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Inside ...

Human Resource Compliance Pays

By Anita M. Gavett, PHR

In addition to allowing medical practices to focus on patient health, the investment in effective management of human resources will keep your practice compliance healthy and prevent potentially costly litigation in the future. Particularly in today's economic climate, employees are more likely to sue an employer for adverse employment actions. Ensuring that your practice and leadership team are compliant and effective with HR systems is paramount in protecting your practice and improving productivity of your greatest asset, your employees.

What are the risks of ineffective and noncompliant HR systems?

The financial impact of improperly managing employee relations or staffing issues can be immense. Retaliation claims are one of the most common discrimination claims and are on the rise. In addition, responding to even one wrongful discharge claim can cost your practice thousands of dollars in attorney fees and your staff's time.

If the charge or complaint goes to trial, even if you win the case, it will cost your practice several thousand dollars. If you lose, you could be looking at *several hundred thousand dollars* in settlements, compensatory damages for pain and suffering, punitive damages, attorney fees, and back pay and benefits. In addition, your practice's reputation could be a risk if there is negative publicity.

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Physician Leadership Coaching – A Case Study

By Carolyn Maue

A survey by Cejka Executive Search found that 68% of physician executives reported that they continue to practice medicine, with 42% maintaining clinical hours as a requirement for the position. Like executives in a variety of industries, physician leaders in the executive suite, and as well as at the department head, chief, and director levels, are challenged with a wide spectrum of responsibilities, trying to "do more with less" in their roles and leading through everyday challenges, while meeting ever increasing business goals. Physician leaders are challenged to take on even more responsibility, keep key staff engaged, and increase capacity in direct reports, all at a rate that appears to be increasing exponentially.

Executive leadership development coaching is an answer that an increasing number of physician leaders are utilizing to assist them in making these important shifts, by building strategic skills, increasing effective communication at all levels, and engaging their direct reports and staff members in increasingly effective ways.

Whether it's individual or team executive coaching or a combination of both, executive coaches familiar with the unique issues faced by physician leaders, provide leaders with the right tools to get the job done in an effective, "positive-thinking" style.

The June issue of the Harvard Business Review includes the article by Michael D. Watkins, "How Managers Become Leaders: The seven seismic shifts of perspective and responsibility" are the fundamental challenges of many physician leaders when moving to an enterprise level. Executive coaching can help the physician leader move from:

Specialist to generalist –understand the mental models, tools and terms used in key business functions

- Analyst to integrator – utilize cross-functional teams to solve complex organizational problems

See **LEADERSHIP** On **Page 4**

New Survey Finds Digital Gap Still Exists Despite Social Media Usage Growth

By Daniel Casciato

A recent survey conducted by the marketing firm, InSites Consulting, polled 1,222 managers and business owners from organizations with 20 or more employees in the United States, Great Britain, The Netherlands, Belgium, Germany, and France. One of its key findings was that a digital gap is growing in the corporate world. Companies which are already investing a lot will do so even more in future. Companies which are currently not investing in digital media are also not planning to do so. InSites' conclusion was that these companies need to engage with their target audiences in order not to miss out on them.

"Even though there is a clear digital evolution and pull among clients, there are still companies that are not convinced that they too have to go with the evolution," states Prof Steven Van Belleghem, partner at the research agency InSites Consulting.

He adds that the risk for these companies is that, in a rather short term, they will miss out on an important target group in their market. It is time for these companies to observe, facilitate and join these conversations through consumer consulting boards or social media observation techniques.

Other key conclusions of the study included:

- Eight out of ten American companies are present on Facebook, 45% on Twitter
- It's not just consumers who are making their presence known onto popular social network sites—an increasing number of companies also use it. In fact, 80% of the American companies use Facebook, 45% have a Twitter account, 48% are present on LinkedIn, and 31% use YouTube. These numbers show that American companies have evolved further in their social media usage compared to companies in Europe.
- 61% listen to conversations between consumers on social media
- Four out of ten American companies listen to what consumers say about them on social network sites. "Social media makes conversations between consumers very transparent. Companies can quite easily discover what people are saying about their products and services. An increasingly growing group is strongly interested—and with good reason—in this real-time feedback from the market," states Van Belleghem.

The survey found that U.S. companies are very successful in answering questions via social media as 83% of companies indicate they always deal with questions or complaints sent to them via social media. Still, only 54% of the companies in this survey also talk to and actively participate in online conversations with consumers.

High usage but low integration of social media

Finally, the survey showed that companies find it very important to be present on social network sites. However, this does not always mean their strategy in doing so is well thought-out. A mere 11% of the companies are integrating their social media approach into their overall corporate strategy while17% are currently mid-integration. More than 1 out of 4 (26%) of the American companies are not even doing anything on social media! The integration is at similar levels compared to the European status.

"A huge number of companies feel external pressure to be present on social media," says Van Belleghem. "Unfortunately this very often results in static corporate pages where nothing really happens. It too often leads to mere presence, not engagement with people. In doing so, companies create enthusiasm among their customers which in the end turns into disappointment."

For more information, visit www.insites-consulting.com.

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

Convenience and Binaural Hearing on the Phone

By Rich Filar

Phone conversations are more difficult than face to face conversations regardless of whether or not you have a hearing loss. For one thing, visual cues to speech are not available. In addition, the transmission frequency bandwidth for the telephone is limited to the range of 300-3000hz, eliminating useful acoustic information for identification of fricative sounds.

Additional variables such as quality of the connection, the individual telephone, and noise in both the speaker's and the listener's environment can make hearing on the phone even more challenging. Even individuals with relatively mild hearing losses may experience great difficulty in using both landline and cellular phones.

For hearing instrument users, acoustic feedback with any phone and radio interference with the hearing instruments from cellular phones can add to the frustration. Anticipated problems using the phone are also an obstacle to not acquiring hearing instruments. Market research indicates improved connectivity to cellular phones was the second most desired improvement in terms of wireless hearing instrument features.

The ReSound Unite Phone Clip is a tiny device that clips onto clothing and functions similar to a Bluetooth headset. When paired with a Bluetooth compatible cell phone, the user can answer and speak on the phone and turn the volume up and down. The Unite Phone Clip streams sound to both hearing instruments, a critical advantage in improving hearing on the phone. Speech recognition by hearing impaired individuals has been shown to improve markedly when listening binaurally versus monaurally.

For more information, visit www.gnresound.com.

LEADERSHIP From **Page 1**

- Tactician to strategist – perceive important patters in complex environments and influence the reactions of key external players
- Bricklayer to architect – understand how to analyze and design organizational systems
- Problem solver to agenda setter – define the problems the organization should focus on
- Warrior to diplomat – proactively shape the environment in which the business operates by influencing key external constituencies
- Supporting case member to lead role – exhibit the right behaviors as a role model for the organization

Recently I have been working with a physician leader who has been promoted to a leadership position in a fast-paced healthcare system. Typical of leaders in business today, he is pressed for time, under the gun to deliver more results, and continually must substantiate need for additional resources. He has a span of considerable responsibility – covering clinical operations, research, administration, entrepreneurial projects and teaching/mentoring of less experienced staff. In our 1:1 coaching, we initially worked on helping him become significantly more efficient. His goal is to respond to every call and email within 24 hours, as he wants to be a very responsive leader, so with hundreds of messages each day, that was a challenge! We clarified his strengths by using several standardized assessments, so that he could use his strengths as the basis for behavioral change. We realized that his methodical approach and interest and use of technology, as well as the endearing relationships he had with his support staff, all could be built upon to increase his organization and responsiveness considerably.

Quickly we moved into clarifying a vision for his organization – where does he see it going in the next few years and what are the top priorities? Where are the opportunities? It then became clear that he needed to be sure his senior management team was engaged and aligned with his vision and goals, so they could have more autonomy and responsibility. We worked on helping him build their skills in political acumen, increase capacity with their teams, and in ensuring accountability. He reports great strides over the four months we have been working together in coaching-greater responsiveness from his direct reports and staff, increased organizational skill, and a much more effective management team. The team is now all moving on the right direction, and focusing on the high priority deliverables that will help him achieve what's important to the enterprise and their future.

As complex organizational health systems and entities continue to build the capacity for the challenges and opportunities ahead, executive coaching can be an essential, effective and efficient method to assist physician leaders in making important and significant shifts in their leadership style and behavior, resulting in significant ROI to the organizations they lead.

Carolyn Maue is President of The Maue Center, which provides executive coaching and consulting in organizational effectiveness, strategic change management, and leadership development. She can be reached at Carolyn@mauecenter.com and on LinkedIn.

ALS Funding: Making the Best of a "Bad Break"

By Neil H. Alexander and Anne Lewis

"Today I consider myself the luckiest man on the face of this earth," Lou Gehrig told a sold-out crowd of 62,000 fans at Yankee Stadium on July 4th, 1939. "I might have been given a bad break, but I've got an awful lot to live for."

Few are alive today who heard the Iron Horse's moving words echo through the loudspeakers at Yankee Stadium, as he publicly acknowledged the disease that would soon claim his life. But baseball's most famous farewell—and the tragedy that inspired it—live on.

The malady that has come to bear Gehrig's name, Amyotrophic Lateral Sclerosis (ALS), is a progressive, fatal disease. Upon diagnosis, patients face the slow paralysis of their arms and legs, abdominal and back muscles and eventually lose the ability to swallow, eat, speak or even breathe. This wasting of the body, moreover, occurs without any effect on the brain's cognitive ability. That's why ALS is often described as "the glass coffin." Most patients die within two to five years; less than 10 percent survive their diagnosis by a decade.

Seventy-three years after Lou Gehrig's famous speech, there's still no cure for ALS, and treatment options are limited. Patients and their caregivers must rely upon expensive equipment and therapies to maintain their independence as their bodies waste away.

ALS has touched the authors' own lives in very painful ways. Neil was diagnosed with ALS a year ago this summer. Neil's diagnosis—like Lou Gehrig's—came at the prime of his life, as a husband and the father of two young children. Anne's stepson, James Mathew Lewis, survived only three years after his diagnosis, finally succumbing to ALS on April 30, 2004.

Although we can both testify in vivid detail to the tragedy that is ALS—a "bad break," in Lou Gehrig words—as businesspeople we're writing here to convey a more optimistic message: The economic case for ALS support in Pennsylvania. Because, while ALS can be devastating to those whose lives it touches (as we know all too well), we've also seen how even a modest government investment in specialized ALS care far outstrips the costs.

On average, 800 Pennsylvania residents suffer with ALS each year. The ALS Association provides patients and families with critical products and services: medical equipment, in-home care and certified ALS clinics that provide therapy for independent living. Because the majority of these recipients are unable to pay, services are provided free of charge. By limiting the Association's ability to provide such services through budget cuts, patients are forced to turn instead to state health agencies, which are typically ill-equipped for the job. Such false "savings" cost our state more money and resources than is reasonable.

Over the past few years, Pennsylvania taxpayers have learned that lesson the hard way.

In its FY2010-11 budget, the legislature allocated a modest amount to support the ALS Association. Those funds were used to provide adaptive equipment such as wheel chairs, home modifications such as wheel chair ramps, security-alert devices, in-home respite care that allows patients to stay in their homes and out of state assistance programs and support for clinic services that keep patients healthier for longer, thereby avoiding assisted-care facilities. Due to the urgent needs of patients and families, The ALS Association made use of every penny of that money, providing a net benefit of nearly $7.5 million dollars in savings to the state!

In FY2011-12 Pennsylvania eliminated all funding to the ALS Association. As a result, ALS patients have been forced to turn to a variety of state agencies to seek care, thereby costing the Commonwealth over seven million dollars because of the specialized services ALS patients require.

Representative Bryan Cutler has proposed a revenue neutral amendment to the state budget allocating $800,000 for ALS Patient Care throughout Pennsylvania. We urge our legislatures to vote for Bryan Cutler's amendment to the state budget as Governor Corbett and the state legislature take on the difficult task of passing the 2012-13 budget ahead of the June 30 deadline. Restoring funding for such services can save millions at a time when tax revenues and Federal funding are sharply constrained.

ALS is more than a "bad break" for patients and their families, but it doesn't have to be one for all Pennsylvanians.

Neil H. Alexander, JD, CFP, AIFA is director of HT Corporate Services at Hefren-Tillotson, Inc., a local financial planning and investment firm. Anne Lewis is board chair of Oxford Development Company.

Submissions? Story Ideas? News Tips? Suggestions?

Contact Daniel Casciato at
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How can I find out if my HR practices are compliant and effective?

One way to ensure that your practice's HR systems are effective and compliant is to conduct a Human Resources Audit. A HR Audit is a systematic, objective tool that assess regulatory and policy compliance in your practice to determine the effectiveness of your HR systems and those managing them. The auditor partners with your practice leadership team to review your practice's compliance and effectiveness in the following areas: recruitment/selection/hiring; employee relations; performance management; training and development; compensation and benefits administration; payroll; and workers' compensation and safety.

Most HR Audits processes include:

- Interviewing key staff
- Reviewing relevant documents
- Completing a comprehensive questionnaire
- Compiling data and preparing a customized written report
- Assembling specific recommendations to improve the efficiency and performance of your practice's HR functions.

The auditor will provide the practice with a comprehensive report comprised of data obtained from the audit. The report will serve as a guide to follow when implementing change and resolutions to any areas of concern. The report includes an overview of the practice's current HR status, specific outline of areas of concern, and a specific action plan to ensure HR effectiveness and compliance.

What are the benefits of a HR audit?

In addition to identifying and understanding potential HR system noncompliance, conducting a HR audit and implementing the game plan derived from the audit will benefit your medical practice in several ways. An audit will assist the practice in creating a HR business plan and identify ways to streamline HR work processes which will improve business operations. Most importantly, an audit can identify ways to increase employee satisfaction and retention, which will positively impact your patient care.

Utilize your leadership team to promote compliance

Trained supervisory staff will also help to ensure that your practice is compliant with human resources laws and regulations. Consequently, untrained supervisory staff can lead to noncompliant actions and potential claims that can cost your practice time and money.

A HR audit will also identify areas of training opportunity and best HR practices for your leadership and supervisory team. It is in the best interest of a medical practice to ensure that the supervisory team is trained on the the areas of opportunity (particularly those related to employment law) so that they can work together to ensure the chosen audit action plans are achieved.

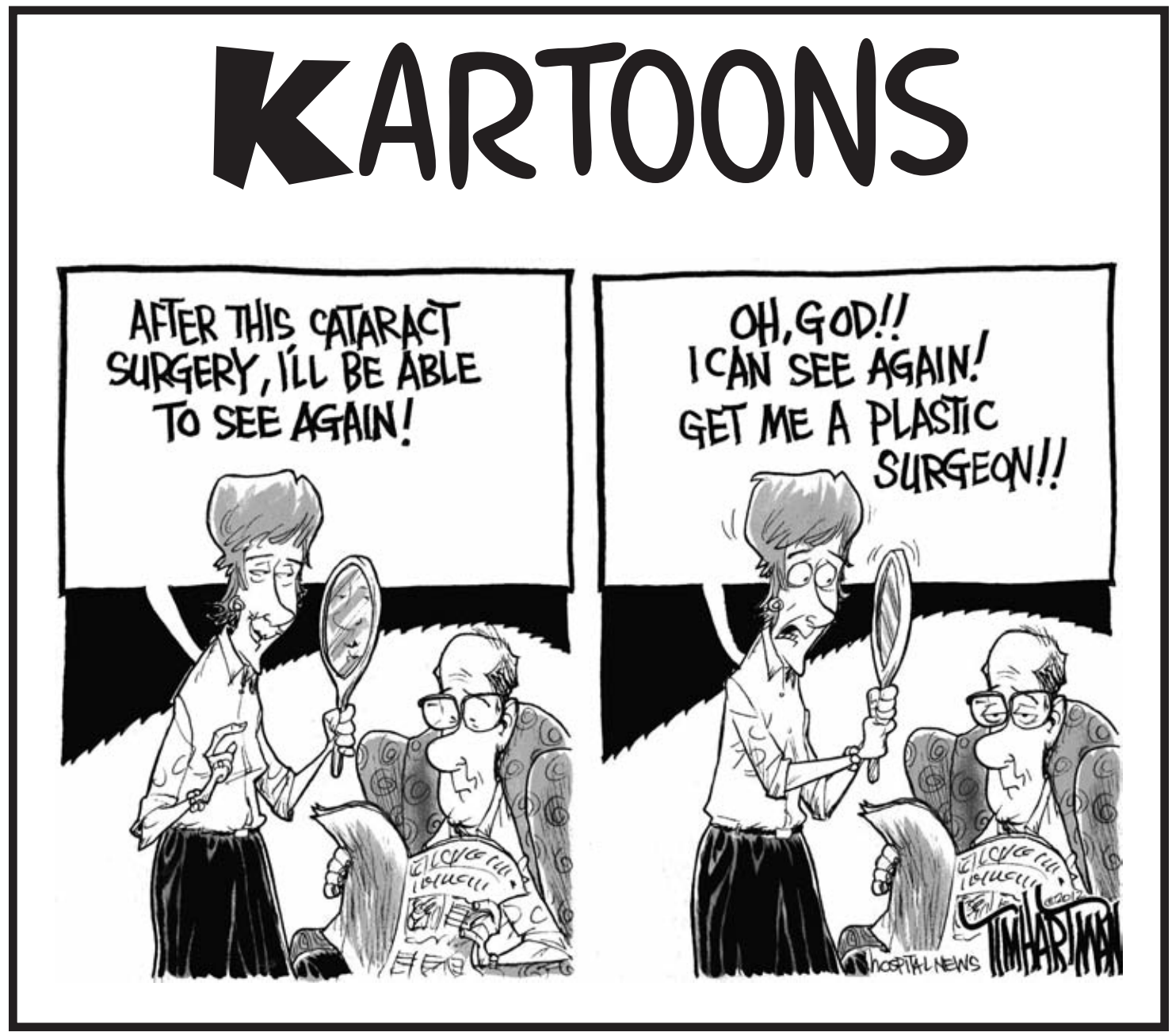
Ensuring that your supervisors are well trained will help them be in the best possible managerial shape and ready to lead both the administrative and clinical teams. Effective supervisory training can lead to improved employee morale and communication (both supervisory and subordinate), practice protection (against legal actions, disputes, or litigation), and effective and updated leadership skills and education of your leadership teams. Training will also provide your supervisors with opportunity for growth in their positions which will help the practice with succession planning goals.

When practices improve the performance and skills of supervisors they are improving the performance of everyone in the organization. Supervisors with proper training will be able to direct and lead the staff more effectively to help increase efficiency and make employees perform better and help keep your medical practice compliant and effective.

Schedule your check up today

Whether you conduct the audit yourself or utilize the services of a professional human resources consultant, keep in mind that a check up of your current HR practices will help nurse the unhealthy areas of your current systems and bring your medical practice back to health. Remember, an ounce of prevention is worth a pound of cure.

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



Duquesne Nursing Dean Zungolo to Retire

Dean of Nursing Eileen Zungolo, under whose leadership the Duquesne University School of Nursing has enjoyed unprecedented growth and achieved a number of noteworthy accomplishments, will retire on July 31, 2012.

During her decade-long deanship, the school has increased the number and quality of graduate and undergraduate students and expanded the nursing faculty, thereby enhancing the school's academic and clinical credentials in every nursing specialty area.

Zungolo also helped launch a community-based undergraduate curriculum, a curricular change that complements and strengthens the University's commitment to community service, and she helped the school create the online Doctor of Nursing Practice program. This new degree in nursing emphasizes practice and is offered along with the research-focused Ph.D. program. It was also during Zungolo's tenure that the School of Nursing established the Jacques Laval Endowed Chair in Justice for Vulnerable Populations and inaugurated the Rita M. McGinley Symposium, a national scholarly forum for addressing issues of social justice in health care.

This year, Zungolo is celebrating her 50th year as a nurse, and for more than four decades of that time, she has focused her talents and energies on nursing education.

Zungolo's early nursing experience was in urban, acute care health care settings, including a Veteran's Administration hospital in New York and a medical-surgical unit at Mt. Zion Hospital in San Francisco; pediatrics at Babies Hospital, Columbia Presbyterian, in New York City; and an intensive care unit at Lenox Hill Hospital in Manhattan, where an event took place that inspired her to become a nurse educator.

