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The Future of Nursing

By Mary Ellen Smith Glasgow, PhD, RN, ACNS-BC

It is an exciting time to be a nurse. The future is bright due a variety of factors, including retirements, health care reform and an aging population.

According to the Bureau of Labor Statistics' Employment Projections 2010–2020, it is expected that the number of employed nurses will grow from 2.74 million in 2010 to 3.45 million in 2020, an increase of 712,000 or 26 percent. The projections further explain the need for 495,500 replacements in the nursing workforce bringing ***the total number of job openings for nurses due to growth and replacements to 1.2 million by 2020.***

Furthermore, given future projections, we will need a greater number of nurses who possess advanced knowledge, education and skills. The Institute of Medicine issued a landmark report, *The Future of Nursing*, focused on the nursing profession calling for at least 80 percent of the nursing workforce to hold bachelor's degree and double the number of nurses with doctorates. Why do we need more baccalaureate prepared nurses and nurses with a doctoral degree?

We will need a highly educated nursing workforce due to changing patient demographics as well as advancements in technology and science, factors that are causing knowledge to explode an accelerating rate. Clearly, a solid background in the scientific basis of health will be essential for nurses as they counsel patients and truly gain a deep understanding of disease processes and chronic conditions.

New technology will infuse and influence the nursing profession. We will use them to assess and diagnose patients and to increase the efficiency and timeliness of care, creating a need for nurses who are technologically savvy, capable of retrieving the most up-to-date knowledge, and evaluating its accuracy at the point of patient care. This is a trend we simply will not be able to ignore.

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Pharmacy Access Signed Into Law

By Carol Aichele

Gov. Tom Corbett is fighting to make Pennsylvania a state where small businesses can flourish, create jobs, and provide important products and services to our citizens.

The governor's recent signing of Act 207 of 2012, the Access to Community Pharmacy Services Law, is a big step forward in this effort, as well as a win for Pennsylvania consumers.

Pennsylvania is home to nearly 3,400 pharmacies. These local businesses keep our citizens healthy by dispensing prescription drugs and counseling customers to make sure they understand their medications, as well as making sure prescriptions can be taken safely in combination with other medications.

Pharmacists help make our state's health care system work.

Containing health care costs is also an important public policy goal, but must be balanced with providing the best care possible. These two goals began to collide in recent years, as more and more health plans cut deals with large, mail-order pharmacy companies to provide prescriptions at reduced cost.

While good for consumers' wallets and holding down insurance costs, this is not a good situation for consumers in terms of their health care and it is not positive for Pennsylvania's economy.

Patients can't talk to mail order pharmacies about individual health care concerns, such as whether a prescription should be taken with food. The mail order company doesn't know whether the prescription will combine safely with the patient's other medications.

For many people, just having the peace of mind that a trusted, local health care professional is concerned about their well-being makes all the difference. Earlier this year, a study showed that consumers, when costs are similar, prefer dealing with a local pharmacy over a mail-order firm by a four-to-one margin.

Pharmacies employ about 122,000 Pennsylvanians. These key, local businesses also buy supplies and services from other firms in their communities. Community pharmacies pay more than $1.1 billion a year in state and local taxes, supporting education, public safety, and other important services.

This is why Gov. Corbett supported and signed this law, so consumers can choose to get prescriptions at their local pharmacies. This issue had been debated in the Legislature for 15 years.

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Rehabilitation Technology Changes Lives

● A toddler without the muscle control to hold her feet on a tricycle's pedals can now join the other kids zipping around the playground.

● A teenager who cannot move his arms, legs, or trunk is able to play his favorite Bon Jovi album using only a slight movement of his head.

● A boy who couldn't move on his own drives a wheelchair through his house, delighting his family—and himself.

These life-changing achievements were made possible by the rehabilitation engineering profession, which creates and adapts the equipment that makes much of life possible for people with serious disabilities.

The Children's Institute of Pittsburgh has one of the region's most robust and creative rehab engineering departments. It is headed by Rehabilitation Engineer Beth Ann Brednich, who works closely with the organization's expert physical, occupational, and speech therapists to understand each patient's situation and needs. One child might need to be able to sit upright despite weakness in her trunk muscles. Another might have only limited fine motor control, but might need to control a power wheelchair. A third might need to be able to communicate his needs and desires, despite being able to move only his head.

Ms. Brednich, with an undergraduate degree in biomedical engineering and a master's in rehabilitation science and technology, knows what's available in the rapidly changing world of assistive technology. Working with staff therapists and Ray Mehal, The Children's Institute's adaptive equipment technician, she can make almost infinite adaptations to equipment, essentially making each piece one of a kind, tailored precisely to the child's needs.

Lorelli Moser, OTR/L, Director of Occupational Therapy at The Children's Institute's Hospital, said, "We are fortunate to have in Beth Ann someone who not only is well grounded in the technology, but who also fully understands the physical and emotional needs of kids with disabilities."

Many children benefit

The Children's Institute's rehab engineering services benefit inpatients and outpatients at the Hospital, students at The Day School, and kids in the community who need assistive technology support.

There are weekly assistive technology evaluations in which Beth Ann and the therapists evaluate needs and suggest ways to adapt equipment to meet them. Equipment vendors work closely with the staff, and lend a great variety of equipment so patients and their families can see exactly which solutions will work for a child before a purchase is made. There's even a miniature "carwash" to sanitize gear used by more than one patient.

Computers increase control

Much of the work involves mobility—helping patients and students with standing, walking, and getting around. There's also a great deal of work with computers and communications technology. Augmentative communication devices open new worlds for kids who are unable to verbalize their needs, and computers can be programmed to allow even severely challenged children to exert some control over their surroundings. Beth Ann Brednich said, "Things are happening so fast in computers—for instance, there were no iPads a few years ago, but now they're everywhere and there are many ways they can be programmed to make life easier for the children. And having the device helps them fit in with their peers who are so familiar with mobile technology."

Beth Ann and her colleagues also provide a home evaluation service to the families of kids with special needs. They'll visit the home and make recommendations about everything from access ramps and accessible bathrooms to computer-controlled doors, and even suggest possible funding sources to pay for the modifications.

Rehabilitation engineering is a profession that makes an enormous difference. Consider Noah Sheriff, who was paralyzed after a high school wrestling accident, with no assurance that he could be mobile again. After months as an inpatient at The Children's Institute, aided by the full range of assistive technologies, he can now walk independently and is compiling an excellent record as a full-time student at Penn State McKeesport.

What career path has he chosen? As a direct result of what he saw and experienced at The Children's Institute, Noah is studying rehabilitation engineering—a remarkable example of "paying it forward."

For more information, visit www.amazingkids.org.

Got Back Pain?

You're not alone! At any given time 25-30% of people in the United States report having low back pain in the past three months.

TRUE OR FALSE:

✔ 80-90% of adults in the US will experience back pain at some time in their lives. **TRUE**

✔ Fewer than 2% of people with low back pain have a herniated disk. **TRUE**

✔ Back pain is one of the most common reasons for missed work and the second most common reason for visits to the doctor's office. **TRUE**

✔ MRI, CT scan, and X-ray are the best tools to diagnose the cause of low back pain. **FALSE.** Most of the time imaging tests will not show a muscle spasm or ligament strain, which are the most common causes.

✔ Physical therapy can resolve your low back pain in as little as one visit. **TRUE**

✔ Sciatica is the medical term for severe low back pain. **FALSE.** Sciatica is leg pain caused by pressure on the sciatic nerve.

✔ Americans spend at least $50 billion each year on back pain. **TRUE**

✔ A week of bed rest is the best treatment for low back pain. **FALSE.** Bed rest can actually make back pain worse and even lead to other conditions.

What are the Symptoms? The symptoms vary from person to person. You may experience a dull ache, burning sensation, or sharp pain. The pain may be located at a specific point or over a broad area. Sometimes, it might radiate into one or both legs.

Low back pain is categorized as acute, recurrent, or chronic. Acute pain lasts less than three months. Recurrent describes acute symptoms that come back. Chronic pain lasts longer than three months. Most of the time, low back pain will resolve within two weeks without medical intervention. However, 60-80% of patients with low back pain will have a recurrence within one year.

How Is It Diagnosed? Your physical therapist will perform a thorough evaluation that includes:

- Complete health history to rule out metabolic, neurological, fractures, and cancer related causes.
- Questions about your specific symptoms
- Assessment of posture, flexibility, muscle strength, joint mobility, movement patterns, gait, and ergonomics

Will Physical Therapy Help? Yes, and generally without surgery or medication. Your physical therapist will tailor your treatment to fit your symptoms, diagnosis, and lifestyle. Following evaluation, your physical therapist will identify the factors that have contributed to your specific back problem, and design an individualized treatment plan. At first, your therapist may use ice, heat, or electrical stimulation to help relieve pain. As you progress, your program may include:

- Manual therapy, including spinal mobilization
- Strengthening, with specific focus on the core musculature
- Flexibility exercises (Tip: tight hamstrings are often a culprit in low back pain)
- Education about how you can take better care of your back
- Training for proper lifting, bending, and sitting

Can this Injury or Condition be Prevented? A physical therapist not only treats persistent or recurrent low back pain, but also plays an important role in preventing it.

- Some of the preventative strategies include:
- Exercises to keep your back, stomach, and leg muscles strong and flexible
- Good body positioning at work, home, or during leisure activities
- Proper lifting techniques
- Maintain a regular physical fitness regimen—staying active can help to prevent injuries

For more information, visit www.alleghenychesapeake.com.

Study Reports That Sibling Caregivers Meet Unexpected Challenges

Special Needs

When thinking about special needs caregivers, a parent, spouse or adult child typically comes to mind. However, the role siblings play as caregivers is often overlooked. Today, about 25% of adults who have a sibling living with a disability serves as their primary care providers. According to a recent study, future primary caregivers may face unrealistic expectations in terms of the time caregiving will take, and the support they will receive.

The Siblings Study, released last month by Massachusetts Mutual Life Insurance Company (MassMutual) and Easter Seals, explores the experiences of sibling caregivers and the services and supports their families need.

"There is an undeniable bond between siblings which can be especially close when one has special needs, but along with this relationship comes a unique set of circumstances and a great deal of responsibility," says Joanne Gruszkos, founder and director of the Special*Care*SM Program, MassMutual. "For sibling caregivers, it's critical to not only set realistic expectations, but also prepare financially, emotionally and physically."

Some of the other key findings of the studies:

- Only 33 percent of future caregivers feel financially prepared to care for siblings and seven in ten future caregivers worry about the cost of caring for their siblings.
- The majority of current caregivers (75 percent) feel caring for their sibling is a full-time job, while only 55 percent of future caregivers expect it to be so.
- Just 57 percent of current caregivers feel they receive the financial, emotional and physical support they need, something 67 percent of future caregivers expect to receive.
- Sixty percent wish they knew more about planning for their sibling's care and finances. However, just over a third report that they use special needs services.
- According to Gruszkos, "at MassMutual we understand that caring for siblings with special needs can be daunting, but resources exist for those who seek them out. Since 2004, our Special*Care* Program has helped the families of the over five million children with special needs care for their loved ones."

The Special*Care* Program offers these recommendations for future caregivers:

- **Pick your Team**

Sibling caregivers need to find experienced professionals to help ensure informed health, educational, legal and financial choices are made. Building a team of experienced experts who can work together—often a lawyer, financial professional and healthcare professional—is critical. For this reason, caregivers should seek out those professionals with experience in working with special needs families.

- **Plan for the Future**

The stakes in planning are high. Care should be taken when making financial, educational and healthcare decisions so as not to disqualify siblings with special needs from state and federal programs. Consulting a team of experienced professionals can help you make informed decisions.

- **Put Protections in Place**

Finally, if you are a primary caregiver of a sibling, it's important to prepare a will and letter of intent—the latter provides information about your sibling's routines, medical issues, and preferences for living situations. Another consideration for caregivers is life and disability income insurance to ensure that your own needs are being met, and you can continue to provide for your sibling, even if disabled or deceased. Together, they ensure that care can be carried on for your sibling with a disability, should the worst come to pass.

For more information, visit www.massmutual.com.

Governor Corbett Announces Nearly $20 Million Proposal to Reduce Waiting List for Intellectual Disabilities Services

Governor Tom Corbett announced recently that his 2013-14 budget will set aside nearly $20 million to provide home and community-based services for approximately 1,200 Pennsylvania adults with intellectual disabilities.

The proposal reduces a waiting list for services for adults with intellectual disabilities. Intellectual disabilities - such as Down syndrome, autism or Fragile X syndrome – originate before the age of 18 and provide significant limitations in intellectual functioning and adaptive behavior, affecting many everyday social and practical skills.

"When I visited Philadelphia last November, I was deeply moved by the stories of three families who had been on a long waiting list for home and community-based services," Corbett said. "We need to do a better job of looking after these citizens, who, through no failing of their own, cannot look after themselves."

Corbett was joined for the announcement by representatives from the Department of Public Welfare (DPW), disability advocates, and three families currently on the emergency waiting list. DPW has more than 3,500 individuals in the emergency category who have been identified as needing services within the next six months.

The 2013-14 proposal aims to provide for people waiting for services, including adults from the emergency waiting list, those waiting to receive autism services, and special education graduates.

Many of the individuals with intellectual disabilities "age out" of receiving special education services when graduating high school or live at home with an elderly caregiver or single parent that must split time between full-time employment and caregiving duties.

Corbett's 2012-13 budget invested $17.8 million to provide services for and remove approximately 1,100 individuals from the waiting list.

"I am confident that a continued commitment in this year's budget to reduce waiting lists for services will help those who need it most," Corbett said. "Caregivers should not have to choose between caring for a loved one and full-time employment, nor should individuals with special needs have to suffer set-backs in their everyday lives," he added.

Governor Corbett will provide more details about his full 2013-14 budget proposal in early February.

For more information, visit www.pa.gov.

5 Sure-Fire Ways to Improve Headlines That Will Drive Readers to Your Blog

By Daniel Casciato

Over the next two months, we're going to focus on how to capture your readers' attention when they first come across your blog. Besides the content, your post's headline and the lead will make a difference on whether the readers will continue to read.

Last month, I queried my LinkedIn connections and asked for their best tips on how to write a snappy headline and an irresistible lead in a blog post. The response was overwhelming. I received over 50 tips, but for brevity, I whittled down what I felt were the 5 best responses for each category. This month, we'll focus on the five best ways to craft a headline that will make your readers want more.

1. Use numbers

There's a reason why I used a number in my headline for this article—it works. Think about how many articles and blog posts have caught your attention over the past week just because it contained a number.

One reason why these headlines are popular is that readers love numbered lists. A number in your post's title indicates your article or post contains a numbered list. People tend to skim, especially on the web, and a numbered list makes it easy for them to do so.

Example: 5 sure-fire ways to write a catchy headline

2. Ask a question

George F. Snell III, a digital communications executive from Boston, recommends leading off with a question.

"Ask a question and then answer it," he says. "Make it concise, punchy and interesting. In addition, avoid jargon at all costs."

While a good question can intensify your reader's curiosity, be sure to ask questions that the reader will feel compelled enough to continue reading.

Example: Are your blog's headlines driving your readers away?

3. Be witty

For James Day, wit can never be underestimated.

"Use puns which are applicable to either something topical or a well-known phrase," says Day, a social media manager from England.

In fact, last month, he wrote an article on pitching to potential investors, and by using this title: "Pitcher-Perfect: How to Optimise Your Pitching Skills" received more feedback than a standard post.

Example: A prescription for what ails your blog

4. Write for your audience

Jonathan Eaton, a web usability specialist, also from England, advises authors of blog posts to think about who your audience is.

