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Western Pennsylvania
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THE REGION'S MONTHLY HEALTHCARE NEWSPAPER

People Behind THE SCENES

Pam Kozlowski

Residency Research Coordinator
The Western Pennsylvania Hospital

When she sees new medical students and interns on their first day at The Western Pennsylvania Hospital, Pam Kozlowski feels her heart go out to them. She knows they're nervous, confused and often alone, having left families in another part of the state or even another country.

Watching them grow into confident, knowledgeable doctors is what makes her happy in her job as Residency Research Coordinator in West Penn's Department of Medicine. Her 13-year-old daughter often jokingly refers to the students and residents as "Your other 'kids' at work, mom."

"The students look to Pam for guidance and security," says. Dept. of Medicine Manager Cindy Carlson.

"They know she will do whatever it takes to make them comfortable and part of the family."

"We have been fortunate to be able to recruit some of these students for residency training," Carlson says. "I know that Pam played a big role in recruiting them."

Kozlowski admits that she enjoys the role of mom and big sister, both inside and outside the workplace. "I just want these young kids to know that during these confusing and somewhat stressful times that they aren't alone and that I really do care about each of them."

But in addition to being compassionate, Kozlowski is also very dedicated, organized and efficient. Carlson said she's been instrumental in increasing the amount of research coming out of the department, keeping residents and fellows on schedule to ensure that research requirements are met. She also organizes the medical students' and residents' extracurricular activities, such as social events, charity fundraising, community service, soccer and dodgeball teams.

The residents certainly appreciate what she does – they've given her an award in each of the past three years at their graduation ceremony, thanking her for her behind-the-scenes work.

The Mercy Hospital of Pittsburgh Microbiology Laboratory

Members of the Microbiology Laboratory include (l-r) Kim Golden, MT(ASCP); Janet Ball, MT(ASCP); Susie Fejka, MT(ASCP), NCA (CLS), lead technologist; Marlene Czarnecki, M(ASCP), SM(AAM), MS; and Nancy McDonald, MT(ASCP).

The Microbiology Laboratory at The Mercy Hospital of Pittsburgh performs 80,000 tests per year. With a team of 10 microbiology technologists and a PhD Microbiologist on staff, the Microbiology Lab staff has over 175 years of experience at Mercy Hospital-thanks in great part to three individuals; ranging from 25 to 27 years of service each!

Responsible not only for providing laboratory services for diagnosis of infectious diseases caused by bacteria, fungus, mycobacterium, parasites and viruses, but also for determining the appropriate antibiotic for treatment, this relatively small department has a significant impact on patient satisfaction. Given their high level of expertise and their high quality of work, the Microbiology Lab team provides timely and accurate results to physicians regarding possible infections, and they also report the antibiotics to which the bacteria are susceptible. The staff works closely with the infectious disease physicians and the hospital's infection control practitioners to actively control the spread of any health-care associated infections such as MRSA and VRE, and also participates in the Highmark Pay for Performance Initiative designed to prevent MRSA transmission, surgical site infections and central line infections.

In addition to tenured associates, the department-comprised of all certified medical technologists and lab specialists who have received PhD, MBA, MS, BS and BA degrees-also has two technologists on staff who have received the Jeanne A. Cooper,

Continued on page 20

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Publishers Note...

Who's Ox?

By Harvey D. Kart

Harvey Kart

Perhaps I can blame it on the heat, or presidential campaign overload, which has settled in about nine months earlier than usual, but … I feel a rant coming on.

I think it started percolating during the second, or third, or maybe fifty-second presidential debate this summer, when each candidate stressed the need to fix our broken healthcare system. The most oft-cited evidence was that 50 million Americans—give or take a few million—are without adequate health care

But does that mean our healthcare system is broken? I guess that depends on whom you ask. In Pittsburgh, we are awaiting the completion of the new Children's Hospital, which has an estimated price tag greater than $700 million. I'll take a leap here and say that the new hospital will likely be state-of-the-art and able to offer the absolute best care available anywhere in the world.

But what if someone doesn't live within a reasonable distance of Pittsburgh? Simple logic tells me that person—and his children—will receive less than the absolute best care possible.

I keep hearing about universal health coverage. On the surface, who can argue with the idea of making sure everyone in America has access at least to adequate care when needed? Yet, I've heard the argument made that, given the number of not-for-profit facilities sprinkled throughout the country, in theory, everyone who needs treatment can get it. Maybe we're not talking free liposuction or the option to choose which surgeon you'd like to perform your surgery, but adequate treatment is available.

But that's the problem with dealing with the theoretical, isn't it? Our uninsured and under-insured are at risk, and that's just not acceptable. But wait—what about those fellow Americans who don't have adequate health insurance by choice, because they opted to gamble with their family's wellbeing by not purchasing enough coverage.

And what of those who buy adequate insurance, but can't afford the copays? Do they scrape together the money … or feed their families … or renege on their obligation?

One of the best things about a good rant is that it doesn't have to offer any solutions, just raise an issue and so that, at the very least, any hypocrites responsible for the situation are duly exposed. Problem is, such exposure doesn't matter anymore; rather than running from the glare of truth, most guilty parties today bask in it like George Hamilton in a tanning booth.

That's why we have elected officials who refuse to admit that our public school system, especially in the inner city, isn't working choosing to send their kids to private schools. That's why we have wealthy individuals who retire still insisting they receive their Social Security benefits simply because they're entitled to them. That's why we have executives in private and public companies giving sweetheart deals to each other while their organizations, their employees, and the publics they serve suffer. That's why we have teachers' unions, to note just one example, negotiating contracts that allow members to retire at ridiculously young ages with an obscene package of benefits while the effectiveness of our public education system continues to deteriorate.

As I see it, those who would follow George W. Bush into the White House can offer all the new legislation they want to solve our crisis in education, or health care, or immigration, or whatever the issue du jour is, but it wouldn't make much of a difference except in the size of the tax bite we endure.

The only way to truly change society for the better is to start from the inside of each of us. That will happen when we quit worrying so much about whose ox is being gored and more about just doing the right thing.

Problem is, I'm note sure we are even capable of agreeing on what the right thing is anymore. Or, if we are, we are too blinded by our own greed to recognize it.

Harvey Kart

You can reach Harvey Kart at hdkart@aol.com or (412) 856-1954.

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LEGAL HEALTH UPDATE

Two Court Rulings Affect Healthcare Workplace Practice

BY JANE LEWIS VOLK, ESQ.

Two recent court rulings are of interest to the human resource departments of many healthcare institutions and healthcare-related management employees, confirming regulations and laws already on the books.

The first ruling confirms that homecare and healthcare employment agencies do not have to pay time-and-half when caregiving staff work in a patient's home.

The second decision confirms that many parts of the National Labor Relations Act (NLRA) apply to non-unionized workplaces, a concept which is frequently overlooked.

Home Caregivers Denied Overtime

In Long Island Care at Home, Ltd. V. Coke, the Supreme Court upheld a federal Department of Labor (DOL) regulation denying overtime payments to home caregivers employed by agencies.

Federal law has long exempted from overtime laws those employed by families for in-home companionship services. More recently, a DOL regulation applied this exemption to home caregivers who are employed by agencies to work in private homes. When a homecare agency followed that new DOL regulation, an employee prevailed in a suit for overtime pay.

The decision is welcomed by homecare agencies, which can now avoid paying time-and-a-half when their caregiving employees work more than 40 hours per week in a customer's home. Nursing homes and hospitals would also likely applaud the ruling.

NLRA Covers Non-unionized Workers

Healthcare executives in non-union workplaces are frequently under the misconception that the NLRA does not apply to them. A recent decision by a federal court of appeals, Cintas Corp. v. National Labor Relations Board, is a reminder that it does.

The employer in the case had an employee handbook that said the company would discipline employees for releasing confidential information. The handbook described confidential information as anything related to business plans, employees, new business efforts, customers, accounting and financial matters.

Because these provisions could chill the employees' NLRA right to freely discuss the terms and conditions of their employment, they were held to violate the NLRA.

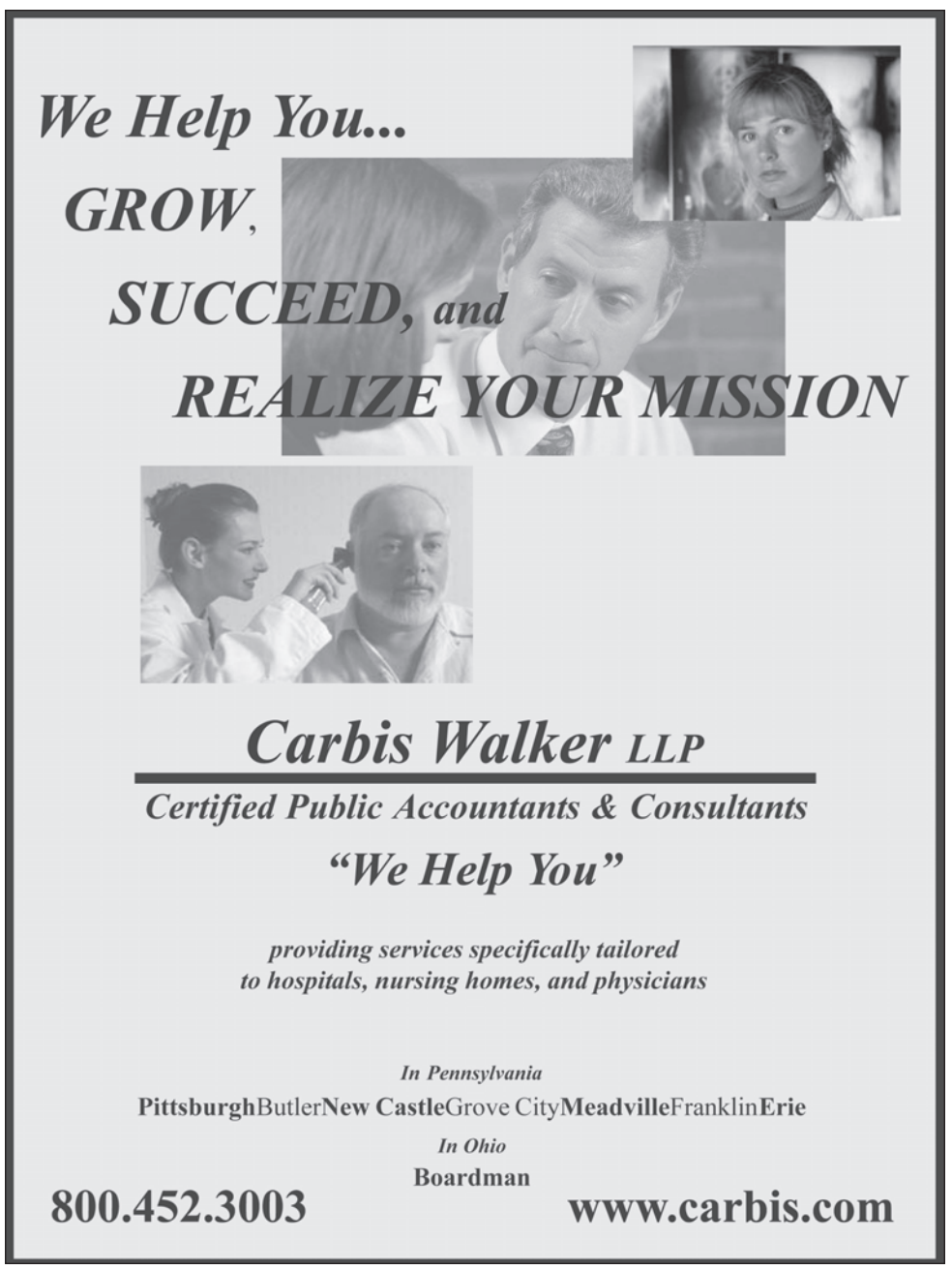
The result: The appeals court upheld the National Labor Relations Board order that the company rescind the offending language.

The lesson for health care organizations: when developing any employment policies, all state and federal employment laws must be considered, whether or not your workplace is unionized.

Employee handbooks can be a valuable resource for employees and supervisors, but must be carefully drafted. Poorly written employee handbooks may violate the law or may raise unintended expectations among your employees.

Whether you're drafting your first employee handbook or updating one, a legal review is essential.

Jane Lewis Volk, Esq., practices Employment Law & Employee Benefits law at Meyer Unkovic & Scott, LLP in Pittsburgh. She can be reached at (412) 456-2840.



Five Common Valuation Mistakes to Avoid in Your Practice

BY ALEX M. KINDLER, CPA/ABV, CVA, MBA

Achieving the proper valuation for a healthcare practice is both an art and a science. It is important that the valuation is performed by someone with experience and an overall financial perspective. The professional must be able to see past numbers and accounting procedures that could easily mislead the less experienced.

The valuation can be critical in arranging a sale of the practice, resolving a legal dispute of a practice, determining the investment a new partner should make or procuring a loan for opening new offices or buying expensive equipment. Essentially, it establishes a real "net worth" of the business for the parties involved in negotiating, all of whom have differing interests.

For further insight, here are several common mistakes that may occur during the preparation of a business valuation report:

1. Comparing apples to oranges. It is necessary to understand both the quality and the composition of the earnings stream. The practice must be compared not just to national averages, but to other local practices of similar size, composition of physicians and specialties. Additionally, for practices with a significant older patient base, trends in Medicare reimbursement are important considerations.

2. Over-reliance on financial statements. The individual performing the valuation may rely exclusively on historical financial statements without conducting a sufficient investigation of future prospects. It is not unusual for the financial statements for small practices to be distorted (e.g., earnings are understated) due to factors such as a pending divorce.

3. Rates and discounts: Valuation experts often disagree over capitalization rates and discounts. Common errors involving capitalization rates can include use of rates from inconsistent time periods, failing to match the capitalization rate with the proper earnings base and mistaking historical results for required rates of return. Discounts should not be applied without a thorough understanding of the data and procedures used in compiling the underlying discount.

4. Misplaced emphasis: A valuation report may dwell on a few relatively inconsequential factors while giving short shrift to the key foundations of the business. A comprehensive evaluation report should discuss the method of computation, explain the benefits of the method and discuss the reasons for discarding other valuation methods.

