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Profiles In Leadership

Arnold E. Burchianti, II Chief Executive Officer Celtic Healthcare

Proudest accomplishment: My proudest accomplishment is when I offered guidance and support to an individual who lost meaning in life and turned to drugs and alcohol. This individual is contributing to society and two semesters away from a college degree.

First job: Golf Caddie at Pleasant Valley Country Club

Education: Masters in Physical Therapy from Duquesne University

What skills do you need to succeed in your job: Strong communication skills and the ability to motivate the team are the skills I feel are most needed to be a successful CEO.

Work habit you possess that you are most proud of: I have the ability to easily acclimate and relate to people.

Most valuable lesson you learned in your career: Know your weaknesses and surround yourself with people better than yourself. That is what I have done, and has proven to be a successful strategy.

The toughest part of your job: It has been difficult to raise capital without giving up equity to fulfill Celtic Healthcare's strategic plan.

Your philosophy of success: Treat people with respect and be accountable to the team.

One of your goals: Lead the way home healthcare services (homecare, hospice, geriatric care management and living assistance services) across the continuum are delivered in the communities we serve.

Person you most admire: A long-time friend and WWII Veteran, Bud Swinderman.

Favorite Book: *Raving Fans* by Ken Blanchard

Biggest challenge confronting healthcare: Access to a qualified workforce to include Registered Nurses, Physical, Occupation and Speech Therapists, Certified Nursing Assistants and other disciplines across the healthcare continuum.

Suggestions on how you would solve a particular problem in healthcare: The lack of interoperability and need for integration.

Your predictions on the future of health care: Advances in technology will push more healthcare to the community so Americans can be with their families in the comfort of their own homes. The introduction of the likes of Microsoft, IBM and Sysco will change the way community-based care is delivered allowing shorter hospital stays. Healthcare will be:

Patient-centered and more coordinated

Community based care that incorporates electronic medical records and e-prescribing allowing the medical community to provide higher quality medical care

Technology infrastructure for medical care at home

Systems where patients and families can access their health records online

This will improve efficiency and reduce waste cost

Best thing about healthcare in Western Pennsylvania: Access to talented workforce secondary to regional colleges and universities dedicated to graduating highly skilled health professionals.

What advice would you offer young people considering a career in health care: Take the appropriate steps to volunteer and interview members of the healthcare community in hopes of truly finding a profession you will love to perform.



Kurt Baumgartel Chief Operating Officer Celtic Healthcare, Inc.

Proudest accomplishment: At Celtic Healthcare, our employees have always been our #1 customer. For this reason, my proudest accomplishment is that Celtic Healthcare was fortunate enough to be named one of the Top 50 Best Places to Work in Western Pennsylvania as voted by our employees.

First job: Rehab Management Services, Staff Physical Therapist

Education: Duquesne University, Bachelors in Health Sciences, 1995; Master's in Physical Therapy, 1996

What skills do you need to succeed in your job: In my role with Celtic Healthcare, it is important that I understand the clinical and business operations for each one of our companies so that I am able to best support the leaders and teams of each entity in line with our mission, vision and strategic plan. To be effective, it is important to continually develop my leadership abilities and communication style.

Work habit you possess that you are most proud of: I am very fortunate to be surrounded by a wonderful leadership team and to have worked with great leaders over the years who have taught me the importance of effectively communicating and relating to people. I make sure that I understand my role in supporting, listening to, leading and motivating our team around our common goal to be the leader in the home health industry.

Most valuable lesson you learned in your career: I have learned many valuable lessons throughout my career. One important lesson learned is that while it is important to keep an eye on the "big picture", it is equally important to "pay attention to the details" and not leave any stone unturned. You must keep a close eye on the metrics that gauge the effectiveness of your operations. In order to effectively "steer the ship" you must keep a close eye on the gauges.

The toughest part of your job: Not enough time in the day.

Your philosophy of success: In business and especially in healthcare, I believe the key is to "get the right people on the bus and then focused on working together to achieve a common goal".

One of your goals: To assure that we fulfill our vision of providing the absolute best, high-quality, low-cost full continuum of home healthcare services to the clients we serve.

Person you most admire: My uncle, who taught me about hard work, drive and success.

Favorite book: *The Seven Habits of Highly Effective People* by Stephen Covey

Biggest challenge confronting healthcare: The shift in demographics we are going to experience in the next 25 years with the retirement of 82 million baby boomers is going to cause a severe shortage of healthcare workers. While trained nurses, therapists and other allied health professionals will certainly be in demand, direct care workers or home health aides are going to be the most significant labor shortage facing the long term healthcare sector.

Suggestions on how you would solve a particular problem in healthcare: I believe that one of the most important crises facing the long term care industry is the ability to allow our seniors and disabled American's to "age in place" with dignity, peace-of-mind, and quality of life. Although there are many factors that will attribute to achieving this goal, developing a sufficient workforce of direct care workers/aides is vitally important. This can be achieved by the Federal and state governments, insurance companies and the healthcare industry working together to create incentives to recruit, train, and retain direct care workers.

Your predictions on the future of health care: The healthcare sector has been ten years behind other industries with regard to information technology. I believe this gap will be narrowed in the next ten years, and the healthcare industry will benefit from innovative technologies that will allow more efficient, lower cost, higher quality care to be delivered to our patients.

Best thing about healthcare in Western Pennsylvania: We are fortunate in Western Pennsylvania to have better than average access to skilled healthcare workers such as nurses and therapists. Primarily because of the number of premier colleges and universities that are graduating highly skilled healthcare workers.

Worst thing about healthcare in Western Pennsylvania: Although we have a better than average skilled healthcare workforce, it seems that we have less than average access to direct care workers/aides.

What advice would you offer young people considering a career in health care: Health care is a noble and rewarding career if you are in it for the right reasons. For the most part, health care is somewhat "recession-proof," and it is clear that the labor supply of healthcare workers will fall far short of the demand which will allow you to make a good living. That being said, you must understand and not lose sight that your job is to take care of people, usually when they are at their worst.



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Barry T. Ross

President

Western Pennsylvania Hospital
Management Systems Society
(WPHIMSS)



Proudest accomplishment: Completing physical move of a Big 10 university hospital to its new location hours before anyone predicted, including the press which arrived too late to cover the story.

First job: Developing, manufacturing, and testing rocket inertial guidance systems for space travel.

Education: BS and MS in Industrial Engineering; MBA in Health Services Administration

What skills do you need to succeed in your job: Ability to understand the dynamics within an organization; ability to listen to people and to understand their wants and needs; ability to plan, coordinate, and manage activities (project management), ability to analyze and synthesize operations; and ability to make rational, objective and informed decisions.

Work habit you possess that you are most proud of: Being tenacious in making others happy.

Most valuable lesson you learned in your career: Listen to and understand those with whom you deal and those for whom you provide a product or service.

The toughest part of your job: Deciphering what I hear to identify hidden agendas.

Your philosophy of success: Enjoying life based on one's own value system.

One of your goals: Although I have a variety of goals, I will mention one that is germane to Western Pennsylvania and healthcare. Specifically, I would like to announce to the world the fact that the management systems profession, which focuses on quality improvement and cost reduction and which spawned the field of healthcare IT, had its incubation in Pittsburgh 50 years ago with the help of the AHA. As a result, the beginnings of the international HIMSS organization can be traced to Pittsburgh and Western Pennsylvania.

Person you most admire: My wonderful and understanding wife . . . an excellent attorney, mother, and grandmother but most of all she has put up with me and my career for over 40 years.

Favorite book: All time favorite is *Dr. Doolittle*. I was fascinated with and still think about the 2-headed llama, Pushme-Pullyu probably because it is an allegory of everyday life and a symbol of our healthcare system. On another level, it represents, to me, the traditional push thinking about processes in contrast to the pull approach or lean way of doing business. The latter has demonstrated its ability to reduce errors and costs in healthcare processes.

Biggest challenge confronting healthcare: Mending a broken, disjointed system in the U.S.

Suggestions on how you would solve a particular problem in healthcare: My background is in improving quality and reducing costs related to processes and operations of an organization. As a leader in the professional society that supports and advocates this in healthcare, I endorse the expanded use of information technology (IT) to help achieve improved quality and reduced costs. However, this should not be done without a good analysis, understanding, and changing the processes before implementing IT. This will avoid automating ineffective and inefficient processes which can generate more problems and the unnecessary cost of IT . . . improved processes should drive IT and not the other way around.

Your predictions on the future of health care: My crystal ball suggests advances towards a universal health system in the U.S. especially in view of transparency and accessibility of information to consumers which will drive change.