Zungolo saw a newly graduated nurse improperly performing a procedure and contaminating her patient. The junior nurse afterwards rationalized her carelessness by saying that the patient was soon to die regardless of what she did. Shocked at abject callousness in one so young, Zungolo knew at that moment that she had to be an educator.

She earned graduate degrees in nursing education from Columbia University and, after a period as associate dean at Downstate Medical Center in Brooklyn, became chair of the nursing department at Idaho State University in Pocatello. After that, she was associate dean of nursing at the University of Illinois in Chicago and nursing dean at Northeastern University in Boston.

At Northeastern, one of the first things she did was apply for a multimillion-dollar grant from the Kellogg Foundation to fund a program for improving health care education as well as community health. Northeastern was awarded the grant, and her tenure there as dean brought national prominence in the field of community-based nursing education to Zungolo and the members of the nursing faculty.

Eileen Zungolo

By 2002, the School of Nursing at Duquesne was searching for a new dean, and members of the nursing faculty were exploring ways to redesign the curriculum so that Duquesne students could take a leading role in preventing illness and injury by maintaining health and wellness in the community. Zungolo was a perfect fit and, by August 2002, she was the new dean. A welcoming and collaborative faculty, not to mention the example and guidance of the Spiritans, who, says Zungolo, are genuinely interested in their students, helped her decide to accept the position at Duquesne.

Though retiring as dean, she will remain a Duquesne professor, teaching online graduate nursing courses from a new home just a few miles from the vacation house in New Jersey that her grandfather built almost a century ago and which her family still uses. And this summer, she will attend the 50th reunion of her nursing school class from St. Francis Hospital in Wilmington, Del., an annual summer event she has seldom missed.

"I'm the only one who's had an academic career, but when I talk to them I hear the values we learned in our basic education remain true," says Zungolo. "Those values are a real commitment to quality nursing care and the integrity of the whole person."

According to Duquesne President Charles Dougherty, those are the very values that characterize Zungolo's style as a leader. At an April 17 University reception in her honor, Dougherty announced that Zungolo would become Dean Emerita, a distinction that underscores her commitment to Duquesne's highest ideals and the effectiveness of her leadership.

"We thank Dean Zungolo for furthering the mission of the Spiritans and Duquesne University, and for leading the School of Nursing to new heights over the last 10 years," says Dougherty. "Her devotion to nursing education has been an inspiration to both students and faculty in the School of Nursing."

Editor's Note: This article was published in the spring 2012 issue of Duquesne University Magazine and and was reprinted with permission.

EMS Responders Honored for Vaccine Efforts

By Carol Waterloo Frazier

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

Last year, 5,500 influenza vaccines were administered by local emergency medical service personnel through the Mon River Fleet Health Improvement Plan Partnerships.

To thank the 14 EMS responders, they were recognized during the Fleet's annual EMS luncheon Tuesday at Youghiogheny Country Club. Those response providers were Baldwin EMS, Clairton VolunteerFireDepartment/ EMS, Duquesne EMS, Eastern Area Pre-Hospital, Elizabeth Township Area EMS, Jefferson Hills Area Ambulance Association, McKeesport Ambulance Rescue Service, Munhall Area Pre-Hospital, North Versailles Fire Department/ EMS, Penn Hills EMS, Priority One EMS, Tri- County South Ambulance, White Oak EMS and Woodland Hills EMS.

"We are pleased to announce that last year, a new record 5,500 vaccines were administered by our local EMS providers throughout all of our communities, and over 30,000 vaccines since 2003," McKeesport Hospital Foundation executive director Michele Matuch said.

She noted that numbers are reported in December, but "our initiative is carried well through March of the following year." During that time, Matuch noted the responders receive additional vaccines to help those who are homebound and at free clinics.

Before presenting the EMS certificates — with UPMC McKeesport pre- hospital specialist Scott Dolan — UPMC president Cynthia M. Dorundo said, "We are so appreciative to have the dedication and support of people who recognize the needs of the community. We are appreciative of you getting out there to make a difference." Recognized for their part in the influenza vaccine pro- gram were three people from the state Department of Health — Heather Stafford, director of immunizations; Alexandra Borota McFall, immunizations operations supervisor; and Southwest District nurse administrator Anita Lukacs.

Also recognized were Debra Rose Smyers of the UPMC Health Plan; William Niccolai, director of the UPMC McKeesport pharmacy; and Debbie Demek, administrator coordinator of the UPMC McKeesport pharmacy.

A certificate from Sen. James Brewster commending the EMS responders was read by Alison Piccolino.

The initiative began in 2003 with two state affiliate partnerships. Matuch said it wasn't long before four state affiliates joined forces to form the Mon River Fleet through the state Department of Health Diabetes Prevention Grant.

Cindy Shegan Keeley | Daily New

Among the EMS responders receiving awards, seated from left, are Clairton Volunteer Fire Department/EMS Chris Burns and John Lattanzi, Baldwin EMS William Plunkett and Sue Wiedenheft, and standing from left Michele Matuch, executive director McKeesport Hospital Foundation; Elizabeth Township Area EMS Jill Moorehead and Chris Dell; McKeesport Ambulance Rescue Service Bill Miller; Duquesne EMS Carol Moore; Jefferson Hills Area Ambulance Association Doug Pascoe; and North Versailles Fire Department/EMS John Logan.

"Lukacs inspired us to become leaders in our communities through her encouragement and guidance in helping us apply for Department of Health SHIP status," she said.

Matuch said Robert Richardson, acting director of the Pennsylvania Bureau of Health Planning, is the primary reference in a national award application involving the influenza initiative.

"It is one of five programs outlined to the American Hospital Association. Each of the five programs outlined in the Fleet's application has been in place for at least five years. The Mon River Fleet is proud to represent all our communities at the grassroots level and proud to highlight our Pennsylvania Department of Health State Health Improvement Plan partnership successes in our application at a national level," Matuch said.

Physician Support: Mission Critical in the Age of ACOs

By Phil Dalton

With the Supreme Court's recent decision to uphold nearly all facets of the Patient Protection and Affordable Care Act (ACA), providers have an apparent mandate to move ahead on executing the provisions inherent in the healthcare reform law. As part of this, the Centers for Medicare & Medicaid Services (CMS) has established a Medicare Shared Savings Program to facilitate coordination and cooperation among providers in ways that improve the quality of care for Medicare Fee-For-Service beneficiaries while reducing unnecessary costs.

The Shared Savings Program is designed to improve beneficiary outcomes and increase the value of care provided by requiring coordinated care and by encouraging investment in infrastructure and redesigned care processes. Eligible providers, hospitals, and suppliers may participate in the Shared Savings Program by creating or participating in an Accountable Care Organization (ACO). The creation of ACOs is expected to create, in each community served, a delivery model containing the clinical processes, financial incentives, and technology systems necessary to cost-efficiently provide quality care across the continuum. These ACOs will put providers at risk for providing care to a defined population by, for the first time, tying reimbursement to quality metrics.

CMS recently announced the selection of 89 new ACOs throughout the United States, bringing to more than 150 the total number of ACOs that have been approved. Almost half of these are physician-driven organizations. For entities that are not led by physicians, but which wish to compete in this arena, the challenge will be to find a way to effectively collaborate with doctors to make the ACO clinically and financially viable. More specifically, the hospitals and health systems that choose to develop an ACO and become a player in this new environment will need the expertise, cooperation and support of their physicians to attain the targeted results.

Organizations that are planning to become a CMS-designated or commercial ACO must evaluate whether they have the critical working relationships and the physician support necessary to make it a successful venture. Many healthcare systems have already invested significant time, money and effort in crafting physician integration models that attempt to align incentives between hospitals and physicians. But in the age of ACOs, that may not be enough.

Hospitals will need to either employ a sufficient number of physicians to deliver care efficiently for their defined population, or they must develop a well-structured physician/hospital organization, independent practice association or some other such arrangement. Without such an infrastructure and dedication in place, health systems won't be able to deliver on the requirements of an ACO and the endeavor will be doomed from the start.

One of the most fully developed levels of integration occurs in entities where physicians are employed by the health system itself. While this is a growing trend, many systems lack the financial resources or the simple desire to execute this strategy. Fortunately, the CMS guidelines state that ACOs may also be comprised of group practices, physician networks, partnerships or an assortment of joint ventures between doctors and hospitals.

Health systems intending to form an ACO must first assess their current complement of aligned physicians and identify any gaps relative to numbers, specialties or geography.

To participate in the CMS' shared savings plan, health systems need to have on their team dedicated physicians who are collectively providing care for a minimum of 5,000 Medicare enrollees. What that means is that while primary care physicians and cardiologists may form the backbone of the ACO, the support and participation of other specialty physicians will also be needed in order to truly fulfill the ACO charter.

This participation can manifest itself in a variety of models including independent practice associations, medical foundations or contracted medical groups. Where deficiencies in coverage exist, health systems may consider repurposing an independent-practice association or a physician-hospital organization or work with a multispecialty group that can be the core of the ACO's physician organization. And they may need to employ new medical home models to provide a centralized clearinghouse for care coordination.

There are other CMS requirements as well that rely heavily on physician support. Included in these are the mandates for shared governance of the ACO, and the requirement that a board-certified physician serve as its medical director. Involving physicians in governance may be a culture change for some hospitals, which have not traditionally included physicians in operational issues: a recent HealthLeaders Media Industry Survey found that 36 percent of health system CEOs reported no physicians on their senior leadership team. Yet being successful in a model of shared financial risk ultimately depends on working cooperatively on both operational issues as well as clinical and service quality. That means giving leadership roles to physicians.

Health systems that are on the path to forming an ACO will need to give realistic thought to developing an adequate base of aligned PCPs and specialists. And just as important, they will need to create a culture of hospital-physician collaboration aimed at the cost-effective delivery of patient-centric care.

Phil Dalton is president and chief executive officer of MDS Consulting, which will be holding its 7th annual Leadership Conference – with an emphasis on ACO issues and development – September 30-October 2 in Las Vegas. Information on the conference may be obtained at conference@mdsconsulting.com.

Leading A Winning Team: VA Butler's New Director John Gennaro

John Gennaro, FACHE, MBA, MHSA was appointed Director for VA Butler Healthcare in February 2012. "At VA Butler Healthcare, we have the great privilege and responsibility to care for the men and women who have served our nation, and to their families," said Gennaro. "My foremost goal is to build upon the successes that our dedicated team has achieved in providing high quality care to Veterans throughout Butler and the surrounding counties."

Just this past year, VA Butler Healthcare served over 18,000 Veterans, including 2,000 recently returning service members. VA Butler also helped close to 500 homeless Veterans find housing and related services, and was recognized as a center of high performance for Patient-Aligned Care Teams, an enhanced patient care experience initiated in 2010.

"Our focus is on health care that is patient centric, data-driven, continuously improving, and team-based," said Gennaro. "Everything we do, we will ask the question: 'How is this Veteran—centered?' If we cannot answer that fundamental question, we'll go back to the drawing board!"

VA Butler Healthcare is committed to expanding women's health care, eliminating Veteran homelessness, transforming access to care through Telehealth and My HealtheVet's Secure Messaging, providing services and resources to our family caregivers, and making sure all Veterans are getting the quality health care they have earned through their service.

"New construction of the Community Living Center, Domiciliary, and a Health Care Center for Veterans makes this a thrilling time for VA Butler Healthcare," said Gennaro. These capital improvements will allow VA Butler to care for our Veterans in a state-of-the-art environment that defines health care excellence in the 21st Century.

In the upcoming months and years, the new construction will bring about much change to VA Butler as we know it; change from both a physical environment standpoint and delivery of services. "Key to any change is open and frequent communication, and I will make it my priority to keep employees, Veterans and stakeholders informed and engaged."

Having previously served as the Deputy Director at VA Pittsburgh Healthcare System, overseeing operations of the health care system that serves over 64,000 Veterans in three medical centers and five community based outpatient clinics, Gennaro is well prepared to lead VA Butler today and into the future. "I look forward to leading a winning team of dedicated employees at both the main facility and at our VA outpatient clinics. I'm excited to share my experiences and learn from the talented staff here."

"Our goal at VA Butler Healthcare is exceptional health care in all areas," said Gennaro. "In my time here thus far, it has become clear that the culture of this organization is one of caring and compassion for the Veterans we serve and their families. Together we will build upon the rich tradition and success of VA Butler Healthcare."

Gennaro began his career with the Department of Veterans Affairs in 1997 in the Research Foundation at the Cincinnati VA Medical Center, and over the past 15 years has had the opportunity to serve Veterans at VA's in Cleveland, Erie, and Pittsburgh. Mr. Gennaro earned his bachelor's degree in natural sciences and master's degrees in business administration and health care services administration from Xavier University. He is a fellow in the American College of Healthcare Executives and serves on the Board of Directors for the YMCA.

Korean War Era Army Veteran Woodrow Kirkwood meets VA Butler Healthcare's Director John Gennaro while waiting in VA Butler's Primary Care area. Mr. Kirkwood has always been pleased with his services at VA Butler. "I can't say enough what they have done for me here."

This article first appeared in the 2012 spring issue of VA Butler's magazine, "Living Better," and was reprinted with permission.

Global Links Seeks Donations of Gently Used Hospital-Grade Beds

By Ellen Wilson

A few years ago, on a visit to Hospital San Juan Cotzal in Guatemala, a Global Links Program Officer found distressing conditions in a patient room. While there was a bed, of sorts, the mattress on it was too small and, because of the torn cover, impossible to properly clean. It was a sight commonly seen in the hospitals served by Global Links in Latin America and the Caribbean.

Mattresses lacking a solid, impermeable cover can be sources for infection. In addition, supportive, adjustable mattresses are essential for healing. In resource-poor communities around the world, however, something as basic as a proper mattress on a hospital bed can be unavailable – and the health of patients suffers.

This problem has a solution: In the United States, hospitals are considering how the mattress on the bed affects bed sores, or pressure ulcers. These painful wounds are more likely to form on areas of a patient's body that are not well padded with muscle or fat, and as skin cells die and infection sets in, the ulcers can be life-threatening. While frequently repositioning the patient can help prevent bedsores, U.S. hospitals are switching out some of their conventional hospital mattresses for pressure-reducing foam mattresses or, for very fragile patients, air-fluidized mattresses with thousands of beads suspended by pressurized air.

As medical centers in the United States upgrade their mattresses, Global Links is collecting the conventional mattresses for distribution to hospitals in the underserved communities where they work.

"The hospitals we work with overseas always need hospital-grade mattresses," says Global Links Deputy Director Angela Garcia. "As long as they don't have cracked or stained coverings or significant "hammocking," we can provide U.S. hospitals with an alternative to disposal that helps improve care in other parts of the world."

Something as basic as a clean and comfortable hospital bed also increases the likelihood that patients, particularly pregnant women and women in labor, will make the trip to the hospital for care or to deliver their baby.

"In San Juan Cotzal, donations of mattresses, as well as other equipment, were part of a strategy to increase and improve services there," explains Program Officer José Henríquez. "They especially wanted to encourage the community to come to the hospital for prenatal care and childbirth, and they have been successful in this. The birthrate at the hospital has risen more than 100% since the beginning of 2011."

On Henríquez's most recent trip to San Juan Cotzal, he met Maria when she was recovering from childbirth in a bed, and on a mattress, from Global Links. This 41-year-old mother had just delivered her child after a high-risk pregnancy, and her condition was fragile. If the hospital in her community had not been equipped to handle complicated births, she would have had to travel four hours to the hospital in Quiché for delivery – a perilous trip in her condition.

Global Links has donated 267 mattresses to Guatemala since 2010, and is seeking more for all of the countries where they work. As hospitals in the United States adopt new mattress technologies, Global Links seeks to provide an alternative to disposal of conventional mattresses, which are so desperately needed in the resource-poor communities where they work.

For information on donating mattresses or other essential medical equipment, contact Hayley Brugos at hbrugos@globallinks.org, or 412.361.3424, ext. 213.

Ellen S. Wilson is Suture and Communications Manager at Global Links. Learn more about Global Links at www.globallinks.org.

Maria recovers from delivering her child on a mattress and bed from Global Links. The hospital worked with Global Links to increase capacity for obstetric care and other services.

The Children's Institute of Pittsburgh Creates Family Visitation Center

The Children's Institute of Pittsburgh's new Family Visitation Center—the only one of its kind in Allegheny County—is scheduled to open later this summer.

The Visitation Center is located on the organization's Squirrel Hill campus, site of The Hospital at The Children's Institute, providing inpatient and outpatient pediatric rehabilitation services.

The Center is being created as a safe and comfortable specialty venue for court-ordered supervised visits between parents and the children who have been removed from their care (the children include Hospital patients and others). The goal of a visitation program is to build relationships that are safe and healthful for the children, and eventually to reunify the family.

The Children's Institute's Project STAR—a pioneer in intensive visitation programs—will operate the Family Visitation Center. Project STAR is a social services agency that builds strong families through adoption and a range of support services.

The design and construction challenge was that the Center wasn't being built "from scratch:" a duplex comprising two three-bedroom, two-bath houses owned by The Children's Institute had to be turned into a warm and welcoming facility where multiple families can visit privately.

Living room with passageway joining duplex halves.

The houses had been used as a field facility for contractors during renovations at The Hospital several years ago, and since then have served as storage space.

A team of personnel from The Children's Institute and Burt Hill / Stantec planned the renovation. MBM Contracting was engaged to implement the plans.

Almost immediately, a problem arose: a major roof leak did considerable damage. The roof was replaced, the damage repaired—and the transformation began.

Both kitchen ceilings had to be gutted to repair plumbing in the upstairs baths. The two homes had separate systems and metering; remodeling gave the new Center a single electrical, plumbing, and gas service, and one furnace and hot water tank. All renovation was done with an eye toward energy efficiency.

Hardwired data and phone lines were installed and tied to The Children's Institute. A wireless security system was put in, with an emergency phone line direct to the nearby main building.

Accessibility was a must. In each house, a first-floor powder room and closet were combined to make a larger, accessible bathroom, and all kitchen cabinetry was replaced to be wheelchair-accessible. Special lower stoves were ordered.

The walls between the kitchens and dining rooms were removed, making the space more open and family-friendly, and new doorways were cut for improved flow. Extensive cosmetic work was needed, and both houses were repainted and recarpeted in tasteful, calming colors.

Because of the slope of the lot, the two halves of the duplex were at different grades. A new half-floor interior staircase was added to create an attractive passage between the two houses.

The exteriors required significant repairs. But the most extensive outside work was the addition of a ramp system. The lot's steep grade, plus ADA requirements (a maximum of 1" of slope per 1' of distance) mandated a long, gentle ramp with a curving "switchback." Now both halves of the Family Visitation Center are wheelchair-accessible.

Right now, finishing touches are being applied. Landscaping, terracing, and gating are making the exterior more attractive—and safer for children.

New family-friendly furnishings will soon be installed, with accessories including games and books for families to use as they visit in one of the six new spaces—one large visiting space, complete with kitchen, dining room and accessible bath, downstairs in each half of the Center, and two smaller spaces upstairs in each half. The upstairs spaces have microwaves and small refrigerators and share a full bath. Two offices, each able to accommodate two or more caseworkers, complete the Center.

After its official opening, the Family Visitation Center will be available to Project STAR families, and potentially to families served by other agencies in Allegheny County.

David Miles, President and CEO of The Children's Institute, says, "We are pleased to be able to provide a warm and homelike setting where families can work to build relationships in which children can thrive and realize their potential."

To date, funders include Eden Hall Foundation, making the lead gift; Massey Charitable Trust; B.K. Simon Family Charitable Foundation; and PPG Industries, which provided in-kind support.

Healthcare Real Estate, Design & Construction

Controlling Costs on Construction Projects

By Marisa Manley

Physical elements of your healthcare facility – whether created through new construction, expansion, or renovation – can help attract patients and provide the community with superior care. But without good planning and execution, hospital executives are likely to endure excessive costs and delays with possibly diminished patient relations and to end up with an inadequate facility.

