

Inside ...

Animals Assist in Helping Women Achieve Recovery

By Dr. Kim Dennis

People enter treatment for a wide array of disorders and emotional illnesses, everything from depression to post-traumatic stress disorder (PTSD), chemical addiction to anorexia. Most programs provide treatment through individual and group therapy, family therapy, medication management and possibly experiential activities such as art or dance therapy.



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A Decade of Support: AARP's PRESENTS FOR PATIENTS® Advocacy Story

By Janice Lane Palko

AARP began its support of PRESENTS FOR PATIENTS® ten years ago in 2002, when Kelly Altmire, Associate State Director for Outreach - Western Region of AARP Pennsylvania, learned about the program through a local media outlet. PRESENTS FOR PATIENTS® is an uplifting holiday program that benefits nursing home patients. Altmire was instantly interested in becoming a supporter and jumped at the chance to pitch the idea to the local AARP volunteers as their next community service project.

After their first stint participating in the program, AARP volunteers expressed their positive experiences and ever since, thanks to Altmire, AARP has become a big supporter of the PRESENTS FOR PATIENTS® program.

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Conemaugh Memorial Invests \$14 Million in State-of-the-Art Technologies

Area Patients Will Benefit from Faster, Safer and More Accurate Equipment, Procedures

Months of comprehensive analysis, review and planning are quickly coming to a close as Conemaugh Memorial Medical Center in Johnstown, PA, prepares to introduce some of the world's most technologically advanced imaging equipment to its patients, their families and the communities it serves.

This \$14 million technology initiative includes:

- The launch of the area's only electrophysiology (EP) laboratory to treat heart rhythm disorders and other cardiac conditions
- A new 128 slice flash CT scanner

that cuts radiation doses by up to 50% and scans faster than a beating heart

- Two additional new 40 slice CT scanners located at the Main and Lee campus
- The very latest in 48-channel MRI technology that reduces procedure times and improves patient comfort, especially for large patients or those who are claustrophobic
- The region's only Bi-Plane Interventional Radiology (IR) Laboratory with sophisticated "C" arms for IR procedures, including faster removal of blood clots in the brains of stroke patients

See **CONEMAUGH** On **Page 7**



Conemaugh Memorial Medical Center Electrophysiology Lab team members demonstrate the new EP equipment prior to the opening of the lab for patient procedures.

VA Pittsburgh Healthcare System Explores New Simulation Technologies

By Samantha Mitchell

VA Pittsburgh Healthcare System's (VAPHS) Department of Education and Innovative Learning recently adopted a new technology to aid in the education of medical staff. SimMan 3G, developed by the medical training products manufacturer Laerdal, is a reactive, life-sized manikin that serves various educational functions for patient care and critical care employees at VAPHS.

SimMan 3G currently educates staff in advanced cardiac life support, moderate sedation and nurse residency training, which just began this year. The SimMan 3G's

lifelike capabilities include accurate pulse points, blinking eyes that react to light, the ability to have a seizure and secrete from the eyes, ears, mouth, nose and forehead. SimMan 3G can also breathe, sweat and emit bowel sounds.

VA Pittsburgh simulation coordinator Mary Ellen Elias said VAPHS decided to integrate SimMan 3G into training education after an internal needs assessment.

"It's hard to transfer skills from the classroom to the floor," Elias said. "Learning or acquiring skills

See **SIMULATION** On **Page 7**



Mary Ellen Elias and Susan Hoehl practice their skills on SimMan 3G.

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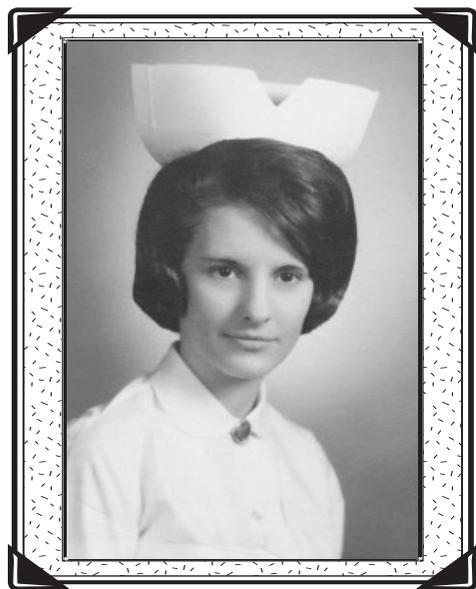
A Salute to Bernie Kart

By Harvey Kart

In the interest of full disclosure: I am about to sing the praises of a remarkable woman who for reasons still confusing to me chose to become my wife 39 years ago. I have shared her with thousands of individuals I have never met, but whose lives were made immensely better for having known her even if, in some cases, only briefly.

My wife Bernie is a nurse—and in my humble opinion, an exceptional nurse. After nearly 46 years of providing professional and compassionate care to people in three states, she has decided to retire.

The healthcare industry will be all the less because of her departure.



Bernie, like many of her colleagues, is that rare individual whose commitment to her profession, and more importantly to the people she served, never wavered. She followed a career path similar to many others of her generation. She attended a two-year diploma program through the Pittsburgh Hospital School of Nursing, then began working at Eye & Ear Hospital until her division shifted to Montefiore Hospital. When our family relocated, first to Florida, and now Atlanta, Bernie spent her past seven years serving in surgery centers.

Some of you know that there is little glamour associated with being a nurse. The hours can be irregular and grueling. But for most days you interface with the best and brightest doctors in the country as they apply the latest procedures to patients with cancer, heart disease, or other devastating health issues. I've estimated—with great pride, I might add—that Bernie has assisted in nearly 100,000 surgeries in her career.

For nurses, other tasks are as varied and unpredictable as the individuals they serve, such as responding to patients' calls in the middle of the night to have a pillow fluffed or nerves calmed, or meeting with distraught family members wanting more than anything to hear a soothing voice say, "it's going to be okay."

Bernie, like so many other nurses, understands that true job satisfaction comes

from within. There are few if any thank you cards or notes. In fact, few patients who just days earlier might have seen their nurses as personal angels of mercy would recognize them on the street or even in the halls of the hospital. But I can assure you that Bernie remembers so many of them and to this day hopes they continue to do well.

Bernie was a perfect fit for her profession and it will be the lesser when she leaves. She did her job well, she shared what she could with other nurses and healthcare professionals, and she never stopped improving. She truly is a much better nurse today than when she started.

The good news is that she assures me she knows personally a number of nurses who share in her commitment to healthcare and, even more important, her patients. I assure you that Bernie inspired others by her example not just at work but at home.

Our daughter, Kristen, as well as our grandkids Kenzie and Karter, and I are simply in awe of this woman we are blessed to call her mom, "nanny," and partner.

If you worked with Bernie and you'd like to share your own personal memories, please email me at hdkart@aol.com.



Harvey D. Kart is the publisher of Western Pennsylvania Healthcare News. He can be reached at hdkart@aol.com.

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Find Your Next Job Using LinkedIn



By Daniel Casciato

Last week, LinkedIn released data about the most popular childhood dream jobs and the number of professionals on LinkedIn who currently have these cool careers.

As part of its “Dream Jobs” study, LinkedIn surveyed more than 8,000 professionals to discover the most common childhood career aspirations.

The survey revealed that the top childhood dream jobs for men in the United States were:

1. Professional or Olympic athlete (8.2%)
2. Airplane or helicopter pilot (6.8%)
2. Scientist (6.8%)

4. Lawyer (5.9%)
5. Astronaut (5%)

For women in the U.S., their top childhood dream jobs were:

1. Teacher (11.4%)
2. Veterinarian (9%)
3. Writer, journalist or novelist (8.1%)
4. Doctor, nurse or emergency medical technician (7.1%)
4. Singer (7.1%)

The report stated that nearly 1 out of every 3 LinkedIn members surveyed around the world (30.3 percent) stated that they either currently have their childhood dream job or work in a career related to their childhood dream job. Professionals who said they don’t have their childhood dream job were most likely to cite, “As I got older, I became interested in a different career path,” as the primary reason they work in an unrelated field (43.5 percent).

According to Nicole Williams, LinkedIn’s career expert, “The dream jobs we aspire to as children are a window into our passions and talents. Identifying and understanding those passions are key to improving our performance and enjoyment of the jobs we currently do, even if they aren’t specific to the careers we dreamed of as kids.”

More than 70 percent of the global professionals surveyed said that the most important characteristic of a dream job is “taking pleasure in your work.” In second



place was, “Helping others” (eight percent) followed by “a high salary” which came in third place (with just over six percent of the survey takers selecting it as the most important feature of a dream job).

So what can you do to get closer to your dream job?

The following tips might help:

Follow those employers you’d like to work for someday on LinkedIn. There are more than 2.6 million LinkedIn Company Pages.

When you start following a company on LinkedIn you’ll get updates when people join the company, leave the company, when the company posts jobs on LinkedIn and other interesting insights.

Get a professional advice from high profile business leaders. LinkedIn recently added the ability to follow thought leaders on LinkedIn. You can read original content written by these business luminaries.

Add relevant LinkedIn Skills to your profile and join LinkedIn Groups that relate to your dream job. Even though you’re not the physician you may have wanted to become when you were a kid, your writing skills combined with your love of helping patients could lead to a PR or communications position for a healthcare organization or hospital system. If you don’t have those skills or groups listed on your profile, your profile may not end up showing up on LinkedIn Advanced People Searches related to those terms.

What tips can you share with our readers? Email me at writer@danielcasciato.com and we’ll include your responses in an upcoming column. 📧

Daniel Casciato is a full-time freelance writer from Pittsburgh, PA. In addition to writing for Western Pennsylvania Healthcare News and Pittsburgh Healthcare Report, he’s also a social media coach. For more information, visit www.danielcasciato.com, follow him on Twitter @danielcasciato, or friend him on Facebook (facebook.com/danielcasciato).

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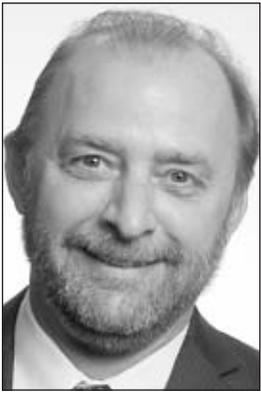
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Two Important Aspects of Data Access Control



By Dean Wiech

In today's electronic world, access to critical data is paramount criteria for success.

Doctors and nurses need access to patient's records to insure proper delivery of care.

Encumbering employees and internal stakeholders by placing too many restrictions

or complicated access methodologies upon internal systems can have catastrophic consequences.

However, the other side of the story is also true; too little control or restrictions to information in internal systems can lead to HIPAA violations for healthcare systems and hospitals, and create possible exposure to potentially costly legal actions or fines.

A recent story about a Florida hospital employee selling the names of patients who had been involved in auto accidents to law firms underscores the need for proper control and information audits.

But, how can healthcare organizations insure that procedures and policies minimize the risk on both sides, creating a balance between too strict and too weak access control?

Well, in this article we will take a look at the two most important aspects of data access control: access rights and conducting regular internal information audits.



ASSIGNING EMPLOYEES PROPER ACCESS RIGHTS, AND DETERMINING WHEN TO REVOKE THEM

The first step in the audit process is to determine a baseline of necessary access rights needed by type of employee and those that are currently allowed by type of employee. To help accomplish this task, there are numerous products commercially available to allow a thorough scan of the network and applications to retrieve information on access rights. This information can then be compared to user profiles — department, location, titles, etc. — to establish a baseline of where everything stands today. These records can easily be sent to the appropriate managers and system owners for review. These managers should ask themselves the following types of questions when determining who should keep or be granted access to certain information:

- “Do the people that have access to particular systems and data really need it?”
- “Will you attest to it?”
- “Why should an employee's access rights be re-

moved, or granted?”

Once the review is completed, you are ready to determine and set the “ideal” access for each type of employee in the facility. This task is typically handled by loading information into a Role Based Access Control matrix to insure that new user profiles and access rights are created appropriately. Inevitably, during this part of the process, you'll determine that some employees will need access to systems or information that differs from the norm, or the ideal, so a procedure must be put in place to allow end users the opportunity to request access where their managers can sign off on the approved, enhanced rights. Again, numerous systems are available in the marketplace to allow this process to be handled electronically while providing a complete audit trail.

It's good to keep in mind that any time the subject of electronic audits is discussed, there's a great deal of attention given to which employees have access to what. Equally as important as granting rights, however, is insuring that rights are revoked when appropriate.

See **ACCESS CONTROL** On **Page 7**



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ACCESS CONTROL From **Page 6**

With alarming regularity, employees are transferred between departments or roles within an organization and permissions to groups and applications become cumulative. While it may be necessary to allow a transferred employee access to everything their previous role required during a transition period, it is imperative that a time limit be set for review and decommissioning of those rights be accomplished.

CONDUCTING THE INTERNAL SYSTEMS AUDIT

The next step in the process is to actually perform an initial audit. You can be assured that new employees are being given correct access rights, but what about employees that have been around for years – maybe in numerous departments or roles? By comparing their employee type information and the access rights they currently have against the “ideal,” it is easy to determine the delta.

Keep in mind that at this stage in the audit every discrepancy must be accounted for.

Employees who are found to be outside the ideal should be able to explain why they have access to systems and their managers need to sign off for them to maintain access. In most cases, the additional rights are the result of changes in roles that occurred at some stage without the proper revocation of system access.

Also, as an ongoing process, regular audits are

a necessity. On a quarterly basis, managers and system owners should be asked to review access privileges and attest that the current rights are what is required.

Any potential red flags or possible system breaches should trigger another audit, no matter how recently you conducted an audit.

The fact that these audits occur should be public knowledge.

If employees know their actions in the systems are being monitored, they are more likely to control their own behavior while accessing sensitive information, which also reduces your risk of exposed data an unapproved access to information by internal stakeholders.

IN SUM

To insure access to sensitive data is open enough to allow providers to perform their jobs and yet restrictive enough to avoid legal complications, it is important to set controls when employees join the organization and regularly review any changes to their profiles. These two factors will allow for easy compliance reporting at audit time.

Dean Wiech is managing director at Tools4ever. Tools4ever supplies a variety of software products and integrated consultancy services involving identity management, such as User Provisioning, RBAC, Password Management, SSO and Access Management, serving more than five million user accounts worldwide. †

**CONEMAUGH** From **Page 1**

● The EP laboratory began operations in November. The other equipment will be phased in by the end of the year.

“Thanks to new technologies available at Conemaugh Memorial, our doctors can perform procedures in significantly less time than it took them just a few years ago,” explained Dr. David Carlson, Chief Medical Officer of the Conemaugh Health System. “Routine scan procedures that used to take 15 minutes can now be performed in five minutes. The images come back in 3D and 4D, allowing our doctors to pinpoint the problem much sooner and with more accuracy.”

The new and quicker technologies are also safer, exposing patients to much lower doses of radiation than older CT units. In addition, patients will benefit from several new equipment features. For example, sophisticated software embedded in the CT scanner allows for patient movement without affecting the accuracy of the scan. As a result, CT scans have just become easier for those who have difficulty holding their breath or who are unable to remain still for the procedure.

Conemaugh Memorial Medical Center (MMC), the flagship hospital of the Conemaugh Health System, is a regional referral hospital known for clinical excellence. Memorial has received HealthGrades Distinguished Hospital for Clinical Excellence award for 2012, 2011, 2009, 2008 and 2007, for clinical outcomes which are among the Top 5% in the nation. Learn more at the Conemaugh Health System’s all new website, www.conemaugh.org.

**Submissions? Story Ideas? News Tips? Suggestions?
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SIMULATION From **Page 1**

on the job is not acceptable. Simulation provides the learner with the opportunity to apply new skills, make mistakes and learn from them in a safe environment without endangering anyone.”

Sue Hoehl, the director of learning resources at VA Pittsburgh, agreed that simulation delivers a safe training alternative.

“In a simulated environment, you can make mistakes and have a teacher there who’s helping you recognize ways you might have managed the patient differently,” she said. “Simulation provides a high level of safety for both patients and learners.”

SimMan 3G’s various actions are controlled through two interconnected computers. One computer gives the instructor the ability to create original or use preloaded simulated scenarios. SimMan 3G can assess the hand position and rate and depth of pressure during CPR as well as the effectiveness of other procedures through the second computer, a simulated patient monitor.

SimMan 3G also educates health care teams in effective communication with one another and patients. Elias insisted that they try to make the scenario and environment very similar to reality.

“He needs to be treated with the same respect as a real patient,” she said. “We even have the employees sign confidentiality agreements. What happens in the training area stays in the training area.”

Specifically at the VA Pittsburgh's University Drive campus, SimMan 3G was used to aid medical staff in calling and responding to emergency codes for the facility’s new Consolidation Building, which just opened recently. Instructors put SimMan in several different areas of the hospital and mock codes were called. The appropriate medical teams had to find

new routes and pathways to each location in order to respond to and treat SimMan’s conditions.

Elias said the standardization of the new codes along with the simulated training improved the staff’s response times.

“They are right on top of it,” she said. “It’s been very educational for staff and they enjoy it.”

SimMan 3G, in addition to other simulation equipment used at VA Pittsburgh, gives employees the opportunity to improve their skills before crises arise, creating a sense of readiness.

“The more you can prepare people ahead of time, the more they know what they’re doing, and the more safe it is for the patients,” she said.

As of now, one SimMan 3G manikin serves as a “patient” at VA Pittsburgh, and the education department hopes to integrate two more by next year. VA Pittsburgh Healthcare System also plans to open a full-scale simulation center in the Consolidation Building within the next 24 months. Current room plans include simulated OR and ICU units, a mock patient room and clinic for basic procedures training and a special procedures area.

Hoehl reiterated that simulation training, though innovative and useful, serves as a supplement to traditional methods of training.

“Simulation training is a new tool in the clinical tool box,” she said. “I don’t think it necessarily replaces training, but it shifts how we are able to train. Staff can better refine their skills with simulation and develop judgment to make patient at the end of the training continuum safer.” †

Samantha Mitchell is a student intern in public affairs for VA Pittsburgh Healthcare System and will earn her undergraduate degree in media and professional communications from the University of Pittsburgh this spring. She can be reached at vaphsmediarelations@va.gov.

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Patient Portals – I.T. Streamlines Patient Care



By John Chamberlin

How many times has your office received a complaint regarding how long a patient or patient's family spent on hold waiting to speak to someone regarding scheduling an appointment? How much of your office staff time is spent searching for patient records for work or school physicals and vaccination records?