Best thing about healthcare in Western Pennsylvania: Excellent and cutting edge medical research and technology.

Worst thing about healthcare in Western Pennsylvania: Limited hospital choices.

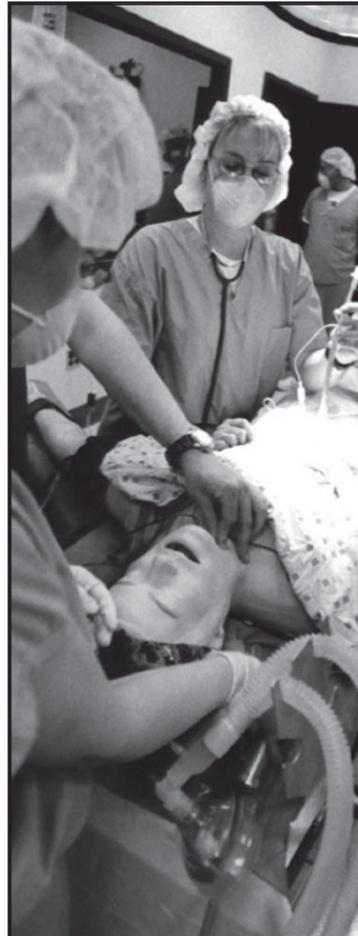
What advice would you offer young people considering a career in health care: Healthcare is an exciting and can be quite an exhilarating field in which to launch a career. However, there will be a real-life learning curve in transitioning into the real world from the classroom. Healthcare is a complex industry and it may take time to appreciate and understand its idiosyncrasies, how people think and behave, etc. in the field. Those embarking on careers in healthcare of any other field, for that matter, it is imperative to listen to the customer whether it be the final consumer of your product or service or an internal customer (those in your organization who require your service or product to transform into something of value to the ultimate customer).

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Profiles In Leadership

Susan Franke, RN, BSN, M.Ed

Duquesne University School of Nursing and Keep In Touch: A Model of Caring (President & CEO), member Cancer Caring Center advisory board and member of the American School Health Association



Proudest accomplishment: Starting my own business that provides workshops on bully prevention, disability awareness, conflict resolution, safe teen dating, becoming a young woman, stress management and A Teddy Bear's Love, a program that connects children who are experiencing a crisis in their life with a huggable Teddy Bear. I co-founded Camp Success with the Children's Institute in Pittsburgh.

First job: Allegheny County Health Department-public health nurse
Education: BSN from University of Pittsburgh; Master's in Health Education from Penn State and a Certified Health Education Specialist.

What skills do you need to succeed in your job: Respecting others and showing people that caring about others is essential to health & well-being. I also teach people how to successfully use the lost art of hugging in everyday life whether at home or in the workplace. When I work with children I show them that there is such a thing as love. I have had great success in getting businesses to donate merchandise to families living in shelters. SW PA is a generous area. Nurses are very good at so many things and many can think outside the box.

Work habit you possess that you are most proud of: My ability to care for others who may seem unlovable to the general population. I am also an unofficial regional coordinator for Panera Bakery and coordinate the pick-up of bakery items at the end of the day at four Panera's. We feed close to 8000 people a week. I work in several homeless shelters and it is a true honor to call these women friends. They may have little in the way of material possessions but have courage and great faith in the Lord. I have been blessed because they care about me too!

Most valuable lesson you learned in your career: To provide quality healthcare to those in need it is essential to spend time learning from others who live in communities that may not be listed on a map. I have cared for patients in the hospital and thought I did wonderful discharge plans but I had no idea where they went upon discharge. One example, I discharged a woman who was a diabetic and provided the proper instructions. Our paths crossed years later and I found out she actually lived in a cave with no running water, no electricity and no indoor plumbing. She was embarrassed to tell me initially.

The toughest part of your job: working with abused and neglected children. Also it is very tough to see young children eating out of garbage cans on trash pick-up day because there is not enough food at home. Hunger is alive and well in our area.

Your philosophy of success: Never look down on others who may have less than you.
One of your goals: to continue to share the philosophy of love and caring with those most in need. Send more teddy bears. In the last ten years I have given away over 80,000 free teddies to children and adults around the world.

Person you most admire: Jesus Christ
Favorite book: The Bible

Biggest challenge confronting healthcare: Lack of nurses and unequal access to healthcare.

Suggestions on how you would solve a particular problem in healthcare: More satellite centers from our Pittsburgh hospitals that would provide some degree of health care in hard to reach areas of the state. Staff them with CRNP, PA, and RN's, GN's and students. You must know where clients live and what are the barriers to good health.

Your predictions on the future of health care: We need quality coverage for all Americans. There are too many people who fall between the cracks and have no insurance at all.

Best thing about healthcare in Western PA: Our internationally recognized hospitals that provide great care and the bright future for health research.

Worst thing about healthcare in Western PA: Not everyone has access to this great health care. Families from our rural counties have a lot of difficulties traveling to Pittsburgh for care or follow-up care. Oakland can be pretty intimidating.

What advice would you offer young people considering a career in health care: As a nursing instructor it is essential that a future health care worker has compassion and caring for those who are looked down upon because of where they live, their diagnosis and their level of education. Pre-judging people is a recipe for failure. Treat people the way you want to be treated. It is essential that a future nurse be committed to their work because it is not easy but is definitely worthwhile.

Judy Joyce

Retired Clinical Social Worker:
Stadtlander's Pharmacy/CVS Pharmacy - Director of Social Services,
UPMC Presbyterian Hospital - Liver Transplant Team
UPMC Presbyterian Hospital - Renal Service
St. Margaret Memorial Hospital - Oncology/AIDS Service
Mercy Hospital - Oncology Service



Facility Name: Cancer Caring Center: Facilitator, Brain Tumor Support Group

Proudest accomplishment: To have been a social worker in the demanding arenas of oncology, HIV/AIDS, liver transplant and brain tumors and to now feel content that I offered the best of who I am to those I served.

First job: Clinical Social Worker, Oncology Service, Mercy Hospital
Education: Masters in Social Work, University of Pittsburgh

What skills do you need to succeed in your job: To listen carefully, to problem solve with excellence, to respond sensitively, to instill hope and to recognize the privilege of accompanying your patient and family on their journey.

Work habit you possess that you are most proud of: Willingness to work hard and go a step beyond, whether that be in listening, problem solving, counseling, comforting or taking joy in all the small and magnificent rewards we reap as social workers.

Most valuable lesson you learned in your career: Millie, a middle-aged banker diagnosed with leukemia, taught me best. Late one evening after she had a bleed, she extended her hand to me through the guard rail on her bed. I hesitated because as students, we were instructed not to intrude on the patient's space. Then, Millie said "Judy, take my hand." And I did. And never stopped giving a touch to patients. I have found over the years that almost everyone welcomes touch of concern. I'm forever grateful to Millie.

The toughest part of your job: Experiencing the death of a patient and the pain of loss the family experiences.

Your philosophy of success: I believe if I gentle the journey for those I serve, then I have succeeded.

One of your goals: Patients and their families have taught and demonstrated this to me over and over again. Remind yourself every day that we are all only guaranteed today on this planet. Embrace each moment.

Person you most admire: My Aunt Katie ... she was my maternal grandmother's older sister. One of nine in an Irish family. At age 6 she was dreadfully burned and carried the facial scars of that catastrophe throughout her 94 years. Still, she was the epitome of love, joy of life, hard work, kindness and a willingness to offer her hand and heart to everyone she met. She had the unique ability to instill in all of us the absolute feeling that "she loved me best."

She was "Aunt Katie" to the world and she is never far from my words and my heart.

Favorite book: *Captains and Kings, Tuesdays With Morrie*

Biggest challenge confronting healthcare: To have all people in this country offered affordable access to comprehensive health care.

Best thing about healthcare in Western PA: We are blessed in Western Pennsylvania to have Pittsburgh's major healthcare facilities on the cutting edge of treatment, research and technical expertise.

In addition, our PACE and PACE NET program are a wonderful asset to our state residents. It is a very small number of states which offer such a resource for medications.

What advice would you offer young people considering a career in healthcare: Healthcare is a challenging field without significant financial rewards but with enormous satisfying rewards. Working with patients and family members at their worst of times and witnessing them displaying the best of who they are ... their courage, tenacity, hope and love ... is a privilege not to be missed.

Due to the overwhelming response we received for the Profiles in Leadership focus, all profiles did not run in this issue. Look for your profile in an upcoming issue.