The first step in proper planning is to choose a project team that can work effectively together. Team members include hospital executives, the project manager, the architect/engineering group responsible for design and for mechanical, electrical and plumbing systems (MEP), and the general contractor (GC).

Your team must have clear objectives, communicate them clearly, and make timely decisions. Your project manager, sometimes called an "owners rep," must coordinate and manage the architect/engineer and GC, monitor schedule and budget, be first-responder for unexpected situations, and lead weekly team meetings.

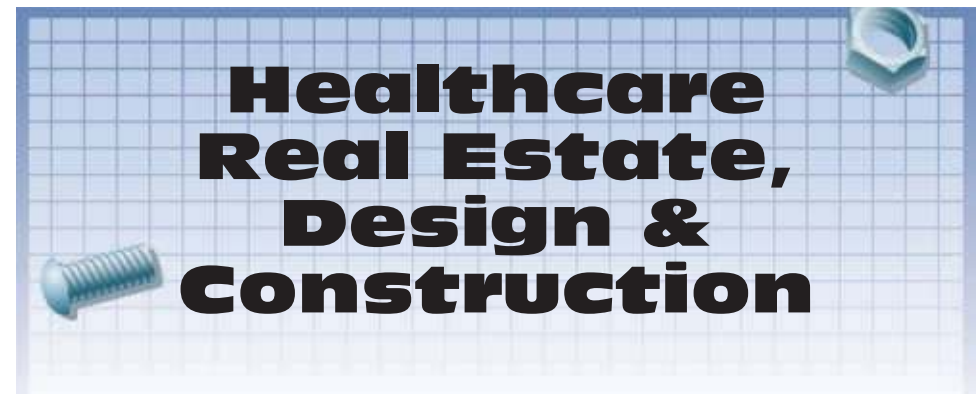
Typically, 50% or more of your construction dollars are spent on electrical and HVAC infrastructure, so while your architect should be strong in design style, it is important that they also take an active role in assuring good infrastructure design. This means understanding what the engineer proposes, when it may cause excessive noise or downdrafts, when "value engineering" is inappropriate or needed, and whether the engineer's design is generally a good fit for your needs, and more. An architect concerned solely with finish design and layouts, doesn't contribute fully to what you need for a comfortable environment meeting code requirements.

Your architect will often hire the MEP engineers and hold their contract. However, you should interview them directly and assure yourself of the MEP team's qualifications and compatibility. If you are hesitant about the match for any reason, ask the architect to provide an alternative candidate for you. You will want professionals who can produce the best quality. This means knowing how to allocate funds effectively and generating creative solutions which can stretch your dollars.

Healthcare executives will generally find themselves choosing one of two construction formats: the design-bid-build model, also known as stipulated sum, is less risky but may plague the healthcare executive with unbudgeted costs. In this model, construction drawings and details are complete before you hire a GC. The GCs under this system compete primarily on price and have little input into how a job will be constructed, little scope for creativity, and no official role improving the job. Such GCs s may overlook details, misread drawings or want bigger profits. They have incentives to use change orders to make money which can make the process adversarial.

In the design-build model, you incorporate the GC earlier in the process and invite the GC's construction expertise into the final design stages. This may require more management and increase risk, since you hire the GC before construction costs are finalized, but it can deliver lower costs and superior facilities. When this relationship is properly structured, you gain a consultant for the price of the same GC fee.

Consider which approach works for your project. Design-bid-build may be best for straightforward work with well-established details and a responsible and qualified GC. On the other hand, design-build works best for fast-track jobs where an experienced GC builds and troubleshoots and is comfortable with ambiguity.



One GC in the design-bid-build model used problem-solving skills when an unexpected change in building sites raised a facility's building costs from $800,000 to $1.4 million. The GC negotiated with subcontractors to trim costs to $900,000 by changing lighting, HVAC, and technical components – making sure everything would work properly.

"On time, on budget" is the watchword of a construction project. However, individual managers are often reluctant to make interim decisions necessary to keep a project on schedule. And adding to or changing scope of a project in progress is likely to be a budget-buster.

A healthcare facility adopting a tight construction schedule demonstrated the importance of meeting deadlines in staying "on time, on budget." The facility missed its deadline to pay the HVAC subcontractor, who walked off the job. Work stopped as other trades needed to wait for HVAC completion. The delay would force the facility into holdover space after lease expiration, with penalties and costs of $20,000. The owner realized this and paid the HVAC contractor, who returned to work after just two days, minimizing excess costs.

Develop a simple decision process emphasizing speed and accountability. Designate one person authorized to make changes. Whatever your internal processes, the architect and GC must know that one member of your team is authorized to provide direction. This prevents unauthorized change orders and uncertainly about whose direction to follow.

Hold weekly meetings between the GC, architect, project manager, and others with required skills. Discuss progress, issues, responsibility for next steps and challenges. Include brainstorming, celebration, and reminders about accountability. Reinforce shared goals and sustain focus on results. At the end of the meeting, summarize action items.

Careful planning, assembling a team focused on a common goal, and maintaining open communications helps control costs and deliver work on time and budget. Building or renovating a facility is rigorous and expensive, but with a planned approach, errors and overruns are minimized and an excellent facility is the result.

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AIA Pittsburgh Announces Design Pittsburgh 2012 Design Competition, Gala and Awards Ceremony

Architects' submissions due August 30

AIA Pittsburgh is now accepting entries for its 13th annual design awards competition, a part of Design Pittsburgh 2012. Design Pittsburgh is AIA Pittsburgh's signature program, which supports its mission to recognize and promote excellence in architecture and design as created by members of The American Institute of Architects.

Awardees will be announced at the Design Pittsburgh Gala and Awards Ceremony on Thursday, October 11, at the Pittsburgh Cultural Trust's Education Center, 805-807 Liberty Avenue, downtown. Gateway Engineers is this year's official program sponsor. The gala is open to the general public.

AIA members and firms whose principals are members of AIA Pittsburgh, or any member of any AIA chapter across the country who has a project in the 10-county Southwestern Pennsylvania area represented by AIA Pittsburgh, are eligible to enter the design competition. All submissions are exhibited at the October Design Gala and Awards Ceremony, online on the AIA Pittsburgh website, and during the Pittsburgh Cultural Trust Gallery Crawl on Friday, September 28.

The entries are judged by a panel of out-of-state architects measuring the architect's performance against each project's potential, not in competition with one another. In this way, projects of ordinary program or modest budget can merit an award based on the architect's skill in optimizing the design opportunity. This year's jury is from Detroit and will convene in September. The lead juror is Rainy Hamilton, FAIA, principal of Hamilton Anderson Architecture.

Consistent with the AIA Pittsburgh mission, several categories recognize excellence in various aspects of design — Architecture, Architectural Detail/Craftsmanship, Design + Innovation, Historic Preservation, Interior Architecture, Regional + Urban Design, and Timeless Architecture. The Young Architects Studio Competition, which helps foster and promote young talent in the region, will be part of the competition. Those details will be announced in July.

The Green Design Citation is a special award given in the categories of Architecture, Interior Architecture and Historic Preservation that excel in green design. The Green Design Citation recognizes projects that have integrated green building strategies and practices into the design to reduce environmental impact. This award also acknowledges the growing impact that buildings have on human health, worker productivity, and environmental and regional prosperity.

"Design Pittsburgh is a prime opportunity for the architectural community to show Pittsburgh their best work. In this very visual and tangible way, they present the principles that AIA members practice each day to improve the quality of the built environment – the buildings and the spaces where we live, work and play," explains Mark Dietrick, AIA, president of AIA Pittsburgh. "Everyone experiences architecture and everyone deserves good design that is aesthetically pleasing as well as functional. The positive influences of good design are not only present in the structures themselves but also in how they enhance the space around them. It's the total experience."

Complete criteria for each award category, downloadable kits and entry forms, and other details are available at http://aiapgh.org/aia-programs-events/design-pittsburgh/ or contact Rachael Kelley at rkelley@aiapgh.org or 412-471-9548.

Stantec

It's a Matter of Perspective.

Healthcare Real Estate, Design & Construction

It Isn't The Cage, It's The Canaries

By James T. Schmida, A.I.A.

Over the past decade the patient focused care conversation has enhanced the environment of care as well as an appreciation for the importance of the patient experience. This is good news and certainly a positive change in the way a hospital or an outpatient facility is designed. The architecture matters. Amenities like soothing colors, natural light, comfortable furniture, and artwork have become the accepted norm. All of these aspects assist in bringing a sense of well-being to patients who, by the very nature of their condition, are under considerable stress.

It is important to realize, however, that the greatest patient stress reducer may not have anything to do with the physical environment. Art work, snack carts, and terry cloth robes can add to the experience, but the positive experience does not start, or end, with these amenities.

What I have seen over 40 years in patient satisfaction surveys is that the treatment and professionalism by the healthcare providers is the single most important factor in creating a positive patient experience. An insightful physician once said to me, "*It isn't the cage it's the canaries."* What can the design profession do to maximize the potential for a patient having that positive experience? The answer is: Create an environment where the staff and physician can function effectively and efficiently, minimizing their nonproductive time, and maximizing their time with the patient.

Historically, patients want information, a sense of privacy, and control. A way to accomplish this is to design the department in a manner that maximizes the time that the staff or physician can spend with the patient. If the staff and physicians have all of the patient information and supplies necessary to do the job at their fingertips, they will spend less time looking and walking and more time providing care.

Now that communication is wireless, with an endless array of applications, we can free the staff from a Central Work Area. The information can now reside with the provider. From computers-on-wheels to laptops to smart phones the staff is finally freed from the constraints of geography and geometry. If I am at home seeking information about my condition I have access to my medical records and insurance information. Does it not seem reasonable that I should have the same immediate response to my questions while at the hospital?

Staff and physicians need to have access to certain amenities in order to provide patient care. Things like supplies, nourishment, medications, waste and trash removal are basic. The closer these functions are to the patient, and the ease with which they can be accessed by the staff, promotes more time for care. This may require a nurse server in each Patient Room. This could be a pass-through cabinet or a cabinet located on either side of the corridor wall. The important aspect is that the majority of what the staff needs is within an arm's length of the patient.

A patient's outcome, and therefore their experience, can be improved by the involvement of a loved one, family member, or friend. This involvement may also free up the professional caregiver's time, which will allow for more quality time spent with the patient. The loved one in-turn needs accommodations that permit them to participate at the appropriate level. This starts with an adequate Family Zone in the Patient Room clear of the Patient and Staff Zones. Access to the internet is now a perceived requirement for the family. Comfortable seating, multiple levels of lighting, access to natural light, and a well-appointed well-kept toilet facility are essential. Access to meals, snacks, and even a shower is expected. It is advisable to provide visitors with their own "time out" space that allows them to be absent from the patient room, while remaining within a comfortable distance. Rooms for private time outside of a designated patient room family zone are necessary for staff and family interaction.

Because the service from the medical staff is the single most important part of a patient experience the staff's private space cannot be overlooked. A respite area for the staff, one that provides the same amenities that are considered for the patient or family, is essential. Comfortable seating, multi-level lighting, and access to natural light should be considered. Multiple venues for completing administrative tasks are important. Step-in space that can be quickly accessed and used as well as sit-down space, with enough area to allow for impromptu consultations with other members of the caregiver team, are helpful. Seclusion space or Conference space for thoughtful reflection, out of the main stream of the unit's activities, for more structured and scheduled tasks, should also be considered. All of these considerations require adequate space and design time.

We are in an age where if these ideas are ignored, the patient will not have the positive experience that is expected. The staff is the best hope of providing that positive experience. The architecture can help but ultimately the patient wins only if we understand that ... "*It isn't the cage it's the canaries*."

Tim Schmida is a registered architect at Stantec Architecture and Engineering LLC. Tim works out of the Stantec Butler, Pennsylvania Office and can be reached at tim.schmida@stantec.com.

Supreme Court Upholds Health Care Law Including Additional Requirements for Charitable Hospitals

By Steven T. Feldbauer, JD

In its landmark 5-to-4 decision handed down on June 28, 2012, the U.S. Supreme Court upheld the constitutionality of the 2010 health care reform legislation, including the controversial "individual mandate" that requires individuals to pay a penalty if they fail to carry minimum essential health insurance. Although the provisions intending to force states to expand Medicaid eligibility did not pass constitutional muster, the remaining provisions of the Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act (HCERA) were not thrown out, remain valid, and currently remain in place to move forward on schedule. As a result, the additional requirements for charitable hospitals in Section 9007 of the PPACA remain current law as well.

PPACA Provisions and Guidance Related to Tax-Exempt Nonprofit Hospitals

In addition to the criteria of Section 501(c)(3) of the Internal Revenue Code ("the Code"), Section 9007 of the PPACA also added Section 501(r) to the Code which imposes additional requirements for tax-exemption on Section 501(c)(3) charitable hospitals and their hospital facilities. These provisions are intended to promote accountability and transparency to ensure that charitable hospitals are adhering to their nonprofit, tax-exempt purposes and providing sufficient community benefit.

In particular, tax-exempt hospitals must conduct a community health needs assessment ("CHNA") every three years, and based on that CHNA, implement a strategic plan to meet those community needs. Tax-exempt hospitals must also adopt a written financial assistance policy as well as a written policy concerning emergency medical care that mandates emergency medical care be provided regardless of a patient's ability to pay. The PPACA also places limitations on the amounts that may be charged to individuals who qualify for financial assistance and prohibits hospitals from engaging in extraordinary billing and collection actions.

In IRS Notice 2011-52, the IRS described which organizations must conduct a CHNA and related requirements. In the guidance, the IRS also reiterated that it may impose the $50,000 excise tax under Code Section 4959 on any hospital organization that fails to satisfy the CHNA requirements.

The IRS also revised Form 990, Schedule H, Hospitals, to add a new Part V, Section B to reflect compliance with the new requirements, including requiring a narrative by the hospital regarding its progress and satisfaction or not of the needs identified in its CHNA. The IRS issued Announcement 2011-37 which made filing Schedule H, Part V, Section B (which covers Community Health Needs Assessment, Financial Assistance Policy, Billing and Collections, Policy Relating to Emergency Medical Care, and Individuals Eligible for Financial Assistance) optional for tax year 2010. In Notice 2012-4, the IRS explained that for tax year 2011, hospitals are required to complete all parts and sections of Schedule H, with the exception of Lines 1-7 of Part V, Section B, which relate to CHNAs.

On June 26, 2012, in Proposed Regulations, the IRS provided guidance on the PPACA's financial assistance policy for tax-exempt charitable hospitals, describing how a hospital should determine the maximum amounts it may charge individuals eligible for financial assistance for emergency and other medically necessary care. The Proposed Regulations also provided definitions for and set limits on extraordinary collection actions. The Proposed Regulations also requested comments or reserved judgment in a number of areas as well.

Takeaway for Healthcare Organizations

As a result of the Supreme Court's decision, the core of the PPACA remains intact and other challenges to the law based on those same grounds will not continue. As a result, tax-exempt healthcare organizations should continue to implement the tax and non-tax provisions within the PPACA and HCERA, including the charitable hospital requirements of Section 9007 and Code Section 501(r).

However, other issues are still playing out that could potentially invalidate other significant PPACA provisions that are not related to the individual mandate or Medicaid expansion. For example, a case pending in the Fifth Circuit Court of Appeals, *Physician Hospitals of America v. Sebelius,* challenges the constitutionality of PPACA Section 6001, which imposes restrictions on physician-owned hospitals. Another case, *Coons v. Geithner*, currently pending in the District Court of Arizona, raises several other issues, including the constitutionality of the Independent Payment Advisory Board, which PPACA created to find savings in Medicare. Although most core provisions of the PPACA and HCERA passed constitutional muster or were not directly addressed by the U.S. Supreme Court in its recent decision and hence remain current law, various PPACA-related cases still remain outstanding and should continue to be monitored until resolved.

Steven T. Feldbauer, JD is a Senior Tax Manager with Alpern Rosenthal. For more information, visit www.alpern.com.

"Excessive Overtime" Rule a Problem for Many PA Health Employers

By Jane Lewis Volk

Most health care workers are no strangers to long hours and overtime. But Pennsylvania health care employers should be warned that there are limits on their ability to mandate overtime.

Under the Pennsylvania Prohibition of Excessive Overtime in Health Care Act, commonly referred to as Act 102, health care employers are limited in their ability to require employees to work time beyond their predetermined shifts. The law took effect in July 2009, but many health care employers are still struggling to understand how the law affects their overtime practices.

Act 102 applies to hourly, non-supervisory employees who are involved in direct patient care at health care facilities including hospitals, hospices, outpatient surgical facilities, long-term care facilities, cancer treatment centers, or inpatient drug and alcohol treatment facilities. Private physicians' offices are not included. Employees who are covered do not include physicians, physician assistants or employees not involved in direct patient care, such as maintenance staff.

Under the law, employers can only mandate overtime if unforeseeable circumstances arise, including:

- Emergency situations, such as an epidemic, natural disaster or terrorist attack
- Medical procedures in which the employee is already involved and the patient would be negatively affected if the employee were replaced
- An unexpected number of employee absences at the beginning of a shift which poses a risk to patient safety. The law specifies that the exemption does not include problems that arise from chronic short-staffing.

If a health care facility is short-staffed for a particular shift, supervisors must employ all reasonable efforts to obtain other staffing before requiring employees to work overtime. "Reasonable" efforts may include seeking volunteers, contacting other employees who have made themselves available to work extra time and using per diem or temporary staff.

The Act forbids retaliation against any employee who refuses overtime under the appropriate circumstances, meaning that health care employers should not discipline, terminate or take any actions that are adverse to a worker's employment status because of a refusal of overtime. Employers can, however, offer incentives for overtime to encourage employees to volunteer for overtime. Penalties for violations of Act 102 are fines ranging from $100 to $1,000. It is also possible that a termination of employment under circumstances relating to overtime refusal could form a basis for a wrongful discharge lawsuit since the principles of Act 102 are now part of the public policy of Pennsylvania.

The Act specifically states that employers cannot use on-call policies as a way to skirt the law's prohibition of mandatory overtime. A recent labor dispute, however, suggests that reasonable on-call policies will not violate the Act. In the case, the union of an employee of a Johnstown, Pennsylvania, nursing home filed a grievance in response to the disciplinary suspension of an employee who had refused to work unscheduled overtime. The nursing home had a system in place whereby employees' names would appear on the schedule with a star if they were the go-to person for overtime on a particular shift. The employee had the star, indicating a willingness to work the shift in question, but had failed to check the schedule and refused the overtime assignment. The employer had first exhausted other reasonable means to staff the shift by seeking volunteers, but had found none, and directed the employee to work the shift. Both parties referred to Act 102 in their arguments, although that law was not directly at issue in this arbitration. The arbitrator did draw guidance from the Act and ruled in favor of the nursing home, finding that its overtime system was reasonable.

While the decision does not set a precedent, it does suggest that a clear and reasonable on-call policy is a practical way for health care employers to achieve compliance with Act 102. A good on-call policy should specifically identify employees who are not on the premises but can be contacted to work additional hours if necessary.

The best way that health care employers can stay in compliance with Act 102 is to make sure that they are fully staffed so that chronic short-staffing is not an issue. In cases where additional workers are needed, shift supervisors should be given a clear procedure of whom to contact and in what order. When overtime does occur, employers should document whether or not it was voluntary and the circumstances surrounding the overtime assignment.

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

New PA Law Enables The Children's Home To Extend Medical Day Care Services to Age 21

In July 2012, the passing of House Bill 1960 amended the Prescribed Pediatric Extended Care Centers Act, changing the age limit of service from eight years to age 21, allowing medically fragile children to continue receiving the quality care they deserve.

Parents of medically fragile children need options. As the first Pediatric Extended Care Center (PECC) in Pennsylvania, Child's Way®, a program of The Children's Home of Pittsburgh & Lemieux Family Center, gives families an alternative and supplement to home nursing and therapeutic care, which medically fragile children require. Child's Way is dually licensed by the Department of Health as a PECC and by the Pennsylvania Department of Public Welfare as a day care center.

