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Inside ...

Hospital Council Conference Center Breaks Down Barriers By Elizabeth Fulton

Hospital Council of Western Pennsylvania covers 30 counties in western Pennsylvania, many of which are rural. According to Jane Montgomery, Vice President of Clinical Services/Quality, the farthest council member has a four-hour drive to the council's offices and conference center in Warrendale. But with some exciting new updates, the distance doesn't seem to matter as much.

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Brother's Brother Foundation Visits Liberia

By Kathleen Ganster

Living in the Pittsburgh area, it is easy to get spoiled by our excellent hospitals and health care services. It can also make the hospitals in places like Liberia seem all the more shocking when comparing the equipment, services and facilities.

Luke Hingson, president of the Brother's Brother Foundation and Liam Carstens, vice president, recently visited Liberia as part of their efforts to assist hospitals in that country.

Brother's Brother Foundation is a Pittsburgh-based non-profit that provides equipment and supplies to hospitals and

medical relief missions to foreign countries. Hingson and Carstens visited several hospitals and met with administrators to see how the Foundation can better assist the Liberian hospitals with providing healthcare to their residents.

"It was a wonderful experience. For many of these hospitals, we have been working with them for three or four years, so it was great to be able to meet the folks and see the hospitals," said Hingson.

The trip to Liberia took 17 hours by flight, then several hours by car to visit the

See **BROTHER'S** On Page 3



Liam

BBF President Luke Hingson and Victor Taryor, Hospital Administrator for Ganta United Methodist Hospital in Liberia, have a discussion in the surgical prep room of the hospital.

35th Annual McKeesport Hospital Invitational Set

Editor's Note: This article was reprinted with permission from the Daily News.

By Carol Waterloo Frazier,
Daily News Editor

Thirty-four years ago, Dr. Frank R. Bondi initiated a golf outing to raise funds for McKeesport Hospital. This summer, McKeesport Hospital Foundation will host the 35th McKeesport Hospital Invitational, a three-day event that features golf, a fashion show and tennis.

This year's three-day event begins with the 22nd tennis event July 28 at The Club in Monroeville, the 22nd fashion show July 29 and golf events July 30 at Youghioghny Country Club.

"What started out as a golf outing has become a major event and that is why we are here today," Michele Matuch told a group of Invitational sponsors during a recent luncheon. "It was the leadership and direction of Dr. Frank R. Bondi in 1977 that has made this such a success. He was my mentor with the first golf outing and I wouldn't be where I am without him."

She said that in 1990, Elizabeth Carbide became one of the first corporate sponsors of the event, opening the door to others. Matuch said the Invitational

now has more than 25 sponsors.

"Your funds and sponsorship are more than for golf, tennis and the fashion show," she told the group.

"They go into the programs at UPMC McKeesport and

the community. We look forward to a brighter future because of all our partners."

See **MCKEESPORT** On Page 15



Jennifer R. Virtual (Daily News)

McKeesport Hospital Foundation welcomed sponsors and supporters to its 35th annual Invitational luncheon, which traditionally is a spring planning kick-off event for the summer's three-day fund-raiser for UPMC McKeesport programs.



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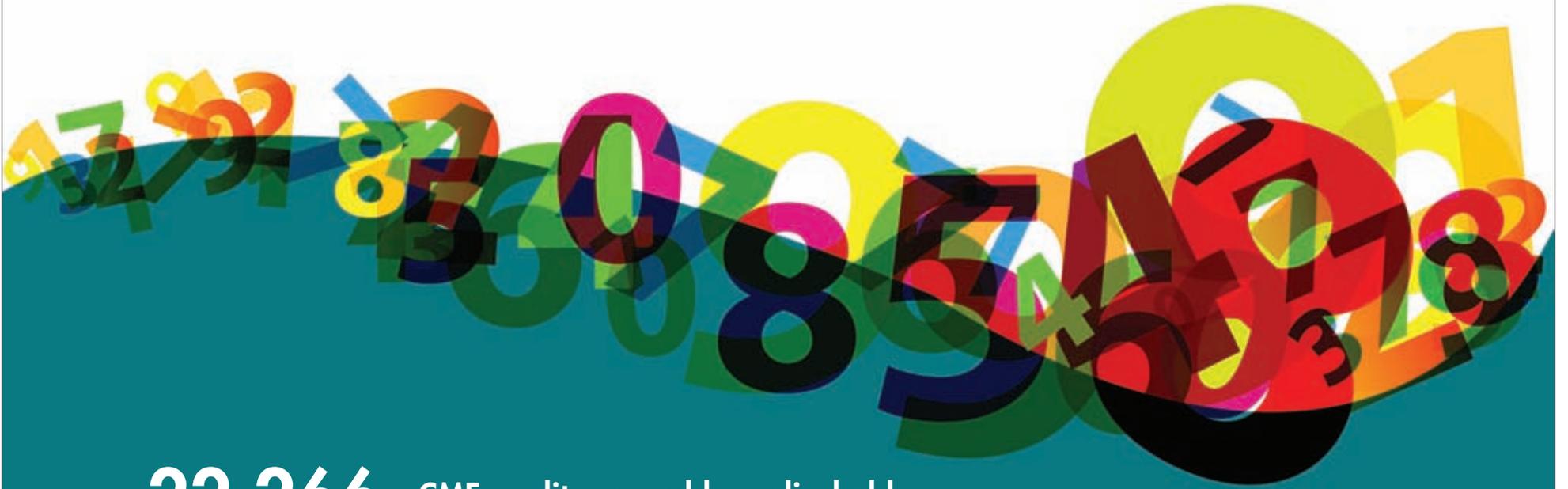
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BROTHER'S From **Page 1**

eight hospitals on their roster. Carstens went to one hospital on his own, the most rural, requiring an 11 to 12 hour drive.

"The roads were awful. Even though it was the National Highway, the further we went, the narrower it became and as the end, it was washed out, had many pot-holes – it just wasn't good," he said.

The largest hospital they visited had 200 beds and could serve 260 patients. When they were at full-capacity, some would be on the floor or sharing a bed.

"We were told that sometimes they will have three women in labor on a bed, one on each side and one in the middle," said Hingson.

The smallest hospital has only 40 beds.

The hospitals run on very tight budgets, so salaries are less and equipment older and scarcer. At one hospital, they couldn't repair their only autoclave because they needed a part that couldn't be bought in their country, so Hingson carried the \$12 part in his pocket from the U.S.

"It was something that one of our staff bought at a hardware store three blocks from our offices, but they couldn't use this autoclave for surgery because they couldn't fix it," he said, "So that meant they couldn't do surgery."

Another problem for the hospitals in Liberia is the shortage and limited use of electricity.

"Several of the hospitals are limited to eight hours a day with electricity. That means they have fewer hours for lab work, fewer hours for surgery, and fewer hours to do laundry – everything needs to be rationed," he said.

According to Hingson, one of Brother's Brothers very first shipments was to Ganta Hospital, one of the places they visited.

"To finally get the image of what we had done was great," he said.

The face-to-face meetings were helpful so that the administrators could see what types of equipment and donations are appropriate for the hospitals.

"It is important to understand the appropriateness of the donations. People do donate from all over the world, but we want to make sure we give them what they need," said Hingson.

Hingson told of one of the hospitals who received donations of used but very good sheets and pillow cases (not from Brother's Brother). The sheets were well received, but since the beds don't have pillows, they weren't needed. The hospital improvised though and used them as storage bags for the patients since they don't have storage tables, dressers or closets for the patients. Otherwise, the donation would actually have been a burden, something Brother's Brother wants to avoid.

Carstens said, "We don't want to cause them anymore hardships or problems. We want to help them, not hinder them."

Since lack of supplies is always an issue, that is a target area for Brother's Brother. As soon as the two returned to Pittsburgh, Carstens prepared a list he sent to the Martha Tubman Memorial Hospital, the rural hospital that he had visited in Grande Gedeh.

"I was able to determine what their needs were and see what we have, and then sent them a suggested list for our next shipment," he said. The hospital administrators will then review the list, revise it and send it back. The shipment will then be sent, usually a month to two month process.

Brother's Brother also worked in conjunction with the Grande Gedeh Americans Association, an organization whose president resides in Pittsburgh. The group is Grande Gedeh nationals who live in the U.S. and serve their homeland.

"There is a lot we can do for them," said Carstens, "We can't fulfill all of their needs, but we can make a difference."

For more information about Brother's Brother Foundation visit www.brothers-brother.org.



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The Progress and Promise of ACOs



By Mike Cassidy, Esq.

Since Accountable Care Organizations (“ACO”) are one of the featured topics for the May edition of Hospital News, I thought it would be appropriate to revisit the progress and evaluate the promise of ACOs to date.

I last wrote on this topic in the December 2011 Thought Leader column, and indicated there had been little progress, at least with the federal ACO model, which is the Medicare Shared Savings Program as of that time. I also cited a study done by Leavitt Partners in November 2011 entitled the “Growth and Dispersion of Accountable Care Organizations.”

The key findings of the Leavitt study stated there were 164 ACOs being developed, 99 by hospitals, 38 by physician groups and 28 by insurers. Most of these commercial products were concentrated in higher income/higher population areas with the majority of the ACOs being concentrated in just eight states, the leader of which was California.

Since that time, the Department of Health and Human Services (“HHS”) has announced the first participants in the Medicare Shared Savings Program. On April 10, 2012 HHS announced just 27 organizations had been selected to participate in the Medicare Shared Savings Program for the performance period beginning April 1, 2012. These 27 organizations would cover just 375,000 Medicare beneficiaries in 18 states. If you include the 32 pioneer ACOs which were

announced in December of 2011, and the 6 Physician Group Practice Transition Demonstration organizations which were approved in January 2011, this brings the total Medicare beneficiaries participating in these new payment projects to approximately 1.1 million Medicare beneficiaries.

According to Kaiser at statehealthfacts.org, there are approximately 50 million Medicare beneficiaries in the United States, which means all of these ACO projects at this point cover approximately 2% of the total available Medicare beneficiaries.

It is fairly obvious 2% is not enough to bend the cost curve, but it could be enough to evaluate the promise of ACOs. You would expect that this evaluation and testing period will still take several years, which would lead you to conclude the real work in the ACO area will probably be done by large health care organizations and commercial insurers who are already designing and testing new payment models independent of the Medicare Shared Savings Program. A key indicator of that hypothesis is that the largest integrated delivery systems in the country have not elected to participate in the Medicare Shared Savings Program, at least at this time.

Any type of ACO testing and development, whether based upon federal programs or commercial programs, will require a substantial investment of time, money and other resources. The American Hospital Association and McManis Consulting published a very informative report in April 2011 entitled “The Work



Accountable Care Organizations

Ahead: Activities and Costs to Develop an Accountable Care Organization.” The report focuses on two hypothetical prototype ACO models:

- ACO Prototype A involves one 200 bed hospital, 80 primary care physicians and 150 specialists. The report projects a startup cost of \$5 million and an ongoing annual cost of \$6 million for this smaller model.

- ACO Prototype B involves five hospitals, 250 primary care physicians and 550 specialists. The report projects a startup cost of \$12 million and an ongoing annual cost of \$14 million.

One of the most informative aspects of the report is the format of structural analysis. The AHA/McManis report identifies 23 “categories of costs,” which crosswalk functionally into action steps for planning purposes. It is fairly apparent from these models that ACO development will require significant health care savings on more than just a small percentage of the population base in order to survive and be effective.

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Using Pinterest to Generate Publicity for your Organization



By Daniel Casciato

With an average of over 12 million unique monthly visitors users and counting, Pinterest (www.Pinterest.com) has become the latest social media darling. In fact, according to Lemon.ly, a visual marketing firm, Pinterest was the fastest independent website to reach 10 million unique monthly visitors—faster than Twitter, Facebook, or LinkedIn.

So what’s all the fuss about the site? And more importantly, how can hospitals, medical practices, and health-related organizations take advantage of it?

BASICS OF PINTEREST

First, let’s discuss what Pinterest is. Simply put, the social networking site is a virtual pinboard. Members register for free and upload their own photos or post links to photos of products or images they want to share with their followers. This is called “pinning.”

When you pin an image on Pinterest, you can embed a link to the site where you found that particular image. As a result of allowing users to embed website links, a Shareholic study found that Pinterest is now generating more referral traffic to websites than YouTube, Google+, and LinkedIn combined.

GET INVOLVED AND BE ENGAGING

As with any social media site, the more engaged you are, the more beneficial it is for your brand. This means commenting on images posted by your Pinterest followers and sharing their images with your own followers. In order to establish your presence on Pinterest, become engaged.

As we mentioned in a previous article, think of social media as a big party. The more you interact with others, the more exposure you’ll receive. If you’re not participating, you won’t get noticed.

PINNING YOUR IMAGES

Whatever images you decide to pin to your board, just be sure it’s visually appealing. You want to give your followers a reason to comment on your images or share your images. If you work for a healthcare construction firm, you may want to pin your completed projects.

Show off your best work—and write a brief caption of what that project is and maybe what makes it unique. Want to share some real estate design tips with your readers? Create a visually-appealing image with some tips and pin it to your board.

Since you are driving people back to your website or blog with some of your pins, I also highly recommend that you have an interesting site or blog to entice people to want to come back. If you just have a static, boring website, you run the risk that people will stop following you.

PROMOTE MORE THAN JUST YOUR PRODUCTS

You don’t necessarily have to pin images related to your business of course. Did you snap a photo of that tree now blooming in the front of your office? Pin it under the “Outdoors” category on Pinterest. Took photos of a cool office party to celebrate a holiday? Pin it under “Holiday.”



The beauty of Pinterest is that you can categorize your images under several topics such as architecture, art, people, photography, products, sports, and technology. Not sure where your image fits? There’s an “Other” category.

If all you are doing is pinning your own images and refuse to share other images, you’ll appear to be too self-serving. That defeats the purpose of any social media site. The goal is to share so don’t be afraid to post images from other sites, even if they may be from another organization.

ALLOW OTHERS TO PIN PHOTOS

Pinterest allows you to let other contributors post images to your pinboards. If you’re part of a hospital or medical practice, your pinboard can contain photos from your patients and employees. Invite your followers to pin pictures of themselves or their favorite things on your pinboards. Some great photos are patients coming home from the hospital.

Are you a medical device manufacturer? Invite followers to post images of your products being used. You can even hold contests on your pinboard and each month select the best photo pinned to your pinboard. The goal here is to just get your fans involved and help spread the word about your products.

So what do you think of Pinterest? Are you using it? If so, share with us some of the creative ways you have used it? Email me at writer@danielcasciato.com and we’ll include your comments in an upcoming column. †

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Ensure Fairness to all Heirs When Making a Will



By John W. Powell, Esq.

Successful parents know that treating children equally is often not a matter of giving them all the same thing. One may want to go to chess tournaments, while another might prefer hockey or golf. The summer trek across Europe on a bicycle that one teen yearns to complete might cost more than the outdoor camp another craves to attend. And it would be foolish to set the same school goals for a daughter who always tests into gifted programs and one who is a star athlete with good grades.

Estate planning requires the same approach, even for those with estates below the taxable minimum. Even

though it may seem much easier just to split things equally to avoid being seen as unfair by your children, an even split may not be the way to act in the best interests of them and other heirs.

Fortunately, while details may differ in every family situation, at the end of the day many people express similar goals when drawing up their wills and discussing wealth distribution. Estates and trusts attorneys have therefore developed a number of fairly standard and inexpensive solutions to these generic challenges.

Let's take a look at a few of the more common challenges people face when making their estate plan, starting with having a child or other heir who is financially irresponsible or hasn't yet found himself or herself. Parents may fear that such a child could run through an inheritance in short order and then be left with little or nothing.

Parents interested in protecting such children from their own foolishness can always ask their attorneys to embed a **spendthrift trust** into their wills. A spendthrift trust is a trust that gives an independent trustee full authority to make decisions on how the trust funds are spent for the benefit of the beneficiary. The beneficiary has to seek and obtain approval of the trustee to access the money or property in the trust. The trustee thus can act in the long-term interests of the beneficiary. We typically recommend that the trustee not be a sibling to the beneficiary.

A spendthrift trust also prevents creditors from attaching the interest of the beneficiaries in the trust before that interest is actually distributed to them. That means that the trust is not financially responsible for contracts into which the beneficiary may foolishly enter or financial judgments against the beneficiary.

Many well-drafted irrevocable trusts contain spendthrift provisions even though the beneficiaries are not known to be spendthrifts. The spendthrift provision protects the trust and the beneficiary in the event a beneficiary is sued and a creditor attempts to collect from the beneficiary's interest in the trust.

Another situation that many parents face is what to do about financing the higher education and other needs of their minor children. It's hard to predict what the individual needs of each child could be: One child might get an academic or athletic scholarship, while another doesn't qualify. Or one child may pursue a PhD while another goes to a two-year community college or vocational training. One child could face a serious but costly illness or injury. It clearly isn't fair to earmark the same amount of money in a will to support the education and other needs of each child or grandchild.

The way out of this dilemma is to create a **pot trust**. Rather than establish a separate trust for each minor child, the parent(s) creates one common pot from which an independent trustee draws to cover all the educational, healthcare or other expenses of children or up to a defined age. The trustee is not required to spend the same amount on each child, and so can spend extra for the child who is going to law school or needs special medical assistance. Once the youngest child is of age, the remainder of the pot trust is divided, usually equally among all the beneficiaries it covers.

The key decision to make for both the pot and the spendthrift trust is who will be the independent trustee. The trustee has the final say on whether and how the money is to be distributed during the duration of either trust, so the trustee must be both scrupulous and knowledgeable of the family dynamics. The trustee must be willing to take the time to understand both the objectives of the trust and the individual needs of each of the beneficiaries. The trustee's decisions are not automatic, and can't be automated. It is usually a good idea to have a back-up trustee named, especially if the trustee is an individual.

When discussing the creation or updating of an estate plan, it is imperative that you share not just your goals, but also your fears of what may happen after your passing with your attorney. Once the attorney knows what you want and don't want to happen with your estate, he or she will be in a much better position to help you reach the goals and allay the fears. †

John W. Powell is a partner with Pittsburgh-based Meyer, Unkovic & Scott who often works on estate planning issues. He can be reached at jwp@muslaw.com or 412-456-2830.



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How Salable is Your Healthcare Business?



By Ralph Manning and Beth Pearson

For most entrepreneurs, their retirement plan is to sell the business and use the proceeds to fund their retirement life style. They don't want to hear that their business isn't salable.

What makes the difference between a company that can reward the owner for the years spent in building it and one which has a low value? Think of it this way. Do you have a company, or do you have a job with assistants?

A woman we know has built a human resources consulting company. She now has 10 employees and was talking to me about her plans to grow the business to 25 employees and then sell it. When I began to talk to her about the firm, it became clear that she doesn't have a company, she has a successful job with assistants.

How did I know?

- People come to the business because they trust her
- She is the sole decision maker in the firm
- If she dropped dead, the company would fold.
- She is the only person who determines the direction of the company
- She handles all the management of the firm
- She does all the business development



When the owner is the only person clients deal with, and the only person they trust with their work, the company has no value if she leaves. In order to have a business, it is essential that clients and prospects see value in working with the firm, not just with an individual. In my client's case, her company would only have value to a buyer if she stayed with the firm and continued to be the client interface.

As the sole decision maker, my client chooses what products and services to offer, how to price them, how to sell them, when to borrow money to increase business or retrench, who and when to hire and what clients will be sought. She has no one else who has any skin in the game. Her employees are not part of a management team or a sales team or a service team. They work for her and may have no allegiance to the company. No prospective buyer wants to walk into a business that has employees who work for an individual rather than the company.