MVH Vice Presidents Assist in Producing Washington County Workplace and Community Leaders

Trustworthy, determined, flexible, energetic, visionary and inspiring are traits that a great leader possesses. D. Ray Andrews and David E. Clark are both exemplary leaders at Monongahela Valley Hospital and of the Leadership Washington County (LWC) program. They apply the concepts taught at the LWC daily and those leadership skills allow them to become more effective in both the workplace and the community. The valuable information garnered through the LWC program has helped them assist others do the same.

Leadership Washington County is a non-profit organization formed in 1998 as a cooperative effort between United Way of Washington County and the Washington County Chamber of Commerce. The basic tenet of the year-long intensive program is to guide participants to a better understanding of themselves, their community and their role in making a positive impact in Washington County.

"I would recommend this program to any individual who wants to become better equipped with leadership skills and to understand the topics affecting businesses and communities," said Andrews, Vice President of Administration and Support Services at Monongahela Valley Hospital and current president of Leadership Washington County. "It's a captivating program allowing leaders to advance his or her leadership potential."

And according to Andrews, a 2003 graduate of the program, that concept works very well.

"It's definitely worth the investment of time and the tuition," Andrews said. "I'm always looking for new ways to relate to others and improve business."

Tuition for the program is \$725. The participant's employer or sponsoring organization is asked to invest \$575 of this amount, and the remaining \$150 must be paid by the participant to demonstrate a personal commitment to the program.

David E. Clark, Vice President for Human Resources at MVH and LWC's immediate past president said, "Classes are typically very diverse. Businesses involved range in all sizes, large and small, and a wide variety of products and services are represented. The LWC curriculum is excellent, but also learning from each other is extremely beneficial. There are many fascinating things to learn about Washington County in terms of the valuable community resources, quality of life, and in all facets of community living."

Clark noted that the program is recommended for employers who want to help their employees grow as leaders and as good citizens. Monongahela Valley Hospital has sponsored two students per year since 2001 and 12 health system leaders have graduated from the program.

The curriculum is segmented into monthly sessions. LWC address such topics as Leadership in a Changing Society, Government and Politics, Business and Economic Development, the Justice System, Education, Quality of Life, Health and Human Services, and Community Leadership.

Program's objectives are met through class sessions combined with field trips and class projects. Ideas are exchanged during classroom sessions, guest speaker attendance, and field trips to the courthouse, hospitals, colleges and universities, and

other businesses.

Clark said, "LWC is eye-opening in many respects. There are substantial resources in the County and it is an excellent opportunity to learn about them. We want others who work and live in Washington County to experience what the county has to offer and to become a LWC participant. I have met some very charismatic and dedicated leaders through the program and the networking that takes place at LWC."

Peggi Fawcett, a 2002 graduate of LWC and a member of the organization's Board of Directors, offered similar comments as she spoke about its continuing progress. "The program has grown from the vision of a few individuals into a major part of the revitalization of our community," said Fawcett, executive director of Transitional Employment Consultants, a non-profit vocational rehabilitation provider of services for people with disabilities in Washington and Green counties.

"The current board of directors represents an excellent cross-section of our county and brings commitment, as well as diversified ideas and qualities, to our goals and ideals."

Fawcett expressed appreciation to LWC's corporate partners through the county for providing financial support and valuable resources in terms of personnel with experience and expertise to serve on the organization's board and in other roles.

"We are very fortunate to have these partnerships in place," she said. Fawcett noted that the mid-Monongahela Valley area of Washington County is very involved in and supportive of the program.

As an example, she said that Monongahela Valley Hospital recently was awarded the Leadership Washington County Corporate Award for exhibiting "outstanding support and dedication" to the program. "The hospital through Ray Andrews and Dave Clark has been a major corporate sponsor of the program and has had seven graduates since its inception," she said.

The Mon Valley Regional Chamber of Commerce participates in LWC by providing two scholarships to its members each year.

Debbie Keefer, Executive Director of the Chamber said, "I think it's an amazing program. The Washington County program uses a model that is used by Chambers of Commerce throughout the nation, and it stands among the best leadership programs being offered anywhere. It's so comprehensive and the volunteer presenters are outstanding."

"It is so important to groom younger people to serve the community in not-for-profit activities and Leadership Washington County is the best in the business," she said.

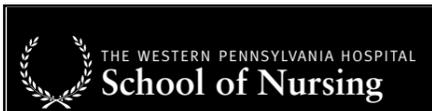
Both Andrews and Clark encourage other Washington County leaders to become involved.

For more information about LWC, contact Ray Andrews at (724) 258-1102 or David



Ray Andrews (left), current Leadership Washington County President and Vice President of Administrative and Support Services at MVH, and Dave Clark, immediate past president of Leadership Washington County President and Vice President for Human Resources at MVH, review plans for the 2008 Leadership Washington County class.

Clark at (724) 258-1132 or contact the Mon Valley Regional Chamber at (724) 483-3507 or visit www.mvrchamber.org. Additional information also may be obtained from Leadership Washington County at (724) 225-3010 or www.leadershipwashington.com.



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Welcoming H. James Pfaeffle, M.D., Ph.D.

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COVER STORY: Opening the Door for Volunteer Doctors

Continued from page 1

cost of liability insurance for volunteer doctors. Currently, the paid staff at federally qualified health centers is protected from punitive damages and gross negligence in tort claims, but volunteer physicians are not protected creating a risk for community health centers.

To solve this problem, I introduced legislation in Congress, The Family Healthcare Accessibility Act (H.R. 1626), which ensures that a doctor who wants to offer his or her time and services at a community health center to be able to do so.

There are many doctors who are at the point of retiring or cutting back their practice but still want to help people. Others want to use their skills to help low-income families who otherwise might not have access to a doctor. They look to community health centers to volunteer at in order to keep their hand in medicine and assist others. In addition to doctors, the number of specialists such as psychologists, OB-GYNs, and optometrists who want to volunteer is also increasing. However, because of high liability insurance they too are unable.

The Family Healthcare Accessibility Act extends medical liability protections to volunteer physicians at community health centers as well. The barrier that prevents doctors from volunteering will be removed, making it easier for doctors to share their skills at community health centers. Centers will no longer have to turn away volunteers and can concentrate on providing an afford-

able way for families to receive the care they need.

There is such an enormous need existing for doctors at community health centers making the situation even more unfortunate. Without these doctors, these families might not get the healthcare they need.

A perfect example is when a single-working mother in Pittsburgh, whose employer did not offer insurance, was afraid to take her son to a doctor when he had difficulty breathing because she could not afford it. She thought it was allergies and she could wait. Luckily, she took the child to a community health center, where the child was diagnosed with asthma. The center treated the child and provided low cost prescription drugs. If she waited, he could have ended up in an emergency room with a potentially life threatening condition and where the care could have been several times more expensive. The child was one of 14 million people to benefit from community health centers.

Every family deserves the peace of mind of knowing they have access to a doctor whenever they need one. Community health centers and their doctors provide this peace to families. Now with the Family Healthcare Accessibility Act, more doctors will be available for those families.

Congressman Murphy can be reached at
(412) 344-5583 or visit
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Health care providers know that for medically fragile and technology dependent children and their families, challenges await long after a child stabilizes.

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EDUCATION

RN+WIN – A Program that Helps Seniors and Nurses

BY B.J. KRUMAN, MPH

Nurses like Filomena Varvaro don't stop being nurses just because they retire.

Varvaro, who became an RN in 1955, spent more than five decades acquiring degrees from baccalaureate to doctorate, deepening her clinical skills in acute care and medical-surgical nursing, conducting research in heart disease and teaching at the University of Pittsburgh School of Nursing.

Then she retired. And though Varvaro stopped getting a salary in 1998, she has not stopped being a nurse.

These days you will find her, as dedicated as ever to the profession, at the South Side Senior Center. There, in a former market building just off East Carson Street, she is a volunteer with the RN+WIN program, using her nursing skills to help local seniors achieve and maintain wellness.

RN+WIN (Retired Nurses Working in Neighborhoods) is a program that recruits and trains nurses to be volunteers at neighborhood wellness sites throughout the city. These sites are administered through the Nurse Managed Wellness Center (NMWC), a community outreach program of the Duquesne University School of Nursing, and staffed by faculty, student nurses and volunteers.

Kay Dieckmann volunteers at the Greenfield Senior Center through the RN+WIN program. A nurse for more than 30 years, Dieckmann claims that "retired" is not a word she uses when talking about herself. For her, nursing is a calling, not a job, and one never retires from a vocation.