"Create a spokesperson for them and critically evaluate everything you say as if he or she is reading it," he says.

For example, Eaton has created a spokesperson who he calls Nigel. He only ever writes blog posts that he knows Nigel would be interested in.

"I try to write about topics that I think Nigel needs to know more about," he says. "What I really want is for Nigel to talk to all his friends about what I have said. So it is important that Nigel can understand and then explain the concepts in my articles."

For Eaton, it's difficult to come up with that clever or catchy headline until you know who your "Nigel" is. Think about what he or she needs to know and what you want to tell them, and then write your lead in the way that they would expect to read it.

Example: 5 incredibly simple tricks to improve your healthcare blog

5. Study pop culture and gossip magazines

"Grab a copy of Cosmo and the National Enquirer—seriously," advises Andrew Martinsen, a sales strategist for WalleyeFishingSecrets.com in Duluth, Minn.

Martinsen says that the headlines from those publications should provide enough inspiration for several years' worth of catchy blog post headlines, no matter the market.

"When using these magazines for modeling your headlines after, just tame them down and make them more professional, again, depending on the market," he says. "And of course don't copy the headlines verbatim in any case."

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

5 Benefits of Technology to Share with Seniors and Their Caregivers

Technology has come a long way over the course of older adults' lifetimes. They have witnessed everything from men landing on the moon to dramatic medical advances and the rise of an Internet-dependent society.

Seniors also bear witness to the ways technology is changing the face of aging. Impact your clients' quality of life by sharing these five tech solutions that may help to keep older adults healthy, safe and socially connected while making caregiving tasks less stressful for their family members.

1. Social Connection – Video Chat and Social Media Keep Seniors in Touch with Long-distance Loved Ones

According to UnitedHealthcare's 2012 100@100 survey of centenarians, staying socially engaged is just as important to healthy aging as genetics and maintaining a healthy body.

While no technology can take the place of in-person human interaction, video chat services like Skype, or Internet-based communication channels such as email and social media, can supplement seniors' social interactions when visits with friends and family aren't possible or too infrequent. Seniors can check with their local senior center for Internet how-to classes, or they can have a tech-savvy grandchild get them set up and show them the ropes.

2. Safety – Seniors Living Alone Can Get Help with the Push of a Button

Surveys consistently show that 80 to 90 percent of seniors want to stay in their own home as they age. A number of technological solutions can make doing so safer for them. Any senior that lives alone should have a Personal Emergency Response System (PERS). A PERS device allows the wearer to call for help with the simple push of a button. Both seniors and their families can have peace of mind knowing the PERS can facilitate a call for help in any emergency situation.

Safety is also a paramount concern for seniors who suffer from Alzheimer's disease or other dementias, especially those prone to wandering. A number of GPS tracking devices that can monitor a senior's location and send alerts are great tools to keeps caregivers' worries at bay and prevent potentially dangerous or deadly situations. Check out these innovative GPS gadgets for Alzheimer's wanderers.

3. Exercise – Video Games Get Seniors' Bodies and Minds Moving

Many nursing homes and assisted living communities have already recognized the recreational and exercise benefits that Nintendo's Wii sports games offer for elderly adults. Seniors living at home could also benefit by owning a Wii or other video game system controlled by motion. The games offer a fun opportunity for seniors to engage in light physical activity from the comfort of their own living room.

For mental exercise, seniors could try games such as Tetris (spatial recognition), Trivial Pursuit (fact recall), or Mahjong (memory and matching). Encourage seniors to practice on their own and then challenge their grandkids.

4. Medication Management – Smartphone Apps Can Help Prevent Medication Errors

Many seniors find it challenging to keep track of their medications. The reason why is clear: According to a 2009 survey by Medco Health Solutions, more than half of the older adult respondents said they took at least five different prescription drugs regularly, and 25 percent said they took between 10 and 19 pills a day.

Pill boxes help, but technological solutions that also provide reminders and "time to refill" alerts could potentially aid adherence to the prescribed medication schedule. Seniors and their caregivers can take advantage of the RxmindMe or Personal Caregiver medication reminder smartphone apps to reduce missed medications and prevent medication errors.

5. Health Tracking – Online Tools Simplify the Process of Maintaining and Accessing Seniors' Health Information

Smartphone apps and cloud-based health information tracking systems can help seniors and their family caregivers keep information such as medical history, physician contacts, medication schedules, and health conditions organized and handy.

Senior health tracking tools such as Me and My Caregivers also make it much easier for senior care professionals like you to have access to a complete set of information about a senior patient, thus helping you make the most informed treatment decisions.

Discover additional benefits of technology for seniors by learning how technology can help seniors stay home longer and reduce senior depression.

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.

The National Association for Home Care & Hospice Joins with Optimal Phone Interpreters to Provide Language-Interpreting Services

The National Association for Home Care & Hospice (NAHC) recently announced a strategic partnership with Optimal Phone Interpreters (OPI) to provide language-interpreting services at a special rate to its members.

"As a leader in this industry, OPI has the latest technology with staff and expertise in the medical area to allow us to better serve the communications needs of our members," said Val J. Halamandaris, President of NAHC.

"In today's market, our members have expressed to us that they need phone interpretation services with a variety of languages in order to meet the needs of their patients. We are excited about the opportunity the affiliation with OPI brings to home care. We also plan to extend these services to NAHC's Forum of State Associations and their members."

The OPI difference: all live bilingual call center, 24/7-365, 200 plus languages and one low price for all languages. In addition to phone interpretation OPI provides American Sign Language, document translation and transcription service to its clients. OPI's state of the art call center and executive offices are located in Winter Park, Florida. OPI has significant experience in home care translation services with many existing clients throughout the country.

"We are very excited about the relationship with NAHC and look forward to assisting in the communication of those clients who are limited English speakers," said Greg Engelman, OPI CEO. "Medical interpretation has always been a big part of the OPI business model and we look forward to working with all members of NAHC to give the very best care to individuals served by this great organization."

To learn more, visit www.nahc.org.

Palliative Care and Ethics

By Henk ten Have, MD, PhD

Michael Haneke's film *Amour* has just been released in Pittsburgh. Georges and Anne, both in their eighties, are confronted with a struggle for dignity ate the end of life. Anne is suffering a stroke. Surgery is not successful but results in paralysis of one side of her body. Confined to a wheelchair her condition is getting worse after more strokes. Her husband is taking care for her but this is increasingly burdensome. Anne makes him promise not to send her to a hospital or nursing home. It is clear that Georges cannot expect much help.

Their only daughter lives abroad. A dramatic scenario evolves showing the interactions between love and death. The movie also vividly demonstrates the desperation that people can face at the final stages of life, the isolation and pain of seeing the condition of our loved ones gradually deteriorating, and feelings of hopelessness in caring for them.

The same message is presented in *God's Hotel*, an impressive book published last year by Victoria Sweet. She served as physician in Laguna Honda Hospital in San Francisco. The heart of medicine is not technology, business or excellent facilities. It is the care, the love, the commitment to the sick. The patient is a person, not a body with an illness. Empathy as concern for suffering is not for sale; it does not require a prescription.

The basic ideas of the film and the book are not new. They highlight values that always have been important. But now that contemporary medicine has become so powerful, and healthcare considered as a flourishing industry, the significance of these values is not self-evident anymore. A Pittsburgh Center for Research on Healthcare survey indicated that 86% of Medicare beneficiaries prefer to die at home in case of a terminal illness. However, 29% of Medicare-aged patient with cancer died in the hospital.

Senior Care

Most respondents did not want potentially life-prolonging drugs if the effect is that they feel worse all the time. But they wanted palliative drugs even they result in a shorter life. The overwhelming evidence of many studies points out that most patients in the last six months of life prefer care and relief of pain and discomfort rather than life-sustaining procedures.

Many patients want to discuss end-of-life care but communication is often lacking or delayed. Life expectancy is consistently overestimated by physicians, and pain and suffering underestimated. Clinical trials for cancer treatment frequently report biased outcomes, being overly optimistic concerning efficacy and minimizing the toxic, adverse effects, as reported a few weeks ago in the Annals of Oncology.

For these reasons, many countries now develop policies and practice to improve palliative care, aimed at enhancing the quality of life of patients in the final stages of their life. But 70% of the US general public does not know the role and meaning of palliative care.

Lack of communication, medicine's focus on technical interventions, costly life-prolonging treatments are not compatible with the wishes of patients and their families nearing the end of life. Alternatives are available in palliative and hospice care. There are clear ethical arguments to justify better and wider utilization of these alternatives. Within the setting of palliative care, more attention can also be given to ethical and spiritual questions that often arise when we are facing death, suffering and lose of dignity.

In order to address these issues the Center for Healthcare Ethics at Duquesne University will organize a two conference on Palliative Care and Ethics on May 16 and 17. Learn more at www.duq.edu/palliativecare.

Henk ten Have, MD, PhD is Director of the Center of Healthcare Ethics at Duquesne University in Pittsburgh.

Western Pennsylvania Healthcare News wants to hear from you!

How are you using social media to increase awareness?

Email Daniel Casciato at writer@danielcasciato.com and we'll publish your story.

Leveraging Technology for Better Patient Care

Senior Care

By Kathleen Ganster

In 2010, at almost $2.6 trillion, national health expenditures were 17.9% of gross domestic product.

By 2021, according to a recent article in HealthAffairs: "National Healthcare Expenditure Projections," that number is projected to be about $4.8 trillion and 19.6% of GDP.

With discussions of bundled payments for episodes of care being considered, penalties for rehospitalizations now being enforced, and incentives for quality through accountable care organizations, tools to collaborate towards accountable care, medical home and patient-centered models of care, along with care transition and care coordination, have become a key focus and driver at Celtic Healthcare.

Greg Teamann

"Healthcare is evolving into a value-based care environment," said Greg Teamann, Vice President of Information Technology at Celtic Healthcare, "and we are positioning Celtic to be an important partner in this new care model."

In an effort to integrate acute and post-acute care, as well as chronic disease management and end-of-life care with hospitals, physician groups and insurance companies - who are all under increased economic and quality pressure to increase their level of integration - Celtic Healthcare is strategically positioning themselves as a leader in developing technology and innovative care delivery models as a solution to this crisis.

Some of Celtic's recently developed strategies include utilizing EMR integrations, virtual care technology, and smart phone apps to improve communication and collaboration with all providers serving a patient to optimize utilization in an effort to provide better outcomes at reduced costs and ultimately, resulting in higher patient satisfaction.

"We hear from our customers that transitioning from an acute care setting to the home often poses a number of risks for rehospitalization," said Teamann.

"Discharge instructions can be overwhelming for patients leaving the hospital setting and often are not fully understood," Teamann continued. "What is going on in the home may present its own unique set of risks that may require different types of interventions or education than what was given in the hospital to best manage. At Celtic Healthcare, we see this as a huge opportunity to leverage technology in developing programs and models of care delivery."

Celtic can collaborate with physician practices through direct EMR integration and communication in ways that best meet the physician's needs. They have found this method of technology and RN Care Coach and Coordination integration through their Virtual Care Model to be highly successful. A brief one-minute entitled, "What is Virtual Care" on Celtic's website, www.celtichealthcare.com/ succinctly explains the "traffic control model" of information exchange and delivery.

Algorithms have also been established which evaluate information collected upon patient admission. These algorithms help identify patients who are at high risk for rehospitalization and enroll that population of patients onto a virtual care program or even transition them into a more appropriate level of care ranging from homecare and rehabilitation to chronic disease management to comfort care measures through palliative and hospice care.

"Placing patients on our virtual care program allows us to proactively monitor key indicators of patient condition using IVR and telehealth technologies," he said.

Teamann continued, "Significant changes in these indicators can indicate a risk for rehospitalization allowing our care teams the opportunity to intervene. We feel that prompt response to changes in condition can often be the difference between a patient being able to remain at home and being admitted to the hospital."

Now that CMS must revise policies to ensure Medicare coverage for skilled maintenance services in home health are covered after the landmark Jimmo vs. Sebelius settlement was officially approved late January, 2012, homecare is even more of a critical team player in the full patient-centered accountable care model.

In addition to all of these innovative care delivery models being developed at Celtic Healthcare, they are also continuously looking at ways to make working with Celtic easier for their customers. Celtic recently developed "an app for that" where physicians can quickly and easily contact Celtic Healthcare through a brief text or voice-enabled message with their patient referral smart phone app (https://itunes.apple.com/us/app/celtic-healthcare-patient/id564305883?mt=8).

"Our goal is to strategically deploy technology where it can help improve collaboration with our partners who are caring for the same patients." said Teamann, "As the healthcare provider in the home, we feel innovating in this setting will play an important role in successful value-based care models."

For information, visit www.celtichealthcare.com.

Appealing Medicare Denials of New Medical Technologies

By Debra M. Parrish

Most new medical technologies initially are billed to payers with a miscellaneous CPT code (those ending in "99") or a category III CPT code (codes ending with a "T"). Each January and July, the AMA issues new "T codes" to track the adoption of new technologies. Many, if not most payers, have implemented billing software edits that automatically deny claims that are billed with a miscellaneous or T CPT code as experimental or investigational. Although the AMA, the entity that issues the CPT codes, has stated it is unreasonable for any payer to assume a service billed with a T code is experimental or investigational, the practice continues. Thus, adopters of new technologies should anticipate denials of services provided with these codes. Despite these initial denials, providers can not only get paid for individual claims, they can change payer policies. The following describes how.

Novitas' CPT Category III Non-Coverage

Novitas, the Medicare contractor for Pennsylvania (among other states and the District of Columbia), has a general policy, i.e., a local coverage determination ("LCD") that will deny coverage of a service billed with a category III CPT code as experimental and investigational. See Local Coverage Determination 31686. Thus, through this policy, Novitas immediately declares any T-coded service to be non-covered unless and until the policy is revised and the procedure is excluded from the list of non-covered services.

Any party - providers, beneficiaries, advocates - can request a Medicare contractor to "reconsider" an LCD. The party filing the LCD reconsideration request must submit articles or other evidence showing the service is not experimental or investigational. Novitas is required to respond to all reconsideration requests within 90 days of determining the request was vaild. If after review of the publications or other evidence, Novitas agrees that the service should be covered, it will exclude the procedure from its non-covered procedure LCD. A review of the revisions of Novitas' LCD 31686 shows CPT category III procedures that were excluded from Novitas' non-coverage list using this reconsideration process.

If a reconsideration request does not cause a Medicare contractor to change its non-coverage policy, a Medicare beneficiary, who either had the claim denied based on the LCD or who anticipates a claim for service will be denied, may filed a challenge. Such an LCD challenge must be supported by a statement from a treating physician that the beneficiary needs the relevant service. When a challenge is filed, the contractor must produce all the evidence that it considered when issuing its non-coverage policy. In the case of a contractor automatically including a CPT III procedure on its list of non-covered services, the contractor typically has no evidence to support its non-coverage decision. An administrative law judge considers the evidence produced by the Medicare contractor and decides if the Medicare contractor's non-coverage position is supported based on the evidence produced.