If my friend was hit by a bus tomorrow, her company would fold. She has no

one in place to step up to management or sales. She has no plan in place that would allow an employee or all the employees to take over the business or buy it from successors. She didn't have an estate plan that talked about the disposition of the business if she died and she had nothing in place to provide for a company sale if she was rendered unable to run the business, through injury or mental incapacity.

As the only person who determines the direction of the firm, my client may be missing out on opportunities to grow her business. When only one person is in charge, new markets, new clients, new thinking are all constrained. Having others in the company with a strategic vision of where the company could go (i.e., sales) means that it is more likely the company will embrace new opportunities. This kind of a company has a higher value than one that slogs along in a rut, no matter how profitable a rut it may be.

When a business owner controls all of the management functions, the firm is automatically consigned to stay at a size where that kind of management is possible. If, for example, she had a person who managed the sales function, she could have more sales people and therefore more likelihood of additional business. If she has to manage salespeople, as well as run the business, she will probably choose to stay smaller. If she had someone in charge of the employees, she would not personally have to do the recruiting, training, and management of employees.

There would be someone else to handle employee issues as they came up, and employees might feel more able to speak to someone who doesn't own the firm about issues that are firm related. It works the same way with finances. If she is relying on her own ability to fiscally manage the company, it may cause the firm to miss opportunities, like borrowing to fund a new and profitable business. My client has to have the relationships with banks and other financial institutions and negotiate with them for the products and services she needs.

All of this takes time away from what could be her "best and highest use", whether that is doing business development, managing relationships or whatever else she does that creates real value for her company.

Business development is critical to growth and success. If only one person is doing it, it's inevitable that opportunities will be lost. There are only so many hours in the day, so many people you can meet, so many proposals you can write alone. Having others in the firm doing business development increases the likelihood that additional business will be brought in. A good client flow is another thing a buyer is going to be looking at.

So, what are buyers looking for when they evaluate a healthcare company?

- Strategic fit with a current company or a market, if they are looking to merge or acquire
- An ability to scale up the business
- A firm with value even without the owner of the business
- A strong management team
- Sound financials and the ability to track growth in revenues over time
- A workforce that interfaces with clients so that clients are allied to the company and not just the owner
- An owner who is willing to work with the buyer on an orderly transition of clients and, generally, an owner who is paid out partly on the on-going performance of the company.
- The likelihood of maintaining key management personnel
- Business processes and procedures that are clear. †

Ralph F. Manning of Tucker Arensberg has represented businesses and individuals for over 30 years in transactional and business law matters including mergers, acquisitions and divestitures, real estate and estates and trusts issues. Ralph represents businesses of various sizes and types, from start-up to Fortune 100 firms. He is a cost-effective negotiator, problem solver and legal advisor for a wide range of business and personal legal matters. Ralph has participated in many merger, acquisition and sale transactions and has extensive experience representing either the acquiring or the acquired party in many U.S. and foreign jurisdictions on five continents. For more information, email Ralph at rmanning@tuckerlaw.com.

*Beth Pearson is the Director of Marketing at Tucker Arensberg. She is charged with helping attorneys develop better business development skills to enhance the profitability of the firm as well as ensuring that people in the community know about Tucker Arensberg's robust Health Care Law practice. She is a published author of a children's book *My Grandma Says* and has two regional Emmys from her days as a television news producer. For more information, email Beth at bppearson@tuckerlaw.com.*



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Hospital Zone: The Six Sigma Solution



By Jason Piatt

Here's what we know. In manufacturing, Six Sigma methodologies aim at improving overall quality by eliminating defects and achieving near perfection by restricting the number of defects to less than 3.4 defects per million opportunities. It has become a very popular and widely utilized quality improvement methodology in manufacturing environments. So, how can we expect what works on an assembly line to be effective in a healthcare setting? Improved systems, methodologies and better accuracy and faster patient response.

The concepts and methodologies of Six Sigma are increasingly being used in the healthcare industry for improving quality of services rendered, increasing efficiency, and eliminating human errors that can often prove fatal. Expectations for improved medical care are ever increasing. Due to a lack of rigorous quality management systems, inefficiency is increasing, which often leads to congested emergency rooms, customer complaints, and lost revenues. A proper Six Sigma implementation helps to resolve these issues through a strategy of continuous improvement.

FOUR STEPS FOR SEQUENCING THE SIX SIGMA ROLLOUT

1. Give C-leaders an early peek. With existing concerns as to whether Six Sigma can work in the specialized environment of healthcare -- it is essential to address them through demonstration of the Six Sigma value. Conduct a few projects prior to rolling out the program throughout the healthcare facility system. A strong way to begin is showing improvements through Six Sigma in operating room utilization or improving evaluation of the patient admission process to either observation or inpatient status. These short-term projects typically yield results significant enough to justify a system-wide rollout of Six Sigma.

2. Train all leaders. Not a few -- but all of your top leaders should be trained to the Champion level of Six Sigma before a full roll-out is implemented. A short three-day seminar is enough to allow organizational leaders to have a better understanding of Six Sigma methodology and rollout strategy. Actual process improvement experiments emphasize the critical factors that must be controlled in order to successfully implement Six Sigma. Champions are trained to identify projects, select Black Belt candidates, and support the candidates through all project phases. Depending on the culture of your organization -- It may even be worthwhile training

the Board of Directors and Physician Heads to insure total understanding and acceptance of the Six Sigma structure.

3. Getting started & setting priorities. After the organizational leaders are trained, Failure Mode and Effects Analysis (FMEA) is used to identify key problems within the organization. This results in a list of projects that can be used by Champions within the organization. This list is prioritized based on ranking against strategic objectives such as improved customer satisfaction, patient and employee safety, or clinical outcomes.

4. Objectives set & full-training begins. With a full list of potential projects, training throughout the organization is conducted. While proper black belt training is typically at least four to six weeks in duration, significant quality impact can be made by employees who receive as little as two weeks of training in Six Sigma methodology. For a small to medium-sized facility, the cost of training the organization is around \$125,000 to \$150,000 (including only external costs for trainers, supplies, and software tools). Return from the first year's efforts should be multiples of this cost in terms of process improvements, gains in safety and satisfaction, as well as financial returns.

Six Sigma can't solve every hospital problem -- nursing shortage, reduced budgets, admin shortfalls and other issues based on external factors will still exist -- but it can serve as a breakthrough to improved quality within your hospital and healthcare organization. Six Sigma can significantly revitalize your processes and the results will drive up workforce morale and impact patient satisfaction. Start today! †

For over 15 years, Jason Piatt has served as President of Praestar Technology Corporation (www.praestar-consulting.com) the leading provider of Lean & Six Sigma consulting and training services in the Mid-Atlantic region. His successful projects include bringing ROI to hospital and healthcare environments. Piatt holds B.S & M.S. degrees in engineering from Bucknell University, an MBA from Mount St. Mary's University, an EC from MIT.



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Cultural Misunderstandings Affect Quality of Care—and Hurt Your Bottom Line

By George Rimalower

Nowhere is precise language more important than in a hospital ER – when a patient is trying to describe an illness or a pain.

That's also the place where true communication can be hardest to achieve.

Healthcare is hard enough to understand when all parties speak the same language and share a cultural heritage. It already involves someone with extremely specialized knowledge trying to make sense of complex information for people of varying degrees of cognitive abilities and education.

So imagine how challenging it can be for someone who not only doesn't speak English and doesn't understand our healthcare system, but also has an entirely different understanding of the doctor's role, the level of family involvement in patient decisions, what is acceptable behavior in a hospital and what traditions should be followed when a loved one is dying.

Here's an example: On the website Ethnomed.org¹, Dr. Elinor A. Graham explains that the common term for illness in Cambodian is "krun," and it is usually translated into English as "fever" – even though the original word can mean anything ranging from "feeling ill" to "feeling hot and cold," having a specific illness such as an ear infection, common cold or flu and "having a warm body." Dr. Graham advises healthcare providers to ask more follow-up questions to determine the real complaint. But anyone who isn't already aware of that particular word would not know that they need to take extra care in understanding the patient's symptoms.

In many cases, miscommunication is merely frustrating or confusing. But in a healthcare setting the potential for the miscommunication to negatively affect someone's health is all too real.

Most people are familiar with the soft spot on a baby's head, the fontanelle. In Spanish it's called "mollera."

People who are not healthcare professionals may not know that when a baby is dehydrated the fontanelle is more pronounced and looks almost concave. In Spanish this is called "mollera caída." In some Latino communities there's a belief that when babies have the more pronounced soft spot it can lead to mental retardation.

Older generations will put a thumb in the baby's mouth to attempt to push it back out. This action usually makes the baby cry, the parents give the child a bottle, and that ends up re-hydrating the baby and taking care of the soft spot. But the people involved think it was the thumb action that resolved it.

Another tradition in those cases is to wrap the baby tight in a blanket and hold the child upside down and pat the feet. Most often these actions are harmless, although there have been some cases when a lack of understanding has had devastating results.

In the Midwest, a Hispanic woman left her baby at home with her own mother – the child's grandmother. While the mother was out, the grandmother noticed the fontanelle and attempted to push it back with her thumb. When that didn't work she held the baby upside down. When that didn't work, she put her hand back in the infant's mouth and started shaking the baby. Tragically, she ended up severing the baby's spinal cord.

That is a rare consequence, but it underscores the importance of making sure every patient and their family members have a full understanding of health-related issues that could affect them or their families.

And it also serves as a good reminder that cultural beliefs run strong, and can have significant effect on overall health. It's important for caregivers and interpreters to do what they can to make sure communication is successful.

Aside from the obvious health issues, this has a direct affect on a hospital's bottom line.

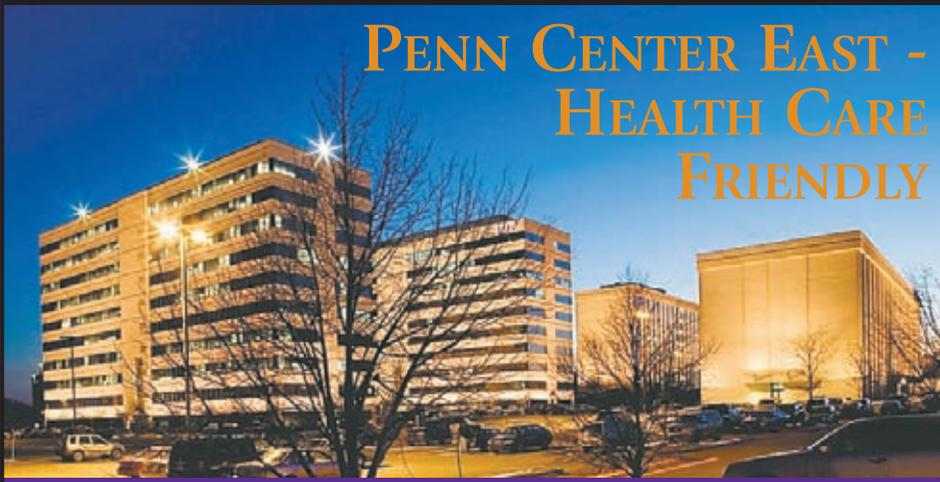
As reported in this New York Times article, medication errors are a frequent cause of patient readmissions to the hospital after being discharged. According to the U.S. Department of Health & Human Services, one in three Medicare patients returns to the hospital within a month of being discharged. In 2009, these readmissions cost Medicare \$26 billion.

Patients cannot follow advice they don't understand. Language and cultural misunderstandings directly affect quality of care, and have a direct impact on your bottom line. †

George Rimalower is president of ISI Translation Services (www.ISItrans.com), a language services company specializing in healthcare and other industries. ISI was one of the first translation companies to address the special linguistic and cultural needs of both non- and limited-English-proficient communities of the United States. Reach George Rimalower at grimalower@ISItrans.com.



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The Physician Practice Guide to Strategic Planning



By Bruce Payton

For hospitals and health systems, strategic planning is a critical business activity, with significant time and substantial resources devoted to such efforts. Unfortunately, the same cannot be said for most physician practices, where little or no time or resources are dedicated to strategic planning. Many physicians and practice leaders feel that they are either too busy or ill equipped to engage in any meaningful planning. In fact, many practices report that their strategic planning is done on a more informal “intuitive basis.”

But, with heavy competition for market share, referrals, and physician talent, practices are becoming aware of just how necessary strategic planning can be. Corazon believes that recognizing the inherent benefits of planning on more formal basis is a critical first step in the right direction; moving forward with a dedicated planning process with market share retention AND growth in mind is the logical next move.

While such an effort is not easy, the good news for physician practices is that comprehensive strategic planning can be accomplished without a cost-prohibitive, time-consuming effort. Especially if using expert outside consulting assistance, a “master strategic and business plan” can be developed in a matter of weeks. Despite the size, specialty, and scope of a practice, a full strategic planning process should, at minimum, address:

- Industry trending
- Local / regional / national performance benchmarks
- Growth opportunities
- High-level strategic activities
- Business functions required to support the strategic plan
- Potential recruitment needs relative to practice growth or expansion
- Contracting opportunities
- Return on investment potential

Corazon’s essential components of a practice-based strategic plan are outlined below:

First, an internal assessment looks at the current capabilities of the practice in the context of the external marketplace to provide an objective overview of the scope and distribution of services, provided the experience and qualifications of the staff, clinical outcomes, and financial performance. A SWOT analysis technique, an objective assessment of the strengths, weaknesses, opportunities, and threats, then creates the basis for strategy formation, tactical design, and future planning.

Next, an external assessment evaluates the marketplace factors that impact the practice, currently and in the future. Generally, the practice defines a service area based on expected patient origins using zip codes. Corazon advises that the practice use a consistent service area for all relevant demographic and utilization estimates within the strategic plan.

A competitor profile should be included here as well. For example, a SWOT analysis of practice competitors... Who refers to them and why? How are competitors’ products and services differentiated? How effective has the competitor been in creating consumer and payor awareness? What is their overall image in the community? What are the key quality and/or financial indicators for each competitor? Gathering and understanding this information can be invaluable when considering

strategic initiatives and future plans for a competitive edge.

Finally, an estimate for growth potential results from an in-depth look at the last three years of historical performance versus current market share and population trending by disease state, and then current

and five-year projections by age group, gender, etc. Interestingly, many practices using this approach have quickly identified significant lost market opportunity and consequently, new markets for targeted growth.

In addition to the above, Corazon believes a strategic plan should also address industry and technology trends within the practice setting, along with the critical success factors for the introduction of new technology and/or services, the required investments, and the potential return on investment.

Having gathered and assimilated a great deal of internal and external information through the previous activities, a practice would then be ready to begin the implementation of the strategic plan, outlining activities for targeting opportunities for quality, growth, and financial viability. Corazon recommends clear timelines and assigned accountabilities in order to assure the job is done and done right!

Through a sound, well-designed strategic planning process, physicians will be able to better understand their current state of affairs and future challenges. In this same regard, the practice itself will now have a clearly-articulated strategic and tactical plan that will only serve to assure success in both the short- and long-term. †

Bruce is a Vice President at Corazon, Inc., a national leader in strategic program development for the heart, vascular, neuro, and ortho specialties, offering a full spectrum of consulting, recruitment, interim management, and physician practice & alignment services. To learn more, visit www.corazoninc.com. To reach Bruce, email bpayton@corazoninc.com.





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New ER Designed for Patient Satisfaction—Space and Processes Upgraded, Enhanced

By Anne Stoltz

After an 18-month, \$11 million enhancement project, Altoona Regional unveiled its new Emergency department this spring.

The department features modernized space and streamlined processes — all with a focus on high quality care and total patient satisfaction.

“The redesign makes visits more pleasant for those who need emergency care,” said Matthew Bouchard, M.D., chairman of Emergency Medicine. “The reception area was revamped, and changes to the department’s design along with technology upgrades have made the whole department more efficient.”

Today when patients enter the ED, they’ll see a more expedient check-in process. Patients are assessed by a medical professional at a greet desk and prioritized according to their medical need-to-be-seen.

“Patients also have prompt access to triage (assessment of urgency),” said administrative director Kim Corle, “and are often taken directly to one of our 51 private bays, where they may be triaged in the same



New ER at Altoona Regional.

room where the physician will complete the examination.

“With bedside registration and a computerized system, patients no longer have to completely register in the lobby before seeing a physician. We have upgraded every process to reduce patient delays, which in turn assists with more timely treatment.”

The ED sees about 70,000 patients a year. With the March closing of the 7th Avenue Campus, it was necessary to increase capacity within the department by 13 beds.

“The increase in bays and our changes in process have reduced wait times and improved the speed with which we can assess patients and give them the care they deserve,” said Dr. Bouchard.

In addition to physical changes, patients will also see a culture shift among the staff that has resulted in more efficient care in a quieter and less chaotic atmosphere.

“We modeled our approach after the best EDs in the country for patient satisfaction and combined their best practices with our own for an upgraded, patient-friendly system of emergency care,” Dr. Bouchard said.

The result is private and more spacious rooms where family members can visit with patients. The rooms are divided by walls rather than curtains to increase patient privacy.

Also, a “small ED feel” is created by separating both the physical space and the caregivers into five teams. Each team consists of a physician, PAs, nurses, technicians and secretaries who are assigned to a select number of patients.

“Patients will find this team approach to care less



Emergency Medicine

chaotic and confusing because they will be interacting with the same people during their course of treatment,” Dr. Bouchard said.

Since July 1, 2011, the ED’s average patient satisfaction score for quality of care has increased by six points. In fact, upward trends were consistently observed during the renovation process, with significant increases seen in the areas of nursing, physicians, teamwork and privacy.

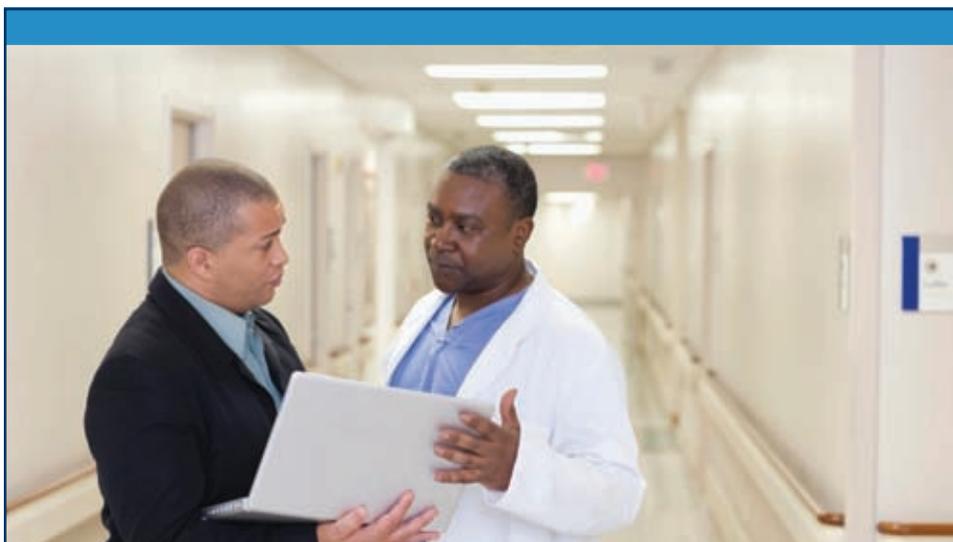
“We use these scores to address our patients’ needs,” said Kim. “We’ll always listen to our patients and remain committed to providing each patient with the best possible experience.”

Whether you or someone you love suffers a broken bone or a heart attack, Altoona Regional’s ED is equipped to treat an array of illnesses and injuries. The department is staffed 24 hours a day with board-certified emergency medicine physicians and specially trained nurses.

In addition to round-the-clock clinicians, the Pastoral Care staff is available 24 hours a day to meet with family and friends and address their spiritual needs.