There is no question that healthcare has gone through a number of changes with technology, especially in the past 5 years. And, as patient satisfaction ratings become increasingly important to the reimbursement process and customer's expectations for immediate information be-

come part of that satisfaction, electronic access to one's patient information, in real time, the utilization of patient portals is becoming more relevant and necessary.

Gary Janchenko, Director of Technology for the Pediatric Alliance PC, the area's largest privately owned pediatric physician's group, took time to explain his organization's application and "kick-off" to utilizing patient portals.

"We recognize that, there are many faces to healthcare that are changing. Not just at the hand of legislators. Take, for instance, patient loyalty. Patients are no longer interested in waiting two weeks or more to see the doctor that they have seen since they were a kid," he says. "They have a problem and they want it addressed as fast as possible in a manner that will not impact their daily life. Electronic record access through portals can help."

Janchenko went to explain a common scenario that was assessed within the Pediatric Alliance where, the parent calls to the pediatrician's office to schedule a sports physical and cannot get the visit scheduled for a time that is convenient for them due to work and family schedules. The result, the parent may simply choose to have the physical done at the local urgent care center where they can have immediate satisfaction.

"The benefits of a patient portal are many and, from a patient's standpoint, what's not to love about it? Instead of a patient calling to schedule an appointment and being placed on hold for an extended time, the appointment request can be via a secure web connection, the portal."

There are multiple benefits to the physician's practice and staff as well. Given



the move to electronic health records (EHR), information such as blood pressure or glucose level trends at home, can be entered directly by the patient. This not only prompts the patient to be more compliant with taking the readings but also lowers the chances of the patient forgetting to bring the information to their next appointment.

What are the key questions typically of deploying a patient portal? First is security. Patient's and healthcare providers want to be assured that the information is secure and in compliance with the Health Care Privacy Act requirements. In the Pediatric Alliance portal deployment, the I.T. Department has invested into numerous hours of education to assure all users, internal and external, that the transfer of information is secure.

At this point, the Pediatric Alliance has begun to roll out the use of the patient portal concept at a rate of approximately 1 office location per month. At this point, Janchenko states they have seen approximately a 25% adoption rate with the customers, patients/patient's parents. Of course, he would have hoped for a higher adoption rate but, according to national statistics of patient portal rollouts, this seems to be about the standard adoption rate, if not a little higher.

The way the Pediatric Alliance sees it, according to Janchenko, "Retail establishments such as restaurants and other service groups have tried to take and keep their market share by extending hours, launching web-based information and doing whatever then can to provide an excellent customer experience. With decreasing loyalty trends and lower levels of patience, providers need to realize that patients are no longer interested in sitting in a waiting room because the office is running 30-minutes late on visits."

An empty waiting room is not necessarily a bad thing if the provider has no patients sitting around due to scheduling and patient documentation efficiencies such as the use of technology, like patient portals. †



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WiFi – The Good, the Bad, the Ugly



By Fran Cain

Have you considered introducing a wireless network to your practice? Commonly known as WiFi, which is a reference to the WiFi Alliance, wireless access to the Internet may be a boon for tech-savvy, iPad-toting patients waiting to be seen. Office staff may also benefit from a WiFi network. But before you install that wireless access point, or even if you already have, there are some risks to be aware of.

THE GOOD: WiFi IS A GREAT TOOL

With WiFi it becomes possible for physicians and other healthcare providers to operate a laptop or mobile device such as an iPad or smart phone from many locations without needing Ethernet cables. The result is untethered freedom to access the Internet or local network. In the home or office, it is inexpensive and easy to set up. WiFi is becoming a standard for Internet access at coffee shops, parks, hotels and airports. Public areas with WiFi are known as hotspots.

WiFi is fast compared to the stodgy cellular network. Your smartphone or iPad can tap into the home or office wireless router, or a local hotspot, to increase the speed of Internet browsing.

WiFi is convenient because most laptops and mobile devices, smartphones, and even printers come pre-equipped with wireless cards. In the home or office, Internet service from a provider such as Comcast or AT&T is required for Internet access. But there is no extra charge for adding WiFi, beyond the purchase price of the router.

Coffee shops, airports, etc., with hotspots may charge for WiFi access. Simply enter a credit card number at the prompt to log on for a specified time period, usually an hour or a day.

THE BAD: WiFi CAN BE RISKY

Hotspots are generally not encrypted. While connected to an unencrypted hotspot, your laptop or mobile device becomes relatively easy to hack. Therefore, protected health information and personal health records stored on the hard drive or transmitted over the WiFi connection can be accessed by intruders, as can such information as your credit card number. Similarly, WiFi in the home or office network which is not properly configured renders computers vulnerable to hacking and viruses.

THE UGLY: WHAT CAN HAPPEN IF YOU ARE COMPROMISED

Free hacking tools are readily available to anyone desiring to compromise a WiFi connection. An ingenious hacker who has gained access to your computer might insert viruses such as trojans just because it's possible. A hacker could make private, sensitive or legally protected information public, in the way the hackers known as Anonymous published confidential government papers. Or they can plant a key logger to collect keystrokes, transmit them to an overseas collection center, and pick out names, passwords, birth dates and credit card numbers. The data collected could then be used for identity theft against you, your employees, your patients, or other associates when sensitive information is shared electronically.

Eavesdropping, Denial of Service, and Man in the Middle attacks are common hacks. Eavesdropping could happen at the airport when you logon to the WiFi and someone sitting near you has tools to view your data. Even at home, a neighbor can access your data if your router is not secured. Denial of Service occurs when a hacker floods your connection with meaningless data making it impossible for you to access the network. A Man in the Middle can intercept communications and data flowing between the device being hacked and the intended destination. This can be very damaging if, for example, a credit card number is being transmitted.

WHAT YOU NEED TO KNOW TO PROTECT YOURSELF AND YOUR PATIENTS

Start with the assumption that all WiFi connections are insecure. If you are using a public WiFi hotspot, avoid transmitting confidential data such as protected patient information, or credit card or Social Security numbers, across the Internet via a browser, unless you are sure the web site uses SSL, a secure tunnel that is established to encrypt data as it travels across the Internet. Always type the address to a website yourself instead of clicking on a link from another web page or email message. If you have a device such as an iPad or iPhone that supports SSL for email, be sure SSL is enabled in the device settings.

If you employ a technician or firm to install WiFi in your office or home, here are some pointers to use in discussing whether the configuration is secure.

ROUTER CONFIGURATION AND SETUP:

- Be sure that the router supports WPA2, the strongest encryption currently available. It will encrypt communications between the device (e.g., laptop) and the



router.

- Never use a router that relies only on WEP. If your router is old, replace it with one that uses WPA2.
- Do not broadcast the SSID (name) of the wireless network.
- Change the password of the router when you install it, and use a complex password. Don't shortcut this step. The longer the password, the harder it is to hack. A mix of 11 characters and numbers is a good rule of thumb.
- Users who need to connect to the wireless router must be given a login name and password. Make the password hard to guess, and change it periodically.
- If your home or business network can be accessed via the wireless router, use the Guest account for visitors to access only the Internet and prevent access to the business network where your data is stored.
- If you have a very small network, consider using MAC filtering. A MAC address is a unique identifier for every piece of hardware. Locate the MAC address for each device connecting to the wireless network. Enter those specific addresses in the router's MAC Filter. Then deny access to any device not listed. If you use dynamic (DHCP) IP address assignments, consider limiting the number available to the actual number of devices in use. You could also assign static IP addresses in a small office.

BEST PRACTICES FOR SECURING DATA

Whether or not you use WiFi, there are best practices for securing data:

- In the office, institute formal written security policies on the handling of protected health information and update them annually or more often.
- Invest in security systems to monitor logs from firewalls, servers and routers for intrusions.
- Keep computer operating systems updated monthly or more if necessary.
- Use antivirus software and update it daily or more often.
- Be aware of social engineers. These are imposters seeking to pry private information from you or your staff.
- Use firewall software on all computers.
- Use intrusion detection/prevention software or services.

This article is a high level overview of some of the risks involved in using wireless in the office. It is intended to raise awareness and not to be a comprehensive technical article. Additional technical detail is available from a variety of resources.

PMSLIC Insurance Company provides extensive information to assist policyholders in understanding information security risks and formulating policies and procedures. Policyholders enjoy full access to state-specific information through the DataShield™ Learning Center, located in MyPMSLIC, the policyholder-only section of www.pmslic.com. For example, the learning center includes detailed sample policies which can easily be adapted to your practice, regular newsletters, up-to-date information on compliance, and training.

OTHER RESOURCES:

Eric Griffith, "Your Wireless Network: Cast Out Wi-Fi Intruders," PC Magazine, September 17, 2010. http://us.trendmicro.com/us/newsletter/home-user/june11/trendsetter_june11_wifi.html

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Reigning Courage: Healthcare Ethics Doctoral Student Josie Badger Named Ms. Wheelchair America 2012

By Lia Morrison, A'01, LPA'09

Over the past year, Josie Badger has toured Alaska's rugged terrain in a bush plane, skied at Terry Peak in South Dakota's Black Hills and trekked to the top of Seattle's Space Needle.

And she did it all despite having to rely on both a wheelchair and a ventilator.

Badger, a healthcare ethics doctoral student at Duquesne, was born with a rare form of muscular dystrophy called congenital myasthenia gravis syndrome. But that hasn't stopped her

from accomplishing more than most. In addition to her academic achievements, Badger reigned as Ms. Wheelchair America 2012, traveling extensively to share her platform of leadership development for youth with disabilities.

"To be honest, my disability is a blessing, and I would never give it up," says Badger. "It's part of who I am, but it's not all of who I am. Without this unique perspective and calling in life, I never would have had all these amazing opportunities."

BUILDING THE VOICE OF YOUTH WITH DISABILITIES

During her time as Ms. Wheelchair America, Badger has traveled to Alaska, Arizona, South Dakota, North Carolina, the New England area and Switzerland, presenting both to youth and about youth, spreading the message that youth with disabilities have a voice that needs—and deserves—to be heard.

"I'm focused on developing other young adults with disabilities, encouraging

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them to tap into their leadership potential," says Badger. "I'm only one person, but I've been blessed with this title, so I'm trying to build up other leaders who will continue on and promote the youth voice."

ENCOURAGING OTHERS BY SHOWING HER OWN COURAGE

Badger's message is desperately needed.

"A lot of these young adults and kids have gone their entire lives being told about all the things they can't do. Sadly, they start to believe it," explains Badger.

Badger admits that it may never be easy, but with the right support in place, individuals with disabilities can achieve their dreams.

"Everything I do takes some effort," says Badger. "Just getting dressed in the morning requires other people to help me out. Sometimes it takes a team effort to make sure you can pursue opportunity. But having a disability doesn't have to mean a lack of opportunity."

IN THE FIVE PERCENT

With all coursework toward her doctoral degree completed, Badger is now in the midst of writing her dissertation. Pondering this accomplishment, Badger's feelings are mixed, even bittersweet.

"Of course I'm excited that I'm nearing the end of the tunnel of my doctorate studies," she says. "On the other hand, it makes me sad that I'm a rare case. Only five percent of individuals with disabilities receive any type of post-high school certification or diploma. It's disappointing to think that I'm one of the few. There's no reason that others with disabilities shouldn't be getting their doctorates as well. I hope that, through my work and my example, I can encourage others with disabilities to pursue higher education or even their doctorates."

SEEKING IMPROVEMENTS IN HEALTH CARE FOR INDIVIDUALS WITH DISABILITIES

Badger's thesis is very personal, developed from her own childhood experience and work she's done over the past eight years regarding the transition of children with special health care

needs from the care of their pediatricians into adult medicine.

"The issue is that a lot of individuals like me have disabilities that often weren't seen in adulthood because patients passed away before coming of age," says Badger. "We've relied on our pediatricians since, potentially, infancy, for our safety and our survival. Then all of a sudden we reach adulthood and have to transition to someone who has maybe never seen a patient like us. There's just a huge gap in knowledge and understanding."

But with people like Badger bringing awareness to the issue, the hope is that others will have easier times with their own transitions to adult medicine.

"I'm taking what I've learned and using it to give back," says Badger. "My life, my survival, really can be attributed to my medical team and how they supported me. Hopefully, now I can support other young adults so they can have successful adult lives, too." †

Editor's Note: This article first appeared in the fall 2012 issue of Duquesne University Magazine. Reprinted with permission.

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David J. Pieton, CPA, ASA | John R. McMurtry, CPA

First Pharmacy Professional Year Underway at Cedarville University

The Cedarville University School of Pharmacy's first professional year is underway with an enrollment of 53 students. Seeing these students walk the halls of the new Health Sciences Center, it might be easy to forget about the vision that not only brought this program to life but also guides the program still today.

Prior to 2009, three men on Cedarville's campus, Duane Wood, David Ormsbee and Andy Runyan, had a vision for a pharmacy program that would create doctors of pharmacy who were highly skilled, innovative and compassionate. Under the guidance of these three men, students, faculty and staff believed in the vision of the program.

One such person was the dean of the School of Pharmacy, Marc Sweeney, Pharm.D. Sweeney was invited to the school's advisory council with the goal of shaping the vision and direction of the program. Eventually he was recruited from the council to become the dean of the school. He is excited by the progress he has seen in the school in the time he has been involved in its development.

"When we started recruiting students back in 2009, we didn't have a facility, we didn't have accreditation and we didn't have faculty," Sweeney said. "To be actually launching the program with students, with having the professional program, with having accreditation status and with a facility is pretty significant. We've come a long ways in a few years."

Under Sweeney's guidance, the School of Pharmacy has developed from a nice idea into a concrete program that develops students not only in the scientific realm, but also in the spiritual and interpersonal realms. The Cedarville University School of Pharmacy is the only pharmacy school in the nation where students are required to have a background in biblical studies.

"Our undergraduate students will all have a minor in Bible," said Jeffrey Lewis, Pharm.D., the associate dean for the School of Pharmacy. "Even our postbaccalaureate students who transfer here have some required Bible courses that they will take so they have a strong foundation. We have the only program in the country that counts so highly the value and priority of developing godly character."

According to Lewis, another unique feature of the program is its heavy engagement with medical missions. The program requires every student to go on an extended cross-cultural learning experience during the last two years of their

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professional degree. Lewis said many students will complete this requirement through a medical or health missions trip to locations such as Kenya, Honduras, Swaziland and the Dominican Republic.

The inaugural professional year class is laying the groundwork for future students, while at the same time walking on the paths laid out for them by those original three men and those they recruited.

"The inaugural year represents success not only on the part of the School of Pharmacy, but also on the part of the students," Sweeney said. "The students have risen to the standards set."

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IN THE HEART OF OAKLAND



Physical Therapist Assistant Degree Offers Important Opportunities to Those Seeking Healthcare Careers



Susan Brimo-Cox

A wide spectrum of educational experiences, from learning the basics to “hands on” activities, are integral to the PTA program at Penn State Fayette.

By Susan Brimo-Cox

As career opportunities in health care increase, students who are looking for hands-on roles might consider studying to become a physical therapist assistant.

At Penn State Fayette, The Eberly Campus, the Physical Therapist Assistant Associate Degree Program helps prepare individuals to become skilled healthcare workers who assist the physical therapist in patient treatment. The physical therapist assistant curriculum combines general education, science, and technical courses. Specialized instruction includes anatomy, physiology, kinesiology (the study of motion of the human body), rehabilitative procedures, and the use of specialized equipment. Students develop the knowledge and skills required to provide therapeutic exercise, functional training, electrotherapy, and other treatments included in the physical

Education Update

therapy plan of care.

In order to accommodate the clinical practicum, this major requires five semesters to satisfy graduation requirements. The degree program is led by instructors Drs. Stacy Sekely, program coordinator, and Pamela Pologruto, clinical coordinator.

Sekely says, “Fayette’s program offers a supportive learning environment through the teaching and service of the faculty and staff and state-of-the-art facilities, including a new Allied Health Laboratory.” Students also appreciate the program’s small class sizes, emphasis on “hands on” activities, and engagement in community activities.

Penn State Fayette PTA students report a variety of reasons they chose to pursue a career as a physical therapist assistant, including the prospects of a challenging and fast-paced working environment, opportunities to interact with diverse people, job security, flexible work hours, and opportunities for advancement. “All of our students look forward to making a difference in people’s lives—helping people recover from an injury and return to optimal function is very satisfying,” Sekely says.

There is great career potential as a physical therapist assistant, with a variety of opportunities in the field. Not only is there opportunity to work with patients of all ages, but also the ability to work in a wide range of locations, including hospitals, outpatient clinics, home health agencies, schools, nursing homes, and sports and wellness facilities.

Sekely points out that even with the downturn in the economy there is a high demand for physical therapist assistants in the workforce. In fact, according to the Bureau of Labor Statistics, employment of physical therapist assistants is expected to increase 46 percent from 2010 to 2020, much faster than the average for all occupations (<http://www.bls.gov/ooh/healthcare/physical-therapist-assistants-and-aides.htm>).

“Our students are looking forward to bright future careers,” she says.

Penn State Fayette is located in Fayette County, Pennsylvania. For more information, call 724-430-4130 or visit online at Fayette.psu.edu. †

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Animals Assist in Helping Women Achieve Recovery



By Dr. Kim Dennis

People enter treatment for a wide array of disorders and emotional illnesses, everything from depression to post-traumatic stress disorder (PTSD), chemical addiction to anorexia. Most programs provide treatment through individual and group therapy, family therapy, medication management and possibly experiential activities such as art or dance therapy.

Ever increasingly, canine and equine animal assisted therapy is integrated into the treatment plan. Working with animals is beneficial on many levels; perhaps the greatest value of spending time with a horse or a dog comes down

to one simple factor: when an individual is focusing on an animal, she isn't focusing on herself. For a given amount of time, she is not thinking about food, or alcohol, or the horrible issues that defined her childhood. She is temporarily set free.

Canine and equine therapies are very different from one another and offer diverse experiences and challenges. At Timberline Knolls Residential Treatment Center, our residents participate in one or both depending on their individual needs.

CANINE THERAPY

At the core of most addictions and disorders is emotional pain and the inability to cope in a healthy fashion. It is not unusual for this pain to be linked to a person or persons. This is why a dog can serve as the ideal therapist for a wounded female. Therapy dogs, like most canines, ask so little from an individual; perhaps a Labrador retriever wants to be played with, or a terrier wants to be held and cuddled. Either way, the presence of this animal can help someone suffering on so many levels, including improving her self-esteem, providing motivation for recovery, even inspiring a reason to live. Interacting with a dog can remind her that happiness, laughter and joy are still possible in this world.

