, UPMC St. Margaret, helped improve staff satisfaction in her unit while helping bring down infection rates with better awareness of hand hygiene and use of personal protective equipment.
- **Christopher Saunders, BSN, RN**, UPMC Presbyterian Shadyside, helped his transplant unit standardize work practices in a project that succeeded in driving down the rate of staff turnover.
- **Maureen Saxon-Gioia, BSN, RN, CNRN**, Allegheny General Hospital, helped achieve improvement in care for OB patients in medical crisis.
- **Deneen Sobota, RN**, Family Services of Western PA, helped redesign the clinical intake and evaluation process in outpatient mental health center, reducing patients' waiting times by 17 percent, thereby increasing the length and value of their time with clinicians.

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# A Personal Residence Trust Offers Physicians Many Tax Advantages

Physicians or other healthcare professionals who think that they may someday want to transfer their homes to their children or other relatives should consider a tax strategy called the personal residence trust instead of making an outright gift or including the property in the estate.

With this type of trust, the donors technically make a gift of the home now – it's called a "remainder" interest – but they don't actually transfer the home until years down the road. In the meantime, they continue to live in the home as before. Best of all, there's no estate tax due on the transfer, and the gift tax is a mere fraction of what would normally be assessed.

Normally, if someone transfers a remainder interest in property to a trust with a beneficiary, the remainder interest's value is set at zero for gift-tax purposes. In other words, the donor is treated as having made a current taxable gift equal to the fair-market value of the property, even though the beneficiary isn't receiving the property until sometime in the future.

Fortunately, a special tax law exception applies to personal residence trusts. It says that the value of the taxable gift is reduced by the retained interest in your home. So the donor is entitled to a gift-tax discount when the home is transferred to the trust. Also, the beneficiary eventually receives the property without any additional tax cost. And no estate tax or gift tax applies to any future appreciation in the home. That makes personal residence trusts especially handy in these days of appreciating housing prices. If the term of your retained interest is lengthened, the donor is able to establish a lower value for the remainder interest.

The trust works best for healthcare professionals in their mid-50s and up. To receive this benefit, you must outlive the term for which you choose to use the residence. If you die before the end of the term, the full value of the home will be included in your taxable estate. It doesn't matter what your original intentions were. So the best strategy is to set a retained interest that will provide a valuable gift-tax discount, but is still reasonable, given your life expectancy and personal circumstances. If you want to continue living in the house at the end of the term, you can rent it from the beneficiary.

During the time the trust is in existence, the physician continues to pay the mortgage interest, property taxes, insurance, etc. Because the physician is still the legal owner of the trust, he or she can generally claim the same deductions that would be allowed for an outright owner.

This arrangement can also be used for a vacation home. The tax rules apply to the owner's main home and one other home such as a cottage or beach house used for vacationing.

Physicians may question the relevance of these trusts after Congress raised the estate tax exemption to \$3.5 million in 2009 and then removed the estate tax entirely in 2010. But this tax relief expires in 2011, when the exemption returns to \$1 million and estate tax rates revert to 1997 levels unless Congress acts. No one knows what Congress will do about estate taxes by 2011, but physicians should not sit and hope for the best. They should contact a qualified financial planning to discuss the best options for their individual situation.

*Paul K. Rudoy is managing partner of the accounting firm Horowitz Rudoy & Roteman. He can be reached at (412) 391-2920.*



BY PAUL RUDOY, CPA/PFS

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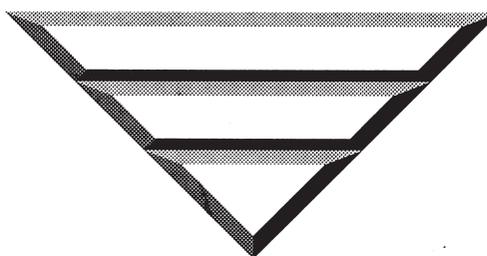


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## Recent Court Decisions a Mixed Bag for Creditors

The federal bankruptcy reform law (The Bankruptcy Abuse Prevention and Consumer Protection Act of 2005 ("BAPCPA")) that went into effect about two years ago has delivered on its promise to shift the balance of power from companies and individuals entering into bankruptcy to their creditors.

For one thing, the new law has made it harder to enter bankruptcy. The new law also speeds up bankruptcy cases, reduces administrative expenses and makes it easier for creditors to recover claims.

Perhaps most significantly, companies entering Chapter 11 now have the exclusive right to file a plan of reorganization for only 18 months. After that, creditors or others can file their own plan. Before the new law went into effect, judges often allowed management to extend the exclusivity period for months, if not years.

But the legislature is not the only forge from which new law emerges. Bankruptcy courts in recent months have dramatically changed the law for companies in chapter 11 bankruptcy with a series of controversial decisions, and they don't all favor the cred-



BY JOEL HELMRICH

itor. In fact, one case provides creditors with an argument to change lease terms. Like any business, a medical provider or health-care facility will encounter clients in bankruptcy, and thus should be aware of the ramifications of these decisions.