“I hope the community has recognized our dedication to building a better experience when an emergency visit is required,” said Dr. Bouchard. “We’re very proud of our staff, and feel our patient satisfaction levels will continue to reflect this commitment.”

For more information, visit www.AltoonaRegional.org.



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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.

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Innovations in the Emergency Department: Acute Exacerbations of Asthma and COPD

By Yuichi Iwaki, M.D., Ph.D.



In the emergency department, the primary treatment goal is to stabilize patients as quickly as possible so they don't have to be admitted long-term. And, given the era of rising health care costs, physicians are also now urged to be as efficient and cost-conscious as possible. However, there exist various conditions with long-established standards of care that fail to meet these criteria in a satisfactory manner.

An example is acute exacerbations of asthma (AEA). These are long-lasting asthma episodes in which symptoms are not responsive to initial bronchodilator or corticosteroid therapy. During AEA, the lining of the airways will suddenly become swollen and inflamed; the muscles of these airways will tighten up and the production of mucus will increase. This combination makes the openings of the airways much narrower and can almost close them altogether, making breathing extremely difficult. Beta-agonist agents are the current mainstays of acute treatment for these types of asthma attacks. The inhaled route is generally more effective; however, in some severe cases, there is so little airflow that inhalation does not work as the beta-agonist is not properly absorbed.

A related condition, known as COPD exacerbation, can occur in patients with chronic obstructive pulmonary disease. (The two main COPD disorders are emphysema and chronic bronchitis, the most common causes of respiratory failure.) It involves a sustained worsening of the patient's state of health, from the stable state and beyond normal day-to-day variations, that is acute in onset and necessitates a change in regular medication. COPD exacerbations are associated with a significant increase in mortality, hospitalization and healthcare utilization. As COPD progresses, exacerbations tend to become more frequent, the average being about three episodes per year.

Unfortunately, no new options for AEA have been introduced in the emergency setting during the past two decades; AEA episodes account for more than 1.5 million annual emergency room visits in the U.S. alone. Meanwhile, COPD has grown to become the third leading cause of death in the U.S.; in 2007, its economic burden

in this country was \$42.6 billion in healthcare costs and lost productivity. Clearly, there is an urgent need for innovative approaches for both conditions due to the lack of treatment options and increasing costs.

One promising approach to treatment for these conditions involves the intravenous administration of bedoradrine sulfate, a novel, highly selective beta(2)-adrenergic receptor agonist. This compound has been shown in preclinical studies to have a high affinity for the beta(2)-adrenergic receptor, which is located mainly in the lungs, gastrointestinal tract, liver, uterus, vascular smooth muscle, and skeletal muscle; and a much lower affinity for the beta(1)-adrenergic receptor, which is located mainly in the heart and in the kidneys. Its use has been demonstrated not only to successfully bypass constricted airways to deliver the drug directly to the lungs—thus avoiding the problems sometimes encountered when medication is inhaled—but also, in clinical studies to date, to show no worrisome increase in heart rate when administered.

MediciNova, a San Diego-based biopharmaceutical company, is currently testing bedoradrine sulfate (under the proprietary name MN-221) for this purpose. In late March 2012, the company announced it had completed enrollment of 176 patients in a Phase 2 clinical trial evaluating the safety and efficacy of MN-221 for the treatment of AEA, and the company anticipates releasing clinical results in the second quarter of 2012.

On a separate front, in March 2010, MediciNova announced final results from a Phase 1b clinical trial evaluating MN-221 in 48 moderate-to-severe COPD patients who received a one-hour intravenous infusion of MN-221 at three different escalating dose levels (300 micrograms, 600 micrograms or 1200 micrograms) or placebo. Based on preliminary findings, all doses produced a clinically significant improvement in FEV(1)(L) as compared to the baseline and placebo. At the end of the one-hour infusion, FEV(1)(L) increased as compared to baseline by an average of 21.5% (p=0.0025) for the 1200 microgram dose, 16.2% (p=0.020) for the 600 microgram dose, and 9.2% (p=NS) for the 300 microgram dose compared to a decrease of 4.0% for the placebo. Currently, MediciNova is testing a repeat-dose regimen of MN-221 in moderate-to-severe COPD patients against placebo. Results from this trial are expected toward the end of the second quarter of 2012.

Keeping the goals of physicians in mind when developing treatments is a novel approach that can ultimately have an impact on the standard of care. †

Yuichi Iwaki, M.D., Ph.D. is Founder, President and Chief Executive Officer of MediciNova, Inc., a biopharmaceutical company founded upon acquiring and developing novel, small-molecule therapeutics for the treatment of diseases with unmet need. To reach Dr. Iwaki, please contact Mark Johnson at (858) 373-1500 or info@medicinova.com.



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MCKEESPORT From **Page 1**

The facility's future was in the spotlight as president Cynthia M. Dorundo and Dr. Rani K. Kumar, chair of the department of emergency medicine, shared information about the present and future of the hospital.

Dorundo said that with the many challenges facing healthcare, "we are seeing sicker patients than in the past. We continue to have nice trends of patients coming to our front door, which is the emergency department. Last year, we took care of 42,000 visits in our emergency department and we are expanding our ED space to meet those needs."

She said that millions of dollars have gone back into the facility "so we can keep doing what we are doing well. We want to think about the fundamentals like accountability and dependability and be flexible to make modifications when necessary."

The hospital is beginning to see the fruit of its motto, "Your Care, Our Commitment." Dorundo said patient surveys are reflecting our commitment to the patients and new programs like the Comprehensive Fracture Program and improvements in the care of geriatric patients are helping. A Wound Care Center is expected to be unveiled soon as well as upgrades to services like the catheterization lab.

"In the past two-and-a-half years, we've done \$13 million in construction at the hospital," she said. "None of this would have been as successful without our partnerships, like our partnership with the (McKeesport Hospital) Foundation for the new courtyard."

Kumar is looking forward to the completion of the ED expansion. "Hopefully nine months from when we started the project we will deliver our baby to you. We will have additional behavioral and acute care rooms as well as a senior care room. We want to make our older patients feel as comfortable as possible and

our services will help to expedite their care."

The last renovation to that department was in 2000 and the doctor said the volume has increased greatly since then.

"We can see 40,000 patients a year, sometimes as many as 150 in a day," she said.

She said the time it takes for a patient to be admitted or discharged from the emergency department has gone down.

"We were able to do that because the whole hospital works together to make it happen," she said.

Reflecting on patient care in the ED, Kumar said it is "as good as Presby for most everything. We see traumas, pediatrics and young mothers delivering babies. We see good results with acute MI (heart attack) because of our cath lab. When EMS picks up a patient, they immediately send an EKG. In less than 19 minutes they go from the door to the cath lab. We have telemed so we can connect with radiologists at Presby for our stroke patients."

The work by the emergency department has not gone unnoticed. For three consecutive years, the department as been recognized with a Health Grade Award, the only UPMC hospital to claim that distinction.

Co-chairs for this year's event are Hugh Coughanour, D. James Heatherington, Cynthia M. Dorundo, Dr. Usman Ahmad, Dr. Richard P. Bondi, Dr. Madhusudanan Nair and Dr. R. Curtis Waligura; Michele Matuch, Invitational coordinator; Meg Pero, Invitational secretary; Cheryl Como and Judy Haliko, co-chairs of the Fashion Show Committee; Dr. Andemeskel Tesfa-mariam and Dr. Mohammad Idrees, co-chair of the Tennis Committee; and Betty Jean Marconi, chair of the 17th annual UPMC McKeesport Harvest Health Festival.

Information about the events is available at www.mckhospitalfoundation.com.

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My Story: Why I Became a Living Organ Donor

By Annett Ishida

After several years of suffering from constant itching and extreme fatigue, my mother was diagnosed in 1995 with primary biliary cirrhosis, or PBC, a chronic liver disease that has no known cause or cure. It is a slowly progressing disease that causes cirrhosis and eventually leads to liver failure.

Despite the diagnosis, my mom did well for many years. While there were clear signs that the PBC was progressing, we would readjust our expectation of the norm. But then in the spring of 2010 she finally fell off that proverbial cliff. My mother's liver was failing. And, even though we knew it would eventually happen, it was still a terrible shock.

My mother was referred to UPMC and immediately started the evaluation process for a liver transplant. Her symptoms were worsening and her health was deteriorating very quickly. She was getting weaker and weaker very quickly, and

ammonia was starting to build up in her system, affecting her mind. We were told that her situation would become very critical within 3 to 6 months. She would most likely not survive the wait for a deceased donor liver. My mother's best chance was a liver from a live donor.

I had already been talking about being a donor, so when we were presented with this problem, I knew what I wanted to do. Fortunately, I had the support and blessing from my husband and family. Ironically, the hardest person to convince was my mother, but circumstances quickly took over, and she gave in, too. So, I started the evaluation process and eventually found out I could donate part of my liver to my mother.

That was a little over a year ago. I'm happy to say that the transplant has been a success. For me, the experience was actually magical. I am still awed by the devotion and passion I saw in everyone I encountered from the transplant team, starting with the evaluation and throughout my recovery. During my stay in the hospital, I was treated with such kindness, gentleness, and patience, and when I was sent home, that care continued to be given to me and my mother by family and friends.

For the year following the transplant, our follow-up visits at UPMC were both comforting and joyful. My transplant surgeon always took the time to patiently answer every question, no matter how small or seemingly insignificant or how many times he had already answered it, and he always made my mother feel uplifted, even when she was feeling very discouraged and impatient by the rate of her recovery.

Since the surgery, many people have told me that I earned my place in Heaven. I really don't know anything about that. But what I do know is that when I went to sleep, my mother was dying, and when I woke up she was recovering. That, to me, is a miracle.

April was Donate Life Month. For more information on organ donation, visit www.donatelife.net. †





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Global Links Provides Second Life for Mechanical Beds

By Ellen Wilson

A hospital bed, which we take for granted in the United States, is a complex piece of machinery. Beyond providing a place to recover from illness or surgery, a proper hospital bed can transport fragile patients for tests or procedures, can be adjusted positionally to elevate legs for both comfort and medical necessity, and is equipped with ports for infusion devices as well as side rails for safety. A bed with a good mattress minimizes bed sores. Most post-operative patients need to get out of bed and walk to speed their recovery – and if the bed cannot be positioned easily, they may not be able to do that safely.

“Beds,” sums up Global Link Program Officer Marisol Valentin, “are critical to patient care.”

In resource-poor communities overseas, however, hospital beds may not be available at all. More important, the electricity required for a typical U.S. hospital bed may be limited and unreliable. Fortunately, Global Links has found a solution to this problem – recovering manual crank beds in the United States and shipping them to partner hospitals in Latin America and the Caribbean where the need is great.

“Global Links has been collecting mechanical beds since its inception because of their versatility in any situation,” explains Warehouse and Logistics Manager David Davis. “Most of these beds come from senior care and long-term residential facilities that have upgraded to electric beds. They are becoming increasingly rare.”

“Although they may be older in style, it is preferable to send metal crank beds that are still in good condition to our partners in countries like Haiti, Bolivia and Guatemala, rather than discarding them,” adds Deputy Director Angela Garcia. “Furthermore, the beds they replace are often rusted, broken, or in short supply, forcing patients to share beds. In some hospitals, we’ve seen patients sleeping on the floor.”

The manual crank beds are very welcome, explains Program Officer Jose Henríquez.

In San Juan Cotzal, Guatemala, Dr. Danilo Herrera was really grateful for the beds and other equipment that the health center received from Global Links. Upgrading their facility boosted patients’ confidence, and the beds meant that new mothers could stay in the health center 24 hours after delivery.

“They wanted to increase hospital deliveries,” Henríquez added, “and with the new furnishings from Global Links, they did, from around 70 in 2009 to about 170 in 2010.”

Global Links collects other durable medical furnishings, including wheelchairs, crutches, and institutional dining room and waiting room furnishings. Homecare items are provided to patients in the United States with short-term conditions, and paid for by their insurance companies, but cannot be returned to the hospital for reuse. At nursing homes, residential institutions and hospitals, furnishings such as chairs and tables are rendered surplus when facilities remodel.

While all this equipment is needed, manual crank or mechanical beds have special utility in resource-poor settings. Providing adequate beds along with other medical materials can enable a hospital to increase the kinds of care they provide, along with the number of patients they care for. Nicer furnishings also have the intangible benefit of improving staff morale.

“This will now be a reference hospital,” said Dr. Bertrand Sinai, director of the Port Salut Hospital in Haiti from 2010 to 2011, after Global Links donated beds to outfit the entire hospital, along with other essential materials. With the support of the Pan American Health Organization, the hospital remodeled and expanded many areas, but lacked funding for new beds. “Before we only had the name. I feel that now I will really work; before I was not working.”



María Raymundo, shown here with her husband and their new baby, recovers from childbirth at the health center in San Juan Cotzal, Guatemala, in a bed from Global Links.

In collaboration with international partners, Global Links has also helped to upgrade furnishings in the hospital in L’Archaie, Haiti, providing beds as well as other medical supplies.

By providing a second life for beds and other furnishings, Global Links solves problems for both the bed donors in the United States who have unwanted surplus, and the hospitals overseas who want to speed their patients’ recovery and give them a dignified place to recover. †

Ellen Wilson is the Communications Manager for Global Links. For information on donating manual crank beds or other furnishings, contact Hayley Brugos at 412.361.3424, ext. 213, or hbrugos@globallinks.org. More information is also available at www.globallinks.org.



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Rhonda Larimore

Vice President, Human Resources & Support Services
Children’s Hospital of Pittsburgh of UPMC

FOR MORE INFORMATION:

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CINTAS

Allegheny County Immunization Coalition — Community Immunization



By Kathleen Ganster

The goal is simple – for everyone in the community to have the immunizations that they need to stay healthy.

It is the goal of the Allegheny County Immunization Coalition, a group of people focused on that mission.

“We have doctors, nurses, health care providers, pharmaceutical sales reps, but anyone can and is welcome to join the coalition,” said Ginger Napier, chair of the coalition.

Napier, an RN and the health care coordinator at Familylinks, said the coalition was formed in 2006 when health care representatives in the county felt that while the immunization rates in Allegheny County are good, they could be better.

“The Healthy People 2010 initiative was also coming up and we wanted to increase immunization rates as part of the initiative,” she said.

The coalition works on several fronts to increase immunization rates including providing resources and information to health care providers and the general population, host media campaigns, and sponsor an annual conference along with other educational presentations.

An on-going problem for the coalition, said Napier, is that often the better immunization campaigns work, the more there is a need down the road to continue to encourage the public to continue receiving the immunizations.

“I just read that whooping cough is a big problem in Washington and that there were 200 cases of the measles in the country,” she said, “These are things that we almost eliminated because of immunizations, but then people stopped getting the immunizations because they didn’t think they needed them.”

The coalition members also try to help others in the healthcare community with keeping all of their patients up-to-date on immunizations, not just children.

“Everyone needs to be fully immunized. For example, shingles is a very painful disease and yet, you can be immunized against it,” she said, “The same with pneumonia. You can die from it, but yet there is an immunization.”

Keeping the public up-to-date on what immunizations are required and necessary is also a challenge for healthcare workers since those requirements often change.

“For example, in the past, the meningitis vaccination wasn’t required and now it

is,” she said, “And there is not a chicken pox booster shot.”

Ironically, it is often healthcare providers who neglect their own immunizations, according to Napier.

“Right now, we have a media campaign to encourage healthcare workers to get flu shots. These people are often under-immunized,” she said.

When a healthcare provider gets ill, the consequences can be two-fold said Napier.

“You could be out of work two to three weeks with the illness or worse, you can give it to everyone you come in contact with,” she said.

And that often can be the very population most susceptible to the illnesses – those seeking healthcare including the sick, weak, elderly and very young.

“I was at a conference where a couple told of their three-week old baby who had died of measles after she was infected right after birth from a health care provider at the hospital,” she said.

The coalition meets on a quarterly basis and usually has an educational speaker at each meeting. They also host the annual conference, a half-day event where nationally known speakers and workshops are held to assist healthcare providers and others with the latest information.

This year’s conference will be held on October 7th.

“We want to support our people to help the population remain healthy,” said Napier, “We want everyone in the community to have the immunizations they need to remain healthy.”

For more information about the coalition including the conference, visit <http://www.immunizeallegheny.org/>.



Ginger Napier



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For an appointment at Dr. Price’s Bloomfield office, please call **412.578.1116**.

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Free Alzheimer's Training Now Available To Local Family Caregivers

The local Home Instead Senior Care® office is offering a unique approach to help families in the Pittsburgh and Washington County areas manage the challenges of Alzheimer's and other dementias diseases that eventually rob seniors of their memories and independence. Free training for families caring for these older adults is now available through online e-learning modules, available at HelpForAlzheimersFamilies.com.

You can also attend a free Family Education Workshop held on the fourth Tuesday of every month from 6:30pm to 8:00pm at Home Instead Senior Care Center for Training and Education located on 2000 Oxford Drive in Bethel Park. If you are interested in attending, call 412-595-7554.

The Alzheimer's or Other Dementias CARE: Changing Aging through Research and EducationSM Training Program offers a personal approach to help families care for seniors with Alzheimer's disease at home, where 60 to 70 percent live, according to the Alzheimer's Association.

"Until there is a cure, we offer an interim solution," said Lucy Novelty, owner of the Home Instead Senior Care offices that serve Southwest Allegheny and Washington Counties.

The foundation of the Alzheimer's CARE Training Program is an approach called "Capturing Life's Journey®" that involves gathering stories and experiences about the senior to help caregivers provide comfort while honoring the individual's past. Because people with Alzheimer's disease have difficulty with short-term memory, the Capturing Life's Journey approach

taps into long-term memory.

The Home Instead Senior Care network assembled the top experts in Alzheimer's disease to develop the CARE approach. "The training we're offering to families is the same kind of training our professional CAREGiversSM receive," she noted.

The program for family caregivers consists of two classes twice a month: A two hour session will cover the following topics: Types, Causes and Symptoms of Alzheimer's Disease and Other Dementias, Common Symptoms and Behaviors throughout the phases of Dementias, Utilizing Activities to Engage on a Mental, Physical, Social and Sensory Level, Techniques to Manage Behaviors. Also available is a free guide for those who are caring for a loved one with Alzheimer's disease or other dementias. Called Helping Families Cope, the guide includes advice to help families keep their loved ones engaged and manage behaviors.

"CARE is a wonderful hands-on approach that helps caregivers deal with the behavioral changes that too often accompany these disorders – one of the biggest stressors for caregivers," said Dr. Jane F. Potter, chief of the Division of Geriatrics and Gerontology at the University of Nebraska Medical Center. "There was previously no good program available using adult education techniques to provide hands-on practice in learning how best to help people who suffer from dementia. This is huge," she added.

"The preferred environment for those with dementia is generally at home," said Potter, who served on



the expert panel to help develop content for the Alzheimer's CARE Training Program.

And yet, families caring for seniors with Alzheimer's at home are dealing with challenging behaviors such as anger, aggression, wandering and refusing to eat, according to research conducted for the Home Instead Senior Care network.

"That makes the Alzheimer's Disease or Other Dementias CARE Training Program a solution for the many families in our area who are being impacted each day by devastating side effects of this disease," Novelty said.

For more information about free family caregiver training or to obtain a free copy of the Helping Families Cope booklet, visit HelpForAlzheimersFamilies.com or www.homeinstead.com/greaterpittsburgh or call 1-866-996-1087. †

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Albumin in Clinical Fluid Management

By Garrett E. Bergman, M.D.