EQUINE-ASSISTED PSYCHOTHERAPY

Horses provide a different, yet equally important type of therapy. Timberline Knolls residents engage in experiential activities with the help of specialists certi-

Rehab



fied by the Equine Assisted Growth and Learning Association (EAGALA). The goal may be to cultivate assertiveness, improve communication or strengthen confidence; or the intent might be just to complete the activity without engaging in ritualistic OCD behaviors. Therapy horses, unlike human beings, exist without judgment. These enormous creatures are inherently curious and guileless; they do not know or care about disorders or addictions. They willingly allow our residents to interact with them, practicing new skills and behaviors that they will integrate into real life after treatment.

INTEGRATED TREATMENT

All therapy has great value and is interconnected. Those in treatment learn important tools and skills for recovery through individual, group and family therapy. In turn, these women and girls can explore new behaviors and apply new life skills in a safe environment with accepting, non-critical animals. †

Dr. Kim Dennis is the CEO and Medical Director of Timberline Knolls Residential Treatment Center. For more information about the residential treatment offered at Timberline Knolls, call 877.257.9611 or visit www.timberlineknolls.com.



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Strengthening the Body to Heal the Mind

By Daniel Casciato

Jeff Rutstein had to stare death in the face before he finally quit using drugs.

Rutstein, 40, was addicted to anabolic steroids, alcohol, street drugs and prescription drugs. As a teenager, the Massachusetts native began taking steroids, and for three-and-a-half years he found himself on a steroid roller-coaster. Every time Rutstein tried to get off steroids, he would lose muscle mass, become depressed and then go back to them.

“You don’t think of steroids as a drug,” he says. “You think of it more as a vitamin that helped you get stronger. All I cared about was getting bigger and my workouts were more important than my school work.”

Rutstein soon discovered that steroids was a gateway to other drugs. He started doing other illegal drugs like acid, cocaine and began drinking as well.

“After awhile shooting up with a needle was nothing to me,” he says. “I would do almost anything. I just didn’t care.”

When he finally quit cold turkey, as a New Year’s resolution, his life went into a tailspin from which it took more than a year for him to recover. With the help of his parents, he got treatment and recovered.

It was during this time when he decided that he wanted to work with people who were in trouble – whether it was from substance abuse, stress, or psychological despair – and help them overcome their problems. So in 1990, Rutstein started Custom Fitness in Boston, a center that promotes a mind-body approach to exercise. His unique approach to fitness is the opposite of the usual “no pain, no gain” workout mills.

“I found this work to be very rewarding for me,” he says. “The reason I got into this business is so I could make people feel better.”

Rutstein said that he quickly gained converts throughout the Boston area with doctors and mental health professionals recommending their clients to him. Based on his experiences, he wrote *Rutstein on Fitness: Strengthening the Body to Heal the Mind*.

“I wanted people to know that exercise doesn’t have to hurt,” says Rutstein. “It doesn’t have to be that way. Exercise is great stress relief and a way to make people feel good.”

Rutstein was named Distinguished Personal Trainer by American Fitness, an Outstanding Fitness Leader by *Reebok Instructor News*, The Best Samaritan by *American Health*, and is a Master Level Personal Trainer certified by the International Dance and Exercise Association (IDEA).

After reading Jose Canseco’s tell-all book about steroid abuse in baseball, Rut-

stein felt the time was right for him to write about steroid abuse and his experiences.

“I felt that Jose didn’t know what he was talking about,” he says. “I wanted to tell my story about my abuse and my uphill struggle to overcome it.”

Rutstein’s book, *The Steroid Deceit: A Body Worth Dying For?*, discusses the reasons why kids turn to steroids; the warning signs of abuse; how parents can deal with steroids; and an explanation of the dangers of steroid abuse including: rage, depression, heart disease and death.

Some of the warning signs that Rutstein mentions include:

- Large gain of muscle mass over a short period of time
- Increased time spent in the gym and a preoccupation with weight training
- Dramatic changes in personality
- Abnormally large breasts in males
- Stretch marks, especially around the breast area
- Increased acne, especially on the back, face, and chest
- Facial puffiness due to water retention
- Needle marks on the buttocks
- Increased blood pressure and heart rate

Rutstein believes that steroid use among teens is becoming epidemic.

“More people need to recognize that steroid abuse has become a serious problem,” he says. “And it’s getting worse. One reason is that it’s pretty simple to obtain. Another problem with steroids is that it actually works.”

Although Rutstein’s solution was to quit cold turkey, he doesn’t recommend anyone trying that now.

“Quitting cold turkey is not the best idea. I was completely out of mind when I came off it,” he says. “My body went into shock and I went into a mania. But for me, that was the only way.”

Rutstein suggests getting counseling and treatment. He also recommends weaning yourself off the drug.

“But most importantly, you have to make the tough choice that you want to get better,” he adds. “I was petrified to stop doing it but I knew that if I kept doing steroids, I would be dead. It’s a bad addiction.”

As a parent to two young children now, ages 10 and 7, Rutstein hopes that parents, children, and physicians read his book to learn about steroid abuse and what they can do to stop it.

“I just want my book to be able to reach people before it’s too late,” he says.

For more information, visit www.feelgoodexerciseprogram.com. †

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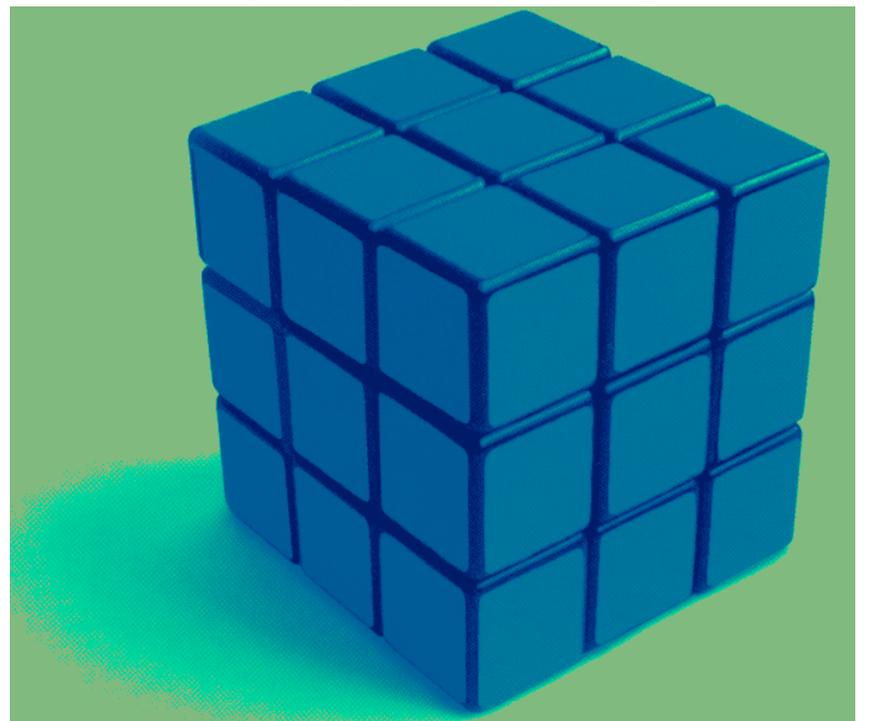


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Financial Conflicts of Interest in Industry Sponsored Research



By **Barbara Postol**

Research integrity speaks to honesty and truth when conducting scientific research and a trust that the results which come from this work are sound, ethical, and scientifically rooted. For researchers, integrity pertains to moral character and for the greater institution, an environment that has both legal and ethical standards. Conflicts of interest hold significant value within the context of undermining research integrity. Conflict of interest threatens research. Currently there is a growing concern in the field of bioethics regarding conflict of interest and pharmaceutical drug research. The reason is that drugs earn great

profit and integrity could potentially become jeopardized in this pursuit. This represents a financial conflict of interest.

Financial conflicts of interest can involve profit and sponsorship. Pharmaceutical companies sponsor research which creates concern of influence or ties to the research outcomes. These types of conflicts of interest, funding sources and financial incentive, are closely related as the bottom line to each involves profit. Consequently conflicts of interest may have the potential for negative repercussions for the public and study participants if unmonitored, which are why these areas are important areas. The apprehension is that financial rewards may negatively affect the quality of research conducted. This is dangerous as there could be potential harm to human subjects who are participating and for those who rely on the outcomes of the research in the future. Therefore it is necessary to tackle these issues and create awareness so that research is able to be done soundly and ethically by limiting conflict of interest.

Historically, the field of research had distanced itself as a money making venture. Profits were not a part of a university setting or a government funding institution as profits were within corporations. However, this has changed and now academia may generate profits from contracts with outside institutions, particularly from pharmaceutical companies. The greatest concern is any form of research misconduct. Areas which could be jeopardized include falsification of data, enrollment of research study participants who do not meet the study's inclusion criteria, or investigators who present the data which is swayed to favor the industry sponsored product. While these examples are believed to be very rare, there is not empirical data to address the rate at which these *could* happen.

In the United States, federal regulation policy exists that disclose financial interests of study investigators. However criticism exists that the financial interests are not directly linked to regulations on human subject protection. This means that Institutional Review Boards may not be aware of these conflicts or these conflicts may not be used to protect research study participants. Suggestions to protect human subjects in research from financial conflicts of interest include analyzing the financial exchange between institutions and investigators then determining if participant's interests could be better protected if these financial details were disclosed. An IRB essentially has the most oversight on these types of matters; so much is left to the IRB's discretion.

The separation of financial and research responsibilities, the addition of a third party to provider oversight or monitoring are ways that can lesson or eliminate financial conflicts of interest which could impact subject safety. Research indicates that voluntary ethical guidelines fail. Therefore there is a great need to strengthen IRB boards or even incorporate an independent review of finances to help reduce conflicts of interest. An outside review board similar to an IRB would be beneficial to examine sponsorships and potential conflicts they may induce. All forms of conflicts of interest need to actively be avoided to ensure integrity in medical research so that the general public can feel safe regarding their healthcare. †

Barbara Postol is Director of Research Ethics at the Institute of Consultative Bioethics, based in Pittsburgh, Pennsylvania. She is currently finishing her doctoral work in bioethics at Duquesne University.

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E. Anthony Verdream, MD

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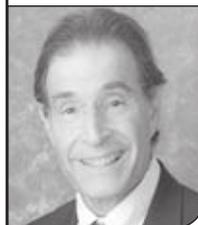
Dr. Verdream earned his medical degree from Temple University School of Medicine in Philadelphia. He completed his residency at the Western Pennsylvania Hospital and his fellowship at the Medical College of Virginia, Virginia Commonwealth University. He is board-certified by the American Board of Internal Medicine with a subspecialty in infectious disease.



Robert Louis Volosky, MD, FACP

Internal Medicine, subspecialty in infectious disease

Dr. Volosky earned his medical degree from Georgetown University in Washington, D.C. He completed his residency and fellowship at UPMC Montefiore. He is board-certified by the American Board of Internal Medicine with a subspecialty in infectious disease.



David Lee Weinbaum, MD, FACP

Internal Medicine, subspecialty in infectious disease

Dr. Weinbaum earned his medical degree from the Boston University School of Medicine. He completed his residency at the University of Michigan and his fellowship at the University of Virginia. He is board-certified by the American Board of Internal Medicine with a subspecialty in infectious disease.

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Creativity and Innovation Lead to More Sales



By David M. Mastovich

In today's hyper competitive environment, your health care organization has to relentlessly pursue innovation. Creativity can lead to new ideas that become competitive advantages.

It's also no longer enough for Sales, PR and Communications to tell your company's story. Employees throughout the health care organization need to become de facto mem-

bers of your Integrated Marketing team.

How do you create an environment of creativity and innovation?

Ask and answer these three questions:

1. Who are we trying to reach and influence?

Clearly define and drill down your target markets and

communicate to everyone in your organization about these segmented groups. How do they think? What moves them? Why do they say 'Yes' to your company? What makes them say 'No'? Explain your target markets in detail to your entire organization so everyone knows the specifics.

2. What are we really selling?

Seattle's Pike Place Fish Market isn't just selling fish. We can buy fish at thousands of places and barely remember doing so. Pike Place is selling the experience just like Starbucks and Apple. Today's marketplace is driven by our experiences. Asking 'What are we really selling?' and tailoring your message to that experience can increase sales and enhance your brand.

3. How can we tweak our offerings to better meet our customer's needs?

Make gathering customer feedback part of your formal sales process. Have each salesperson ask their clients and prospects how to change and improve the company's offerings with questions like: "What are the top three things you

would change about our company?" "What's the one thing we could do to make you happier?"

Coach your sales team on how to ask the questions and track the results. Respond to what customers and prospects say. Be willing to change, innovate and create something new. Tell customers and prospects what you learned and what you did about it. Then, make the ask and close the business.

David M. Mastovich is president of MASSolutions Inc., which focuses on improving the bottom line for clients through creative selling, messaging and PR solutions. In his recent book, "Get Where You Want To Go: How to Achieve Personal and Professional Growth Through Marketing, Selling and Story Telling," Mastovich offers strategies to improve sales and generate new customers; management and leadership approaches; and creative marketing, PR and communications ideas. For more information, go to www.massolutions.biz.

Good Marketing Generates Good Profits

By Jim Surman, CMC

Our speaker at the IMC, USA Western Pennsylvania chapter meeting on September 7th 2012, Tom "Cossie" Surman, a retired marketing Sr. Vice President of the RCA Corp., Music division in New York City, NY., shared his vast marketing experience. He currently is V.P. of Government Relations, Real Estate Development and Corporate Communications at Vantage Healthcare network, located in North-western PA, a multi-hospital shared services organization.

In addition to directing the marketing for a large Fortune 500 company, he published and was editor for several trade journals serving the recording industry. If the name sounds familiar that's because Tom is my brother. Tom talked about marketing efforts and business relationship comparing techniques used in the past compared with marketing and promotion protocols of today's market. Cossie worked with music pop stars like: Burton Cummings of the group the Guess Who, David Bowie, Waylon Jennings, Sade, and Elvis

to traditional artist like Henry Mancini and Harry Neilson.

Tom shared a story about how Elvis's manager, Colonel Tom Parker, generated marketing for the true "King of Pop." Tom said, "There I was, meeting with the Colonel in Vegas, a 26 year old Sr. VP of RCA Records. As I was about to touch down at McKarren, I noticed two words gracing the billboards on the final approach - "Elvis Now."

Tom told us at our IMC meeting how the colonel said, "Tommy my boy, if I could have said it in one word I would have. But everyone knows Elvis and they came to Vegas to see "The King". And the Colonel really did believe that. I learned from that meeting that simplicity is a fundamental key in advertising."

Tom stated: "The shortest amount of words that are succinct and identify what you are trying to say, always get the best result. For example, the rule is if you have more than 4 or 5 words on the display, you've lost. Everyone's mind is on overload. They have so much going on that they don't remember more than those few words that deliver your message, everything else is ground clutter."

In addition to being concise one of the most important parts of any promotion is the tag line. "Major brands are known by tag lines - *Coca-Cola*, *American Express*, *BMW*, etc. and all have a tag line that is consistent in message and keep it as simple as possible. In music when anyone says "The King" everyone knows it's Elvis / or if you hear American Express - Don't leave home without it / or BMW - The ultimate driving machine / or Coke - The pause that refreshes.

Most importantly, when you own a business or as a consultant representing businesses, create a Style-Guide for the company. Remember, consistency is what produces results, it makes it easy for the client to relate.

Another key item discussed at the meeting was to get other groups involved to partner to get your message out. The Speakers Bureau, the Chamber of Commerce or other organizations can join with your consulting practice to partner in a joint effort for economic growth for the benefit of both. Economic growth is the big thing now. But be sure to involve the press. The more ink you get the better. There is money out there to help you with this from the State and Federal Government.

In summary, focus on the "return on investment" (ROI), it is the key to measuring the effectiveness of your marketing strategies. Often times it illustrates how well your organization can *execute* the strategies. It could also be reflected in brand valuation or how your customers react to your product or service, and pricing. Ultimately it should resonate with sales and that means profitability. But don't just focus increasing sales when you could be getting a profit boost by reducing overheads and expenses as well.

And most important, give yourself options to test different marketing tactics, make sure they fit your brand, as we just discussed, and make sure it aligns with your strategy. †

Jim Surman, CMC is currently President (2011/12) of the Western Pennsylvania Chapter of the Institute of Management Consulting, USA. (IMC, USA). For more information about the IMC, please call Jim at 412-751-0807, email RPI-Consulting@msn.com, or visit www.RPIConsulting.com



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Non-Employee Harasses Healthcare Employee and EEOC Files Suit



By Kyle Frye

Although most healthcare employers are sensitive to issues of workplace harassment, the focus is usually on issues involving co-worker or supervisor misconduct. But, the law's protection also extends to harassment by non-employees. Given the presence of so many non-employees in the typical

healthcare setting, there are abundant opportunities for problems to arise.

The Equal Employment Opportunity Commission, on Sept. 6, filed a lawsuit in federal district court charging a health system in Virginia with violating federal law by subjecting a female employee to a sexually hostile work environment. According to the EEOC, a receptionist was subjected to sexual harassment by the same male patient from April to December 2009 and again from June to September 2010.

The harassment included unwelcome sexual comments such as an invitation that she "run away" with the patient, statements that he was "visualizing her naked" and suggestions that she have sex with him. The commission alleges that these comments were made both in person and by telephone. Further, the receptionist complained to her supervisor, who did nothing. The EEOC seeks both compensatory and punitive damages, as well as injunctive relief.

When the receptionist complained about this patient's misconduct, the health system was legally put on notice of the alleged conduct, even if the supervisor said nothing to anyone else. When the supervisor gained knowledge, it was absolutely incumbent upon

the employer to investigate and, if appropriate, take prompt remedial action. Assuming the employee actually did complain to her supervisor, one can only speculate as to why nothing more was done. But it is quite possible and consistent with what has happened elsewhere, that the harasser's status either caused the supervisor to conclude that there was nothing that could be done or chilled the supervisor from taking action. Either way, the health system is now faced with the time and expense of a lawsuit.