### New Lease Rules Gives Debtors Lease Flexibility

A recent federal court decision is changing the bankruptcy rules dealing with leases of bankrupt

companies.

While a company is in chapter 11 bankruptcy proceedings, it is permitted to reject all leases for real estate or equipment. However, once it has been in bankruptcy 60 days, it must fulfill all of its lease obligations until the lease is formally rejected.

In the case of Federal-Mogul v. Computer Sales International, a U.S. Court of Appeals gave debtors a third option when it comes to equipment leases: the ability to modify a lease after a court hearing. Although a debtor cannot unilaterally decide to change lease terms, it can change the terms of a lease if it obtains a court order permitting

the modification

Federal-Mogul Corporation, a large American automobile parts supplier in bankruptcy, sent back their computer equipment to Computer Sales International (CSI) once they negotiated a better deal with IBM. Federal-Mogul paid the part of the rent for the time they had the equipment, but not for the entire month. CSI demanded payment for the entire month in which the lease was rejected and was ultimately awarded the rent that it demanded. Although the appellate court did not permit the proration of rent payments under the facts of this case, it did acknowledge that in an appropriate situation proration was possible.

If the Federal-Mogul decision is applied in the appropriate case it will give companies in bankruptcy greater flexibility in negotiating new terms with their creditors who are vendors of needed services or equipment.

### Creditors Will Now Get Legal Fees

The Supreme Court cleared up what has been a large controversy: Whether federal bankruptcy law prevents an unsecured creditor from recovering attorney's fees from a company in bankruptcy.

Many, including lower courts, have said that legal fees are not recoverable in a lawsuit against a bankrupt company. The usual argument is that nothing in the Bankruptcy Code allows for the recovery of legal fees for an unsecured claim, and that it's too much of a hardship to ask a company struggling to get out of bankruptcy to pay legal fees.

But in a recent case, Travelers Casualty & Surety Co. v. P G & E the Supreme Court unanimously said that creditors do have the right to claim legal fees when suing a bankrupt company. In the case, Travelers Insurance was seeking \$167,000 in legal fees from Pacific Gas & Electric Company, which Travelers sued while the utility company was in chapter 11 during the California energy crisis six years ago.

The case is a great victory for creditors. The likely result of the decision is that more creditors are likely to sue bankrupt companies when they are unhappy with how they are treated in reorganization plans.

### Hedge Fund Secrets No More

A court ruling by a bankruptcy judge has many hedge funds talking.

In the Northwest Airlines bankruptcy case, U.S. Bankruptcy Judge Allan Grouper

recently said that hedge funds must disclose very highly confidential information related to their claims.

Several hedge funds are on an ad hoc committee of equity holders in the bankruptcy proceeding of Northwest Airlines. The judge in that case felt that it was important to know the specific make-up of this committee and the interests that the individual committee participants held. The judge said that the hedge funds were required to disclose the amounts of claims or interests they owned, when they were acquired and the amounts paid for them.

The judge felt that this information was so important that it could not be provided under seal, but had to be shared openly with other parties in the case. Since the ruling, several hedge funds have revealed their holdings in Northwest Airlines.

What the ruling means is that, at least in bankruptcy cases in which they play an important role, hedge funds are going to have to be more open about their investments. While the decision appears to favor the debtor, it also favors most creditors, and especially commercial creditors, who will now stand on a more level playing field.

### Good news for creditors

For most creditors, and certainly those that have not executed equipment leases with bankrupt customers, these recent court decisions continue the trend for the law to value the rights of creditors more than in the past.

In particular, gaining the right everywhere to recover attorneys' fees gives creditors, including medical businesses, new negotiating clout in working out terms with companies in chapter 11. Bankruptcy litigation is no longer a zero sum game in which the creditor is guaranteed to come out with less than it would get under normal business conditions. With the threat of obtaining attorneys' fees, creditors and creditor committees have a much greater lever on the debtor company.

The more general message of these court decisions may be that no one should have an unfair advantage in working out a chapter 11 reorganization—not debtors, not commercial creditors and certainly not large outside investors.

Joel M. Helmrich of Meyer, Unkovic & Scott LLP represents creditors in the areas of Chapter 11 and Chapter 7 bankruptcies. He can be reached at [jmh@muslaw.com](mailto:jmh@muslaw.com).

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# Hospital-Physician Surgery Center Joint Ventures: Evaluating Your Next Steps

This is the third article in our three-part series on hospital-physician surgery center joint ventures. In part one, we examined the benefits of hospital-physician JVs and why it might make sense for your hospital to consider one. In part two, we examined the history of hospital-surgery center JVs and what the future holds.