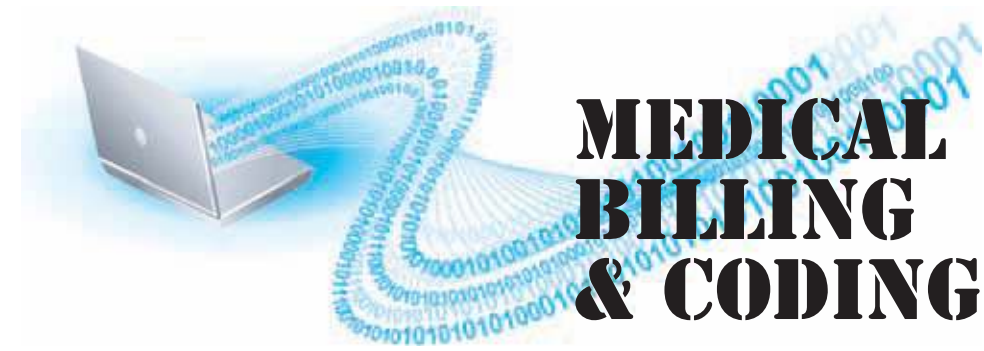
Appealing Individual Denied Claims

In addition to filing reconsideration requests and supporting beneficiary challenges, Providers may appeal individual denied Medicare claims that are denied through the five-step Medicare appeal process (redetermination, reconsideration, ALJ, Medicare Appeals Council). Providers or patients may also appeal denied claims through their insurer's appeal process. However, less than 10% of claims denied by commercial payers and less than 2% of claims denied by Medicare are appealed. Every payer anticipates that most denied claims will not be appealed. Nonetheless, reported statistics show that most parties that appeal denied claims up to the administrative law judge level are successful. Thus, it behooves a provider or beneficiary to appeal the denied claim at least through the ALJ level. Such claims are favorably reviewed even in the face of a non-coverage LCD because ALJ's are not bound by a contractor's LCD, although they must give deference to it. This is particularly true when the LCD does not appear to reflect the literature or the consensus of medical opinion.

Conclusion

Provider advocacy, particularly by those who are leaders in adopting new technology and who want to keep Western Pennsylvania at the forefront of advances in medicine, has become a part of medical practice. Providers can get paid for new medical technology, even in the face of a Medicare non-coverage LCD, but it often requires that a provider submit to the Medicare contractor articles and information that support coverage, and often requires providers to appeal denied claims until the policy is changed. This may take some time and effort, but in reality, not an unreasonable amount of either. The end result can be a meaningful increase in coverage and reimbursement for new technologies and providing more patients better health care.

Debra M. Parrish is the founder of Parrish Law Offices, one of the country's leading legal representatives of hospitals, physicians, and companies on a comprehensive range of reimbursement, and additional regulatory, matters. The firm has filed and participated in hundreds of proceedings before the Office of Medicare Hearings and Appeals, and it has counseled numerous clients on Local Coverage Decision reconsideration requests and challenges for non-coverage. Parrish Law Offices is located at 615 Washington Road, Pittsburgh, PA 15228; Ms. Parrish may be reached at 412.561.6250. The firm's website is www.dparrishlaw.com.



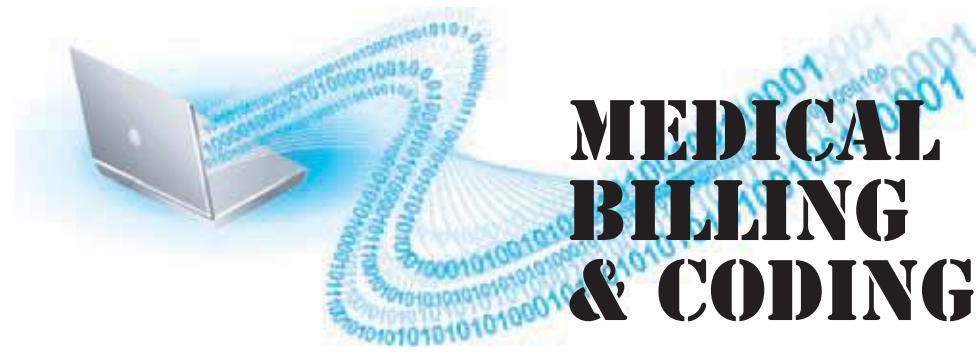
5 Factors to Consider Before Outsourcing Your Billing Functions

By Melissa Romanelli

Providers and practice managers often debate on the benefits of outsourcing their billing functions to independent firms or keeping those functions in house. From a process management standpoint, if the practice processes are solid, any support function should be easily "lifted out" of the office and outsourced to a specialized group. The location of where support services are provided should not affect the quality of the work product.

However, there are a number of considerations that should be weighed before deciding to outsource, and then before selecting an outside billing service:

- **Cost:** There should be a definite cost benefit to outsourcing any function of any business organization. But you must consider total cost which would include such factors as labor, benefits, taxes, office rent and utilities, technology, training, postage, clearinghouse fees and materials. The office manager should know how many claims are generated monthly, quarterly, and annually; and a total cost per claim should be very easy to accurately calculate.
- **Full time staff:** A billing company should employ full time employees who are assigned to deal with your account. This will provide you with a support team that has intimate knowledge of your patient's accounts. There should be one primary point of contact for your staff to ensure solid communication between the office and the outside agency. A billing company should be a full time business and not a casual source of secondary income for a family.
- **Active Collection Actions:** A billing company should be actively working on your accounts receivable to address any issues and ensure your cash is flowing. A routine review of outstanding accounts should be part of their normal work processes. And your office should receive regular feedback regarding any issues that are preventing you from collecting on claims.
- **Full service, one fee:** A billing company should provide you with all the services necessary to help your practice maximize collections. Once you have made the decision to outsource, there should be no surprise additional fees to ensure that the entire function of billing for the practice is properly handled. Credentialing, patient billing, and responding to outside inquiries should be part of the service.
- **Varied Client base:** A billing company should have experience in a wide range of provider specialties. The skills required to submit a claim do not vary too much by specialty and having a broad based client base demonstrates and understanding of the entire revenue cycle.



There are many benefits to outsourcing your billing functions to a professional agency. Before you make the leap, be sure to consider all of the factors that will be involved. Be sure that your office processes are going to compliment the information necessary for an outside agency to submit your claims.

Melissa Romanelli is the founder of Medical Practice Management Services, a full service billing company specializing in the medical industry. For more information, visit www.mpms.info.

Foundation Radiology Group and ACMH Hospital Now Offering Specialized CT Lung Screening Program

By James W. Backstrom, MD

Lung cancer screening is not a new topic. 160,000 people die in the United States each year due to the ravages of lung cancer disease. Many clinics and hospitals have attempted to configure models for effective lung cancer screening programs in the past. These programs were often met with criticism based upon the fact that they used extensive radiation exposure, charged excessive fees and were instituted with little if any scientific evidence to support their utility. That has all changed over the past few years. The National Lung Screening Trial began an exhaustive, large and randomized controlled trial study in 2002. This trial was tasked with testing the utility of a formal screening program in decreasing the mortality rate of lung cancer patients. The study formally ended in 2010.

The National Lung Screening Study, for the first time, provided solid evidence that screening for lung cancer in 55 year old to 74 year old heavy smokers (30 pack-year history) using a low dose CT can result in a 20% lower chance of dying from lung cancer than those who simply received chest radiographs for screening. Younger smokers did not generate the same benefit statistically. Additionally, there was insignificant evidence to demonstrate a clear benefit to nonsmokers who have been exposed to extensive second hand smoke. The goal is to find cancer in this high risk, heavy smoking history population at a time in the disease cycle that will permit a cure. These findings provide encouraging news for this patient population and for the physicians tasked with monitoring and maintaining their health. In large part, due to the affiliation that exists between Foundation Radiology Group and ACMH Hospital, this screening program will be available to ACMH's patient population immediately—-monitored by one of Foundation's fellowship trained pulmonary radiologists.

Through engaging in a collaborative approach with ACMH Hospital and Foundation radiologists, referring physicians will have at their disposal an effective and innovative program that will allow cutting edge lung cancer screening for a community hospital. The lung screening program was developed to prevent metastasis and provide an opportunity for survival in the face of a disease which has been historically difficult to treat. This creative endeavor will allow other facilities in the Foundation network of hospitals to benefit from this innovation. This collaborative approach is at the heart of Foundation Radiology Group's FRIENDS program.

FRIENDS stands for: Foundation Radiology Interactive Education for Necessity, Development and Strategy. The program is an innovative approach to the practice of radiology in today's changing and demanding climate. Foundation Radiology Group firmly believes that radiology service is not defined by a "read"—- Radiology Service is not just a piece of paper (a report) stuffed under a closed door. Superb Radiology service must focus on delivering high quality patient care and this approach is anchored by a laser-like focus aimed at developing relationships—Foundation Radiology Group believes that these relationships drive excellence in care delivery.

Embedded in the Foundation FRAMEWORKS implementation program are opportunities and mandates that allow the physicians supporting the community hospital to get to know the dynamic team that constitutes Foundation Radiology. The onsite radiology physicians are chosen for skill sets that include excellent radiology skills, however, great attention is given to ensure they are also fully integrated in the comprehensive care paradigm of the hospital. Additionally, paramount to the goal of care excellence is ensuring that the community physicians also benefit from adequate time and exposure to radiology subspecialists —thus enhancing the important service line connections that will build trust and collegiality. These interactions are fostered in an ongoing fashion to allow a fertile milieu for physician-physician relationships to flourish and expand –promoting a positive attitude about radiology utilization and access. Any radiologist can interpret films and go home – non-interactive radiology is now a thing of the past. We have entered the Elegant Radiology era that defines Foundation Radiology Group.

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.

CT Angiography Helps Predict Heart Attack Risk

Coronary computed tomography angiography (CCTA) is an effective tool for determining the risk of heart attacks and other adverse cardiac events in patients with suspected coronary artery disease but no treatable risk factors, such as high cholesterol or high blood pressure, according to a new study published online in the journal *Radiology*.

"CCTA should be considered as an appropriate first- line test for patients with atypical chest pain and suspected but not confirmed coronary artery disease," said the study's lead author, Jonathon Leipsic, M.D., FRCPC, from the University of British Columbia in Vancouver.

Heart disease is the leading cause of death in the U.S., according to the Centers for Disease Control and Prevention. Treatment often involves addressing modifiable cardiovascular risk factors such as elevated cholesterol, high blood pressure, diabetes and smoking. However, some risk factors, like family history, are not modifiable, and no risk models exist to help guide clinicians to identify those symptomatic patients without cardiac risk factors who are at an increased risk of death and myocardial infarction.

"This scenario, where patients are symptomatic but have no cardiac risk factors, comes up often in clinical practice," Dr. Leipsic said. "We lack a good tool to stratify these patients into risk groups."

CCTA is a noninvasive test that has shown high accuracy for the diagnosis or exclusion of coronary artery disease in individuals. However, referral for patients with suspected coronary artery disease is often based on clinical risk factor scoring. Less is known about the prognostic value of CCTA in individuals with no medically modifiable risk factors.

In the first study of its kind, Dr. Leipsic and colleagues correlated CCTA findings with the risk of major adverse cardiac events in 5,262 patients with suspected coronary artery disease but no medically modifiable risk factors. They culled the data from the Coronary CT Angiography Evaluation For Clinical Outcomes: An International Multicenter (CONFIRM) registry.

After an average follow-up of 2.3 years, 104 patients had experienced a major adverse cardiovascular event. The researchers identified a high prevalence of coronary artery disease in the study group, despite the absence of modifiable risk factors. More than one-quarter of the patients had non-obstructive disease or disease related to the buildup of plaque in the arteries, and another 12 percent had obstructive disease with a greater than 50 percent narrowing in a coronary artery.

"We found that patients with narrowing of the coronary arteries on CT had a much higher risk of an adverse cardiac event," Dr. Leipsic said. "This was true even for those without a family history of heart disease."

Both symptomatic and asymptomatic patients with obstructive disease faced an increased risk for a major cardiac event. In contrast, the absence of coronary artery disease on CCTA was associated with a very low risk of a major event.

The findings highlight the need for refinement in the evaluation of individuals who may be missed by traditional methods of coronary artery disease evaluation.

"If a patient shows up with vague symptoms and no medically modifiable risk factors, doctors often dismiss them or do a treadmill test, which won't identify atherosclerosis and only has a modest sensitivity for detecting obstructive disease," Dr. Leipsic said.

CCTA could help address this problem, Dr. Leipsic added, by helping to diagnose or rule out coronary artery disease and identifying those who may benefit from more intensive therapy.

The researchers continue to study the CONFIRM data with the aim to learn more about the relationship between plaque and heart attacks and the longer-term outlook for patients with coronary artery disease.

"We are now collecting data to determine the prognostic value of CCTA after five years or more of follow-up, which will be very important for the field," Dr. Leipsic said.

A View of Taxes from the Cliff

By Nadav Baum

As we all now know, Congress passed the American Taxpayer Relief Act (ATRA) of 2012 at the very beginning of the New Year, but not without a great deal of media drama. Although the media coverage was constant and dense, it seemed to create more questions than answers as to what the ATRA actually means to the individual tax payer.

To provide some clarity of the outcomes of the ATRA, consider the following from my colleague Robert Standish, JD, CFP®, Managing Director, Financial Planning, at BPU Investment Management, Inc.

Individual Income Tax Rates

The ATRA makes permanent the Bush-Era tax cuts for Married Filing Joint (MFJ) taxpayers with adjusted gross income (AGI) less than $450,000, and Unmarried filers with AGIs below $400,000.

For tax payers whose AGIs exceed these thresholds, Congress has re-instated the 35% and 39.6% marginal income tax rates.

However, the ATRA did not extend the 2012 payroll tax holiday that included a 2% reduction in OASDI (Old Age, Survivor and Disability Insurance or more commonly known as Social Security) taxes withheld from workers' paychecks.

Capital Gain and Qualified Divided Rates

In addition to the extension of the individual income tax rates for taxpayers falling under the $450,000/$400,000 AGI threshold, long-term capital gain and qualified dividend rates will remain at 15 percent. Qualified dividend rates will be subject to tax at the applicable long-term capital gain rate. For example, if your AGI exceeds $450,000 as a MFJ filer, your qualified dividends will incur a 20% tax rate.

Alternative Minimum Tax (AMT) Relief

The ATRA provides a permanent "patch" by increasing the AMT exemption amounts to $50,600 and $78,750 respectively for Unmarried and MFJ taxpayers. Furthermore, the AMT exemption amount is indexed for inflation.

Estate and Gift Tax Reform

We now have, as permanent, an estate tax exclusion amount and tax rate. Exciting to few, but this introduces a level of certainty that enables many to create and execute an appropriate estate plan. The ATRA establishes a portable $5,000,000 exclusion amount, and an estate tax rate of 40%.

Prior to permanent extension, portability was available only to the estates of decedents dying between December 31, 2010 and January 1, 2013. Now, you can die when you prefer, and your surviving spouse may apply any unused exclusion amount i.e., the deceased spousal unused exclusion amount (DSUE) to his or her transfers during life and at death.

Nadav Baum is Managing Director and Financial Advisor for BPU Investment Management, Inc. For more information, visit www.bpuinvestments.com.

Sources:

The American Taxpayer Relief Act of 2012, (HR8, as amended by Senate)

"CCH Tax Briefing: American Taxpayer Relief Act of 2012", CCH Publishing, January 2, 2013.

As you attempt to navigate through the various new aspects of this legislation, and understand how it may impact your tax and estate planning strategies, please contact us if we can provide any assistance.