Varvaro and Dieckmann are among the first group of RN+WIN volunteers, and according to Dr. Leni Resick, NMWC director, the pair signed on immediately after hearing about the program at a Duquesne University School of Nursing alumni meeting in the fall of 2005.

"Nurses know that the skills they worked so hard to develop over the years will have no value unless they share those skills," Resick said. "This program offers retired nurses an unparalleled opportunity to continue to share their skills – and it's a great way to give back to the community and to mentor the next generation of nurses," she added.

Since 1994, the School of Nursing at Duquesne has operated the NMWC, which now administers 10 sites at CitiParks Senior Centers as well as low-income senior high-rise apartment buildings. Beginning at St. Justin Plaza, a low-



RN+WIN volunteer Nancy Savie checking Douglas R. Williams' blood pressure at the Northside Senior Center.

income senior high-rise apartment on Mt. Washington, the NMWC also maintains sites at K. Leroy Irvis Towers (Hill District), South Side Senior Center, Mt. Washington Senior Center, Homewood Senior Center, Hazelwood Senior Center, North Side Senior Center, Greenfield Senior Center, Sylvania Place (Beltzhoover) and Ormsby Manor (Mt. Oliver).

The goals and methods of the NMWC are simply stated. Research shows that seniors who manage their own health and make their own health care decisions have higher self-esteem and can live longer on their own, and from a purely economic perspective healthy aging helps low-income seniors avoid unnecessary hospitalizations and premature institutionalization.

At NMWC sites, student nurses, faculty and now RN+WIN volunteers monitor vital signs and symptoms, provide health information, encourage participation in healthy activities and help older adults understand and access the health care system. The end result is improved functioning and quality of life for the NMWC clients. To extend services and expand beyond the 10 existing sites, the RN+WIN program is actively seeking volunteers.

RN+WIN volunteers need not be retired to participate. They are asked to donate four hours each month at a NMWC neighborhood site of their own choosing. At the neighborhood site, RN+WIN volunteers will work collaboratively with advanced practice faculty and nursing students to perform health screening and teach health

education subjects. The only requirements are a current license as a Registered Nurse in Pennsylvania and CPR training, which is provided, if needed, at no cost.

For Varvaro, volunteering with RN+WIN is a natural extension of interconnected interests in self-esteem and healthy aging. A volunteer with the Women's Center and Shelter of Greater Pittsburgh since 1978, she has seen firsthand how a woman's low self-esteem is often an enabling factor in abusive relationships.

Varvaro is writing a book about improving self-esteem, a project inspired by witnessing the all-too-common effects of low self-esteem among the women's shelter clients as well as research she conducted for a post-doctoral certificate in women's studies. In addition, she taught classes in healthy aging through the Osher Institute for Lifelong Learning.

A healthy self-esteem enables a person to recognize his or her own talents and skills, and that recognition of self-worth, Varvaro said, is an essential precondition for volunteering. "To be able to volunteer you have to know what you are good at," Varvaro pointed out. "When the call comes," as it did for her from RN+WIN, "you need to be able to say, 'I can do that.'"

Varvaro donates approximately 10 hours each month through RN+WIN and

acknowledges that the rewards of her altruism extend beyond the satisfaction of knowing that she is giving back to the community. For her, current health care issues among the aged, particularly within the historic demographic shift in our era, which will result in a larger elderly population than ever before, motivate her to a great degree.

"How do we help people stay well as they grow older?" Varvaro asked. "I'm curious about that."

For Dieckmann, volunteering with RN+WIN is an outgrowth of the value she attaches to life and to people. "Working as an RN+WIN volunteer strengthens my respect for the elderly," she said. She also points out that the RN+WIN program benefits two groups—retired nurses as well as the region's seniors.

"As we grow older, we need to feel useful, and this program gives us an opportunity to do that," Dieckmann said.

If you would like to help local seniors maintain their health and independence and mentor the next generation of nurses, contact RN+WIN Program Coordinator B.J. Kruman at (412) 396-4761 or krumanb@duq.edu.

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Preparing for Change: The Impact of 2008 Reimbursement on Heart & Vascular Services

Since CMS issued the final 2008 Inpatient Prospective Payment System in early August, we at Corazon have been working to help prepare our cardiac and vascular clients for the October 1st implementation. Corazon believes organizations must prepare themselves by proactively allocating the appropriate resources and training necessary to tackle issues and protect profit margin despite the changes ahead.



BY NICOLE FURL AND KRISTIN TURKOVICH

Final Changes

For 2008, CMS will further their goal of implementing cost-based DRG weights and increased recognition of severity of illness by applying a 2/3 cost and 1/3 charge payment structure, and by revamping all current DRGs to Medical Severity (MS) DRGs. This requires a complete renumbering initiative: the current 538 DRGs will become 745 MS DRGs. Specific to cardiovascular (CV) DRGs, the current 55 DRGs to be replaced with 87 MS DRGs, with cardiovascular surgical cases ranging from DRGs 215 to 264 and medical cases from DRGs 280 to 316.

Depending on the diagnosis code, CMS has identified three hierarchical complication and co-morbidity subgroups to enhance their ability to identify and reimburse hospitals treating patients with a higher level of severity. These subgroups are:

- 1.) With Major Complications/Co-morbidities (W MCC)
- 2.) With Complications/Co-morbidities (W CC)
- 3.) Without Complications/Co-morbidities (W/O CC/MCC)

Potential Impact

The subsequent table provides the 2008 reimbursement impact, using a sample \$5,386.98 base rate, for three CV DRGs. Depending on an organization's patient mix and their ability to document and code the severity of illness, for DRG 104 (Valve procedure with catheterization), reimbursement could range from a 16% decrease to a 14% increase.

DRGs 110 and 111, Major Vessel Repair, were already split to reflect severity of illness (W CC and W/O CC). Although the new DRGs 237 and 238 are not a one-to-one match (W MCC and W/O MCC), programs are likely to see a 20% to 30% reimbursement increase that reflects new technology and treatment options.

2007 DRG	2007 Payment	New DRG	New Payment	% Change
104 - Cardiac Valve & Other Major CT Procedures W Cath	104 - \$43,985	216 - W MCC	\$49,640	14%
		217 - W CC	\$40,449	-7%
		218 - W/O CC/MCC	\$36,598	-16%
110 & 111 - Major CV Procedures W CC & W/O CC	110 - \$20,195	237 - W MCC	\$23,985	20%
		238 - W/O MCC	\$17,015	30%

What Can You Do?

When approaching these changes, Corazon recommends the following strategies to protect your cardiovascular profit margin:

- **Track costs accurately.** Understanding how money is spent can help identify how money can be saved.
- **Refine supply and device management process.** Standardization of orders, group negotiations, and bulk purchasing lead to cost savings.
- **Develop sound supply and device usage criteria,** an important driver in supply costs, particularly for cardiovascular device implant procedures.
- **Manage employee cost (FTEs) appropriately.** Develop a flexible workforce and plan optimal staffing for patient census and time of day.
- **Update cost reports.** If hospitals across the country are committed to providing accurate and up-to-date cost report data, future reimbursement adjustments can more accurately reflect real-world procedure costs.
- **Ensure accurate coding and documentation.** Use all possible categorizations for optimal inpatient/outpatient reimbursement. Work diligently with the medical staff to assure that the patient record accurately captures condition.

Here are some of Corazon's proven action steps to aid in accurate coding and documentation:

- **Host "lunch and learn" sessions.** Stress the importance of capturing complications and co-morbidities and its affect on the bottom-line.
- **Facilitate a detailed impact sessions.** Form a team of key stakeholders and physicians to flowchart current processes and identify ways to eliminate barriers and automate processes.
- **Determine how to best capture secondary diagnoses.** Consider system fields/alerts that could facilitate this process.
- **Examine existing procedural documentation and medical records.** Identify new structures; consider reminder fields such as a check-off list added to post-procedure progress notes.
- **Identify quality assurance.** Consider monitoring reports and investigate coding edit software; what can be learned from past coding errors.
- **Organize an implementation team.** Team to ensure that recommendations and key decisions are implemented and sustained.

As CMS takes these steps, organizations must react and quickly adapt to a more intense reimbursement structure. Although implications will be across the full spectrum of acute care, Corazon believes organizations must be particularly vigilant for cardiac and vascular cases, which typically are resource-intensive with high-cost devices and complex patient conditions. Cardiovascular programs must work now to strategize and form action plans to be more prepared for when it comes time for implementation later this year.

Nicole and Kristin are Consultants at Corazon, a national leader in specialized consulting and recruitment services for cardiovascular program development. For more information, call (412) 364-8200 or visit www.corazoninc.com.