5. Brevity and distortion: Some of the other common mistakes include reports that are extremely brief and do not provide an adequate explanation of the valuation process. The report may also confuse exactly what is being valued and reflect a lack of consideration for the contributions of the owners to the success of the practice. To the extent a physician has unique skills and/or a recognized reputation, the value of these attributes may be non-transferable and therefore have little effect on practice valuation.

These common errors could result in a dramatic swing in your financial fortunes. If the practice is undervalued, you won't get as much for it in a sale. If it is overvalued, you may end up borrowing too much and eventually face problems servicing the debt. Given the fact that a practice valuation may only be necessary once or twice during a medical practice's existence, reliance on healthcare valuation professionals is essential to ensure an accurate, credible valuation.

Alex M. Kindler, CPA/ABV, CVA, MBA, a partner at the CPA and Business Advisory Firm of Horovitz, Rudoy & Roteman, has over 20 years experience providing business valuation and litigation support services to a variety of clients. He can be reached at akindler@hrrcpa.com or (412) 391-2920.

New Laws Impact Professional Practice in PA

On July 20, Governor Ed Rendell signed into law five (5) bills designed to expand the availability of healthcare services to residents of Pennsylvania, especially those living in rural areas of the state. The package of legislation is part of the Governor's "Prescription For Pennsylvania" initiative announced earlier this year. Following is a summary of the new laws, which will each take effect sixty (60) days from the date of the Governor's signature.

• HB 1251 and HB 1252 enable physicians to supervise up to four (4) physician assistants at any time (up from two) and to apply for a waiver, under certain circumstances, to allow for the supervision of more than four (4) physician assistants at any time.

• HB 1253 expands the scope of practice of qualified Certified Registered Nurse Practitioners to include:
- Ordering home hospice care.
- Ordering durable medical equipment.
- Issuing oral orders to the extent permitted by the health care facilities' by-laws, rules, regulations or administrative policies and guidelines.
- Making physical therapy and dietician referrals.
- Ordering respiratory or occupational therapy.
- Making respiratory and occupational therapy referrals.
- Performing disability assessments for the program providing Temporary Assistance to Needy Families.
- Issuing home bound schooling certifications.
- Performing and signing the initial assessment of methadone treatment evaluations, provided that any order for methadone treatment shall be made only by a physician.

• HB 1254 defines the role of a clinical nurse specialist including educational standards, training and related requirements for various fields.

• HB 1255 allows nurse midwives, with proper pharmacological training, to write prescriptions within the scope of a collaborative agreement with a physician.

Prior to July 20, Pennsylvania was the only state in the nation that did not extend prescription-writing privileges to nurse midwives.

While these new laws are long overdue in the eyes of many, they only scratch the surface of possibilities relating to expanding the scope of practice of a number of healthcare professions. With many nursing and allied health professionals now required to completed six years education to earn their degree, the clinical knowledge base of today's graduates is greatly expanded over that of those who graduated in past decades. Add to that the availability of the latest clinical practice information through a variety of real time and on demand electronic media, many of which contain competency validation procedures to ensure "learning" as compared to merely "viewing", and the opportunity for life-long learning has truly become a reality for anyone with a computer and Internet connection.

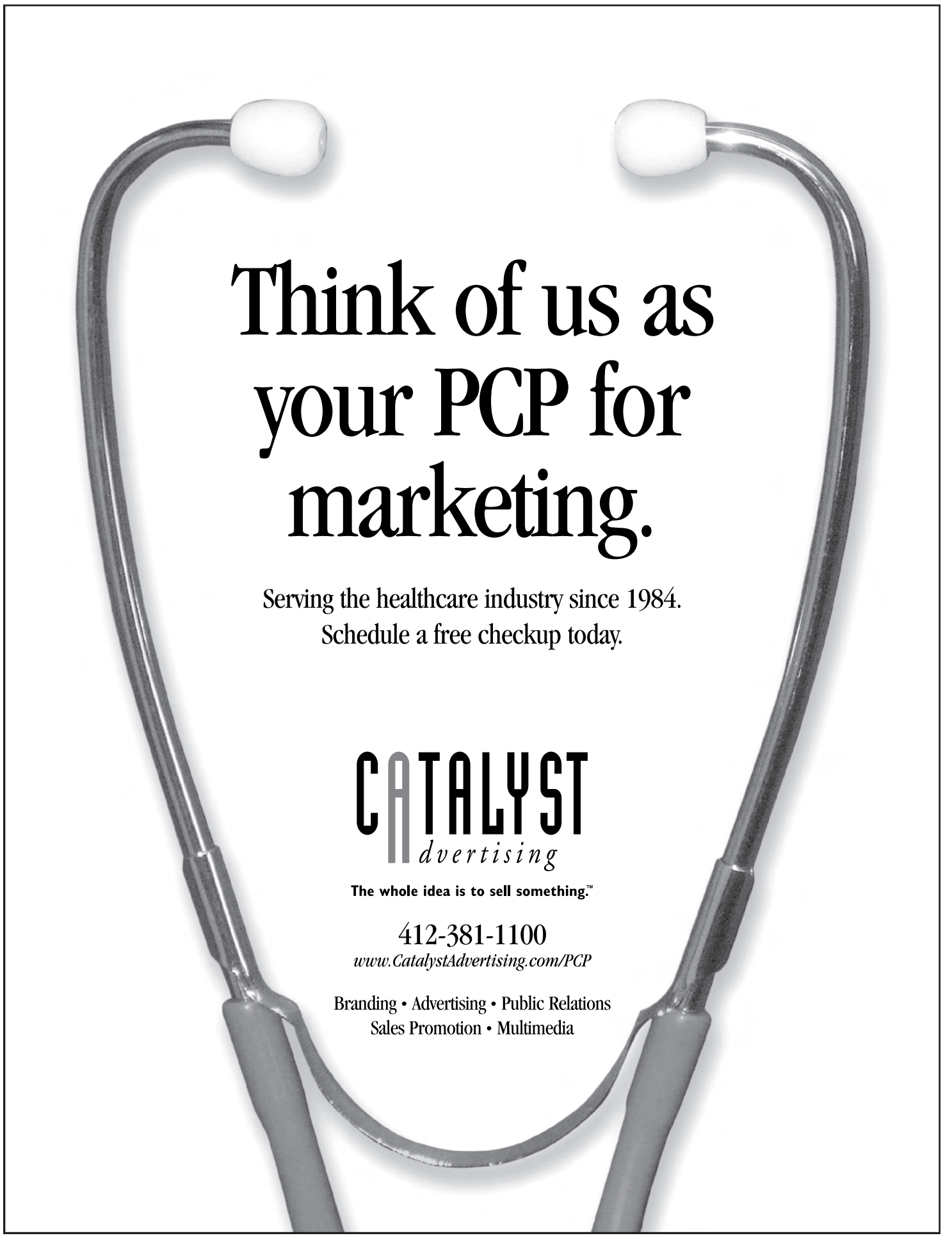
And with mandatory continuing education now required for licensure renewal among a growing number of healthcare professions, additional safeguards have been built into the system. These basic safeguards could easily be augmented by requirements for certification or other demonstration of competency prior to the granting of expanded privileges.

Of course, any time the conversation turns to expanding the scope of practice for nurses and allied health professionals, an economic and political firestorm is sure to ensue. Expansion of state-granted powers to practice any aspect of the healing arts can be expected to be met with opposition from those who will be economically disadvantaged by enabling additional individuals to enter the marketplace. However, any such potential opposition must be overcome for the good of the citizenry.

According to the Center For Rural Pennsylvania, a legislative agency of the state's General Assembly, Pennsylvania has the largest rural population of any state in the nation. In 2000, approximately 2.56 million Pennsylvanians, one in five residents, lived in a rural area of the state. With growing concerns over access to care due to factors related to shortages of healthcare personnel, the financial vulnerability of hospitals, and the uncertainty of future Medicare and Medicaid payment, each of which place the access to healthcare of rural residents at a particularly high risk, the momentum that sparked the passage of these five bills needs to be sustained for there to be enduring progress.

If the Governor and the General Assembly are truly committed to the concepts embodied in the "Prescription For Pennsylvania" and "Cover All Pennsylvanians", there must be agreement that the job is far from being finished, it has barely begun.

Marc Cammarata is President of M.A. Cammarata & Associates, a consulting firm providing human resources and operations management solutions to healthcare organizations. If you would like more information on this or other Human Resources topics, you can contact him at (412) 364-0444, macammarata@verizon.net, or www.macammarata.com.



CODE...
Security Tips for the Healthcare Industry

The IAHSS, A Resource Your Security Department Should Take Advantage Of

BY BOB BRONDER

The International Association for Healthcare Security & Safety (IAHSS) is one of the foremost resources your security department can turn to for up-to-date information on the state of healthcare security. With that in mind, I thought it would be fitting to dedicate this article to profiling this organization that brings so much to the table.

The IAHSS was formed in 1968 by a forward-thinking group of healthcare security professionals who recognized the need for a vehicle that healthcare providers could use to address changes and promote safer environments for both their patients and their employees. Today, the group's membership is comprised of over 1,600 healthcare security professionals from a wide range of healthcare facilities.

Evelyn F. Meserve, CHPA, Director of Safety and Security at CaroMont Health, located in Gastonia, NC, is IAHSS's President-Elect and says this about the organization: "As you might imagine, the concerns healthcare security executives had in the late 1960's pale in contrast to what they face today, and the IAHSS has continually grown to serve the expanding needs of today's healthcare security professional. So, in response to these ongoing changes, IAHSS creates and promotes healthcare security certification programs, provides an array of educational information to healthcare security professionals, assists in increasing the influence that security-related programs have in the day-to-day operation of a healthcare facility and helps support the personal and professional growth of our members." Meserve, who holds a Bachelor's Degree in Criminal Justice with emphasis in Accounting and Business Administration, began her career in healthcare security in hospitals located in Massachusetts and Maine. Before being elected President of IAHSS – a post which she will assume in June 2008 – she served as the association's Vice President/Secretary of the Board, Chairperson of the Training and Education committee, Regional Chairperson, and also held a variety of offices at the chapter level. She is a Certified Health Protection Administrator (CHPA), a certified Healthcare Environmental Manager (HEM), and certified Manager of Aggressive Behavior (MOAB) instructor.

Evelyn F. Meserve

Education is the hallmark of IAHSS activities, to include a series of seminars. The group also produces training manuals, which Meserve plays an active role in writing and editing. Certification is the end goal of the IAHSS's overall training efforts. According to Meserve, their Basic Officer Certification program has been well received and over 35,775 individuals have successfully achieved certification since its inception. "Two new certification examinations have been added to further enhance the qualifications of healthcare security officers, and participants can pursue any one of three training levels. Basic and advanced educational courses are available, culminating with the third level, Supervisor Certification, if desired. Because of their position and location within a hospital, oftentimes the healthcare security staff leaves patients and visitors with their first and last impressions of the facility. Our goal is to make sure those impressions are favorable ones." The CHPA (Certified Healthcare Protection Administrator) certification is offered for the security manager.

The IAHSS believes that healthcare security departments should garner greater influence in the modern-day role they play in helping preserve a healthcare institution's reputation and profits. "Today the quality of a healthcare institution's security and safety plan is fast-becoming a major component of a patient's decision to be treated at – and an employee's decision to work at – that facility over others," says Meserve, who adds that competition, both for patients and highly qualified employees, comes down to who provides the best-suited environment, and security is playing an even greater role in attracting people. "All other things being equal, people will choose a place where they feel safe and secure."

In turn, healthcare administrative staffs need to understand that security departments can help create healthy returns on investments when everyone is aware of the goals and how to recognize savings. According to Meserve, "The better the security plan, the better the facility can reduce losses from equipment and supply theft, reduce the threat of litigation due to safety loopholes, and better serve the needs of patients, employees and visitors alike."

Growth of the profession is also a long-term goal of the association. To Meserve, sustaining growth takes on a number of meanings to IAHSS. "Our members' professional growth paths are important to us, so we are also concerned with sustaining the growth of new entries into the profession as well as providing ways to allow security and safety staff members to rise up the professional career ladder."

We decided to dedicate this article to the role and value of the IAHSS simply because membership and participation in the organization creates equivalent win-win situations for both healthcare facilities and their security staffs alike.

If you would like to know more about the IAHSS, contact them at 1-888-353-9000 or visit www.iahss.org.

Bob Bronder is the General Manager at Vector Security's Pittsburgh branch office location. Bob can be reached at (724) 779-8800 ext. 1264 or by email at rpbronder@vectorsecurity.com.

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Forensic Pathologist Helps CSI Follow the Evidence

BY NANCY KENNEDY

On several TV crime dramas, the medical examiners are known for conversationally talking to the dead as they perform autopsies on their bodies. Real-life medical examiner and forensic pathologist Gary Telgenhoff, D.O., may not speak to those unfortunate persons who end up in his morgue, but he does speak for them.

Telgenhoff, who is Deputy Medical Examiner for Clark County, Nevada, home of Las Vegas and the setting for the hugely popular CBS-TV drama, CSI: Crime Scene Investigation, serves as a consultant to the prototype forensics series. Affectionately known to the CSI producers, cast and crew as "Dr. T," he has been an exceptional resource to CSI from the earliest days of its development. He helped create the show, its compelling visual realism and emphasis on scientific accuracy and served as the model for the character of Doc Robbins, CSI's guitar-playing coroner.

Telgenhoff was in Western Pennsylvania as a featured speaker for the University of Pittsburgh's lecture series, appearing at the Greensburg, Johnstown and Oakland campuses. He is a popular speaker on college campuses where his multimedia presentations, which are part science class, part horror show and part motivational speech, generate standing-room-only audiences. CSI has triggered explosive interest in forensics careers and subsequently, many colleges have added programs in criminology and forensics. Telgenhoff fears, however, that some students mistake the fantasy world of the TV show for the reality of a decidedly unglamorous job that entails long hours and hard, often gruesome work. "There's a major misperception about the real world of crime scene investigation," he says. "There's no job out there for a Gil Grissom. He doesn't exist; the character created by the writers is a composite: homicide detective, crime scene analyst and entomologist. The CSI is not the one directing and coordinating the investigation of a case; however, the CSI is essential to the case and is one of the hardest working people involved." Nevertheless, Telgenhoff enjoys meeting and speaking to students and follows his lectures with lively question-and-answer sessions.