So, how should an employer deal with complaints about the conduct of patients or other non-employees? The first, and most obvious, thing to do is to make absolutely sure that supervisors are aware that harassment by patients – indeed, by any non-employee – is every bit as serious as harassment by employees. Employers should review their anti-harassment policies on that point and should ensure that its application to both non-employees and employees is stressed in periodic training given to supervisors. By the same token, non-supervisory employees should know that they should raise complaints about misconduct from patients and other non-employees, just as they should if it comes from employees.

Second, in the event of a complaint, the employer must conduct a serious and thorough investigation. Of course such investigations are often more difficult as the employer usually may not compel cooperation from non-employees to the extent that it can from employees, but that does not mean that the employer cannot gather as much information as possible, then reach a reasonable conclusion. Even if non-employees fail to cooperate, employers have to make a decision based on whatever information is available to them.

Third, the employer must promptly act on the results of the investigation in such a way as is reasonably



calculated to resolve the complaint. In many cases, this may result in a consultation with the patient or other non-employee. In other cases, it could even result in advising a patient to seek care elsewhere or in restricting the patient's access to certain areas of the facility, or at least actively monitoring the patient's conduct while at the facility.

Fourth, the employer must not forget the complaining employee. The complainant should always be advised that the complaint is being investigated, at least the general action taken, and enjoined to report any further misconduct. In addition, a wise employer should also periodically and on its own accord inquire of the complainant concerning any recurrence.

Training, vigilance and prompt corrective action are the keys to avoiding the often huge cost of harassment lawsuits whether from employee or non-employee misconduct. †

Kyle Frye is a partner in the Atlanta Office of Fisher & Phillips LLP. His practice is restricted to representing employers in labor and employment matters. He may be reached at (404) 240-4243 and kfrye@labor-lawyers.com.

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Diagnosing Problems with Non-Competition Agreements: A Self-Exam Guide for Practices & Physicians



By Katherine Koop, Esq. and Albert Lee, Esq.

These days, physicians rarely graduate from medical school, join a practice and stay until retirement. In fact, for the first time since 2008, physician turnover has increased, from 5.9 percent in 2009 to 6.1 percent in 2012. Some estimate that 40 percent of newly practicing physicians leave their initial practice group within two years of joining and that turnover will further increase in 2011 - 2012 due to a belief that physician retirees will swell. A recent study of community family practices in Northeastern Ohio found mean duration of work at the current practice location to

be 9.1 years.

It is more common for a physician to be employed by multiple practices over his or her career, often within the same community. As an employer, it is important to protect your practice from departing employees joining a competitor or opening their own practice down the block and taking your most valuable asset: the patients. As a physician entering the profession or presented with the opportunity to join a

practice, it is likewise important to ensure that you won't be unreasonably limited in practicing medicine should you choose to leave your employer.

Medical practices often protect themselves from the damage that can result from an employee leaving to work for a competitor by the use of non-competition clauses (also known as restrictive covenants). From the practice's standpoint, a non-competition clause can be a valuable asset when drafted reasonably and, if challenged, can be upheld by a court of law. Because practices are utilizing non-competes, it is important for physicians joining a practice to know if such agreements are reasonable under the law and in light of all of the circumstances.

The basic tenets of a non-competition clause in Pennsylvania are straightforward:

- A non-compete agreement must be tied to a lawful purpose such as entering into or extending an employment relationship.

- The agreement must be reasonably necessary to protect the employer's actual business interests. In other words, a court will likely not uphold the agreement if the actual loss of the employee to a competitor would pose no threat to the practice.

- The employee's agreement to restrict future employment must be in exchange for receiving something of value, such as the initial job offer, a raise or promotion, or some other tangible benefit. Without such consideration for entering into the agreement, the non-compete will not be upheld.

To be enforceable, the agreement must be reasonable in time and geographic scope. For example, courts have upheld non-competition agreements with



a one- to two- year time frame and limitations on the employee's ability to practice anywhere from a one-mile to five-mile radius.

Please note that non-competition agreements that satisfy the above-criteria may still be invalidated if either of the following circumstances apply:

First, due to the special position of a physician, a lack of competition in the geographic area may invalidate a normally valid non-competition agreement. Pennsylvania case law shows that public interest can be the determinative factor that dictates enforceability of a non-competition covenant as applied to a health care provider. Courts ruling on the enforcement of a physician non-competition covenant have considered the effect of the covenant on the patients who are in need of the physician's service. For example, if there is a lack of medical providers or of a specialist's services in a certain geographic area, courts will either blue-line or invalidate the agreement entirely to assure that the covenant will not compromise patients' ability to obtain adequate skilled care in the area in which the

See **DIAGNOSING** On **Page 19**

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DIAGNOSING From **Page 18**

health care provider is planning to work. In other words, the employer must evaluate the likelihood that consumers could be adequately served by existing health care providers or the hiring of a new physician of the same discipline to meet patient demand.

Second, past practices of enforcing or failing to enforce breaches of existing non-compete may prove detrimental to enforcing breaches of non-competes in the future. Specifically, it may be appealing to have a strong, all-encompassing non-compete and have all of your physicians and employees sign it upon joining the practice, but thereafter only fight to enforce non-competes for certain employees and only when their separation threatens the viability of your practice. This is not a prudent practice. Employers who require non-competes for all employees or certain positions, who then neglect to enforce those non-competes, have later found it hard to justify their ad hoc enforcement against some employees, but not others. Courts are likely to find that the failure to pursue some employees' violations of non-competes demonstrates that there is no real need for the restriction in the first place. Thus, a practice should bind with a non-competition agreement only those employees whose breach of such an agreement would warrant enforcement. You should consistently enforce breaches of any non-compete or be prepared to explain the reasons behind any decision to not pursue enforcement.

EMPLOYER CONSIDERATIONS

Before demanding that all employees in your practice sign what appears to be an iron-clad, non-compete agreement, employers should ask themselves:

- What activity do I need to prohibit?
- If a physician leaves my employ to work for a competitor, could I provide the same medical services of that physician to my patients and/or the geographic region?
- How far from my practice do most of my patients live? Do my patients travel two miles or across the country to be treated? Do the geographic limitations in my non-compete reflect the answer to this question?
- Am I part of a regional hospital group and, if so, would the non-compete restrict the physician from practicing within a certain distance of other related hospital group practices? Is this restriction necessary to protect my practice?
- Have I consistently enforced my non-competes in the past? If not, what are the reasons I chose not to enforce the non-compete?
- Am I offering something of value in exchange for the non-competition agreement? If the non-competition agreement is part and parcel of the original job offer, have I clearly indicated to the physician — prior to the commencement of the em-

ployment relationship—that the agreement is a condition of the employment?

- Before tendering a non-competition agreement to a potential hire, should I consult an attorney?

EMPLOYEE CONSIDERATIONS

When presented with a non-compete agreement, employees should ask themselves and potential employers:

- Are there other physicians practicing my specialty within the area? If so, where?
- How far from the practice do most of the practice's patients live? (If the non-compete appears overly restrictive in scope, consider asking the employer to modify the agreement.)
- If I was bound to the proposed terms of the non-compete, how would this affect my current living situation? Would there be opportunities for employment outside of the restricted geographic area?
- Before executing an agreement or accepting new employment that may violate my non-compete, should I consult an attorney?

For more information, visit www.tuckerlaw.com. †



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Walk a Fine Line When Writing Employee Handbooks



By Jane Lewis Volk

When was the last time you really scrutinized your employee handbook?

For a growing number of employers, the answer is “the last time an employee used it to bring a lawsuit against us.”

Employee handbooks are essential to establish appropriate rules and procedures

for the workplace. But as unusual employee situations continue to pop up, many employers create overly broad policies that are meant to protect the company in any possible scenario, but may go too far, leaving an open invitation for an administrative charge or even a lawsuit.

Thus, employers must walk a fine line between establishing appropriate policies and overreaching their bounds. When examining the company handbook, consider the following common handbook topics that can often lead to legal issues:

COMPANY PROPERTY

Employers should state that employees should have no expectation of privacy or ownership when using company systems or equipment and that all company property must be returned when an employee leaves the company.

But don't say that deductions for unreturned or damaged company property will be taken from pay. Employers cannot legally deduct money from employees' pay without their written authorization.

CONTRACTS

In workplaces where some employees may have individual or union contracts, employers should acknowledge those contracts in the employee handbook. The handbook should also state which takes precedence in the case that there is a discrepancy between the handbook and the contract.

But don't make the handbook itself a contract. While many employers include a disclaimer that “this handbook is not a contract,” language within in the handbook may appear to make promises to employees, such as saying “will” instead of “may.”

CONFIDENTIALITY

Employers should establish a confidentiality policy regarding proprietary information and require employees to sign a confidentiality agreement prohibiting them from leaking information to competitors, even after they leave the company.

But don't take the confidentiality policy so far as to even arguably prevent employees from talking with one another about workplace conditions and wages. Under the National Labor Relations Act (NLRA), employees have the right to discuss workplace conditions with one another, and the confidentiality policy should state that it is not intended to infringe upon those rights.

PROCEDURES FOR DISCIPLINE

A good employee discipline policy should clearly outline the consequences for violating company rules and ensure that all employees are disciplined fairly.

But don't make the policy rigid. Employers should always state that they may bypass steps in the process when necessary and that a repeated offense need not be identical to a previous offense to warrant discipline.



SOCIAL MEDIA

Employers should remind employees that social media is a public forum, and that they may not post unlawful, harassing, threatening or obscene statements. Health care employees are also prohibited from posting any photos of or comments about patients, as that would violate the Health Insurance Portability and Accountability Act.

But don't broadly prohibit employees from talking about work on social media. The rights under the NLRA to discuss workplace conditions apply to social media, and a social media policy should state that it is not meant to interfere with protected rights.

The most important rule of employee handbooks is that they should be tailored specifically to each company's needs with consultation from an attorney. Because the laws vary by state, locality and industry, it's never a good idea to use an online template to form company policy. †

Jane Lewis Volk is an employment attorney at Pittsburgh-based law firm Meyer, Unkovic & Scott and can be reached at jlw@muslaw.com.

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The Road To Success Is Always Under Construction Strategies For Administering A Successful Capital Project



By Bob Wright

Successful construction projects do not just happen; rather, success is the result of a team effort under the owner's leadership, early strategic decisions, and proactive management. When a healthcare executive (CEO) decides which capital projects will improve patient outcomes, generate revenue or reduce costs, the focus is on the program, cost, schedule and location. The executive then delegates the specifics of how the project will be accomplished to the Project Administrator. The following strategies can assist the Project Administrator with critical decisions before the design and construction process begins.

PROJECT DELIVERY METHOD

One of the first strategic decisions is to determine the optimal project delivery method. The choice is based on careful consideration of cost, schedule, risk, financing and laws. The most common methods include:

- (1) Design/Bid/Build
- (2) Design/Build
- (3) Design / Negotiate with a Construction Manager (CM)
- (4) Integrated Project Delivery (IPD)

THE PROJECT TEAM

The composition of the project team is the single most important decision an owner makes after deciding to proceed with the project.

The designer is typically the first team member selected after close scrutiny of qualifications, experience, approach, and value (what do they bring to the table?). Owners should inquire about the designer's quality control program and track record involving changes resulting from errors and omissions.

After careful consideration select the internal or external Project Manager who will represent the owner throughout the design and construction process. Does this person understand the contract documents? Does this person possess the management skills necessary to control critical aspects of the project and the technical expertise to ensure that the owner is receiving the best value?

Before choosing the third team member (the contractor) who will undertake considerable risk, all the bidders should be vetted. Before being invited to bid, require a prequalification statement, a recent financial audit and a workers compensation experience rate modifier. The apparent low bidder's bid amount and anticipated construction timeframe should be scrutinized. At the same time the contractor's proposed manager and superintendent should be interviewed with an emphasis on attitude and credentials consistent with the project goals. Only then should the contractor be brought on board.

Even with the best teams, many owners understand that they do not always get what they pay for. (Consider the highly paid New York Yankees poor performance in the recent Major League Baseball Playoffs.) To ensure a successful outcome the project administrator must establish controls to monitor the team's performance. Interim controls can accurately measure performance so necessary adjustments can be made in the heat of battle.

CONTROLS

One key control is the master schedule that identifies critical path activities from the start of design through occupancy. Just as budgets have contingencies so should schedules. At each milestone; schematic design, design development and construction documents, the owner should affirm that the corresponding estimate and scope are in line. The current best practice, known as *Lean Design and Estimating*, requires concurrent tradeoffs keeping the project scope within the budget.

Designers are obligated to provide a design that is consistent with the budget. Caution, under delivery methods that require a guaranteed maximum price (GMP), construction managers tend to artificially inflate cost estimates as a financial safety cushion and as a potential reward for what may later be termed "effective cost management". Owners need to exert control over the construction manager so that the designer and owner will not have to prematurely cut vital components from the program based on artificial estimates.

Owners should verify that the designer has performed a quality control check and that the design has been approved by the authorities having jurisdiction. The

construction requirements should include either a mock-up, or a low-cost facsimile of repetitive or complex spaces. User groups should review the mock-up and give their functional approval prior to proceeding. A mock-up can also clarify the owner's and architect's craftsmanship expectations.

Early in the design phase, careful consideration should be given to how the project will impact the owner's daily operations. Consideration should be given to an Operational Impact Assessment that pro-actively identifies maximizing construction productivity while minimizing disruptions to the owner's ongoing operations. This win / win strategy will give the users, and adjacent departments, a voice in the process reducing staff complaints and minimizing the risk of contractor initiated delay claims.

The owner should chair regularly-scheduled Construction Progress Meetings with an agenda to address timely responses to Request for Information, efficient processing of submittals, and resolution of issues. Because designers are only on-site occasionally, the owner's Project Manager needs to know the quality standards and actively participate in Pre-Installation Conferences. By reporting deficiencies early, in-writing, issues can be addressed in a timely and less expensive manner as opposed to waiting for the Punch List. Close monitoring of cost changes, adjustments to the contingencies, and timely processing of applications for payment are critical tasks that must be diligently performed by the owner.

Successful projects do not just happen; rather success is the result of the owner's leadership, strategic decisions and proactive management established before the design and construction process begins. †

Bob Wright is a Senior Associate at Stantec Architecture and Engineering LLC. Bob works in the Stantec Butler, Pennsylvania Office and can be reached at bob.wright@stantec.com.

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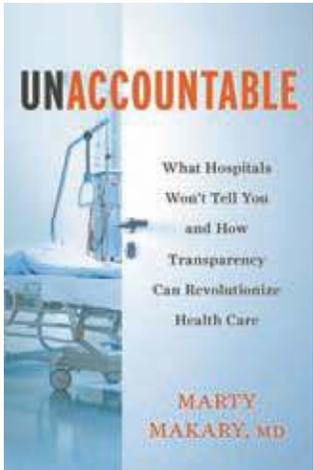
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“Unaccountable: What Hospitals Won’t Tell You and How Transparency Can Revolutionize Health Care” by Marty Makary, MD

Book Information: c.2012

Bloomsbury Press; \$26.00 / \$27.50 Canada; 246 pages



You’re trying hard not to be scared. You really weren’t surprised when the doctor said you needed an operation. It was kind of expected but let’s face it – you’re nervous, even though you know you’re in good hands.

But are you? How does your hospital rate for safety and employee satisfaction?

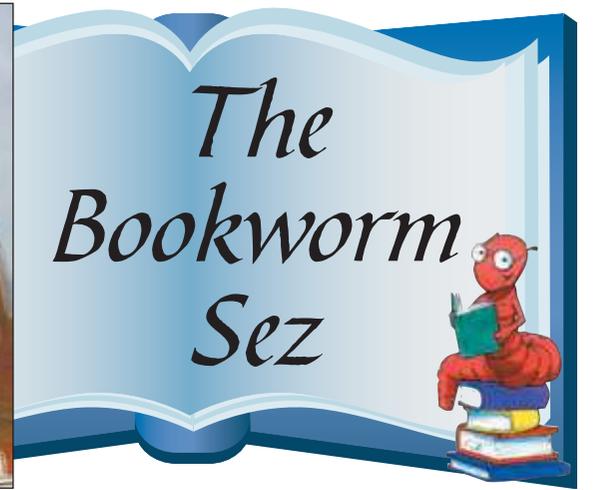
Believe it or not, the hospital doesn’t want you to have that information, but in the new book “Unaccountable” by Marty Makary, MD, you’ll see how transparency could make a difference in your health.

When you chose your personal physician, you probably had many reasons for settling on that one person. Maybe he came with a good recommendation from friends. She might have been a referral from another doctor. But how do you know you got the right doctor for you?

The truth is, you may never know. Hospitals, says Makary, pay good money to ensure that internal surveys on teamwork, safety, adherence to policy, mortality, infections and more never become public. What’s more, doctors are loath to sound the alarm on a colleague’s incompetence because doing so is career suicide. Honesty and outspokenness can get a doctor “run out of town,” and though it’s assumed that the State Board will handle an issue, Makary says it’s not always what happens.

What he recommends is transparency.

If hospitals allow the public to know where internal problems lie and where money is invested, that knowledge gives prospective patients the power to change the system for the better by patronizing institutions that are doing things right. Hospitals with poor performance scores will be forced to rise to the challenge and improve.



Transparency, he says, worked in New York’s heart centers. It could work everywhere.

In the meantime, there are things you can do to help yourself when you need medical care.

Be aware of clever marketing and don’t let a flashy website keep you from asking questions. Use your right to a second (or third) opinion, even if you have to pay for it yourself. Know what kind of doctor you need and pick one who’s done a lot of the kind of care you require. And finally, before you settle on a surgeon, ask other healthcare workers who they’d choose for their healthcare.

That, says Makary, “... tells you everything.”

Sobering, thought-provoking, and wonderfully entertaining, “Unaccountable” is also very controversial. And, according to author Marty Makary, it’s something many of his fellow physicians thanked him for writing.

Using his own experiences and observations as examples for his ideas, Makary sharply illustrates how bad medicine can have tragic outcomes and what can be done about it. Readers will surely be shocked - and frustrated because of the code of silence that Makary describes in dismaying detail and because he offers ample reasons behind why the cost of getting you healthy will make you absolutely sick.

If healthcare is on your mind in this politically-divisive year, then “Unaccountable” will give you more food for thought. For you, this book on medical transparency is clearly something you’ll want to read. †

The Bookworm is Terri Schlichenmeyer. Terri has been reading since she was 3 years old and she never goes anywhere without a book. She lives on a hill in Wisconsin with two dogs and 12,000 books.