Human serum albumin is used for various indications for which there are varying degrees of scientific evidence. While the efficacy of albumin in stabilizing hypovolemia, during cardiac surgery, and in treating sepsis in liver disease is well-known, there are still unknowns. This is a summary of a recent roundtable – *Key Issues Dialogue: “Albumin in Clinical Fluid Management”* – where thought leaders from the medical community in the US and Europe examined the use of albumin¹.



ALBUMIN

Human serum albumin, the most abundant protein in the body, creates most of the oncotic pressure in the circulation. Made by hepatocytes in the healthy liver, its half-life of three weeks is shortened in renal or bowel disease, where external losses occur. Hepatocytes have the reserve ability to increase albumin production several-fold.

Albumin is processed from plasma collected from healthy donors by plasmapheresis and whole blood collections. In manufacturing, albumin is concentrated to ≥ 94% purity, and methods are used to reduce the potential risk of viral transmission such as heat treatment at 60° C for 10 hours.

MORE THAN JUST A PLASMA EXPANDER

Albumin is primarily used as an efficient plasma expander in shock, due to its ability to exert oncotic pressure. When crystalloid (electrolyte) solutions are used to stabilize circulatory dysfunction, they are often less effective and dilute coagulation factors. The optimal dosage of albumin is not clear in some situations; we have no dosing algorithms, because we have no reliable and accurate way of assessing intravascular volume for all volume expanders including albumin and crystalloids. Albumin’s properties as a scavenger, antioxidant and transporter of endogenous and exogenous substances are areas for future research into additional potential therapeutic uses.

USE IN LIVER DISEASE

Three areas where evidence shows benefit of using albumin are related to chronic, or advanced, liver disease (ALD): prevention and treatment of post-paracentesis circulatory dysfunction (PPCD), hepatorenal syndrome (HRS), and spontaneous bacterial peritonitis (SBP). In ALD, reduced albumin production leads to hypoalbuminemia and resulting ascites. Without the necessary oncotic pressure of albumin, fluid leaks across vascular membranes causing intravascular hypovolemia and ascites.

Appropriate treatment of ascites, large volume paracentesis, often leads to PPCD, with exacerbation of hypovolemia and re-accumulation of ascites fluid. Intravenous albumin (8g/liter ascites removed), after large volume paracentesis prevents PPCD and reduces mortality up to 36%. Colloid solutions (polygeline, dextran 40 and dextran 70) are not as effective.

USE IN KIDNEY DISEASE

Renal failure in ALD can rapidly progress (HRS Type 1), often precipitated by infection, with 90% mortality. Albumin added to a vasoconstrictor drug or terlipressin (a synthetic vasopressin) can reverse HRS, stabilize circulatory dysfunction and increase survival. A slower progressing renal failure (HRS Type 2), can slowly or precipitously evolve into Type 1, e.g., from SBP.

Patients with ALD are at risk of SBP, associated with worsening of circulatory dysfunction and development of HRS Type 1. Antibiotics and circulatory support



Thought leaders from the US and Europe medical communities examined the pros and cons of albumin during the Key Issues Dialogue – “Albumin in Clinical Fluid Management” sponsored by CSL Behring.

are critical parts of the treatment. Adding albumin (1.5 g/kg) to antibiotics on days 1 and 3 of infection significantly reduces the incidence of HRS and improves survival, compared with antibiotics alone. In this setting, heta-starch is not as effective in stabilizing the circulatory dysfunction.

COST

Higher initial cost has led some to question the use of albumin despite evidence of its greater effectiveness. Physicians may be “encouraged” to consider making patient care choices based on cost. One expert said, “Good medicine means good economics, not vice versa. When physicians are pressed to save money, the potential for complications and adverse events increases.” The overall financial costs, as well as the cost in patient health outcomes, may be greater when just focusing on short-term cost of therapy.

ALBUMIN IN CARDIAC SURGERY

Fewer bleeding complications occur using albumin than when using hetastarch. Analysis of a large data base of Medicare patients indicates lower mortality in patients for whom albumin was used to “prime the pump” in cardiac surgery than in those who did not. Patients given albumin had higher platelet counts and less bleeding risk. Albumin usage may be found to be less expensive overall because of reduced complications.

CONCLUSIONS

Newer, evidence-based recommendations for albumin use, derived from randomized controlled clinical trials and meta-analyses, may be of interest to healthcare providers. Corresponding data now shows albumin has demonstrable benefit in chronic liver disease complications, HRS, PPCD and SBP; and in cardiac surgery. †

Garrett E. Bergman, M.D. is Senior Director of Medical Affairs North America at CSL Behring, a leader in the plasma protein therapeutics industry that has provided the international community with albumin for over 50 years. CSL Behring manufactures therapies that are used to treat coagulation disorders, primary immune deficiencies, hereditary angioedema and inherited respiratory disease, and for use in cardiac surgery, organ transplantation, burn treatment and to prevent hemolytic disease of the newborn.

¹ The following thought leaders participated in Key Issues Dialogue: “Albumin in Clinical Fluid Management”: Gary R. Haynes, M.D., Ph.D., Professor and Chairman, Department of Anesthesiology and Critical Care, St. Louis University School of Medicine, Operating Room Medical Director, St. Louis University Hospital; Vicente Arroyo, M.D., Professor of Medicine, University of Barcelona Medical School; Albert Farrugia, Ph.D., Vice President, Global Access, Plasma Protein Therapeutics Association; Mauro Bernardi, M.D., Professor of Internal Medicine, Department of Clinical Medicine, University of Bologna; Greg S. Martin, M.D., Associate Professor and Associate Division Director for Critical Care, Division of Pulmonary, Allergy and Critical Care, Emory University School of Medicine, Chief of Pulmonary Critical Care and Director of Medical and Coronary Intensive Care, Grady Memorial Hospital; Luciano Gattinoni, M.D., Professor and Chairman, Department of Anesthesiology and Intensive Care, University of Milan, Chief, Department of Anesthesia, Resuscitation and Pain Therapy at Policlinico Hospital of Milan; Georg Henkel, D.V.M., Senior Director, Commercial Development-Critical Care, CSL Behring.

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ANASTASIA HAS HER DAY!

April 10, 2012 was declared "Anastasia Therapy Dog Day" in the City of Pittsburgh. Anastasia along with Three Rivers Hospice and Family Home Health Services were honored with a "Proclamation" from the City of Pittsburgh for their outstanding community service to the City.

Darlene Harris, City Council President presented the award with City Council members and visitors present in Council Chambers at the City County Building. (Aired on Channel 2 News)

In addition to being involved in her local communities in Pittsburgh, Anastasia was invited and attended the 10 year anniversary of 9/11 in New York to honor all the working dog teams who served so bravely in the search and recovery efforts after the terrorist attacks.

Family Home Health Services and Three Rivers Hospice are locally owned and operated. They have over 40 years of combined experience helping over 200,000 clients recover from an acute illness and after an injury or surgery, to helping those with life-limiting illnesses.

In 2001 Norm Rish, President of TRH & FHHS had the foresight to launch a pet therapy program (well before its popularity today) in the Pittsburgh area under the direction of then volunteer Laura Sokolovic and her dog Athena. Norm has a great love of dogs which allowed him to foresee the impact pet therapy dogs would have on not only patients but the community at large.

With Athena's passing, the baton was passed to Anastasia and Norm hired Laura as the full time Director of Public Relations and Pet Therapy Program. Since its inception, the program has been helping with the emotional well being of patients while giving back to the communities we serve. We are very proud to have a Pet Therapy Program that is the first of its kind in the Pittsburgh area and look forward to its long success in providing unconditional love and "bringing smiles to those who need them."



Anastasia wore a pink tutu with crown and toenail polish for her special day with Pittsburgh Council.



Anastasia getting ready for her TV appearance with reporter Sarah Arbogast of KDKA Channel 2 News, which aired on the station April 11th.



Anastasia in Pittsburgh Council Chambers with Laura Sokolovic and Norm Rish "howled" Happy Birthday to Councilman Bruce Kraus after receiving her "Proclamation" from Council President Darlene Harris.



Pictured with Anastasia are Owner Norm Rish; Vice President Mike Goretzka; Executive Clinical Director Paula Minnicks; Director of Public Relations & Pet Therapy Program Laura Sokolovic; Director Quality Assurance Rege Pekar; Senior Executive Assistant Diana Smith; Volunteer Bonnie Sokolovic (Anastasia's Gammy) and friend Carrie Doyle.



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Prevention is Key to Managing and Treating Pests



By Phil Pierce

Despite their sterile appearance, healthcare facilities are prime targets for pest infestations. Multiple entrances and around-the-clock foot traffic from patients, staff and visitors provide ample opportunities for pests to enter your facility. Unfortunately, pests don't just make your patients and staff uncomfortable; they are also known to carry diseases that can endanger the health of your patients – especially those with weakened immune systems.

As the saying goes, an ounce of prevention is worth a pound of cure. That's why many healthcare facilities are turning to an Integrated Pest Management (IPM) approach. This common sense approach employs proactive sanitation and maintenance procedures to decrease the chances of pest problems. IPM is also an environmentally conscious pest control option that only uses chemical treatments as a last resort, making it the safest method for people, property and the environment.

It is important to note that IPM is not a one-time event, but an ongoing process that involves proactive sanitation and facility maintenance to restrict access to the key elements that pests need to survive – food, water and shelter. The other key components of an effective IPM program are inspection and surveillance, plus a documentation effort that effectively communicates pest activity and location to those who are in decision making position. Because your facility is unique, be sure to partner with a pest management professional to set up an IPM program specific to your needs. To help you get started, consider implementing the following tips:

- **Regularly inspect the exterior of your facility** for any cracks and crevices where pests may enter. It only takes an opening of 1.5 millimeters for most insects to enter a building, while mice can fit through holes as small as a dime and rats only need an opening the size of a quarter to access a building. Seal openings with weather-resistant sealant and incorporate copper mesh to prevent rodents from gnawing through. Also consider installing weather stripping around doors and windows to further seal out pests.

- **Clean and rotate dumpsters** regularly by working with your waste management company, as these are great food sources for pests. Also, locate these as far from your facility as possible to keep pests away.

- **Work with your employees to keep break rooms tidy** and free of open food containers. Ask employees not to store food in locker rooms and to clean out lockers

regularly to help eliminate any temptation for pests.

- **Eliminate water sources** in and around your facility, such as leaky HVAC units or pipes, and standing water near dumpsters. And of course, clean up spills immediately, even if just water, as pests only need minimal amounts of water to survive.

- **Use organic cleaners** when possible as they contain enzymes that naturally break down the organic matter that pests feed on. What's more, organic cleaners don't include the harsh chemicals that so many regular cleaning materials use that can irritate sensitive patients.

- **Trim back vegetation** at least 3 feet from the facility and remove ground-covering plants such as ivy and mulch, if possible. These materials provide hiding places for pests. Also, consider installing a gravel strip around the building perimeter to prevent rodents and other pests who don't like to be out in the open, from getting close to your building. This also creates an uneven and unpleasant surface for crawling insects.

- **Replace fluorescent light bulbs** next to entryways with sodium-vapor lights that are less appealing to flying insects. Also, consider placing mercury-vapor lighting in fixtures at least 100 feet from your facility to help draw pests away.

- **Establish a positive airflow** at your facilities' main entrance. Positive airflow, or air that flows out of rather than in to the building, will help to keep pests out. You can test for this by holding a tissue up to a door to see which direction it blows. If the air blows inward, work with your HVAC professional to correct the issue.

A strong partnership between you, your staff and your pest management professional is another key element of an IPM program. A reputable pest control provider will offer training programs to help educate your employees on the importance of IPM as well as ways to identify potential pest issues. As your front line of defense, staff should report pest sightings immediately. Spotting just one pest may be a sign of a larger infestation and the quicker control is provided, the less challenging a pest population will become.

By implementing these steps and working with your pest control provider to customize an IPM program specific to your facility, you can help ensure that you are focused on your patients and residents – not on pest infestations. †

Phil Pierce is the Technical Services Manager for Western Pest Services, a New Jersey-based pest management company serving residential and commercial customers throughout the Northeast and Mid-Atlantic. Learn more about Western by visiting www.westernpest.com.

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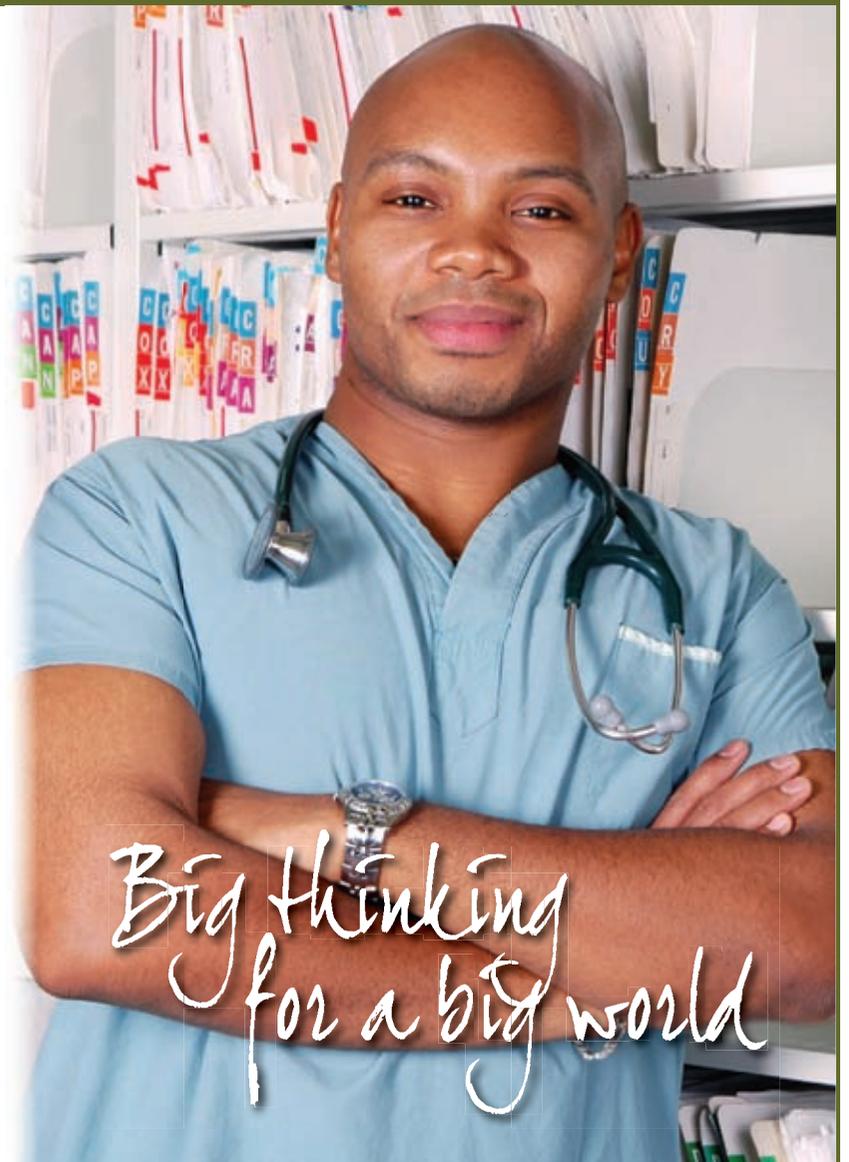
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The Blessing Board Provides Furniture and More

By Kathleen Ganster

The outside of the building is unassuming and belies the good work going on inside.

It's "Blessing Day," a day when folks who need a little help can receive it through The Blessing Board, a non-profit organization in Plum that provides furniture and other supplies including linens and dishes.

"It's not just about free furniture, it's about providing blessings," said founder, Tom Mitlo, who started the organization five years ago. They received 501 (c) (3) status last year.

Those who gather for the furniture include homeless families who recently found a place to live, single mothers moving from shelters, folks displaced by fires and other disasters and others just trying to get furniture to make a place home, said Mitlo.

The process is simple – people donate used furniture they no longer need to The Blessing Board, often with Mitlo and his volunteers picking it up. The furniture is stored in one of two warehouses (including his office in Plum) or one of three storage units, until the once-a-month "Blessing Day."

Folks in need have already been vetted by Mitlo who fields hundreds of calls a month and assigns folks to a pick-up day. On that day, everyone must be ready for a 10 a.m. meeting. And when Mitlo says 10 a.m., that is exactly what he means.

"If you aren't here at 10 a.m., you lose your place in line. If you come in late, you are the end of the line," he said.

Before they start giving out the furniture, Mitlo meets with the volunteers who have come to help him. According to Mitlo, volunteers include church groups, friends and folks who just want to help.

"We may be the only time that they see Jesus in 3-D," he said, "So while we are helping them, we pray for them."

By 10 a.m. on this particular Saturday morning, several families were in chairs set-up at the back of the warehouse, waiting for Mitlo to lead a short meeting.

Mitlo then talks to this group and tells them how he started the organization out of his garage when he realized people he knew were getting rid of furniture, while others needed it.

"I'm standing in the gap between the haves and the have-nots," he explained, "And that is what God called me to do – stand in this gap and help you become not a have-not."

Mitlo and his "ambassadors and movers" work with the families to provide all sorts of furniture and supplies, including moving through the warehouse to find a particular bed or couch. The movers then load trucks, vans and cars with the goods.

"They have to come with a truck or a vehicle to haul it away. That is one of

the requirements. The other is that it is by appointment only. You can't just stop in," he said.

Among the helpers are Mitlo's wife, Pat, and their 12-year-old son, Hunter. When asked if he minded getting up early on a Saturday morning to help his dad, Hunter joked, "He lets me come in."

Both son and dad laughed. "He's great," said Mitlo.

One of those receiving furniture was a single dad, hoping to find some furniture to his teen daughters.

"He wants to make them feel at home. This is really important for him," said his girlfriend.

Megan Rancatore is a caseworker for UPMC who often brings her clients to The Blessing Board.

"Tom is great. This helps these people tremendously. They don't have to have vouchers, they don't have to fill out lots of forms," she said, "He makes it really simple for them."

Like the others who help, Mitlo is completely a volunteer with the project. Although he dedicates about 30 hours a week to The Blessing Board, he also owns and operates the Orion Delta Group, a headhunter business for the medical field. He runs both his business and The Blessing Board from the same location.

"I'm not in the furniture business. I'm here to serve the Lord," Mitlo said



Paul Sauers

Tom Mitlo leading a Blessing Board meeting.

to the group, "If you are here today, you are already a have not. You are already blessed to be here to receive."

For more information about The Blessing Board, visit www.blessing-board.org.

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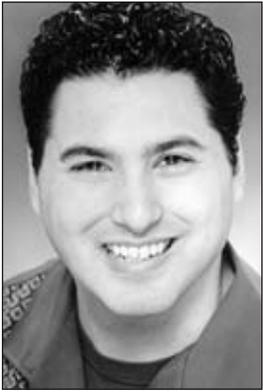
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Life in the Fast Lane—Mike Lysakowski Lends His Voice to NASCAR and Health Care Marketing



By Christopher Cussat

Mike Lysakowski's artistic passion literally lies in the fast lane! In fact, this lifelong New Castle, Pa. resident has been involved with auto racing since a very early age. After working as a columnist, writer, reporter, and photographer for the auto racing magazine, *RPM* (based in Latrobe, Pa.) as a teenager, he soon started his own business at age 17—publishing a yearly pre-season publication for auto racing fans. Lysakowski's once-a-year magazine was an instant success, and led to other printing and publishing projects that catered to the auto racing industry. "By age 20, my small business, Motorsport Aspects Limited, had three separate publications on sale at the Indianapolis Motor Speedway museum," he adds.