Telgenhoff's own career took a somewhat serpentine path. His ambition was to be a rock star and music was, and still is, his primary passion. He attended graduate school at Eastern Michigan University, receiving master's degrees in both biology and chemistry, followed by medical school at Michigan State. During his internship, he recognized that a traditional medical career was not for him and he switched to pathology, completing residencies at the Medical College of Ohio and Cleveland Clinic. "I knew I belonged in forensic pathology," he says, "but it's not for everybody. I'd suggest to anyone thinking of it that they first visit morgues and funeral homes to make sure they can handle this environment." Unlike in other medical specialties, Telgenhoff says, technological advances are rare in his field. "In forensic pathology, the biggest news is the VIRTOPSY, or virtual autopsy, a non-invasive, imaging-guided tool. It's like a big CAT scan on the body, but it can miss things that can only be found in a conventional autopsy."

Dr. Gary Telgenhoff

Telgenhoff finds his work as a medical examiner both fascinating and satisfying. A particularly rewarding aspect is helping families through their grief by explaining what happened to their loved ones. "I speak with families many times throughout the day. They want to know the cause of death and if there was anything they could have done to have prevented the death; usually the answer is no."

He also finds satisfaction in speaking to juries, educating them and breaking down cumbersome medical jargon to common language. "I enjoy looking into the eyes of a jury that now understands," he says. Telgenhoff often testifies in court as a medical expert and has witnessed the phenomenon known as "the CSI effect." This refers to unrealistic expectations and skepticism of jurors who have learned a bit of forensics from television and come to court believing that investigations will be as speedy and dramatic as what they witness on their TV screens.

"The CSI effect is actually the OJ effect," says Telgenhoff. "That's when the public really started watching the courtroom. That trial and the crime shows made the average person aware that doctors, lawyers, detectives and other experts are less than perfect and need to prove what they say. This is a positive development, but if people are getting forensic knowledge from TV programs, then that's a step backwards. These shows are entertainment and were never intended to be instruction manuals. It makes my job harder in the sense that I have to explain away the myths to juries on a regular basis. For example, time of death can't be pinpointed to within an hour or two, as shown on TV."

As CSI enters its eighth season, Telgenhoff remains involved, consulting by phone or email as often as 3-4 times per week with the actors, writers and producers. While he has not written an episode, he has contributed ideas and even penned a song that was utilized as part of an episode's soundtrack. That song, titled, "Speak for You" expresses his philosophy about his work: serving as a voice for those who can no longer speak.

His years of working with death have given Telgenhoff a thoughtful and appreciative perspective on life. "A person can do a lot of things with his life. I like to experience as much as I can," he says. He remains very active as a musician and songwriter and has a web site featuring a "virtual band" called Skinnerrat, in honor of behaviorist B.F. Skinner.

To learn more about Dr. Telgenhoff, visit his web site, www.skinnerrat.com.

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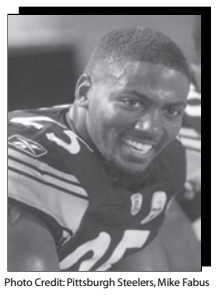

Photo Credit: Pittsburgh Steelers, Mike Fabus

The Walk benefits The Burger King Cancer Caring Center, dedicated to providing free emotional support services to cancer patients, their families and concerned friends.

THE TOP 10
fundraisers will lunch with Ryan Clark at The Lemont.

Registration is at 9 a.m., walk begins at 10 a.m.,
followed by a post-walk celebration featuring food, music and entertainment for the kids!

Sponsorship Opportunities Available

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COMMENTARY

"Sicko" Hits a Nerve

BY NICK JACOBS

This e-mail arrived this morning from a friend:

"Well, I have been back to the doctor and the surgeon. They can't put in a stent because my arteries are too small. They want to do compression wraps for seven weeks which should cause new arteries to grow. Well, the co-pay for each treatment is $40 which adds up to $200 a week. The simple answer is that we don't have the money. I figured out that next year, when I can start collecting social security, a whole $300 a month, I can save up $1400 and have it done then. Of course, it will probably cost more then. I just wanted to keep you updated and thank you for your prayers."

In my position as President of both the Windber Medical Center and Research Institute, it is obvious to me that filmmaker Michael Moore's new movie, Sicko, has, in many ways, nailed it. It deals with this country's health issues. We live in an incredibly prosperous country, but it is a one that has never had a health policy. Many of us in this profession believe that it is unconscionable that we have an estimated 45 million uninsured individuals in our country, and that number does not even include the underinsured.

We are also placed in the uncomfortable position of observing on a daily basis the absurdity of squandering 30 percent of our health care dollars on the last thirty days of life when, in many cases, palliative care is available as the intelligent alternative.

As a profession, we are also sensitive to the fact that the segment of the population that is most negatively impacted by this existing system is a group that does not have political clout; single mothers and their children. More than 8 million children had no health insurance in 2005, according to the latest federal report on the well being of U.S. children. Children who were uninsured were nearly 16 times as likely as those with private insurance to have no ongoing source of care.

Of course, Moore neglects to mention the failures of the Canadian system, or the challenges of paying for a single payer system. He also doesn't spend much time talking about the single-digit percentage of our nearly $2 TRILLION in health care expenditures that are dedicated to preventative medicine, but, nevertheless, his reality is largely the truth.

So, as the challenge continues, we in health care administration are busy rearranging the deck chairs while our Federal officials continue to mark time and the uninsured wait hour after hour to be seen and treated in our over crowded emergency rooms, the part of our system that is strained to the breaking point. These people are OUR people, and they need to be treated as human beings, not as cost centers.

Nick Jacobs, currently president of Windber Medical Center and Windber Research Institute is currently writing a book, Who Put the Heal in Healthcare and will be a regular contributor to this publication. Nick can be reached at jacobsfn@aol.com or visit windbercare.com.

One Reason Hospitals Squander Millions of Dollars: Resistance to Change

BY JAN JENNINGS

The human impulses related to change are probably as old as our knuckle dragging ancestors. Presented only as English literature, there is an interesting 2,000 year old story in the New Testament Book of Matthew. The setting for this story is the village of Gadarenes. Theologians only agree that the town was on the eastern coast of the Sea of Galilee. Because the villagers were herding pigs, it is thought the villagers were Greek, or possibly Roman. As Jesus entered the town, he was threatened by two mentally disturbed men. The response of Jesus was to heal the two men of their mental illness. It seems like good news; maybe not. Jesus was promptly asked to get out of town. Yes, the status quo had been altered. The villagers had accommodated themselves to their mentally ill villagers. People hate change; resist information that will lead to change; even when that change might lead to a new and more favorable set of conditions. In two thousand years, nothing has changed.

Our firm had a short adventure representing a nationally recognized group purchasing organization (GPO) in a small geographic territory. What a waste of time, money and effort.

Yes, we went from hospital to hospital proclaiming the good news. We were evangelists for cost savings. We did not ask our audience to accept our message by faith. We were armed with eighth grade math. The numbers used are only an example:

- GPO # 1 – 32,000 items times an
  Average Cost of X = Total Supply Spend = $ 37,342,334
- GPO # 2 – 32,000 items times an
  Average Cost of Y = Total Supply Spend = $ 32,123,654
- St. Smithers by the Swamp Medical Centers Savings.....$ 5,218,680

Yes, we represented GPO # 2. The message was largely unwelcome. The most interesting, if frightening example was a female supply chain executive who reviewed the "facts and figures" and came out of her office screaming at the top of her lungs, "We are not interested in changing GPO's, I don't care what the savings are, get out of our hospital." She was "bug-eyed", her face was red as a tomato and we estimated her blood pressure at 200 over 120 (stroke range).

Most stories were less interesting. One CEO said they were not going to change GPO's because his hospital system makes decisions based on "facts and figures" and that was the basis of his discriminating determination. We found this to be an odd response. One step in the process the CEO scrupulously avoided was the review of the "facts and figures." Go figure. As it turns out, this CEO was ingratiating himself to his staff by supporting their recalcitrance.

One of the executives related to GPO # 2 provided me with a window into one understandable reason to resist switching GPO's. There is a one time cost in time and effort, however small, to switch from one GPO to another.

There are other reasons not to change:

- The supply chain executive is generally not given any incentive to recommend a change that would lead to thousands or millions of dollars of hospital savings. It just sounds like a lot of extra work. Further, it may be well understood internally that the CEO is "drinking the "Kool-Aid" from the resident GPO.
- The hospital "supply chain" operations are, perhaps, the least intensely managed department of the American hospital. This is rooted in a deep tradition of not wanting to be tagged with the responsibility.
- GPO's are extraordinarily solicitous of their existing customer base to lock in undeserved loyalty. Strategies and tactics include meetings (away from the hospital grind) with outside speakers, golf, tennis, tickets to professional sports events, lavish luncheons and dinners and on and on. In 1970, folk rocker Stephen Stills captured this phenomenon best with his song, "Love the One You're With."
- Notwithstanding my eight grade math example, GPO's morph in ways that make them somewhat difficult to compare. Difficult, but not impossible. Doing such comparisons inside the hospital represent more work with no reward for the effort. Each GPO is laden with bells and whistles that are intended to differentiate themselves from alternate GPO's or obfuscate meaningful comparisons.

It would be disingenuous not to acknowledge that our firm may not be very good evangelists for change. We speak truth to power. There are many hospitals seeking meaningful solutions to existing challenges. There is little time to suffer hospital leaders willing to squander scarce hospital resources for all the wrong reasons.

Jan Jennings is the President and CEO of American Healthcare Solutions and can be reached at JJennings@americanhs.com.

RN/LPN Independent Contractors & Volunteers Needed

Health Hope Network (formerly Visiting Nurse Foundation), a non-profit organization that assists the community at large by helping to keep people healthy, is looking for short-term independent contractor and volunteer RNs and LPNs to administer flu and pneumonia vaccinations at community-based and corporate sites beginning late September 2007 through December 2007. Various morning, afternoon, evening and weekend hours are available. Must be currently licensed in PA and have current CPR certification. If hired, you must attend a two-hour orientation session. Clinic pay is $20/hr.

Earn extra money for the holidays and partner with Health Hope Network to provide a great community service!

Mail hard copy resume and legible copies of current PA license and CPR certification card to: Health Hope Network, RN/LPN Coordinator, Two Parkway Center, Suite 101, Pgh., PA 15220.

Health Hope Network is also looking for volunteers to assist with clinic paperwork. This is a great opportunity for students and others to accrue volunteer hours while performing a valuable service to the community.

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Asbury Heights Hosts Lecture to Plan for Health Care's Future

Asbury Heights, the Mt. Lebanon-based continuing care community for older adults, recently hosted "Planning for the Future" for local faith-based health care facilities in the area. Richard Schultz and Deborah Brodine, both of the University of Pittsburgh's Institute on Aging, joined keynote speaker William L. Minnix Jr., president and CEO, American Association of Homes and Services for the Aging (AAHSA) to help facility administrators navigate the future of caring for seniors.

"Caring for the elderly is not one-size-fits-all," says John Zanardelli, CEO, Asbury Heights. "We, as providers, must understand and meet the varying needs of seniors. Right now, that means giving them options in housing and how and where they receive services, but it's a continually changing field."

Minnix agrees that the landscape of housing and healthcare for seniors is changing. Nursing homes rank last on a list of options. Thanks to technology and the advancements of home health care, choosing to remain at home leads the pack. Furthermore, AAHSA is encouraging independent nursing facilities to explore networking options to better provide consumers with desired services.

"Faith-based networks are unusual, but they're going to be the only way some facilities can survive," Minnix says. "We all can't be good at everything. Each facility is losing some customers to the competition. By partnering, organizations can ensure that they're meeting the greatest number of needs for the greatest number of consumers."

In anticipation of the dynamics facing our country Minnix and his team spent countless hours in discussion with AASHA members and developed the "Five Big Ideas for Creating the Future of Aging Services" as a starting place for initiating system changes now and in the future.

"These Five Big Ideas form our goals in achieving systems change," says Minnix. "They anticipate a wave of inevitable dynamics, and most importantly, they encapsulate the knowledge of what the aging-services field needs from the people who know it best—AAHSA members."

(l-r) Richard Schultz, PhD, University of Pittsburgh Institute on Aging; William L. Minnix Jr., American Association of Homes and Services for the Aging; Deborah Brodine, UPMC Community Provider Services; and John Zanardelli, Asbury Heights.

The Five Big Ideas

1. Personal Care Management

Regardless of the circumstances, the elderly and disabled need assistance navigating a fractured health and human services system. Coordinating transitions during crises, disease management to delay decline, and planned interventions to enhance quality of life are examples that Minnix says, "leverage and organize the power of community."

2. Culture Transformation

There's a saying that employees join an organization and quit a manager. Minnix stresses the connection between a healthy culture, staff competence and retention and resident-centered care. Respect for caregivers and team building leads to quality improvement and better care of residents. In addition, a healthy culture makes good business sense. "In a system that's hemorrhaging, turnover is costly," says Minnix. "Culture transformation is essential to the health and vitality of future providers."

3. Home-centered Care

According to AAHSA studies, "consumers want to live in a place they call home." With health care for the elderly trending towards delivery in the home, the design, implementation, financing and regulation of health care are shifting as well. Still in its early stages, experts are experimenting with various home-centered care models to determine how best to deliver quality, yet cost-effective care to patients in their home environments. Facilities have to be ready and willing to accept home-centered care if they want to survive.

4. Technology

Members of AAHSA's Center for Aging Services Technologies (CAST) believe that technology is the leader of transformation of aging services. Consumers use technology to gain knowledge and manage their lives. Because technology will impact quality and cost, AAHSA members must understand, anticipate and incorporate technology into their services. Minnix stresses that "high touch, high tech" will be the theme of health care in the future.