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What a Difference a Day Makes

By Rafael J. Sciuolo, MA, LCSW, MS

Despite the hustle and bustle, the room is pretty quiet first thing in the morning. The arts and crafts tables are set. T-shirts are ready for distribution. About 40 chairs are arranged in a large circle. And the registration table is prepared to be the first stop for campers and their loved ones.

Shortly before 9 a.m., they begin to make their way into the auditorium at The Center for Compassionate Care in Mt. Lebanon. Staff and volunteers are already on-site as they greet our campers and their parents or guardians with warm smiles and friendly reassurance.



Camp Healing Hearts campers Megan, Kiley and Brayden enjoy time bonding with therapy dogs.

Family Hospice and Palliative Care’s Camp Healing Hearts is an annual free day camp for children in the community who are coping with the loss of a loved one. Now held in four locations each year, Camp Healing Hearts offers kids a vehicle to cope with their grief through a variety of activities and interactions. Our most recent Camp took place October 6 in Mt. Lebanon.

Despite the welcome they get upon entry, most campers are a little timid when they arrive, to say the least. That is soon remedied, though, thanks to our ice breaker activity which kicks off the day. Smiles and laughter abound as participants share stories and interests. The day continues with interactive art and music sessions, a visit by pet therapy dogs, the creation of memory boxes, and more.

The transformation we witness in our campers over the course of the day is truly touching. And to know that their parents and guardians appreciate the value in Camp makes it all worthwhile.

During lunchtime, one of our Family Hospice staffers sat with a mother who had brought her son and daughter, Brayden and Ryleigh, to Camp. The mother, Becky, explained that her husband had died about six months earlier.

“How has today’s experience been for you and your children so far?” our staffer

Making the Most of Life

asked.

“I am so happy we are here, this is tremendous” Becky replied. “My kids were a little nervous in the car on the way here, because we didn’t fully know what to expect. But I could tell immediately that they were enjoying their experience. Your Camp was recommended by our school district and I am so happy we are here. This is really good for Brayden and Ryleigh.”

And we at Family Hospice are grateful for the opportunity to witness that at every Camp Healing Hearts – which commemorated a decade of healing this year. Campers often bond throughout the day, making new friends. They’ve even been known to exchange phone numbers and stay in touch afterward.

Year after year, our staff is thrilled to see the transformation in our campers throughout the day. These precious children start the day feeling nervous and shy. But as they make their way through the day’s activities and interact with our Camp counselors, they open up, share, smile and connect.

The greatest satisfaction in Camp Healing Hearts is the knowledge that our campers and their loved ones walk away knowing they are not alone in their grief – that others share their experiences and that support and healing are real and tangible.

What better comments could we hope to hear than what Becky shared? It is our privilege to make a difference in the lives of our campers. †



Rafael J. Sciuolo, MA, LCSW, MS, is President and CEO of Family Hospice and Palliative Care and Past Chairperson of the National Hospice and Palliative Care Organization. He may be reached at rsciuolo@familyhospice.com or (412) 572-8800. Family Hospice and Palliative Care serves nine counties in Western Pennsylvania. More information at www.FamilyHospice.com and www.facebook.com/FamilyHospicePA.

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Staffing Your Medical Practice: Ten Tips to Ensure Your Facility is Effective and Compliant



By Anita M. Gavett, PHR

According to the US Department of Labor, Bureau of Labor Statistics, for the years 2010 through 2012, 8 out of the 20 fastest growing occupations in our country are in healthcare. For example, the need for Personal Care Aids is growing 70% faster than the average occupation. Other jobs included on the DOL list include: home health aides (69%); physical therapist assistants and aids (69%); diagnostic medical sonographer (44%); and physical therapists (39%).

Because of the high demand for staff in the medical industry, now is the perfect time to review your recruiting and employment practices to ensure that they are effective and compliant and that your facility is an employer of choice. Having a diverse and qualified pool of candidates for your practice will allow you to focus on your primary mission, providing quality patient care.

Listed below are a few suggestions to help create an effective staffing program:

- Ensure that your recruiting tools such as job applications and job descriptions are compliant and well written. Having clear and concise job descriptions is a huge time saver for you, your hiring team, and your candidates.
- Consider posting your openings in a variety of publications and websites that reach a diverse applicant pool that encourages women and minorities to apply. Utilizing social media, related LinkedIn groups, associations, and the many free job

boards to post your openings will expand your branding and reach many more candidates than simply placing a print ad in the local paper.

- Include an equal employment opportunity statement in your job postings and document your outreach efforts.

- Make sure your hiring managers are trained in effective and compliant interviewing practices. An untrained supervisory staff could lead to non-compliant employment actions resulting in potential claims which can cost your practice time and money.

- Consider creating interview guides that reflect the specific duties for the positions. Utilizing interview guides will help keep the hiring manager on track and promote consistency with interview questions for each applicant. Ideally interview guides should mirror your job postings and review templates.

- Conduct a compensation survey of similar practices in your area to ensure your compensation (salary and benefits) are competitive.

- Keep your candidates informed during the entire selection process. Respond to candidates that you interview and keep qualified candidates not selected in mind for future opportunities. Keeping in touch with your qualified candidate pool will create favorable marketing for your facility, and candidates appreciate the courtesy.

- Consider creating an employee referral program and utilize your current networks. Frequently some of the best candidates, particularly passive talent, are referred from current team members.

- Recognize your current staff to promote positive employee relations. Often times, candidates can pick up on the morale of potential co-workers during the selection process.

- Be sure to conduct thorough, compliant, and appropriate background screening and reference checks for the candidates you select to join your team.

Having a staffing plan is an essential component of your practice's overall strategic plan. Creating an employment game plan that attracts a variety of talent, not just for current openings will help your practice and hiring team remain proactive for current and future talent needs. Think long-term. †

Anita M. Gavett, PHR, is Lead Consultant with Virtual OfficeWare. She has over 15 years experience as a human resources generalist and leader in a variety of industries including HR consulting services, health care, construction and manufacturing, wholesale distribution, insurance, retail and communications. For more information, visit www.virtualofficeware.net/hr-consulting-services.



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My Team is Not Dirty

By Nick Jacobs



“My team is not dirty. All the issues were on their side of the field. This is a football game, not a Hallmark Moment.”
 —Quote from Scott Lago – a Pop Warner football coach in Southbridge, Massachusetts after a game in which five opposing players all 12 or younger, suffered concussions. *New York Times*

My only grandson, a nine year old, announced that he was going to play football last year. It made me nervous, but the teams that he played seemed pretty reasonable, and everyone appeared to be fostering a spirit of careful football where little kids were being taught and nurtured. This year, his second year in the league, he blossomed into a high-speed runner and scored four touchdowns in the first game of the season. Believe me when I tell you that there was no one cheering more loudly on the sidelines than I was that night.

Several weeks ago, however, my experience totally turned around. Upon reaching the field, people began to tell me that the team that he was playing only played to win. None of that made a lot of sense to me until I saw our little guy running with the ball to cross the goal line and a human missile, twenty or more pounds heavier hit him straight on, helmet to helmet with the force of a predator drone. It was like watching the NFL but without the \$75,000 fine attached.

My heart stopped. I saw my grandson’s head snap back, watched him hit the ground and lay motionless. Because I was standing only about five yards away from this hit, it left me in a state of complete shock. Was it possible that someone would train a player to tackle eight and nine year olds like this? Was it possible that the referee who was not near the incident wouldn’t call a penalty? Most importantly, however, was it possible that my grandson would not get up or would have a concussion that would negatively impact him for the rest of his life?

Yes, it was all possible, and with the adults from the other side of the field screaming as if each play, each player and each hit would get them a huge raise, or make their lives complete, I had seen clearly before me both the best and the worst of the game. These little kids, with weight differentials ranging from 20 to 30 or more pounds, are just that, little, and this particular game seemed to have become a blood sport for the adults on the opposite team.

Well, thankfully, he did get up, and he doesn’t appear to have a concussion, but, with four touchdowns from the previous game, he probably had a target on his back, and when I went to his next game, it was with my heart in my throat, and a prayer that saner heads would prevail, and these events will become what they were always intended to

be, A GAME, and they did.

As a healthcare professional, I’ve seen too many former NFL stars take their own lives and ran the hospital that actually cared for a local football hero not to be aware of the fact that head injuries are a real potential problem at any age. This issue is obviously very controversial to people like Coach Lago and those rabid fans that live their lives through the wins of those little kids, kids who just wanted to have some fun.

Interestingly, I’ve been told that coaches are having problems fielding teams in places like Seattle, Washington because the parents who work for Microsoft and Amazon are concerned that concussions could end their children’s’ chances for intellectual advancement.

Maybe we should all spend more time protecting the brains of the teams’ leadership . . . because, if they teach little kids to hit like missiles, they can’t be thinking straight. ♣

Nick Jacobs, international director for SunStone Consulting, LLC, is known as an innovator and advocate for patient centered care. With 22 years in health care management, he is author of the health care book, “Taking the Hell out of Healthcare” and the humor book, “You Hold Em. I’ll Bite Em.” Read his blog at healinghospitals.com.

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Making Great Places to Work Even Better

By Dr. David Clippinger

Innovative businesses have been catching on to what medical research has documented for years. T'ai Chi, the slow and graceful Chinese Martial Art, has immense health and wellness benefits, and translated into the workplace, these ancient forms of low impact exercises boost employee satisfaction and interpersonal work site dynamics, reduce health insurance costs, and facilitate positive economic and employee growth.

A study conducted by the Mayo Clinic in 2008 expounds the benefits of T'ai Chi in corporate settings and concludes that "Organizations should offer . . . tai chi, meditation, stress management classes or sessions . . . to help employees reach overall wellness goals, . . . bolstering resiliency, [and] to successfully make lifestyle changes and achieve wellness."

What is even more compelling is that the two largest Health Insurance Providers in Pennsylvania—UPMC and Highmark—have implemented T'ai Chi programs for the well-being of their employees. As Dr. Tim Cline, Senior Director of Clinical Training and Development of UPMC Health Plan, explains:

While technology continues to drive the relentless pursuit of "more, bigger, better, faster," the current economic environment requires that successful businesses achieve their goals with leaner resources. These forces create the perfect incubator for increased depression, anxiety, and a host of stress-related disorders in the American workforce.

UPMC Health Plan recognizes that the health and wellbeing of its employees is vital to its mission and the success of its enterprise.

UPMC Health Plan makes lunchtime T'ai Chi classes available to its employees who work Downtown as part of its overall strategy to reduce stress and improve the health, productivity and quality of life of its workforce.

The responses from various participants at UPMC confirm that the program is working: "T'ai Chi Class is the most relaxing part of my work week," one employee writes. "I enjoy the 'moving meditation' that helps set the right tone for my work day."

Another employee explains that "The weekly T'ai Chi sessions have been incredibly helpful. I've been able to relax, improve my running, even reduce my blood pressure. It's something I look forward to each week."

The health benefits of T'ai Chi to treat arthritis, high blood pressure, stress, anxiety, depression, fatigue, sciatica, tendonitis, headaches and migraines, and more, have been well-documented by clinical studies. But a T'ai Chi wellness program should go beyond just improving health; it should improve the well-being of the individual and positively impact the company as a whole.

But keep in mind the old business adages: Not all products are the same, and you get what you pay for. So what makes a "successful" T'ai Chi program—one that merits

a business investing in it?

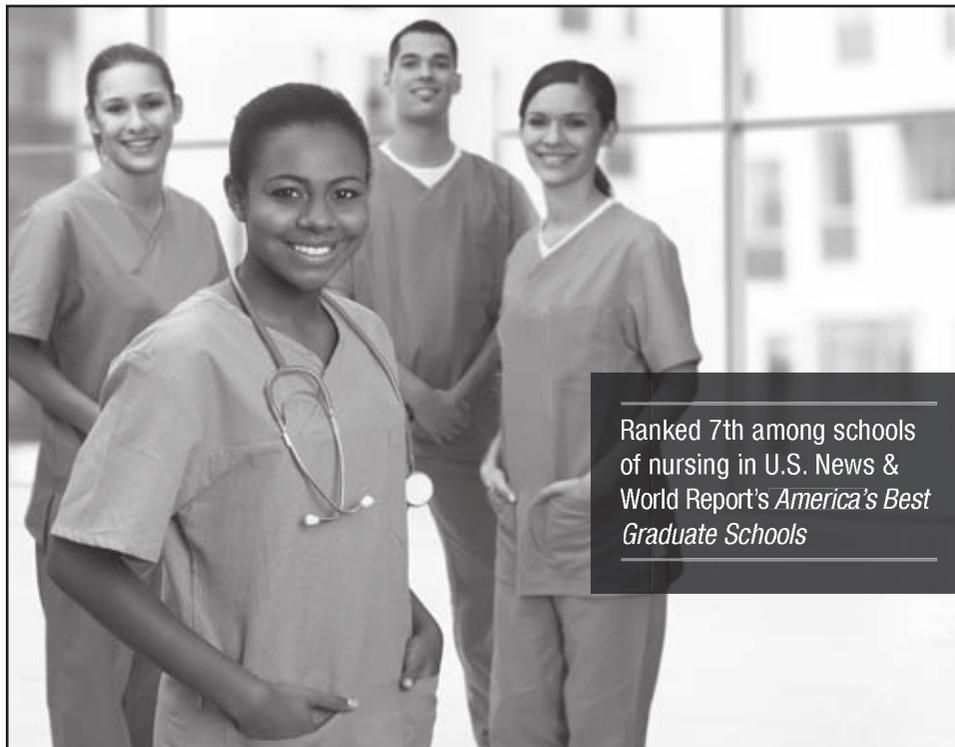
UPMC and Highmark—along with various hospitals, universities, and school districts—rely upon Still Mountain T'ai Chi and Chi Kung of Pittsburgh to develop and implement their quality programming. What makes Still Mountain unique is that its approach blends easy-to-learn T'ai Chi exercises, breathing and meditation practices, and interpersonal strategies for making interactions with others productive and rewarding.

The key is a three tiered approach to body, breath, and mind training. The sessions teach the individual how to physically relax, thereby alleviating pain and reducing tension; second, participants learn breath techniques that reduce anxiety and stress while elevating serotonin—the body's natural "happy" chemical; and third, people learn how to mentally relax, and in doing so gain clearer insight into their own intentions and reactions—thereby learning how to respond more appropriately to a given situation.

This particular approach enables an individual to "feel" better physically and mentally, but also develops the insight into patterns of behavior that facilitates more constructive responses to stressful situations and environments. The benefits for the workplace are not only "healthier" employees, but employees who are better equipped to deal with workplace responsibilities as well interpersonal dynamics.

Still Mountain's approach goes beyond just teaching an exercise regime to training the whole person—thereby creating healthy employees and healthy teams. Or, as Still Mountain's Corporate and Workplace Wellness Program slogan exclaims: T'ai Chi "Makes Great Places to Work Even Better." †

Dr. David Clippinger, the Director of Still Mountain T'ai Chi and Chi Kung, LLC, is a recognized T'ai Chi Master, and has studied with many of the world's foremost T'ai Chi experts. In addition to running Still Mountain, Dr. Clippinger is an ordained Buddhist Priest and meditation expert. More information about Still Mountain is available at www.stillmountaintaichi.com



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Bodiography Presents 11th Annual Multiplicity Multi-Arts Showcase at a New Venue



by Christopher Cussat

On Saturday, November 17, 2012, Bodiography Contemporary Ballet (Bodiography) united a showcase of its collaborative choreographic and artistic work in the 11th season performance of "Multiplicity." Bodiography's Artistic Director, Maria Caruso, invited her dancers and the Pittsburgh arts community to this year's showcase that was performed on a one-night engagement at the Byham Theater in Downtown.

The evening unfolded with an array of eclectic premieres in the genres of ballet, modern, and jazz dance. In addition, long-time company alumna, Lauren Suflita Skrabalak, returned for her second consecutive season to set a new work on former student and company member, Gabrielle Yarshen.

The show opened with a premiere work by guest artist, Daniel Karasik, entitled "Pause." With somber music by Nils Frahm, the stark, cream-white costumes of the dancers only added to the minimalist staging of this piece. With Tai Chi-like inspired movements, the ensemble wove an atmosphere of peaceful tranquility. It was like witnessing living clouds dance.

"Parlour," which was choreographed and costumed by Caruso, included music by Ahn Trio, and was a solo effort by KDKA-TV News Anchor, Kristine Sorensen. In a performance that perhaps finally took the empty chair back from Clint Eastwood, Sorensen curled and balanced her body around the singular prop in a skilled and acrobatic dance. The piece permeated isolation and smacked of loneliness until Sorensen broke free from the chair near the end in pure exhilaration and joyous freedom.

Other evening highlights included "January Reflections" which was choreographed and costumed by Kelly Basil. With incredible skill and amazing balance, the lead dancer moved among shadows of herself represented by the ensemble. Like reflections of the lead performer in pure blue dresses, the other dancers both mimicked and inspired her with a flawless and mirror-like complement of movement.

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In "Somebody," which was also choreographed and costumed by Caruso, the dancers (comprised of La Roche College dance majors) channeled West Side Story-esque movements in an all-girl, playground, dance-off, battle royale. Set to the music of pop-sensation Gotye, this piece was full of fun fighting—complete with intimidating looks, physically tight sequences, and a plethora of attitude.

The night began to conclude with a performance by Caruso herself entitled, "Our Notebook (AJ and Penelope Revealed)." Along with male lead dancer, Joshua Sweeny, the couple courted each other in a romantic, cat-and-mouse game of flirtatiously subtle swirls as they eventually found each other within a stage beautifully filled with contrasts of light and shadow.

"Multiplicity" ended with the gently slowed and impressively synchronized ensemble finale, "Fractured and Rebuilt." These last two pieces were choreographed and costumed by Caruso as well. All performances included dance-inspired sculptural and photographic works by Eric Rosé, and all lighting design was done by Stevie O'Brian Agnew. It was truly an evening of amazing music, stunning creativity, and lingering emotion.

For more information on Bodiography, please visit www.bodiographycbc.com, email info@bodiographycbc.com, or call (412) 425-3766. Tickets for upcoming shows will be available at www.pgharts.org or by calling 412-456-6666.