BY GENO BONETTI

## Using a Corporate Partner

- This approach allows you to hand over all of the planning, licensing, construction, syndication and management to an experienced corporate partner who specializes in ASC development and operations. However, this approach requires your hospital to share ownership with an additional partner. You will need to decide whether the skills and experience this corporate partner has to offer are worth a decrease in your hospital's equity. Carefully evaluate your partner options, including their ownership requirements and philosophies, and experience with hospitals and the ASC industry, before making any decisions.

You should also review their references and talk with current partners. Touring some of the company's ASC facilities can help you assess the company's style, the quality of their work and the satisfaction of the center's employees.

Make sure you find an honest, experienced company that has goals and philosophies that are compatible with your hospital before proceeding with this option. A corporate partner is with you for the life of your surgery center, so make sure the company you choose is a good fit.

In addition to deciding how to approach your ASC project, you will also need to think through the following details:

- What is your timeframe?
- What is your budget?
- What specialties will be included?
- How large does the center need to be for current volume expectations and future growth?
- How will ownership be structured?
- What type of changes will need to be made once outpatient cases are being redirected to an ASC?
- How will the center's syndication be managed, and which physicians will be included?
- How will the Governing Body be composed, and how will the day-to-day decision making process be structured?

There are numerous issues to consider before beginning the surgery center JV process. While these are just a few, they will help you begin evaluating your options and refining the vision for your hospital's ASC both now and in the future.

*Geno Bonetti, Vice President of Business Development for Titan Health Corporation, can be reached at [gbonetti@titanhealth.com](mailto:gbonetti@titanhealth.com) or (412) 670-1053.*

Now, in part three, we will explore the different approaches to joint venturing that can be taken, and examine some of the key issues to consider before beginning a project of this magnitude.

Once you've made the decision to joint venture with your surgeons to develop an outpatient ASC, you will need to determine how you want to approach the project: Will you tackle the process by yourself, work with a consultant or partner with a corporate ASC company? Each avenue has its benefits and drawbacks, so carefully examine all angles before making a decision.

## Tackling the Process Alone

- This approach allows you to reserve ownership for your hospital and physicians, and to save money by not paying a corporate partner or consultant. However, this approach can be extremely time-consuming and costly if your organization lacks surgery center development, planning and construction experience.

The design aspects of an ASC are significantly different from those of a traditional hospital operating room with respect to construction costs and efficient work flow patterns. Additionally, the syndication process, when managed by the hospital, can present political challenges that have the potential to overshadow the project's objectives.

## Using a Consultant

- This approach allows you to involve an expert in the development and construction of your ASC without adding another equity partner into the mix. However, this approach can be risky since consultants typically don't have a long-term, vested interest in the projects they work on. Before hiring a consultant, thoroughly review their references. It's imperative that you understand the type of work they do and what they are like to work with. Talk with some of their previous clients: Were they happy with their project? Did they deliver long-term solutions and provide advice that helped make their project a success? Also check that they have experience with this type of project: Have they developed surgery centers before, and are they familiar with hospital operations?

The alignment of economic interests is one of the key success drivers of ASC projects. Make sure you're ok working with someone who has a limited interest in the long-term outcome of your ASC before proceeding with this option.

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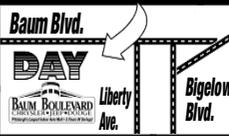
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## COMMENTARY

# Help Preserve Patient Access to Quality Rehabilitation Care

As Chief Executive Officers of HealthSouth Rehabilitation Hospitals located in Harmarville and Sewickley, we are deeply worried about a government regulation – known as the 75 Percent Rule – that would negatively impact the unique care and services that inpatient rehabilitation hospitals and units such as ours can provide.

Many patients are not able to return directly home from hospitalization after suffering a serious injury or illness, and inpatient rehabilitation hospitals such as ours provide the essential post-acute care these patients need.

In 2002, the Centers for Medicare and Medicaid Services (CMS) began implementation of what is known as the 75 Percent Rule for inpatient rehabilitation hospitals and units. This means that a percentage of patients, increasing over the next few years up to 75 percent, must be treated for one of 13 specific conditions in order for a hospital to retain its inpatient rehabilitation status.

Essentially, the 75 Percent Rule doesn't account for whole classes of patients, including transplant, cardiac, pulmonary and cancer patients, and many others, whose conditions may not be on the list but who desperately need intensive rehabilitation to get back to their previous levels of independent function.

Like us, administrators across the country are feeling the pressure of operating under a rule that restricts access to a large number of people — desperately in need of care, persons that can be treated but do not fall within a specific category of care. We have been advocating for the past 3 years to assure Medicare patients have access to the highly specialized services they need. If legislation is not acted upon by July 1, 2007, the percentage will rise to 75 percent in 2008, limiting our ability to provide high-quality inpatient rehabilitative care to our community.