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The Journey to Improve Hospice Care in America

BY RAFAEL J. SCIULLO, MA, LCSW, MS

Education and training is crucial to the success of hospice and palliative care. Although teaching has happened for many years, it has often been done in an informal way, through discussions, phone conversations, and word of mouth. With the baby boomer population aging in the coming years, it becomes even more essential that people are aware of the benefits of hospice and palliative care services.

Family Hospice and Palliative Care's new Center for Compassionate Care will play an important role in bringing end of life education in our area to the forefront. The Center will not only house an Inpatient Hospice Unit but will also have a large Education/Conference Wing for seminars, workshops, and trainings. The wide array of people served by the education programming at the new Center — health care professionals, spiritual care counselors, the community at large — makes it truly unique.

The single best opportunity to improve access to hospice and palliative care services is to ensure that healthcare professionals, spiritual care leaders, and community professionals understand the benefits of hospice and palliative care. Workshops, conferences, and training sessions are an effective way to illustrate the positive impact of this kind of care. With further training, healthcare professionals will be better able to evaluate which patients are hospice/palliative care appropriate, communicate this decision to the patient and family, and understand how to deliver the care compassionately.

The transition from cure-based patient care to a palliative care focus is most profound for medical, nursing, and social work professionals. Most of their formal training focuses on curative care and does not provide the tools and knowledge needed when offering palliative care. In addition, to conferences and lectures, Family Hospice and Palliative Care has partnered with the University of Pittsburgh's Institute to Enhance Palliative Care to offer residency rotations focusing on the end-of-life care.

Because delivery of quality end-of-life care is more than just good medical care, the initiatives offered at The Center will reach across many sectors of the community to health care administrators, spiritual care leaders, and teachers. Relevant programs would be the role of the clergy in end-of-life care, hospice in long-term care facilities, and how to discuss advance care planning. Teachers may be particularly interested in discussions involving children and loss, as well as how to help children cope with serious illness in their families.

One of the most exciting aspects of this new initiative is the programming for the



BY RAFAEL J. SCIULLO, MA, LCSW, MS

community at large. Since many patients spend their last months at home being cared for by a family caregiver, The Center will offer classes on topics such as hands-on instructional classes in basic patient care. This program, along with others like caregiver support groups and stress management will help relieve caregiver's anxieties and fears. In turn improving the quality of life for the patient and the family. There will also be programming, such as grief support groups and basic hospice information, offered to all community members.

The Center for Compassionate Care's Education/Conference Wing will provide the region with a center for learning, caring, and exchange of ideas. As always when information is shared and partnerships and collaborations are formed, we all benefit — the providers, the patients, and the families. Our vision for the future includes a community of professionals and lay people who understand the importance of combining knowledge and compassion when supporting those in their final months of life.

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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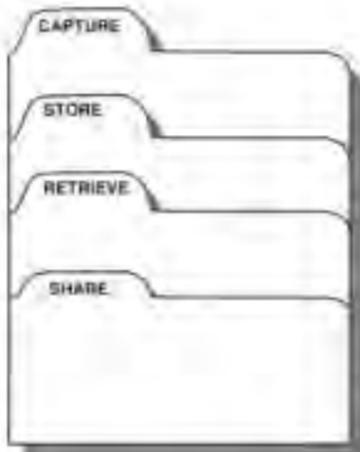
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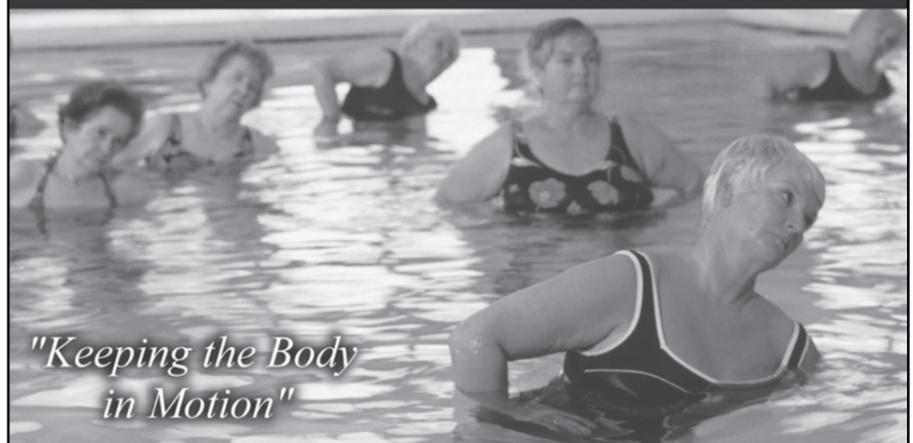
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Investors' Lab

What Happened to the Stock Market in August?

One day last month, the Dow Jones Industrial Average fell 343 points by mid-day, just enough to give us an intra-day, 10% correction from its high on July 19th of this year. This renewed volatility had the media in an absolute frenzy, as though this was somehow unusual or unexpected.

Closer examination of the U.S. stock market reveals that the stock market often experienced sudden scary dips. Over the last 38 years, we have had 23 years in which we have experienced a 4% or more correction in at least one month. The worst monthly decline occurred in October of 1987 when the S&P 500 was down 21.54%!

Moreover, there has been at least one month of negative return in every one of these 38 years. In fact, from the period beginning 12/31/1969 through 06/30/2007, we have experienced 283 up months and an astounding 179 down months. We should not forget, however, that through the same period, the S&P 500 has returned 10.71% annually! That is an impressive record.

The question most people have is what precipitated last month's volatility? To understand the answer to that question, we need to look at how the mortgage market works. For a consumer to borrow money, there has to be money available to borrow. Investors provide the money in exchange for monthly interest paid by the borrower. With sub-prime loans, this interest is higher than that charged to more creditworthy consumers.

Enter the hedge funds. Because the high interest rates were so appealing, the hedge funds not only invested their client's money in these securities, they also borrowed money from the banks to invest in even more sub-prime mortgages.

What do you think happens to the hedge funds and banks when sub-prime borrowers default? The hedge funds and other investors don't get their principle and interest. The value of their portfolios decline and the banks call their loans. To pay back the banks, the hedge funds try to sell securities that no one wants and prices fall like crazy.

Do you see how ugly this can get? Essentially, bondholders and banks aren't getting their money back. It's just gone. Since the banks aren't getting their money



BY PAUL BRAHIM, CFP® AIFA®

back, there is nothing left to lend. Voila: a liquidity crisis. If there's no liquidity, businesses might not be able to borrow for legitimate purposes and the economy could come to screeching halt. While remote, the possibility does exist and it is that possibility that created some fear-based selling.

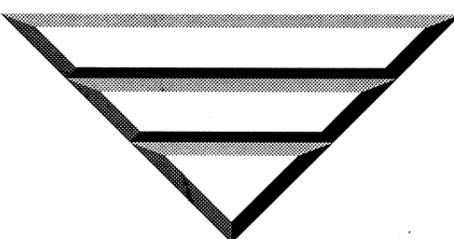
The very next day, the Federal Reserve stepped in to provide some liquidity at the "Discount Window," a place where banks and other financial institutions can borrow money cheaply for a short-term from the government. When Chairman Bernanke lowered the interest rate at the discount window the stock market breathed a sigh of relief, knowing that some liquidity was restored and business as usual could resume.

Is it over? That's hard to tell. But most experts continue to advocate a long-term view, keeping short-term volatility in perspective. Broad diversification with high quality investment managers who understand what happened and how to react has helped to preserve value for many investors. Conversely, hedge fund managers, who have made loud claims through the years that they offer the best investment structure for protecting value in volatile markets, seemed to be one of the culprits in creating the current volatility.

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

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New Rules in Play for Private Annuities

The Internal Revenue Service wants to change the rules on exchanging property for a private annuity. It used to be that the IRS allowed the gain from the private annuity to be taxed over the lifetime of the person who was receiving it, called the annuitant. Now the IRS wants to tax the annuitant on the gain in value of the property the moment it is given away. If the IRS goes through with this proposed rule change, the use of private annuity to transfer wealth between generations will lose most of its allure for many taxpayers.



BY PAUL RUDOY,
CPA/PFS

Physicians and health care executives expecting to reap income tax advantages from selling appreciated property in exchange for a private annuity may have to consider other tax strategies because of these new proposed regulations. It is still possible, however, to realize tax benefits under the new rules.