At Westminster College (New Wilmington, Pa.), Lysakowski studied both physics (because he wanted to build race cars for a living) as well as public relations while simultaneously running his company. But eventually genetics, fate, and his experience with auto racing would lead to an artistic opportunity. He explains, "Before I finished college, offers to become a broadcaster began to roll in, due to my expertise in the sport, and the deep voice I just happened to exude from birth."

Lysakowski was first invited to lend special analysis to broadcasts as an expert, but soon he evolved into the play-by-play (or "anchor") of race broadcasts on television, radio, and the internet. "I worked for organizations such as NASCAR, the United States Auto Club, the All-Star Circuit of Champions, and locally, the Unified Force Race Championship Tour (broadcast on Comcast Sports)," he notes.

In fact, he worked full-time in auto racing until 2008 when Lysakowski began his career in health care marketing with Quality Life Services (a locally owned, family-operated business offering long-term skilled nursing care and personal care with seven locations in Butler, Armstrong, Westmoreland, Mercer, and Fayette Counties).

After working in advertising and public relations for over three years with Quality Life Services, Lysakowski now specializes in outside sales and marketing. As a broadcaster, he still works over 80 races per year (down from the 140-160 he used to

broadcast), and co-hosts a radio show on Monday nights via the Speedway Productions Network (SPN).

Lysakowski's intense interest in announcing and broadcasting has been fueled by his longtime passion for auto racing. "The best part about getting involved in the sport as a teenager was that I got to meet, know, and work with all my childhood heroes whose posters covered my bedroom walls when I was a pre-teen," he explains.

Because most auto races are held on weekends, when most folks are off work and able to attend, Lysakowski has never had a problem balancing his health care professional time with his artistry. "So [as a result], my broadcasting gigs are often in no direct conflict with my regular 'business hours' duties at Quality Life Services."

Lysakowski admits that if not for his current health care profession, he would probably still be working over 150 races per year. "But thanks to health care marketing and the wonderful people at Quality Life Services, I am able to sleep in my own bed and spend time with my dog more than at any other time in my life—I'm grateful that my entire life is not 'on the road' these days," he concludes.



Mike Lysakowski

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On the Right Course

By Rafael J. Sciuolo, MA, LCSW, MS

The sun appeared over the horizon. There was hardly a cloud in the sky and just the gentlest mild breeze blew through the trees. The birds were chirping. It had the makings of a beautiful, memorable September day.

It was about 7:30 a.m. when George and his three friends climbed into the carts on their favorite local golf course. “You better watch out,” George told his friend, “my short game has been good this summer. I think you’ll be treating me to lunch where we’re done today.”

He was right. George had the best score of the day and – as was their tradition – was rewarded by his friends treating him to lunch.

The golf outings that George enjoyed with his friends had been a bi-weekly tradition in the spring, summer and fall for several years. The fact that they were all retired gave them time to do what they enjoyed with family and friends. George cherished these times.

Little did he know that morning that he would enjoy only a few more outings on the course.

George is a congestive heart failure patient and his condition has slowed him down to the point of decreased physical capability. He is nearing end-of-life and some of the things he did last fall are now impossible.

As a patient of Family Hospice and Palliative Care, George is cared for by a team of experts specially trained to anticipate and treat his symptoms. He and his loved ones take advantage of supportive services such as Reiki therapy and recording his video life story as part of our Quality of Life program.

“I appreciated the chance to get out and do what I could when I was well,” says George. “Now, I’ve learned to appreciate other opportunities. The team at Family Hospice is making a difference in my life. They help me to be comfortable.”



Enjoying the 25th annual Family Hospice Golf Benefit are Rona Nesbit of the Pittsburgh Cultural Trust, Maureen Haggarty of Family Hospice, and U.S. District Judge Maurice Cohill.

Making the Most of Life

As an independent community-based non-profit organization, Family Hospice relies on support from benefactors to keep many of our programs up and running. Some of our services are not Medicare or insurance reimbursable. Our fundraising plays an important role in keeping these services viable.



One such fundraiser is our annual Golf Benefit. On May 7, Family Hospice celebrated our 25th anniversary golf outing at Valley Brook Country Club in McMurray. In its first 24 years, the Golf Benefit has raised \$1.6 million – all of which benefits patient and family services like the ones described above.

One hundred-twelve golfers took to the course on an ideal day for our silver anniversary event. Their participation, along with the work of our Golf Committee and many volunteers, made for a huge success. We are grateful to every one of them for their support.

After golf, participants enjoyed a silent auction with in-demand items such as an autographed Sidney Crosby jersey, use of a lake house in Chautauqua, NY, and more.

The money raised at our Family Hospice Golf Benefit helps patients like George enjoy improved quality of life. He may not be able to hit the greens like he used to – but he is able to look forward to the care and services that make each day worth living.

And, he plans to enjoy a few more lunches with his friends. †

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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Designing for an Aging Healthcare Clientele



By Scott Hazlett, AIA, ACHA, NCARB, EDAC

After spending thirty years of my architectural career specializing in the design of Healthcare Facilities, I have realized that the basic principles of healthcare design, learned early in my career, still apply today. I have seen many changes and advancements in healthcare

procedures, medications, equipment, and technology, but the basic human needs of healthcare providers, patients, and family members have not changed.

Healthcare providers still need designs that provide durable low maintenance spaces, accommodations for the latest technologies, equipment, and supplies, efficient flow and circulation patterns that reduce steps, a safe secure work place that minimizes the risk of on-the-job injuries, and a constant awareness and response to change. Patients and families need effective signage and wayfinding, reassuring surroundings to reduce stress, readily visible staff members, a facility that is equipped with the latest and least invasive pro-

cedures, a room with a view, close safe parking, and an atmosphere that “shouts” that patients have come to the best possible place for their healthcare. These basic human needs have remained constant through the years.

What has changed, in healthcare design, over the last thirty years, are the project types. Project types have changed because the providers and patients have changed. Both healthcare providers and patients, as a group, have gotten older. I began my career in the 1980’s designing spaces for a relatively young demographic. The project types, at that time, included Obstetric Units, Pediatric Units, Sports Medicine Centers, Rehabilitation Centers for work injuries, Emergency Departments, and Women’s Health Centers. There was also a significant shift, in my early career, toward outpatient procedures and facilities.

Current projects reflect the growing 60 plus “Baby Boomer” population. Today the designs on the drawing board, actually the computer monitor, include Alzheimer Units, Cardiac Catheterization and Electrophysiology Labs, Geriatric Centers, Dialysis Clinics, Joint Replacement Surgery / Rehabilitation Centers, Cardiac Rehabilitation, Cancer Treatment, Assisted Living, Nursing Homes, and Hospice Care.

Recently, a new project-type, a Geriatric Emergency Department, is being added to hospitals in conjunction with the Emergency Department that treats patients of all ages. This separate and distinct new service specializes in the emergency needs of the patients over age 60. These unique Units are staffed with gerontology specialists who work with the older patient group on a daily basis and are acutely tuned into the problems presented by them. Also, in some cases, the “place of care for the aging” trend is leaving the hospital. Providers are now bringing services and care to the patient in their home. It is not the traditional “house call” that boomers remember from their childhood, it is the “new house call” that brings a nurse, physical therapists, or I.V. therapists to their front door. Patient service is the name of the game in today’s highly competitive healthcare marketplace.

What this says about healthcare design and healthcare facilities is that the basic human needs of the providers and patients have not changed significantly, but facilities have evolved to meet the needs of the users. This is actually a comforting reality for those of us who call ourselves “boomers” or “almost boomers”. Our needs for now, and in the future, are being addressed.

This evolution is a daily learning experience for the healthcare architect who is diligent about adding new design ideas, and concepts, to their tool box. Many of these design experiences have been formalized so that facilities meet the wants and demands of the growing boomer population. A few of the principles that shape current facility design include: home/hotel styling, valet parking, room service, LEAN Design Principles, (LEED) Leadership in Energy and Environmental Design, (EDAC) Evidence-Based Design Accreditation and Certification, (ADA) Americans with Disabilities Act, and bariatric accommodation design. These are not new concepts, just adaptations for today’s project types formalized and documented for designers to follow.

A few healthcare design standards that provide for the needs of the older population include:

- Task lighting that provides adequate light for reading, patient care, and security, but also soft dimmable light to reduce glare to create a soothing atmosphere.
- Handrails, grab bars, and non-glare slip resistant flooring to reduce the risk of patient falls.
- Color selections, floor pattern designs, and low glare surfaces that don’t confuse patients that have trouble with depth perception and color change.
- Exterior views of nature to orient patients to day and night, current weather, and time of day, which aids the healing process.
- Noise reduction features to reduce confusion caused by loud activities in quiet areas.

What will the next facility design evolution include? It is hard to say, but I’ll keep my eyes open so that I am on the crest of the next wave. I wouldn’t want to miss a great ride into the future of healthcare.



Scott Hazlett is a registered architect and Senior Associate at Stantec Architecture and Engineering LLC. Scott works out of the Stantec Butler, Pennsylvania Office and can be reached at scott.hazlett@stantec.com.

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Chaplains: The Heart of Hospice

By Francine Rose, AseraCare Hospice Volunteer

A patient facing death needs to talk, but doesn't want to burden his family. Family members are sad, worried, and exhausted. Thankfully, AseraCare hospice patients and their families can rely on our caring, professionally trained chaplains to provide a caring presence during a terminal illness.

Without our chaplains, we wouldn't be "caring hosts." Without our chaplains, we wouldn't be a hospice. Nancy Mintz, staff nurse, identifies the chaplain as the most important contributor to the hospice care experience: "Patients experience death as the most spiritual time of their lives, as a journey, even if they're not religious. Chaplains help patients who are fearful of dying, comforting and calming them. They help families mend broken relationships and help patients with practical concerns." Without a chaplain's care, Nancy says, "it just wouldn't be hospice."

Meryl Thomas, social worker, identifies the chaplain as the "central support person who is willing to be at the bedside, who is about being there for the patient and the family."

Home patient nurse Kit White agrees that, "Without chaplains, you would lose the whole spiritual element of hospice. It would be like taking sugar out of the cake recipe—that's the whole point."

In gratitude for all they do, we would like to honor Brian Swan, Sister Jean Rene, and Deb Byrum for their caring "ministry of presence" during this National Chaplain Month.

BRIAN SWAN: WE'LL MISS YOU

Brian Swan, a dedicated AseraCare chaplain for five years, felt a deep sense of calling to ministry, but wasn't certain, at first, exactly how he was being called to serve. As a child, his dad was in the funeral home business, so he grew up seeing death as a natural part of life. When he was 9 years old, his grandmother was dying of cancer, and he often read the Bible to her at her bedside.

As a chaplain and Assemblies of God minister, Brian now works to build connections with family members of all backgrounds and faith. With a husband who's been married for 50 years, feeding and caring for his wife, Brian "comes beside him. We talk about the weather and football, until we can talk about dying." It's all about "being able to walk with him while he struggles through letting go."

"I try to meet people where they're at, let my patients lead the visit. It's about listening, being open, not judging," Brian said. He feels that his presence is "a physical reminder of the spiritual nature of death." For believers, a chaplain's presence is a reminder that God is with them. For nonbelievers, knowing that they're not alone and someone cares is a comfort. "Through my presence, I try to tell the patient, I acknowledge you. I know what's going on with you, I agree that it's hard, but let me walk with you."

Brian sees his role as serving the family as much as the patient. Talking about what's happening to the patient, helping families make the environment as peaceful as possible for a patient, walking families through what's going to happen, helping families handle practical things, are all part of the chaplain's role.

Brian acknowledges that he grieves with families and patients, but he feels "thankful for being able to serve in this role, to treat the whole person." "The events of death are spiritual events, not just biological or medical events. It's a change of relationship."

Sadly for his current patients, Brian is leaving us for the Johnstown office. Many staff members will sorely miss him, too.

Nurse Nancy Mintz noted that "Brian was always available, even if he wasn't on-call. He'd be willing to come in and interrupt his day. He was helpful when I needed extra support for a patient or family, and had the uncanny ability to show up at just the right time. I'd ask him, 'How did you know to come?' and he'd just say he felt the need to come." Nancy could also count on Brian when she was trying to support a dying patient: "lots of times I'd be frantic and he'd come sit at the bedside so I could tend to other patients without worrying about leaving my dying patient alone." Nancy also appreciated the way Brian supported staff at the time of a patient death.

Meryl Thomas, a social worker who spent four years on Brian's team, brought attention to his "very quiet, laid-back, unobtrusive style" that helped patients feel secure and to open up, as well as Brian's utter "dependability" and willingness to be a team player.

Kit White, a nurse who tends to home patients, said that "Brian was fabulous. Always compassionate; a calming presence. Always 110% effort. If I needed extra help, he was Johnny-on-the-spot. Nothing was ever too much; his response was always, 'I'll be right there.'"

SISTER JEAN RENE

In her eighth year of caring for patients and families at AseraCare, Sister Jean Rene sees her primary role as providing a "ministry of presence, being present to the patient and listening to them." She feels that helping take away a patient's anxiety, by being totally available to the patient, is one of the most important ways she and other chaplains help a dying patient. Jean Rene supports her patients' families

and works closely to help them deal with their loved one's illness. She "gets a lot out of this ministry. Patients and their families trust us and share a lot."

Jean Rene feels that chaplains need to be "faith-filled people who have faced their own death." As a chaplain, "you have to be in touch with your own emotions, your feelings about death and dying, so you can listen to others." To be a chaplain, a faith-based person has to "be open to listening to people of all backgrounds. That's why, when I had a Hindu patient, I made sure to research Hindu prayers to share with him. They were beautiful prayers, and it was a beautiful and meaningful experience for both of us."

"To me, as a chaplain," she explains, "doing is not our kind of ministry... it's just **being** with a patient."



From left to right, Sr. Jean Rene Seiler and Deb Byrum, Spiritual Care Coordinators

DEB BYRUM

Deb's first close encounter with death was when a good friend from college was diagnosed with an aggressive spinal tumor. After visiting her dying friend in a hospice facility, Deb, a Lutheran minister of the Evangelical Lutheran Church of America, was eventually drawn to hospice.

Deb tries to bring a calming, supportive presence to her patients. For those who are cognizant, she listens to their life stories and empathizes with their experiences. For patients whose minds are confused, she provides warm attention while trying to enter their worlds. Deb will talk to the family, observe the patient, and look for a way to enter the patient's world. One woman would smile broadly and sometimes hum if Deb sang old songs like "Let Me Call You Sweetheart," so "that was a way to connect with her."

As a chaplain, Deb wants to "help people find peace." She sees herself as "bringing a broader and deeper dimension to the experience of dying. It's a time for someone to just be with you, being with the whole person and paying attention. It's not about telling the person what to do. It's about being open to the person wherever they are."

Often, she says, "patients will say to me, 'I know I'm dying,' and they will accept their death. But their child is saying, 'Don't say hospice to my mom.' Patients are more accepting; families struggle. My role is to help both the patient and the family."

People who are seriously ill are often "frustrated that they can't do more to help their families anymore, and just the fact that they want to care for others when they are so sick has taught me something. I owe a lot to my patients."

One thing that surprised Deb about being a chaplain was "what a blessing" it is. "A lot of patients accept dying as natural, not a traumatic or dramatic experience... Patients helped me learn to let go in life." †

AseraCare is grateful to our professional, caring, committed chaplains. We're grateful for the gift of your presence to our patients and their families, for the way you love your work, and especially for the way you continue to learn from our hospice patients and their families. We wouldn't be a "caring host" hospice without you. To learn more about AseraCare Hospice, call 1-800-570-5975 or visit aseracare.com.

Hospital Council Conference Center Breaks Down Barriers

By Elizabeth Fulton

Hospital Council of Western Pennsylvania covers 30 counties in western Pennsylvania, many of which are rural. According to Jane Montgomery, Vice President of Clinical Services/Quality, the farthest council member has a four-hour drive to the council's offices and conference center in Warrendale. But with some exciting new updates, the distance doesn't seem to matter as much.

Although Hospital Council has had a conference center for about 20 years, it has undergone a renovation in the past year.



Jane Montgomery

which allows groups to survey meeting goes on the spot.

"Teleconferencing benefits our rural members," says Montgomery. The new renovations have made the council's video conferencing system state-of-the-art. "The speaker comes the system," she says. "No more making the speakers loud enough so everyone can be heard." The council put \$208,000 into the ren-

The council received a USDA Rural Development Distance Learning and Telemedicine Grant, a matching grant that allowed for upgrades for video conferencing, SMART boards (an interactive whiteboard system) and microphones. The conference center also obtained an audience response system,

ovations, \$104,000 of that was the matching grant.

"Education is at the core of Hospital Council," says Patricia Raffaele, Vice President of Advocacy/Communications. "It's an important part of what we do." The conference center currently is used mainly for council committee meetings as well as networking and educational events, including many member issue briefings.

Montgomery also touts the advantage that membership has to bridge. "If someone needs to conference to someone in the South, we can do it through the bridge to connect to them. It breaks down all the firewalls," she says.

The conference center has two rooms that can be combined to make a large room that can hold up to 120 people. The Copeland Room can fit up to 65 people, classroom style. The Cook Room can fit up to 40 people, classroom style. Both rooms have video and audio conferencing and SMART boards.

"The best thing is what can be made available," says Raffaele. "When you rent the room, you also get all the equipment."

The members that have used the facility have been a good cross-section of the membership, from finance to public relations, to marketing to planning.

Conference Center rentals are up by 63 percent



Patricia Raffaele

since the renovations and a strong marketing campaign began last year. Rentals have ranged from corporations to hotel chains with national speakers. Also, small local non-profits have rented the rooms. "There are a lot of uses for the center," says Raffaele. "We can have small trade shows, societies, government agencies and health associations."

The largest group that has used the center has been Provider Alliance, which has about 100 people. It uses the center monthly.

The center has hosted trade shows in the lobby area. It can hold about 15- 20 vendors.

According to Montgomery, the reaction to the new renovations have been positive. "It allows everyone to participate and see things and have conversations with peers," she says. "In the past we used to have the meeting and send out a synopsis. Now everyone can participate."

Catering options are available. Hospital Council works with Nico Luciano's Restaurant in Ellwood City to provide groups with anything from box lunches to a hot buffet.

Depending on the date and catering needs, the center can be rented out quickly. For catering, there needs to be at least 4-5 days, but as long as the room is available, the rooms can be rented with very little leeway.

The conference center is located at Hospital Council headquarters in Warrendale. For more information on renting the facility contact Peggy Maxwell at 412-772-8394 or email at maxwellp@hcwp.org.

For more information on Hospital Council of Western Pennsylvania visit its website at www.hcwp.org.

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“The Other Side of Normal” by Jordan Smoller

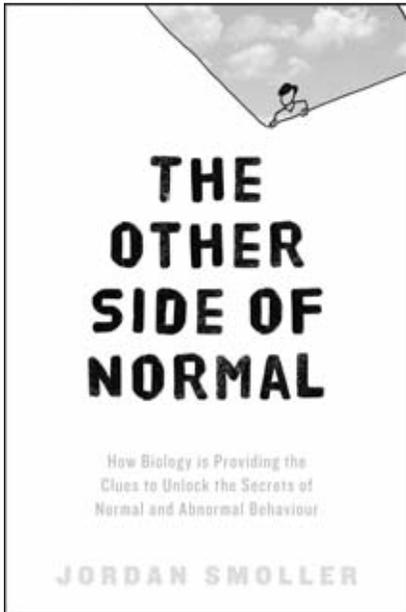
c.2012, William Morrow \$27.99 / \$31.99 Canada

390 pages, includes index

You’d like to think you’re a normal person.

You shop for clothes where others shop. You like singing along with the radio (whether you do it well or not), watching TV, hanging with friends, playing with pets, hobbies, and being with family.