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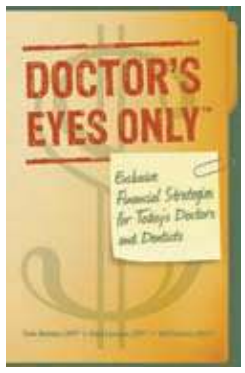
A "Playbook" Featuring Financial Strategies for Doctors

By John J. Kelly

Review of "Doctor's Eyes Only" By Tom Martin, CFP; Paul Larson, CFP; Jeff Larson, RFC

If you are one of the tens of thousands of Doctors nationwide struggling to get your financial house in order, there's prescription-strength help on the way in the form of a new book, "Doctor's Eyes Only: Exclusive Financial Strategies for Today's Doctors and Dentists," by Tom Martin, CFP; Paul Larson, CFP, and Jeff Larson, RFC. Written exclusively for doctors and dentists who are at the top of their game, but in need of a crash course in financial planning, this book's aim is to educate and illuminate physicians in all areas of financial and fiduciary matters. From page one, these authors pledge that this book will help doctors and dentists "build meaningful, long-term relationships with financial planners who can help them achieve their most important dreams." But these experts go far beyond simple financial planning to include matters such as building your dream house by securing the right mortgage, explaining the necessary steps in how to live a full and rich life and, in the end, achieve a long and lasting legacy. This is an ambitious book designed for physicians who possess great ambition, but lack the very basic knowledge of true financial health and happiness.



In his opening letter of introduction, the CEO and founder of Larson Financial Group, Paul Larson states that he wrote this essential book in order to help doctors create a wealth plan that is specifically suited to their individual practice and needs. Larson states that the book addresses those who are within their first 12 years of practice or near graduation from residency. And Larson tells the reader how crucial this book can be for those who are just starting out as they begin to develop a very specific and personal long-range plan for their financial success.

Set up with a 10-point plan, this manual offers strategy and advice unique to the needs of high-income doctors and dentists. Each chapter covers such topics as how to maintain cash flow and peace of mind; handling debt management, including consumer debt, student loans and household mortgages; risk management and how to protect your money while keeping employees happy; investment management and options, market timing, forecasting and proper diversification; education planning for your children and how best to save for college educations; tax and estate planning and much more!!

Each of these chapters is jam-packed with easy-to-understand graphs and common sense language that doesn't require a certified public accountant to understand. It offers helpful strategies displayed on "stick 'em"- type notes, pie charts and other visual helpers. Best of all, there is a summary at the end of every chapter that puts everything that you've read into a condensed form that you can refer again and again.

This is the book that you should have been handed when you graduated from residency. The information it contains will help you avoid the traps so many physicians fall into when they find they are making a very healthy yearly income, but are still neck deep in debt and unable to determine what went wrong. It's the missing course that you may not have had time for in the past. Perhaps most importantly, "Doctor's Eyes Only" is the one resource you can use to prepare yourself for the multitude of problems and pitfalls that every doctor or dentist is bound to encounter on the road to fiscal happiness.

In this ever-changing world, only those who are prepared and knowledgeable will achieve the financial stability that allows them to go to sleep at night knowing they have all the angles covered. "Doctor's Eyes Only" is the one book on the market today that will give you true peace of mind. Buy it and rest assured that you can handle the financial aspects of your profession, so you can concentrate on healing your patients and achieving your greatest hopes and dreams.

Doctor's Eyes Only: Exclusive Financial Strategies for Today's Doctors and Dentists is one of the few books ever written to address the unique financial needs of doctors and dentists. The book took six years to research and write but now serves as the missing financial course for doctors and dentists.

The three authors – Tom Martin, Paul Larson, and Jeff Larson — have a combined 30 years of professional experience and are co-partners of the nation's largest financial advisory firm exclusively serving doctors and dentists, Larson Financial Group, http://www.LarsonFinancial.com.

The book is available in hardcover, paperback, Kindle and Nook editions. The message of the book is augmented by a podcast series for physicians and their wives at www.DoctorsEyesOnly.com.

End of the FLSA 'Companionship' Exemption?

By Ted Boehm

In April of 2013, the U.S. Department of Labor (DOL) is scheduled to announce regulations that will almost certainly increase the cost of employing individuals as home care aides who are considered "companions" under the Fair Labor Standards Act ("FLSA"). Currently, employers are not required to pay the federal minimum wage or overtime to such workers when they qualify for the "companionship" exemption under the FLSA. However, the DOL's proposed rules would dramatically limit the exemption. Most significantly, the rules would make the exemption inapplicable to employees employed by third party employers such as home-healthcare agencies. Under the new rule, such organizations would instead be required to pay not less than the federal minimum wage and overtime to employees who they might previously have been treating as exempt.

The Current Rule

Since 1974, individuals who are employed in "domestic service employment" to provide "companionship services" to the elderly or infirm have been exempt from the minimum wage and overtime requirements of the FLSA. 29 U.S.C. § 213(a)(15)

Under the current rule, the following requirements must be satisfied for the exemption to apply:

- an employee must perform "companionship services,"
- "incidental" or general household work performed by the employee may not exceed 20 percent of the total weekly hours worked by the employee,
- the work must not be of the type which requires and is performed by nurses, and
- the work must be performed at the aged or infirm individual's private home.

DOL's Rationale for the New Rule

In the DOL's view, the individuals who provide in-home care today are not the type of workers that Congress intended to exempt when it passed the "companionship" exemption in the 1970s. According to the DOL, Congress intended to exempt "neighbors performing elder sitting" from the FLSA requirements and not the "professional caregivers" in today's world.

The Exemption Would No Longer Be Available to Third Party Employers

Perhaps the biggest changes within the proposed rule is that third party employers, such as home-healthcare agencies or third party staffing agencies, would no longer enjoy the exemption. Instead, the exemption would only be available to the individual, family or household employing the companion.

This change in particular would have a dramatic impact. According to the DOL, 70 percent of home health care workers are employed by third party agencies. Going forward, these third party employers would have to completely change the compensation model for these employees.

More Duties Would Be Deemed "Incidental" and Subject to The 20 Percent Cap

The other significant change in the proposed regulation is the number of duties that would no longer constitute "protection and fellowship." Many of these duties would instead be considered "incidental" or "general household" work and therefore subject to the 20 percent cap limitation.

What Does It All Mean?

The proposed regulation would limit the "companionship exemption" to the point of non-existence in any practical sense. The vast majority of employers that currently use the exemption (third party employers) would be required to begin paying the minimum wage and overtime, if they do not already. Moreover, even for families and individuals that would still be able to use the exemption, it is more likely that the exemption would be lost in a significant number of workweeks due to companions' performing services that fall into the expanded "incidental services" category that is subject to the 20 percent cap limitation. All of this means that practically *anyone* who employs these domestic service companions, including third party employers and families, probably would have higher compensation costs going forward.

Perhaps the last hope for staving off these changes is pending legislation that would block DOL's rule. Arguing that DOL's rule would drive up the cost of in-home care and force families to institutionalize seniors, legislators have proposed bills that would remove the Secretary of Labor's authority to change the exemption. However, given the prevailing gridlock in Congress, employers (other than families and individuals) are probably best served by planning to make the necessary changes to comply with the minimum wage and overtime requirements of the FLSA, rather than counting on a legislative reprieve. Finally, as always, employers should be mindful of any state law requirements that may apply to this area of wage and hour law.

Ted Boehm is an attorney with Fisher & Phillips, one of the nation's leading labor and employment law firms. For more information, visit http://www.laborlawyers.com/eboehm

Immigration Reform is a Key Issue for Healthcare Employers

By Joel Pfeffer and Elaina Smiley, Meyer, Unkovic & Scott

As Congress prepares to debate immigration reform this spring, the healthcare industry ought to be taking notice. The U.S. Bureau of Labor Statistics reports that 22 percent of all healthcare workers and 27 percent of physicians and surgeons are foreign-born. Immigration reform could have a critical impact on the available workforce in the health care industry.

Although the Senate and the President have laid out their plans for the framework of the new laws, there is still much uncertainty about how or if reform will be enacted. But one thing employers can count on is that they will face increased scrutiny into their hiring practices of foreign nationals.

For example, the Immigration and Customs Enforcement agency (ICE) will likely ratchet up audits. 2012 set a record for ICE compliance audits of U.S. companies, and 2013 will most certainly see a continuation of that trend. ICE audits company payroll records and the I-9 forms that employers must fill out and document for new hires. Employers should make certain that they have completed I-9 forms for all employees.

The E-Verify system is also likely to get more attention in 2013. E-Verify is a government database used by employers to see if a new employee is legally authorized to work in the U.S. Congress has tried to encourage the use of the system for several years, such as by requiring employers to use E-Verify when extending foreign students' post-graduation employment in any of the "STEM"- science, technology, engineering, math – fields. Although the broad use of E-Verify is currently voluntary, reformed immigration laws will likely make E-Verify mandatory.

Healthcare employers should also pay attention to potential changes in H-1B visas. The H-1B program permits companies to employ foreign professionals for up to six years, although a limited number of visas are available each year. Many foreign doctors, nurses and other skilled professionals rely on the H-1B visas for employment in the U.S.

In recent years, the cap for H-1B visas often has been reached very quickly after the government begins accepting applications, sometimes even in a single day, as occurred in 2008. The Immigration Innovation Act of 2013, also known as "I-Squared," proposes to nearly double the cap on H-1B visas, and remove the cap completely for foreigners with advanced degrees. In the past, proposals to raise the cap on H-1B visas have not passed through Congress, but the increasing need for highly-skilled workers could lead to the bill's enactment.

Healthcare employers should prepare for increased scrutiny of applications for permanent employment applications, called PERM Labor Certifications. The Department of Labor (DOL) has announced that it will audit at least 30 percent of all applications.

In the case of an audit, healthcare employers should be sure that they have properly documented the recruitment process and contact they have had with all job candidates. Recent audits have included requests for copies of the resumes submitted for the position along with documentation of contact with the candidates.

Employers should also remember that it is their responsibility to pay for the labor certification process and that they are forbidden from taking any of the fees from foreign workers. DOL audits have requested sworn declarations from the employer and the foreign worker that the employer did not receive any payments of any kind from the foreign worker for activities related to obtaining the permanent labor certification.

Because of the increased chances for audits from the DOL and the ICE and the continued political debates about immigration reform, employers hiring foreign nationals should expect to be under great scrutiny in 2013. Health care employers should make sure that they carefully document the labor certification process, engage in good faith recruitment efforts and seek assistance of legal counsel to ensure compliance with the technical requirements of employing foreign nationals.

Joel Pfeffer and Elaina Smiley practice immigration law at Pittsburgh-based law firm Meyer, Unkovic & Scott. Joel can be reached at jp@muslaw.com and Elaina at es@muslaw.com.

Stantec It's a Matter of Perspective.

The Road To Success Is Always Under Construction (Part II)

Optimizing Value Through Design and Contracting for Capital Improvements

By Bob Wright

To say that health care organizations are under pressure to lower costs is an understatement. With the highest priority being operating cost, capital dollars are what is left over to acquire new equipment, software, and improve a facility's function and appearance.

Advances in medical equipment technology come at an ever increasing cost relative to the cost of the bricks and mortar. The cost of implementing electronic medical records has further eroded available capital funds. The bottom line is that hospital administrators, in partnership with healthcare designers, have to develop more cost effective ways of planning, designing, contracting, renovating, and constructing health care facilities.

A Master Plan can have a tremendous synergistic effect on the overall campus. A well-considered Master Plan can hold design costs in-check and provide built-in operational efficiencies. In a previous article *("Strategies for Administering A Successful Capital Project"* Healthcare News, Issue No. 21 / 2012) I offered thoughts on Project Teams and Controls, which are critical items to consider early in the process.

After the planning has been completed, and the owner has decided that construction (new or renovation) is the best solution, the project delivery method should be decided. There are many forms of contracting that profoundly impact the project cost.

The following focuses on the pros and cons of the various contracting (delivery) methods.

Traditional Approach

Also referred to as Design/Bid/Build, this method is the most common form of contracting. The advantages are competitive construction cost (bids) based on a complete design and conventional contracting with the designer and general contractor. The disadvantages are that the sequential process may take the longest time, the design fees tend to be higher, the general contractor typically applies a markup to the multiple subcontractors' contract amount, and the overall construction costs are not known until after the bids have been received.

Construction Management at Risk (CMR).

Under this delivery method, the Owner issues a Request for Proposal to CMRs during the early design phase. Once the successful CMR is selected and their fee is negotiated, the CMR reviews the design as it being prepared, offers suggestions on alternative products, and provides a final estimate that the CMR will guarantee as a maximum price, known as a "GMP". The relationship between the Owner and CMR is similar to the traditional approach. The advantages to the Owner are that some forms of financing can be secured early based on a GMP, the early phases of project can start before the overall design is completed (fast tracking) with assurance that the project will be on budget. The Owner benefits from having the CMR's advice while setting up the project. Ideally, the CMR will obtain competitive bids from subcontractors and hold these contracts without additional mark ups to the Owner. The disadvantages are that often CMR inflates the GMP and their fee as a cushion to ensure the project is under the guaranteed maximum price. This artificial inflation may result in premature program cutbacks or quality reductions.

Construction Management Agency (CMA)

Similar to the CMR, the Owner issues a Proposal Request during the early design phase. The biggest difference is that the CMA is a fiduciary agent of the Owner throughout the project with no vested interest in protecting a guarantee price. Like the CMR, the CMA conducts preconstruction services, including preparation of bid packages, schedules and cost estimates. The advantage to the Owner is the advice from a trusted advisor; lower costs may result from tier shaving, fast tracking, and improved quality. The disadvantages to the Owner are the assumption of risks by holding contracts with multiple contractors and the cost is not guaranteed until after the bids are received.

Design Build (DB), aka turn-key.

Under the DB delivery method the Owner contracts with one firm who has the latitude to design and construct based on an Owner issued Request for Proposal. The advantages to the Owner are that the duration of the project is the shortest, the cost is known before investing in the design and the overall cost should be lowest of all the delivery methods. The disadvantages are that the Owner has the least amount of control over the outcome, schedule, quality and changes are typically at premium.

Modified Design Build (MDB).

In this method the Owner's designer prepares a preliminary design; typically 50% Design Development drawings and outline specifications. Those documents are then competitively bid to design builders. The successful builder completes the design, seals the design documents, and performs the construction. The advantages are that the cost is known early, the overall design fees may be reduced and the project is fast-tracked. The primary disadvantage is a lower degree of control, but that can be overcome by keeping the Owner's original designer on board to review the project during the final design preparation.

Owners have optional means of lowering their capital project costs by weighing the importance of design, project control, schedule, and risk factors. In some cases, the funding source may limit the delivery method options. Choosing the optimal delivery method is an important strategic decision that Owners needs to make early to optimize the value of their capital project.

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

Family Hospice and Palliative Care Recently Presents Photo and Video Exhibit at Undercroft Gallery

by Christopher Cussat

Recently, the vision of a former Family Hospice and Palliative Care (Family Hospice) patient came to life as artwork on Pittsburgh's North Shore. Last month (January) it became the subject of an art exhibit at the Undercroft Gallery in Shadyside.

Dr. Richard Michaels was an infectious disease pediatrician and a member of the local chapter of Physicians for Social Responsibility. He and his wife, Christine Michaels, were instrumental in establishing a peace memorial along the Three Rivers Heritage Trail on the North Shore of Pittsburgh. The memorial takes the form of a sculpture entitled, "The Unkillable Human" and was created by the artist, Frederick Franck, specifically for this site and purpose.

Family Hospice Quality of Life Program Coordinator, Paula Church, took a number of photos of the sculpture as part of a memorial tribute to Dr. Michaels after he passed away on Family Hospice's program in February 2011. Ms. Church and Family Hospice collaborated with the First Unitarian Church of Shadyside to exhibit the photos at its Undercroft Gallery on January 6, 2013.

The exhibit was entitled, "Peace Garden—The Indestructible Spirit" and it was offered free and open to the public with refreshments during the main event. The exhibit then remained on display throughout January. "It is my privilege to document the life stories of Family Hospice patients and provide their loved ones with cherished keepsakes," said Ms. Church. "In this case, I feel honored to have documented the memorial made possible by Dr. and Mrs. Michaels." She added that she was very eager to share their vision with the public.