The former law restricted the care of children in PECCs to the age of eight; leaving *no options* for parents whose children aged-out of the program —*children like A.J.*

On December 16, 2011, A.J., who has attended Child's Way since he was just five-months-old, turned nine, which aged him out of the program according to the former law. A.J. has Congenital Muscular Dystrophy, chronic lung disease, scoliosis and seizures. He is ventilator dependent, requires a feeding tube, and receives special liquid feedings to allow him to thrive and control seizure activity. A.J. is administered four medications for seizures, aerosol treatments for his lung disease, and several other life-sustaining medications and treatments every day. While at Child's Way, A.J. has consistent nursing care, which has aided in evaluating and preventing many healthcare complications.

A.J. also receives age appropriate interactions with peers. Despite being "locked in" with normal cognition, he takes great joy in participating in group activities and communicates through facial expressions. The benefits of participating in activities and interacting with other children at Child's Way are invaluable to A.J.'s life and development, which he could experience nowhere else.

While A.J. attends the Western Pennsylvania School for Blind Children during the school year, both of A.J's parents are employed outside of the home, which makes Child's Way an irreplaceable resource for their family. During the school year, he attends Child's Way before and after school and utilizes the summer program. A.J. has also received post-surgical care at Child's Way for implanted rods to straighten his spine, as well as surgeries for his tracheostomy. Spending his recuperative time at Child's Way with our nursing staff and specialized care allowed his parents to return to work sooner, helping them to retain their healthcare benefits and livelihood to support their family.

Pediatric Extended Care Centers, such as Child's Way, provide the continuous therapeutic intervention and skilled nursing supervision that medically or technologically dependent children require. The cost of providing service through PECCs is also less expensive than services provided through in-home care such as private duty nursing.

It was through the tireless efforts of PA State Representative, Randy Vulakovich and families, like AJ's, who persistently pushed for change, that other children and families will not face aging-out of PECCs too young.

"Allowing children to receive the quality care they deserve from PECCs until the age of 21 is a service we as a community needed to provide to children and families," said Pamela Schanwald, CEO of The Children's Home & Lemieux Family Center. "With the passage of House Bill 1960, we are able to better serve the needs of the children we serve every day."

Child's Way family, Patty and AJ Schwirian celebrate House Bill 1960's Passing.

The Children's Home of Pittsburgh & Lemieux Family Center, established in 1893, is an independent, non-profit licensed organization that promotes the health and well-being of infants and children through services which establish and strengthen the family. These programs include: Adoption — serving infants, birthparents and persons seeking to adopt, Child's Way® — a pediatric extended care center serving medically fragile infants and children, and a 24-bed Pediatric Specialty Hospital - infant and pediatric units that provide short-term transitional care from hospital to home for those who are technology dependent and who may suffer from life threatening illnesses. For more information, please visit www.childrenshomepgh.org.

Radiology Safety at the Forefront of Patient Care

By James W. Backstrom, MD

Radiology, arguably, has been one of the fastest growing but least visible areas of medicine over the past two decades. The role of the stethoscope and the skill of a hands-on physical examination are less important and less utilized today because we are now able to effectively see inside the human body and make diagnoses that may have required extensive surgery in the past. The success of imaging can be measured by the sheer volume of imaging procedures that are performed in this country on a yearly basis.

Despite its success and importance, radiology is often an invisible component of the health care success story from the perspective of the general public. Physicians utilize the services of radiologists but patient's rarely see or understand the importance of the radiologist or the radiology process in its entirety. In a recent article in the Wall Street Journal, "Dialing Back on Radiation in CT Scans to Lower Risk" (June 12,2012), the lay public was given a rare glimpse of an area of active concern for radiologists, Primary care physicians and Specialty physicians.

The Wall Street Journal article outlined a study from Duke University that explored the possibility that effective CT examinations for appendicitis can be performed with significantly lower (50% lower) radiation doses to the patient. In the past the goal of radiologists and radiology equipment vendors was to design the radiology exam to acquire the most pristine picture possible—-clearer and more detailed radiology pictures meant better diagnosis was the mantra. The realization is "crystal clear" CT pictures come at a price— excessive and potentially damaging radiation exposure.

It has been known for over a century that radiation carries a risk. It has been over the last decade though that the risk of even low dose radiation, especially to children, has been more clearly defined and understood. Radiology offers excellent diagnostic capabilities but new evidence suggests this often life-saving capability must be weighed against the small but measurable risk of long-term harm or delayed cancer risk. Since 2002 the pediatric radiologist population has been extensively researching and advocating that radiology must be practiced with the concept of ALARA (radiology exams performed with radiation doses As Low As Reasonably Achievable) firmly in mind. The web site, www.ImageGently.org was created and has become an extensive source of knowledge for physicians and patients centered on the concept of performing radiology with concern about the radiation exposure that accompanies many radiology exams.

The adult radiology community followed this success with a campaign and web site known as www.ImageWisely.org. These initiatives are a stark reminder that the days of just pursuing a stellar picture are over. Imaging departments must always attempt to utilize the dramatic and potentially life-saving resources of radiology with ALARA firmly in mind and must pursue the lowest radiation dose that allows the appropriate diagnosis to be made. Even if that means not getting the prettiest picture these expensive machines can produce. The Duke study showcases one of many approaches being explored to be certain that the proper balance of what is possible, what is necessary and what is safe be maintained in the delivery of care to patients who need radiology resources for their health care concerns.

In the end, concern over ALARA points to the importance of having very highly trained radiology clinical specialists available as the knowledge base of radiology has exploded at the same rate as the number of scans. More importantly ALARA standards mandate that the radiologist- to hospital- to physician communication channel be well designed, extensively utilized and serve as a conduit of patient relevant information. This helps to ensure that the correct exam is ordered, the correct exam is performed, and the appropriate interpretation provided —this commitment to sub-specialty based radiology decision making and communication will help guarantee that the radiologist's diagnosis is made with the least radiation exposure to the patient.

ALARA education and implementation has been at the forefront of my current practice, Foundation Radiology Group, for several years. An extensive dialogue has been developed with equipment vendors who service hospitals to allow for robust proactive involvement in all equipment decisions that promote ALARA principles. Additionally, the utilization of an extensive sub-specialization model ensures that training levels and communication expertise is appropriately matched with the community clinicians to ensure that exams are completed correctly and interpreted with a level of accuracy exceeding industry standards. This allows for the exam to be performed, interpreted and acted upon with as little radiation exposure as possible. Foundation's industry leading SAFR Quality Review (Strategically Aligned Foundation Radiology Quality Review) ensures that Peer to Peer reviews are performed at all facilities to provide a check and balance system to include reviewing imaging techniques —-thus providing additional steps to the ALARA monitoring process. Foundation's Elegant Radiology's model and corporate culture carries a singular focus of ensuring that fertile channels of communication exist between all levels of the increasingly complex health care team. Foundation is committed to defining all pertinent radiology issues for hospitals and patients and will continue to strive to be ahead of emerging radiology trends in order to fulfill its mission statement: Revolutionizing the practice of radiology in community healthcare settings.

James W. Backstrom, MD, is the current Chief Medical Officer (CMO) for Foundation Radiology Group. A nationally renowned, fellowship trained neuroradiologist and pediatric neuroradiologist, Dr. Backstrom was recently named one of the top radiologists in his field by Pittsburgh Magazine in its annual "Best Doctors" issue. For more information about Foundation Radiology Group visit www.foundationradiologygroup.com or call us at (412) 223-2272.

Shared Access Versus Individual Access to Accounts

By Dean Wiech

A major concern for hospitals is the security and accessibility of their computers, applications and data. Clinicians, especially nurses, frequently share a common user name and password with several of their peers in an area of the hospital to make it easier to sign onto the computer and not waste additional time switching between users.

The trouble of doing this for the hospital or healthcare organization is that with several users logged into one machine at once, it is impossible to track how each employee is using the system in case they ever need to construct an audit trail.

Recently, the U.S. Office of the Inspector General recommended changes to this practice as a way to reduce the security risks of organizations allowing employees to operate their accounts in this manner. The Inspector General pointedly stated that it no longer wants user names and passwords to be shared, but instead wants each user to be identified in the system.

The first step in complying with this recommendation is to create user accounts for every person in the facility that needs to access the network.

While this seems like it would be easy to accomplish, there a number of factors that come into play: insuring accounts are created in a timely fashion; insuring proper access rights are given in the network, providing for appropriate access to required applications and making sure the account is disabled when the employee leaves.

In some cases it is feasible to link an HR system to active directory and other applications via the use of an automated identity management solution. In other cases, the organization wants more control over the account creation process and wants employees to sign documents, obtain department and systems owner approvals before having the account created. In either scenario, solutions like User Management Resource Administrator (UMRA) from Tools4ever can help solve this initial aspect of the issue.

Another practical solution to this problem is the use of a Single Sign On (SSO) product. SSO allows each user to sign into the system once and thereafter be automatically logged into each of their applications on the computer without having to enter additional credentials. Results from a recent Single Sign On pilot in the healthcare market revealed some concerns though with Single Sign On, including that the e-mail applications of the users might be available to others. Users voiced concerns that they felt very protective over their e-mail and wanted to make sure that no other people viewed their personal information. Of course, this issue also can occur if users have shared accounts on the same computer and fail to completely close a browser when logged into an email account, for example.

This concern can be easily alleviated though with Two-Factor Authentication. Two-Factor Authentication asks a user to present a second form of identification in addition to their AD user name and password such as pass card, pin code or USB token to access the workstation which would ensure security of their e-mail accounts.

The conjunction of Single Sign On and Two-factor identification solves a HIPAA problem of security while also addressing the users' concerns of privacy of their email accounts. The Two-factor Authentication also allows for fast user switching, thereby, reducing time spent by clinicians waiting on their profile to load.

To accomplish Two-Factor Authentication, it is a pre-requisite that each user have an individual account as mentioned above. This individual account, when coupled with an ID badge and reader on a PC, can go a long way to insuring that Inspector General and HIPAA compliancy are achieved.

By utilizing automated solutions for identity and access management, the burden on the IT staff can actually be decreased while managing more user accounts as staff shared accounts are eliminated and replace with individual accounts. Password management solutions, such as Single Sign On and Password Self Service, are also valuable tools to reduce the load on the IT and help desk staff.

For more information, visit www.tools4ever.com.

Dean Wiech joined Tools4ever in April 2006 and is responsible for the Tools4ever, Inc. operations the United States. His duties include direct sales, as well as the responsibility for the sales, technology and consulting team along with the day-to-day operations for the company. Dean has been involved with sales and sales management in the software arena for more than 20 years – before joining Tools4ever he was Vice President of Sales for a Manhattan-based software company that specialized in cost allocation and spend optimization. He attended the University of Akron and studied Chemical Engineering before deciding to pursue a career in technology.

Recruitment in Healthcare: Optimizing Social Networking Opportunities

By Jennifer Westford

Social Media has created a dramatic shift in the ways that people and organizations communicate… and this trend is not likely to change any time soon. Over the past several years, many hospitals and health systems have begun to gradually integrate aspects of social media into their marketing and communications strategy, but Corazon believes a hospital should make use of social networking for recruitment as well, as the platform provides both an employer and job seeker a directed recruitment approach.

The effectiveness of social networking to aid in the recruitment of hospital clinicians and professionals has not been fully realized among the majority of healthcare organizations to the extent that it has within other industries, nor are healthcare job seekers experiencing success in their efforts to find a position through social networking platforms to the extent witnessed elsewhere. Yet, the hype surrounding "professional networking" on these social sites cannot be ignored. In today's healthcare landscape, where competition for talent is beyond stiff and all types of both highly-skilled clinicians and professionals are in short supply, Corazon advocates social networking as one of the many tools that should be used to aid hospital recruitment efforts.

US Hospitals' use of Social Networking tools has increased exponentially, taking advantage of these increasingly popular and relevant platforms with users numbering in the multi-millions. Highly-skilled job seekers in specialized fields have the ability to connect with those in areas they find the most desirable, and healthcare facilities can reach these individuals on a broader stage. Whether you're a program leader seeking qualified candidates for your service line, or a clinical or administrative professional currently 'on the hunt' for a new position, these sites can be a valuable means for finding new opportunities or candidates.

An example of effective social media use in healthcare is the integration of Facebook into an organization's search efforts by engaging their employees in the process. An employer can offer referral bonuses to employees who generate leads by sharing the hospital's message with their network, thus leveraging their employees' social connections. For example, if a company has 300 employees active on Facebook, and each employee has 100 friends, offering referral bonuses can allow the employer to increase their potential candidate pool by 30,000. Additionally, a Hospital's Facebook page provides opportunity for an employer to promote the culture of the organization and can provide an area where job openings can be seen by potential candidates as well.

LinkedIn's primary function is to connect professionals, and the majority of users utilize the site exclusively for professional networking. Both employers and job seekers can find individuals or join groups related to a specific area. Searching for an individual by name, title, or using terms related to their industry can lead to "connections" with them, which brings them into your network. LinkedIn provides the ability to share an open position as your status update, making it visible to all of the people connected to you, or to post the position within the groups you've joined, making it visible to not only those connected to you, but also to group members with whom you are not connected. Contrary to Facebook, LinkedIn is very recruitment-friendly in that it allows you to actively search for people using specific key words, such as "cath lab", "orthopedic surgery," "RN", "neuro manager", and so on, allowing for a more narrow, and therefore relevant, pool of potential candidates.

On the other hand, job seekers using LinkedIn have the option to include professional experience within their profile, so potential employers or recruiters can find them by searching for related experience, clinical credentials, and/or required skills or criteria.

As hospitals and healthcare providers begin to adopt and explore different methods of social networking and how to utilize these means as an effective recruiting aid, there is certainly value to be found in the variety of ways to use Facebook and LinkedIn. However, as witnessed in other industries, both hospitals and healthcare job seekers may find more success in directing their recruitment and job seeking efforts through LinkedIn, as it allows both employers and job seekers to take a more directed approach in their search for the right candidate or job.

As with any recruitment effort, attention must be paid to finding qualified candidates that are a good fit for the open position. Any tools that aid in that effort deserve consideration for the value they can bring.

Jennifer is a Recruiter with Corazon, Inc., a national leader in strategic program development for the heart, vascular, neuro, and orthopedics specialties, offering a full continuum of consulting, recruitment, interim management, and physician practice & alignment services across the US and in Canada. For more information, visit www.corazoninc.com. To reach Jennifer, email jwestford@corazoninc.com.

How an EAP Helps Businesses

By Susan Stocker

The standard definition of an employee assistance program (EAP) is generally one that describes it as an employer-paid program designed to help employees deal with personal problems. That definition is certainly accurate. It is also somewhat misleading.

What gets overlooked is the value EAPs bring to employers in terms of enhancing an organization's performance, its culture and its business success. An effective, professional EAP addresses personal and work-related employee issues that have the capacity to interfere with both quality and production.

Creating and maintaining a work environment that ensures quality production is a primary goal of every business. EAPs can help businesses to achieve that goal.

Three Ways EAPs Provide Value to Businesses

- Leveraging the value of an organization's workforce
- Addressing the cost of doing business
- Helping an organization mitigate its business risks.

Leveraging an Organization's Investment in its Workforce

An EAP is a key component of an employer strategy to increase employee engagement and improve productivity, morale, and workplace harmony. An EAP can help an employee learn how to bounce back from personal and work-related challenges, and, as a result be better able to produce at maximum capacity.

EAPs also develop leadership, management, and supervisor competencies through coaching and consultation. EAPs train managers on how to best handle difficult employee situations – including substance abuse issues. EAPs provide ongoing support and direction through coaching, and are available 24/7 to meet needs as they arise. And, when management is operating effectively, engagement and productivity increase in the workforce.

EAPs and the Cost of Doing Business

EAPs connect employees with the appropriate resources that allow for early identification and intervention, care management, and recovery programs. The result is often more efficient use of healthcare. EAPs also have proven experience in lowering employee turnover and replacement costs.

EAPs provide access to services designed to reduce workplace absences and facilitate a safe and timely return to work. EAP services proactively work with employees to manage day-to-day challenges and that helps to limit disruptions. Because out-of-work issues can affect an employee's focus at work and affect an employee's need for more time away, limiting disruptions is an important role for EAPs.

When an employee goes on a leave of absence, an EAP can be engaged early to determine if there are any issues beyond the reason for the leave that need to be addressed. The employee and the EAP can work together from the start to achieve resolution, thereby facilitating optimal outcomes and return to work.

Mitigating Business Risks with EAPs

EAPs make workplaces safer because they promote and support drug- and alcohol-free workplace policies and programs. Through the use of EAPs by leaders, managers and employees, some safety risks – such as workplace violence – are diminished. EAPs help maintain business practices that promote a violence-free workplace, thereby reducing the likelihood of legal action or liability. Disaster and emergency preparedness are also roles filled by EAPs, which helps to minimize the disruption after such events.

Choose an EAP that can optimize its value to your company's culture and workforce to ensure the achievement of your business objectives. Weigh an EAP's experience and expertise in your field, the credentials of the EAP's staff, the EAP's level of responsiveness and accessibility, its ability to integrate with other key benefit providers and whether it can tailor a plan design to fit your company's specific needs.

Susan Stocker is an account executive for LifeSolutions, which is part of the integrated partner companies of the UPMC Insurance Services Division. For more information about EAPs, visit http://www.lifesolutionsforyou.com/.

Hiring Young Doctors: How Hospitals Can Increase Their Tenure

By Tony Stajduhar

It is ironic that residents and fellows, while being experienced in the practice of medicine, are often inexperienced in navigating their initial career options. A recent Jackson Coker study shows that many may not focus on the nitty-gritty details of a job search until the last few months of their residency. As a result, many first jobs don't have the staying power they should.

Conventional wisdom holds that more than half of young doctors are dissatisfied with the first position and look to relocate within two years. The survey found a slightly lower percentage—but a significant one, nonetheless. The survey of more than 500 physicians found that over half of them left their first job after five years, and more than half of those stayed only for one or two years.

Interestingly, too, the study confirmed that location should not be the main focus for a position. Physicians who spent fewer than five years at their first practice were more likely to cite location as the top priority driving their choice. In contrast, those who stayed more than 10 years at their first practice said the most important driver for their decision was the quality of the practice. There is an important lesson here for any resident on a job search.

Clearly, some residents' mindsets are better than others in terms of a successful first job choice. By understanding their decision-making process, hospitals can make great hiring choices that last.

Here are five tips to make the interview process more informative:

1. Help them step out of their comfort zones.

One reason first-position turnover is so high is that residents and fellows often make decisions based on emotional comfort. They may think they want to return to the town where they grew up. Or, if they are completing their residency at the University of Michigan, for example, they may be thinking: "Why not stay here in Ann Arbor?"

This frame of mind can cause them to overlook what could be a great fit. For example, physician jobs in university hospital towns typically fill very quickly and often don't offer the safety net one might expect.

2. Remove geography from the equation.

Location is often the first factor residents consider when starting a job search.

It may sound good to think about working in a dream location—Denver, for example, if they love skiing or the Florida coast for sun and surf. The problem is that everybody else wants them, too. These locations often have too many physicians and higher costs of living.

Provide examples of staff physicians who initially wanted to focus their searches elsewhere, but were pleasantly surprised at the options they found in Pennsylvania.

3. Consider personality/practice type.

Another question to address is what type of practice is right for them. Being a hospital employee, an independent contractor, part of a multispecialty group—which do they think will be the best fit for them now and 20 years from now?

Personality is a key factor in hiring a resident. Spend time getting to know them to make sure they are a good fit. Find out if they are more entrepreneurial, wanting to run their own practice. Or, do they prefer to be employed and just see patients? Do they consider themselves people persons who prefer spending more time with patients as an Internist or would they be better off as a Hospitalist and taking care of what is acute in the hospital?

4. Find out what makes their family tick.

If physicians come home and their spouses or significant others aren't happy, it's not going to be an enjoyable day no matter how much they like their work. Invite residents to bring their spouses on the interview. While they're interviewing, spouses can check out the area's schools, services, churches, recreation facilities and cultural life.

If everyone's enthusiasm matches at the end of the day, it's a good sign the move should be a good fit.

5. Be realistic about money.

You should have an understanding of their financial needs. What do they actually need to get going and to make sure their families are comfortable (definitions vary from family to family)? What would they like to make once established? If someone says he or she wants to make X amount their first year, and it appears to be an unrealistic amount for the market, be up front with them.