Private annuities are unlike regular annuities in that they do not involve a financial institution. An individual transfers appreciated property to someone who would have inherited it anyway, such as the children or grandchildren. In exchange, he or she receives an unsecured promise to make periodic payments to the property giver for the rest of his or her life. The payment amounts are determined by special IRS life-expectancy tables.

Part of each payment the property giver receives is a tax-free return of investment, part is capital gain and part is ordinary income. (In the case of depreciable real estate, some of the income may be recaptured depreciation, taxed at 25%.)

Upon your death, the obligation to make payments ends, even if you have not received full fair-market value. The government does not consider this property as taxable.

Under a long-standing ruling, the IRS allowed the gain from a private annuity to be taxed ratably over the giver's life expectancy. Thus, the tax could be spread out over time. Now the IRS has reversed its direction in the new proposed regula-

tions.

How it works: If an annuity contract is received for property instead of cash, the amount realized is the fair-market value of the annuity contract at the time of the exchange. In this case, the entire amount of the gain (or loss) is recognized at the end of the year of the transaction.

In other words, you are taxed on the appreciation of the property as if you had sold it for cash and

then used the money to buy an annuity contract. All of the income—including the ordinary income portion—is currently taxable.

The new proposed regulations apply across-the-board to private and commercial annuities. These rules generally apply to transactions entered into after October 18, 2006, but there are certain exceptions.

The government postponed the effective date for the new regulations six months for transactions that meet these requirements:

- The issuer of the annuity is an individual
- The obligations under the annuity are not secured (either directly or indirectly)
- The property transferred in the exchange is not sold or otherwise disposed of within two years of the initial exchange.

This exception may protect physician practice owners who would use a private annuity to shelter the transfer of a practice interest from tax.

These proposed rules are still under discussion, and the time frame for comment is unknown. In fact, it is possible, according to government officials, that the changes proposed will never be finalized. Even so, keeping an eye on the proposal is prudent, because if it is passed, it could have considerable ramifications for estate planning.

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

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This Visitor Provides Comfort at Assisted Living Community

BY RON PAGLIA

Chip is unlike other visitors at The Residence At Hilltop assisted living community in Carroll Township.

But the Welcome mat is always out for the diminutive guest with four legs and a tail.

"He's like one of the family, our residents just love and adore him," Tara Alberth, activities director at The Residence At Hilltop, said.

Smiles on the faces of residents and RAH staff emphasize that point as Chip, a handsome Cocker Spaniel accompanied by his owner/handler, Pauline Glagola of Carroll Township, enters the facility. His tail wags rapidly and his gait offers a suggestion that he knows what his mission at The Residence is all about.

"I can't begin to tell you what Chip's presence means to me," Marge Farr, a retired teacher from Monessen who has lived at The Residence At Hilltop since August 2006, said.

"I've always loved dogs, enjoyed their companionship," Farr said as Chip nestled comfortably in her lap. "This little guy is very special because my most recent dogs were Cocker Spaniels. Chip reminds me of the special moments we enjoyed with those dogs before they died. He's a very special part of our lives here."

Farr and the other 80 residents at RAH enjoy Chip's visits and companionship three days a week.

"We're here Monday, Wednesday and Friday," Glagola said. "We do group sessions and also visit some of the residents in their rooms."

Chip's future as a certified Pet Assisted



Marge Farr and Chip share a special moment during the Pet Assisted Therapy dog's visit to The Residence At Hilltop. Standing behind them are Tara Alberth (left), activities director at the assisted living community, and Pauline Glagola, Chip's owner.

Therapy dog did not seem so bright when he and Glagola met for the first time on April 18, 2005.

"We rescued him, there's no other way to say it," Glagola said poignantly of the day she and her husband Michael Gregola claimed the animal from a veterinarian's office in Uniontown.

Chip, she said, was an abused dog.

"He had been locked in a crate for an extended period of time," Glagola said. "He weighed only 17 pounds when we adopted him. His hair was matted and he was suffering from a severe case of mange. Large clumps of hair were missing, and he was very frightened. But we fell in love with him and we knew he had to go home with us."

One month later, the transformation of Chip, whose age is estimated to be "at least 10 years old," was evident.

"He gained weight and was getting very comfortable with his new home," Glagola said. "There was a sparkle in his eyes and a happy bounce in his walk. Our prayers were being answered."

Today, more than two years later, Chip's neatly trimmed black and white coat glistens and he tips the scales at a hearty 33 pounds.

Chip's close connection with residents and staff at The Residence At Hilltop, which is owned and operated by Mon-Vale Health Resources, Inc., parent company of Monongahela Valley Hospital, Inc., began on April 30 of this year. His first visit came after completion of a rather rigid training course created by Animal Friends of Camp Horne Road in Pittsburgh.

Ann Cadam, health and wellness coordinator at Animal Friends, said Pet Assisted Therapy has been part of the organization for more than 15 years.

"This program is the bridge that connects the needs of people with the joys and benefits of animal companionship," Cadam said. "Animals play an important role in enhancing the quality of life for all human beings. It is our mission to promote this animal-human bond within our communi-

ty with dignity and respect."

All owned animals that are part of Animal Friends' PAT program have gone through and passed a Canine Good Citizen (CGC) and/or Therapy Dog International (TDI) class. Animal Friends requires only the CGC course, but many dogs such as Chip complete both classes. Cats also are involved in the program, Cadman said, and the felines must undergo a temperament and behavior test directed by the PAT coordinator.

Cadam said PAT volunteers and their animals visited more than 10,800 people year at a variety of facilities last year.

<http://www.tdi-dog.org>, Chip actually began obedience training in the fall of 2006. The Glagolas enrolled him in a course

directed by well-known dog instructor, trainer and handler Michael Garrow at Camp Haven Kennels in Monongahela. Chip was "doing well" in Garrow's classes but he developed a virus in his foot that caused him to withdraw from the program. Ensuingly, in November 2006, Chip was enrolled in and completed the obedience course at Canine Excel in Bethel Park. His schooling there was directed by Mabelle Koss.

The staff at The Residence At Hilltop, which celebrated its tenth anniversary in June, was "very receptive" to the Pet Assisted Therapy idea when approached by Pauline Glagola.

"It's a great concept and we were thrilled with the idea and Pauline's willingness to volunteer here," Tara Alberth said. "Our activities are designed to give our residents a wide variety of programs. Chip complements the schedule and brings so much joy and love to everyone here."

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Amerinet Executives Help Purchasing Professionals and Leadership to Collaborate at AHRMM Conference

With sweeping legislation in Medicare's prospective payment system – the first changes in more than 20 years – compounded by supply expenses outpacing labor costs, hospital executives will need to work closely, more than ever, with purchasing professionals to control and reduce their total spend.

Supply chain and spend analytic experts Karen Barrow and Mary Beth Lang joined hospital executive Steve Spravzoff at the 45th Annual AHRMM Conference in San Diego and presented “Be Prepared When the CEO Knocks on Your Door.”

This hour-long discussion highlighted how legislation and consumers' demand for quality and charge transparency will affect purchasing practices and cost containment.

According to Barrow, vice president of Clinical Solutions and Business Development at Amerinet, health care providers will need to identify and manage key performance indicators within their facilities and collect data necessary to engage physicians, focusing on cost management and providing sustainable savings in purchasing practices.

Barrow further elaborated that these additional pressures will require all purchasing professionals to be knowledgeable and armed with information, proper resources and business partners before their CEO knocks at their door.

“Just like you would prepare for disasters and influx of new technology and capital expansion projects – it's about being prepared for yet another round of changes that will affect your facility's bottom line,” Barrow said.

Barrow explained that reimbursement issues will intensify as the federal government attempts to balance the budget and address the depletion of the Medicare Trust Fund. Hospitals treating more severely ill patients will see their payments increase, while those serving fewer critically ill patients will see decreases in reimbursements.



Karen Barrow

Mary Beth Lang

Benchmarking

The new DRG structure would also address concerns that specialty hospitals are selecting and taking more profitable patients from acute care hospitals. Payments would be reduced for devices such as implantable defibrillators or pacemakers that are recalled or replaced at no cost or reduced cost to the hospital. Currently, Medicare pays the same for the second procedure even if the hospital acquires the device free or at a reduced cost.

Benchmarking, internally and externally, will be a fundamental key to collect and provide the information to improve physician relations that will create efficiencies in the supply chain and ultimately improve costs, Barrow said.

“Health care is no longer a cost-means-nothing type of environment,” Barrow said. “Patient safety is first and foremost; however, we must be good stewards with the resources we are given. That doesn't mean patient safety and quality is lessened. It means the opposite. Patient safety and quality is improved when the finances are available to purchase and provide the latest in innovative services for the patient.”