Along with displaying photos of the garden memorial, the exhibit also featured a mixed-media piece of music and photos by Ms. Church, along with a display of poems written by Christine Michaels. "In the case of the 'Peace Garden,' the photos and poetry evolved into an opportunity to explore feelings of loss and grief—not only for the artists, but for the audience that viewed the art," added Ms. Church.

Christine Michaels with Paula Church

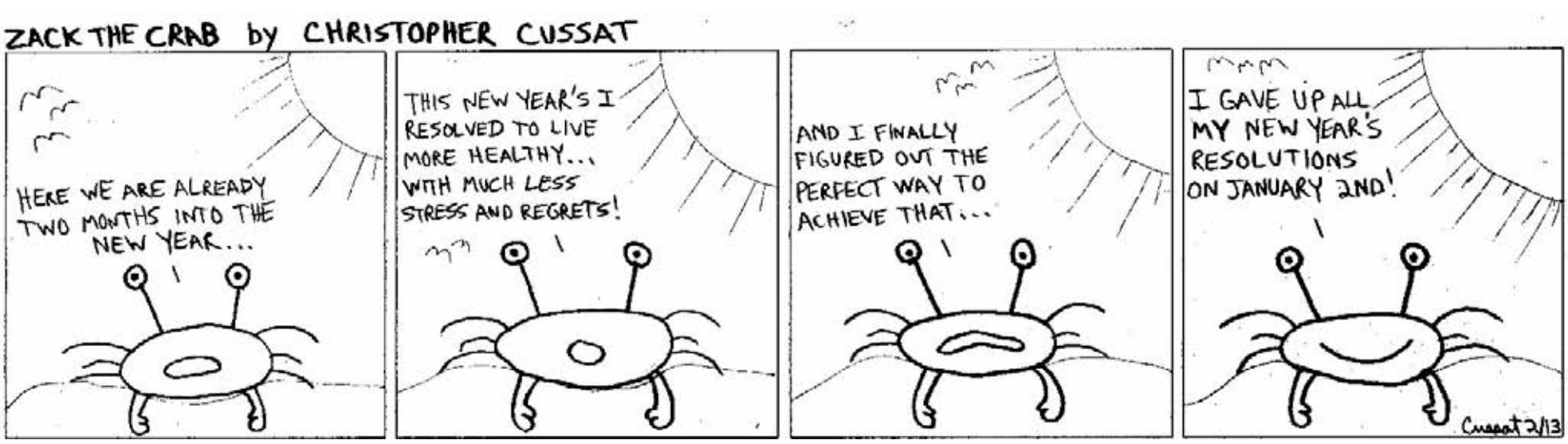
In addition, a video memorial tribute to the sculpture that was produced by Church as part of Family Hospice's Quality of Life Program, can be found on Family Hospice's YouTube channel at www.YouTube.com/user/FamilyHospice. It is entitled, "Family Hospice: The Peace Garden."

According to Church, the creative spirit plays a vital role in healthcare and specifically at Family Hospice. "Depending on the person and the creativity that lies within them, any art form can impact the course of their disease and how they cope with symptoms. Focusing on their art, be it painting, a picture, or listening to their favorite music or sharing the stories of their life, can help alleviate stress or pain." She added that art can offer hope and purpose to a patient, while helping them remember that they are more than a patient in a bed. "Individuals facing life-altering illness can identify with the creative arts, even if they have not done so in the past."

Family Hospice and Palliative Care is an independent, non-profit, community-based organization accredited by The Joint Commission for meeting specific high-level performance standards and recognized nationally as a pioneer in programs such as Caregiver Training. Through a commitment to quality services, Family Hospice provides a complete continuum of care to patients and families.

A winner of the American Hospital Association's *Circle of Life* award for innovative care programming, Family Hospice has been providing compassionate care to our area since 1980. As Pennsylvania's largest hospice provider, Family Hospice serves nine counties in Western Pennsylvania, helping patients make choices about their care, supporting family and friends who are grieving, and educating both professionals and the community about end-of-life issues. Learn more at www.FamilyHospice.com and www.Facebook.com/FamilyHospicePA.

For more information about Family Hospice's Quality of Life Program, or the former exhibit at Undercroft Gallery, please contact Paula Church at 412-651-2550.



Leading a Mission with Vision

An amazing place ... these heartfelt words from a guest of Family House truly captures the intent and spirit of Family House, as a "home away from home" for those facing a medical crisis and seeking treatment in Pittsburgh. For nearly 3 decades, Family House has been an integral part of the Pittsburgh community, offering affordable, safe and comfortable accommodations for those facing catastrophic situations, thus reducing the emotional and financial stress for people facing a desperate medical crisis.

Family House is one of the largest hospital hospitality houses in the country. Since 1983 over 137,000 people from all over the world have stayed at Family House while seeking medical attention at one of Pittsburgh's prominent hospitals. This year Family House will celebrate 30 years of service.

Behind the nonprofit sits an array of dedicated, passionate people who strive to keep Family House the comfortable, cozy and affordable safe haven that many have come to rely on during trying times. Glen Feinberg, Chairman of the Family House Board, is one of these dedicated individuals.

Glen Feinberg is Principal at Deloitte Consulting and is a Pittsburgh native. Feinberg has been on the Family House Board of Directors since 1998 and is serving his second year as Chairman of the Board Feinberg was first introduced to Family House's mission by fellow and current board member, David Navikas. Instantly, Feinberg became an active, involved member of Family House's board and began by working closely with the finance committee.

In 2012, when Feinberg became Chairman of the Family House Board he became the biggest advocate for the cause by delivering Family House's message wherever and whenever possible. As chairman, Feinberg leads the board in all aspects such as leading the Board of Directors, facilitating committees and leading the strategic planning efforts. The Executive Committee, Vice Chairs of Advancement, Governance, Nominations and Finance members also all report to Feinberg. Perhaps the biggest effort of Chairman of the Family House Board is overseeing all fundraising efforts and stewards donors.

"I have had many leadership positions in my career that are larger in scale than this position but none more gratifying and rewarding, says Feinberg of his Chairmanship at Family House. "To lead an organization that does so much for people in need is incredibly rewarding."

As Chairman of the Board, many obstacles fall in Feinberg's path and other board members look to him for guidance and support. One of the biggest challenges according to Feinberg is to stay ahead of the changing healthcare environment.

"Treatments are changing rapidly, providers are evolving their models and insurance reforms are fundamentally changing referral patterns and payment mechanisms. All of this directly affects our vision for the future and how we operate today," states Feinberg.

Each year, Family House holds its biggest fundraising event, Family House POLO at Hartwood Acres. Over 2,000 spectators attend the signature event and donate thousands of dollars to ensure Family House can continue to help families in need. Polo, along with the Gifting Gala assist in Feinberg's number one priority which is to help the staff and board drive Family House's mission and strategies to enable the continuing support of families in need for many years to come.

For more information on Family House visit www.familyhouse.org.

Glen Feinberg

May I Help You?

By Franco Insana

Not long ago, a young man arrived at our Center for Compassionate Care inpatient unit in Mt. Lebanon, requesting a tour. This kind of thing happens somewhat regularly. As one of Western Pennsylvania's most respected hospice inpatient centers, we often have family members come in and ask to be shown around as they contemplate the needs of an ill loved one.

At Family Hospice and Palliative Care, we are always happy to oblige. We realize that families come to us at a most critical time and the privilege of caring for their loved ones is something we take seriously.

On top of that, our organization has been putting increased focus on customer service at all levels. Of course, it starts with the patients (and their loved ones) for whom we provide care – but it extends to vendors, benefactors, other health care providers and even each other on staff.

The day the young man mentioned above stopped in, it exemplified just how important compassionate care and customer service are.

The young man was immediately met by a member of our management team. He explained that his wife, just 36 years old, had been referred to our inpatient center in light of her brain cancer diagnosis. Knowing that after a mere nine years of marriage that this may be where his wife would spend her final days, he was eager to learn as much as he could about our Center and the care provided.

With tears in his eyes, the husband asked many questions about the medicines and care his wife would receive. Without hesitation, a member of our Family Hospice clinical staff contacted one of our medicine supply companies, getting all the information the husband needed. Our staffer reassured the young man that he would have everything just the way he wanted it for his wife.

A bit later, while visiting an empty patient room, the husband asked where the call bell light was – and proceeded to pull it. He wanted to know what kind of response time he could expect for his wife once she was admitted. Within seconds, one of our nurses came through the doorway. "I saw the call bell light up, may I help you?" she asked.

"Yes," the husband replied, "I plan on bringing my wife here today."

What our staff members did that day is all part of a day's work – they do these same things for all patients and loved ones. And it is part of the hospice philosophy of care – where the patient and family are involved in making decisions.

Making the Most of Life

Family Hospice staff considers it a privilege to support and serve patients and their loved ones.

These acts may be somewhat routine for our staff – but we try to never lose sight of the fact that they are very important to those we serve. This was certainly the case for the young husband that came to us with one priority: ensuring his wife received compassionate care.

In my additional role of Interim CEO at Family Hospice, I realize I get to see these situations in somewhat of a new light. I'm grateful for that, as it is sure to leave me with an even greater appreciation of how we serve the community.

Whether we meet patients in their home, in a hospital, a long term care facility, or one of our two Family Hospice inpatient centers, the goal remains the same: to provide compassionate care, comfort, and quality of life with respect and dignity.

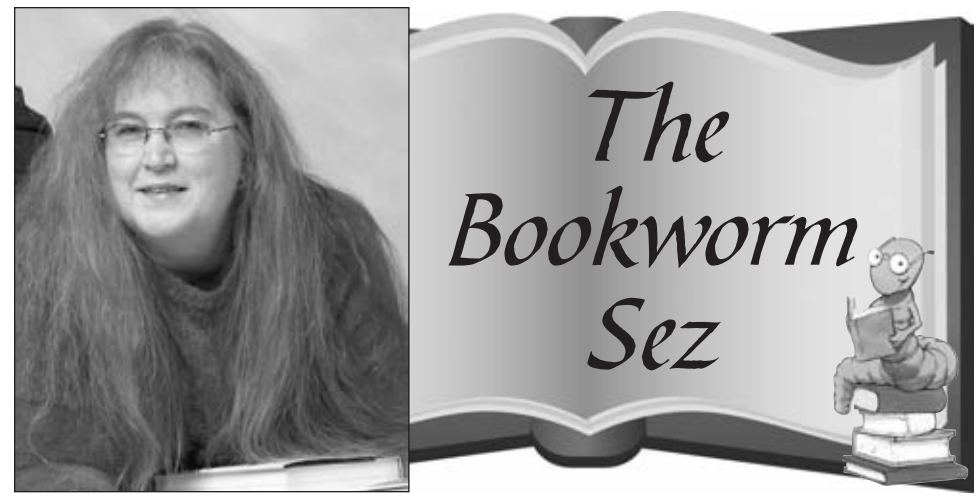
We remain grateful for the chance to ask families – and all we serve: "May I help you?"

Franco Insana is the Interim CEO and full-time Chief Financial Officer of Family Hospice and Palliative Care. He has more than 25 years experience in business and accounting, particularly in the health care and non-profit environments. He may be reached at finsana@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.

The New Geography of Jobs by Enrico Moretti

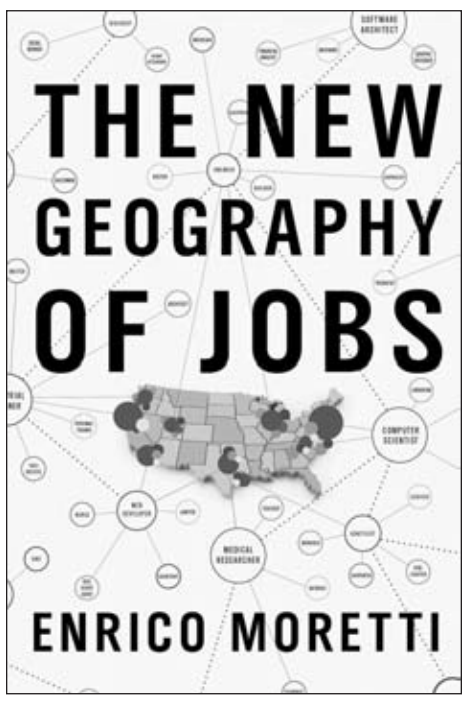
Book Information: c.2012, Houghton Mifflin Harcourt

$28.00 / $32.95 Canada 294 pages



So far, you've resisted.

You've resisted closing up shop, selling your business, downsizing yourself out of a job. You've put off laying everyone off. Most importantly, while so many jobs are going overseas, you've resisted outsourcing to China.



Made in America is important to you, and you're concerned about where our jobs are going. But author Enrico Moretti says you needn't worry, that Chinese products are good for us. In his new book "The New Geography of Jobs," he tells you why.

Take a look out your window.

Most of the people you see have what you might call "average" jobs. They're lawyers, accountants, retail workers, semi drivers. One third of us work for the government. Two-thirds of American jobs are in the local service sector, and Moretti says that that number has been growing for decades.

That's very good because, through what scientists call the *multiplier effect*, one new job creates several jobs in other industries. That new employee, after all, needs to spend his salary somewhere, and someone needs to serve him.

Many of those other jobs, it should be noted, are professional in nature while few come from traditional manufacturing. Due to technological progress, we're more productive than ever, so it takes fewer employees to produce goods. That, and globalization, hurts manufacturing but drives jobs in innovation.

Globalization, says Moretti, is not detrimental for America. Letting other countries provide labor is great, as long as we have something to offer in exchange.

"In a global economy," he says, "you do not need to excel at everything." The "principle of comparative advantage" indicates that if we let other countries do what they do best while we do that in which we excel, then we can trade and everybody wins.

Curiously, what we make for trade doesn't matter.

"What really matters," Moretti says, "is that American workers produce goods or services that are innovative and unique and not easily reproduced. This is the only way to generate jobs that pay well in the face of stiff global competition."

So where are the jobs? That's complicated, and "The New Geography of Jobs" has the answer, but it's deep and wide.

Author and economics professor Enrico Moretti uses science and hard data to show where the jobs are and why they cluster as they do. He offers ideas on how to end unemployment, he uses real businesses as example, and he cites chilling statistics that are employment-historical in nature.

That makes this a real make-you-think kind of book – which isn't a bad thing, but it's very involved and complex. I liked what I learned, but I think the real benefit of a book like this will come in the rumination of its ideas in the days and weeks to come.

If you're thinking of a career change or new employment, or if job creation is your Number One priority this year, this is a book you'll want first. You'll need solid, hard-core information to do it… and for that, "The New Geography of Jobs" is hard to resist.

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

Immigrant Health

By Nick Jacobs

Modern Healthcare's February 4th, 2013 issue was titled, *In Denial*. It was about immigration reform and the fact that health coverage will, at the present time, not be offered to those 11 plus million immigrants who will be permitted to get in the queue to become legalized citizens.

According to the article "Proponents of giving limited healthcare benefits to currently illegal immigrants argue that doing so would alleviate some problems that affect everyone and could reduce costs. The number of uninsured residents would fall much closer to zero; reimbursement for hospitals and health centers would improve; and insurance costs could fall as the younger and healthier immigrants join the insurance pool."

However, both the Senate and President Obama's proposals do not include any extended benefits. Unfortunately, because a large number of these uninsured and currently illegal immigrants are being treated at America's Community Health Centers, it will put excessive burdens on those organizations and emergency rooms across the United States.