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A Decade of Support: AARP's PRESENTS FOR PATIENTS® Advocacy Story

By Janice Lane Palko

AARP began its support of PRESENTS FOR PATIENTS® ten years ago in 2002, when Kelly Altmire, Associate State Director for Outreach - Western Region of AARP Pennsylvania, learned about the program through a local media outlet. PRESENTS FOR PATIENTS® is an uplifting holiday program that benefits nursing home patients. Altmire was instantly interested in becoming a supporter and jumped at the chance to pitch the idea to the local AARP volunteers as their next community service project.

After their first stint participating in the program, AARP volunteers expressed their positive experiences and ever since, thanks to Altmire, AARP has become a



Left to right are AARP volunteers Lori Morgano, Barbara Bush, Kelly Altmire, and David Lee.

Once the project was introduced to the local team of approximately 30 AARP volunteers they took the project on with a passion. The first year they elected to adopt the entire Kane Long Term Care facility in Ross Township, which seemed to be a herculean effort at the time.

"AARP volunteers planned a party with refreshments and entertainment and provided a gift for each resident," said Altmire.

That year the volunteer team developed the model that has worked at other facilities moving forward and beyond Pittsburgh. For instance, they split into groups at the annual holiday party. One group provides refreshments and entertainment, including Santa, while another group places presents on resident's beds to return to after the party. They even spend extra time visiting residents who aren't well enough to attend.

A tradition began when an AARP team member discovered they had a Santa suit. PRESENTS FOR PATIENTS® presented a wonderful opportunity to put the suit into use again and today there are three suits that are available and ready to surprise the nursing home residents with a Santa Claus.

"Some of our members knit lap robes, some participate in the Christmas in July Gift Drive at Northway Mall—however they are involved, it's clear that folks just enjoy the program and what it represents," Altmire said.

"Last year we adopted all the Kane facilities in Allegheny County and a few other facilities as well." Altmire estimates that in 2011 there were more than 260 AARP volunteers involved with PRESENTS FOR PATIENTS®, brightening the holidays and creating smiles for more than 2,000 local residents.

Many AARP volunteers go beyond the winter holiday months and work year-round to ensure that local nursing home patients and residents feel remembered and loved throughout the year.

What some may not be aware of is that you do not need to be an AARP member to be an AARP volunteer. AARP engaged many different volunteers from across the community, from high school students, to church crocheting clubs, to a bowling league that regularly donates gifts. Even a Girl Scout Troop based in New Jersey participated due to a family connection to the Western Pennsylvania AARP.

The adoption of the other Kane facilities in Allegheny County brought in many new volunteers along the way. "The initial expansion of the program would not have been possible without the enthusiastic support of the many AARP Chapters in Allegheny County," explains Altmire. "The Chapters are the backbone of our PRESENTS FOR PATIENTS® effort and support."

As more AARP Chapters adopt advocacy of PRESENTS FOR PATIENTS®, the more seasoned volunteers commonly jump in to get it started. They help out the new participating AARP chapters by traveling to the nursing homes to lend a hand and ship gifts for the residents until there is a more established method that works for that particular chapter.

Altmire says that one reason she believes so many AARP volunteers choose to continually become involved in PRESENTS FOR PATIENTS® is because, "It never ceases to amaze us all what a warm feeling you get from seeing the joy on the residents' faces."

You don't have to have an army of volunteers like AARP to participate. In fact, individuals, families and smaller organizations are just as important to the program. "Some people find it overwhelming to adopt an entire facility, but there are many smaller ones that sometimes get overlooked," Altmire said. "Whatever you do is appreciated, and it all makes a difference."

Altmire is willing to share AARP's PRESENTS FOR PATIENTS® volunteer model with anyone that may be interested. "We may be old pros at this, but it never

gets old seeing how happy the residents are by the good that comes from this remarkable program," Altmire said.

PRESENTS FOR PATIENTS® is a fundraising and community outreach division of St. Barnabas Charities in Pennsylvania. Founded in 1984 by St. Barnabas president William V. Day, the program has been honored with numerous awards, including Ronald Reagan's Citation in 1988 and is co-sponsored by St. Barnabas Charities and WPXI-TV Channel 11.

For more information on how you, your family, or organization can become involved with PRESENTS FOR PATIENTS®, contact the headquarters at 724-444-5521 or visit www.presentsforpatients.com.

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Since the program's inception in 1984, it has brought joy to and touched the hearts of more than 460,324 patients in facilities throughout Pennsylvania, Ohio, New York, Tennessee, West Virginia and South Carolina.

At the time of AARP's initial involvement, the group's activity in Western Pennsylvania was successfully focused on advocating older adult issues, including Long Term Care. These individuals wanted to bring a community service element into to AARP's outreach and member engagement efforts which drew them to PRESENTS FOR PATIENTS®.

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Balanced Heart Healing Center Announces Women Veterans and Military Families Program

Balanced Heart Healing Center (BHHC), in Marshall Township, has announced its new Women Veterans and Military Families Program. The program was inspired by a Chatham University graduate student intern in counseling psychology at BHHC who is an Air Force veteran and is currently active as a medic in the Air National Guard. She has been deployed five times on three continents.

The Women Veterans and Military Families Program aims to bring visibility and a voice to women veterans and service members. It intends to support the unique needs of women veterans and military families in the Pittsburgh region before, during, and after deployments by building bridges between the military and civilian communities.



From left to right, Joan Castillo, Balanced Heart Healing Center board member; Dr. Katie McCorkle, founder and CEO of Balanced Heart Healing Center; and Staff Sargent Stephanie Sellinger, Arizona National Guard. Staff Sargent Sellinger inspired the development of Balanced Heart Healing Center's Women Veterans and Military Families program while interning at the center. Photo credit: Balanced Heart Healing Center.

“While a number of organizations serve veterans in the Pittsburgh region, Balanced Heart Healing Center’s Women Veterans and Military Families Program is currently the only program in the area specifically targeting services to military women – veterans, service members, and the families of Pittsburgh area service members including war widows,” says Dr. Katie McCorkle, founder and CEO of Balanced Heart Healing Center. Dr. McCorkle adds, “women comprise an increasing percentage of the veteran population and experience sexual assault in unprecedented



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numbers. They may not want to be cared for in facilities where they share support groups with men. “

“Because the Pittsburgh region’s service members are all in the Reserve or National Guard, these individuals and families experience unique challenges and additional stresses with no local active duty base,” she adds. Through BHHC’s efforts and partnerships with other organizations and businesses, the program’s long-term goal is to build a community of care offering easy access for both current and past service members and their families to benefits and services in the Pittsburgh community equal to those available on an active duty base.

For a variety of reasons, many veterans prefer to receive healthcare services from civilian providers. Balanced Heart Healing Center provides care unconditionally, regardless of insurance or discharge status, current health, or ability to pay for services. BHHC is credentialed with both Tri-Care (military health insurance) and Military One Source, and offers mental health services for sexual assault, PTSD, depression, relationship problems and other issues and a variety of stress-reducing support services.

By increasing civilian awareness of these realities and engaging individuals and Balanced Heart Healing Center partner organizations in support of women veterans, Dr. McCorkle expects to create a community of care around military families in southwestern Pennsylvania so they are as well supported by the Pittsburgh community as other service members and veterans are by active duty bases.

The inspiration for Balanced Heart™ Healing Center, a 501(c)(3) nonprofit integrative health center providing unlimited and unconditional access to care, was the fact that there are abundant health care resources in the United States but the mechanisms by which they are applied and distributed results in inadequate care for too many.

The Women Veterans and Military Families Program is one of many services offered by BHHC. Bridging traditional, complementary and alternative approaches, Balanced Heart Health Center’s mission is to heal mind, body, and spirit, educate for optimal health and well-being, and inspire with our inclusive and unconditional model of healthcare delivery that is affordable and sustainable for all.

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Celtic Healthcare: An Innovative Leader in the Delivery of Healthcare at Home

By Kathleen Ganster and Jodi McKinney

The common Celtic knot is a beautiful, three-branched symbol interwoven to create one strong image – and one that has great meaning to Celtic Healthcare, Inc.

Celtic Healthcare has three specialty branches of healthcare: homecare, hospice and virtual care. Like the Celtic knot – and the symbol of Celtic Healthcare – those three branches are interwoven to create a strong, beautiful whole of providing home healthcare to the Western, Central and Northeast areas of Pennsylvania and Baltimore and Montgomery Counties in Maryland.

Arnie Burchianti founded Celtic Healthcare in 2000 after realizing that there was a need for better communications between healthcare providers. As a physical therapist graduate of Duquesne University, Burchianti had been educated in the importance of integrated healthcare, but through his own experience, he found that integration was lacking and the patients were the ones who were suffering. Knowing that patients could be better served using an integrated healthcare approach, he decided to create his own company.

Celtic Healthcare is that company, and Burchianti continues to steer the helm through the myriad of pressures placed on the industry with declining reimbursement and increasing regulatory oversight due to the ever-changing political, legislative, and regulatory landscape in our country.

“Through continual innovation and a strong, nimble leadership team, we are able to evolve and change with the industry to create programs for disease management that reduce avoidable rehospitalizations, develop smartphone apps to allow our physicians to easily refer patients to our care, and we continue to look for new ways to develop virtual care programs through telehealth and IVR technology just to name a few,” said Burchianti.

Through their home health care services, Celtic offers skilled, Medicare-certified services in the patients’ homes. Whether the client needs skilled nursing, therapy services or other health services, all of Celtic’s employees are dedicated to the core values of Celtic – accountability, teamwork, integrity, service excellence, and mutual respect – all to best serve their clients’ healthcare needs.

“Our goal is to allow seniors to age in place in their homes, where they want to be, with the most optimal health and quality of life possible,” said Burchianti.

Knowing that those same values are important to patients and families needing end-of-life services, Celtic also offers hospice and palliative care.

“Hospice and palliative care are a great passion of mine,” said Burchianti. “Over



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\$60 billion in Medicare funds are spent on doctor and hospital bills during the last two months of life. That is more than the entire budget for education or homeland security. A great percentage of that has no meaningful impact on the outcome for the patient. Yet most of these individuals could have had a better quality of life if someone had “the talk” with them about hospice and palliative care services. Celtic’s Journey Program is all about having one of life’s important talks.”

The third branch of Celtic Healthcare’s interconnectivity is Virtual Care. This program is evolving to support emerging care models such as medical homes and accountable care organizations and offer physicians, hospitals, payers, home health agencies, or collaborative care arrangements the support needed to provide not only traditional disease management, but also care transitions and care coordination across the continuum.

“One of the biggest issues we’ve noticed for patients being discharged from the hospital to home is with medication reconciliation,” said Burchianti. “With Celtic’s Virtual Care Nurse and program, we begin with this important task, then work to educate patients on their disease to adjust their lifestyle and improve their quality of life.”

Burchianti concluded, “At Celtic Healthcare, our focus is to remember it is all about the right care at the right time for each individual patient and their loved ones as they travel this blessed Journey we call life.”

Celtic Healthcare, Inc. will be the focus on a series of monthly articles. For more information on Celtic Healthcare, please visit www.celtichealthcare.com or contact 800-355-8894. Celtic Healthcare is also on Facebook, Twitter, LinkedIn and YouTube.



Arnie Burchianti

St. Clair Hospital Opens New Breast Care Center; Designed For Comfort and Privacy

St. Clair Hospital launched a new era in women’s health care with the Tuesday, October 23 opening of its new, state-of-the-art Breast Care Center in Bethel Park. Designed with a spa-like ambience, the center offers the most advanced diagnostic imaging technology in an environment of comfort, convenience and beauty.

Located on the Third Floor of the St. Clair Hospital

Outpatient Center – Village Square, the center is a 6,000-square-foot suite that is configured to maximize patient privacy and facilitate efficiency. Patients will appreciate the presence of two waiting rooms: a public reception area, and a second private waiting room near the testing area.

There are private dressing rooms, including two that are attached directly to a mammography room. Even acoustics have been addressed, with soundproofing on doors to assure confidentiality of conversations with doctors or technicians.

Architect Tami Greene, AIA, of IKM, Inc. in Pittsburgh, says that privacy was a major consideration in planning the space. “Women are able to circulate through the suite without ever entering a public area. This is important when you are wearing an examination gown in a clinical setting.”

That level of attention to the personal experience of the patient is evident throughout the center. Because having a mammogram is an emotional and often stressful event for women, the center offers a space with a higher level of com-

fort and aesthetics than what is typically found in medical settings. To achieve that, Greene and her team utilized soft colors in light blue, green and silver, with a luminous touch, giving the center an elegant, feminine appeal. “There is a sparkle to the finishes in the waiting areas,” she explains. “The lighting contains crystals and the wall coverings have a shimmer to them. There also is a water feature, which provides a therapeutic effect.”

The physicians and other caregivers at the center describe it as a place where women will be treated with great care and compassion. “The goal in the design of the new center is comfort and privacy,” says Sherri H. Chafin, M.D., a St. Clair diagnostic radiologist who specializes in breast imaging and was instrumental in the center’s design. “In working with the architect, I believe we have created an environment which emulates the warmth and caring of our staff.”

The center features three mammography rooms; two ultrasound rooms; three examination rooms; two mammography reading rooms; three offices; and four consulting rooms. All of the mammography rooms and restrooms are ADA compliant and the doorways and halls are wide enough to accommodate wheelchairs. There is free parking, plus free valet parking for center clients.

For more information, please visit www.stclair.org.



New 3D breast tomosynthesis machine at St. Clair Hospital Breast Care Center, Bethel Park.

An Interview with the Author of "The Doctor in the Mirror"



By Sue Schick

I had the opportunity to chat with Dr. Reed Tuckson, executive vice president & chief of medical affairs for UnitedHealth Group, when he was in Pittsburgh recently for UnitedHealthcare's National Advisory Council meeting. His new book, *The Doctor in the Mirror*, is a common-sense guide to everyday health issues. Here are some highlights of our conversation about the book.

Sue: The basic premise of *The Doctor in the Mirror* is that as you age, your greatest health advocate is often the person staring back at you in the mirror. What do you mean by that?

Reed: I call the person you see when you look in the mirror Dr. You. While preventive care and regular doctor visits are vital to your health, no one knows what's going on inside your body or mind like you do. "The Doctor in the Mirror" aims to provide people with information and practical tools to help them recognize the barriers that stand between them and better health and resources to help them overcome those barriers.

Sue: What are some of those barriers?

Reed: The barriers are mostly lifestyle. People get used to eating a certain way and living a certain lifestyle until pretty soon they've spent too much time in front of one screen or another, lost their energy, and find themselves overweight. But whatever the age, a healthy lifestyle can make you feel and look better. I felt compelled to write this book after talking with thousands of people across the country over the past 10 years. I have spoken to people in airports, at malls, during health conferences, on cycling trips, you name it. The central theme that kept coming up from these informal conversations were that too many people have one excuse or another that inhibits them from acting to protect and preserve their health. I've also learned that people have the power to overcome those barriers.

Sue: By healthy lifestyle, you mean exercise more and eat more fruits and vegetables.

Reed: Good nutrition and maintaining an active lifestyle are both important, but *The Doctor in the Mirror* takes a more holistic approach. There are three ways to



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be active: physically, mentally and socially. By setting goals in each of these areas, your life begins to fill with purpose, joy and energy. The other point I stress in the book is that when it comes to living a healthier lifestyle, it's always one step at a time. Little improvements add up in a big way. The key to feeling like a million bucks is to focus on one penny at a time.

Sue: What else can Dr. You do to keep individuals healthy?

Reed: The best medical care decision a person can make is to become a member of a health care system that works as a team. Fortunately we are seeing more patient-centric health care, where the patients' needs and values are central to the process.

Sue: Keeping informed applies to health insurance too, doesn't it?

Reed: It most certainly does. Every Dr. You should know their insurance options and choose the plan that makes sense for their health.

Sue: Have you had a chance to evaluate the health situation in Pennsylvania?

Reed: According to *America's Health Rankings*, which United Health Foundation produces each year, compared to other states, Pennsylvania has a low rate of uninsured, a high rate of high school graduates and no shortage of primary care physicians, all of which lead to a healthier population. But we also see some negatives: Pennsylvania has high levels of air pollution and a high prevalence of diabetes. Also, it is essential that Pennsylvania reduces its obesity rate, which, according to the 2011 edition of *America's Health Rankings*, stands at nearly 30 percent of the population.

Sue: It sounds as if many Pennsylvanians should be looking in the mirror and listening to Dr. You.

Reed: No matter where we live, almost all of us could do a better job at being Dr. You. †

Dr. Sue Schick is the CEO for UnitedHealthcare Employer & Individual of Pennsylvania & Delaware.

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National Hospice Month is also a time to thank the physicians, discharge planners, family and friends who have shared in our patients' care. Hospice is about team and each member of that team—especially the patient, matters each and every day.

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Southwestern PA Healthcare Teams Honored for Commitment and Results in Quality and Excellence in Patient Care

By Karen Poirier

Three local teams were recipients of the fifth annual *Fine Awards for Teamwork Excellence in Health Care* at a reception held in downtown Pittsburgh on Thursday, November 8, 2012. Sponsored by The Fine Foundation and the Jewish Healthcare Foundation (JHF), the Fine Awards were established to reinforce the critical role teamwork plays in health care. The theme of this year's awards was "Transitions of Care Partnerships," focusing on improving outcomes for patients who are transitioning in and out of, or between, different types of care settings and providers.

"This year's winners illustrate the dramatic difference that good transitions and integrated care teams can make to patient outcomes," said Milton Fine, president and chairman of The Fine Foundation. "By putting the needs of the patient first, these organizations have come up with creative solutions to break down the silos that have historically separated different care settings and created confusion, delay, and needless suffering."

A distinguished team of regional and national experts comprised the selection committee that selected the winners.

"With the growing awareness of the need for improved outcomes, more healthcare providers are turning to continuous improvement models or Lean methodology as an effective way to design and deliver better care. We were delighted with the caliber and quantity of entries, which proves that the ongoing work of organizations like the Jewish Healthcare Foundation and Pittsburgh Regional Health Initiative results in the successful dissemination of these best practices," said Karen Wolk Feinstein, president and CEO of JHF.

The *Gold Award* for Excellence in Transitions of Care was awarded to UPMC Montefiore and the Montefiore Rehabilitation Institute, Transplant Service Line, for Preventing Readmissions through Good Discharge Planning. Prior to the team's project, the readmission rate for patients with complex post-transplant care needs was 43%, with more than 4 out of 10 patients being readmitted to the hospital within 30 days after discharge. After continuous improvement efforts transformed a fragmented discharge process into a streamlined and highly communicative one, readmission rates came down to less than 1 in 10. Team members will share a \$25,000 award. UPMC Montefiore and the Montefiore Rehabilitation Institute will each receive \$5,000 for their support.