5. Financing Long-term Care

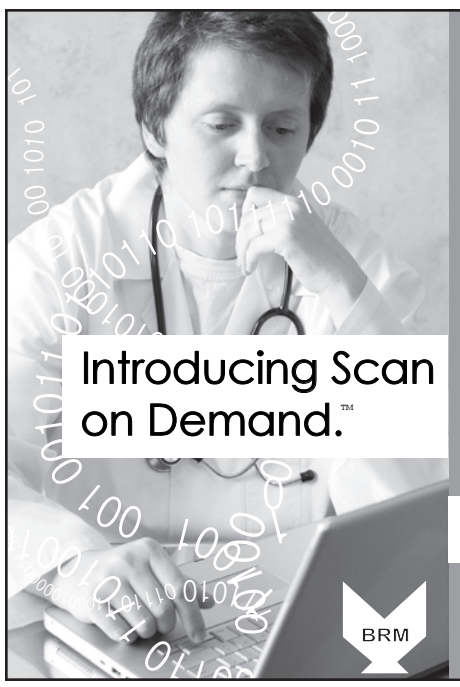
Research reveals that financing long-term care through Medicaid is unrealistic. The consensus is that a public insurance model would serve consumers best. The plan should be available to all, include a modest premium, ensure choice, and be overseen by an independent government entity. Medicare is not a solvent program, but it's not the only option. Countries with demographics similar to the United States have set the precedent and shown these models can work. In order to maintain long-term health care for the aging population, America must to take a step in that same direction.

Health care is an uncertain market, which means that for the sake of consumers, providers, insurance companies and even the government must take risks when mapping the future.

"AASHA's Five Big Ideas force us to look at health care for seniors realistically," says Zanardelli. "Providers, insurers and government must pull together and work towards change if we expect long-term care to be viable not just for the next generation but for our generation."

To find out more about AAHSA, the future of health care for seniors, and what you can do to make a difference, log onto www2.aahsa.org.

> "Caring for the elderly is not one-size-fits-all. We, as providers, must understand and meet the varying needs of seniors. Right now, that means giving them options in housing and how and where they receive services, but it's a continually changing field."
>
> – John Zanardelli, CEO, Asbury Heights



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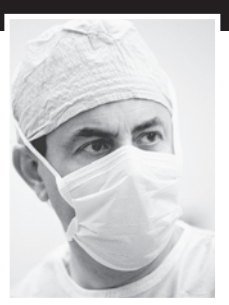


Gateway Rehabilitation Center Hires Amanda Dabbs as Public Relations Coordinator

Amanda Dabbs

Amanda Dabbs, public relations coordinator for Temple University Health System in Philadelphia, has been named public relations coordinator for Gateway Rehabilitation Center. Dabbs graduated magna cum laude from York College of Pennsylvania with a bachelor's degree in public relations and minors in marketing and speech communication.

Mount Nittany Medical Center Grows Nutrition Services with New Dietitian

Heather McCloskey

Mount Nittany Medical Center is pleased to announce the hire of Heather McCloskey, MS, RD, LDN. McCloskey will join the Medical Center's nutrition and culinary services as a clinical dietitian.

A graduate of Penn State University with a Bachelor of Science in nutrition, McCloskey also received an MS in nutrition from Case Western Reserve University, Cleveland, OH. McCloskey joins the Medical Center's nutrition and culinary services with a background in nutritional assessment and education. She has most recently worked for HealthSouth Nittany Valley Rehabilitation Hospital as a nutrition manager and was previously a diabetes educator for Louis Stokes Cleveland Veterans Medical Center.

Terry Wiltrout Promoted to Vice-President of Operations

Terry Wiltrout

Terry Wiltrout has been promoted to Vice-President of Operations at Canonsburg General Hospital. Previously he served as the hospital's director of operations.

Terry has been an employee of Canonsburg General Hospital since August 2003 and an employee of the West Penn Allegheny Health System for 15 years. He is a graduate of Robert Morris University with a bachelor of science degree in computer science and is currently pursuing a masters of science degree in Business Administration at Waynesburg College.

Lock Haven Hospital Congratulates Two Employees

Barbie Shultz

Tera Redmond

Lock Haven Hospital congratulates Barbie Shultz on earning her Bachelor of Science Degree in Nursing from the Pennsylvania College of Technology.

Barbie has been employed at Lock Haven Hospital for 10 years this October and currently works the Hospital's Emergency Department.

Lock Haven Hospital also congratulates Tera Redmond on successfully passing the arduous Corporate Coding Exam and her subsequent promotion to Inpatient Coder. Because of Tera's success Lock Haven Hospital has launched the Concurrent Coding Program which will allow for more complete medical records, ensuring quality patient care. Tera has been employed with Lock Haven Hospital as a medical records transcriptionist since 2004.

The Western Pennsylvania Hospital - Forbes Regional Campus Appoints Two New Executives

Lynne M. Struble

Janet Miller

Lynne M. Struble, MSN, has joined The Western Pennsylvania Hospital – Forbes Regional Campus as Vice President of Operations. Janet Miller, RN. BSN, MBA/HCM, has been named director of critical care nursing at West Penn – Forbes Regional Campus.

Struble previously served at a variety of health care facilities in high-level positions including chief executive officer, chief operating officer, and vice president for clinical services. She also served as an Assistant Vice President and Administrator at Allegheny Neuropsychiatric Institute, Allegheny General Hospital, and Assistant Director of Nursing for the South Hills Health System.

Miller has more than a decade of experience in health care administration. Prior to joining Forbes Regional Campus, she served as Regional Director, Cardiovascular Services, at the Human Motion Institute. She also previously served as Director of Clinical Operations at UPMC – Presbyterian; Account Director-Senior Consultant for Corazon Consulting, and Cardiovascular Program Director at Butler Memorial Hospital.

Chaplain Inducted into Marine Corps League

Marine Corps League members Bob Leonard (left) and Jack Baker present an official cover and certificate to ACMC Chaplain Jeffrey Hollon (center).

Ashtabula County Medical Center's Chaplain, Rev. Jeffrey Hollon, was recently inducted as an honorary member of the Marine Corps League.

Hollon has worked full-time in ministry since 1991. He came to ACMC from St. Vincent Mercy Medical Center in Toledo, where he completed his chaplain residency in 2005 and most recently served as an adjunct chaplain. Until 2003, the Trenton, Michigan native was an associate pastor at Bible Baptist Church in Riverview, Michigan.

Barcelona Elected Leader of Health System's Boards

Richard A. Barcelona

John D. Fry

Richard A. Barcelona, president and chief executive officer of Bailey Engineering, Inc., has been elected chairman of the Board of Directors of Mon-Vale Health Resources, Inc. and its largest subsidiary, Monongahela Valley Hospital, Inc.

John D. Fry was elected vice chairman and R. Carlyn Belczyk was elected secretary of both boards at their Annual Meetings. Fry succeeds Barcelona as vice chairman and Belczyk fills the vacancy created by Fry's move to his new position.

Barcelona was appointed to the Mon-Vale Board of Directors in 1997 and to the Hospital Board of Trustees in 1999. Fry, president and owner of Procurement Specialty Group, Inc., was elected to the MVHR Board of Directors in 1998 and to the MVH Board of Trustees in 2000. Belczyk was elected to the MVHR and hospital boards in 2005. She is a certified public accountant, accredited in business valuations and a certified valuation analyst. She began her career in public accounting in 1986 and together with Randy Guthrie formed Guthrie, Belczyk & Associates, PC of Washington in 1993.

R. Carlyn Belczyk

ACMC Names New Executives

Jason Kopczak (left) and Phil Pawlowski.

Ashtabula County Medical Center announced that it has hired two key new members to the executive team.

Jason Kopczak, CPA, ACMC's former Chief Financial Officer, has accepted the position of Vice President of Ancillary and Support Services. Phil Pawlowski, CPA, ACMC's former Controller, was promoted to Chief Financial Officer.

Kopczak is a graduate of John Carroll University with a B.S.B.A. in Accounting. Following graduation he worked as Senior Accountant at Deloitte & Touche, L.L.C., in Cleveland.

Pawlowski began working as Financial Manager of The Ashtabula Clinic in December 1999. He is a graduate of Ohio State University with a B.S.B.A. in accounting. Following graduation, and prior to joining ACMC, he worked as Senior Auditor at Ernst & Young, LLP, in Cleveland.

Ruby Memorial Hospital Architect Leaving University

Bob Carubia

After more than three decades with West Virginia University, Bob Carubia, the man responsible for most of the Health Sciences campus' architecture, will leave his position as assistant vice president of facilities.

Carubia began as a University architect in 1974. Five years later, he was offered an opportunity to lead a four-month project designing Ruby Memorial Hospital. Four months turned into decades of designing the hospital and its Health Sciences Center surroundings.

In fact, Carubia has been a part of many buildings on campus. Those who have attended a game at Mountaineer Field, sat through class in the Law School or spent a night cramming in the Evansdale Library have seen the impact of his designs.

UPMC Bedford Memorial Appoints New Managers

Kathleen F. Quinn

Brenda J. Ridgway

Kathleen F. Quinn, RN, BSN has joined the staff of UPMC Bedford Memorial as Nurse Manager, Medical Surgical Department.

Quinn began her nursing career as a Staff Nurse in the Medical Surgical Unit at Lee Hospital, Johnstown, where she continued to practice for 33 years. She was a Staff Nurse in various departments including Recovery Room and ICU-CCU. She advanced to Nursing Supervisor, Clinical Director Medical Surgical Services and Unit Director. In 2005 when Memorial Medical Center acquired Lee, she transitioned to Nurse Manager.

UPMC Bedford Memorial also announced that Brenda J. Ridgway, R.D., has joined the staff as the Dietary Department Manager.

Ridgway earned her B.S in Applied Nutrition from Penn State University. She worked as a Clinical Dietitian for the Western Maryland Health System.

Clinical Leadership Changes Announced at Jefferson Regional

Cynthia Ragan

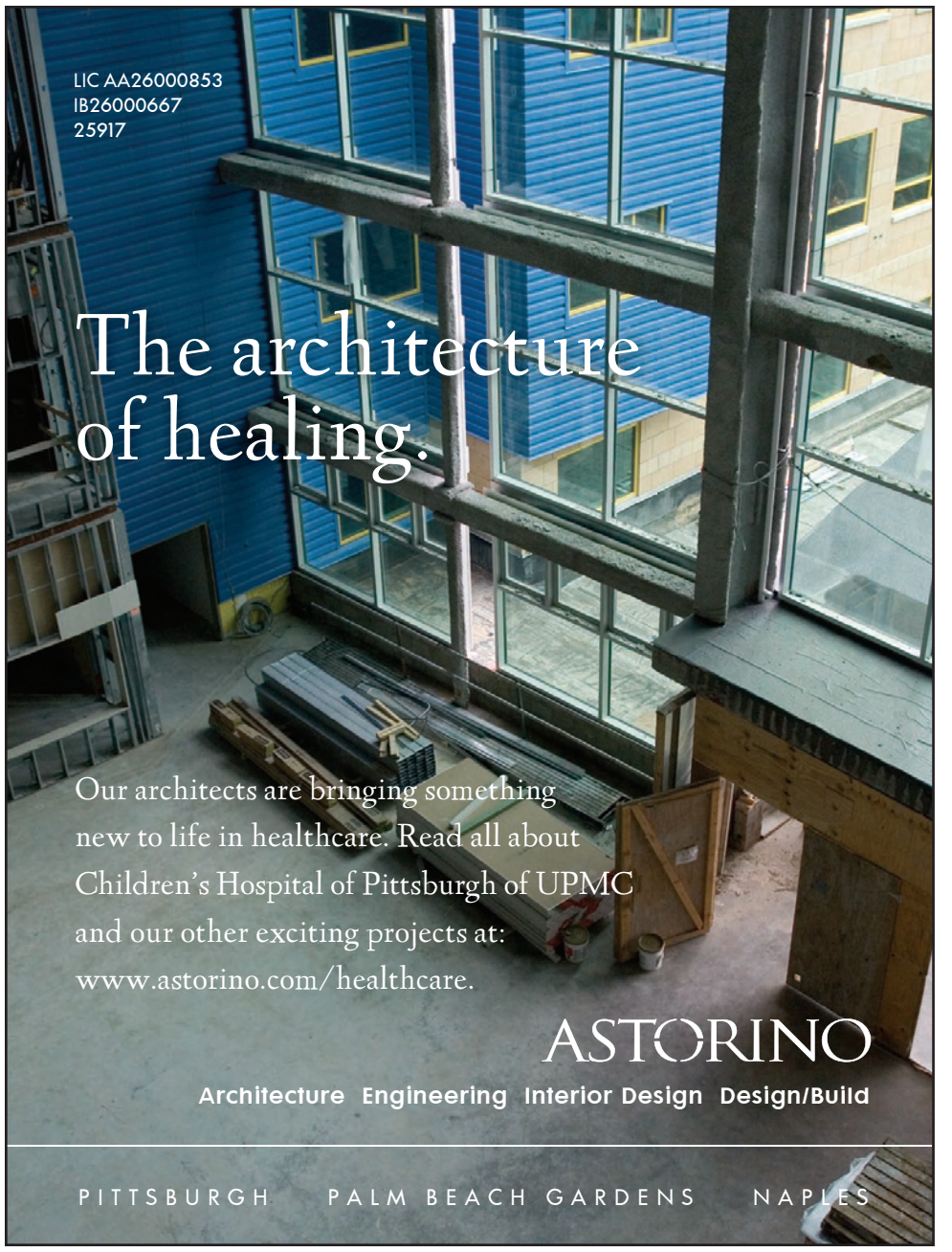
Robert McCoy

Thomas P. Timcho, president and CEO, has announced two clinical leadership changes at Jefferson Regional Medical Center.

Cynthia Ragan, RN, BSN, MBA, formerly director of Surgical Services, will assume the position of associate nurse executive. Robert McCoy, RN, BSN, formerly clinical supervisor, has been named director of Surgical Services.

Ragan has worked in several staff and leadership positions at Jefferson Regional Medical Center since 1982, including medical-surgical staff nurse, 5S and nursing float pool; coordinator and staff nurse, Intensive Care Unit; nurse manager, Post Anesthesia Care Unit, Outpatient Surgery and Anesthesia Department; nurse manager, IV Team; team leader, Short Stay Unit, Anesthesia and Post Anesthesia Care Unit.