One way to address the disparity of the uninsured, some suggest would be for the government to reinstate special payments to hospitals. These benefits would be directed specifically for illegal immigrant care provided in those emergency rooms. To put the number of uninsured in prospective, California has 2.55mm, Texas has 1.65mm, Florida with 825,000mm, NewYork with 625,000 and New Jersey and Illinois with 550,000 and 525,000 respectively. The remainder of the other 4.25mm immigrants are then in the other states of the United States.

The fundamental question for both parties is one of philosophy and math. We know, for example, that historically about 7% of our population is consuming approximately 80% of our healthcare dollars, specifically, our Medicare healthcare dollars. But there is also a question of the conflicting philosophies of saving everyone at any cost while not acknowledging the acceptance of our own mortality.

There is another sensitive philosophical and political conflict regarding taking care of our fellow man. If we simply do the math, we begin to see that some relatively logical changes could have a very significant impact on the numbers, but then the questions come down to education, intelligence, greed, power, control, religious beliefs and a myriad of other human realities that separate us from the other animals in both good and bad ways.

If we look at the last few years of U.S. budgetary decisions, we will see the following: Healthcare is costing us about 25% of the U.S. Budget; Education at only 4% of the federal budget; and Defense at $901.4B, 22% of the Federal Budget, our priorities have been very clear.

Our decisions not to treat mental illness and to continue to keep all drugs in the illegal category have resulted in our having more people incarcerated per thousand than any other G8 economic power country. We incarcerate at a rate that is four times the World average. With less than 5% of the world's population, we incarcerate 23% of the world's total imprisoned people. We have chosen to jail our mentally ill population.

In healthcare, we still do not appropriately fund wellness and prevention and, as stated above, mental illness. In the 60's we spent 18% of our incomes on food in this country and 9% on healthcare. Now we spend 9% of our income on faux and genetically altered food, sugar and corn syrup enhanced food, and 18% on our healthcare. Does anybody see the potential connection here?

Education, drugs, prison, tolerance and inclusion, the Golden Rule, and appropriate distribution of wealth that is not dependent upon the approximately 12,000 registered lobbyists working Washington D.C. could be a start. But just like gun violence . . . someone has to have a rational discussion at the top levels of government to make any progress.

Optimism is not one of my better attributes when it comes to the government and personal greed.

Nick Jacobs, FACHE, International Director of SunStone Management Resources and an officer on the American Board of Integrative Holistic Physicians is currently consulting in Integrative Medicine and Pharmacogenomics and writes the blog, healinghospitals.com.

NURSING From **Page 1**

In addition, changing demographics is creating a need for bilingual nurses with cultural competence. Keen critical thinking skills will be paramount as new medical knowledge is generated and current traditional treatments become obsolete while the health care system simultaneously grows in complexity. A strong foundation in the liberal arts especially ethics education will be required as many nurses grapple with moral distress and learn/acquire the moral courage to do the right thing when confronted by ethical dilemmas that are now pervasive in organizations.

In order to prepare the nurse of the future, a future we cannot even imagine today, we must take note of the advice provided in the Carnegie report on the nursing titled "Redesigning nursing education is an urgent societal agenda." We must act swiftly in this ambiguous environment, and create the nursing curricula that will meet those future health care needs. These will be among the essentials for meeting this urgent societal challenge:

- Fast-paced baccalaureate programs designed for individuals with degrees in other fields to meet the high demand for nurses
- Knowledge acquisition skills to assist students on where to find information, judge its relevance and usefulness
- Technological utilization skills such as electronic books, mobile apps, online learning, and a myriad of other technologies to enhance patient care and learning
- Seamless academic progression such as RN-to-BSN, RN-to-MSN, RN-or-BSN-to-DNP and/or BSN-to-PhD program options
- Flexible online programs for the existing RNs to return to school for the BSN
- The need for finely, honed clinical assessment and clinical reasoning skills, taught in a simulated environment with a greater emphasis on the older adult
- A heavy emphasis on the scientific basis of health, critical thinking, and ethics
- Role playing, communication skills, leadership, and patient advocacy skills
- Curriculums that are well grounded in disease prevention, health promotion, and screening and public health.
- Strong emphasis on quality and safety and reduction of medical errors
- Inter-Professional Simulation Centers across the country where students from the health disciplines of nursing, health professions, and medicine will be exposed to the complexities of teamwork situations within the clinical setting
- The need for primary care providers, advance practice nurses/ nurse practitioners as a surge of 32 million new individuals enter the health care system
- A diverse range of clinical experiences (acute, chronic, in-patient/out-patient, multiple clinical specialties with a multi-cultural patient population and community orientation)
- Clinicians who can advance practice by engaging in translational science that leads to evidence-based practice, system-wide change and the generation of new clinical knowledge

As nurse educators, we will be responding to these imminent challenges, implementing recommendations for forward-thinking educational programs and finding creative ways to admit additional students so that our health care system can meet future demands. By doing so, nurses will be prepared to influence a new evolving health care system that truly improves the health of our citizens.

For more information, visit www.duq.edu/academics/schools/nursing.

Mary Ellen Smith Glasgow, PhD, RN, ACNS-BC, is Dean and Professor at the Duquesne University School of Nursing. She is also a Robert Wood Johnson Executive Nurse Fellow (2009–2012).

PHARMACY From **Page 1**

Finally, because Gov. Corbett understands how important this is to Pennsylvanians' health care, and how important it is to keeping and creating jobs in our state, it is now law.

The legislation says simply health insurance plans, both private and government run, must provide the same benefits and costs for consumers to get prescriptions at local pharmacies, as they provide for those who use mail order pharmacies. Retail pharmacies must agree to accept, from the insurer, the same pricing and terms as mail order companies. If they do, local pharmacies can compete fairly for customers business.

This common sense law levels the playing field, which has been increasingly tilted away from our local pharmacies. The law protects consumers by requiring the same terms for both retail and mail order pharmacies, and keeps costs consistent for health plans as well.

Gov. Corbett is working every day to keep good jobs in Pennsylvania and make our state attractive for new businesses to locate. As our population ages, the need for pharmacies to provide access to prescriptions and health care advice that only local, trusted pharmacists can provide, will increase.

Gov. Corbett's signing of this law says to Pennsylvania citizens he will continue to fight for the greatest choice in health care, while also keeping costs down. To the pharmacy industry, the governor's ability to get this law passed says Pennsylvania welcomes your business and your jobs in our state.

Carol Aichele is the Secretary of the Commonwealth. She heads the Pennsylvania Department of State, which licenses pharmacists and 28 other professions in the state, including medical doctors, osteopaths, and nurses. The department licenses approximately 900,000 professionals.

Submissions? Story Ideas? News Tips? Suggestions?

Contact Daniel Casciato at
writer@danielcasciato.com

Ending Nurse Bullying: Freire Style

By Renee Thompson

Nurse bullying is a problem. But is it a new problem? The answer is no. Humans treating humans with disrespect has been documented since we walked on two feet instead of four. I'm sure there is a caveman drawing somewhere depicting bullying behavior. Although I'd like to believe we've evolved a bit since the caveman era, humans treating humans badly still exists.

It's no different in the nursing profession. However, bullying just seems more perverse in a profession dedicated to caring and compassion. It just doesn't make sense. How can nurses, who are equals, pick on each other? Isn't nursing challenging enough without having our own peers making it worse? I just don't get it. Neither did Paulo Freire, a sociologist, who spent time in various countries observing human behavior.

Dr. Freire witnessed people oppressing each other – peers oppressing peers. Not administration/government oppressing the people. In his book, Pedagogy of the Oppressed, Dr. Freire's offers us a solution to oppression by taking an in-depth look at the dynamics between the oppressor and the oppressed. I took the liberty of adapting his recommendations to nurse bullying.

Bully-Proofing "Freire Style"

Freire suggests the following steps for the oppressed (victim of bullying):

- **Reflect**

Reflecting is the ability to analyze our own behavior and the behaviors of others in an objective way. If you find yourself in a bullying situation, spend time in deep thinking about the situation. Increase your awareness of your behavior and the behavior of the your oppressor. Can you identify patterns and triggers? What is your reaction when the bad behavior occurs? Pretend that you are an observer who bears witness to bullying attacks. What do you see?

- **Praxis**

This refers to skill development. The ability to stop the oppressor requires enhanced communication skills, an understanding of human behavior and the ability to then apply that learning into practice. Dealing well with nasty people isn't intuitive. But the good news is that communicating in a way that decreases the bully's power over you is a skill that can be learned. I know because I teach communication skills!

- **Rehumanize yourself**

It's time for you to stop allowing other people to make you feel terrible about yourself. Stop giving power to the oppressor. Think of yourself as Norma Rae! Even if you have to stand up on a table and shout, "I'm NOT going to take this anymore!!!" BELIEVE that you deserve to be treated with respect as a human. BELIEVE that you deserve to work in a supportive and nurturing environment. BELIEVE that you are a good nurse! My favorite quote of all time, "No one can make you feel inferior without your permission." by Eleanor Roosevelt. Stop giving the bullies power over you.

- **Rehumanize your oppressor**

What?? Be nice to my oppressor?… YES. Remember, kindness begets kindness. While I'm not asking you be lovey dovey with the bully, I am asking you to treat others (even the bullies) with kindness, compassion, and respect. SOMEONE has to demonstrate that humans have evolved since the caveman era. It starts with each one of us. Another amazing quote that speaks to rehumanize your oppressor comes from the late Martin Luther King, Jr. who said, "Returning violence for violence multiplies violence, adding deeper darkness to a night already devoid of stars…. Hate cannot drive out hate: only love can do that"

Remember, you deserve to work in a nurturing and supportive environment, free from the bullies. To do that, requires that we all take action.

For more great tips, make sure you "like" me on Facebook,"follow" me on Twitter and YouTube and subscribe to my blog. You can find these links at http://blog.rtconnections.com. Also, check out my new book on nurse-to-nurse bullying (http://rtconnections.com/products/book/).

Editor's Note: This article was reprinted with permission by the author (see original post at: http://blog.rtconnections.com/2013/01/ending-nurse-bullying-freire-style.html)

Adapt to The New Customer Service Imperative

By James Domino

Change is all around us. Fueled primarily by the power of technological advancement, the engine of change seems to grow larger with each passing year. Change that formerly took a generation to occur, now happens in the span of a few years. In our work, we are often asked to do more with less, and sometimes we feel like we are stretched to the limit. It is difficult to predict the future, but almost every futurist believes that change will continue and even accelerate in the years ahead. Yes, change is everywhere, and it will continue, but there are techniques you can use to manage change. This article is about learning tactics that will give you the ability to more readily adapt to change. One significant change in healthcare is the movement toward patient-centered care and improved patient satisfaction. In addition to learning change management activities, this article will also provide specific actions you can use to improve patient satisfaction.

Many hospitals are faced with the imperative to stabilize a shrinking bottom-line. As a result of the Patient Protection and Affordable Care Act, as of October 2012, Medicare will base full reimbursement on how well the hospital scores on certain service measures. Improving patient satisfaction is a critical change that many hospitals simply must face.

The First Step to Manage Change

The primary technique that is used to adjust to any change is to discover how the change will benefit you. You should ask yourself, as a result of this change, what will I gain that is valuable to me?

(Johnson 1998) Here are a few examples of how the change may be valuable to you. It may enable you to advance in your career. It may help you to become more productive. It may help you have more discretionary time. Whatever the value may be, you must discover it, and then focus on it. Most of the time when someone is stuck and not adjusting to change, it is because they are focusing on their fears. Often, these fears are linked to something they expect to lose. The hard truth is that any change will involve loss and gain. Yet, focusing on the loss will only result in keeping you stuck. (Johnson 1998) The first, and perhaps the most important technique in managing personal change is to discover how the change will benefit you, but there are many more tactics to help you manage change. In this paper, change tactics are divided into two categories. The first approach is to create a positive frame of mind, and the second is to learn to use personal change tactics. Now let us examine methods that produce a positive outlook.

Create a Positive Frame of Mind

In dealing with change, creating a positive frame of mind is critical to success. It is like the farmer who tills the soil before planting the seeds. Here are a few techniques you can use to create a positive frame of mind:

- Use your imagination to create a positive vision of the future. If everything happens exactly as you want it to, what would that look like? For example, if you receive a promotion, how would that make you feel? What would be the tangible consequences of that benefit? Spend a few minutes each day thinking about how you will enjoy the benefit. (Patterson 2011)
- Focus your attention on something you find uplifting. It is a psychological principle that whatever we focus on, expands. When we focus on positive things, the natural result is that we become more positive. Spend fifteen minutes a day reading something positive, or perhaps listening to an uplifting piece of music. Find something positive to focus on everyday, it will make a tremendous difference in your life. (Achor 2010)
- Find someone to support you in your new endeavor. Social support, friendship, is our single greatest psychological asset. (Achor 2010)

Personal Change Tactics

The second step in managing change is to use personal change tactics. This approach is important in your ability to adapt to change. It is like the farmer who plants his seed into fertile soil. Here are a few tactics related to personal change:

- Minimize barriers to change. What is the level of energy and time needed to initiate an activity? If you reduce that time, even by as little as 20 seconds, you will make it easier to adapt to change. For example, if you want to exercise on Monday morning, put your exercise clothes and shoes out on Sunday night. When Monday comes, you can more easily and quickly put them on. In this way, you have reduced a barrier to change. (Achor 2010)
- Many times change requires that you learn a new skill. To master change, determine the skill you need to learn. Then use deliberate practice, to learn and become better at that skill. (Patterson 2011)
- Reward small wins. If you accomplish a small task, reward yourself with something you enjoy. Frequent small rewards, will create enough positive momentum to help you achieve more and more.

(Patterson 2011)

Metaphorically, we have tilled and planted the seeds of change. Now we must harvest the crop by putting our new found change skills to the test. In healthcare, change is almost constant, and it is frequently the result of mergers, the adoption of new technology and adjustment to new regulations. Many hospitals are dealing with the change of improving patient satisfaction. Since October 2012, when Medicare instituted its new reimbursement regulation, providing poor patient service is no longer an option. Fortunately, there is a proven method you can use to improve patient services. What follows is a description of that method. This customer service method is comprised of three parts: principles, process and behaviors.

Principles

The first section of the customer service method, the one on customer service principles, is the most important. Once the principles are learned, they can be applied in a variety of contexts. Dr. Leonard Berry's principles have proven most useful over the span of many years. In short, they have withstood the test of time. Berry's principles are reliability, responsiveness, competence and friendliness. (Kamin 2002) These principles can be used as a frame work to create customer service behaviors.

*In this article, the terms customer service and patient satisfaction are used interchangeably.

Process

All customer service interactions follow a prescribed path. This path includes the following processes: introduction, determining needs, meeting needs and concluding. (Kamin 2002) By combining Dr. Berry's principles with the customer service process, one can create customer service behaviors.

For example, the position of hospital nurse could include the following customer service behaviors. An introduction consisting of a warm greeting that includes a smile, eye contact and use of the patient's name. Here is an example of how this would be done in a hospital. "Hello, Mr. Smith. My name is Alice, and I will be your nurse until 4:00 p.m." The second phase in the patient interaction process is determining the patient's needs. This phase is characterized by asking open ended questions and listening attentively to the response. An example of this phase is, "How are you feeling, now? Are you experiencing any pain?" The third phase in the patient interaction process is meeting the patient's needs. Once the patient's needs are determined it is important to quickly satisfy them. For example, "Please take a look at this white board. I have written my name at the top, and I listed all the activities we have planned for you today. As you can see, you are scheduled for a chest x-ray at 11:00 and an EKG at 2:00." The fourth and final stage of the patient interaction process is the conclusion. In this phase, the service provider checks results. One example of this phase is, before exiting the room, nurse Alice made eye contact with the patient and said, "Mr. Smith is there anything you need before I leave the room?" (Evenson 2005) In this manner you can use Berry's principles and the customer service process to create behaviors. One could easily create customer service behaviors for doctors or hospital administrators. To create behaviors, first ask yourself who am I serving? Who is the patient or customer? Then apply Berry's principles to the customer service process to create behaviors that are unique for that position.