Case Study

Spravzoff, vice president of Supply Chain and Process Improvement for Northern Arizona Healthcare, outlined how his organization employed benchmarking tech-

niques to create process improvement and operational efficiencies.

Spravzoff explained how Northern Arizona Healthcare, which includes the 270-bed Flagstaff Medical Center, used data-driven, evidence-based medicine and value analysis to decrease supply chain costs by nearly \$2.5 million in the first fiscal year of these changes.

“By monitoring and comparing our surgery supply costs to benchmarks, we were able to identify areas where waste had infiltrated our processes,” Spravzoff said. “The dedication of our staff to implementing changes was the key to generating these results.”

Augmented with supply reduction and process efficiencies, the health care system also reduced the average length of stay for total joint replacement patients by one day and reduced the cost of implants, which yielded an additional \$1 million in annualized savings across the system.

The key to this initiative was a commitment by Bill Bradel, president of Flagstaff Medical Center, to reinvest 50 percent of the supply expense savings back into the orthopedic service line. This collaborative approach freed cash from operations and allowed Flagstaff Medical Center to improve the patient experience, physician relations and patient safety.

Performance/Outcomes

Savings initiatives such as those instituted at Northern Arizona Healthcare produce significant outcomes that should be captured, measured and reported to all levels of a hospital system. Through the use of key performance measurements, hospital executives are able to trend performance over time. The use of Amerinet's dashboards helps health care executives and purchasing professionals capture and display the information for an effective decision-making process.

When supply chain executives apply industry metrics appropriately, there is focus on metric definitions, data elements to

include and to exclude. Then, they can begin to trend their facility's performance compared to industry standards and peer groups.

Lang, vice president of Spend Analytics at Amerinet, reviewed a case study that utilized one of the most common national supply chain benchmark indicators – supply expense as a percentage of net patient revenue. When the CEO of a hospital in the East compared the facility's ratio of 21.5 percent to the industry benchmark of 16.4 percent, it appeared the facility was 5 percentage points above the industry standard.

Amerinet, which provides data management and analysis to improve operating margins for health care providers, completed an analysis of data elements included in the hospital ratio compared to the industry and discovered that the hospital included purchased services that increased the ratio by 2.5 percentage points. Furthermore, the health care system was undercapturing reimbursement by 0.5 percentage points.

Looking at the impact of supply expense reduction in dollars, the facility would have incorrectly assumed a \$3.5 million target. With Amerinet able to show an apples-to-apples comparison, the supply expense reduction goal was lowered by \$2.4 million as the facility adopted a target of \$1.1 million.

“This innovative technology provides a high-level, graphical view of a facility's spend,” Lang said. “By linking supply expenses to reimbursements, health care executives are better able to identify the percentage of net patient revenue in their facility.”

In the end, by understanding changes in reimbursements, building collaborative approaches with physicians by benchmarking expenses and sharing information throughout a health care system, purchasing professionals are prepared to answer the door when the CEO knocks.

For more information about Amerinet, visit www.amerinet-gpo.com.

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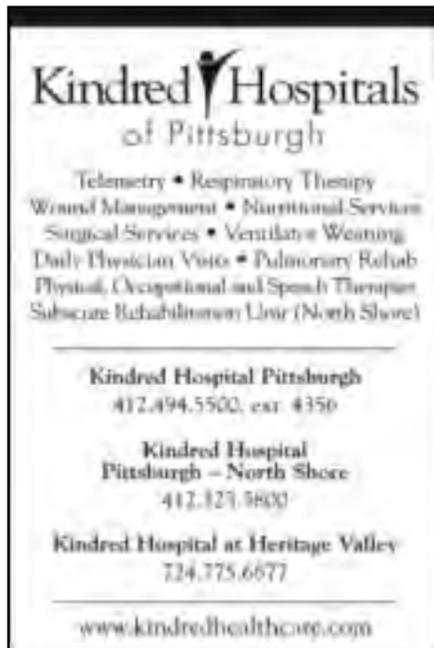
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**October 7
NAMIWALKS for the
Mind of America**

On Sunday, October 7 at 9 a.m. at the Southside Works Heritage Trail, NAMI Southwestern Pennsylvania will hold its first annual 5K Walk for the Mind of America. To participate in the WALK as a walker/sponsor, visit NAMIWALKS on the web at www.namiswa.org or contact Lynn Brown at (412) 366-3788.

**October 7
Good Samaritan Hospice Annual
5K Run/Walk**

Good Samaritan Hospice, a mission of Concordia Lutheran Ministries, will host its 6th Annual Memorial 5K Run/Walk on Sunday, October 7 at the North Park Boat House. Registration is set for 8:00 a.m. with the race beginning at 9:00 a.m. All proceeds benefit Good Samaritan's special program of care to community residents facing a life-limiting illness. For more information or to request a registration form, contact Good Samaritan Hospice at (724) 933-8888 or 1-800-720-2557 or visit www.good-samaritanhospice.org.

**October 19-21
WSA 19th Annual Conference**

The Well Spouse Association presents The 19th Annual Conference at The DoubleTree Hotel, Downtown Pittsburgh, on October 19-21. The Well Spouse Association is a non-profit organization which provides support nationwide for millions of wives, husbands and partners of the chronically ill or disabled. For more information, contact the WSA office at 800-838-0879 or visit www.wellspouse.org or call Edie Brozanski at (412) 480-9125.

**October 23
AGH Speaker Series To Feature
NBC News Washington Bureau
Chief, "Meet the Press"
Moderator Tim Russert**

Tim Russert, the venerable managing editor and moderator of NBC's "Meet the Press" will offer a "View from Washington" as the featured presentation at the second annual Allegheny General Hospital Gerald McGinnis Cardiovascular Institute Speakers Series. The program will take place on Monday, October 23 at 7:30 p.m. in AGH's Magovern Conference Center. For more information, call (412) 359-6895.

**October 24-26
Corazon Annual Fall Conference**

Join Corazon, Inc. October 24 - 26, as they host their Annual Fall Conference, "Changing Tides in Heart & Vascular Care: Are You Prepared?" taking place at The Renaissance Vinoy Resort & Golf Club, in St. Petersburg, FL. This year's 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 for what lies ahead. For more information, call (412) 364-8200 or visit the conference link at www.corazoninc.com.

**October 28-31
MGMA 2007 Annual Conference**

The 2007 MGMA Annual Conference in conjunction with the 51st Convocation of the American College of Medical Practice Executives will be held October 28-31 at the Pennsylvania Convention Center, Philadelphia, PA. This conference is about you, your practice and your profession. It provides essential information, advice, resources and relationships to help you meet the myriad challenges you face every day. Its programs will provide ideas, tools and strategies to help you respond to the fast-changing practice management arena. The conference is about assisting you as a leader of your practice to achieve the competence and confidence to excel professionally and guide your practice in meeting its goals. With three days of leading-edge education, networking, idea sharing and resource exploration, it's the perfect place to join the patriots of your profession and start a powerful career revolution. For more information, call 877-275-6462 ext. 875 or visit www.mgma.com.

**November 10
Toast to Life Gala**

Family Hospice and Palliative Care will host the 10th Annual Toast to Life Gala at the Westin Convention Center Hotel on Saturday, November 10 at 5:30 p.m. Honorees are former Pittsburgh Pirate Steve Blass and his wife, Karen, and Allegheny County Executive, Dan Onorato. The cost is \$200/person. All proceeds will benefit Family Hospice and Palliative Care patients and families. For information or reservations call (412) 572-8813.

**December 9-11
Third Annual World Healthcare
Innovation and Technology
Congress**

The Third Annual World Healthcare Innovation and Technology Congress (WHIT 3.0) will be held December 9-11 at the Mandarin Oriental in Washington, DC. WHIT 3.0 is designed to dispel the confusion that reigns at the intersection of health care and technology. Health care practitioners, whether providers or payers are faced with a myriad choices in technology solutions and are responsible for the daunting task of developing a roadmap on integrating these technologies within real-world constraints of budgets, legacy systems and limited staffing. For more information, call (646) 723-8060 or visit www.worldcongress.com.

**December 13
"Hope Has a Home Gala"**

William Cope Moyers - son of American journalist and "Lifetime Emmy-award winner" Bill Moyers - has followed in his father's footsteps by devoting his time and energy toward society's most critical issues while captivating audiences with his own personal experience overcoming the power of addiction and moving toward the promise of recovery. Moyers will share his remarkable story of addiction and redemption at Gateway Rehabilitation Center's 2007 "Hope Has a Home Gala" on Thursday, December 13.