Be sure to highlight the growth potential. They might be willing to accept a lower starting salary as a trade-off for a job that holds great potential that can be documented.

Provide cost of living information so they can view salary expectations accordingly. For example, $200,000 in a small Pennsylvania town will go a lot further than the same amount in New York City. Highlight other beneficial perks such as medical school loan repayment.

With a high demand for physicians today, and with a historical average of 6 percent of U.S. physicians moving annually, good job opportunities for residents are plentiful. Residents can hear of literally thousands of opportunities.

As a hospital competing heavily for quality physicians, it's vital to help residents understand how your job offer can meet their professional needs, as well as the needs of their family.

Tony Stajduhar is President of the Permanent Recruitment Division of Jackson & Coker, a healthcare recruiting firm representing clients throughout the United States. With more than 25 years with Jackson & Coker, he is a sought-after speaker for national medical associations and residency programs.

Staffing the Ethics Consultation Position

By Leah Jeunnette, M.A.

Consultants possess a specific set of skills who provide expertise for an identified gap. Ethics consultation provides expertise in bioethics, either for a specific patient case, an organizational issue, or a research concern. It is a process to provide support and education to identify the ethical concerns as well as to recommend how to handle said concerns. While most hospitals have ethics committee, only some have an ethics consultant on staff. The responsibility of ethics consultations defaults to one of two options. First, the ethics committee can address all consult requests. This requires a committee quorum and the coordination of many schedules. The second option is to assign the consult requests to current employees in addition to their full work load.

While the best practice would be to employ a full time ethics consultant, sometimes staffing this position full time is not an option. Those who are full time ethics consultants specialize in ethics and clinical consulting methodology. They have obtained the necessary skills and knowledge to conduct ethics consultations. The two options - either the ethics committee model or the current staff model most often fail to have the skills or effective use of resources to match the expertise of a full time ethics consultant. Having the entire ethics committee act as the ethics consultant is unnecessary most of the time. Using the entire ethics committee to address a specific case can be overwhelming for the patient or family and often involves an unnecessary number of individuals. Some ethics consultations only require a simple conversation to address a minor issue. Having to assemble an entire committee is often a waste of time and resources. In addition, the ethics committee often only meets once a month at predetermined times, making it difficult to address time sensitive consult requests. Assigning the ethics consulting responsibility to a current staff member can be a successful option, but must be done with careful consideration. The staff members assigned to ethics consultations may or may not have an ethics background and the responsibility of these consultations is added to an already full work load. While these staff members are trying to fill the role of consultant, there needs to be a level of skill and education that goes along side the assignment of responsibility. While neither of these options is perfect, they are viable options as long as the necessary education and training is included.

To strive for best practice, education and training should be conducted not just for ethics consultation, but also for bioethics in general. Everyone on the ethics committee and any staff that participates in ethics consultations, needs to have a basic understanding of bioethics. Continuing education and training is vital to the healthcare field and ethics is no different. Once the general bioethics education and training is obtained, ethics consultations can move forward. The ethics committee should oversee the ethics consultations, by assigning the responsibility to current staff. Education and training must be included to qualify the current staff to act as the ethics consultant. The staff member must have a clear understanding of their responsibilities for not just their current job, but also for the new role as an ethics consultant and be aware which role they are fulfilling at any given time. Additional resources and expertise should be made available for unusual or difficult cases. They need to know that support is available and are not expected to know everything regarding bioethics since this is not their primary area of expertise.

By providing better education and resources, having current staff act as an ethics consultants a practical approach. The ethics consultations can function as best practice while using its staff and resources most effectively. It takes effort in the beginning to seek out collaboration and expertise, but in the end it provides a vital and achievable ethics consultation service.

For more information, visit www.icbioethics.com.

Leah Jeunnette is an intern for the Institute of Consultative Bioethics, based in Pittsburgh, Pennsylvania. She is currently finishing her doctoral work in bioethics at Duquesne University.

High-Speed Rail, Synonymous with Increased Human Connection and Better Health

By Dr. Matt Masiello and Jessica R. Seifert

Most major industrialized nations realize that a national, high-speed rail system provides economic development, mobility, and of course, more favorable health outcomes. Nonetheless, the rail initiative has not been on the forefront of many American minds. With the presidential election this year, rising gas prices, and a litany of other issues situated in the faces of U.S. citizens, we focus much of our attention on quick fixes such as the repairing of roads and bridges. Yet, such lack of interest does not denote the exceeding importance and benefits of an American high-speed rail system.

The health advantages associated with rail production and use, not only outweigh the cost, but are critically important to American citizens. The average American commuter, driving on one of the 10 worst U.S. highways and traffic corridors, spends roughly 140 hours, or one entire month per year sitting in a car. It is noted that commuters spend less of their free time participating in physical activity due to the fact that their free time is spent in traffic. However, light rail users in Charlotte, N.C. have a projected health cost savings of $12 million over nine years. Train commuters were four times more likely to achieve the 10,000 daily steps recommended for fitness and health than car-oriented communities. While public transit users spend an average of 19 minutes walking, nearly 2,000 steps, North Americans average only six minutes, 530 steps, daily. A well-established rail would enhance public health, reduce pollution emissions, increase physical fitness, and improve mental health.

As an added health risk, exhaust exposure has been cited to cause anxiety and depression in children and physical change to the DNA in new born infants. It was discovered in large cities in California that infants living within 1,000 feet of a major road or freeway were twice as likely to have Autism. And, a study at Boston University revealed memory and reasoning problems and an increased risk of Alzheimer's disease due to constant exposure to emissions. In the event of a thriving rail in the United States, commuters could find themselves comfortably seated, sipping on a cup of coffee working on their laptops, while they ride the rail, stress-free, to their place of business.

Despite millions of dollars spent on safety programs, new roads, and safer vehicles, the World Health Organization reported that over 40,000 traffic fatalities occur in the United States, annually. When large rail cities are compared to bus-only cities, there are 36% fewer per capita traffic fatalities and 21% lower per capita motor vehicle mileage use. Suffice it to say that too many cars and trucks traveling on too few roads compromise our health.

The outsourcing of U.S. jobs and the ability of countries such as China to produce large amounts of goods efficiently and at less cost is a concern that will only continue to grow without forward momentum in the development of a high-speed rail. A rail system provides faster and more efficacious connection. The effectiveness is apparent when comparing our Amtrak Acela train traveling 250 miles in five hours to the high-speed rail in France traveling the same distance in only two. When considering the movement of freight, rail use proves to be upwards of five times more efficient than trucks. It takes 58 large semi-trucks to move the equivalent of what 15 jumbo hopper car can move. William Schroen, Policy and Research Director for Smart Growth America, concisely sums up the argument for high-speed rail, "Refusing high-speed rail is a little like refusing high speed internet. You're saying you don't want to be connected to people in a fast and convenient way…"

Individuals and families from all walks of life can move and interact in a way and on a daily basis that we in the United States have not yet come to appreciate. Whether it is traffic safety, less pollution, a more physically fit population, better mental health, affordability or just getting from point "A" to point "B" rail services appear to positively impact all of the above.

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The Vital Role of Caregivers

By Rafael J. Sciullo, MA, LCSW, MS

As Angie and Donna entered the room, the uncertainty on their faces was readily apparent. They were feeling a little lost, unsure, maybe even intimidated. After all, their husband & father was coming home from the hospital under hospice care. Norm's illness had progressed to the point where he just wanted to be comfortable, surrounded by those he loved.

Norm would need his wife and daughter now more than ever. They were no longer only family – they were now assuming the roles of primary caregivers.

Maria, the Family Hospice and Palliative Care community liaison who met with Angie and Donna at the hospital, suggested they attend our Family Hospice Compassionate Caregiver Training Session.

"You already know how to love Norm," Maria told them, "but you're entering a crucial phase of his life with him. The training session will enable you to address his needs as a patient. You'll learn how to help him be comfortable."

Compassionate Caregiver Training provides hands-on instruction for those who care for Family Hospice patients at home.

Compassionate Caregiver Training is an approximately two-hour session offered free to those with a loved one under Family Hospice's care. Among the first programs of its kind nationally, the sessions are designed to provide knowledge, basic skills and confidence for those caring for their loved one at home. By the end of the session, caregivers are familiar with medical equipment, common medications and skills such as positioning, bathing and feeding.

Compassionate Caregiver Training sessions began at our Center for Compassionate Care (inpatient center and administrative offices) in Mt. Lebanon. I am proud to report that the program has expanded in reach and is now available in several convenient locations:

- The Center for Compassionate Care, 50 Moffett St., Mt. Lebanon (Tuesdays, 10 a.m.-Noon; and by appointment).
- The Center for Compassionate Care/Canterbury, 310 Fisk St., Lawrenceville (by appointment).
- Grove City Medical Center, 631 N. Broad St. Ext., Grove City (Fridays, by appointment).
- Longwood at Oakmont, 500 Route 909, Verona (by appointment).
- Family Hospice's Anderson Manor, 1423 Liverpool St., Pittsburgh's North Side (beginning Fall, 2012).

Making the Most of Life

The benefits of the Compassionate Caregiver Training program are twofold. The role of caregiver is certainly not an easy one – and can be quite taxing both physically and emotionally. The sessions also address the importance of the caregiver taking care of him or herself. This aligns with the hospice philosophy of caring for the patient and the patient's loved ones.

So yes, Angie and Donna were a little anxious when they arrived at the Compassionate Caregiver Training Session. But they were greeted with a smile by our Family Hospice educators, who started by taking the time to assess Norm's situation. "We know this is not easy – and is new to you," Bill told the mother and daughter. "But that's why we're here, for you and for Norm."

They had hands-on instruction. They asked a lot of questions. And by the end of the session, they were visibly relieved and felt confident in themselves that they could provide the support that Norm needed.

"Along with honoring Norm's wishes for hospice, this is the best thing we could have done," said Angie. "The educators at Family Hospice were patient, understanding, and thorough. What we learned, down to the smallest detail, was incredibly helpful. This has truly made all the difference."

Rafael J. Sciullo, 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 rsciullo@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.

Results of 2012 Emergency Medicine Compensation & Benefit Survey Now Available

By Catherine Stearns

1,213 emergency physicians participated in the *2012 ACEP/Daniel Stern & Associates Clinical Emergency Medicine Compensation & Benefit Survey*. All of the company's annual surveys for emergency physicians are now conducted in conjunction with the American College of Emergency Physicians (ACEP). Daniel Stern & Associates has been conducting compensation and benefit surveys for Emergency Physicians for over 25 years. These surveys have been recognized as the some of the finest surveys representing this specialty.

These surveys are not intended to be scientific studies, but rather a barometer of statistics about the marketplace. Numerous factors influence the compensation of emergency physicians. Some of the factors influencing compensation are location of facility, staffing levels in departments, payer mix, fee schedules, position parameters, volume of departments, benefits offered, as well as the training, experience and board certification of the physicians participating in the survey. Compensation varies by geographic regions, as well as the facility location (metropolitan versus rural) and the parameters of each position. Therefore it is important to evaluate the unique factors influencing all of these figures.

Below are the figures for the Northeastern United States. This year 301 Emergency Medicine physicians from the Northeast participated, including 138 physicians from PA, OH and WV.

Total Compensation	10th	25th	50th	75th	90th
Staff Physicians					
Northeast	$210,000	$245,000	$273,637	$300,000	$344,000

Total Compensation	10th	25th	50th	75th	90th
Department Directors					
Northeast	$231,000	$260,000	$305,000	$360,000	$418,000

Annual hours worked at the 50th percentile were 1,700 hours for staff and 2,000 hours for Directors. The hourly rate (which is not a mandatory question in the survey) was $140/hour for staff and $150/hour for Directors who reported this figure.

The estimated cash value of all benefits received by physicians in the Northeast was $40,000 (staff) and $50,000 (ED Directors). 66% the participants in the Northeast reported receiving some PTO (Paid Time Off) in 2011.

The following data is taken from the national clinical report.

It was reported that 44% of all participants had the option of a cafeteria plan for their benefits. 55% of all participants saw an increase in their co-payments for their benefits in 2011.

Of all participants who responded to a question regarding pension/retirement plans, 87% reported that they were eligible to participate or did participate in such a plan. Of these participants, 55% indicated that their plan was a qualified plan and 52% received contributions for these plans from their employers.

Emergency physicians who are departmental directors reported spending 39% of their total time on administrative duties. 23% of staff and 59% of directors reported receiving stipends as a portion of their total compensation package. The median stipend for Directors was $60,000.

54% of all participants stated their department had an RVU plan in place. Of these participants with an RVU plan in place, 64% reported that their plan was a straight RVU plan; 8% reported their RVU plan was based solely on patient satisfaction and 13% reported that payments were based on a combination of patient satisfaction and determination of ED Director

For staff physicians, 39% reported some type of a bonus plan. 46% of Directors reported receiving some type of bonus component in their compensation plan.

Out of all staff physicians and ED directors, 78% claimed that their hourly rates remained the same for any additional hours they may have worked in 2011. A new question in 2012 asked participants if the total compensation they received in 2011 was less than their total compensation received in 2010. 26% of participants reported their 2011 total compensation was less than in 2010. A question in our *2012 Trends, Perceptions and Predictions of Emergency Medicine Physicians* survey focused on the reasons why total income declined in 2011 for some physicians.

Of all participants, 80% were permitted to moonlight; however, only 21% reported that they did earn additional income by moonlighting in 2011. The median amount earned from moonlighting in 2011 by staff physicians was $26,500 and ED directors reported $25,000.

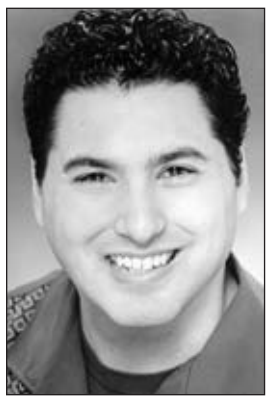
Of all participants, 19% reported that they received an annual cost of living increase in 2011. In response to a question regarding sign-on bonuses for new hires, 31% of participants reported new physicians received such a bonus.

At the national level, 21% of all ED patients were admitted to the hospital. 34% of participating physicians reported seeing 1.5 to 2.0 patients per hour; 31% of participating physicians reported seeing 2.0 to 2.5 patients per hour

64% of participants reported that their facilities hired additional Emergency physicians in 2011 and 55% reported that their facilities planned to hire additional physicians in the coming year.

All of the Daniel Stern & Associates' national and regional survey reports are now sold exclusively online through the ACEP Bookstore (http://bookstore.acep.org). Customized survey reports are available through Daniel Stern & Associates (www.danielstern.com) (412-406-7665) or contact Catherine Stearns at stearnsc@danielstern.com.

Arvind Suresh's Subconscious Love of Photography



by Christopher Cussat

Arvind Suresh is a graduate student at the University of Pittsburgh School of Medicine who also works at the Magee Women's Research Institute. In addition to being an amateur photographer, Suresh enthusiastically describes himself as a "foodie" and an "information junkie."

Currently in his work as a basic science researcher, Suresh focuses on understanding the molecular mechanisms that control the process of labor during pregnancy. "I'm doing this research in the hope that this will help treat the problem of preterm labor—which is a major healthcare issue around the world."

According to Suresh, along with his interests in science, he has always been drawn towards artistic pursuits. He adds, "In a way, science is an art form too, which is probably why I love doing it." Suresh explains that photography was always his first love because he was exposed to it at a very young age. "This is thanks to my dad, who apart from being a doctor, is also an excellent photographer. I have been pursuing amateur photography for several years now and it is my major hobby."

In addition to photography, Suresh also briefly caught the acting bug and took a shot at auditioning for a stage play after coming to Pittsburgh. He landed a major role in the comedy, "Moonshine and Skytoffee," which was produced by the Blue Mango theater group and presented at the New Hazlett Theater in the summer of 2009. "During this opportunity, I discovered that I quite enjoy acting too," he notes.

Suresh explains why he is specifically drawn to the creative outlet of photography. "There is just something about the still image and capturing or freezing a moment in time that has always kept me hooked. Maybe it is the fact that when you look at a picture, you see through the photographer's eyes to try and see what he or she saw at that moment." Conversely, Suresh adds that when he takes a picture, he looks at a subject and subconsciously finds himself forming a story that he wants to narrate. "A great photograph is a story of a thousand words that are exquisitely weaved in a fabric of light and color."

Although it is not always easy, Suresh does his best to balance his professional and educational time demands with dedicating time to his photography. "Photography, especially landscape and nature photography (which I particularly like), require a lot of time spent outdoors—so I try and do it whenever I get to travel. Usually either during weekend trips near Pittsburgh or when I travel for conferences, I often try and squeeze in some photography outings." He notes that now with digital photography being as easy as it is, and not having to worry about storage, he can sometimes end up with hundreds of shots each trip and has to spend a significant amount of additional time sorting through them as well.

If he were not doing research, Suresh admits that he would consider photography as an alternative career. "But making a career out of a hobby is no small feat and I've always admired those who have managed to step out of the comfort zone to do that! It would be tough to make it work, but I would certainly try," he notes.

Suresh concludes that this interview gave him an opportunity for some interesting reflections. "I've always thought about why I love photography and if I would consider it as a career and things like that, but never had an opportunity to put it into words {until now}." He adds that the process also triggered off a series of inspiring personal and professional thoughts. "Research has its natural share of successes and failures. Sometimes it's quite hard when your experiments don't work—I look back and it has been three years of work with many failures! But these questions really made me think about why I do science in the first place—and that made me feel much better about all that I do!"

Health Tech—The DEKA Arm

In the past, limb-loss meant a permanent loss of mobility and freedom. However, in recent years lower-limb amputees have been seen walking with the aid of robotic legs, or running full-sprint in track events, thanks to the aid of flexible metal prosthetics. Prosthetic arms on the other hand typically only have two to three degrees of freedom: a hand opening and closing, an elbow bending or a wrist rotating. Most arms have low torque and provide no feedback to the user…that is, until the DEKA arm was created.

THE DEKA Arm in action.

In 2005, the Defense Advanced Research Projects Agency (DARPA) announced its Revolutionizing Prosthetics program and funded the development of the DEKA prosthetic arm. The DEKA arm, sometimes called "Luke" after the prosthesis worn by Luke Skywalker in the *Star Wars* films includes fully articulated shoulder, elbow, wrist, and finger components that can work simultaneously to mimic the smooth arcs of natural gestures. Its hand has several different grasps, and the arm can reach over the user's head or behind his back.

In 2008, VA entered into an agreement with DARPA to conduct clinical evaluations of the prototype DEKA Arm System. Studies of the DEKA Arm System have been underway at VA sites since late 2008, with the first person fitted with a DEKA Arm in early 2009.

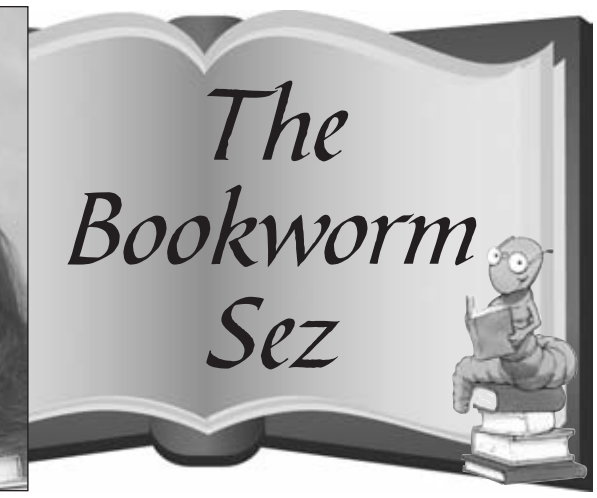
The DEKA Arm is a joint collaboration between VA Research and the Department of Defense. The goal is to produce the world's most advanced prosthetic arm system to help improve Veterans' lives. VA researchers recently joined forces at the Manhattan VA Medical Center to help a Veteran who lost his arm 40 years ago. Check out the video—www.youtube.com/watch?v=KCUwoxuAdYQ.