Conclusion

To create excellence in patient services, follow this plan: First, prepare the soil for change by choosing how the change will benefit you. Focus your attention on benefits you will receive as the change proceeds. Then plant the seeds of change by creating a positive frame of mind and using personal change tactics. To specifically improve patient satisfaction and harvest the crop of outstanding service, use Berry's customer service principles in concert with the customer service process outlined above to create customer service behaviors that are unique for that position.

Additional Tips to Manage Change

- Find Something to Look Forward to: It could be something small like, a night out with friends or watching a favorite movie. It could be something big like going on vacation. (Achor 2010)
- Commit Conscious Acts of Kindness: Make a commitment to perform five acts of kindness; these acts must be done deliberately and consciously to derive the correct psychological benefit. For example, pay the toll for the next person in line. (Achor 2010)
- Infuse Positivity into Your Surroundings: Place pictures of loved ones nearby; go outside for 20 minutes on a nice day; watch less TV. (Achor 2010)
- Exercise: Exercise releases endorphins, improves motivation, reduces stress, helps one enter the psychological state of flow, and is a long lasting mood lifter; regularly do any exercise that you enjoy. The point is to get moving and to keep moving. (Achor 2010)
- Spend Money (Not on Stuff): Spend money on experiences with other people, such as concerts, group dinners and sporting events. Spend money on others or "pro social spending." The emphasis is on doing, not on having. (Achor 2010)

James Domino is president of PHASE IV, Inc. For more information, visit phaseivinc.com.

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Researchers Seek Public's Help in Halting the Spread of Flu

With flu running rampant across many parts of the United States, a frequently asked question is, "How do you prevent the spread of flu among children?"

Researchers at the University of Pittsburgh and the Johns Hopkins Bloomberg School of Public Health are currently investigating how the flu spreads in schools, based on how children interact with each other.

And you can help by participating in a brief online survey (http://www.smart.pitt.edu/contactsurvey/)– no matter your age – and be entered into a weekly drawing for an Amazon or iTunes gift card.

The Social Mixing And Respiratory Transmission in Schools (SMART) study is looking at how the flu and other respiratory diseases are spread in schools by measuring how often children come in contact with each other in and out of school. The researchers will use the data to construct models of school children's daily interactions so they can develop the most effective preventive measures.

The study is part of a Centers for Disease Control and Prevention (CDC) effort to create a national policy on school response to the flu and other pandemics.

"Mathematical models like this can help policymakers and health care providers manage new infectious disease outbreaks. However, these models demand precise empirical estimates of critical factors such as average contact patterns," said Shanta Zimmer, M.D., SMART co-principal investigator and associate professor of medicine at Pitt's School of Medicine. "The SMART study will provide key information about mixing rates and patterns of encounters relevant to the spread of infections that will help us determine the efficacy of a proposed control intervention, or where best to target limited prophylactic resources."

To learn about people's daily contact patterns, the researchers are asking people to take their survey, which is anonymous, open to any resident of the United States and takes 15 to 45 minutes to complete. The information collected will allow researchers to refine models of infectious disease transmission and seek better methods of disease prevention and control.

Tips for Hospitals Considering the Creation of an Orthopedic Center of Excellence

By Djamel Bayliche

Most hospitals provide orthopedic services, and with the ongoing healthcare consolidation and introduction of new payment methodologies as part of the "Affordable Care Act", competition for orthopedic patients has never been more intense. Hospital clients are increasingly seeking advice on how to *survive and thrive* in this highly-competitive environment.

It's recommended that hospitals seek to achieve and maintain "best practice" as the means to establish a clear competitive advantage in orthopedics.

Focusing on the following fundamental "Ps and Q" is an essential first step:

- **Physician partnership and integration.** Engage physicians in shared ownership and governance of the orthopedic program by fostering a culture where they have significant input into program decisions and direction. Hospitals should ensure that the goals of the hospital, surgeons, and other providers are aligned toward achieving the vision of "best practice" as a team. Likewise, open communication is critical to establishing (or enhancing) trust.
- **Patient experience.** A key factor for any orthopedic program, placing special focus on service consistency and exceeding patient expectations can be very distinguishing in a marketplace. A great approach is to avoid treating patients as "sick individuals" but instead as "guests" with the appropriate services and amenities of a resort/hotel setting (e.g., street clothes, room service menu, etc.).
- **Process efficiencies.** Streamlining processes that eliminate duplication, reduce variation, and increase predictability will facilitate better planning of patient care, which can lead to significant cost savings. Additionally, standardization of processes, devices, and supplies will facilitate improvement of staff skills and the ability to negotiate more favorable contracts with vendors.
- **Quality outcomes.** While tracking and monitoring clinical indicators, such as infections and other complications is very important, improvement of functional status is becoming the more relevant indicator for most orthopedic patients. Most hospitals lack the appropriate information to improve quality outcomes; thus, capturing and tracking relevant indicators must first occur. This may involve extracts from the medical record as well as direct information capture in the physician office.

The current healthcare environment demands that hospitals employ strategies that lead to a competitive advantage. Focusing on the above will create an opportunity to organize orthopedic services as a service line and facilitate the branding and marketing of the program as a true "center of excellence." This approach can greatly enhance the likelihood of establishing a *distinct and marketable* center of excellence in orthopedics.

Corazon offers consulting, recruitment, interim management, and physician practice & alignment services to hospitals and practices in the heart, vascular, neuro, and orthopedics specialties. To learn more, call 412-364-8200 or visit www.corazoninc.com.

Parasitic Worms: A Potential Key to Treating Autoimmune Diseases

By Karin Hehenberger, M.D., Ph.D.

Rates of autoimmune disorders—including Crohn's disease, ulcerative colitis, multiple sclerosis and type-1 diabetes—are relatively high across the developed world. According to the well-known "hygiene hypothesis," there is a direct link between these high rates and Western society's obsession with sterile, germ-free environments. Is it possible that improved hygiene, by ridding our bodies of parasitic worms (also known as helminths) and beneficial bacteria, made way for the newer problems of immune-mediated diseases?

In an idea originated by Joel V. Weinstock, M.D., Chief of the Division of Gastroenterology/Hepatology at Tufts New England Medical Center, and David E. Elliott, Division Director of the Gastroenterology-Hepatology Faculty at the University of Iowa, and recently summarized by Weinstock in an article published by the journal *Nature*, a significant reduction in exposure to helminths has eliminated a natural mechanism in our bodies that prevents the onset of certain autoimmune disorders. Furthermore, the reintroduction of helminths into our bodies might help treat some of the patients with these disorders.

Several ongoing clinical trials have produced early evidence that such treatment may be safe and effective. One approach comes in the form of a treatment involving *Trichuris suis ova* (TSO)—pig whipworm eggs. Studies, conducted initially by Weinstock and subsequently by others, have shown that once the treatment (purified eggs suspended in a tablespoon of saline solution) has been swallowed by a patient, the eggs take up residence in the gut and regulate the immune system in a way that can reduce a range of symptoms without any harmful side effects. The use of TSO appears promising since it does not multiply in humans outside of the gastrointestinal tract and does not enter the bloodstream.

Previous studies have indicated a positive response to the treatment in Crohn's disease, ulcerative colitis and multiple sclerosis patients. Based on those studies, researchers are taking on the task of developing TSO as a drug, specifically a biologic. Both the U.S. Food and Drug Administration (FDA) and the European Medicines Agency (EMA) have allowed further testing. There are trials underway in Crohn's disease, multiple sclerosis and autism, and others set to begin in ulcerative colitis, psoriasis, type-1 diabetes and other immune-mediated diseases.

The worms appear to have three major effects on the immune system: they seem to cause changes that activate regulatory T-cells which dampen immune responses and curb autoimmunity; they seem to act on other cells that prevent the "switching on" of dangerous effector T-cells, which normally leads to inflammation and disease; and they seem to alter the makeup of intestinal flora—they foster the growth of gut microorganisms typically considered "probiotic," which help maintain intestinal health.

In August 2012, Coronado Biosciences of Burlington, MA, which has been heavily involved in the development of TSO, announced the initiation of a Phase 2 study of TSO in Crohn's disease. The trial, known as TRUST-I (TRichUris Suis ova Trial), is currently enrolling patients and is expected to enroll approximately 220 patients, both males and females between the ages of 18 to 65, with moderately to severely active Crohn's. Patients enrolled into the randomized, double-blind, placebo-controlled, U.S. multicenter study will receive either oral TSO (7,500 ova) or placebo once every two weeks, for 12 weeks.

The primary endpoint of TRUST-I is the induction of response in Crohn's disease, as measured by the Crohn's Disease Activity Index (CDAI). The secondary outcome measure is induction of remission. The study will also have an optional-open label extension for patients completing the study.

Coronado expects to have approximately 65 clinical sites participating in this trial; as of this writing, three of the sites currently enrolling patients are located in Pennsylvania: Cherry Tree Medical (Uniontown, PA); the Digestive Health Center of Indiana (Indiana, PA); and the Donald Guthrie Foundation for Education & Research (Sayre, PA). For more information about the trial, including recruitment criteria, visit http://clinicaltrials.gov/ct2/show/study/NCT01576471.

As suggested by positive results from clinical studies conducted to date, the ova of parasitic worms such as *Trichuris suis* might hold promise in the treatment of a wide range of autoimmune diseases. Ongoing and future studies will sharpen our understanding of the efficacy of this approach and the viability of FDA-approved treatments based on it.

Karin Hehenberger, M.D., Ph.D. is Executive Vice President and Chief Medical Officer of Coronado Biosciences, a biopharmaceutical company focused on the development of novel immunotherapy biologic agents for the treatment of autoimmune diseases and cancer.

Jay Godla Joins Highmark as Executive Vice President and Chief Strategy Officer

Last month, Highmark Inc. announced the appointment of **Jayanth (Jay) Godla** as executive vice president and chief strategy officer. In this role, Mr. Godla will lead Highmark's long-range strategic planning efforts and identify future growth and affiliation opportunities.

Godla will report to William Winkenwerder, M.D., Highmark's president and chief executive officer.

Since 2011, Godla served as head of enterprise strategy at Aetna in Hartford, Conn., where he was responsible for developing corporate strategy, managing the company's strategic planning process and driving the implementation of key strategic initiatives. In addition, from 2009-11, he served as global markets and strategy leader for Aon Hewitt. Prior to his work at Aon Hewitt, Godla served as a senior-level consultant at McKinsey & Company (2004-09),

Godla received his master's of business administration degree from the Wharton School at the University of Pennsylvania in 2005. In addition, he received a master's degree in industrial engineering from the University of Toledo in 1997 and a bachelor's degree in technology from Sri Venkateswara University's College of Engineering in Tirupati, India in 1993.

Learn more at www.highmark.com.

University of Pittsburgh School of Nursing Announces Personnel News

The University of Pittsburgh School of Nursing announced that Catherine M. Bender, PhD, RN, FAAN, will assume the position of Director, PhD Program effective February 1st. Dr. Bender earned her Bachelor of Science degree in nursing at the University of Akron and her Master of Nursing and Doctor of Philosophy degrees at the University of Pittsburgh School of Nursing.

She has been on faculty at the School of Nursing, since 1986 teaching at all levels. She was awarded tenure in 2006 and named a full professor in 2011. In 2012, Bender was named #8 in"75 Nursing Professors You Would Be Lucky to Have Teach Your Classes" by CNA Thrive.

Dr. Bender has published numerous articles and held leadership positions in a number of national professional and scientific societies, including the American Cancer Society and the Oncology Nursing Society. Her research focuses on cognitive function associated with cancer and cancer therapy and adherence to cancer therapy. She has been continuously funded since 1993 from sources that include the National Institutes of Health (NIH), American Cancer Society, Department of Defense, Oncology Nursing Society Foundation, and Schering, Inc. Dr. Bender's funded research includes two RO1 research project grants and a T32 training grant from the NIH.

Her research contributions to improve health care have multiplied through her mentorship of graduate nursing scholars. Dr. Bender has chaired 20 Master's thesis committees and been a member on 26 more. In addition, she has chaired four PhD dissertation committees and been a member of seven more. She has also served on the Capstone Project Committees of several Doctor of Nursing Practice candidates, and mentored a number of other postdoctoral Fellows and Junior Faculty.

Dr. Bender will continue to pursue her research in oncology nursing and to direct the school's T32 in oncology. The goal of this National Institute of Nursing Research-funded training program (T32 NR011972) is to prepare nurse scientists to lead independent research programs in cancer survivorship.

In addition, University of Pittsburgh School of Nursing announced that Dr. Leslie Hoffman was confirmed as Professor Emerita. Emerita/Emeritus status is presented by the University of Pittsburgh Board of Trustees upon the retirement of full-time tenured faculty who have served for at least 10 years and who have made meritorious contributions to the educational mission and programs of the University.

Hoffman was recruited to the University of Pittsburgh School of Nursing in 1973. She advanced up the academic ladder from instructor to assistant professor, to associate professor, to full professor and was awarded tenure in 1986.

In 1992, when the School was reorganized into the present 3-department configuration, Hoffman was named chair of the Department of Acute/Tertiary Care, a role she held until 2010. In 2011 she took a secondary appointment at the Clinical & Translational Science Institute (CTSI) at the University of Pittsburgh.

On a national level, Hoffman has served as a member of the Nursing Research Study Section, for the Department of Research Grants (DRG), now the Center for Scientific Review, at the National Institutes of Health, and as an Ad Hoc Member of Study Sections reviewing research training grants, including CTSI awards. Within the American Thoracic Society, she served as Chair of the Nursing Assembly and member of the Research Priorities Task Force. In addition, she is an Associate Editor for Critical Care Alert and a member of the Research Grant Review Committee for the American Lung Association.

On her 60th birthday, former and current students, along with colleagues, honored Hoffman's commitment to the School of Nursing by creating a research scholarship in her name – the Leslie A. Hoffman Endowed Acute Care Nursing Research Fund. The fund supports doctoral student and nursing alumni research. Through this fund, students at the School of Nursing have the financial support necessary to achieve their academic goals today and to make a difference as healthcare professionals tomorrow. To date, the fund has awarded over $18,000 in research awards.

In honor of her many years of service, Hoffman was presented with a chair signed by her friends and colleagues at the School of Nursing and a silver commemorative bowl by the University.

For more information, visit www.nursing.pitt.edu.

Healthcare Professionals in the News

Family Hospice & Palliative Care Names Franco Insana Interim CEO


Franco Insana Schuch

The board of directors of Family Hospice and Palliative Care has appointed Family Hospice chief financial officer **Franco Insana** as Interim CEO upon the departure of current CEO Rafael Sciullo, who announced on Nov. 30 that he will be leaving at the end of January to take a position with Suncoast Hospice in Florida.

Insana is an integral part of the leadership team and decision-making process at Family Hospice. His stewardship during the last four years has played a large part in the strength and stability of the non- profit organization. Insana has more than 25 years of business and accounting experience, particularly in the health care and non-profit environments.

During this transition period, Family Hospice's Board of Directors will initiate a national search for the organization's next President and CEO. This process may take up to six months.

For more information, visit www.FamilyHospice.com and www.Facebook.com/FamilyHospicePA.

Schuch Appointed to Cura Hospitality Director of Nutrition, Wellness and Clinical Compliance


Janet Schuch

Last month, Cura Hospitality announced the appointment of Janet Schuch, MBA, RD to Director of Nutrition, Wellness, and Clinical Compliance. In this new role, Schuch will provide leadership and strategic direction for Cura's clinical nutrition and wellness programs that are customized and delivered to Cura-managed hospitals and senior living communities.