Robert McCoy has been with Jefferson Regional Medical Center for 15 years, serving as an operating room technician, registered nurse, registered nurse team leader in Orthopedics and clinical supervisor, where he shared managerial responsibilities for 14 surgical suites, three gastrointestinal diagnostic suites and more than 50 staff members.



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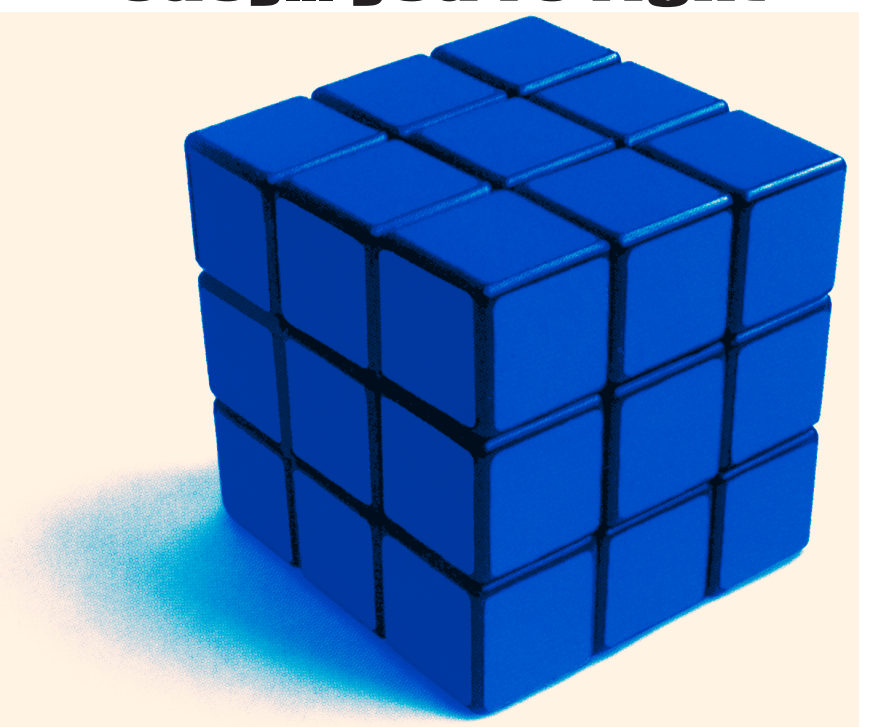

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MAKING ROUNDS

PHYSICIAN ANNOUNCEMENTS, APPOINTMENTS AND AWARDS

Colon/Rectal Surgeon to Join UPMC Northwest Staff

A specialist in colon and rectal surgery recently joined the UPMC Northwest medical staff. David Ferraro, M.D., will practice with general surgeon Daniel Palermo, M.D., at Northwest Surgical Associates-UPMC.

Dr. Ferraro is joining UPMC Northwest's surgical team after completing a one-year fellowship in colon/rectal surgery at Ochsner Clinic Foundation in New Orleans, LA. Earlier the Indiana, PA, native completed a general surgery internship and residency at West Penn Hospital in Pittsburgh.

Dr. David Ferraro

Pitt's Dean Burke Named Global Health Research Ambassador

Donald S. Burke, M.D., dean of the Graduate School of Public Health (GSPH) at the University of Pittsburgh and associate vice chancellor of global health, has been named an Ambassador in Research!America's Paul G. Rogers Society for Global Health Research.

Dr. Burke, who was recruited from the Johns Hopkins Bloomberg School of Public Health last year, also directs the University of Pittsburgh's Center for Vaccine Research; serves as associate vice chancellor for global health; and became the first occupant of the University of Pittsburgh Medical Center (UPMC) Jonas Salk Chair in Global Health.

Dr. Donald S. Burke

Dr. David M. Lemonick Named Physician of the Year

David M. Lemonick, M.D., FAAEP, was named Physician of the Year by the American Academy of Emergency Physicians, at their scientific assembly in St. Pete's Beach, FL. Dr. Lemonick is Director of Emergency Services at Highlands Hospital, in Connellsville. He is currently Chair of the Board of Certification in Emergency Medicine of the American Association of Physician Specialists.

Dr. David M. Lemonick

American Chronic Pain Association Appoints Ohio Valley General Hospital Medical Director to Board

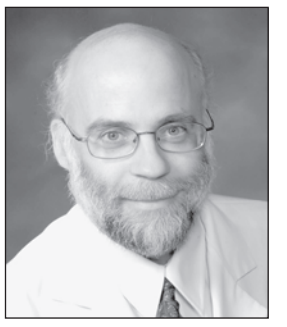
The American Chronic Pain Association (ACPA) has appointed the Ohio Valley General Hospital (OVGH) Pain Treatment Center (PTC) medical director to its Board of Directors. David A. Provenzano, M.D., also serves as an OVGH anesthesiologist. Provenzano joined the OVGH staff in 2006 after working as a principal investigator on multiple drug development clinical trials.

Dr. David A. Provenzano

Macpherson Appointed Chief Medical Officer for VA Healthcare - VISN 4

David S. Macpherson, M.D., M.P.H., was recently appointed to serve as the Chief Medical Officer for VA Healthcare - Veterans Integrated Services Network (VISN) 4 by the Secretary of Veterans Affairs, the honorable R. James Nicholson.

Prior to this appointment, Dr. Macpherson served as Vice President of the Primary Care Service Line and as Section Chief of General Internal Medicine for the three-division VA Pittsburgh Healthcare System since 1996.



Dr. David S. Macpherson

American Medical Association Recognizes Surgeon's "Golden Anniversary"

James S. Furnary, M.D., a Board Certified general surgeon from Johnstown, Pennsylvania, is being honored by The American Medical Association (AMA) for his 50-year anniversary of graduation from medical school.

Dr. Furnary has been an AMA member for 48 years. Dr. Furnary graduated from Hahnemann Medical College (now Drexel University) in Philadelphia.

Dr. James S. Furnary

Family Practice Physician Returning to his Western Pennsylvania Roots

After spending the past five years practicing in Maryland, Dennis R. Glover, M.D., a primary care physician, says he was ready to return to Western Pennsylvania to plant roots.

Originally from Belle Vernon, Pennsylvania, Dr. Glover received his medical doctorate from Thomas Jefferson University's Jefferson Medical College, in Philadelphia in 1994, and completed a combined residency and internship program at Latrobe Area Hospital in 1997.

Dr. Dennis R. Glover

Urologist, Rayford A. Petroski, M.D., Joins Staff of Lock Haven Hospital

Lock Haven Hospital announces the arrival of Rayford A. Petroski, M.D., Board Certified Urologist.

Dr. Petroski a Pennsylvania native and U.S. Army veteran, a graduate of Georgetown University School of Medicine and recently relocated to Lock Haven. Dr. Petroski's U.S. Army service included tours of duty as Chief of Urology at Landstuhl Regional Medical Center, Germany. Previous duty stations included Martin Army Community Hospital at Fort Benning, Georgia, 86th Combat Support Hospital in Iraq and Umatilla Chemical Depot in Hermiston, Oregon.

Dr. Rayford A. Petroski

AGH Announces Transition of Cardiac Surgery Leadership

Stephen Bailey, M.D., has been named director of AGH's Division of Cardiac Surgery and David Dean, M.D., will serve as head of the hospital's Section of Transplantation and Ventricular Assist Devices (VAD).

Dr. Bailey joined AGH in 2006 from Columbia University Medical Center. Recruited to AGH in 2004 from the University of Missouri-Columbia.

Dr. Stephen Bailey (left) and Dr. David Dean

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MAKING ROUNDS

Neurologist Joins Staff at John P. Murtha Neuroscience and Pain Institute

Dr. Janet Robinson Waters

Neurologist, Janet Robinson Waters, M.D., M.B.A., is now treating patients at the John P. Murtha Neuroscience and Pain Institute.

Dr. Waters earned her medical doctorate at George Washington University School of Medicine and her Master's of Business Administration from the James J. Nance College of Business Administration, Cleveland State University. Upon completing an internship in Internal Medicine at the University of Virginia Affiliated Hospitals in 1987, she went on to complete a Neurology Residency at Mount Sinai Medical Center in New York City, where she served as Chief Resident.

Dr. Waters was most recently employed as Manager, Division of Pediatric Neurology at Children's Hospital of Pittsburgh.

Ob/Gyn Joins J.C. Blair Medical Staff

Dr. Ngozi Onukogu

J.C. Blair President and CEO Kevin Calhoun is pleased to announce the appointment of obstetrician/gynecologist Ngozi Onukogu, M.D., to the Hospital's medical staff.

Dr. Onukogu comes to J.C. Blair from Monmouth, NJ where she recently completed her residency at St. Barnabas Medical Center in Livingston, NJ. She earned her medical degree from The Penn State University College of Medicine in Hershey. She is a member of the American College of Obstetricians and Gynecologists and has won the excellence in teaching award from Mount Sinai School of Medicine for the past four years.

Robert S. Vandrak, D.O., Appointed Medical Director Jameson Care Center

Dr. Robert S. Vandrak

Dr. Robert S. Vandrak has been appointed Medical Director of the Jameson Care Center. Vandrak was appointed to the Jameson Medical Staff in 2002 and was a former member of the St. Francis Medical Staff. Dr. Vandrak earned his medical degree from the Ohio University School of Osteopathic Medicine. He completed an osteopathic rotating internship at West Allegheny Hospital in Oakdale, Pennsylvania and Allegheny General Hospital in Pittsburgh. He completed his residency training at Mercy Hospital of Pittsburgh and St. Francis Medical Center, Pittsburgh.

Kane Physician Serving as Missionary

Dr. Robert H. Potter

When most Pennsylvanians make a winter visit to Latin America they do so to find a tropical respite from the cold and snow back home.

That isn't the case for Dr. Robert H. Potter, Medical Director at John J. Kane Regional Centers – Ross Township. Dr. Potter has found himself in the Latin American nation of Honduras during each of the last two winters. But his travels weren't for leisure; they were of a missionary nature.

Dr. Potter's group works through the First Presbyterian Church of Bakerstown and annually travels to the mountainous regions of south-central Honduras. They specifically work with the residents of La Villa de San Francisco, a rural village near the capital, Tegucigalpa.

One of the group's goals is to provide medical treatment for the villagers who generally go without such services. Anti-parasite medications and vitamins are a staple of the treatment. Dr. Potter reported that his group generally treats a few hundred villagers each week of their stay and estimates they saw as many as 1,100 patients during the last trip.

Providing medical care isn't the only function served by the missionary group. They also instituted a clean water program, issuing about 100 water filters that are easy to maintain for the villagers to use in their homes. Dr. Potter said the group hopes to expand that program during the next trip.

The next missionary journey for Dr. Potter will be a true family affair. His wife, Cindy, and 16-year-old son, Randy, plan to join him on the trip.

Dr. Potter received his bachelor's degree from Allegheny College and his degree in medicine from the University of Pittsburgh. He has served as medical director at Kane –Ross since 2004 and additionally currently serves as family medicine consultant to the Pittsburgh Pirates and as school physician to the North Hills School District.

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People Behind THE SCENES

A special salute to the men and women who work "behind the scenes" in healthcare and deserve recognition for their hard work, dedication and compassion.

Children's Hospital of Pittsburgh of UPMC

Doreen Glover
Coordinator, Montessori Learning Center, Children's Hospital of Pittsburgh of UPMC

From working as a babysitter as a teenager, to working with young victims of abuse, to her current role as coordinator of Children's Hospital of Pittsburgh of UPMC's newly established Montessori Learning Center, Doreen Glover's career has been dedicated to helping children.

Glover will oversee a program that provides a Montessori-based curriculum for preschool-age children at Children's Family Care Connection (FCC) Center in Lawrenceville.

Children's has six FCC centers in underserved communities throughout the region, located in Braddock, Lawrenceville, Mt. Oliver, Rankin, Turtle Creek and Wilkinsburg. The centers offer referral services, health education and prevention programs for families, including child development programs and after-school programs, as well as parenting education.

"Our commitment to children and families extends far beyond providing excellent medical care. We want to provide them with the resources and opportunities to grow into healthy, well-educated adults," Glover said. "Children's FCC sites provide many of these resources, and a Montessori education is something that should be available to all children. We will work with families on an individual basis and accept subsidies for those who are eligible, making our program available to families who otherwise couldn't afford the program."

Over the past year, Glover has been preparing for the implementation of Children's Montessori Learning Center.

"Ever since I was a teenager, I've had a strong desire to help other people, particularly children, and so my career has reflected that," Glover said. "The Montessori Learning Center is a continuation of that. Using the Montessori method, we can help kids become confident, independent learners."

Glover began her career at Children's in 1999 as a child advocacy specialist in the Child Advocacy Center (CAC), conducting forensic interviews with children suspected of being victims of abuse or neglect. In July 2004, Glover moved into a new role as site coordinator of Children's former FCC location in Oakland.

Before joining Children's, Glover spent a dozen years in various leadership roles at Auberle, an organization that offers residential care, foster care, emergency shelter, in-home intervention, education and community programs for abused, neglected and troubled children.

Glover, a licensed social worker, earned a bachelor's degree in psychology from Carlow College and a master's degree in social work from the University of Pittsburgh.

Carol Reitmeyer, RN, BSN
Asthma Educator Children's Hospital of Pittsburgh of UPMC

As an asthma educator at Children's Hospital of Pittsburgh of UPMC, Carol Reitmeyer, R.N., B.S.N., has a unique role that is becoming more prevalent nationwide: teaching patients and families how to control asthma in order to prevent attacks and stay out of the hospital.

The most recent statistics show that use of emergency services by children with asthma in Greater Pittsburgh is 400 percent above the national average, and that asthma hospitalization rates for children are two to three times higher than recommended by recent studies. Nationally, asthma affects 6 percent of children and is the third-ranking cause of hospitalization among those younger than 15 years of age.

Those statistics ensure busy days for Reitmeyer.