Due to these concerns, bipartisan legislation has been introduced in the U.S. House of Representatives and the U.S. Senate. The legislation, HR1459/S543, the "Preserving Patient Access to Inpatient

Rehabilitation Hospitals Act of 2007", has attracted 123 House and 28 Senate co-sponsors. In our area Representatives Jason Altmire and Tim Murphy and U.S. Senators Bob Casey, Jr. and Arlen Specter are co-sponsors. The bills would hold the current 60 percent threshold for compliance and ensure that appropriate medical necessity standards are utilized when evaluating the need for inpatient rehabilitation care.

As Chief Executives, we do not want to face the difficult dilemma of having to tell a patient we cannot provide the care he or she needs. We do not want to be forced to reduce the numbers of beds and services available and, certainly, we do not want to see HealthSouth Rehabilitation Hospitals and other quality rehabilitation providers close because we could not meet the burdens posed by this regulation. In addition, this regulation hurts acute care hospitals by reducing the availability of post-acute care. As we are well aware, acute care hospitals in Pennsylvania are already among the most challenged in the nation.

We believe that the "Preserving Patient Access to Inpatient Rehabilitation Hospitals Act of 2007" is the best solution for those of us in the inpatient rehabilitation healthcare community to continue to provide the best available care.

For years, doctors have been empowered under Medicare to prescribe these services for seniors, persons with disabilities, and others who need them. This longstanding policy is changing dramatically, potentially harming patients unless Congress takes action immediately.

The time is critical; we need action now or Medicare beneficiaries will have reduced access to this highly specialized medical and physical rehabilitative care not available in other settings.

*Ken Anthony, CEO, HealthSouth Harmarville Rehabilitation Hospital, can be reached at (412) 828-1300. Marlene Hughes, CEO, HealthSouth Rehabilitation Hospital of Sewickley, can be reached at (412) 741-9500.*

We believe that the "Preserving Patient Access to Inpatient Rehabilitation Hospitals Act of 2007" is the best solution for those of us in the inpatient rehabilitation healthcare community to continue to provide the best available care.

- Ken Anthony

### Get connected with Stroke Survivor Connection

Stroke Survivor Connection (SSC) offers free therapy support groups to stroke survivors and their caregivers at more than 30 sites in Western Pennsylvania. The SSC program can assist in a stroke survivor's transition from being homebound and restricted in their activities to being active and comfortable interacting in their community. Sponsored by Health Hope Network, this unique program helps to strengthen body, mind, and spirit through physical exercise, mental exercise, and socialization. In addition to the three-hour weekly meetings, there are also free inter-group activities.

Contact Carol Glock, Health Hope Network Education and Marketing Director at 412-937-8350 ext. 135 or visit our Web site at [www.healthhopenetwork.org](http://www.healthhopenetwork.org) and get connected today!



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# McKeesport Hospital Foundation Marks Three-Decade Milestone With Annual Invitational Luncheon

BY JOHN FRIES

Over the past three decades, the city of McKeesport has experienced numerous changes. During that time, the McKeesport Hospital Foundation has been a constant presence, ensuring that much-needed health, social and educational programs and services are available for the people who live in its communities. Since 1986, the Foundation has provided nearly \$2 million to underwrite a wide range of screenings and lifestyle management programs, clinical specialty areas at UPMC McKeesport and numerous innovative, community-based initiatives, all of which benefit the communities served by the hospital.

Last month, the foundation held its 30th annual Invitational Corporate, Special and Foundation Luncheon. At this annual event, updates on community activities and initiatives are provided to representatives from organizations that provide funding for them through major gifts and other donations.

Foundation Executive Director Michele Matuch kicked off the luncheon with two major announcements. The first was that the Mon River Fleet, representing community partnerships in McKeesport, Duquesne, Braddock, Clairton and Hazelwood that have been working together as part of the State Health Improvement Plan (SHIP), has been acknowledged in the Partnering Section of the PA Department of Health's 2006-2010 plan. The Mon River Fleet website can be accessed at [www.themonriverfleet.com](http://www.themonriverfleet.com).

The second was that the Foundation continues to support five logic models that were designed by 130 members who represent the McKeesport Healthier Communities Partnership. "These models are a logistic way to determine what type of impact will be made, what activities and programs will be implemented to reach the SHIP's goals, and who will be involved. The logic models designed by the McKeesport SHIP address five separate areas of community need as determined by a study conducted four years ago by Tripp-Umbach and Associates," explained Matuch. "Each logic model represents the collaborative work of anywhere from 10 to 15 local agencies and organizations that provide model-specific services to local residents. We're (The McKeesport Hospital Foundation) providing \$25,000 in funding support to each of the five logic models."