The *Silver Award* went to a team from Excelsa Health — Latrobe and Westmoreland Hospitals for Reducing Observation Status Wait Times. Patients coming to the emergency room who qualified for Observation Services, often were admitted to the hospital and stayed for more than 48 hours. This situation resulted in unhappy patients and hospital stays that exceeded reimbursable limits. To address these issues, emergency department and acute care nursing teams collaborated to design new protocols which reduced patient wait times in the Emergency Department and also reduced inpatient admissions by 20% and reduced length of stay. Members of the winning teams will share \$15,000. Excelsa Health, Latrobe and Westmoreland Hospitals will each receive \$4,000 as the supporting organizations.



Excellence in Patient Care



L-R, Sheila Fine, Milton Fine, and Karen Wolk Feinstein

Children's Hospital of Pittsburgh of UPMC, Children's Community Pediatrics, and Western Psychiatric Institute & Clinic of UPMC won the *Bronze Award* for Integrated Behavioral Health Services in the Pediatric Medical Home. Because mental health concerns are among the top five conditions affecting children and youth, this team brought together leaders from pediatrician's offices, psychiatry, and counseling centers to provide earlier access to quality, evidence-based interventions for youth to promote wellness. Their efforts have resulted in improved and simplified access to mental and behavioral healthcare for pediatric patients and families and improved overall quality and integration of care. Compared to the national norms of 50-70% show rates for stand-alone behavioral health clinics, this team sees a 90% show rate. Team members will share a \$10,000 award. Children's Hospital of Pittsburgh of UPMC, Children's Community Pediatrics, and Western Psychiatric Institute & Clinic of UPMC will divide a \$6,000 award for their support.

Short videos about each winning team are available on the Pittsburgh Regional Health Initiative web site and on Tomorrow's HealthCare™, JHF's web-based quality improvement platform designed to facilitate forward-thinking healthcare organizations' efforts to meet quality, safety, and efficiency targets. More information can be found at www.prhi.org or www.jhf.org.

Karen Poirier is Director of Development for the QIT, a not-for-profit "collaboratory" where Quality Improvement Meets Information Technology, generating inspiration, new ideas, and new skills to provide healthcare workers with the skills they need to be successful in a value driven environment. QIT is a project of the Jewish Healthcare Foundation, the Pittsburgh Regional Health Initiative, and Health Careers Futures. She can be reached at poirier@prhi.org.



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Exceptional Dining Service Key to Patient and Staff Satisfaction Ratings

By Grace Zarnas-Hoyer

As the comprehensive healthcare reforms scheduled to roll out over the next four years are certain to create significant challenges in healthcare delivery, hospital administrators will rely more heavily on the expertise of its food service providers to deliver a food and nutrition program patients, staff and guests consider worthy of the highest satisfaction ratings.

According to Kimmi Campagna, Cura Hospitality director of partnership development, "Through our Completely Satisfied patient service philosophy, our goal is to be visible, supportive, and promote an interactive relationship between staff, patients, and guests."

For the patients, this means creating healthy and therapeutic menu items, delivered hot and on-time, speeding the healing process; for staff and guests, creating a respite dining environment where they can enjoy and "recharge" with a high-quality restaurant experience; and for overall staff and healthcare providers, allowing them to focus on their core objectives while we focus on ours.

For example, at St. Clair Hospital in Pittsburgh, PA, patients have their dining orders taken at bedside. With the assistance of a skilled dining concierge that focuses on each patient's specific health and dietary needs, Cura's menu indicates healthy choices which are marked with a pyramid that designates the better choice.

"Generally the dining experience is very important to the overall patient experience. It's often one of the few things that a patient has control over during their hospital stay. The fact that they have one-on-one communication with the dining concierge; they can discuss options and select food items that are appealing at that point in time. Having that personalized touch goes a long way," said Joan Massella, Administrative Vice President and Chief Nursing Officer, at St. Clair Hospital.

Today, hospitals recognize that food service is not a core competency. Relying on the experts in that industry gives administrators the ability to focus on other business. "We know that our dining needs are in good hands and that we are staying above industry standards," said Massella. This is evident by Press Ganey scores received by Cura's nutritional services at St. Clair for the fourth quarter which earned a 98th percentile ranking nationally; while in the 94th percentile locally.

At Heritage Valley Healthy System in Beaver, PA, Cura's new executive chef, Terry Geracia, modified some of the kitchen's back of the house operations by eliminating unused equipment, gaining space and simplifying their food preparation and patient food service execution. A new patient menu was also created giving patients more fresh and high-quality selections. This has resulted in cost savings

for the hospital, as well as increased Press-Ganey scores.

In addition to completely satisfied patients, staff and guests are offered an onsite restaurant dining experience. Foods are prepared from scratch, including freshly baked desserts daily. Healthy grab-and-go options such as fresh dough pizza, salads, deli sandwiches, wraps and subs on fresh-baked breads and rolls, homemade pies, cookies and cakes are convenient for guests on the go. "Our goal is to give Heritage a retail feel so guests feel like they are dining in a trendy restaurant," said Chef Terry.

Over the last several years, Cura has made substantial commitments to promoting healthy lifestyles. To help support Indiana Regional Medical Center's successful "B! Well" program in Indiana, PA, Cura offers patients, staff and the community opportunities to learn more about good nutrition, exercise, and healthier lifestyles. According to Bob Gongaware, Chief Financial Officer, Indiana Regional Medical Center, what attracted us about Cura is their commitment to partnering with local farms through FarmSource. A local purchasing program, Cura continues to source more than 20% of its food locally by procuring food and beverage purchases from local farms and producers of food in Western PA. "Home-made foods prepared with locally-grown products for our patients and in our café fall in line with our B!Well program."

Active with the Pennsylvania Association for Sustainable Agriculture (PASA), Cura also bring their knowledge of local farming to the hospital cafes they operate, giving hospital staff and guests the opportunity to learn about fresh produce and purchase baskets of locally-grown foods from nearby farms.

The goal for 2013 is to share best practices. Campagna shares her thoughts. "Our Completely Satisfied service includes multiple tools to consistently encourage patient feedback and interaction at every point of service...simultaneously focusing on the experience for patients and metrics for our clients as a dual prong approach to delivering measurable patient satisfaction improvements." †

Grace is Manager of Public Relations for Cura Hospitality. A member of Eat'n Park Hospitality Group, Cura Hospitality is a highly responsive and innovative dining services and hospitality provider dedicated to a mission of Enhancing Life Around Great Food. Cura serves over 50 senior living communities and hospitals in the mid-Atlantic region. Cura's culinary, guest service and clinical professionals provide hospitality and clinical care to more than 20,000 residents, patients and guests each day. Learn more at www.curahospitality.com.



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When Every Second Counts: Using a Stroke Patient Management System for Clinical Decision-Support

By David Fuller and Jan Yanko



In the early part of the 21st century, we've seen dramatic shifts in the innovation, application, and implementation of healthcare technology. Notable changes include the capability for real-time collaboration across distances, vast improvements in high-resolution imaging, and systems that aid in the collection and use of care data. These advances have introduced both benefits and challenges relative to patient care in general. However, the need for enhanced communication via technology in stroke patient and program management has gone largely unnoticed. In an age when medicine is becoming more connected, we're failing to answer even the simplest of questions related to stroke care due to the lack of sophisticated systems available within this booming subspecialty of neurosciences.

Healthcare technology today is largely focused on improving patient and population outcomes on a broad scale. To achieve improved results for the individual, providers have utilized new technologies that aid in delivering care intended to meet 'best practice' standards. At the same time, those who are tasked to manage and direct the programs that care for stroke patients have recognized gaps in the available systems to actively track and affect the course of care of stroke patients across the continuum.

In many instances, the systems available to Stroke Coordinators today are home-grown, retrospective, or functioning in a stand-alone environment. When the systems are integrated with others in an acute care setting, they're often the result of an attempt to add metrics relative to stroke patient care into a larger system, but not truly designed for the effective management of the stroke patient AND the program at large. As the emphasis on impacting outcomes through the use of technology continues to grow, it will become increasingly important that providers adopt a means to manage meaningful metrics and the patient care path in a way that leverages recent advancements in technology to drive improvements in care.

Until now, no such system has been created for use in stroke care – the lack of a patient management system for an already-large and growing patient population

that requires urgent care within specific timeframes has no doubt impacted outcomes at hospitals across the country.

With Cerebros, Corazon's stroke patient management software, we've recognized the need to incorporate industry 'best practice' standards into an IT system that is developed for and dedicated to the improvement of patient care outcomes in stroke. Our vision for this system is one of eliminating manual, retrospective, and paper-based processes in efforts to leverage the technology currently available. This system brings multiple and diverse data points together for a detailed and comprehensive view of the stroke inpatient.

When evaluating the emphasis on technology as it relates to stroke patient and program management, the time-related requirements are the foundation of 'best practice' standards. As an example, t-PA should be administered to eligible patients within a 60-minute window from the time a patient enters the Emergency Department of a hospital. Likewise, anti-thrombotics should be administered to ischemic stroke patients and DVT prophylaxis initiated for all non-ambulatory patients by the end of the second hospitalization day. Although these are recognized standards of care, providers have struggled to identify a mechanism that not only tracks a patient's progress down a care path, but also informs clinicians of a need for action to avoid patient fallouts. Cerebros will drive changes in process to result in real and significant changes in outcomes.

Unfortunately, with all the advances in technology, most hospitals still cannot answer basic questions related to stroke care, such as "how many stroke patients are in the house?" or "which patients are at risk for falling out of compliance with 'best practice' standards?" Cerebros eliminates the need to access multiple systems, patient charts, and even hand written notes on scrub pants or paper towels to find this data...and, through built-in reporting, allows for both decision-making and real-time process improvement that impacts care.

Far too much of the critical care processes in stroke relies on the memories of those involved in the care and management of the patient. For example, front line providers managing multiple patients simultaneously are tasked to not only care for each patient, but also remember precise timeframes as to when the specific actions have been or should be completed. With the demands placed on front-line providers in way of multi-tasking and prioritization of patient care needs, Corazon believes the time is now for technology to assist in the management of these issues rather than add to them.

The frustration clinicians have expressed relative to current technology's inability to provide real-time, crucial patient care metrics has lead our company down an information systems development path. We envision this system as the first step in the long journey ahead for improving stroke care from arrival through discharge and beyond – all with best practice standards as a guide.

Through the use of this clinical decision support system, providers will not only reduce costs, facilitate decision-making, and encourage compliance with recognized standards, but they'll ultimately be able to affect patient outcomes in a positive way – the ultimate goal for any new development in healthcare technology. †

David Fuller is Senior Vice President for Corazon, Inc. Jan Yanko is a Consultant with Corazon.

Corazon is a national leader in strategic program development for the heart, vascular, neuro, and orthopedics specialties, offering consulting, recruitment, interim management, and physician practice & alignment services to clients across the country. To learn more about Corazon's Cerebros stroke application, or to inquire about becoming an early adopter of this innovative IT system, please call (412) 364-8200 or visit www.corazoninc.com.



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ALPHA SYSTEMS

Alpha Systems provides innovative data and document management solutions that improve financial outcomes and enhance the patient information lifecycle. Our state-of-the-art applications and flexible methods of information collection and retrieval, data conversion, scanning and indexing, bridge the gap between paper and electronic environments, eliminating bottlenecks and ensuring a steady flow of complete and accurate information. Alpha Systems capabilities include Document Scanning, Electronic Document Management Software, Computer Assisted Coding and Electronic Discovery Services. For nearly four decades of expertise and a feature-rich platform combine to improve workflows and bring instant ROI to all processes from pre-registration and clinical documentation to coding and billing. Backed by the highest security standards, Alpha Systems integrates easily into most inpatient and ambulatory information systems.

EMPLOYMENT DIRECTORY

INTERIM HEALTHCARE HOME CARE AND HOSPICE

Offers experienced nurses and therapists the opportunity to practice their profession in a variety of interesting assignments – all with flexible scheduling and professional support. Assignments in pediatric and adult home care, school staffing, and home health or hospice visits. Full or part-time – the professional nursing and healthcare alternative throughout southwestern Pennsylvania since 1972.

Contact Paula Chrissis or Julia Szazynski, Recruiters
1789 S. Braddock, Pittsburgh, PA 15218
800-447-2030, fax 412 436-2215
www.interimhealthcare.com

ST. BARNABAS HEALTH SYSTEM

RNs, LPNs, Home Care Companions, Personal Care, Attendants, Hospice Aides, Dietary Aides. St. Barnabas Health System frequently has job openings at its three retirement communities, three living assistance facilities, two nursing homes, and an outpatient medical center that includes general medicine, rehab therapy, a dental practice, home care and hospice. Campuses are located in Gibsonia, Allegheny County, and Valencia, Butler County. Enjoy great pay and benefits in the fantastic suburban setting. Both campuses are a convenient drive from the Pennsylvania Turnpike, Routes 8, 19 and 228, and Interstates 79 and 279. Contact Margaret Horton, Executive Director of Human Resources, St. Barnabas Health System, 5830 Meridian Road, Gibsonia, PA 15044. 724-444-JOBS; mhorton@stbarnabashealthsystem.com, www.stbarnabas-healthsystem.com.



EXTENDED CARE & ASSISTED LIVING

ASBURY HEIGHTS

Since 1908, Asbury Heights, operated by United Methodist Services for the Aging, has been providing high-quality compassionate care to older adults in Southwestern Pennsylvania. Asbury Heights is a faith-based, non-profit charitable organization, located in the Pittsburgh suburb of Mt. Lebanon. Through various accommodations, services and amenities, the needs of independent living residents can be met. For residents requiring more care, this senior living community also offers personal care, nursing and rehabilitative care and Alzheimer's specialty care. The Health and Wellness Center is headed by a board certified, fellowship trained geriatrician. Residents may be treated by on-site specialists or retain their own physicians. Rehabilitative therapies are also available on-site. A variety of payment options are available to fit individual financial situations. The application process is very quick and easy and does not obligate the applicant in any way. For more information, please contact Loretta Hoglund, for Independent Living; Darla Cook for Nursing Admissions; or Lisa Powell for Personal Care at 412-341-1030, or visit our website at www.asburyheights.org for more information.

BAPTIST HOMES SOCIETY

Baptist Homes Society, a not-for-profit organization operating two continuing care retirement communities in Pittsburgh's South Hills region, has served older adults of all faiths for more than 100 years. Baptist Homes, nestled on a quiet hillside in Mt. Lebanon, serves nearly 300 seniors. Providence Point, a beautiful 32-acre site in Scott Township, has the capacity to serve more than 500 older adults. Each campus has a unique identity and environment yet both provide a full continuum of care, including independent living, personal care, memory support, rehabilitation therapies, skilled nursing, and hospice care. Baptist Homes Society is Medicare and Medicaid certified. Within our two communities, you'll find a the lifestyle and level of care to meet your senior living needs. To arrange a personal tour at either campus, contact: Sue Lauer, Community Liaison, 412-572-8308 or email slauer@baptisthomes.org.

Or visit us at Baptist Homes
489 Castle Shannon Blvd., Mt. Lebanon
(www.baptisthomes.org).
Providence Point:
500 Providence Point Blvd., Scott Twp
(www.providencepoint.org)

OAKLEAF PERSONAL CARE HOME

"It's great to be home!"

Nestled in a country setting in a residential area of Baldwin Borough, Oakleaf Personal Care Home provides quality, compassionate care to adults who need assistance with activities of daily living. As we strive to enhance the quality of life of our residents, our staff constantly assesses their strengths and needs as we help them strike that fine balance between dependence and independence. Oakleaf offers private and shared rooms, all located on one floor. Our home includes a spacious, sky-lighted dining room, library, television lounges, sitting areas and an activity room. Our fenced-in courtyard, which features a gazebo, provides our residents with a quiet place to enjoy the outdoors, socialize with family and friends, and participate in planned activities. Upon admission, the warmth of our surroundings and the caring attitude of our staff combine to make Oakleaf a place residents quickly call "home". Please call for additional information, stop by for a tour or visit us on our website. www.oakleafpersonalcarehome.com.

3800 Oakleaf Road, Pittsburgh, PA 15227
Phone 412-881-8194, Fax 412-884-8298
Equal Housing Opportunity

PRESBYTERIAN SENIORCARE

Presbyterian SeniorCare is the region's largest provider of living and care options for seniors (Pittsburgh Business Times, 2012), serving approximately 6,000 older adults annually. Established in 1928, the non-profit, faith-based organization is accredited by CARF-CCAC as an Aging Services Network. In addition, Presbyterian SeniorCare was awarded five-year accreditation in 2011 as "Person-Centered Long-Term Care Communities" for all of its nursing communities. Providing a continuum of options in 56 communities across 10 western Pennsylvania counties, Presbyterian SeniorCare offers independent and supportive apartments, personal care, world-renowned Alzheimer's care, rehabilitation services, skilled nursing care and home- and community-based services. For more information please call 1-877-PSC-6500 or visit www.St-Care.org.

ST. BARNABAS HEALTH SYSTEM

Regardless of what lifestyle option a senior needs, St. Barnabas Health System has a variety of choices to fulfill that need. Independent living options include The Village at St. Barnabas apartments, The Woodlands at St. Barnabas and White Tail Ridge carriage homes, and The Washington Place at St. Barnabas efficiency apartments. Living assistance is available at The Arbors at St. Barnabas in Gibsonia and Valencia. Twenty-four hour skilled care is provided at St. Barnabas Nursing Home and Valencia Woods at St. Barnabas. St. Barnabas Medical Center is an outpatient facility that includes physicians, chiropractors, general medicine, rehab therapy, a dental practice, home care, memory care and hospice. The system's charitable arm, St. Barnabas Charities, conducts extensive fundraising activities, including operating the Kean Theatre and Rudolph Auto Repair. St. Barnabas' campuses are located in Gibsonia, Allegheny County, and Valencia, Butler County. For more information, call 724-443-0700 or visit www.stbarnabashealthsystem.com.