The "Hope Has a Home Gala" will take place at the Hilton Pittsburgh, with the reception and entertainment beginning at 6:30 p.m. and the dinner and program at 7 p.m. For more information call 1-800-472-1177 ext. 123.

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**929 Wellesley Road
\$449,000**

Amazing city property - unique outdoor spaces featuring tiered decks, kidney shaped pool and wonderful entertaining areas. This tudor-style house has gracious living spaces, combined kitchen/family room, hardwood floors, leaded and stained glass, 4/6 bedrooms, 2.5 baths, integral garage. Not to be missed are the engaging views!! A wonderful opportunity!!



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Timeless Traditional Elegance that is warm and inviting with original woodwork. GORGEOUS pocket doors, 4 fireplaces, professionally landscaped gated grounds and an updated gourmet kitchen, complete with stainless appliances. Private yet peaceful master suite, regal dining room and updated mechanics only add to the WOW factor of this lovely home. Call Lori Bianco for details, 724-513-7014 or a private tour!

Lori Bianco, RE/MAX Renaissance Realty West
724-513-7014 • loribianco@remax.net



**Pine
Township
\$329,900**

Endearing home nestled in Karrington Woods! Fine living begins when you enter this 4 BR, 2.5 BA home with a 2 story foyer, 9' ceilings throughout the first floor & gracious rooms. Hardwood floors decorate a study with wainscoting & a dining room presenting picture molding. The practical, island kitchen & neutral family room with fireplace both offer access to the rear patio. Perfect master suite features cathedral ceiling, walk-in closet & whirlpool. Outstanding opportunity for an ideal home! #693006
Visual Tours at www.HoneywillTeam.com
Call Linda Honeywill 412-367-8000 x237



**Pine
Township
\$824,500**

Expertly built Spagnolo home with 4 bedrooms and 4.5 bathrooms in lakeside community of Lake MacLeod! Indulge in custom features beginning with den with wall of built-ins, hardwood dining room & butler's pantry with wine rack. A chef's dream, Cherry kitchen boasts stainless steel appliances & granite counters. Great room is adorned with 2 stories of windows, tray master includes sitting area & finished lower level presents additional fireplace. Access to 10 acre lake and boathouse! #678385
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**Adams
Township
\$825,000**

Exceptional private home in Treedale Golf Community! Incredible floor plan boasts a stunning two story family room, gourmet island kitchen with huge breakfast area & pass-thru fireplace! Multi-functional finished basement features second kitchen, full bathroom with whirlpool, pass-thru fireplace & 1,500 wine room! First floor master suite, formal dining room & picturesque view from deck are only some of the other fantastic features of this home! #663614
Visual Tours at www.HoneywillTeam.com
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**Pine
Township
\$284,900**

Perfect blend of comfortable living, premier location & affordable price! This colonial boasts 4 BR, 2.5 BA & all the advantages of living in Treedale Golf Community! Bright interior features dining room with chair rail, living room with crown molding & large, island kitchen opening to a comfortable family room. A nice sized master invokes relaxation, while a finished lower level offers built-ins. Walk-out from the kitchen onto a beautiful rear deck! #676930
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**Pine
Township
\$1,095,000**

Elegantly appointed this extraordinary home resides in the choice neighborhood of The Heights of North Park. Setting the stage for an atmosphere of casually refined elegance, the residence's exterior boasts brick with limestone trim, governor's drive & over 2 acres of land. Inside, a stunning floor plan flows & welcomes entertaining. Features include 2 story marble foyer, gourmet kitchen, huge family room with wet bar, hot tub room & expansive bonus room. Outdoors boasts a 4 car garage and rear patio with beautiful view! #668884
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**Pine
Township
\$275,000**

Immaculate home presenting clean lines & neutral rooms filled with light! Hardwood floors carry guests from entry to island kitchen with walk-out to patio. Generous living room leads to a traditional dining room & a relaxed family room with fireplace. Settle into a master suite with walk-in closet & whirlpool. A retractable awning is perfect over the rear patio and lush landscaping including a perennial garden decorates a nice yard! Unbelievable location! #689548
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New Construction \$556,500
This model has that certain "je ne sais quoi"! Every detail thought of w/custom woodwork, gleaming hardwood floors, plush neutral carpet, fireplace in living room adds to the ambiance, dining room w/wainscoting, den w/bayed windows, family room boasts gorgeous palladium window & floor to ceiling fireplace, an abundance of rich cabinetry in equipped kitchen, cathedral morning room, 4 bedrooms + 3.5 baths.



Rare Find \$379,900
Commanding front entry w/perennial garden & pond, expanded pillared drive, grand 2nd foyer w/ sitting area, formal living room & dining room, open center island kitchen w/butler's pantry, wine rack, desk & wet bar, 1st floor laundry, family room w/fireplace, vaulted master suite w/ skylight & whirlpool bath, 3 additional bedrooms, newly completed game room & dance floor w/full bath & wet bar.



New Price \$419,900
Commanding exterior & inviting interior with warm custom finishes, level lot w/picket fence, wooded rear & stream. Quiet country setting yet within walking distance to school & park. 4 spacious Bedrooms, 2+2 Baths, dramatic 2 story Foyer w/stunning palladium window, rich cherry cabinetry & hardwood floor in island Kitchen w/ enormous eating area + more!

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Sewickley, PA 15143



\$650,900

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ELEGANT RANCH IN PREMIER GATED COMMUNITY



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Unity Township PA
\$679,900

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HAMPTON TOWNSHIP
\$1,500,000 MLS# 691059
Classic architectural details fuse with unique embellishments to give this 4 bedroom, 5 bath home a stately sophistication. Located in the fabulous "Villa of North Park," features of this stunning design include four fireplaces, Palladian windows providing loads of natural light, gourmet kitchen with stainless appliances, skylights above sink, walk-in pantry, granite countertops and separate desk area, impressive walk-out lower level, elaborate patio area including heated pool/hot tub and so much more. **AMAZING!! Gloria Carroll 412-367-8000 x 242**

PINE TOWNSHIP
\$399,000 MLS# 690882
An artful combination of function and elegance, this immaculate 3 bedroom, 2.5 bath condo is filled with thoughtful amenities and delightful gathering spots. Highlights include huge family/dining room with soaring ceiling, island kitchen with eat-in dining alcove, luxurious first floor master suite, spacious two-tier deck for relaxing or entertaining, resort style maintenance-free living in Treesdale golf community! **MUST SEE!! Gloria Carroll/Patty Pellegrini 412-367-8000 x 242/232**



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Artist conceptual drawing.

Homesite 13 by Brennan Builders, Inc. \$1,290,000

FEATURES - *Main level:* 10-ft. ceilings, master suite with private deck, master bath with ceramic shower and body jets, huge master closet, two-story great room with built-in cabinets surrounding fireplace, den with built-ins, hearth room, laundry, large kitchen with custom island, granite countertops, and state-of-the-art appliances. *Second level:* 9-ft. ceilings, spacious loft area, guest suite with sitting area, Jack & Jill bathroom between bedrooms three and four. *Lower level:* exercise room, game room with full wet bar, media room with raised seating, extensive storage, and walk-out onto patio.

Four bedrooms, 4-1/2 baths. 2-car garage plus 1-car garage.

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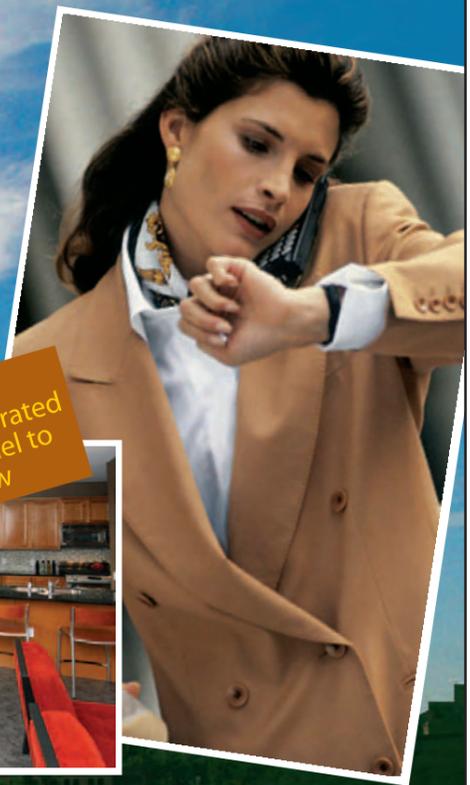
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