She visits nearly every child admitted to Children's for asthma attacks, often seeing as many as a dozen children a day. During her visit, Reitmeyer talks with the patient and family about the child's current asthma control routine. Often, parents are confused or do not fully understand how to properly use their child's controller medicines, so Reitmeyer explains and demonstrates the correct usage.

She also discusses with the family asthma triggers including cigarette smoke, molds, pet dander and others commonly found in homes. To assist parents who are smokers, she provides smoking cessation resources. Reitmeyer also stresses the importance of following an asthma control plan, even when the child is feeling healthy and is not exhibiting any symptoms.

"I tell families that asthma is a controllable condition and that, if children follow their plan, they can do all of the activities and sports that their peers do," Reitmeyer said. "Daily use of controller medications will let them do that and help prevent exacerbations that lead to hospitalizations."

As an asthma educator, Reitmeyer works closely with other nurses and physicians in Children's Asthma Center. The Asthma Center is outfitted with state-of-the-art equipment and technology to detect asthmatic conditions in children as young as infancy.

Reitmeyer received her degree from University of Pittsburgh School of Nursing and currently resides in the South Hills with her husband and three sons.

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Mary Diesing
Volunteer Coordinator Children's Hospital of Pittsburgh of UPMC

An opportunity 25 years ago to volunteer at Children's Hospital of Pittsburgh of UPMC led to a career of working with kids for Mary Diesing, who now calls upon those experiences in her new position as a volunteer coordinator.

Diesing has spent the last 15 years working with patients as a child life assistant in Children's Child Life Department. When she learned of the position in Volunteer Services, she recognized it as an opportunity to combine her experiences as a volunteer and child life assistant to help patients and families served by Children's in a new way.

As a volunteer coordinator, Diesing will identify, orient, train and evaluate individuals who serve as volunteers at Children's.

"For me, volunteering at Children's was a rewarding experience. I wanted to give people what I was given," Diesing said. "As a volunteer, people are not only helping others but in return, helping themselves."

The third-oldest of eight kids, Diesing knew she was destined to work with children. While going to school to obtain an associate's degree in child development, she worked as a child care worker at the Louise Child Care Center and volunteered at Children's.

After 11 years at the Louise Child Care Center, she took a position as a child life assistant at Children's Child Life Department.

"Working in the Child Life Department, no two days were exactly alike," Diesing said. "I've escorted all kinds of interesting visitors to see patients, from Steelers and Pirates players to lamas and penguins."

Though Diesing will miss llamas, sports stars and interacting with patients, she's excited to begin working with volunteers.

"I'll also get to appreciate the volunteers by finding out their goals and why they're helping out." Diesing said. "I might not be directly involved with the patients but by being a coordinator, I'll be able to help the patients by providing the best volunteers possible."

ACMH Hospital

Linda Shoemaker
Service Assistant/Lead Worker
ACMH Hospital

Linda, a full-time staff member assigned to the daylight shift, has worked at ACMH Hospital for 14 years. She is responsible for providing the cleaning services to one of the main ACMH Hospital "entry ways" – the Emergency Department. Linda strives to make this area pleasant and comfortable not only for those who enter the door in need of services but for anyone who may enter the department. She is very observant and understanding of the needs of others as she performs her daily tasks.

In addition to her own work assignments, as Lead Worker Linda manages the day-to-day operation of the Environmental Services Department in the absence of the manager and the coordinator. In this position she is responsible for the work assignments of the staff, and fulfilling the special requests of other hospital departments. She is one of the key people who help with the initial training of new employees. Linda is cooperative, has a good attitude, takes pride in her work, and strives above and beyond the daily routine to meet the needs of all with whom she may come in contact. In so doing she has gained the respect of not only her peers but other ACMH hospital employees as well.

Linda is even tempered and displays a calming spirit in times of need which may very well be a result of living in the "house of 110 fingers" – she has 11 adoring grandchildren who visit Linda and her husband on a regular basis. ACMH is proud to have Linda as part of their hospital community.

Janine Kijowski
Admissions Clerk
ACMH Hospital

Janine has worked at ACMH Hospital for 17 years and is an integral part of the Patient Access Department where her responsibilities include coordinating admissions to and within the Hospital. Coordinating admissions includes gathering patient demographic information and obtaining insurance authorizations. Janine is unfailing in her willingness to assist any and all patients and their caregivers - particularly those who present to her desk from physician offices for an unplanned, direct admission. This can be a trying time for the patient and their family but Janine's pleasant demeanor, winning smile, and efficient ways go a long way in putting them at ease. As a result, the physician office personnel hold Janine and her abilities in the highest regard. During her weekend rotations in the Emergency Room, Janine registers the patients and their caregivers, again during what is usually a stressful time, in a cordial and capable manner.

Janine also trains all new employees regarding admission processes. Because she is always willing to assist her co-workers, she has gained the respect of her department peers as well as many other employees throughout the Hospital. Janine, as Team Leader, attends training sessions regarding any new policies that may affect the Patient Access Department and communicates back to her fellow employees during department staff meetings.

ACMH Hospital is fortunate to have on staff an employee of such high caliber as Janine.

Linda Clark
Storeroom Distribution Clerk
ACMH Hospital

Linda has worked at ACMH Hospital for 9 years as a Storeroom Distribution Clerk. Linda's main responsibility is for the loading dock, which entails handling all incoming and outgoing hospital packages, supplies, and equipment. Linda's friendly smile and upbeat attitude is the first thing that greets anyone delivering supplies to ACMH Hospital. Linda unpacks UPS, FedEx, and all trucks arriving at the hospital and then opens each and every one of these packages to verify contents against a purchase order. On any given day Linda may handle 800 boxes and 20 pieces of priority mail, as well as dealing calmly with employees throughout the hospital who are anxious about receiving and/or sending packages and supplies.

Linda manages the receiving area efficiently and conscientiously, always going above and beyond to make sure the hospital departments have their supplies.

ACMH Hospital is proud to have Linda as a hard-working member of their Hospital staff.

Jameson Health System

Cindy Buiser, RN
Director of Nursing
Jameson Care Center

Cindy Buiser, a 20-year employee, was named the Director of Nursing of the Jameson Care Center in July. A graduate of the former St. Francis School of Nursing and Slippery Rock University, Cindy began her career with Jameson in 1988, starting out as a Staff Nurse in the Emergency Department, then moving into Administrative Nursing Supervisor. She also attended Penn State University and set up and coordinated the first Pain Clinic at Jameson. In 2001 she accepted the position of Assistant Director of Nursing at the Jameson Care Center.

Harriet Knowles, RN, MSN, GNS
Assistant Director of Professional and Allied Health
Jameson School of Nursing

Harriet Knowles is appointed as Assistant Director of Professional and Allied Health in the School of Nursing. Harriet is a graduate of Massillon City Hospital School of Nursing, Kent State University and LaRoche College. She holds a Masters Degree in Nursing as a Gerontological Clinical Nurse Specialist. Harriet taught nursing at the university and community college levels and has taught in and coordinated programs for nursing assistant training programs in Pennsylvania, Ohio and Kentucky. Harriet will be responsible for assisting the Director with maintaining the functioning of the total educational unit of the School of Nursing.

John Masi, RN
Patient Care Coordinator CCU
Jameson Hospital

John Masi is the patient Care Coordinator of CCU. John attended Slippery Rock University and is a 1995 graduate of the former St. Francis School of Nursing. He has worked as a Critical Care Nurse since 1997. A Jameson employee since 2002, John has also worked in St. Elizabeth's Critical Care units.

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People Behind THE SCENES

The Western Pennsylvania Hospital

Bill Krebs
The Western Pennsylvania Hospital

A hospital is home to many different people and personalities, and Bill Krebs gets along with just about all of them. For the past 17 years, Krebs has worked the 11 p.m. to 7 a.m. shift as a respiratory therapist at The Western Pennsylvania Hospital, in the critical care unit, most often in the Cardiothoracic ICU.

One might imagine tempers flaring in that time frame, but that's not Krebs' way. In fact, when the phone rings in the middle of the night at the home of his manager, Robin Nitkulinec, she's likely to hear on the line Krebs calmly greeting her with a pleasant, "Top o' the mornin' to you" before alerting her to an urgent situation.

"He's so easy-going, even-keeled," says Nitkulinec, West Penn's manager of respiratory care and pulmonary services. "He doesn't get flustered." That's important, she says, because Krebs and his fellow night-shift workers "are put in a lot of critical situations where they have to think fast on their feet."

Krebs said he decided long ago to stay calm on the job, for the benefit of himself, his co-workers, and most importantly, his patients.

"A lot of things happen on this job, and if you get overly excited, it reflects on everybody else. But if you're calm, then other people are calm too. Everything seems to flow. That's the only way our job can be done," Krebs says.

Likewise, he insists that he couldn't do a good job if everybody around him wasn't also doing a good job.

"Our department is a team effort," he says. "You have to work as a team to get the whole task done. When you name me (for doing excellent work), you're naming our whole staff."

Nitkulinec also notes that when she arrives for work at 8:30 a.m., she'll have a detailed voice mail from Krebs describing everything that happened overnight.

"As a manager, I never feel like I'm blindsided by anything," she says. Krebs says that's just another way he keeps communication flowing, and best serves patients.

Steven Boyd
The Western Pennsylvania Hospital

Tell Steven Boyd that people at The Western Pennsylvania Hospital think he's a great example of someone who consistently provides excellent service, and he just smiles.

"I try," he says.

The 19-year-old stands out in West Penn's busy cafeteria. He's always in motion, dishing out fries, replacing coffee urns and hoisting food in and out of the oven.

"He moves fast," says his manager, Gina Schmidt, Dietary Supervisor at West Penn. "If somebody needs something he gets right to it. He is super-conscientious. He knows most of the employees by name. I get a lot of good comments on him."

One person who has often commented on Boyd is Terry McLaughlin, Director of Registration at West Penn. She stops at the cafeteria at least three nights a week to get dinner for her elderly parents.

"Steve calls me and other evening staff by name," McLaughlin says. "He goes out of his way to give you a good meal, never letting anyone get the last piece of anything, or telling people that fresh fries are coming out if they can wait a minute.

"It is not a singular experience but an every-time experience when Steve is on duty."

As for Boyd, who started working at West Penn's cafeteria while still a student at Pittsburgh's Taylor Allderdice High School, he says he treats people as he would like his own folks to be treated.

When he started, he says, he didn't know anyone's name so he made a point of introducing himself to people and learning their names in return.

He enjoys the flow of working in food service, of making sure everything is ready on time and that everything falls into place so that employees can enjoy a hot meal. He'd like to put those skills to work by going to college to study business management, and eventually owning his own restaurant.

Dietary Staffer Recognized for Positive Attitude and Work Ethic

"Change is a good thing, that's how you have to look at it," says Tricia Goncher, RD, LDN, CNSD, at Memorial Medical Center in Johnstown. It's that kind of positive attitude that's getting Goncher noticed. After working 12 years in long-term care, she decided to take the leap to an acute care facility last year, throwing herself into her new career.

"Tricia is just so willing to help our department, whenever and however we need," says Tonya Spada-Dixon, RD, LDN, Clinical Nutrition Manager, Memorial Medical Center.

"She is one of those employees you can just count on. She never complains, has never missed a day of work, even when she was pregnant, or bulked at any challenge. She's a real inspiration to our other employees."

Tricia Goncher documents a nutrition consultation for Memorial patient, Jason Pritts.

When Spada-Dixon suggested that the dietitians under her direction seek certifications to improve care for patients, Goncher stepped up to the plate.

"I work primarily in the ICU and CCU, so the nutritional support certification seemed like the most logical educational track to compliment my work experience," says Goncher. For months she studied, while pregnant with her third child. And the hard work paid off. In May, Goncher passed the Certification for Nutrition Support Dietitians exam.

"It's too easy to become complacent," says Goncher. "You just have to be willing to learn and tackle new things."

While she says juggling family and work isn't always easy, Goncher keeps a positive outlook. "This is such a rewarding career. In my role, I'm able to help provide the building blocks for healing," says Goncher. "I see patients admitted critically ill and feel lucky to be part of their healing process."

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James E. Van Zandt VA Medical Center

Kathy Kelley
Documentation and Coding Auditor
James E. Van Zandt VA Medical Center

With 25 years of medical record experience, Kathy Kelley, Documentation and Coding Auditor, is a valued member of the health care team at the James E. Van Zandt VA Medical Center in Altoona. For 19 years, she has served as the medical center's coding auditor and has been a Certified Coding Specialist (CCS) since 1992, when the first credentialing exam was given by the American Health Information Management Association (AHIMA). When asked the importance of her job, she responded "if it's not documented, it wasn't done!"

Kathy says the focus of her job is to make sure documentation is present, timely, and relevant, and contains all the elements necessary to assign diagnostic and procedural codes. Correct documentation and coding has tremendous benefits: patient bills are accurate, problem lists accurately reflect current active diagnoses, and the database of health information portrays an accurate and timely picture of the care given. It also "allows billing (staff) to assign a cost to each service," said Kathy. Accurate codes result in providers receiving automated clinical reminders of other tests, counseling, or health care concerns that should be addressed with patients, based on their conditions. For example, if a patient has an ICD-9-CM diagnostic code for diabetes, the provider receives an automated reminder, "diabetic foot care due." These clinical reminders were developed both nationally and at the Altoona VA medical center.

Code auditing is crucial to VA funding. The Veterans Equitable Resource Allocation (VERA) system was devised to assist in projecting budgetary needs throughout VA. Correct coding, that describes the types of patients treated, the level of services provided, and the complexity of health care needs, impacts the funding for veterans' care. Kathy has provided training for providers and leadership to improve understanding of the VERA models and assisted in the establishment of a facility hotline to help providers who have questions related to documentation, including identifying appropriate diagnostic codes. Because of her expertise, Kathy was recently appointed to a national Veterans Health Administration Coding Council.

The James E. Van Zandt VA Medical Center appreciates the continuing contributions of highly trained, dedicated employees, like Kathy Kelley.