The VA Prosthetic & Sensory Aids Service (PSAS) is the largest and most comprehensive provider of prosthetic devices and sensory aids in the world. Although the term "prosthetic device" may suggest images of artificial limbs, it actually refers to any device that supports or replaces a body part or function. VA provides crutches, braces, eyeglasses, hearing aids, artificial limbs, oxygen bottles, wheelchairs, hospital beds, pacemakers, stents, dental implants, money for clothes, automobile modifications, home adaptations and much more. Learn more at www.prosthetics.va.gov.

Source: VA Research & Development (www.research.va.gov)

This article first appeared in the 2012 spring issue of VA Butler's magazine, "Living Better," and was reprinted with permission.

"The Thing You Think You Cannot Do" by Gordon Livingston, M.D.



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The weather might be nice. The sun's shining and people are walking around outside, the temperature's comfortable but you're completely frozen.

Once upon a time, you were able to take risks. Then, you seized opportunity. Now, though you know things could be better, something's holding you back. You're stuck, but you don't know why.

The reason is fear, says Gordon Livingston, M.D., and it's affecting your ability to think clearly. In his new book "The Thing You Think You Cannot Do," he tells you how to overcome your situation.

Fear was once a good thing. It saved our ancestors from being eaten but now, it's "corrosive" and exploited. The fear we feel today, says Livingston, only makes us preoccupied with safety, but total safety is impossible because life "is intrinsically unsafe."

It's so unsafe, in fact, that we're all going to die. We can exercise, eat all the "right" foods, give up our vices, follow doctor's orders to the letter, withdraw completely from society to avoid contagion, and we'll still die. It's inevitable.

The best we can do, Livingston says, is to find "the courage required to confront adversity of all sorts." Courageous behavior involves a combination of choice, risk, and willingness to benefit others, and it ultimately gives life meaning. It also allows us to conquer fear, which we must do because fearful people "do not make good decisions" and "fear is the death of reason."

It's easy to think, in this search, that we have courage because we've been through extreme travails and survived. The problem, Livingston says, is that we are not "heroes" for doing something we have no choice in completing, and we have never "suffered enough." Likewise, we won't find courage in belying our age or staying "stupid," and we don't get credit for effort.

In life, things are going to go wrong, Livingston says, and we may as well face the fact because the "only way to overcome fear is to confront it." Meanwhile, keep a sense of humor, nurture hope in your life, and learn to treat others well because we're "all in this together."

Feeling a little bit of inertia in this time of uncertainty? "The Thing You Think You Cannot Do" will help you get off your fanny, but be ready for some controversy.

Author Gordon Livingston, M.D. writes with conviction and a no-nonsense manner. His thoughts are well-conceived, they make sense, and they're empowering. His words offer the hope about which he writes, and that's very comforting.

But beware, because Livingston has some blunt things to say about religion, military service, and our definition of "heroes." He isn't very complimentary about many aspects of today's society, either, but his opinions are backed by his experiences in war and in his practice, which gives this book a certain solidness.

"The Thing You Think You Cannot Do" takes no prisoners, accepts no whining, and it won't make friends. But if you're stuck in life and need a nudge, reading it may be the best thing you can do.

Alcohol Addiction: A Fixable Problem

By Albert Moore, MPM, CEAP

Alcoholism – that is, when you are physically addicted to alcohol – can affect all aspects of your life, be it physical, cognitive, emotional, or spiritual. Unfortunately, the alcoholic is sometimes the last person to recognize that these things are going on.

Research shows that 15 to 17 percent of the population either abuses alcohol or is dependent on it. Research also shows that every abuser or alcoholic directly and profoundly affects an average of three to four other people with their drinking.

That is why it is important to have support systems in place such as employee assistance programs (EAPs). People need a place to turn if they or someone they know is in trouble. If you have an alcohol problem, there are some very specific things you can do to help fix it. An EAP health or alcohol addiction coach is a great place to start.

An EAP coach will often refer you to other experts who can help, depending on what you need. In this way, EAP coaches function much like brokers. They know the business and can help you get the best deal in terms of care and counseling. Depending on the particular EAP you use, you may only get a couple of sessions with the coach, but it is understood that they will help you find longer-term help if it's needed.

Other good resources you can turn to include behavioral-health professionals covered by your health insurance plan, or community counseling programs administered by local or state governments. To find a community program, simply do an online search, or look in the Yellow Pages under "drug and alcohol treatment."

For many reasons, people are often hesitant to ask for help. They're embarrassed, or in denial, or worried they might not like what they hear. But, remember, even the best athletes in the world need a coach; someone who can take an objective view. This is exactly what alcohol abusers need.

Do you or does someone you know have an alcohol problem? Here are several questions supplied by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) that can help determine the answer:

- Do you drink alone when you feel angry or sad?
- Does your drinking ever make you late for work?
- Does your drinking worry your family?
- Do you ever drink after telling yourself you won't?
- Do you ever forget what you did while you were drinking?
- Do you get headaches or a hangover after you have been drinking?

As the NIAAA states, if you answered "yes" to any of these questions, you may need help. Check with your doctor, an EAP coach, or another professional to be sure.

Albert Moore, MPM, CEAP, is an Account Representative for LifeSolutions, an employee assistance program that is part of the UPMC Insurance Services Division. To learn more about LifeSolutions visit www.UPMCHealthPlan.com.

Addressing the Shortage of Child and Adolescent Psychiatric Providers

By Kirstyn Kameg

The prevalence of mental illness and substance dependence problems in both adults and children leads to emotional and financial burden on patients, families, and society as a whole. According to the National Institute of Mental Health National Comorbidity Survey, the lifetime prevalence of mental disorders is 46.6%, with half of these disorders emerging by age 14 and 75% by age 21. Alarmingly, the prevalence of mental, emotional, and behavioral disorders in children ages 18 and younger is estimated to be between 17% and 20%, with 14 million youth suffering from one or more of these disorders (National Research Council and Institute of Medicine, 2009).

Untreated mental disorders compromise developmental achievement and place youth at risk for school failure, teenage pregnancy, suicide, violence, and the development of comorbid psychiatric and substance abuse disorders. According to the Centers for Disease Control (2008), suicide is the third leading cause of death in young people ages 10 to 24 with peak attempts occurring during adolescence.

Furthermore, the World Health Organization identifies the following statistics that support the magnitude and burden related to mental illness and substance dependence problems:

- As many as 450 million people suffer from a mental or behavioral disorder
- Nearly 1 million people commit suicide every year
- Four of the six leading causes of disability are due to neuropsychiatric disorders (depression, alcohol-use disorders, schizophrenia, and bipolar disorder)
- One in four families has at least one member with a mental disorder
- The cost of mental health problems in developed countries is estimated to be between 3% and 4% of the gross national product (GNP)
- Individuals suffering from mental illnesses are victims of human rights violations, stigma, and discrimination

Compounding the problem is a national shortage of child and adolescent psychiatric providers. The American Academy of Child and Adolescent Psychiatry reports that the shortage of child and adolescent psychiatrists in the United States has reached a crisis level with approximately 7400 practicing in a country with more than 74 million children and adolescents. The United States has a severe shortage and a significant mal-distribution of child and adolescent psychiatrists, such that shortages are greater in rural and impoverished areas. Primary care clinicians continue to provide the majority of psychiatric treatments for pediatric populations with estimates of 20% of pediatric patients being in need of psychiatric treatment. The increased recognition of the mental health needs of youth, as well as the workforce shortage of child and adolescent psychiatrists, reflects the need to increase providers who are competent to promote and manage the mental health needs of children and adolescents.

The role of the Family Psychiatric Mental Health Nurse Practitioner (F-PMHNP) may represent a means to address this shortage. In the past, nurse practitioners have been educated at the master's level; however, there is a recommendation by the American Association of Colleges of Nursing (AACN) that by 2015, nurse practitioner education across the country will be at the doctoral level leading to a Doctor of Nursing Practice (DNP) degree. The impetus for this recommendation is related to the changing demands of the complex healthcare environment which require nurse practitioners to be prepared with the highest level of scientific knowledge and practice expertise to assure quality patient outcomes. Another recent change in terms of the educational preparation of PMHNPs is that students are now educated to manage patients of all ages.

This change provides the opportunity to address the growing shortage of child and adolescent psychiatric providers. F-PMHNPs have strong educational preparation in psychiatric differential diagnosis and management of both acute and chronic psychiatric conditions affecting pediatric to geriatric patients. Additionally, F-PMHNPs provide psychotherapy and prescribe psychotropic medications leading to comprehensive, cohesive, holistic delivery of services for patients who have previously had to schedule visits with two different providers to meet their complex needs. In conclusion, doctorally prepared F-PMHNPs are prepared to provide high, quality care to individuals of all ages experiencing psychiatric diagnoses and may be a potential solution for the ever growing mental health needs of individuals of all ages.

Kirstyn Kameg is an Associate Professor of Nursing at Robert Morris University and is the coordinator of the Family-Psychiatric Mental Health Nurse Practitioner program. She has presented and published on issues relevant to psychiatric nurse practitioner education as well as evidence-based mental health care. She can be contacted at 412-397-6810 or via email at kameg@rmu.edu.

Health Care Reform: Can We Afford Another Round of Wait and See?

By Katharine C. McCorkle, Ph.D.

Health care in the United States is in crisis. There's no need to dwell on that fact with the *Hospital News* readers. Regardless of how long you have been in the health care industry, you have undoubtedly lived through a number of rounds of health care reform politicking. We are bracing for the next iteration with the recent Supreme Court decision and the upcoming election.

As a health care practitioner who has worked for decades in a number of arenas – psychology, social service, hospital, and academia – I have observed that there are abundant health care resources in the United States, but the way they are applied and distributed results in inadequate care for too many.

While some progress has been made in terms of wellness programs and engaging clients to take personal responsibility for their health, traditional medicine still focuses on the diagnosis and treatment of disease (rather than the promotion of health). The emphasis upon specialization, technology and medication contributes significantly to the crisis as well, pricing many out of the market.

In response to these shortcomings, health care providers and the public increasingly have supported new options, in particular integrative medicine and complementary and alternative medicine (CAM). Broad categories include, but are not limited to, nutrition, homeopathy, yoga, biofeedback, chiropractic, massage, acupuncture, and therapeutic touch. This approach combines treatments from conventional medicine and CAM for which there is scientific evidence of safety and effectiveness.

CAM emphasizes long-held philosophies:

- Prevention is key to good health.
- Your body has the ability to heal itself.
- Learning, self-awareness and healing go hand in hand.
- Holistic (whole person, integrated mind/body/spirit) care is effective.

The Consortium of Academic Health Centers for Integrative Medicine, whose goal is to make a qualitative difference in people's health by advocating an integrative model of healthcare, incorporating mind, body and spirit, counts among its members 38 leading American medical schools, including Johns Hopkins, Harvard, the University of Pennsylvania, Stanford, Duke and Yale. Locally, the University of Pittsburgh medical school now has a dual residency program in primary care and psychiatry, and in June 2012 they hosted a conference on "Wellness and Prevention: Common Ground for Integrative Care."

In a 2005 survey by the American Hospital Association (AHA), 27% of responding hospitals said they offered at least one type of CAM to patients, up from 8% in 1998. A study by the National Institutes of Health found that 38% of adults use some form of complementary and alternative medicine. Add megavitamin therapy and prayer and the figure jumps to 62%. This despite the fact that CAM is not usually covered by insurance plans.

Can we, as a community of providers, expand to embrace those practicing various non-traditional healthcare disciplines and establish a new healing community focusing on health and growth, and integrating both eastern and western concepts of health and healing?

During 15 years of private psychology practice, I have been developing a spiritually-centered form of cognitive-behavioral treatment that I have used successfully with thousands of clients of all faiths. To make it more accessible to the public, care is provided unconditionally (regardless of their insurance status, current health or ability to pay), and no one is ever turned away.

Particularly vulnerable groups that would benefit from integrative health services include:

- those for whom the medical community has run out of treatment options
- people with chronic illnesses that are exacerbated by stress and unhealthy lifestyle choices
- under-insured and uninsured people
- disempowered women, minorities, and hopeless people
- children and troubled teens
- veterans and military families
- people wanting CAM treatments and integrative health care

I believe that all people deserve affordable access to holistic health care and I know that many other health care providers have gifts they share with others unconditionally, too. My desire is to connect those with the inclination to share their gifts freely and those in need to create a network of providers — psychologists, medical doctors, massage therapists, nutritionists, counselors, chiropractors, and others — operating from a shared value base of Ten Principles (See sidebar). Together we can demonstrate the viability of an innovative, inclusive healthcare delivery model that brings client and practitioner together in a dynamic partnership dedicated to optimizing the client's health and healing, a partnership that is affordable and sustainable for all involved.

Clearly, there is a trend towards higher acceptance of CAM and an appreciation of the value of an integrative approach to health care. Nonetheless, new ventures utilizing an integrative mind-body approach have been pursued in a very measured manner. This creates an opportunity for a health care organization embracing a wide range of both traditional and evidence-based complementary and alternative treatments, and utilizing a business model that accommodates the under-insured and uninsured.

Might you join me in assuring that all in our community have access to the services they need? Working together, we need not wait for 2014, or for the government to regulate access to needed care.

Katharine C. McCorkle, Ph.D. is founder and CEO of Balanced Heart Healing Center, Inc. In Warrendale, PA. For more information, visit www.balancedheart.org. Dr. Katie is also the author of "A Balanced Heart: 10 Weeks to Breakthrough", a guided journal offering readers tools and strategies for self-healing and personal growth.

The following 10 Principles comprise the shared value base at Balanced Heart Healing Center (c. 2002):

1. Open your heart and trust
2. Give and receive freely, without attachment to the outcome
3. Create safety for yourself and others
4. Welcome everything as a blessing, especially when it doesn't look like one
5. See only goodness (aka Love)
6. Dream BIG!
7. Take responsibility for everything, no exceptions
8. Let go of what no longer serves you
9. Have no judgments, so truth can be revealed
10. Be the miracle you want to create

The Best Therapy – Getting Out On The Road

VA Butler Healthcare is grateful to the men and women who risk their lives every day in Afghanistan, Iraq and many other places around the world. It is an honor to serve recently returning service members like Army Veteran Steven Firment. Steve served in the Army National Guard for over 11 years as an infantryman, including a tour in Iraq. "While I was in the National Guard, I did as much active service as I could. I loved being a soldier," said Steve.

Steve refers to his tour in Iraq as a "fast and furious tour"—while on duty status (two weeks), he was hit about 14 times. The first time he was wounded was from a piece of shrapnel from a car bomb. After spending a week in recovery, he was hit several more times. Finally, he was sent home after being hit and seriously wounded by a roadside bomb that tore apart his right knee and sent shrapnel throughout his body.

Army Veteran Steven Firment

Steve is now medically retired from the Army and chooses VA Butler Healthcare for his care. He first started receiving VA care in early 2008 and continues to be treated for his physical injuries, especially his knee. He is also seen by behavioral health staff for Post Traumatic Stress Disorder (PTSD).

"It took me a long time to actually admit I had Post Traumatic Stress. I didn't want to admit that I had those issues. I thought I was able to handle it on my own," said Steve. "I just got to a point where I knew I needed to seek additional help, and so I came straight in."

Steve attends the PTSD group for returning service members as well as one-on-one counseling for PTSD. The PTSD group is a psychotherapy group that meets weekly to share combat experiences and learn positive coping strategies. "It helps to know that there are other people going through the same things," said Steve. "Sometimes you don't think it's PTSD or mental issues resulting from combat, you think it's just you. But once you start coming here, you realize that you're not alone…it's not just you."

Besides the PTSD group with other Veterans, getting outside and staying active is especially helpful for Steve. "It's one of the best therapies I can do – just getting out on the road." Steve enjoys being outdoors – hunting, fishing, camping, riding in his jeep, and on his motorcycle. He is also involved with the Wounded Warriors Project. He attended Steelers training camp this past season with Wounded Warriors, and recently went on a pheasant hunt with the group.

While attending the PTSD group and staying active outdoors has been especially helpful for Steve, he says, "'the VA overall has been the most helpful. You meet a lot of Veterans at the VA – it's always good to be around other Veterans." Most importantly though, Steve advises: "Don't be afraid to ask for help. There's a lot of people here [at the VA] willing to help and there's a lot of good care available for you. We've earned it – it's here for us."

Have you recently returned from military service? VA Butler Healthcare's Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/Operation New Dawn (OND) team is here to welcome you home. Now is the time to take advantage of the benefits VA offers OEF/OIF/OND Veterans. VA provides five years of cost-free health care to OEF/OIF/OND Veterans for any injury or illness associated with their service. OEF/OIF combat Veterans may also be eligible for one-time dental care — but you must apply within 180 days of your separation date from active duty.

To learn more about VA care, services and specialty needs, call VA Butler's OEF/OIF/OND Coordinator at 800.362.8262, ext. 2493 or visit www.oefoif.va.gov. We are here for you—welcome home and thank you for your service to our country.

Editor's note: this article first appeared in the 2012 spring issue of VA Butler's magazine, "Living Better," and was reprinted with permission.

New Alarm Bells About Chemicals and Cancer

By Nick Jacobs

Today, I received an article from a friend written by Nicholas Kristof, a New York Times op-ed columnist, titled "New Alarm Bells About Chemicals and Cancer." Having lost my father from cigarette smoking related lung cancer (They've identified4,000 chemicals in tobacco smoke and at least 69 of those chemicals are known to cause cancer), the headline really didn't surprise me very much.

After all, we have gone from eating cupcakes made with flour, sugar, baking powder, salt, shortening, milk, vanilla and eggs to eating faux cupcakes made with niacin, iron reduced, thiamine mononitrate, riboflavin, palm oil interesterified, palm kernel oil, partially hydrogenated cottonseed oil partially hydrogenated with TBHQ, emulsifiers, sorbitan monostearate, mono and diglycerides, sodium stearoyl lactylate, propylene glycol monostearate polyglycerol esters of fatty acids, sorbic acid and a little bit of flour, sugar, eggs et al. You get the point.

Some of the low-lights of the article included facts like, 300 contaminants have been detected in umbilical cord blood of newborn babies which means that these babies were already polluted when they were born! The other very disturbing detail that came out was a quote from the report which says, "Only a few hundred of the more than 80,000 chemicals in use in the United States have been tested for safety." Just think of it. Only about 79,800 other chemicals MIGHT BE DANGEROUS. The food industry is already screaming because there is a bill before the Senate to ban bisphenol-A, commonly found in plastics from food and beverage containers. Right or wrong, BPA has been on the endangered drug list for years.

Well, here's the really bad news. About 41 percent of Americans will be diagnosed with cancer at some point in their lives, both Republicans and Democrats. So, the issue shouldn't be a political issue, but, because it is also an economic issue it is not being addressed equally.

As a healthcare professional, it is tough to see the new statistics involving the cancers that are becoming more and more common with children. Could these cancers be happening because of chemicals in our food, water, air and household products, or is it just Mother Nature trying like heck to keep the seven billion of us from destroying her planet, a guaranteed thinning of the herd?

The good news about the report was that it was filled with suggestions for us relative to self-preservation from these chemicals. For example, filter your drinking water. That would seem simple enough, especially if you didn't store it in heated plastic containers after filtration. Then there were suggestions like remove your shoes when you enter your house. Truthfully, I grew up in a house that was not unlike any respectable Japanese home, EVERYONE was expected to leave their shoes at the door upon entry.

They also suggested storing your water in stainless steel instead of plastic and to microwave in ceramic or glass containers. The article further embraced organic foods and suggested that you not eat meats that are too well done. Finally, the article suggests, "Check radon levels in your home." It probably should have gone on to say, and do something about them, too.

Well, today, I met an 89 year old man who had been on the ground in Hiroshima seven days after the bomb was dropped, and he told me that his secret to longevity was not to think about these disturbing statistics. Truthfully, we all have to die from something. I guess the CEO's and stock holders of the manufacturing companies who use known carcinogens figure that they just want to die rich!

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

Toll of Caregiving is Widespread

Asking for help when the burden of caring for a loved one gets to be too much isn't a sign of weakness. Many are faced with that stress.

According to a study, *Evercare/National Alliance for Caregiving Study of Caregivers — What They Spend, What They Sacrifice,* caregivers reported they were spending on average 35.4 hours a week caring for their loved ones, with 19 percent providing care for more than three years and 32 percent caregiving for more than five years.