In addition to supporting the logic models, the foundation has underwritten several other initiatives this current fiscal year. This included \$600,000 toward two UPMC McKeesport purchases—a 64-slice CT imaging system and a large C-Arm image intensifier used in high-level vascular procedures—and the expansion of the hospital's medical oncology center.

In addition to second year funding of the SHIP's \$125,000 plan, the Foundation supports a medication voucher program for hospital patients with no prescription coverage (\$50,000) and free screenings at the UPMC McKeesport Healthier Communities Fair (\$25,000). It also contributed toward the Lions' Diabetes Medical Relief Fund (\$30,000); sponsoring a variety of community events (\$15,000); and providing supplies for diabetes testing at UPMC McKeesport and UPMC Braddock.

## This year's luncheon welcomed representatives from:

Allegiant Asset Management Group  
Alpine Packaging, Inc.  
Buck Medical Association  
The E.R.Crawford Estate  
Elizabeth Carbide Die Co., Inc.  
Family Home Health Services and Three Rivers Family Hospice  
Fenner Consulting Services  
Five Star Quality Care, Inc.  
G.C Murphy Company  
Foundation  
Grane Health Care  
Grane-Riverside Care Center  
Lions Clubs, Districts 14-B and 14-E  
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UPMC Homecare  
UPMC McKeesport Medical-Dental Staff  
UPMC Medical and Health Sciences Foundation  
YCC Associates Corporation

As a result of funding support provided by Lions Clubs of Allegheny and Westmoreland Counties.

David Fetterman, representing the Center for Healthy Aging at UPMC, spoke briefly about how the needs of the elderly are being addressed in McKeesport. "Our population is 50-plus," he said, "and the vision of SHIP and the McKeesport Hospital Foundation is enabling us to be successful in the community."

In addition to helping older adults through the Centers for Healthy Aging and via programs in such places as the McKeesport branch of the Carnegie Library of Pittsburgh, he said that several senior-specific events are presented in the community each year. They range from the Elder Expo, which draws 100 to 150 attendees to a free annual seniors' picnic at Renzie Park.

Jennifer Ely, who oversees child and adolescent services at Children's Outpatient Services in McKeesport, outlined an array of activities—both underway and planned for next year—as part of the youth logic model. They include bowling and roller skating events, a logo contest for the group's Let's Get Physical Club, a peace poster contest and many others. Recently, the group held a recogni-



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tion event to honor about 200 young people.

Ely said that, in addition to providing local children with fun activities, this logic model has brought a much-needed infusion of health awareness to the community. One of the educational initiatives is the implementation of SPARKS' wellness workshops, an existing model that focuses on developing healthy lifestyles, motor skills and movement knowledge and social and personal skills.

"We've learned that children who learn about good health early on tend to live longer." She also said the initiative provides hands-on opportunities for everyone involved. "The (adult) members have become trainers in the pregnancy and HIV programs, and the children become ambassadors for other youth." She added

that, recently, the McKeesport YMCA trained 15 youths as healthy lifestyle coaches, and that, so far, 90 mentors have been trained as well.

For its part, the McKeesport Hospital Foundation is looking forward to a busy summer celebrating its 30th anniversary. "It all begins with a one-day Health Fair on July 18," said Matuch. "Tennis will take place on July 28 and then, on July 29, WTAE-TV's Andrew Stockey will emcee our Under the Sea Fashion Show. The grand finale weekend ends with exciting 7:30 a.m. and 1:00 p.m. golf events and dinner on July 30".

Michele Matuch and the McKeesport Hospital Foundation can be reached at 412-664-2590. The foundation's website is at [www.mckeesporthospitalfoundation.com](http://www.mckeesporthospitalfoundation.com).



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## Good Health Perspective

from ROBERT MORRIS UNIVERSITY

### The Human Papillomavirus Vaccine

It is an exciting time in women's health care!! On June 8, 2006, the U.S. Food and Drug Administration licensed the use of a quadrivalent human papillomavirus (HPV) vaccine. Genital HPV infects about 6.2 million persons each year and can cause genital warts and anogenital cancers. With persistent infection of certain high-risk types, HPV can cause cervical cancer in women. Some experts believe that most of the



BY KATHERINE PEROZZI

sexually active population has been exposed to one or more types of HPV, and approximately 50% will acquire it. It is estimated that 80% of women will acquire genital HPV by age 50. Risk factors associated with HPV in women are age less than 25, greater number of sexual partners, early age of first sexual intercourse, and having a male partner who has had multiple partners. Smoking, oral contraceptive use, and nutritional factors may also play a role, though probably not as significant. Condom use affords only partial protection and, according to the CDC, cannot be relied upon as a primary prevention strategy against HPV. It is hoped that the widespread use of the new vaccine will greatly reduce the incidence of HPV infection with certain types of the virus.