WESTMORELAND MANOR

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

Carla M. Kish, Director of Admissions
2480 S. Grande Blvd., Greensburg, PA 15601
724-830-4022

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HOME HEALTH/HOME CARE/HOSPICE

ANOVA HOME HEALTH AND HOSPICE

Anova Healthcare Services is a Medicare-certified agency that has specialized care in home health, hospice & palliative care, and private duty. Anova concentrates their care within seven counties in South Western PA. Through Anova's team approach, they have developed a patient-first focus that truly separates their service from other agencies in the area. Home Health care is short term acute care given by nurses and therapists in the home. Private duty offers care such as companionship, medication management and transportation services. Hospice is available for people facing life limiting conditions. With these three types of care, Anova is able to offer a continuum of care that allows a patient to find help with every condition or treatment that they may need. Anova's goal is to provide care to enable loved ones to remain independent wherever they call home. Anova Knows healthcare ... Get to know Anova!

1229 Broad Lane, Suite 201, Pittsburgh, PA 15136
1580 Silver Avenue Ext., Suite 2, Belle Vernon, PA 15012
1-877-266-8232

BAYADA HOME HEALTH CARE

Since 1975, BAYADA Home Health Care has been helping people of all ages have a safe home life with comfort, independence, and dignity. We believe our clients come first and our employees are our greatest asset. Every level of care is supervised by a registered nurse (RN) clinical manager and all of our services are provided with 24-hour clinical support. BAYADA Home Health Care assists adults and seniors who need nursing care and assistive care services at home or in the hospital. BAYADA Pediatrics—a specialty of BAYADA Home Health Care—specializes in helping children of all ages with complex needs to cope with illness or injury at home and at school.

www.bayada.com

CELTIC HEALTHCARE

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GATEWAY HOSPICE

Gateway's hospice services remains unique as a locally owned and operated service emphasizing dignity and quality clinical care to meet the needs of those with life limiting illness. Quality nursing and home health aide visits exceed most other agencies. Our commitment to increased communication and responsiveness to those we serve is our priority. Medicare certified and benevolent care available. Gateway serves patients in Allegheny and ALL surrounding counties. Care is provided by partnering with facilities and hospitals in addition to wherever the patient "calls home". For more information call 1-877-878-2244.

INTERIM HEALTHCARE HOME CARE AND HOSPICE

Interim HealthCare is a national comprehensive provider of health care personnel and services. Interim HealthCare has provided home nursing care to patients since 1966 and has grown to over 300 locations throughout America. Interim HealthCare of Pittsburgh began operations in 1972 to meet the home health needs of patients and families throughout southwestern Pennsylvania and northern West Virginia and now has offices in Pittsburgh, Johnstown, Somerset, Altoona, Erie, Meadville, Uniontown and Morgantown and Bridgeport WV. IHC of Pittsburgh has been a certified Medicare and Medicaid home health agency since 1982 and a certified Hospice since 2009. We provide a broad range of home health services to meet the individual patient's needs - from simple companionship to specialty IV care and ventilator dependent care to hospice care - from a single home visit to 24 hour a day care. IHC has extensive experience in working with facility discharge planners and health insurance case managers to effect the safe and successful discharge and maintenance of patients in their home.

For more information or patient referral, call
800-447-2030, Fax 412 436-2215
1789 S. Braddock, Pittsburgh, PA 15218
www.interimhealthcare.com

LIKEN HOME CARE, INC.

Established in 1974, is the city's oldest and most reputable provider of medical and non-medical care in private homes, hospitals, nursing homes, and assisted living facilities. Services include assistance with personal care and activities of daily living, medication management, escorts to appointments, ambulation and exercise, meal preparation, and light housekeeping. Hourly or live-in services are available at the Companion, Nurse Aide, LPN and RN levels. Potential employees must meet stringent requirements; screening and testing process, credentials, references and backgrounds are checked to ensure qualifications, licensing, certification and experience. Criminal and child abuse background checks are done before hire. Liken employees are fully insured for general and professional liabilities and workers' compensation. Serving Allegheny and surrounding counties. Free Assessment of needs available. For more information write to Private Duty Services, 400 Penn Center Blvd., Suite 100, Pittsburgh, PA 15235, visit our website www.likeneservices.com, e-mail info@likeneservices.com or call 412-816-0113 - 7 days a week, 24 hours per day.

MEDI HOME HEALTH AND HOSPICE

Medi Home Health and Hospice, a division of Medical Services of America, Inc., has a unique concept "total home health care." We provide a full-service healthcare solution to ensure the best patient care possible. Every area of service is managed and staffed by qualified professionals, trained and experienced in their respective fields. Surrounded by family, friends and things that turn a house into a home is what home care is all about. Our home health care manages numerous aspects of our patients' medical needs. Our Hospice care is about helping individuals and their families' share the best days possible as they deal with a life-limiting illness. Most benefits pay for hospice care with no cost to you or your family. Caring for people. Caring for you. For more information or for patient referral please call 1-866-273-6334.

PSA HEALTHCARE

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

PEDIATRIC SPECIALTY HOSPITAL

THE CHILDREN'S HOME OF PITTSBURGH & LEMIEUX FAMILY CENTER

24-bed, licensed pediatric specialty hospital serving infants and children up to age 21. Helps infants, children and their families transition from a referring hospital to the next step in their care; does not lengthen hospital stay. Teaches parents to provide complicated treatment regimens. Hospice care also provided. A state-of-the-art facility with the comforts of home. Family living area for overnight stays: private bedrooms, kitchen and living/dining rooms, and Austin's Playroom for siblings. Staff includes pediatricians, neonatologists, a variety of physician consultants/specialists, and R.N./C.R.N.P. staff with NICU and PICU experience. To refer call: Monday to Friday daytime: 412-441-4884. After hours/weekends: 412-596-2568. For more information, contact: Erin Colvin, RN, MSN, CRNP, Clinical Director, Pediatric Specialty Hospital, 412-441-4884 ext. 1039.

The Children's Home of Pittsburgh & Lemieux Family Center
5324 Penn Avenue, Pittsburgh, PA 15224.
www.childrenshomepg.org, email: info@chomepg.org

THE CHILDREN'S INSTITUTE

The Hospital at the Children's Institute, located in Squirrel Hill, provides inpatient and outpatient rehabilitation services for children and young adults. Outpatient services are also provided through satellite facilities in Bridgeville, Irwin and Wexford. In addition, The Day School at The Children's Institute offers educational services to children, ages 2-21, who are challenged by autism, cerebral palsy or neurological impairment. Project STAR at The Children's Institute, a social services component, coordinates adoptions, foster care and intensive family support for children with special needs.

For more information, please call 412-420-2400
The Children's Institute
1405 Shady Avenue, Pittsburgh, PA 15217-1350
www.amazingkids.org

PUBLIC HEALTH SERVICES

ALLEGHENY COUNTY HEALTH DEPARTMENT

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

333 Forbes Avenue, Pittsburgh, PA 15213
Phone 412-687-ACHD. Fax: 412-578-8325
www.achd.net

RADIOLOGY

FOUNDATION RADIOLOGY GROUP

As one of the country's largest radiology practice, Pittsburgh based Foundation Radiology Group was founded to revolutionize the practice of radiology in the community healthcare setting. Joint Commission certified, our innovative ability to blend talent, workflow, quality and technology is designed to deliver world class imaging services to patients across the region. For more information, visit www.foundationradiologygroup.com.

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Let our team focus on your real estate needs so that your team can focus on providing superior health care services at your facilities. The local Grubb & Ellis office can provide your health system with comprehensive management services as well as innovative transaction strategies. We offer experienced professionals in the field of management services, which would include facility management, lease administration, financial reporting, engineering, maintenance, purchasing and construction oversight. Our national purchasing agreements can help to lower the cost of your materials and supplies. Property, plant and equipment assessments can be performed by our service specialists, and recommendations made related to preventive and predictive maintenance. The transaction team would assist you by creating a highest and best use analysis for your existing properties, making acquisition and dispositions recommendations, handling tenant and lessee/lessor relations, providing standardized lease templates and by being available for strategic consulting sessions. Collectively we offer an experienced and trusted group of real estate advisors who would be committed to the success of your health system as well as maximizing the value of your existing assets and lowering your operating costs. Please contact me to learn a little more about Grubb & Ellis and the potential benefits that can be offered if our teams are given a chance to work together. For more information contact:

Bartley J. Rahuba
600 Six PPG Place, Pittsburgh, Pa. 15222
412-281-0100

Health Care Event & Meeting Guide

Climbing the S.T.A.I.R.s to Personal Safety

January 22, 2013

2:30-6:30 p.m.

Sewall center on the Robert Morris Campus

Register online at www.rtconnections.com

26th Annual Rural Health Care Leadership Conference

February 10-13, 2013

Pointe Hilton Tapatio Cliffs Resort

Phoenix, AZ

Register online at www.HealthForum.com/Rural.

Health Care Event & Meeting Guide

Visit www.wphealthcarenews.com for a listing of upcoming conferences, networking events, workshops, and seminars. If you want to add yours to our list, please email Daniel Casciato at writer@danielcasciato.com.

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Email: hdkart@aol.com • Website: www.wphealthcarenews.com

HARVEY D. KART

Publisher
 412.475.9063 • hdkart@aol.com

DANIEL CASCIATO

Assistant to Publisher
 412.607.9808 • writer@danielcasciato.com

KRISTEN KART

Director of Marketing
kristenkart@wphospitalnews.com

BETH WOOD

Art/Production

Contributing Writers

Daniel Casciato
 John Chamberlin
 Christopher Cussat
 Kathleen Ganster
 Elizabeth Pagel-Hogan
 Erin Lewenauer

SISTER PUBLICATIONS

Atlanta Hospital News
 Josh Felix, Publisher
jfelix@atlantahospitalnews.com

Chicago Hospital News

Josh Felix, Publisher
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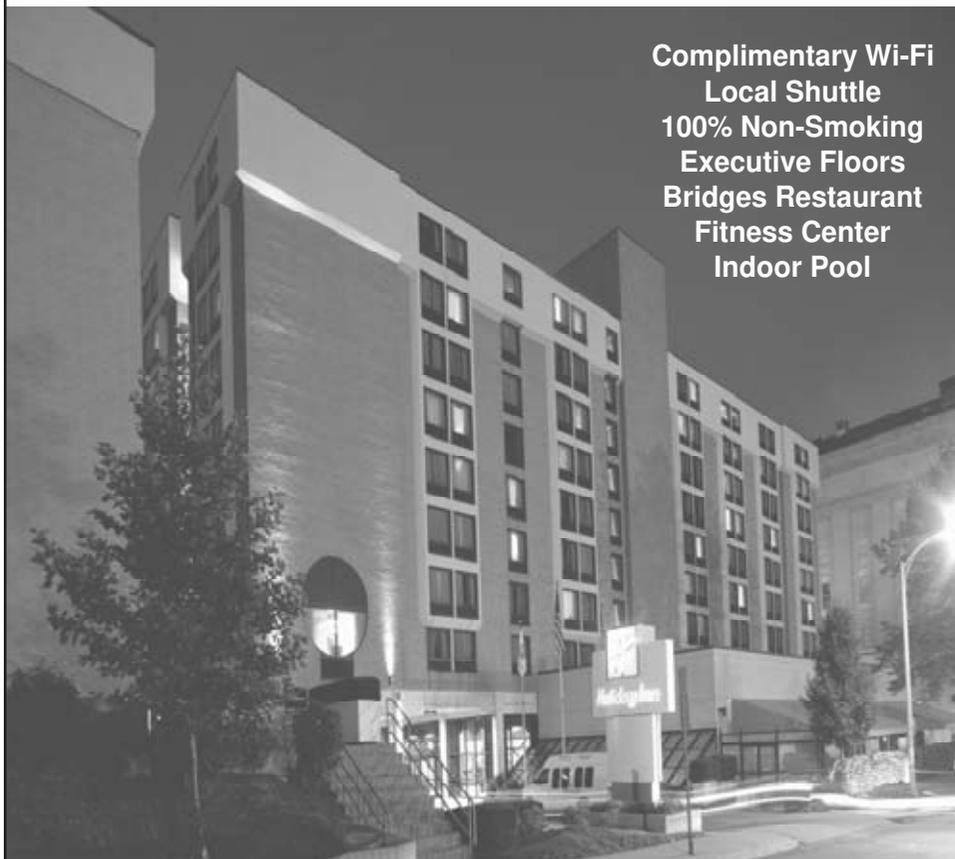
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Marilyn Davis 724-838-3660 x640 or 412-889-6939
Andrea Nease 724-838-3660 x687 or 724-875-4959

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South Franklin Township \$327,000

A custom built home on a wonderful cul-de-sac lot. The perfect floor plan offering first floor living and attached garage. An entertaining haven with rear deck, lower level patio, free form outdoor pool with slide and lights plus finished Game Room with Second Kitchen and Full Bath. Cathedral Great Room with floor to ceiling fireplace. Koi pond and waterfall greet you at the front entry. MLS #938847



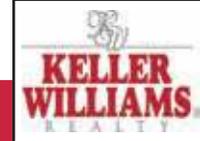
Cecil Township \$369,000

Stunning! Outstanding trim details, amenities and floor plan abound. Scraped hardwood floors, granite, stainless appliances & maple cabinets in Kitchen, freshly stained deck with trim, second Master Suite on first floor. Cathedral Master with whirlpool, ceramic tile shower, granite & custom walk-in. Huge Game Room with Powder Room & French doors to rear level yard. Great custom storage in lower level. Convenient 2nd floor Laundry. Great cul-de-sac! MLS #938893



Peters Township \$330,000

Open, spacious and stylish! Mozaic ceramic tile Foyer, columns, plush carpeting, granite and cherry Kitchen, oversized patio with privacy fence and direct access from cathedral Family Room, speakers, wainscoting & crown mouldings in Dining Room, granite surround gas fireplace, abundance of recessed lighting, Loft with skylights. Enjoy maintenance free living at its finest. Minutes to interstates, shopping, dining and community amenities. MLS #919701



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Karen Marshall

1250 S. Negley Ave., Pittsburgh, PA 15217

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\$509,000

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UNITY TWP

\$319,000

Beautiful new hardwood floors! New stainless appliances in Kitchen that opens to family room. New composite deck & rails, extensively landscaped yard with large-level play area. Skylights, vaulted ceilings, 4 bedrooms 2.5 baths, Large walk out basement-ideal to finish with rough-ins for future bath, So much house for the \$\$.



UNITY TWP

\$699,999

Approx 8000 finished sq ft. Pellis built with incredible detail. Marble foyer with dual staircase, Olive wood flooring from Italy in LR & DR. 2 story fireplace. Phenomenal master suite with huge walk in closets and extra large marble master bath. 4 bedrooms with 4 full baths and 1 half. NEW ROOF, Beautiful landscaping to match a gorgeous home.

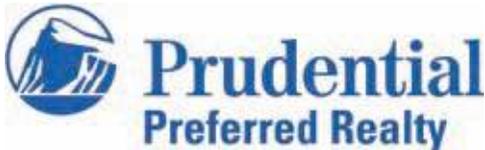


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HAMPTON TWP. \$598,500



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Virtual Tours at www.HoneywillTeam.com

PINE TWP. \$779,000



North Park Manor beautiful custom home, shows like a model, 4BR with 4/1Baths, paneled den, cherry/granite kitchen, super walkout gameroom.

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Jameson Memorial Hospital School of Nursing Class of 2012 Celebrates 100% Pass Rate

The Jameson Memorial School of Nursing Class of 2012 achieved a 100% first time pass rate on the NCLEX-RN Licensure exam (State Boards). The last class to achieve this milestone was in 2002. Commencement exercises were held in late spring for the 27 students who received diplomas. The Faculty and staff of the school of nursing had a true commitment to these students and all students.

The graduates included: New Castle, PA: Valerie Fee, Michelle Kunselman, Andrea Lamb, Monica Morgan, Samuel Plyler, Lisa DeWitt, Salanda Smiley, and Gabrielle Thomas; Sharon, PA: Angela Currens; Grove City, PA: Jeffrey McGahey and Chelsea Semple; Mercer, PA: Nathan Oss; Greenville, PA: Brittney Henretty; Ellwood City, PA: Valerie Harper and Jason Triplett; Wampum, PA: Jesse Dean, Tyler King; Sharpsville, PA: Loretta Test; West Middlesex, PA: Jamie Lauderbaugh; Aliquippa, PA: Emily LoVerde; Portersville, PA: Corrin Newton; Cortland, Ohio: Brie Mahoney-Woods; Boardman, Ohio: Lindsey Gotto; Vienna, Ohio: Alyssa Sherman; Campbell, Ohio: Christopher Vokish; Struthers, Ohio: Elaine Runge; and Youngstown, Ohio: Kelly

Bruner

The NCLEX-RN® and the NCLEX-LPN® nurse licensure examinations were developed by the National Council of State Boards of Nursing (NCSBN). The NCSBN is a not-for-profit organization which serves as the vehicle through which boards of nursing act and counsel together to provide regulatory excellence for public health, safety and welfare, according to the NCSBN website. The NCLEX examinations serve to ensure that nurses entering the workforce have the necessary skills and knowledge to practice in the field. The NCSBN developed the "psychometrically sound and legally defensible" NCLEX-RN® and NCLEX-LPN® nurse licensure examinations. According to the NCSBN, these exams are rigorously regulated every three years to keep pace with the constantly changing health care environment.

The Jameson Memorial Hospital School of Nursing is approved by the Commonwealth of Pennsylvania State Board of Nursing and is accredited by the National League for Nursing Accrediting Commission (NLNAC).

For more information, visit www.jamesonhealth.org/schoolofnursing.

Pedicure Fundraiser Benefits Joyce Murtha Breast Care Center

Courtney Divley's senior project inspiration came from her aunt who battled breast cancer for nine years. "I wanted to do something different," said Courtney as she hosted a Pedicure Fundraiser on September 8, 2012. Courtney, a senior at

Shanksville - Stonycreek High School, accomplished her goal and raised \$1,100 for the Joyce Murtha Breast Care Center at Windber Medical Center.



Pictured from left to right are Angela Divley; Janet Balon, JMBCC Staff; Cindy LeComte, V.P. Ancillary Services; Courtney Divley; Carol Winters, Mary Elko and Judy Mislanovich, JMBCC Staff.



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Jane and Rick

Jane and Rick were new grandparents and avid walkers. Jane suffered extensive injuries when she was hit by a car. After several surgeries, she transferred to HCR ManorCare where she received intensive medical and rehabilitation services to help regain her ability to care for herself and learn to walk again.

Jane is now back home and along with Rick enjoys taking the grand kids to the park for the afternoon.

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