Melanie Romesberg Cool, RD, M.Ed., LDN
Chief of Nutrition and Food Service
James E. Van Zandt VA Medical Center

Melanie Romesberg Cool, RD, M.Ed., LDN, is the Chief of Nutrition and Food Service for the James E. Van Zandt VA Medical Center. After receiving her bachelor's degree in Nutrition Science from Penn State University, she completed a Dietetic Internship and Masters of Science Education degree at Vanderbilt University in Nashville, TN. Along with her position as a service chief, Cool chairs the Altoona VAMC's Patient and Family Health Education Committee. The goal of this committee is to support medical center wide educational activities and provide health related educational materials and tools to veterans and their families.

Under Cool's direction, Nutrition and Food Service strives to provide aggressive individualized medical nutritional therapy and meet patient preferences, recognizing that adequate nutrition and hydration are critical to successful medical management in both treatment and prevention of disease. The medical center's advanced food delivery system allows flexibility with staffing and a wider range of items to be served and maintains consistent food temperatures. Nutrition and Food Service is improving operations to be more environmentally friendly and "green" through recycling efforts and reduction of chemicals used in the dish and utensil cleaning process.

Cool is motivated by the veterans served. Over her 22 years of VA employment, she has heard countless touching stories from men and women who served our country. "Their sacrifice and experiences are so profound; I am honored to work for them," stated Cool.

In addition to her work at the medical center, and being mother to a teenage daughter, Cool guest lectures at Saint Francis University and Penn State University, serves on the Board of Directors for the local Home Nursing Agency, and volunteers for the Blair County American Heart Association.

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People Behind THE SCENES

Family Hospice and Palliative Care

David Fiumara
Director of Administrative Services
Family Hospice and Palliative Care

When you work at Family Hospice and Palliative Care you only need one phone number – that of Dave Fiumara. If you need a window fixed, additional phone lines, or an office for a new employee, Dave is the person to call. As Director of Administrative Services, Dave is responsible for all facilities, communications, and the Family Hospice and Palliative Care's resale shop, Family Heirlooms. Somehow he is able to keep all the balls in the air – one minute attending a managerial meeting in a tie and the next pulling out a hammer to fix a broken desk. When Dave joined the staff he only had to maintain a couple of office settings. But in the last few years, his responsibilities have grown to overseeing the Quality of Life Center which is housed in a renovated civil war mansion as well as two inpatient hospice facilities and a brand new 48,000 square foot Center for Compassionate Care. At each phase, Dave has stepped up to the plate and taken on the increased responsibility, demonstrating a true commitment to the organization. Without Dave, the employees of Family Hospice and Palliative Care would truly be without the many tools needed to get their work done.

Christine MacLaren
Medical Records Associate
Family Hospice and Palliative Care

If you want to get something done, Christine MacLaren is the person to ask. Although her job is maintaining the patient medical records at Family Hospice and Palliative Care, she is willing to do anything that helps the office run more smoothly. Her warm and genuine manner makes visitors and staff always feel welcome to approach her desk. She is very flexible– always going the "extra mile" to help someone on the phone, pitch in to accommodate extra work in the office, and provide support to personnel in the field. With great accuracy and efficiency, Christine organizes the patient data and materials needed for the hospice team meeting each week. She is a true team player – consistently supporting and cooperating with her colleagues. Without hesitation, her coworkers describe her as a person who "holds the place together." They can count on her – both to do a fantastic job and to entertain them with a constant stream of crazy shoes! Christine may work "behind the scenes" but her positive attitude, efficiency, and work ethic directly influence the frontlines of care at Family Hospice and Palliative Care.

Robin Policastro
Human Resource Assistant
Family Hospice and Palliative Care

At hospice we send our hospice team out to support and care for the patients and families. But who, in return, is supports that staff? Robin Policastro, Human Resource Assistant, is always available to help the staff with the things that are important to them and their families. For many years, Robin has administered the benefit plans for employees – enrolling people and making the necessary changes. Beyond being incredibly organized and detail oriented, Robin takes the initiative to contact employees when she sees new things that might help a particular employee. She is a wealth of knowledge about benefits, recruitment, and employee records. Her warm smile makes her the perfect person to help out at new employee orientation – when needed she even takes a leadership role at these meetings. Although part time, her amazing organizational skills have allowed her to take on more and more duties – now overseeing recruitment advertising and co-chairing an employee social event. In addition, almost single-handedly, Robin puts together the bi-weekly employee newsletter often writing many of the articles herself. Robin is the model employee – working independent but keeping her supervisor in the loop. She is very conscientious, always thinking ahead so that employees' records and applications are up to date. The icing of the cake is that in addition to all this, Robin is extremely pleasant, calm, and fun to work with. Her dedication, not only to the organization, but also to each employee, makes Robin a truly unique employee!

Education and Discipline are Home Health Nurse's Secrets to Success

LouAnn Orsini

Until her baby brother came along ten years after three girls, LouAnn Orsini, Home Healthcare Nurse for Celtic Healthcare, was her daddy's "boy." From hunter safety courses to joining the army the day after high school graduation, LouAnn learned discipline early on.

LouAnn always knew she wanted to be a nurse, and she had a very specific, disciplined plan to achieve her goal. Following in daddy's footsteps in joining the Army, LouAnn served as a field medic for her two-year tour of active duty, always knowing she was going to go to school to become a nurse. Reserve duty and college consumed the next six years, where LouAnn obtained her Bachelor of Science degree in nursing. At her first nursing job working in a hospital after college, LouAnn was set up on a blind date by one of her co-workers and met the man who would eventually become her husband.

Now the mother of four (two boys and two girls), LouAnn finds home health nursing perfectly suits her life after serving in many different roles in homecare including management. Field homecare nursing allows for the flexibility she needs to care for her children that range in age from 10 to 1.

Not only is LouAnn a great nurse, she is also Celtic Healthcare's GROW Superstar! GROW Celtic is an incentive program Celtic Healthcare implemented this year to reward it's employees for adhering to the company's core values of accountability, mutual respect, teamwork, integrity, and service excellence. Employees are rewarded for different quarterly categories such as managing their cases accurately and going above and beyond in customer service.

GROW Celtic is an acronym for Great Reward Opportunities with Celtic. Chief Executive Officer, Arnie Burchianti, kicked Celtic Healthcare's annual employee customer service meeting in January off this year with the introduction of this program, and the response to it has been exciting and motivational. LouAnn has been on the top of the leader board since the program began!

When asked what her secret to success in the GROW Celtic program is, LouAnn humbly responds that she has no secret, there is nothing magical about what she does - - she just does her job. "I know my job, I'm disciplined and stay focused, and I make sure I keep myself educated on current trends in homecare and all the latest rules and regulations as they change. I really don't do anything special. It's all about patient care and doing what is right for the patient – all the time."

LouAnn does attribute much of her success to great leaders, great teachers and preceptors, and a strong team support. "Cheri Smith, my Nurse Liaison, is someone I am in constant communication with. Monthly Nurse In-Service Meetings provide important information on changes in Medicare regulations and new clinical trends and ideas in homecare nursing."

At Celtic, team leaders are assigned the task of auditing and reviewing nursing notes in patient charts. LouAnn "loves" when her team leader, Carla Graham, critiques her charting. "Without review and feedback, you never know if you are doing something right or wrong. I love that Celtic holds us accountable for our work and provides us with the leadership and guidance to grow."

LouAnn Orsini has been with Celtic Healthcare for two and a half years.

HealthSouth Salutes "Clinicians of the Year"

Marilyn Marchick PT, MS

HealthSouth Hospital

Marilyn Marchick PT, MS was recently awarded the Clinician of the Year at HealthSouth Hospital, a long term acute care hospital located in Monroeville.

A graduate of the University of Pittsburgh, Marchick received her Bachelor's and Master's Degree in Physical Therapy and has developed a wealth of experience throughout the course of her career. Inspired by a family member to consider physical therapy as a course of study, Marchick spent time volunteering in settings including The Children's Hospital, to determine if this was the path she wanted to pursue.

Prior to coming to HealthSouth, Marchick was employed for seventeen years at SouthSide Hospital where she treated patients of all ages with multiple diagnoses. She also held the position as Director of Physical Therapy. Marchick joined the HealthSouth Hospital team in 1991 where her specialties include orthopedics, amputees and stroke. She is also the leader for the Amputee Support Group at HealthSouth.

Julie Karda, Director of Physical Therapy at HealthSouth Hospital comments, "Marilyn's peers rely on her knowledge and experience to contribute to their own growth as therapists. Her dedication to quality of care and patient progress is always evident, and she achieves good patient outcomes." Karda adds, "Marilyn has a true passion for amputees, and these patients truly respect her compassion, knowledge, and willingness to go the extra mile for them. She not only makes her patients feel special, she is often the driving force in planning activities and recognizing co-workers during the special events in their lives as well."

Marchick finds that working with patients who are admitted with many complications and then seeing the progress they make is extremely rewarding. "I enjoy the teamwork our staff demonstrates in order to achieve the best outcome for each patient", she says. "Our hospital has a sense of a 'work together' atmosphere."

Jessica Kardos MS, CCC-SLP

HealthSouth Harmarville

Jessica Kardos MS, CCC-SLP, was honored as Clinician of the Year at the annual Employee Award's Day at HealthSouth Harmarville Rehabilitation Hospital.

Kardos is a graduate of Indiana University of PA where she received her Bachelor's degree in Education and her Master's degree in Speech Pathology. Certified in Vital Stim Therapy, she specializes in treating patients with neurologic disorders including stroke, MS, spinal cord and Parkinson's. Prior to joining the Speech and Language Department at Harmarville in 1998, Kardos worked for Manorcare and Audiological and Speech Associates.

Inspired by a friend who was a speech therapist, Kardos pursued the same path, wanting to work with adults in a specialized field. "Seeing a patient resume their regular diet and be able to communicate with their family is so rewarding to me," says Kardos. "I remember a stroke patient in his early 30's who was first admitted here unable to speak and on tube feedings. Watching such a young stroke survivor progress to a regular diet and a verbal communicator is something I will never forget."

Valerie Bucek, Manager of the Speech Therapy Department at Harmarville describes Kardos as "always going the extra mile to insure her patients have a positive experience. Jessica's presence has a positive impact on the work environment. Her patients love her and she is known throughout our hospital for her bright smile and cheerful manner."

A resident of Natrona Heights, Kardos enjoys spinning, live music, reading, traveling and spending time with her friends and family. She is also very active with volunteer work involving the Hope Network Ski Classic, the APDA Annual Educational Cruise, Harmarville's Children's Christmas Party and the Charities Fund Book Sale, as well as the Special Events Coordinator with the HOOPS Classic.

"I love the spirit of our team, says Kardos. My co-workers and patients are like family to me"

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People Behind THE SCENES

The Mercy Hospital of Pittsburgh Mailroom

Mercy Hospital Mailroom Services Team (l-r): Anna Smith, Diane Crown, and Jeff Smith.

Anna Smith, Diane Crown and Jeff Smith, the three main Mercy Hospital Mailroom staff members-along with support from the Mercy Hospital Couriers, the Volunteer Services Department including multiple daily volunteers, and the many associates who make daily pick-ups of their respective departments' mail-together form the team that is responsible for the daily mail service provided at Mercy.

In the course of a month, the mailroom team processes an average of 80,000 pieces of incoming mail plus varying amounts of packages for departments and patients. In addition, they also process an average of 25,000 to 30,000 interoffice mail pieces and sort/meter between 30,000 to 40,000 pieces of letter/light package pieces! With that much mail, you may wonder how the daily mail needs of every department in the hospital are met. The process works like this: while two members sort and distribute both the incoming mail (delivered to the mailroom each morning by Mercy Couriers) and the interoffice mail, the third team member sorts, meters and prepares all outgoing mail and light packages for daily pick up by the U.S. Postal Service and the ARC Rams pre-sort mailing service. Once the incoming mail is sorted, volunteers then deliver patients' cards, and Mercy Couriers make mail deliveries to a limited number of departments in the hospital, the Health Center and the Mercy Foundation.

As a result of the particular efforts of Anna, Diana and Jeff-who each work very hard to get done whatever needs to be accomplished-the Mercy Hospital Mailroom services the daily needs of every department in the hospital along with the distribution of mail to the physicians' mailroom.

The Mercy Hospital Mailroom is also the hub for various managerial work including supply orders, the management of postage accounts, the management of permits/contracts, and the billing for pre-arranged accounts.

Thanks to the steadfast efforts of the Mercy Hospital Mailroom Services Team, the mail coming and going into Mercy Hospital moves in a timely and efficient manner for the benefit of all departments, physicians and patients!

Cover Story: *The Mercy Hospital of Pittsburgh Microbiology Laboratory*

Continued from page 1

MD Award for Excellence in Laboratory Medicine.

The daily work in field of microbiology is highly specialized and most of the work is not automated. After four years of college, it can take well over a year to fully train a new technologist to examine hundreds of culture plates and to report accurate results that reflect pathogens versus normal microbial flora. It can take even longer to learn all of the current and relatively new antibiotics and their sensitivity patterns-a skill that is extremely important to assure timely and accurate results for both physicians and patients.

The Microbiology Lab at Mercy Hospital has worked together for many years as a team – and their work and dedication always reflect Mercy's Values in Practice.

(l-r) Lori Gottschalk, pharmacy technician; Richelle Aronhalt, pharmacist; and pharmacy technicians Cindy Coates and John McKinney.

The Mercy Hospital of Pittsburgh Pharmacy

The Pharmacy Department at The Mercy Hospital of Pittsburgh exemplifies contemporary pharmacy practice that is focused on the integration of clinical pharmacy services and state-of-the-art technology, including highly developed information systems along with robotic and decentralized automation systems for drug distribution. The Department consists of more than 80 employees-three of whom each have more than 40 years of service at Mercy Hospital! Along with monitoring medications to ensure their safe and effective use, other activities include purchasing pharmaceuticals, maintaining an automated floor stock system, preparing intravenous drug therapy, operating a centralized robot dispensing system, and managing a drug formulary and inventory control program.