Manufactured by Merck and Co., Inc., the quadrivalent HPV vaccine (trade name Gardasil) is licensed for use in females age 9 - 26 years and is effective against HPV types 6, 11, 16, & 18. (HPV types 16 & 18 cause 70% of cervical cancer cases, and types 6 & 11 cause 90% of genital warts cases.) In recent years, the incidence of cervical cancer has declined mainly due to effective screening practices based on the Pap test. Cervical screening will still be important in spite of the vaccine, since the vaccine protects against only 4 types of HPV. There are many other types that are not included in the vaccine.

Gardasil is administered intramuscularly in three doses over several months. Each dose is only 0.5 mL (only a tenth of a teaspoon). The second dose should be given 2 months after the first, and the third dose administered 6 months after the first (or 4 months after the second dose). Various side effects include pain, redness and swelling at the injection site, fever, nausea, and dizziness. It has been classified as Pregnancy Category B on the basis of animal studies showing no evidence of impaired fertility or harm to the fetus. However, due to lack of data during human pregnancy, vaccination is not recommended during pregnancy.

Vaccination should ideally occur before sexual activity is begun, at age 11-12, however, it may be administered anytime in years 9-26. Age 11 - 12 years is the recommended age for several reasons: it is considered safe and effective in adolescents; high antibody titers are achieved in this age group; data on HPV epidemiology and age of sexual debut in the United States; and the high probability of HPV acquisition

within several years of sexual debut. (Advisory Committee on Immunization Practices, 2007) The vaccine has been shown to provide protection for at least 5 years. Follow up studies are ongoing to determine if protection is of even longer duration.

For females age 13-26, even if they may have already been previously exposed to HPV, the vaccine should be administered and may provide protection from one or more of the covered types of HPV as long as there was no previous infection. It is ineffective against an existing HPV infection.

Cervical cancer screening with the use of the Pap test is recommended as usual. The American College of Obstetricians and Gynecologists recommends the Pap test within 3 years of initiating sexual activity or by age 21 years with annual screening thereafter in this age group. This is a major part of women's health screening in spite of the protection afforded by the vaccine. It is important to remember that the HPV vaccine protects against infection caused by types 6, 11, 16, and 18. There are dozens of other types, some of which can cause cervical cancer or genital warts. Regular Pap screening remains the best prevention against complications of these other HPV types.

It is definitely an exciting time in women's health care. A breakthrough vaccine like this raises hope for much more to come!

Information obtained from the Recommendations of the Advisory Committee on Immunization Practices of the Center for Disease Control and Prevention; and the Gardasil website, [www.gardasil.com](http://www.gardasil.com).

*Katherine Perozzi is a Clinical Assistant Professor of Nursing at Robert Morris University School of Nursing in Moon Twp. She has been teaching nursing and practicing women's health nursing for over 20 years. She may be contacted at [perozzi@rmu.edu](mailto:perozzi@rmu.edu).*

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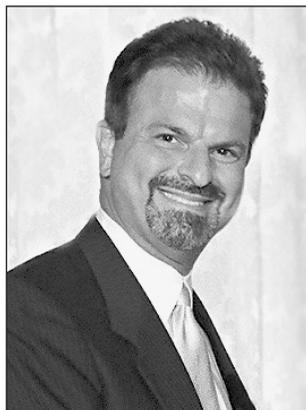
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# The Journey to Improve Hospice Care in America

When hospice enters a patient's life it makes a commitment to care for the caregiver and family as well as the patient. This unique pledge is one of the hallmarks of hospice care. Hospice exemplifies this promise by continuing to care for the caregiver and loved ones even once the patient has passed away. Hospice bereavement counselors work with individuals and families as a whole to provide information about grief, support and comfort.

At Family Hospice and Palliative Care the hospice support system continues for thirteen months following the death of a loved one with bereavement counselors assuming the support role. Often the bereavement support starts while the patient is still alive, with social workers talking to families about anticipatory grief. Then with the help of volunteers, the bereavement staff maintains contact with family members through telephone calls, personal notes, and in-home visits. The bereavement follow-up reflects an individualized plan that is sensitive to social, religious and cultural differences.

In addition, non-denominational memorial services are held throughout the year to provide an opportunity for families and hospice team members to grieve together while paying tribute to loved ones.



BY RAFAEL J. SCIULLO, MA, LCSW, MS

Hospices recognize that the need for bereavement support is not contained to "hospice families." Many members of the community-at-large are in need of grief education, bereavement support services, and age-specific information regarding grieving children. In response, Family Hospice and Palliative Care offers a number of grief services to the community as well as our "hospice families."

Bereavement support groups and grief education programs such as Growing Through Grief are offered throughout the region. Bereavement support groups offer ongoing emotional support and information about grief, loss, and life adjustments. Facilitated by trained, experienced staff, the bereavement support groups provide an opportunity to share experiences, thoughts and feelings with others who are in similar situations.