To accommodate the caregiving time and expenses they had, study respondents were making the following sacrifices:

- Cutting back on leisure activities (49 percent) and vacations (47 percent)
- Saving less or not at all for their children's future (38 percent);
- Using their savings (34 percent);
- Cutting back on basics such as clothing, utilities or transportation (27 percent) and groceries (25 percent); and,
- Cutting back on personal medical or dental expenses (23 percent).

Here's an interesting observation from a study participant that will relate to you: "Time is the most expensive commodity I provide – but it has no price tag," one caregiver wrote in a diary. Despite the sacrifice, caregivers also said it was a commitment they made willingly.

Study respondents reported on the personal and emotional impact which includes:

- Heightened stress or anxiety (65 percent);
- Difficulty sleeping (49 percent);
- Increased financial worries (43 percent);
- Depression or hopelessness (37 percent), and
- New or worsening health problems (26 percent).

It is important to care for yourself while caring for an aging loved one. For articles, videos, resources and special programs on caregiving topics visit CaregiverStress.com. In addition, you may want to consider respite help to maintain your health and well being.

CAREGivers from Home Instead Senior Care can make a difference in the lives of older adults and their families by providing support with activities of daily living to help keep them independent for as long as possible. For more information about Home Instead Senior Care visit www.homeinstead.com/greaterpittsburgh or call 1-866-996-1087.

Health Care Supply Chain Management—Helping Organizations Improve Quality Care and Manage Costs

By Daniel Casciato

The field of supply chain management has become critical as more health care organizations use supply chain strategies as a way to differentiate themselves in a crowded marketplace.

Organizations need innovative leaders with the vision and skill to manage their supply chain and to help solidify their long-term competitive advantage.

Supply chain management programs, like the one offered at Duquesne University, will prepare students to enter this dynamic and challenging field. In 2007, Duquesne began offering two health care supply chain management programs—a joint effort among the Mylan School of Pharmacy, Rangos School of Health Sciences, and the A.J. Palumbo School of Business Administration. Pharmacy students can earn a Bachelor of Pharmaceutical Sciences in Health Care Supply Chain Management. At the time, this was the first degree of its kind in the nation to be offered by a school of pharmacy.

Business school students can earn a Bachelor of Science in Business Administration with a supply chain management major and a healthcare supply chain management track. This involves completing the required courses for the supply chain management degree along with three additional courses in health care supply chain management. Currently, it is the only program in western Pennsylvania that is administered by an internationally accredited school of business.

"The program is designed to offer business students some flexibility with their degree when they graduate," says Dr. John Mawhinney, Director of Supply Chain Management Programs at Duquesne University. "Since they earn the same education and background as a supply chain major, they are not limited to working in just the healthcare industry. This just gives them more flexibility in their career choices."

The health care portion of the curriculum is taught by pharmacy faculty while supply chain portion is taught by business faculty. The program is designed to prepare students for dynamic careers with organizations such as medical device manufacturers, pharmaceutical firms, hospitals, medical supply distributors, and other segments of the evolving health care industry.

Whether you're a pharmacy or business student, the health care supply chain management program introduces students to elements of the supply chain in the health care system, including purchasing, operations, and distribution. They also learn about the American health care system, its terminology, and the ever-changing information technology in the system.

According to Dr. Mawhinney, nearly 20 business school students are enrolled in supply chain management degree with a health track; about 10 pharmacy students are enrolled in the degree program.

"In the end, we graduate business students with a medical background and pharmacy students with a business background," says Dr. Mawhinney.

This specialized study was added after Duquesne's supply chain management advisory board recognized the need for such a program. Some members of the health care community sat on the advisory board and it became evident to them that were opportunities in the field.

"When we did a search, there were very few undergraduate programs in the country offering health care supply chain management," says Dr. Mawhinney. "There were some certificate programs offered through professional organizations and associations, but there was no full 4-year-degree institutions in the region. Even today, there are only a few programs that offer this course of study."

Looking ahead, Dr. Mawhinney sees a greater demand for graduates with a health care supply chain management background. He states that the field has further gained momentum as the health care industry continues to consolidates.

"As organizations such as UPMC and West Penn Allegheny have aggregated their operations, there is a tremendous opportunity to reduce costs by aggregating buys, and controlling and negotiating prices," he says. "Large health care systems are trying to become more efficient and effective in how they purchase and distribute materials and services within their organizations. UPMC has put together a tremendous health care supply chain management team over the last ten years, that has saved them a great deal of money, improved the efficiency and effectiveness of health care delivery, and had an impact of the total cost of health care."

In addition to UPMC and West Penn Allegheny, Duquesne has also placed graduates in health care supply chain management positions at places like Mylan, Respironics, and Medrad.

Dr. John Mawhinney

"It's a great opportunity and there is a lot of potential for health care supply chain improvement across many health care organizations," says Dr. Mawhinney. "Health care supply chain management is making significant impacts on many organizations. It only benefits an organization to have a person in place who has a business background as well as an understanding of the healthcare systems, processes, and terminologies."

For more information, visit www.duq.edu/business and search for "SCM-Health Care Track."

Pennsylvania to Receive $10,951,982 in Grants from the New Health Care Law for Community Health Centers

Earlier this month, Health and Human Services Secretary Kathleen Sebelius announced $10,951,982 in grants awarded to community health centers in Pennsylvania due to the new health care law – the Affordable Care Act. Grantees estimate these awards will help them serve approximately 13,895 new patients. A full list of Pennsylvania grantees can be found below.

"President Obama's health care law is making community health centers in Pennsylvania stronger," said Secretary Sebelius. "For many Americans, community health centers are the major source of care that ranges from prevention to treatment of chronic diseases. This investment will expand our ability to provide high-quality care to millions of people while supporting good paying jobs in communities across the country."

Funding totaling more than $728 million across the United States will support renovation and construction projects, boosting health centers' ability to care for additional patients and creating jobs. The awards are part of a series of capital investments that are made available to community health centers through the Affordable Care Act, which provides $9.5 billion to expand services over five years and $1.5 billion to support major construction and renovation projects at community health centers.

According to a new report recently released, the health care law has already supported the construction and renovation of 190 health center sites and the creation of 67 new health center sites across the country, and will support the construction and renovation of more than 485 health center sites and the creation of 245 new health center sites over the next two years.

Overall, since the beginning of 2009, employment at community health centers nationwide has increased by 15 percent. And, primarily due to the Affordable Care Act and the Recovery Act, community health centers are serving nearly 3 million additional patients today and will serve an additional 1.3 million additional new patients in the next two years.

The announcement made today is for awards from two capital programs for community health centers. One will provide approximately $629 million to 171 existing health centers across the country for longer-term projects to expand their facilities, improve existing services, and serve more patients. This program will expand access to an additional 860,000 patients. The second set of awards will provide approximately $99.3 million to 227 existing health centers to address pressing facility and equipment needs.

Health centers improve the health of the nation's communities by ensuring access to primary health care services. Currently, more than 8,500 service delivery sites around the country deliver care to nearly 19.5 million patients regardless of their ability to pay.

For more information on HRSA's community health center program, visit http://bphc.hrsa.gov/. To find a health center in your area, visit http://findahealthcenter.hrsa.gov.

New & Notable

Sustainable Healthcare: Pitt Engineers and Magee-Womens Hospital Examine Environmental Impact of Childbirth

Researchers from the University of Pittsburgh and Magee-Womens Hospital have collaborated to improve sustainable childbirth procedures, both through vaginal delivery and birth by cesarean section. The study, published online in Science of the Total Environment, is the first of its kind to examine infant birth using Life Cycle Assessment (LCA), a technique that assesses the environmental impacts associated with all stages of a product's or procedure's life.

"We are deeply interested in understanding the relationship between the delivery of medical care and our environment," said Melissa Bilec, assistant professor in the Swanson School of Engineering and assistant director of education and outreach at the Mascaro Center for Sustainable Innovation. "We utilized LCA to make suggestions on ways to save energy, improve the health of our environment, and address patient or worker safety."

With the goal of improving the environment and patient quality, the interdisciplinary research team evaluated a number of medical devices and procedures used during infant birth using the four-step LCA. The major components evaluated were the heating, ventilation, and air-conditioning system in the hospital (HVAC), as well as lighting, machines, surgical instruments, and disposable custom packs (such as patient gowns and toiletries) associated with each mode of birth. This included the sterilization, decontamination, and waste segregation for disposable materials.

"We found that energy consumption resulting from HVAC, the impacts of the waste involved with disposable custom packs, and the production of disposable custom packs contributed to the highest environmental impacts for both types of births," said Bilec.

By using LCA, the team was able to suggest some noteworthy recommendations to Magee, including HVAC control optimization, environmentally preferred purchasing, reduced reliance on disposable products, and modified waste management. Bilec says the Pitt team felt honored to work with Magee researchers, as they "not only deliver a tremendous number of babies," but they have a very robust "green team" that will try and implement Pitt's suggestions.

"The collaboration with the Pitt engineers has been incredibly exciting for us at Magee because it's allowed us to quantify environmental impacts that we wouldn't have otherwise understood," said Noedahn Copley-Woods, assistant professor in the Department of Obstetrics, Gynecology, and Reproductive Sciences in Pitt's School of Medicine and an OB/GYN physician. "This collaboration has helped direct our sustainability efforts and has generated enthusiasm among Magee employees for our greening efforts."

Using information from this study, the Pitt-Magee team is now studying the environmental impacts of different modes of hysterectomies to further develop its understanding of the carbon footprint of other medical procedures.

Additional researchers involved in the study were Amy Landis, an associate professor of engineering at Arizona State University, and Pitt engineering graduate students Nicole Campion, Justin Deblois, and Cassandra Thiel.

Funding for this study was provided by the National Science Foundation and the National Institutes of Health.

For more information, visit www.pitt.edu.

Highmark Launches New Supply Chain Services Organization to Serve Hospitals

Highmark Inc. has launched ProtoCo™ Supply Chain Partners, a new supply chain services organization to help hospitals reduce costs and achieve higher standards of patient care. Part of Highmark's new Integrated Delivery System, ProtoCo opened for business on April 9, and on April 30 it drew the interest of more than 350 vendor representatives from across the country at a vendor kickoff. The company launched with 50 employees in Pittsburgh and is expected to grow to 80 by the end of 2012.

A collection of three distinct companies, ProtoCo has secured multiple hospital contracts. It will manage the supply chain and handle purchasing for the West Penn Allegheny Health System, which annually spends approximately $480 million. ProtoCo expects to achieve savings for the health system of more than $100 million during the next five years. In addition, ProtoCo has finalized contracts with Saint Vincent Health Center in Erie, Pa., and the West Virginia United Health System, comprised of five hospitals located throughout West Virginia. Other contracts are under negotiation.

ProtoCo group purchasing operations address all facets of a hospital's spending — medical surgical supplies, biomedical engineering, implantable devices, capital equipment, pharmaceuticals and purchased services. Through supply chain management, the company helps customers to optimize purchasing, inventory management, warehousing, distribution, receiving and customer service.

For more information, visit www.highmark.com.

UPMC *for You* Expands Its Service Area as HealthChoices Grows

UPMC *for You* became available in six additional counties starting July 1, and will be available in 10 more counties beginning Sept. 1, 2012, as part of an expansion of HealthChoices, Pennsylvania's innovative Medical Assistance managed care program.

UPMC *for You* – the award-winning Medical Assistance program of Pittsburgh-based UPMC Health Plan – has been approved by Pennsylvania's Department of Public Welfare (DPW) to provide coverage for quality medical care services to Medical Assistance recipients living in those counties. Prior to this latest expansion, UPMC *for You*, had been a DPW-approved managed care organization (MCO) provider for HealthChoices in 24 counties throughout the state.

"We at UPMC *for You* are honored to be chosen as a mandatory managed care program in these counties," said John G. Lovelace, President of UPMC *for You*. "Our record of quality and service makes us well qualified to help meet the state's intended goal with HealthChoices – to improve access and quality for Medical Assistance recipients, while also controlling costs."

Since July 1, UPMC *for You* has been available in these six additional counties: Blair, Cambria, Franklin, Fulton, Huntington, and Somerset counties. Also at that time, Bedford County, where UPMC *for You* was already available as a voluntary option, became a mandatory HealthChoices county as well.

Beginning Sept. 1, UPMC *for You* will be available in these 10 counties in northwest Pennsylvania: Cameron, Clarion, Elk, Erie, Forest, Jefferson, McKean, Potter, Venango, and Warren. At that time, three northwest counties where UPMC *for You* is already available as a voluntary option – Clearfield, Crawford, and Mercer – will become mandatory HealthChoices counties as well.

UPMC *for You* has been the top-ranked Medical Assistance program in Pennsylvania by the National Committee for Quality Assurance (NCQA) for seven of the past eight years. It is both the largest and the fastest-growing Medical Assistance program in Southwest Pennsylvania.

HealthChoices was developed by DPW to help Medical Assistance recipients receive health care in Pennsylvania. The program mandates that all recipients receive health care coverage through MCOs. Recipients are free to pick their own MCO and primary care practitioner from the group of MCOs selected to participate in HealthChoices in the county where they live. HealthChoices replaces Pennsylvania's ACCESS Plus program.

By the end of 2012, HealthChoices will be available to Medical Assistance recipients throughout the state. It has been estimated that this expansion will save the state $375 million in health care costs over the next four years. According to a study by the Lewin Group, over the last 11 years, HealthChoices has saved the state and federal government $5.9 billion in Medicaid funds.

UPMC *for You* is already a HealthChoices MCO in the following southwest Pennsylvania counties: Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington, and Westmoreland. UPMC *for You* is already a HealthChoices MCO in the following counties in the Lehigh Capital region: Adams, Berks, Cumberland, Dauphin, Lancaster, Lebanon, Lehigh, Northampton, Perry, and York.

For more information on UPMC for You visit www.upmchealthplan.com.

New & Notable

Squirrel Hill Health Center Marks Grand Opening of New Location

Squirrel Hill Health Center (SHHC), a federally qualified health center designed to bring the highest-quality health care to the Pittsburgh region regardless of income level or insurance status, is dramatically increasing its capacity to care with the grand opening of its new and expanded offices (4516 Browns Hill Road Pittsburgh, PA 15217).

SHHC held the grand opening event for its new location on May 22. Congressman Mike Doyle attended along with members of the community and SHHC staff.

The new offices include almost double the number of examination rooms from the previous location, and the expanded space enables the center to provide its full spectrum of services (medical, dental, behavioral health, and case management) to even more patients.

From left Charles C. Cohen, Chairman of the Squirrel Hill Health Center Board of Directors; Susan Friedberg Kalson, CEO, Squirrel Hill Health Center; Representative Mike Doyle (D-PA)

In 2011, Squirrel Hill Health Center received a $525,000 grant from the Richard King Mellon Foundation to renovate the vacant space adjacent to the center's dental office into a new, expanded medical office space. With this move, the center has been able to consolidate its services into a single location.

Community members in need of health care services may visit www.squirrelhillhealthcenter.org or call 412-422-7442 to schedule an appointment or for more information.

Healthcare Professionals in the News

PA Hospital Association Announces Staff Promotions


Timothy Ohrum


Daneen Schroder

The Hospital & Healthsystem Association of Pennsylvania (HAP) recently promoted the following staff members, effective January 1, 2012: **Daneen Schroder** has been promoted to Vice President, Member Relations and Education. Schroder joined HAP in 2004, and is a resident of Middle Paxton Township, Dauphin County. She holds a Master of Science degree from Benedictine University and a Bachelor of Science degree from Northern Illinois University.

Timothy Ohrum has been promoted to Senior Director, Legislative Services. Ohrum joined HAP in 1999, and is a resident of Pittsburgh. He is a graduate of Indiana University of Pennsylvania.

Additional information about HAP is available online at www.haponline.org.

Tunc Aksehirli, MD, Joins Jefferson Regional Medical Staff


Tunc Aksehirli

John Dempster, president and CEO, Jefferson Regional Medical Center, announced that **Tunc Aksehirli, MD**, has joined the Jefferson Regional Medical Staff and Jefferson Hills Surgical Specialists. Dr. Aksehirli specializes in bariatric surgery and advanced laparoscopic general surgery.

Born in Pittsburgh, Dr. Aksehirli grew up in New York and attended New York Medical College, where he completed a laparoscopic surgery fellowship and also completed his residency and internship in general surgery. He earned his Bachelor of Science degree in human biology at State University of New York at Albany and his Doctor of Medicine degree at Saba University School of Medicine, Saba, Netherlands Antilles. He is certified by the American Board of Surgery.

For more information, visit www.jeffersonregional.com.

Sharon Regional Now Offering Hospitalist Service


William Hofmann

Sharon Regional Health System recently developed a hospitalist program and welcomed **William Hofmann, D.O.,** to the Health System. Dr. Hofmann has three years' experience as a full time inpatient hospitalist after more than 25 years in a private, internal medicine practice. He most recently was a hospitalist and director of hospitalist services at ARIA Health System, Philadelphia.

Hospitalists are specially trained physicians who, at the request of a patient's primary care physician, will take over and coordinate care when the patient is in the hospital, while keeping the patient's primary care physician informed about their progress. Once the patient is discharged from the hospital, he/she returns once again to the care of their primary care physician.

In recent years, many leading hospitals around the country have added hospitalists to their care teams. At Sharon Regional, some primary care physicians have indicated a desire to have hospitalists manage the care of their patients who need an inpatient admission, so they can devote more of their time to their busy office practices. The hospitalist program also offers a solution for patients who want to choose Sharon Regional for their inpatient care, but who previously were unable to do so because their primary care physician did not have admitting privileges at the Health System.

Hospitalists also care for patients who do not have a primary care physician who may require an inpatient stay as a result of an emergency room visit.

Dr. Hofmann completed internal medicine residencies at Delaware Valley Medical Center, Langhorne, and at Metropolitan Hospital Parkview Division, Philadelphia; a traditional rotating internship at Metropolitan Hospital Parkview Division; and earned his Doctor of Osteopathy from the Philadelphia College of Osteopathic Medicine.

For more information, visit www.srhs-pa.org.

Jameson Rehab Hires New Audiologist


Kate Bayer

Kate Bayer, MA,CCC/A, Audiologist has joined the Jameson Rehabilitation Center of Neshannock. Bayer is a graduate of West Virginia University with a Bachelor of Science in Speech Pathology/Audiology and a graduate of Ohio University with a Masters of Arts in Audiology. She has been a licensed audiologist since 2004 and certified by ASHA (American Speech-Language Hearing Association) since 2005.

At the Neshannock Rehabilitation Center, Bayer will perform audiological assessments and treatment and aural rehab for patients of all ages, from babies on up. Hearing deficits can stem from a variety of causes, congenital, age, illness, injury, or exposure to high-intensity noise. Regardless of the origin of the hearing deficiency, our state-licensed staff audiologist can assess the extent of the impairment and assist patients with remedial measures such as hearing aids.

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

Judy Flynn, CRNP, Joins New Mt. Jewett Health Center


Judy Flynn

Bradford Regional Medical Center (BRMC) announced that Family Nurse Practitioner **Judy Flynn, CRNP,** will be the primary care provider for the hospital's newly constructed Mt. Jewett Health Center located at 122 West Main Street in Mt. Jewett, PA.

Flynn obtained her Master's Degree as a Family Nurse Practitioner from the State University of New York at Buffalo and is certified by the American Nurses Credentialing Center. Flynn is an Advanced Cardiac Life Support Instructor and serves on the Disaster Medical Assistance Team PA-3, a branch of the Federal Emergency Management Agency.

In addition to primary care services, the Mt. Jewett Health Center will offer dental services, as well as obstetrics and gynecology services. Dr. Dongwuk Cha, DDS was named to lead the dental program at Mt. Jewett Health Center in early February. Joining Dr. Cha will be Brittany Elton, Registered Dental Hygienist; and Dental Assistants Jordan Ahearn, Laura Stickle, and Sarah Barr.

For more information, visit www.uahs.org.