One hundred percent, no-two-ways-about-it... normal.



But if you hate TV, never shop, don’t like pets, what then? Surely, you’re not abnormal? Either way, author Jordan Smoller says that biology has shaped your preferences and behavior. In his new book, “The Other Side of Normal,” he explains.

Let’s say you have a major phobia about snakes. You thought you saw a snake lurking in the yard once, and the mere grimacing thought makes you jumpy. It’s almost as if they’re looking for you.

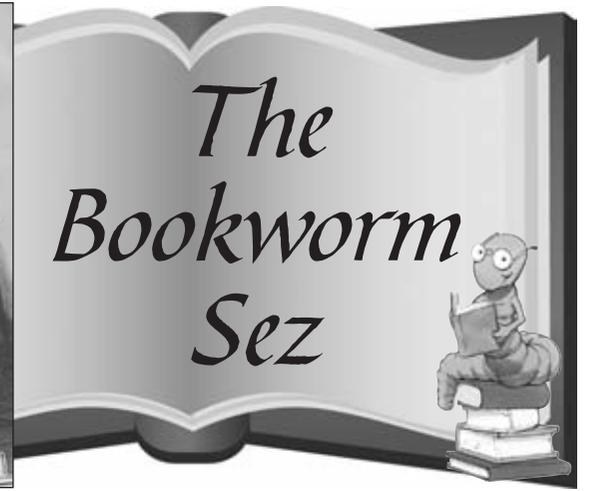
Phobic, delusional, and paranoid. That’s you, and Smoller says that’s normal – and, to a degree, abnormal.

“By the latest accounting,” he says, “more than half of all Americans meet criteria for a psychiatric disorder at some time in their lives.”

You can blame that on biology, he says, because much of who you are is hard-wired, brain-wise. Natal temperament affects personality, too, as do childhood experiences, nurturing, and genetics. Circumstance also changes your place on the normal/abnormal behavior scale.

Take, for instance, that snake in the grass.

You may feel disgust that he’s out there (disgust being a biological response), but that feeling might not be as strong if you only saw a photo of him. If your mother let your brother to torment you with a rubber snake, that comes into play. And even



if you didn’t see the snake but you observed someone gazing at the grass with horror, you’re biologically wired to face-read, mind-read, trust – and run!

Then again, let’s say you saw the snake and you thought it was beautiful. The biological attraction to beauty might make you pick it up and if it’s just a baby snake, it’s in luck: you’re biologically wired for cute, too.

“The Other Side of Normal” is a little like a single-bed quilt: there are lots of colorful, imaginative patches, surrounded by an equal amount of gray. The bits are sewn together well, but it doesn’t seem to cover things like you wish it would.

I appreciated that author Jordan Smoller uses personal experiences in treating psychological disorders to illustrate how biology contributes to behavior. I liked how he explains psychiatric classifications and their overall relevance to and incompatibility with biologically-based actions. I was astounded by the number of studies he uncovered, and how antiquatedly cruel they seem today.

But “The Other Side of Normal” delves into a lot of brain science, the kind of stuff that’s been written in dozens (if not hundreds) of other similar books. It’s interesting but not unfamiliar, and my biological tendency was to mind-wander.

I think that, if you’re new or absolutely fascinated by brain science, reading “The Other Side of Normal” is an excellent way to occupy your noggin. If you’re familiar with this subject already, though, it might be normal to take a pass. †

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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Four for One Sale



By J. Hess

Staff overworked. Budget cuts required. Projects delayed. One employee hired. Experience of a whole team needed. In today's economy this has become the modus operandi for any management team. Unless some creative and aggressive decisions are made, these

concerns do not appear to be going away anytime soon.

One department in which these issues are most prevalent is the IT department. The IT department is usually operating on a shoestring budget, but in today's technologically driven society, the IT staff finds themselves responsible for keeping the ship running. While the CEO may be referred to as the captain of the ship, it is the IT Department easily acting as the ship's Engineers. Their countless hours and efforts are spent maintaining and upgrading your infrastructure in order to keep the engines running.

According to Microsoft, "Over 70% of the IT budget is currently spent to maintain your database operations." This leaves less than 30% of the budget available for upgrading, maintaining or customizing the front end applications used daily by your employees. The traditional methods of stretching the

30% is what leaves staff overworked, projects delayed, and budgets being cut. In order to leverage monies, we need to embrace change and start thinking outside the box.

Instead of cutting, delaying, and working harder why not make a bold move? Try looking towards expanding and growing your available resources. Hire experts specializing in the areas your team does not normally operate. I am not suggesting looking at your traditional IT Consulting firms or even offshoring. Those are methods that are traditionally expensive and usually are only good for isolated projects. There are third-party companies offering everything from virtual CTO's, on-demand CIO's, to per-project staff, to entire IT departments for your disposal. These companies offer "X" number of hours for access to their resources for a small monthly fee. These companies are looking to make long term connections, and not just take your money and run.

You benefit from gaining a virtual extension of your IT department for the cost of one hire. Consider it a four for one sale. You get expert advice and knowledge from former CIO's, CTO's, while having Project Managers, Testers, and Developers versed in numerous languages working on the projects that have either been delayed or are outside your team's strengths. Through this type of strategic arrangement, you make an aggressive move to operate more effectively and efficiently, rather than following the modus operandi.

Instead of looking to trim the budget, delaying projects, and exhausting your staff with even more work you get to creatively expand your IT operations. You are working with a group of people bringing new perspectives and methods of achieving success. You demonstrate why you were chosen to lead. This leadership decision to expand will save you, your department, and the entire organization time and money. When a new project arises, you will no longer worry about the employee benefits, on-boarding costs, professional training, certifications, scheduling, vacations, sick leave, and keeping up to date with industry standards, policies and trends.

Just pass the requirements to your virtual IT department and the project can begin. Through the more rapid deployment of projects, less exhausted on-staff employees, experts leveraging their strengths to assist in areas of specialized expertise, your organization will operate more efficient and effectively saving money in the end. Finally, your IT department can focus on what you need them to do... keeping the ship's engines running for the Captain.

Mr. Hess has over 10 years of IT experience in various roles including Operations, Product Development, and Project Management. Mr. Hess can be reached at 724-942-7100 x207 where he currently serves as the Chief Solutions Architect for Opal Business Solutions.

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**Western Pennsylvania
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POR Enhances Online Offering to Include CodeQUICK™ for Fast Medical Billing Code Lookup to Accelerate Reimbursement Process

Physicians Office Resource (POR), a trusted online and print resource for over 360,000 U.S. physicians, announced new features to the company's online offering last month. Available immediately through the company's website, www.PhysiciansOfficeResource.com, CodeQUICK™ is a search engine that allows doctors to quickly and accurately research Current Procedural Terminology (CPT) codes and corresponding CMS (Health Insurance Claim form) reimbursement rates. The company also announced today the addition of Dr. Santosh Guptha to its online 'Ask the Experts' team. Dr. Guptha – of the ICD-10 Coders Academy - will be available to answer users' most complex billing and coding questions.

Dr. Guptha joins as the newest member of POR's panel of experts, which also includes clinical lab and eHealth specialists. A member of the ICD-10 Coders Academy, Dr. Guptha brings years of experience in defining billing codes. Dr. Guptha's credentials include: CPC, CPC-H, CPC-P, CCS-P, CHA, RMC, CPMB, CMBS, CMRS, CHL7, and AHIMA and ICD-10 Trainer Certificate Holder.

Dr. Guptha is a dynamic leader in Healthcare Information Management, an expert in the field of coding analysis, EM auditing, and ICD-10 Coding with a career span of more than a decade. He was instrumental in developing various ICD-10 Coding tools, guides, and has authored various ICD-10 training programs. Dr. Guptha has extensive knowledge in HIPAA, privacy and security, and the application of HIPAA requirements in physician's offices and facilities settings.

POR is committed to providing value to today's busy physicians by offering an essential, go-to source for anyone in the field of medicine. POR's PharmaCONNECT is a single source for information to help doctors improve their practice – everything from researching and purchasing diagnostic and laboratory equipment; evaluating their full range of prescription treatment options, side-by-side comparisons of all drug therapies, complete dosing information, and now the ability to obtain up to the minute medical billing code lookup with QuickCode.

Whenever doctors perform a medical procedure, they need to make careful note of the current procedural terminology codes so that the billing system is efficient. With one click, doctor's can now use the POR CodeQUICK database to verify or look up the current code for any medical procedure, avoiding the potential hassle of miscommunication and delayed payment—or even worse—underpayment. New enhanced engagement tools are also now available that allow docs to connect with diagnostic and medical equipment manufacturers across all brands.

These new enhancements come on the heels of POR's recently launched PharmaCONNECT Desktop Drug Reference Database, a resource available to busy physicians and other prescribers to gain FREE and easy online access to the most authoritative and current information on all FDA-related drugs.

PharmaCONNECT was built with physicians in mind and is the only virtual pharmaceutical information exchange that allows for real-time, on-demand interaction between docs and pharma reps. The exchange occurs in a product agnostic/neutral environment using interactive solutions including desktop reference, live chat, click to call, video tutorials and eSampling. PharmaCONNECT offers side-by-side comparisons of all drug therapies, complete dosing information, and most importantly the ability for the doctors to connect with pharma in real-time. PharmaCONNECT gives doctors access to pharma brands on their own terms at a time when it's convenient for them and the pharma community benefits from a meaningful measurable engagement with physicians.

For more information, visit www.physiciansofficersource.com.

New & Notable

Pittsburgh Regional Health Initiative Receives \$10.4 Million Healthcare Innovation Award from CMS

The Pittsburgh Regional Health Initiative (PRHI) recently announced receipt of a \$10.4 million Health Care Innovation Award from the Center for Medicare and Medicaid Innovation (CMMI) for its Virtual Accountable Care Network Project. Under the direction of Keith T. Kanel, MD – primary investigator for the project and PRHI's Chief Medical Officer, the project builds on a PRHI-led hospital-physician pilot project that achieved a 44% reduction in readmissions for patients with chronic obstructive pulmonary disease (COPD).

The findings from the pilot are currently being applied at Monongahela Valley Hospital and its aligned physicians by: (1) developing a shared-resource, hospital-based virtual patient-centered medical home – called a Primary Care Resource Center – that extends intensive coordination and disease management care to patients with COPD, congestive heart failure (CHF) and coronary artery disease (CAD); and by (2) establishing best practice, disease-specific and patient-centered care pathways that bridge the inpatient and outpatient patient experience.

The CMMI grant will enable PRHI to bring the project's resources to a total of seven regional hospitals in Western Pennsylvania, enabling small primary care practices to offer their patients better integrated care, support for care transitions, and intensive chronic disease and medication management. Staffed by nurse care managers and pharmacists, the new centers will focus on approximately 25,000 Medicare beneficiaries with COPD, CHF and CAD. By reducing 30-day readmissions and avoidable disease-specific admissions, PRHI estimates savings over three years of approximately \$74 million, as well as the creation of an estimated 26 new jobs and the training of 450 health care workers in disease management and primary care support skills.

Karen Wolk Feinstein, PhD, President & CEO of PRHI remarked, "We are thrilled to be one of the 26 initial grantees from around the country, selected from more than 2,500 applications. It is a testament not only to the dedication and skill of our staff, but most emphatically to the willingness of our region's healthcare providers to test new ideas for improving healthcare quality and reducing costs."

The Pittsburgh Regional Health Initiative (PRHI) is an independent catalyst for improving healthcare safety and quality in Southwestern Pennsylvania. It operates on the premise that dramatic quality improvement is the best cost-containment strategy for health care. PRHI is the first regional consortium of medical, business and civic leaders to address health care safety and quality improvement as a social and business imperative.

For more information visit www.prhi.org.

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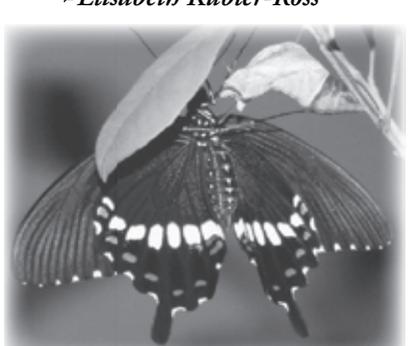


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It is not the end of the physical body that should worry us. Rather, our concern must be to live while we're alive - to release our inner selves from the spiritual death that comes with living behind a facade designed to conform to external definitions of who and what we are.

-Elisabeth Kubler-Ross

Caring for those at end of life is about much more than meeting physical needs. What can be seen on the surface is merely a shell of the life that yearns to live from deep within.



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Presbyterian SeniorCare Unveils New Website, Social Media Presence

Presbyterian SeniorCare, western Pennsylvania's largest eldercare provider, recently announced the launch of its new website www.SrCare.org. The completely revamped site provides a wealth of information for the community, current and future residents, families, employees, and supporters. Visitors to the site will find easy-to-use navigation and interaction, plus beautiful images and detailed descriptions of Presbyterian SeniorCare's campuses and its accredited and award-winning programs and services.

Additionally, the organization is debuting two new channels through which its stakeholders may keep in touch: By "Liking" Presbyterian SeniorCare on Facebook and "Connecting" on LinkedIn. These social media profiles offer simple ways for residents, families, employees and our region to stay up-to-date with news, announcements and event information from our various communities across western Pennsylvania.

Presbyterian SeniorCare is proud to have partnered with two great Pittsburgh-based companies for the project: Lava New Media, LLC and Pipitone Group.

For more information, visit www.SrCare.org.

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New & Notable

Local VA Dedicates Newest Patient Care Facility

A formal dedication ceremony for the new \$75.8 million Consolidation Building was held Wednesday, May 2 in VA Pittsburgh Healthcare System's University Drive main lobby. U.S. Senator Pat Toomey, VA Undersecretary Dr. Robert A. Petzel and other distinguished speakers and guests were on hand for the ceremony.

The new standard in comprehensive, Veteran-focused care, the Consolidation Building features:

- various outpatient services
- 78 secure, private psychiatric beds
- eight handicapped-accessible auditory test suites and 13 rooms dedicated to the evaluation and training of speech, language, hearing and swallowing-related impairments
- three identical inpatient units that include distinct day and night areas along with easy access to the outdoors via rooftop plazas
- new clinics on the first floor combine behavioral health and primary care and improve ease of outpatient visits

"We had long dialogues and discussions with patients' families and staff that helped us to understand how these veterans suffered in war," said Tim Powers, the president of Architecture for Astorino, the building's designer. "These insights helped us realize that this project is more than bricks and mortar."

"This seamless integration of care empowers our heroes to seek treatment for war's visible and invisible wounds," said VA Pittsburgh Director Terry Gerigk Wolf. "This close pairing of services takes the stigma that has been so tightly linked to behavioral health care throughout history and makes it a non-factor."

Clinics, services and patients will move into the building in phases this spring and summer. VAPHS is committed to Veteran-centered care throughout all transitions and evolution of the construction transformation.

The Consolidation Building is part of a revolutionary multi-million dollar major construction project to enhance both behavioral health and ambulatory care services and to achieve efficiency through combining a three-division health care system into two campuses. This extensive construction program and consolidation of services will significantly benefit Veterans by providing them with 21st century facilities in which they will receive 21st century care.

"The story of this building has just begun," said Michael Moreland, the network director of VISN 4. "The story that is so exciting to me is the story of the employees, the volunteers and the veterans that will breathe life into this building."

For more information, visit <http://www.pittsburgh.va.gov/construction/UniversityDrive.asp>.



From left to right: Astorino Architects representative Timothy Powers, U.S. Senator Pat Toomey, VA Undersecretary for Health Dr. Robert Petzel, VA Pittsburgh Director Terry Gerigk Wolf, VISN 4 Regional Director Michael Moreland, PJ Dick representative Jake Ploeger and VA Pittsburgh Associate Chief of Staff for Behavioral Health Dr. Jeffrey Peters cutting the ribbon.

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Windber Medical Center Welcomes New VP of Nursing



Mary Lee Dadey

Windber Medical Center recently welcomed **Mary Lee Dadey** as the Vice President of Nursing Services. Dadey is a native of Johnstown with over 20 years of progressive nursing and health care leadership experience. She will serve as the hospital's Chief Nurse Executive, as well as oversee the Medical Center's physician practices and other related departments and services.

Dadey received her Master's in Business Administration from St. Francis University and her Bachelor of Science in Nursing from the University of Pittsburgh. She is a member of the American Academy of Medical Administrators, American Organization of Nurse Executives, American Academy of Critical Care Nurses and the Greater Johnstown Chapter of the American Academy of Critical Care Nurses.

For more information, visit www.windbercare.org.

Komen Pittsburgh Affiliate Announces New Board Officers, Member

The Pittsburgh Affiliate of Susan G. Komen for the Cure® appointed four new officers and one new member to its Board of Directors. The officers are:

President: Jeremy Hartzell, Esq., BNY Mellon

First Vice President: Sue Ely, CRNP, UPMC Palliative and Supportive Institute

Second Vice President: Holly Wald, PhD, founder and president, HPW Associates

Secretary/Treasurer: Karen Hartley, financial advisor, Morgan Stanley

Eric Kulikowski joined the Komen Pittsburgh Board of Directors. He is the senior director of supply chain optimization for Philips Respironics, the principal of Precon Properties and a professional leadership coach at Dare to be Amazing. Kulikowski resides in Harrison City, PA, with his wife, Cindy, who is a breast cancer survivor.

For more information about the Komen Pittsburgh Affiliate, visit www.komenpittsburgh.org.

Healthcare Professionals in the News

WPAHS Appoints Vice Chair, Department of Thoracic and Cardiovascular Surgery

Vascular surgeon **Satish C. Muluk, MD**, has been named Vice Chair of the Department of Thoracic and Cardiovascular Surgery at West Penn Allegheny Health System (WPAHS).

In this role, Dr. Muluk will help lead collaborative efforts to develop hybrid procedures for patients with cardiovascular disease, including hybrid robotic procedures for open-heart surgery and new techniques for the treatment of peripheral vascular disease. The use of percutaneous aortic valve devices and stenting devices in the thoracic aorta are among several other innovations that the team is pioneering at Allegheny General Hospital (AGH) under his direction.

Dr. Muluk has a strong track record in advancing clinical, academic and research initiatives within WPAHS' division of vascular surgery. Under his leadership, the vascular program at AGH has grown exponentially over the past decade, to well over 2,000 operative procedures and Dr. Muluk serves as principal investigator on more than 20 clinical research projects.

He was also instrumental in creating a curriculum for an integrated seven-year residency in thoracic and cardiovascular surgery established at AGH in 2010. This innovative residency allows residents to qualify for board certification in both vascular surgery and cardiothoracic surgery and is one of the first of its kind in the United States.

Dr. Muluk graduated summa cum laude from Boston University School of Medicine and completed general and vascular surgery training at Massachusetts General Hospital. He serves as a professor of surgery for Temple University School of Medicine and associate professor of cardiothoracic surgery for Drexel University College of Medicine.

For more information, visit www.wpahs.org.

Jefferson Regional Stroke Program Earns Gold Plus Quality Achievement Award

Jefferson Regional Medical Center has received the American Heart Association/American Stroke Association's Get With The Guidelines® Stroke Gold Plus Quality Achievement Award. The award recognizes Jefferson Regional's commitment to and success in implementing excellent care for stroke patients, according to evidence-based guidelines.

"Jefferson Regional Medical Center is to be commended for its commitment to implementing standards of care and protocols for treating stroke patients," said Lee Schwamm, MD, chair of the Get With The Guidelines National Steering Committee. "The full implementation of acute care and secondary prevention recommendations and guidelines is a critical step in saving the lives and improving outcomes of stroke patients."