The Pharmacy Department at Mercy has a rich history of supporting both pharmacy and medical education. Its Pharmacy Residency Program, which is fully accredited by the American Society of Health System Pharmacists, dates back to 1955 and is designed to empower residents with the knowledge, skills and confidence to be highly competent practitioners. In addition, the department also provides continuing education seminars to physicians and medical residents, and participates in physician rounds on the critical and progressive care units.

The Pharmacy Department at Mercy has a direct impact on patient safety. It works with other professionals at Mercy Hospital through various committees, including the Pharmacy and Therapeutics Committee and its Subcommittees on Medication Safety, Antibiotic Surveillance, and Nutrition Support to provide the very best in medication management. Collaborative efforts have resulted in medication safety practices that contribute to Mercy Hospital's high standards of quality assurance. Through a commitment to serving the patient, each member of the pharmacy team strives to ensure that each patient receives the right drug at the right time and in the right amount.

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Family Hospice & Palliative Care

The Journey to Improve Hospice Care in America

BY RAFAEL J. SCIULLO, MA, LCSW, MS

Leading the daily operations of an organization is important, but having a collective vision is what moves an organization forward. Finally, after many years of hard work, our vision is becoming a reality. In the fall, Family Hospice and Palliative Care will open The Center for Compassionate Care. The vision was not simply of a building, but an environment that helps to transform a very difficult and painful time for an individual and their loved ones to one of comfort, support, and peacefulness. In keeping with the philosophy of hospice, the Center's design was based on individual choice, personal dignity, and quality of life.

Respect, integrity, excellence and access are the values that characterize Family Hospice and Palliative Care's staff and volunteers. This new vision of hospice care holds firmly to many of the traditions and values of the past, but finds new ways to express those values within an inpatient hospice setting.

Patients and families turn to hospice care because they are looking for a commitment to three guiding principles: the freedom from pain, emotional and spiritual support, and the ability to control the direction of their own care. Unlike the institutionalized atmosphere of many facilities, this new Center will provide both the warmth and comforts of home and the reassuring care and support of a professional hospice team. The twelve inpatient hospice rooms were created to maximize privacy, natural light, and individuality. The entrance to the building was designed to be as welcoming as arriving at a neighbor's home for a visit.

For many, being near nature softens this time in the life journey. At the Center, the patients and families have many opportunities to interact with nature. All of the patient rooms have large French doors that allow the patient to easily enjoy the blooming flowers, the falling snow, or the light tapping of rain. Many of the patient rooms have direct access to a lovely courtyard with beautiful gardens. When desired, a patient's entire bed can be taken into the courtyard. There is also a meditation garden for those visitors who find comfort in time alone in a beautiful setting.

As throughout the history of the hospice movement, Family Hospice and Palliative Care's patients draw much strength and comfort from being surrounded by loved ones. Many family members, as well, want to remain active in the patient's care. The design of the Center reflects this basic understanding. There is a family overnight room as well as sleeper sofas in many of the rooms. The Center is family-oriented with a children's corner, a family room, and a self-service cafe.

Located across from a school, next to a church, and amongst a residential neighborhood, the Center's location reinforces the time-honored message that hospice and palliative care are part of life.

Although inpatient hospice care has been available throughout Family Hospice and Palliative Care's 27-year history, offering inpatient care in our own facilities allows for a seamless transition with a continuity of staff and philosophy of care. More patients and caregivers will choose home hospice care knowing that the "safety net" of these facilities is available when symptoms are too complicated to control at home or when the caregiver needs a rest.

The vision was not merely for a physical space, but that the new Center for Compassionate Care should reflect the basic foundations of hospice care. It is about creating an environment that cares for the whole person – body, mind and spirit – positively influencing the experience of patients and families. It is our hope that the Center provides patients and families in this region with more choices. Choices that recognize the needs, hopes, and wishes of each person.

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

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It's 'All in the Family' at the Lee Ambulatory Surgery Center

With many staff members having worked together for nearly 25 years, the employees at the Lee Ambulatory Surgery Center in Johnstown, have seen each through a lot of changes both in their professional and personal lives.

"We're like one big family," says Ruth Lasky, R.N., OR Charge Nurse, Lee Ambulatory Surgery Center. "We work hard and efficiently, and we help each other out."

This motto has carried them through transitional times, especially in the aftermath of Conemaugh Health System's 2005 acquisition of UPMC Lee Regional, since renamed Memorial Medical Center's Lee Campus.

"This unit went from being a full service hospital-based OR to an ambulatory surgical center," says Deb Richards, R.N., Director of Surgery, Memorial Medical Center. "I can't say enough about this staff. They worked through the changes and faced their challenges head-on."

The staff implemented several Performance Improvement initiatives in order to make the transition to an outpatient center a smooth one. They came up with creative ways to achieve their goal of reducing their turnover time, by looking at how supplies were packaged, the order in which procedures were scheduled and by religiously tracking their times. "This staff was eager to step up with the challenge, and after putting these initiatives in place, our turnover time was reduced to eight minutes, which is benchmark," says Richards. "This is how they approach each challenge. They are a wonderful group of people."

Both Richards and Lasky attribute many of the Center's successes and family atmosphere to the Center's Nurse Manager, Barb Bartkovich. "You couldn't ask for more in a boss," says Lasky. "She is the reason our morale is so high. She supports us professionally and personally and works hard at keeping us informed."

A humbled Bartkovich says it really starts at the top down. "The support we've received from senior managers, such as Deb Richards, is one of the reasons we're such a cohesive and efficient group. Deb's been a champion for us from the very beginning."

Bartkovich also stresses the importance of communication, holding daily meetings with staff from the Surgery Center's PACU, OR and Pre and Post Op departments. "These meetings give us an opportunity to work together to prepare for the day ahead, and determine if there are any potential issues," says Bartkovich. "This way we can head them off before they occur, which enhances the experience for our physicians and patients."

Employees at the Center boost morale and celebrate successes by throwing small parties. Karen Schmidt, CST, and Anna Colson, Nurse Assistant, both of Lee Ambulatory Surgery Center, prepare a sweet treat during an employee ice cream party.

Betty Vuckovich, a former Surgery Center patient says, "They are truly a wonderful team. You can tell that they enjoy their jobs and working together, and it makes you feel more comfortable and cared for as a patient. I had a wonderful experience, and if I need surgery again, I would go back there in a heartbeat."

Children's Hospital Services in the Community

For families living in western Pennsylvania, eastern Ohio and northern West Virginia, Children's Hospital of Pittsburgh of UPMC's world-class pediatric services are not only continuing to expand, they are getting closer to home.

HPI Health Policy Institute Governance Briefing
Friday, September 7, 2007

Friday, September 7, 2007, 8-9:30 am
Current Issues in Health Care Reform:
Prescription for Pennsylvania and Stay Healthy California

Tom Priselac, President and CEO, Cedars-Sinai Health System, Los Angeles, and 2008 Chair-Elect American Hospital Association

Ann Torregrossa, Senior Project Manager, Pennsylvania Governor's Office of Health Care Reform

The briefing will focus on:
- Review of the health care and political environment that serves as background to reform
- Compare the governors' initial proposals to actual legislation as drafted at the time of the presentation
- Discuss projected outcome of reform effort and what if any implications there might be for national reform efforts

Please note change of location: All briefings are held at the William Pitt Union's Ballroom on the first floor, located at the corner of 5th Avenue and Bigelow Boulevard in Oakland.

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Health Policy Institute, University of Pittsburgh, Graduate School of Public Health, Pittsburgh 15261

From Asthma and Allergy care to Occupational Therapy to Urology, Children's Ambulatory Care Centers offer families the non-emergency pediatric care they're looking for, with the added bonuses of convenience, free parking and private office settings.

Located in Monroeville, Wexford and Bethel Park, all three ambulatory care centers offer the same expert physicians who care for patients at the main hospital — without traveling to Oakland.

"Accessibility and convenience are as important as the clinical services Children's Hospital provides," said Robbie Sciulli-Carlson, vice president of Children's Ancillary Services.

"We are dedicated to providing the high-quality care offered at Children's main campus in Oakland at convenient locations throughout the Pittsburgh region. Parents are busier than ever before, and we continue to work diligently to provide better access and convenience to accommodate their busy lifestyles, all the while providing top-notch care for their children."

Children's North and Children's South offer same-day surgeries in areas such as dental, gastroenterology and ophthalmology patients. In addition, both Children's North and Children's South have anesthesiologists who specialize in pediatric care. In fact, Children's young patients go to sleep breathing through a flavored mask, no needles or shots are used.

When Children's North opened in 1988, it operated with only six exam rooms. At its current site in Wexford, Children's North now offers 18 exam rooms. The facility also includes two procedure rooms (one for phlebotomy), a cast room, echocardiography room and radiology department. There also is a new four-bed sleep lab adjacent to the facility.

Also, Children's North now offers walk-in phlebotomy services.

"In the past we scheduled labs by appointment and worked patients in as best we could," said Mary Sue Bobalik, BSN, RN, nurse manager at Children's North. "Now patients can come any time during our scheduled hours and have their labs drawn by kid-friendly staff with expertise in phlebotomy. It makes a huge difference when dealing with children."

Opening in November 1994, Children's South began with only six exam rooms, an audio booth and one speech therapy office. By 1997, Children's South moved to its current location in Bethel Park and has grown into a facility with 15 exam rooms, two audiology testing booths, an occupational therapy room, as well as an off-site speech therapy practice with nine speech-language pathologists.

"We're constantly expanding our services as the need arises," said Kathy Wawrzyniak, BSN, RN, nurse manager at Children's South. "Our staff takes care of each and every patient as if they're family."

Located in Monroeville, Children's East opened nearly 12 years ago. "We originally started with seven exam rooms," said Lynne O'Connor, RN, nurse manager at Children's East. "We now have 10 exam rooms, increased speech treatment rooms and one X-ray room. The families that come here tell us they love the convenience of coming here, and how well it fits into their busy schedules."

For a complete list of services offered at Children's Ambulatory Care Centers, visit Children's Web site at www.chp.edu.

The Renaissance Vinoy in St. Petersburg, FL

Morton Plant Hospital's Morgan Heart Center in Clearwater, FL

Corazon Hosting Annual Fall Conference in Florida:

Agenda will prepare hospital and program leaders for changing tides in the cardiovascular industry

Cardiovascular services consistently rank, both strategically and financially, as the most important product line for both large and small acute care hospitals, accounting for 20-40% of net revenue. Indeed, hospitals must continually strive not only to maintain, but also to expand, their share of the cardiovascular market. But, with advancing technology, increasing costs, and changing regulations nationwide, maintaining a leading-edge program is ever more challenging.

Corazon – The Heart & Vascular Experts, a Pittsburgh-based firm with a newly-opened office in Ft. Lauderdale, FL, offers specialized advice and innovative thinking for strategic cardiovascular program development. The Corazon team assists clients across the country with the full spectrum of consulting and recruitment services from feasibility study and business planning through clinical readiness and all facets of a successful implementation, including executive search for key cardiovascular service line leaders.

This fall, Corazon will host their 10th National Conference, **October 24-26, 2007**, at the Renaissance Vinoy Resort & Golf Club in St. Petersburg, Florida. This three-day event, *"Changing Tides in Heart & Vascular Care: Are You Prepared?,"* will offer CEOs, COOs, Specialty Physicians, and Cardiovascular Service Line Leaders the opportunity to take advantage of an outstanding panel of speakers from noteworthy programs across the country.

Corazon Conferences have gained a reputation for bringing the latest insights and advice from Corazon Experts and others in the field on practical strategies to capture market share and realize full potential in Heart and Vascular services.

As the national market demand for cardiac procedures continues to grow with the aging population and rapid advances in technology, planning for the future of cardiovascular care will remain uncertain. **The 2007 Annual Corazon Conference** will focus on the need for heart and vascular programs to take advantage of opportunity while overcoming challenges in order to thrive within this dynamic market situation. Speakers will discuss the hottest topics in the field, with special concentration on the future of the industry, its evolving trends, and what to do in order to be best prepared to not only survive, but also thrive, in the CV marketplace.

The agenda will highlight all facets of cardiovascular program strategy and operations:

- Financial, market, and program development ideas
- Innovative ideas for achieving competitive advantage
- Ways to ensure best clinical practice
- Joint venture opportunities
- The latest in facility design
- Service line management topics
- Proven solutions for quality and operational efficiency

Karen Hartman, President of Corazon, believes "this conference offers an excellent opportunity for administrative and clinical professionals in the cardiovascular industry. We have assembled an agenda of topics uppermost on the minds of hospital and health system leaders….Now more than ever, cardiovascular services are HOT, and our conference is designed to be a forum for attendees to share problems and solutions with Corazon, our speakers, and each other."

> "Attendees will learn to recognize both the market forces that influence the current cardiac and vascular healthcare market and their implications on future care delivery."

Dr. William O'Neill, Cardiologist and Executive Dean of Clinical Affairs at the University of Miami School of Medicine, a highly-respected innovator in the cardiovascular field, will deliver the Keynote Address *"On the Horizon: The Future of Cardiovascular Care."* He will share his perspective on where the industry is heading, and what savvy programs can do to remain ahead of the curve.

The agenda will also showcase the Fall 2006 and Spring 2007 graduating classes of **The Corazon Academy**. This unique leadership and development program hosted by Corazon over a period of several months imparts executive-level knowledge and skills to cardiac and vascular leaders who hold positions critical to the overall performance and direction of the specialty. The graduation ceremony will include a celebration of the participants' accomplishments, and showcase poster presentations of their class projects.

A tour of Morton Plant Hospital's Morgan Heart Center in nearby Clearwater, Florida is also planned. This experience will give attendees a first-hand look at the unique design and operating style of the newly-built facility, while providing ample opportunity to interact with the front-line caregivers.

Through the practical viewpoints, real-world experience, valuable tools, and innovative suggestions offered by the Corazon team and the panel of speakers, attendees will learn to recognize both the market forces that influence the current cardiac and vascular healthcare market and their implications on future care delivery. This is a 'don't miss' conference and a great opportunity to learn, network, and relax in a beautiful location.

Discounts are available for early registration or multiple enrollees. For more information about this year's conference, or to register, please visit the Conferences link at www.corazoninc.com, or call (412) 364-8200 to speak to one of the Conference Coordinators.

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