Healthcare Professionals in the News

G. Alan Yeasted, M.D., FACP Elected Local Governor of National Doctor's Group


G. Alan Yeasted

G. Alan Yeasted, M.D., FACP, has been elected Governor of the Pennsylvania Western Chapter of the American College of Physicians (ACP), the national organization of internists. His term began during Internal Medicine 2012 - the ACP annual scientific meeting in New Orleans, La., April 19-21.

A resident of Mt. Lebanon, Pa., Dr. Yeasted is Senior Vice President and Chief Medical Officer at St. Clair Hospital in Mt. Lebanon. He is also an internal medicine private practice physician and a Clinical Assistant Professor of Medicine at the University of Pittsburgh School of Medicine.

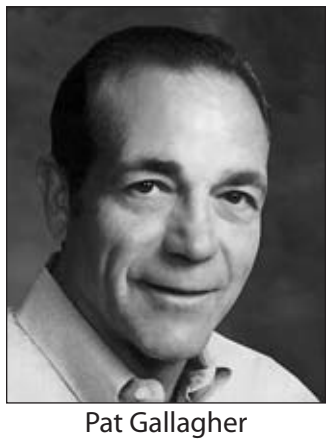
Dr. Yeasted previously served as Governor-Elect in transition for the ACP Governor position. Governors are elected by local ACP members and serve four-year terms. Working with a local council, they supervise ACP chapter activities, appoint members to local committees, and preside at regional meetings. They also represent members by serving on the ACP Board of Governors.

A native of Tarentum, Pa., Dr. Yeasted earned a Bachelor of Science degree from St. Vincent College and a Medical Degree from the University of Pittsburgh School of Medicine. He went on to complete an internal medicine residency at Mercy Hospital in Pennsylvania.

Board-certified in internal medicine, Dr. Yeasted has been a fellow of the American College of Physicians (FACP) since 1995. FACP is an honorary designation that recognizes ongoing individual service and contributions to the practice of medicine. Dr. Yeasted has also been involved with the Allegheny County Medical Society as President in 2003, chairman of the Board of Directors in 2004, and member of the Board since 2005.

For more information, visit www.acponline.org.

Heritage Valley Health System Announces Foundation Board Officers and Welcomes New Board Members


Pat Gallagher

The Boards of Directors of the Heritage Valley Beaver Foundation and Heritage Valley Sewickley Foundation recently announced their board leadership for 2012. The leadership for the Heritage Valley Beaver Foundation, effective January 1, 2012 is comprised of: Thomas Leydig, Chair; Bob Terwilliger, Vice Chair; Tammy Zelenko, Secretary; and Fred Clerici, Treasurer. The leadership for the Heritage Valley Sewickley Foundation, effective January 1, 2012 is comprised of: Scott Elste, Chair; Greg Smith, Vice Chair; Lynn Vescio, RN, MSN, MS, Secretary/Treasurer.


Raymond DeMarco

Additionally, the Heritage Valley Beaver Foundation is pleased to welcome Pat Gallagher, Raymond DeMarco and George Mistovich, Jr., DMD, to its Board of Directors.

Pat Gallagher is founder and chief executive officer of PGT Trucking, Inc. located in Monaca, Pa. With over 1000 units and 29 terminals, PGT is ranked one of the leading flatbed carriers in the nation. Pat is also a board member with the Leukemia & Lymphoma Society of Southwestern Pennsylvania and the Laurel Highlands Boy Scouts Council. Pat resides in Sewickley Heights, Pa.


George Mistovich, Jr.

Raymond DeMarco is a licensed nursing home administrator for Providence Care Center, a 180-bed long-term care facility in Beaver Falls. In addition, Raymond was an instructor at Penn State University, Monaca Campus teaching Personal Care Home & Assisted Living credentialing courses. He also taught at Penn State's College of Human Development. Raymond received his Master's Degree in Health Research & Administration from the University of Cincinnati and is currently residing in Brighton Township, Pa.

George Mistovich, Jr., DMD is a dentist associated with Brodhead Dental in Center Township, Pa. and with Drs. Wichmann and Hamerski in Chippewa Township, Pa. Dr. Mistovich is also the school dentist for Aliquippa School District and Seneca Valley School District. He received his medical degree from the University of Pittsburgh School of Dental Medicine and is a member of the Serbian National Federation. He and his wife reside with their daughter Julianna in Center Township, Pa.

The Heritage Valley Sewickley Foundation is pleased to welcome Qurashia (Corrie) Manjoo, MD, MPH and John J. Edson, Esq. to its Board of Directors.

Corrie Manjoo, MD, MPH is a phlebologist dedicated to the treatment of venous insufficiency with Heritage Valley VeinCare located at the Heritage Valley Heart & Vascular Center office in Leetsdale. Dr. Manjoo graduated from the Royal College of Surgeons in Ireland, completed her rotating internship at Northdale Hospital, Pietermaritzburg, South Africa, and a residency in internal medicine at the Medical College of Toledo, Ohio. She is Board certified in Internal Medicine, and has a Master of Public Health (Epidemiology of Chronic Disease) from the University of Pittsburgh where she worked prior to training in the field of Phlebology. She serves on the board for Sweetwater Center for the Arts and is a former board member of both the Home and School Association at Sewickley Academy, and Youth Connect, an organization dedicated to addressing risky behavior in area youth. She and her husband, Dr. Jas Sandhu, reside in Sewickley, Pa.


Corrie Manjoo


John Edson

John J. Edson, Esq. is an attorney with an office in Sewickley focusing in commercial real estate, corporate, litigation and estates and trusts matters. John earned his law degree from the Duquesne University School of Law and his undergraduate degree from Tufts University. John resides in Sewickley, Pa. with his wife, Eileen, and three children.

For more information, visit www.heritagevalley.org.

Area Surgeon named President of the Southwestern PA Chapter, American College of Surgeons

Dr. D'Arcy Duke, Conemaugh Physician Group Valley Surgeons, has been chosen as the incoming president of the Southwestern, Pennsylvania Chapter of the American College of Surgeons. Dr. Duke is the first physician in the region to hold this position.

The Southwestern Chapter of the American College of Surgeons (ACS) was organized in 1953 to promote the art and science of surgery through educational programs and to enhance the overall quality of surgical care in Southwestern Pennsylvania.

Dr. Duke was presented with a gavel and block to commemorate her new position at the group's general membership meeting earlier this month in Pittsburgh. On hand to congratulate Dr. Duke was her father, Dr. Bruce Duke III. Dr. Bruce Duke was at one time president of the Pittsburgh Surgical Society which has since combined with the ACS Southwestern, Pennsylvania Chapter.

Also at the Chapter meeting, twelve area resident physicians were chosen to present their "Most Interesting Cases". Three of the presentations were by Conemaugh Memorial physician residents including: Dr. Kathryn Giroux presented, *Metastic Disease Mimics a Primary Gastric Tumor*; Dr. Sara Honari presented, *Traumatic Transaction of the Thoracic Duct* and Dr. Shawna Morrissey presented *An Unusual Complication of Nasotracheal Intubation.*

For more information, visit www.conemaugh.org.

Dr. D'Arcy Duke, Conemaugh Physician Group Valley Surgeons, is given a gavel and block by her father Dr. Bruce Duke III, to recognize her appointment as President of the American College of Surgeons Southwestern Pennsylvania Chapter.

HONOR ROLL

Reformed Presbyterian Home Honored for Participation in the Pennsylvania Depression Collaborative

The Reformed Presbyterian Home in Pittsburgh participated in the ground-breaking Pennsylvania Depression Collaborative, a 15 month study commencing October 2010 aimed at identifying and treating suicidal nursing home residents and those at risk for a major depressive disorder. Homes that were willing to commit to applying and adapting program strategies and interventions were invited to be part of the collaborative.

The collaborative was spearheaded by LeadingAgePA, The Hospital & Healthsystem Association of Pennsylvania, Pennsylvania Association of County Affiliated Homes, and the Pennsylvania Health Care Association, together with the Southeastern Pennsylvania Association of Healthcare Quality and the Abramson Center's Polisher Research Institute. The RP team, led by Administrator Margie Hemphill and Director of Nursing Linda Long, provided aggregate data on a monthly basis to the collaborative. The collaborative was discontinued after eight months because of the overwhelming response from the Homes included in the study and the amount of data received.

The Reformed Presbyterian Home and forty other state nursing facilities demonstrated a 58% reduction in the percentage of residents with moderate to severe depressive symptoms from the start of the study and, on May 9, the teams were invited to Harrisburg to be honored for participating in the collaborative.

For more information, visit www.rphome.org.

Pictured from left to right: Beth Greenburg of LeadingAgePA, Margie Hemphill of the RP Home, Carolyn Hann of Quality Insights, Linda Long of the RP Home, and Scott Crespy of the Madlyn and Leonard Abramson Center for Jewish Life.

Brook T. Ward Appointed Examiner for 2012 Malcolm Baldrige National Quality Award

Brook T. Ward

Brook T. Ward of The Washington Hospital located in Washington, PA, has been appointed by Dr. Patrick Gallagher, Director of the Commerce Department's National Institute of Standards and Technology (NIST), to the 2012 Board of Examiners for the Malcolm Baldrige National Quality Award. The Award, created by public law in 1987, is the highest level of national recognition for performance excellence that a U.S. organization can receive.

As an Examiner, Mr. Ward is responsible for reviewing and evaluating applications submitted for the Award. The board is composed of approximately 500 leading experts selected from industry, professional and trade organizations, education and health care organizations, and nonprofits (including government).

Those selected meet the highest standards of qualification and peer recognition. All members of the board must take part in a preparation course based on the Baldrige Criteria for Performance Excellence and the scoring and evaluation processes for the Baldrige Award.

For more information, visit www.nist.gov/baldrige.

Health Care Event & Meeting Guide

Alzheimer's CARE Training Workshop
Aug. 28
Home Instead Senior Care Center for Training and Education
2000 Oxford Drive, Suite 415
Bethel Park, PA

13th Annual PBGH Health Care Symposium
September 6
Pittsburgh Marriott City Center
Email laura.wicker@pbghpa.com

Free Continuing Education Programs for Social Workers & Registered Nurses
Sponsored by Baptist Homes Society
September 17
Providence Point
Topic: Religious Aspects of End of Life Decision-Making
Email slauer@baptisthomes.org or call 412.572.8058

9th Annual Pennsylvania Conference for Women
Oct. 2
Pennsylvania Convention Center (Philadelphia)
Register online at www.PAConferenceForWomen.org

Pennsylvania State Nurses Association Annual Summit
"Bullying: Are you the Aggressor, the Bystander, or the Target?"
Nov. 2
DeSales University, Center Valley
Register at www.panurses.org/summit2012

Pennsylvania Health Care Association
Annual Convention
Nov. 13-15
Valley Forge Casino Resort
King of Prussia, PA
For more information, visit www.phca.org

26th Annual Rural Health Care Leadership Conference
Feb. 10-13, 2013
Pointe Hilton Tapatio Cliffs Resort
Phoenix, AZ
Register online at www.HealthForum.com/Rural

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CHILDREN'S SERVICES

THE CHILDREN'S HOME OF PITTSBURGH & LEMIEUX FAMILY CENTER

Established in 1893, The Children's Home of Pittsburgh is an independent non-profit organization whose purpose is to promote the health and well-being of infants and children through services which establish and strengthen the family. The Children's Home has three programs: a licensed infant Adoption program, Child's Way® day care for medically fragile children, birth to age 8, and a 24-bed Pediatric Specialty Hospital, providing acute care for children ages birth to 21, transitioning from hospital to home. Additionally, our Family Living Area provides families with amenities to help make our hospital feel more like home, allowing them to stay overnight with their child. For more information, visit www.childrenshomepgh.org.

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5324 Penn Avenue,
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(412) 441-4884

THE EARLY LEARNING INSTITUTE (TELI)

With over 50 years of experience, The Early Learning Institute (TELI) provides comprehensive Early Intervention and Early Childhood Education programs to children ages birth to young school age. Supportive services can include: Occupational, Physical, and Speech Therapy, as well as Social Work, Developmental, Vision, Hearing and Nutrition Services. Child care and socialization groups are also available.

The objective of TELI's Early Intervention and Early Childhood Education programs is to assist the child in reaching the age-appropriate developmental and educational milestones necessary to grow and learn, ultimately equipping the child to enter kindergarten and be successful in school and beyond. For more information, visit www.telipa.org.

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For more information, please contact Joan Mitchell for independent living; Michele Bruschi for Nursing Admissions; or Lisa Powell for Assisted Living at 412-341-1030. Visit our website at www.asburyheights.org.

BAPTIST HOMES SOCIETY

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

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

KANE REGIONAL CENTERS

Allegheny County's four Kane Regional Centers provide residential skilled nursing care and rehabilitation for short-term and long-term needs. The centers -- located in Glen Hazel, McKeesport, Ross Township and Scott Township -- offer 24-hour skilled nursing care, hospice and respite care, Alzheimer's memory care, recreational therapy and social services. Visit www.kanecare.com or call 412.422.6800.

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PRESBYTERIAN SENIORCARE

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

ST. BARNABAS HEALTH SYSTEM

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

WESTMORELAND MANOR

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

Eagle Tree Apartments are also offered on the Westmoreland Manor campus. These efficiency apartments offer independent living in a protective environment.

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HOME HEALTH/HOME CARE/HOSPICE

ANOVA HOME HEALTH AND HOSPICE

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

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

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For more information write to Private Duty Services, 400 Penn Center Blvd., Suite 100, Pittsburgh, PA 15235, visit our website www.likenservices.com, e-mail info@likenservices.com or call 412-816-0113 - 7 days a week, 24 hours per day.

MEDI HOME HEALTH AND HOSPICE

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

PSA HEALTHCARE

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

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Kindred Hospital Pittsburgh
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Kindred Hospital Pittsburgh - North Shore
1004 Arch Street Pittsburgh, PA 15212

Kindred Hospital at Heritage Valley
1000 Dutch Ridge Road Beaver, PA 15009

For referrals and admissions, call:
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www.kindredhealthcare.com

PEDIATRIC SPECIALTY HOSPITAL

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

THE CHILDREN'S INSTITUTE

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

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

PUBLIC HEALTH SERVICES

ALLEGHENY COUNTY HEALTH DEPARTMENT

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

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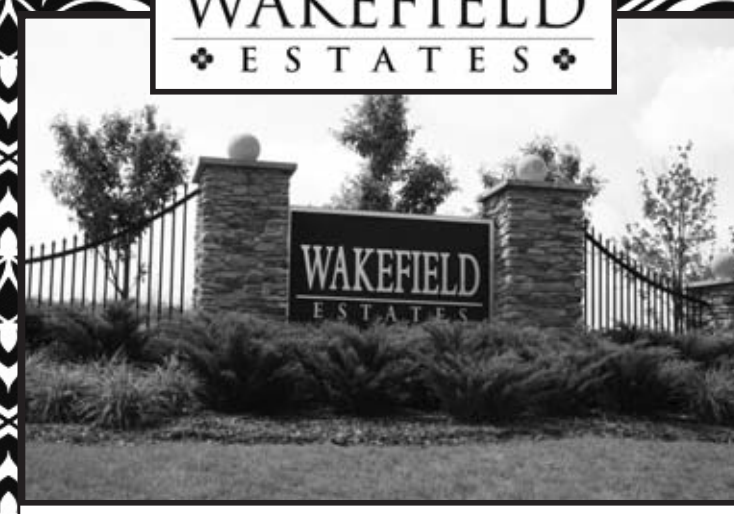

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EXECUTIVE Living

Around the Region

Jefferson Regional Announces Plans for Strategic Partnership with Highmark


John J. Dempster

Jefferson Regional Medical Center announced this month that its Board of Directors has unanimously voted to pursue a strategic partnership with Highmark. The announcement was made by John J. Dempster, President and CEO, Jefferson Regional Medical Center and Highmark's Chairman of the Board J. Robert Baum, Ph.D.

"This is an important milestone for Jefferson Regional Medical Center. This new relationship is a positive step for our organization, one that will enhance the work of our medical staff and our employees — and the lives of our patients," said Mr. Dempster. "Their good health will continue to be the primary concern of our caring physicians, and our patients will be the recipients of the expanded services and innovative technologies."

This partnership is an important step in the development of Highmark's integrated delivery system. The partnership is expected to create even higher quality healthcare, improve care coordination through innovative technologies, expand community-based services and generate a more satisfying care experience for patients.

"This partnership demonstrates the commitment of Highmark and Jefferson to working together to create a more modern, efficient health care system," said Dr. Baum. "It keeps care in the community, creating greater convenience for patients and maintaining the economic vitality of the South Hills."

Jefferson Regional Medical Center will be an important part of Highmark's integrated delivery system in its southern service region. Highmark's support will benefit the community in a variety of ways:

- A new, state-of-the-art Emergency Department and expanded services at the Bethel Park Campus.
- Expanded clinical services, such as neurosurgery and gynecology.
- $75 million for improved community health and wellness care with Highmark support to Jefferson's Foundation.

Highmark has committed to supporting Jefferson's medical staff in providing health and wellness care in the community, and promoting the Jefferson brand. The management of Jefferson Regional Medical Center and Highmark will continue discussions with the goal of finalizing the relationship, which must be approved by the Pennsylvania Attorney General and Allegheny County Orphan's Court.

For more information, visit www.jeffersonregional.com or www.highmark.com.

Children with Heart Conditions Experience Summer Fun at Children's Hospital of Pittsburgh of UPMC's Annual Heart Camp

The Dr. Bill Neches Heart Camp for Kids offers children with heart disease the opportunity to trade in doctor's appointments for warm weather and pool time. The camp, sponsored by the Heart Institute at Children's Hospital of Pittsburgh of UPMC, gives kids a test-free, pain-free vacation and the chance to interact with nurses and doctors in a non-medical setting.

More than 130 children from across the region will travel to western Pennsylvania this week to enjoy traditional camp activities such as fishing and crafts while sharing with each other the challenges of living with heart conditions. Heart Camp will be held from June 12 to 16 at Camp Kon-O-Kwee in Fombell, Pa., and will provide campers between the ages of 8 and 16 the chance to meet, interact and relate to other children who have similar medical conditions.

The camp, established in 1991 by Children's Hospital, is the first in the nation dedicated solely to children with heart disease. It is named in honor of founding Children's cardiologist William Neches, M.D., who retired in 2005 after 33 years at Children's Hospital.

Heart disease affects approximately 1 percent of all children born in the United States, yet very few who have heart disease are aware of others with the same problems. The camp helps children and adolescents with heart disease feel less isolated by introducing them to other children like themselves.

Campers are encouraged to make new friends, share their experiences, and participate in camp activities to the best of their abilities, without fear of being judged by others. Physicians, nurses and other members of the Children's Hospital staff, as well as the counselors and camp directors, supervise activities throughout the four-day outing. Campers also have the opportunity to discuss issues and concerns related to their disease with their doctors, nurses and peers.

"Heart Camp gives children the opportunity to enjoy many activities such as swimming and hiking, but also gives them time to interact with their doctors and nurses outside of the medical setting, said camp co-director Linda Russo, M.D., a cardiologist at the Heart Institute at Children's. "The close friendships the campers also develop are helpful to their long-term healing and progress."

Campers also have role models in their Heart Camp counselors and junior counselors, all of whom have heart conditions and were campers themselves at one time. They can speak from experience about their past hospitalizations, tests, surgeries and illnesses, and are proof that children with heart disease can become normal, functioning adults.

"Watching the campers spend time and interact with their counselors who have been in the same medical situation as they and are now leading normal lives, gives these kids hope that they can have bright, active futures," said camp co-director Susan Miller, M.D.

Some new additions to camp this year will include the "Dancing with the SCARS" dance contest, where mini Mirror Ball trophies will be given to all participants. Campers also will get the chance to experience the "Splash Pad," which resembles a mini water park.

Heart Camp is supported through the generosity of organizations such as the American Heart Association, as well as many other private and corporate donors. The camp is a program of the Heart Institute at Children's. The Heart Institute cares for infants, children and young adults with all types of heart disease and for adults with congenital heart disease, including many who have undergone heart transplants.

For more information about the Heart Institute or Heart Camp, please visit www.chp.edu/heart.

Jane and Rick

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

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

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412.665.2400

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412.362.3500

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412.323.0420

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