According to the American Heart Association/American Stroke Association, stroke is one of the leading causes of death and serious, long-term disability in the United States. On average, someone suffers a stroke every 40 seconds; and 795,000 people suffer a new or recurrent stroke each year.

For more information, visit www.jeffersonregional.com.

Steve Dentel, senior director, Quality Improvement Initiatives, Get With the Guidelines, AHA/ASA, presents the Stroke Gold Plus Quality Achievement Award to, from left:



Brittney D'Alessandro, team leader, Stroke Unit; Kim Finnerty, director, patient care specialty services; Cindy Ragan, associate nurse executive; Louise Urban, senior vice president, patient care services and CNO, and Maureen Kail, team leader, Stroke Unit, Jefferson Regional Medical Center.

HONOR ROLL

Area Radiologist to Head National MRI Accreditation Program



Anthony J. Scuderi

The American College of Radiology (ACR) has appointed **Anthony J. Scuderi, M.D.** chairman of their MRI Accreditation Program.

The ACR has a long history of providing accreditation for diagnostic imaging and radiation oncology dating back to 1963. Since 1987, ACR has accredited more than 20,000 facilities, including more than 10,000 practices in ten different imaging modalities. The ACR offers programs in all modalities now mandated for accreditation under the Medicare Improvements for Patients and Providers Act (MIPPA) (CT, MRI, breast MRI, nuclear medicine and PET) as well as under the Mammography Quality Standards Act (MQSA).

The purpose of the accreditation program is to set quality standards for practices and help them continuously improve the quality of care they provide to their patients. Accreditation is mandated by law. ACR accreditation provides an objective, peer reviewed assessment of facilities through evaluation of personnel qualifications, equipment requirements, quality assurance and quality control procedures, and evaluation of clinical and phantom image quality.

Dr. Scuderi has served since 1999 as a clinical MRI reviewer for the ACR and chairman of Laurel Highlands Advanced Imaging, which is accredited by the ACR in CT and all modalities of MRI, including cardiac and breast MR imaging.

For more information, visit www.conemaugh.org.

Rory Cooper, Ph.D., Receives American Association for the Advancement of Science 2011 Mentor Award



Rory Cooper

A University of Pittsburgh School of Health and Rehabilitation Sciences (SHRS) researcher who is a renowned expert in rehabilitation and assistive technology has been awarded the 2011 Mentor Award of the American Association for the Advancement of Science (AAAS) “for his dedication and successful efforts to increase the number of women and persons with disabilities with doctoral degrees in rehabilitation science.”

Rory A. Cooper, Ph.D., distinguished professor and FISA-Paralyzed Veterans of America Chair, Department of Rehabilitation Science and Technology, SHRS, will receive the prize at a ceremony on Friday, Feb. 17, in Vancouver, Canada, at the AAAS annual meeting.

According to AAAS, the Mentor Award was established by its Board of Directors in 1996 and “honors

AAAS members who have mentored significant numbers of underrepresented students (women, minorities, and persons with disabilities) towards a Ph.D. degree in the sciences, as well as scholarship, activism, and community building on behalf of underrepresented groups in science, technology, engineering, and mathematics fields. The award is directed towards individuals in the mid-stage of their careers, defined by roughly 25 years or less of mentoring experience. It includes a monetary prize of \$5,000, a commemorative plaque, and complimentary registration to the AAAS Annual Meeting.”

“I am honored to be recognized by this prestigious organization,” Dr. Cooper said. “I strongly believe that we need to support the efforts of students who want to learn about and contribute to rehabilitation science, particularly those who have personal knowledge of the needs of people with disabilities.”

He is the director of the Human Engineering Research Laboratories at Pitt and the Rehabilitation Research and Development Service of the U.S. Department of Veterans Affairs, where he and his colleagues conduct clinical research and explore rehab strategies using advanced engineering techniques with the aim of improving mobility and function for people with disabilities.

“The selection committee was impressed by Dr. Cooper’s ability to create a working environment where every person’s talents, skill and contributions are recognized and valued,” said Yolanda S. George, deputy director of Education and Human Resources at AAAS. “He also has a strong track record as a community-builder through his involvement with a broad array of civic organizations.”

Dr. Cooper, a U.S. Army veteran who sustained a spinal cord injury, has mentored 18 American doctoral students from underrepresented groups in science, technology, engineering and mathematics (STEM), including 13 women and nine individuals with disabilities. Overall, he has mentored 100 undergraduate students, 69 Master’s degree students, 39 Ph.D. students, and 17 postdoctoral students, 50 percent of whom have come from underrepresented groups in STEM. He is active with Easter Seals, United Cerebral Palsy, Paralyzed Veterans of America, Veterans Leadership Program, Three Rivers Center for Independent Living, and the Boy Scouts of America.

He has published more than 250 peer-reviewed journal articles on wheelchair design and biomechanics, has authored two textbooks, and is the editor of the medical journal *Assistive Technology*.

Dr. Cooper received his bachelor’s and master’s degrees in electrical engineering from the California Polytechnic State University in San Luis Obispo, and completed his doctoral degree at the University of California, Santa Barbara. He has been a recipient of 18 exceptional honors in the past two years, including the Distinguished Public Service Award from the Department of the Army, Outstanding Researcher Award from the VA Pittsburgh Healthcare System in 2010; the Community Hero Award from United Cerebral Palsy of Allegheny County in 2009; and the Veteran of the Year Award from the Veterans Leadership Program in 2009. Most recently, he has been heavily involved in the organization of the 2011 National Veterans Wheelchair Games.

For more information, visit www.shrs.pitt.edu. †

HONOR ROLL

PNC and Komen Pittsburgh Affiliate Presents Community Caring Award to Rebecca Whitlinger of the Cancer Caring Center



Rebecca Whitlinger

The PNC Financial Services Group, Inc., in cooperation with the Pittsburgh Affiliate of Susan G. Komen for the Cure®, presented the 13th annual Community Caring Award to **Rebecca Whitlinger**, executive director of the Cancer Caring Center. Jim Rohr, chairman and CEO of PNC, will present the award to Whitlinger at the 20th Annual Pittsburgh Race for the Cure on Sunday, May 13, in Schenley Park in Oakland.

Whitlinger has been with the Cancer Caring Center for the past 18 years. She and her team coordinate professional counseling sessions, support groups and complementary therapies for cancer survivors and co-survivors of all ages, and all services are provided free of charge. “Cancer affects everyone, and it affects us all differently,”

Whitlinger says. “At the Cancer Caring Center, we’re continually working to develop initiatives that meet the needs of everyone we serve. You don’t have to confront cancer alone.”

According to Kathy Purcell, executive director of the Komen Pittsburgh Affiliate, Whitlinger is a worthy recipient of the honor. “Helping people with cancer isn’t simply an occupation for Rebecca; it is her passion. Whether she’s out in the community helping survivors or interacting with patient care professionals, Rebecca begins her work from a position of respect. She truly values the expertise and opinions of others. As a result, she makes people believe in the power of possibility.”

Whitlinger is a graduate of the University of Pittsburgh and a resident of the Blackridge area of Pittsburgh.

For more information, visit www.komenpittsburgh.org. †

ACMH Pulmonary Rehab Celebrates Group Completing Program

On Thursday, May 10, ACMH Hospital celebrated the first group of patients to complete its pulmonary rehab program. ACMH Pulmonary Rehab helps patients to better manage chronic lung disease and improve their quality of life, while having fun at the same time. The key to the program’s success is the Individual Treatment Plan (ITP). This plan includes exercise, education, nutrition and emotional support, and is personalized for each patient.

“We are proud to have these individuals complete the program tailored to their needs,” said Mona Rupert, Vice President of Clinical Services. “To see the camaraderie developed among the patients and the rapport with the staff, Debbie Smith, RRT and Dan Hetrick, RRT is rewarding.”

For more information, visit www.acmh.org. †



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Conemaugh Memorial Medical Center Clinical Pharmacist Honored by University



Nancy Keefer

Clinical Pharmacist, **Nancy Keefer, PharmD, BCPS** of Conemaugh Memorial Medical Center has been named Preceptor of the Year by the University of Pittsburgh School of Pharmacy.

Fourth year Pharmacy student, Laura Muchesko, nominated Dr. Keefer who will be presented with an engraved plaque at the School of Pharmacy Graduation and Hooding ceremony on Sunday, April 29 at the Westin Convention Center.

The Preceptor award is presented annually to one faculty member and one non-faculty member at the University. To be eligible for the award, a preceptor must be nominated by a student via a written statement supporting the nomination. An Awards Committee composed of faculty and staff reviews nomination letters and chooses the

recipients.

Dr. Keefer graduated from the University of Pittsburgh School of Pharmacy and completed a one-year pharmacy residency at Conemaugh Memorial, where she then accepted the position of Clinical Pharmacist with the Acute Pain Service. Her position at Memorial includes working with students from various pharmacy schools and the pharmacy residents at Memorial during clinical rotations.

For more information, visit www.conemaugh.org. †

HONOR ROLL

Attorney Lee Kim Voted In as New ACBA Health Law Section Officer



Lee Kim

Lee Kim, an attorney in Tucker Arensberg's Health Care Law and Intellectual Property practices was elected to an officer position on the ACBA Health Law Section. Lee has become a national speaker on Electronic Health Records (EHR) licensing, service contracts, contract negotiation, HIPAA Privacy and Security Rule and HITECH Act compliance, audits, and training.

Lee will serve a three year term.

Tucker Arensberg is a 78-attorney law firm headquartered in Pittsburgh with an office in Harrisburg. The firm concentrates in general business law practice, banking, insolvency and creditors' rights, estates and trusts, health care, litigation, mergers and acquisitions, technology

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Altoona Regional Employees Retire



Charlotte Deeters

Charlotte Deeters, Environmental Services assistant, retired April 6 with 40 years of service to Altoona Regional Health System. She was hired in 1971 as a nurse's aide in the Pediatrics unit of Mercy Hospital, where she worked for 12 years. When the nurse's aide positions were eliminated, she switched to the Housekeeping department. When nurse's aide positions were restored, Deeters returned to the medical-surgical floor and then to the Physical Therapy department. She spent her final four years in Environment of Care.

Altoona Regional Health System employee **Victoria Bice**, a unit secretary on the Surgical Progressive Care Unit (SPCU), retired April 17 with 42 ½ years of service. Bice was hired in August 1969 as a nurse's aide in Maternity. She served in that position for many years in several patient care areas. About 17 years ago she transferred to Tower 10 and became a ward secretary after completing special training through the hospital. She has been the evening unit secretary on SPCU for 11 years.

Linda Nearhoof, a licensed practical nurse in the Medical Progressive Care Unit at the Altoona Hospital Campus of Altoona Regional Health System, retired March 1 with 32 years of service. She lives in Altoona.

Ginny Dively of Imler, a crisis counselor with Altoona Regional Behavioral Health Services, retired Feb. 29 with 38 years of service. Dively was hired by Altoona Hospital Mental Health Center in 1973 as a psychiatric aide on the inpatient unit. She became a crisis counselor in 1976.

As a crisis counselor, Dively's responsibilities included talking to people with mental health issues on a community crisis phone or face-to-face in the crisis center at the Altoona Hospital Campus. She facilitated admissions to



Victoria Bice

HONOR ROLL



Linda Nearhoof

the inpatient mental health unit. Dively served as a human service coordinator in the school setting to Claysburg-Kimmel and Bellwood Area elementary schools by providing emotional support to students. Dively also was available to local police to do mobile outreach in emergency situations. In 1995, Dively received the "Gift of Time" Tribute Award while serving students at Claysburg-Kimmel Elementary. This state award honored "those who make a difference." The student who nominated Ginny Dively should get the award because she helps a lot of people by talking to them and helps get them through really rough times."

Carl D. Hoover, cash receipts analyst, in the Patient Financial Services department of Altoona Regional Health System, retired April 6 with 39 years of service. Hoover was hired by Mercy Hospital in July 1973 as a business office clerk in the Business Office. He held various positions in the Business Office over the years including second-shift supervisor, first-shift supervisor and Business Office and switchboard supervisor. Hoover resides in Altoona.

For more information, visit www.altoonaregional.org.



Ginny Dively



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Center for Organ Recovery & Education Congratulates Recipient of 2012 Tribute to Excellence Award

The Center for Organ Recovery & Education (CORE), a federally designated not-for-profit organ procurement organization (OPO) serving Pennsylvania, West Virginia, and parts of New York, recognized Allegheny County Chief Medical Examiner Karl E. Williams as a recipient of the 2012 Tribute to Excellence Awards, which is presented by the American Liver Association's Pittsburgh chapter. Following CORE's nomination, Williams was recognized alongside the other award recipients at the annual awards ceremony luncheon on Friday, March 2 at the Fairmont Pittsburgh for his commitment to going above and beyond in the fight against liver disease.

In his five years as chief medical examiner, Williams has worked to educate transplant surgeons on preserving evidence while still allowing organ donation to take place. CORE's work with the Allegheny County medical examiner's office has served as a model for the collaboration between medical fields that range from organ procurement organizations, donor hospitals, transplant centers and medical examiners.

Nationally, more than 110,000 people are awaiting an organ transplant. At least 18 will die each day without receiving one, including two from CORE's service area. For every person who donates their organs, tissues and corneas, up to 50 lives can be saved or dramatically improved.

For more information about CORE, visit www.core.org or call 1-800-DONORS-7.

Family House Honors Hadassah Greater Pittsburgh with Arleen Lhormer Volunteer Recognition Award

Last month, Hadassah of Greater Pittsburgh was recognized and awarded for their exceptional monthly volunteer service to Family House. The women of Hadassah Greater Pittsburgh are living demonstrations of their mission and values as evidenced by their active participation in buying and preparing meals for Family House guests.

Each month a Hadassah group plans a meal for one of the Family House homes which entails planning, preparing and cooking for a minimum of forty guests and upwards to seventy or more. Family House was most grateful to Hadassah for their spirit of generosity and was proud to present these women with the Arleen Lhormer Volunteer Recognition Award. †



Carmel Group of Hadassah left to right: Annette Felser, Nessa Berlin, Charlotte Helfer, Zandra Goldberg, and Patti Schneider

HONOR ROLL

Like Mother like Daughter; Conemaugh Volunteer Follows in Her Mother's Footsteps



Shirley Williams

For Shirley Williams, a Johnstown native and Conemaugh volunteer, giving back to patients is in her blood. "My mom loved this hospital; it was her life," says Williams, of her mother, Georgia Schrader, a long time volunteer who passed away in 1995.

Williams, who has been volunteering at Conemaugh Memorial Medical Center since 2001, recently achieved a prominent milestone—reaching 15,000 volunteer service hours, a recognition shared by just two other volunteers in Conemaugh's history—one of those being Shirley's mother. "Mom was at Conemaugh as a nurse starting in 1929, until the day she turned 65 and retired," says Williams. "She came back the very next day to sign up to volunteer and served for 27 years. When I talked about coming to volunteer with her before she passed away, she told me, "If you're going to go there and volunteer, you do it right or don't do it at all".

And Shirley has done it right. Last week, during National Volunteer Week, Williams' name was mounted just under her mother's on the volunteer recognition plaque in the Main Entrance of the hospital, a distinction Williams still finds hard to imagine. "I don't believe it," chuckles Williams. "I love people, and I love helping the patients, but I really wanted to get up there and do it for her."

"Shirley has such a caring heart," says Rose Selfridge, Volunteer Coordinator, Conemaugh Memorial Medical Center. "She is so dedicated to our staff, our patients, and their families. Customer service is always her top priority."

A recipient of a Gold Star Award and numerous Customer Service Awards at Conemaugh, Williams attributes her commitment to volunteering to the advice and example of her mother, who in Shirley's eyes, truly did "know best". "My mom was my mentor, and I couldn't have asked for a better one," says Williams. "She always told me, 'don't ask other people to do for you; you do for other people.'"

For more information, visit www.conemaugh.org. †



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HONOR ROLL

Around the Region

Saint Vincent Celebrates Doctors Day 2012

Saint Vincent Health System celebrated Doctors Day during the week of April 2, highlighted by a medical staff luncheon honoring Paul Gmuer, MD, on April 3.

Dr. Gmuer, a gastroenterologist, recently celebrated his retirement in 2011 after serving on the Saint Vincent Medical Staff for 27 years and practicing at Digestive Diseases of NW PA.

After earning his undergraduate degree from Fordham University in New York and his medical degree from SUNY Brooklyn, Dr. Gmuer completed his internal medicine residency at Saint Vincent Hospital in Worcester, Mass., and his gastroenterology training at the University of Massachusetts.

Throughout his career at Saint Vincent, Dr. Gmuer served for a number of years as the Chief of Gastroenterology. He also received many accolades from the Saint Vincent Family Medicine Residency program for teaching and guiding its residents.

He has been a member of the Pennsylvania and Erie County Medical societies, American Society for Gastrointestinal Endoscopy (ASGE), American College of Gastroenterology (ACG) and the American Gastroenterological Association (AGA).

Above all, Dr. Gmuer is known for his compassion. His colleagues report that, in private practice, he often performed in-office services at minimal or no cost for patients who could not afford to pay. Dr. Gmuer and his fellow partners were always very generous with members of their staff and the Saint Vincent Health Center staff. On several occasions, he and his partners would meet to discuss those in need and help them financially. He personally contributed financially to the education of staff members' children. Even in his own family, his compassion shined. He and his wife, Barbara, became guardians and raised their young nieces when the girls' parents passed away.

Dr. Gmuer often attended morning mass before work. His spiritual life clearly had a meaningful influence on both his personal and professional life. His actions, in every arena, have truly brought to life the Saint Vincent motto, "we know how to treat people."

"Dr. Gmuer is an outstanding, compassionate and highly skilled gastroenterologist – always caring and ethical," said Zdzislaw Chorazy, MD, president of the Saint Vincent Medical Staff. "He provided many years of invaluable service to Saint Vincent, and we are thankful for his humanity, generosity and professionalism."

In honor of Dr. Gmuer on this Saint Vincent Doctors Day, Saint Vincent Health System is making a \$1,000 contribution to his charity of choice – the Emmaus Soup Kitchen.

"I have most enjoyed taking care of patients with acute or chronic illnesses and seeing them get better. I would try to put myself in their position because I think they often suffer more than people realize," said Dr. Gmuer when asked about what he found most satisfying about his career as a physician. "I also enjoyed working with the nurses in the hospital, in the GI lab and the secretaries because the people at Saint Vincent are so dedicated to their patients. I just had surgery at Saint Vincent, and it was a delight being here as a patient." †



(l-r): Zdzislaw Chorazy, MD, President, Saint Vincent Medical Staff; Barbara Gmuer; Paul Gmuer, MD; Richard Cogley, MD, Chief Medical Officer, Saint Vincent Health System; Tom Fucci, Chief Operating Officer, Saint Vincent Health System

ACMH Hospital Receives Awards for Marketing Excellence

ACMH Hospital has been honored for healthcare marketing excellence in the 2012 Aster Awards Competition. The hospital recently received a Gold and Bronze award in this year's competition for their creative marketing work.

The Aster Awards, one of the largest national competitions of its kind, is hosted by Marketing Healthcare Today Magazine and Creative Images, Inc. This elite program recognizes outstanding healthcare professionals for excellence in their advertising/marketing efforts.

The 2012 Aster Awards received nearly 3,000 entries from across the United States as well as Canada and South America. Awards were issued for entries that received top marks from the judges, placing them in the top 16% of the nation for advertising excellence. Judging criteria includes creativity, layout and design, functionality, message effectiveness, production quality and overall appeal.