Even though the majority of hospice patients are adults, special bereavement services are offered for children and their families. One tremendously successful example of children's bereavement services is Family Hospice and Palliative Care's Camp Healing Hearts. Through a number of activities, children and their parents and guardians are encouraged to share their feelings, create memory boxes, and learn that other

children share their intense feelings of loss.

Finally, it is important for hospices to offer educational opportunities to the professional and lay community. Each year Family Hospice and Palliative Care is a local sponsor for the Hospice Foundation of America's annual grief teleconference. This interesting teleconference is open, without cost, to all who are interested. On a continuing basis, talks are offered in the community about such topics as Grief and the Holidays or How to Help a Friend Grieve.

Recently the National Hospice and Palliative Care Organization has recognized the importance of bereavement services by developing a national survey to assist hospice programs to evaluate and improve the quality of their bereavement services. This survey will help participating hospices, like Family Hospice and Palliative Care, to more closely match the support and services to the individual needs of the bereaved.

Even once the patient has died, hospice care continues with the recognition that grieving is part of the dying process. How well the hospice staff understands and supports the needs of the grieving loved ones is an important component of quality hospice care. It is essential that hospice continues to share this journey as a person adjusts to life without their loved one.

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

## Grove City Medical Center and Family Hospice & Palliative Care Enter Into Partnership

In their ongoing efforts to provide comprehensive support to local families facing life-limiting illness, Grove City Medical Center will be partnering with Family Hospice and Palliative Care, announced Robert C. Jackson, Jr., Chief Executive Officer of Grove City Medical Center. "This new partnership reflects our commitment to responding to and meeting the diverse needs of our community," said Jackson. "By providing them access to the highly specialized professional services of Family Hospice and Palliative Care, we are greatly enhancing the quality of life for those who are dealing with these difficult issues."

Rafael Sciuillo, President and Chief Executive Officer of Family Hospice and Palliative Care is enthusiastic about the new collaboration. "This innovative partnership will be a tremendous benefit to the patient, family and staff of both organizations. We are looking forward to working together on programming, education and patient care. All communities gain when two health care entities share the mission of compassionate comfort care," said Sciuillo.



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# Around the Region



## Horizon Appoints New President

Joel P. Yuhas, FACHE, has been appointed president of UPMC Horizon.

A native of northeastern Ohio, Yuhas brings to UPMC Horizon more than 15 years of hospital and business development experience in urban, community, and rural hospitals. He recently served as executive vice president and chief operating officer of St. Mary Medical Center in Long Beach, CA. Prior to his position at St. Mary Medical Center, Yuhas was chief operating officer for Tenet Healthcare Corporation, with assignments at Garfield Medical Center in Los Angeles and The Graduate Hospital of Philadelphia.



Joel P. Yuhas

## West Penn Names Robin Zernich Vice President, Operations

The Western Pennsylvania Hospital has named Robin Zernich Vice President, Operations. She comes to West Penn from Pittsburgh Mercy Health System, where she served as Vice President, Operations, for seven years.

Zernich has 24 years of high-level healthcare operations experience. Prior to joining Mercy Health System in 2000, she served as Chief Executive Officer of St. Francis Central Hospital from 1995 to 2000.



Robin Zernich

## Concordia Visiting Nurses Makes Several Internal Promotions



Mary Gaydos



Karen McCreary



Laura Russo

Concordia Visiting Nurses recently promoted three women from within the organization at the Cabot office in Concordia Lutheran Ministries' Oertel Care Center.

Mary Gaydos, R.N., was promoted from Branch Manager to Clinical Director. Registered nurse Karen McCreary was promoted from Case Manager to Branch Manager.

Laura Russo was promoted from Client Service Representative to Executive Assistant.

## Georgia L. Narsavage to Lead West Virginia University School of Nursing

Georgia L. Narsavage, Ph.D., APRN, FAAN, will be the next dean of the West Virginia University School of Nursing. Dr. Narsavage currently serves as associate dean for academic affairs and professor in the School of Nursing at the Medical College of Georgia.

Narsavage earned a bachelor's degree in nursing from the University of Maryland, a master's degree in nursing from the College Misericordia in Dallas, Pa., and a Ph.D. from the University of Pennsylvania, where she also completed a postdoctoral fellowship.



Georgia L. Narsavage

## LECOM Faculty Member Named to FDA Science Board

Lake Erie College of Osteopathic Medicine Acting Chair of the Department of Pharmacy Practice Larry D. Sasich, Pharm.D., MPH, FASHP, accepted an appointment to the Science Board to the Food and Drug Administration. Sasich is one of the first pharmacists to serve on the FDA Science Board.