Two ACMH entries garnered the attention of the judges at this year's Aster Awards competition. In the category of brochure advertising, ACMH won the BRONZE award for its multiple page brochure entitled "Always Here... Always Caring." This informative promotional vehicle contains not only marketing information on hospital services, but also a directory and a versatile folder component which allows various departments within the organization an option for customization. The logo design and coordinated letterhead system designed for Elegant Solutions Medical Spa earned ACMH its first-ever GOLD award in the Aster Awards competition. Gold awards represent a score of 95-99% (top 5% in the nation).

Marketing Coordinator Tim Lehner and Marketing Outreach Specialist Charley Smith work under the direction of Anne Remaley, Vice-President of Human Resources, on these and other marketing projects at ACMH Hospital.

All winners are posted on the Aster Awards website (www.AsterAwards.com), as well as published in Marketing Healthcare Today, a national healthcare marketing magazine.

Additional information on ACMH Hospital can be found at www.acmh.org. †

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Organ Recipient, Donor Raise Flag

Southwest Regional Medical Center in collaboration with (CORE) Center for Organ Recovery and Education, recently raised The Donate Life flag in support of the Flags Across America initiative. The ceremony symbolizes the need to educate Americans about donation and the need for more designated donors.

This year's honorees were Danielle Komacko and her mother, Debi Chulick, both of Clarksville. Komacko received a kidney from her mother in September of 2002 after being diagnosed with end stage renal failure. At the time of surgery, Komacko was receiving dialysis three days a week. After much testing and waiting, it was determined that her mom was a match and able to donate one of her healthy kidneys to her daughter.

"The minute I knew I was a match I did not hesitate at all. I was ready to go," shared Chulick. "I didn't care how they got it out of me, laparoscopic, traditional surgery or with a can-opener; all I cared about was that I could save my daughter's life."

Since the transplant, both have been doing very well. They must have regular blood work, but otherwise they are living normal lives.

"Without my mom being a living donor, I may not be where I am today," expressed Komacko. "The gift of life is priceless! I feel very blessed and I am very thankful for the gift I received from my mom. She is my hero."

Nationally, over 113,000 people are awaiting an organ transplant; with approximately 18 to 20 dying each day.

The first step is to sign up to be donor designated by saying yes to donation on your driver's license. With your support we can challenge this great need one donor at a time. There is no age limit to be an organ donor and each potential donor is evaluated on a case-by-case basis. Very few illnesses prevent someone from being a donor. Though someone may not be able to donate blood, it does not always prevent the individual from donating organs and tissue.

To learn more about organ donation visit www.core.org.



From left, Renee and Eric Basiorka, mother and brother of Addison; Tim Basiorka, father of Addison; Addison Basiorka, heart transplant recipient; Morgan Yoney, double lung and liver transplant recipient; Danielle Komacko, kidney transplant recipient and Debi Chulick, kidney transplant donor

Around the Region

West Penn Allegheny Health System Department of OB/GYN Offers Parents-to-Be New Non-Invasive Test to Detect Fetal Abnormalities

A simple blood test that rules out certain fetal abnormalities, reassuring anxious parents-to-be without invasive methods such as amniocentesis or CVS (chorionic villus sampling), is now being offered by physicians at West Penn Allegheny Health System (WPAHS).

The MaterniT21 Plus test, developed by Sequenom, detects with near-100 percent accuracy pregnancies affected with Trisomy 21 (Down syndrome.)

MaterniT21 is appropriate for mothers-to-be age 35 years or older, those at increased risk of Trisomy 21 as shown by a first or second trimester screen, those with a family history of Down syndrome, and also when fetal abnormalities are seen on an ultrasound. In the United States, there are an estimated 750,000 such high-risk pregnancies each year.

"In the past, patients were offered amniocentesis or CVS for these indications, but many declined due to fear of complications associated with these diagnostic tests," said Christann Jackson, MD, Director of Reproductive Genetics at WPAHS. "This test provides another option before going directly to invasive testing."

"This is a very exciting time in prenatal genetics, as we will be able to provide reassuring results to very anxious patients without risking pregnancy loss," Dr. Jackson said.

Down syndrome is a genetic condition marked by mental and physical development delays and decreased life expectancy. The risk of having a child with Down syndrome increases with the mother's age, though other factors also play a role.

The MaterniT21 test can be performed starting at 10 weeks gestation, and will be offered as one of several options after genetic counseling. It uses a sample of the mother's blood to test for Trisomy 21, and is a more direct fetal screen than previous similar blood tests.

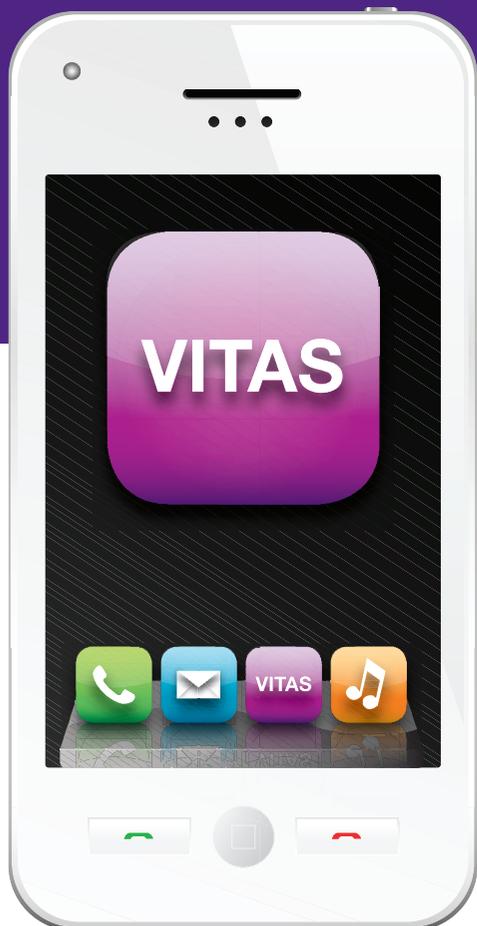
It can also detect Trisomy 18 and 13, which cause severe intellectual and physical disabilities.

If the MaterniT21 test is positive for any of these genetic markers, further diagnostic testing will be offered to confirm the results. Routine first and second trimester screening remains the standard of care for patients who are not at high risk.

"With MaterniT21, we can provide our patients with critical information earlier than ever before, and for most patients, provide information that will ease their fears," Dr. Jackson said.

For more information, visit www.wpahs.org.

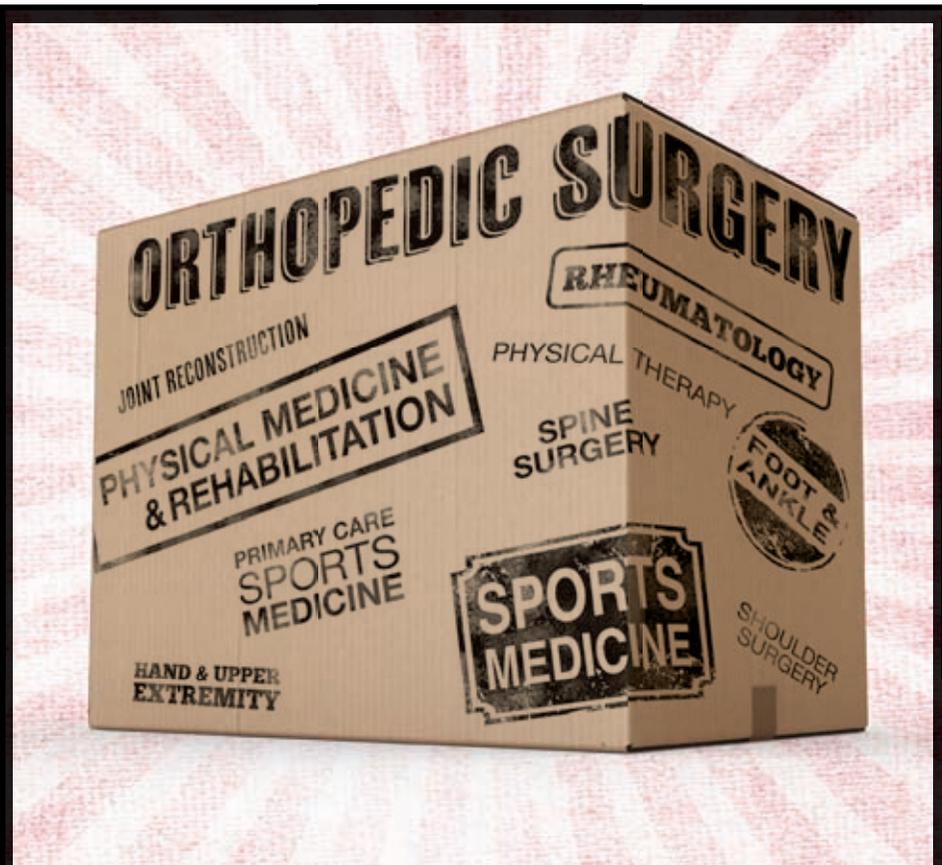
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Around the Region

Somnia Anesthesia Introduces First Web-Based App for Anesthesia Services

Somnia Anesthesia, a leading national anesthesia practice management company, has announced the release of a web-based application that allows hospital executives a mobile tool for evaluating their facility's anesthesia services in four critical areas -- leadership, financial management, quality improvement, and clinical services.

The app is the first of its kind for the anesthesia services industry, offering hospital administrators a comprehensive yet simple tool that grades the productivity and efficacy of their current anesthesia service provider based on a series of twenty questions in the four areas. Percentages are computed from a 1-5 scale response for each question, ranging from poor to excellent. At the conclusion, a score is provided along with recommended next steps for improvement, if applicable.

"The importance of anesthesia services evaluation cannot be understated; anesthesia is the heart of the OR and the OR is the heart of the hospital. Without an efficient, high-quality anesthesia service provider, a hospital's clinical and financial standing suffers," says Marc Koch, MD, MBA, CEO and president of Somnia Anesthesia. "The application gives hospital decision-makers a quick tool to utilize to measure the effectiveness of their anesthesia department. We're delighted to offer this service to the hospital management and believe that many will find the application highly useful and helpful as they seek to remain competitive in the evolving healthcare environment."

To evaluate your current anesthesia department, access www.somniaevaluation.com using your mobile device to begin the process. For additional resources on anesthesia services evaluation go to www.somniainc.com/anesthesiaevaluation.

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New Esmark Headquarters Building to Include Heritage Valley Health System Medical Mall

Nearly nine months before its scheduled completion, space in the \$9-million, 40,000-square-foot, state-of-the-art Esmark global headquarters building has now been fully committed.

Heritage Valley Health System, a frequent partner in a variety of community activities with Esmark, plans to establish a medical mall to be called "Heritage Valley Edgeworth" at the Esmark building. A "medical mall" is a one-stop shopping concept and design that provides patients with the convenience of accessing primary care, as well as ambulatory and diagnostic services in one easy to access community location.

"We are thrilled to team up with Heritage Valley once again to bring this prestigious development to our community," said James P. Bouchard, founder, CEO and Chairman of Esmark. "The growth and expanded services provided by Heritage Valley Health System have achieved national recognition."

According to Norm Mitry, President and CEO of Heritage Valley Health System, the new Heritage Valley Edgeworth medical mall will allow community members the opportunity to address their healthcare needs in one convenient, modern setting.

Heritage Valley plans to include at the location primary care physicians, outpatient rehabilitation, a laboratory draw site and diagnostic services. In addition, the location will include the seventh Heritage Valley ConvenientCare location, a walk-in clinic, open seven days a week with extended hours, providing treatment for minor illness and injuries by a staff of Certified Registered Nurse Practitioners.

For more information, visit www.heritagevalley.org.

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Mount Aloysius To Create New Regional Venue

The Southern Allegheny Mountains will soon have a new multi-purpose venue. Officials at Mount Aloysius College broke ground today on a new facility called the Athletic Convocation and Wellness Center. Situated on the western edge of the 193-acre campus, the 87,350 square foot building is expected to be completed in mid 2014 at a cost of \$25 million. Mount Aloysius College will complete construction with philanthropic support.

Mount Aloysius President Tom Foley applauded past planners whose strategic vision gave life and momentum to the project. "Former President Sr. Mary Ann Dillon and the Board of Trustees saw and understood how much the College and this region needs this facility," he said. "We stand on their shoulders today as we break ground for our Athletic Convocation and Wellness Center. Years from now when our sons and daughters come here to watch a basketball or volleyball game, or to see a concert or take a yoga class, perhaps they will see a picture of us on this day and understand that we were thinking of them this very afternoon. Each of us understands that what we do today is for the future and I thank you all for sharing this historic Mount Aloysius moment with us."

In outlining the overall rationale for the new venue, President Foley noted that the need for the new venue is really three-fold. "First," he said, "Mount Aloysius athletes routinely compete with schools that have superior facilities and equipment to ours. Any Mountie athlete will concur. This facility begins to even the playing field and offers advantages that our athletes deserve. Second," he said, "our health sciences and nursing programs have outstanding regional reputations. We want our students to have the same access to activities like resistance training, aerobics, yoga, Pilates and other kinds of workouts that offer the health benefits that we promote and teach. And third," added President Foley, "Mount Aloysius College was founded on the Mercy values of hospitality and inclusion. Offering this facility to our region for conferences, high school playoffs, summer camps, fairs and other activities is the responsible action for the College as a good neighbor to this wonderful Southern Allegheny Region."

Mount Aloysius Board of Trustees Chairman Dan Rullo, Esq. thanked participants for being part of the event. "Mount Aloysius College is an expansive and inviting place with a rich history deeply intermingled with the culture of the Southern Allegheny Mountains. As we join here today," he said, "we invite our neighbors and friends to come and be part of this campus. We recognize that this fine facility will not be only for the College but that it reaches out to engage, inviting our neighbors in."

In anticipation of the project, much below-grade work on the infrastructure of the building has been completed. The building will face Admiral Peary Highway and include additional parking for special events. A circling corridor inside will wrap around the central arena feature of the building. There will be ample space for a wellness center and modest office space for Mountie athletic staff. Fully handicapped accessible, the building will feature ramps as well as stairs. Wherever possible, energy saving "green" technology will be

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used to conserve power usage. The main arena will hold retractable stadium seating for 1350.

Additional seating, as needed, can be added to the floor area for concerts, graduations and presentations. State-of-the-art digital electronics will maximize sound and viewing throughout the 87,350 square foot facility. Prominent on the front patio of the facility will be the new Mountie bronze statue recently donated to the College by Michael and Astride McLanahan of Hollidaysburg, Pa. Mr. McLanahan serves on the College's Board of Trustees.

Other amenities scheduled for the facility include men's and women's lockers, training and equipment rooms and offices, drop-down batting cages and multi-purpose areas for tennis and soccer allowing bad weather training. The building will also include full-circuit nautilus, free-weights, ellipticals, tread mills and television monitors. College officials also noted that the new facility will offer state-of-the-art convention and classroom space with multi-use meeting rooms and offices.

For more information, visit www.mtaloy.edu. ↑



Breaking ground, marking the official start of construction of the nearly 90,000 square foot Mount Aloysius Athletic Convocation and Wellness Center are, from left: The Honorable David Klementik; Michael McLanahan, trustee; Philip Devorris, trustee; Thomas P. Foley, Mount Aloysius College president; Daniel Rullo, Esq., chairman, Mount Aloysius College Board of Trustees; Adele Kupchella, trustee; Sen. John Wozniak; Derek Walker, trustee; Sr. Nancy Donovan, RSM; Sr. Benedict Joseph Watters, RSM; Ann Benzel, trustee; Sr. Guiseppe DaBella, RSM and Sr. Eric Marie Setlock, RSM.



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Commitment to Quality Leads to a Western Pennsylvania Community-Based Care Transition/CMS Partnership

According to Medicare statistics, one-in-five patients discharged from the hospital are readmitted within 30 days. This is a statistic that the Centers for Medicare & Medicaid Services (CMS), along with several community organizations plan to change. In its continuing efforts to improve the quality and safety of care available to people with Medicare, CMS recently announced that the Western Pennsylvania Community-Based Care Transitions Program (WPA CCTP) would be joining 29 other organizations in the country participating in the Community-Based Care Transitions Program as part of the Affordable Care Act of 2010.

The WPA CCTP is comprised of the Southwestern PA Area Agency on Aging, Inc., and Westmoreland County Area Agency on Aging partnering with Canonsburg General Hospital—part of the West Penn Allegheny Health System, Excelsa Health Frick Hospital, Excelsa Health Latrobe Hospital, Excelsa Health Westmoreland Hospital, Monongahela Valley Hospital and The Washington Hospital.

As the Community Based Organization speaking on behalf of the partners in the Western Pennsylvania Community-Based Care Transitions Program, Leslie Grenfell, executive director of the Southwestern PA Area Agency on Aging said, “We are all very pleased to have the opportunity to be a part of this important initiative whose purpose is to enhance community care and patient outcomes. We have had previous success in providing transitions services and piloting readmission reduction and we are looking forward to expanding the program.”

Based on the accomplishments of a pilot program, in which the two Area Agencies on Aging, Monongahela Valley Hospital, Excelsa Health Westmoreland, Excelsa Health Latrobe and Excelsa Health Frick Hospitals successfully achieved a reduction in 30 day readmission rates, Westmoreland County Area Agency on Aging and Southwestern PA Area Agency on Aging submitted an application, which was approved, to expand the care transitions program to increase the number of Medicare beneficiaries served, to include The Washington Hospital and Canonsburg General Hospital, part of the West Penn Allegheny Health System.

Building upon their experience, the collaborative will support high-risk Medicare patients, following their discharge from the hospital, as they transition back to their

Around the Region

homes or to other care settings. The proposal was approved confirming the Western Pennsylvania Community-Based Care Transitions Program goals to: (1) improve quality of care, (2) reduce readmissions, (3) test sustainable funding streams for care transitions services, and (4) demonstrate measurable savings to Medicare through reduced acute care hospital readmissions among Medicare fee for service beneficiaries at high risk of readmission.

In total, CMS’ announcement will support more than 126 hospitals and help more than 223,000 Medicare beneficiaries in 19 states across the country. †



Western PA Community Coalition Care Transitions Team members: (seated left to right)—Naomi Hauser, RN, MPA, CLNC, Director Care Transitions Project, Quality Insights of Pennsylvania; Holly D’Amico, RN, BSN, CPHM, CCM, Director, Medical Resources, Excelsa Health-Frick/Latrobe/Westmoreland; Pamela S. Cummings, RN, MBA, CCM, Director Case Management/Outpatient Observation Unit, Diabetes Education and Management Program, The Washington Hospital; Ray DuCoeur, MA, Administrator, Westmoreland County Area Agency on Aging (standing left to right)—Deborah Morris, RHIA, Director, Quality Services, Canonsburg General Hospital; Donna Ramusivich, RHIA, CPHQ, FACHE, MHMS, Senior Vice-President, Monongahela Valley Hospital; Denise Abraham, Health Information Exchange Coordinator, The Washington Hospital; Donna Anderson, Ph.D, RN, CCP, Integrated Care for Populations and Communities Project Director, Western Pennsylvania Region, Quality Insights of Pennsylvania; and Leslie Grenfell, MPA, Executive Director, Southwestern PA Area Agency on Aging.

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Mad Hot Ballroom Pittsburgh

June 10, 5-9 p.m.
 The Westin Convention Center (Downtown Pittsburgh)
 Purchase tickets at www.pmhs.org/events or call 724-934-3538.

Ohio Valley General Hospital's 27th Annual Golf Fundrive

June 11
 Allegheny Country Club in Sewickley
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 Finding Your GPS: Goals, Passion & Support
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 June 25, 6:15-7:45 p.m.
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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.

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1004 Arch Street Pittsburgh, PA 15212

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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. Bruce W. Dixon, MD, Director.

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