Larry D. Sasich

## PA Hospital Association Appoints New Directors

The Hospital & Healthsystem Association of Pennsylvania (HAP) has appointed Brian C. Eury as Regional Director of Legislative Services and Mary J. Marshall as Director of Workforce and Professional Services. From 2005 through 2007, Eury was a principal in Carolina Consulting of Drexel Hill. From 2003 through 2004 through 2007, Marshall was director of planning and research for the Pennsylvania Center for Health Careers within the Pennsylvania Workforce Investment Board.



Brian C. Eury



Mary J. Marshall

## Kenneth J. Braithwaite II Appointed Senior VP

The Hospital & Healthsystem Association of Pennsylvania (HAP) recently announced the appointment of Kenneth J. Braithwaite II as Senior Vice President.

Braithwaite, a U.S. Navy veteran and pilot, is currently a captain in the Navy Reserve; last month he was nominated by President Bush for appointment to the grade of rear admiral, which he will assume in October.



Kenneth J. Braithwaite II

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### Brain Stimulation Study May Help Stroke Survivors

Physicians at the University of Pittsburgh Medical Center are participating in a multicenter study that may help stroke survivors gain greater use of their arms and hands by electrically stimulating the brain during physical rehabilitation. Previous pilot studies have shown that such a combination is safe and enhances motor function more than rehabilitation alone. The electrical stimulation is provided by the temporary surgical placement of an electrode on the covering of the brain.

"The most common neurological deficit among stroke survivors, and a substantial contributor to post-stroke disability, is motor weakness on one side of the body. Presently, the only treatment available for patients with such deficits is rehabilitative therapy. However, many patients are not responsive to standard therapy or they achieve a less than satisfactory improvement in function," said Douglas Kondziolka, M.D., Peter J. Jannetta Professor of Neurological Surgery and Radiation Oncology and Vice Chairman of Education, department of neurological surgery, at the University of Pittsburgh School of Medicine.

Following a stroke, many patients show some spontaneous neurologic improvement. Restoration of function may be the consequence of the brain's neuroplasticity, which is a mechanism in which new areas of the brain take over the function of stroke-damaged areas. The brain's cerebral cortex, with its extensive network of interconnected neurons, is thought to be an important site for neuroplasticity. This area of the brain will be stimulated during the study.

Patients wishing to learn more about enrolling in the study at UPMC, may call 1-888-546-9779.

### UPMC Northwest Announces Environmental Services Manager

UPMC Northwest has announced the appointment of T. Lee Kunselman as the hospital's new Environmental Services manager. Kunselman holds a bachelor's degree in management from Slippery Rock University and has been a UPMC Northwest staff member for 16 years, including eight years as an activities therapist in Behavioral Health and the past eight years as Environmental Services supervisor.



He holds certification as a health care environmental services manager from the Center for Healthcare Environmental Management, and is the first member of the UPMC Northwest staff to earn this credential.

### University of Pittsburgh School of Medicine Names Pioneering Brain Tumor Surgeon as New Chair of Neurological Surgery

Amin Kassam, M.D., has been appointed chair of the department of neurological surgery at the University of Pittsburgh School of Medicine. Dr. Kassam is internationally recognized for pioneering techniques in endonasal brain surgery that allow complex tumors of the skull base and brain to be removed without incisions.



Dr. Kassam is associate professor of neurological surgery, director of the UPMC Center for Cranial Nerve Disorders and co-director of the UPMC Center for Cranial

Base Surgery. He completed his medical and undergraduate education at the University of Toronto and his residency training at the University of Ottawa and then joined the faculty of the department of neurological surgery at the University of Pittsburgh in 1998.

### UPMC Performs First Beating Heart Transplant Procedure in the U.S.

Protected by its own nutrients and blood supply, a beating heart supported by an investigational organ preservation device was successfully transplanted into a 47-year-old man with congestive heart failure and pulmonary hypertension on Sunday, April 8. The surgery was performed at UPMC by Kenneth R. McCurry, M.D., assistant professor of surgery, division of cardiothoracic surgery at the University of Pittsburgh School of Medicine and director of cardiopulmonary transplantation at UPMC's Heart, Lung and Esophageal Surgery Institute.

The patient, who is from Portage, Pa., is doing well and was discharged from the hospital on Monday, April 30. The donated heart, from a 46-year-old Caucasian male, was maintained in a beating state on the investigational Organ Care System (OCS) for two hours and 45 minutes.

Dr. McCurry is principal investigator of the PROCEED Trial, at UPMC, which is evaluating the safety and efficacy of the OCS for heart transplants, manufactured by TransMedics Inc., of Andover, Mass. The OCS is designed to maintain donor hearts in a beating, functioning state during transportation from the donor to the recipient's hospital. After removal from the donor, the heart is placed into the OCS, where it is immediately revived to a beating state, perfused with oxygen and nutrient-rich blood and maintained at the appropriate temperature. Using the OCS, organs are kept in their physiological, beating state for delivery to the recipient and until implantation.

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