Schuch will also manage the clinical nutrition service team of more than 50 dietitians who work with our culinary and guests services teams to create uplifting culinary experiences for our guests, while meeting their special dietary needs or preferences.

Schuch joined Cura in 2008 as a district manager. She has played a key role in supporting the establishment and growth of our hospital division; while cultivating Cura's dietitians into a team of highly motivated, qualified and forward-looking professionals who are driving us to higher levels of guest satisfaction and clinical performance.

With more than 25 years of food and clinical nutrition management experience, Schuch served in several key clinical operation roles for major healthcare communities and hospitals where she was responsible for developing and implementing clinical nutrition and patient care programs.

A graduate of the University of Delaware with a Bachelor of Science Degree in Dietetics, Schuch also holds a Masters of Business Administration in Health Care Systems Management from DeSales University.

Learn more at www.curahospitality.com.

Resource Directory

Contact Harvey Kart to find out how your organization or business can be featured in the Western Pennsylvania Healthcare News Resource Directory. Call 412.475.9063, email hdkart@aol.com or visit wphealthcarenews.com.

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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RTConnections, LLC is a company dedicated to improving clinical and professional practice for nurses that are serious about the role they play in the delivery of healthcare. Through consulting services, workshops, inspirational presentations, retreats, and coaching, we are committed to meeting the needs of today's nursing professionals. Owned and operated by Renee Thompson, a nurse with over 20 years experience in the Pittsburgh and surrounding areas, RTConnections help nurses become heroes. If you are looking to re-energize nurses in your organization, RTConnections can help. For more information, contact Renee Thompson at 412-445-2653 or visit www.rtconnections.com.

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Age & Dignity Consulting provides guidance and education about long-term care and housing options for Pittsburgh area seniors and their families.
We can help alleviate some of the frustrations and uncertainties you may experience while exploring the many care choices that are available. Let us assist you in making the right care choices for you and your loved ones.
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ST. BARNABAS HEALTH SYSTEM

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

EXTENDED CARE & ASSISTED LIVING

ASBURY HEIGHTS

For over a century, Asbury Heights, operated by United Methodist Services for the Aging, has been providing high-quality compassionate care to older adults in Southwestern Pennsylvania. Asbury Heights is a faith-based, non-profit charitable organization located in Mt. Lebanon. Through various accommodations, services and amenities, the needs of independent living residents can be met. For residents requiring more care, the continuing care community also offers personal care, nursing and rehabilitative care and memory support specialty care. Our Nursing and Rehabilitation Center has received a 5 Star Rating from the Centers for Medicare and Medicaid Services. The Health and Wellness Center is headed by a board certified, fellowship trained geriatrician. Two of our physicians were listed in 2012 Best Doctors by *Pittsburgh Magazine*. Residents may be treated by on-site specialists or retain their own physicians. Rehabilitative therapies are also available on-site. A variety of payment options are available to fit individual financial situations. The application process is very quick and easy and does not obligate the applicant in any way. For more information, please call 412-341-1030 and ask for Loretta Hoglund for independent living; Darla Cook for nursing admissions, or Lisa Powell for personal care. 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
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"It's great to be home!"
Nestled in a country setting in a residential area of Baldwin Borough, Oakleaf Personal Care Home provides quality, compassionate care to adults who need assistance with activities of daily living. As we strive to enhance the quality of life of our residents, our staff constantly assesses their strengths and needs as we help them strike that fine balance between dependence and independence. Oakleaf offers private and shared rooms, all located on one floor. Our home includes a spacious, sky-lighted dining room, library, television lounges, sitting areas and an activity room. Our fenced-in courtyard, which features a gazebo, provides our residents with a quiet place to enjoy the outdoors, socialize with family and friends, and participate in planned activities. Upon admission, the warmth of our surroundings and the caring attitude of our staff combine to make Oakleaf a place residents quickly call "home". Please call for additional information, stop by for a tour or visit us on our website. www.oakleafpersonalcarehome.com.

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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.st-barnabashealthsystem. 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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For 25 years, Hurley Associates has been guiding healthcare professionals – just like you - toward a brighter financial future. We examine every aspect of your financial life and then assist you in creating a plan that not only meets your financial objectives but also aligns with your personal values. Periodic reviews allow us to monitor your progress and offer an opportunity to make changes as your life changes. Hurley Associates is a member of MD Preferred Physician Services. Call today or visit us online to meet our team and view The Living Balance Sheet® video.

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HEALTHCARE CONSULTING

PHASE IV, INC.

At PHASE IV, Inc. I work with healthcare organizations (hospitals, outpatient clinics, outpatient rehabilitation facilities and assisted living centers) to help them, not only manage change, but thrive because of it. Is your healthcare organization foundering on the rocks of culture change due to a recent merger or acquisition? Is it struggling to adapt to new technology? Is it wavering to adopt new healthcare regulations, most notably the Patient Protection and Affordable Care Act? If this is the case, I can help. Through my activities your organization will benefit by increased efficiency and productivity that will result in reduced operating expenses and an increase in profit. By instituting a program that will redesign and enhance your work processes, create a forum for best practices, and improve communication and collaboration system-wide, your organization will become more effective and productive.

If you want to move your organization forward, I would be delighted to help you do so.

I may be reached at 412-341-2400.

HOME HEALTH/HOME CARE/HOSPICE

ANOVA HOME HEALTH AND HOSPICE

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

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

BAYADA HOME HEALTH CARE

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

www.bayada.com

CELTIC HEALTHCARE

Delivering innovative healthcare at home. Home healthcare, hospice, virtual care, care transitions and disease management. Learn more at www.celtichealthcare.com

INTERIM HEALTHCARE HOME CARE AND HOSPICE

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

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

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.

INSURANCE

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We are an independent insurance agency offering a broad range of business and personal insurance products. Our independent status allows us to present you with more choices and more opportunities for savings - without sacrificing coverage or service. We are committed to understanding and fulfilling your insurance needs with thoughtful and professional service. After all, your income, your assets and your lifestyle could be dependent upon your insurance protection. Give us a chance to show you why **"We earn our living when times are good and we prove our worth when times are bad".**

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PEDIATRIC SPECIALTY HOSPITAL

THE CHILDREN'S HOME OF PITTSBURGH & LEMIEUX FAMILY CENTER

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

The Children's Home of Pittsburgh & Lemieux Family Center
5324 Penn Avenue
Pittsburgh, PA 15224.
www.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. Ronald E. Voorhees, MD, MPH, Acting Director.

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

RADIOLOGY

FOUNDATION RADIOLOGY GROUP

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

For more information, visit www.foundationradiologygroup.com.

Health Care Event & Meeting Guide

Bereavement Conference
Sponsored by Excela Health Home Care and Hospice; Pennsylvania chapter of the National Association of Social Workers; and the University of Pittsburgh at Greensburg
March 21
7:30 a.m. to 12:30 p.m
Village Hall on the Pitt-Greensburg campus
Registration is requested by March 13 through www.nasw-pa.org.

19th Annual Sports Memorabilia Auction Benefits Myasthenia Gravis Association
Sunday, April 7th from 3:00 p.m. – 7:00 p.m.
The Club at Nevillewood, in Presto PA.
For more information about the event or to make a reservation, call (412) 566-1545.

Health Care Event & Meeting Guide

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

WESTERN PENNSYLVANIA HEALTHCARE NEWS

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Western Pennsylvania Healthcare News welcomes story ideas, etc.
Call Daniel Casciato at 412.607.9808 or email writer@danielcasciato.com.

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Preferred Realty

Preferred NEW CONSTRUCTION

Castletown

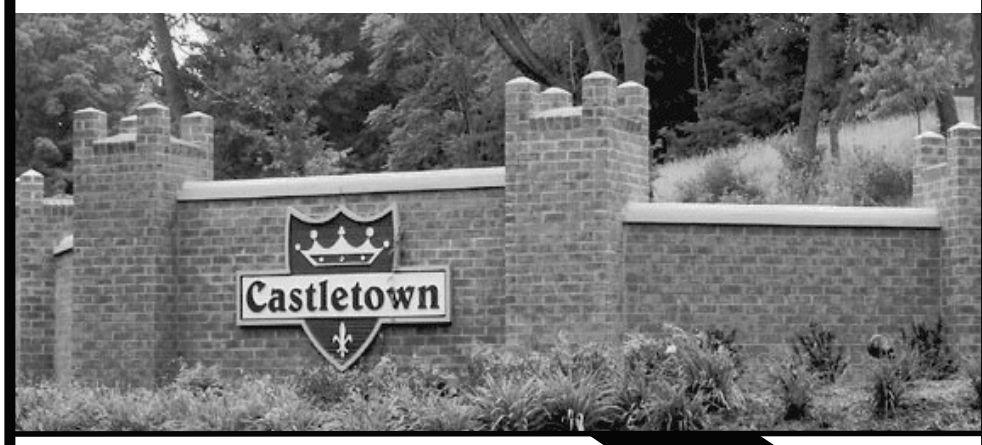
www.**CastletownCommunity**.com

Call **Barb Averell** at **412-367-8000 x300**

DIR: North I-79 take exit 73, left Route 910, left Nicholson Rd to stop sign, right Rochester Rd to Castletown on right.

Franklin Park's Exclusive Community

- Custom designed and built homes by Brennan Builders and Sosso Builders
- Packages starting at $650,000
- 31 treed home sites ranging in size 1 to 4 plus acres
- North Allegheny School District and Sewickley Academy
- Only 9 lots remaining
- Cul-de-sac plan (no through streets)
- Sidewalks throughout
- Protective covenants



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Furnished Model Open
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Tues. & Thur. 2-5 pm

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Weekends 12pm-5pm

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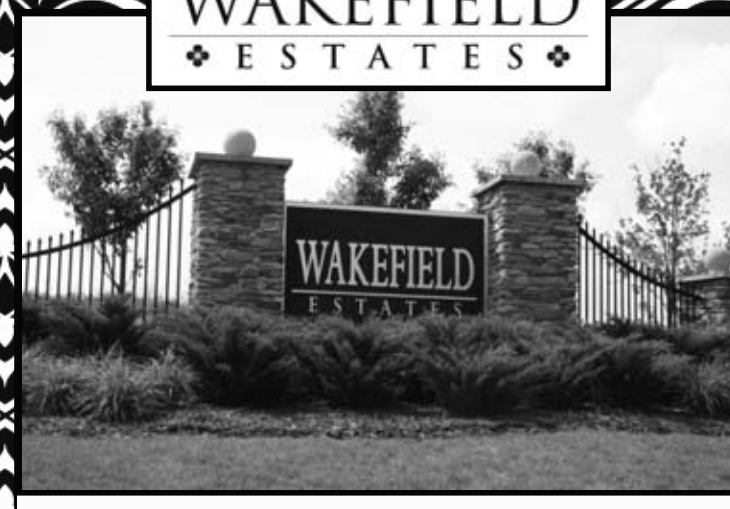

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UPPER ST. CLAIR | $589,900

Stately, 6 BR, 5.5 BA, 2-story colonial located on a cul-de-sac in a prestigious neighborhood. Features in-law apartment on lower level w/ full kitchen, laundry, great room, bedroom, & full bath w/sauna. You'll love the high ceilings, beautiful moldings, gas fireplace and low maintenance yard. Many extras!

Call Judy Nesvisky 412-551-4480
RE/MAX CSI REALTORS 412-833-0900 x2531

SPACIOUS 4 BEDROOM
Hempfield Twp • $350,000

Located on a quiet cul-de-sac in a desirable neighborhood, this beautiful 4 BR home with 4 and a half baths is elegant throughout. Features include a dramatic 2-story entry, a beautiful island Kitchen with breakfast area and a Family Room with fireplace. The large Master Suite is served by a luxurious Master Bath and there is an additional Bedroom that has a full private Bath as well. The finished lower level includes a Kitchen and full Bath and could be an in-law suite. The big screened porch overlooks a lovely wooded view – the perfect place to relax after working all day! This is truly a house you'd be proud to call "Home"! Call for a tour today!

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724-838-3660 x 640
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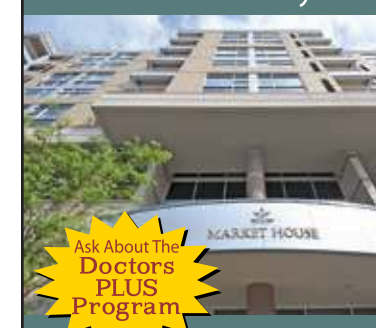

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FRANKLIN PARK
$328,000
MLS # 926953

$8,000 CREDIT TO BUYER! Spectacular end unit with 3 bedrooms and 2.5 baths with an exceptional amount of storage! Fabulous kitchen offers granite counters, handcrafted cabinetry & a built-in shelving unit with bench that is adjacent to the large breakfast area. Spacious dining room opens to the living room with fireplace and walks out to the expansive deck overlooking a private setting. Three-car garage! MANY IMPROVEMENTS! **Gloria Carroll & Patty Pellegrini 412-367-8000 ext. 242/232**

PINE TOWNSHIP
$269,500
MLS # 944093

Fabulous townhouse with designer touches provides 3 bedrooms and 2.5 baths. Immaculate unit with so many upgrades! Incredible gourmet island kitchen features upgraded cabinetry, Ventura countertops and glass backsplash. Warm tones surround the living room with Frazee carpeting. Large loft overlooks the master bedroom with vaulted ceiling. Relax in the recently refinished luxurious master bath. Convenient location ... walk to athletic club, restaurants & shops! **Gloria Carroll & Patty Pellegrini 412-367-8000 ext. 242/232**

ROSS TOWNSHIP
$169,900
MLS # 946904

This immaculate 3 bedroom 1 bathroom home offers an abundance of character! Charming living room with hardwood floors and decorative fireplace. Beautifully appointed kitchen offers white cabinetry and pass through window to dining room with new carpeting. The kitchen leads to a wonderful screened-in sunroom with ceiling fan. Enjoy the outdoors on the brick patio and step up to a level rear yard! Well maintained home with newer windows & freshly painted interior! **Gloria Carroll & Patty Pellegrini 412-367-8000 ext. 242/232**

Gloria Carroll

Patty Pellegrini

For more information, tour or brochure ... Call Today or Visit Our Website at www.gloriacarrollteam.com for a visual tour.
THE GLORIA CARROLL TEAM Gloria Carroll 412-367-8000 x242 , Licensed Agent
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N Strabane
$267,000

The best of maintenance free living! Professional exterior services, pool & club house plus minutes to all amenities. Vaulted ceiling & flexible floor plan with plantation shutters in Living Room, equipped eat-in Kitchen with newer refrigerator & slider to Trex deck with view. First floor Master and additional spacious 2 Bedrooms. Finished lower level includes wet bar, powder room & access to rear extra deep garage. Priced right and move in ready! MLS #947749

Upper St. Clair
$219,000

This expanded home offers generous room sizes and additional finished space to accommodate your growing family. Rare Den, eat-in Kitchen, slate entry, ceramic tile Baths, sunken Family Room, vaulted Living Room, finished lower level areas. Conveniently located to shopping, interstates and community facilities. Within minutes of the new USC Community Rec Center. MLS #942710

Nottingham
$439,900

5.1 Acres of serenity have arrived. Custom built Hearthstone Hemlock Log Home offers warm & inviting living areas. Stunning updated Baths. Hardwood throughout most of home. Fabulous Family Room features stone fireplace. First floor Bedroom or Den plus Laundry. Fenced L-shaped in-ground pool with concrete patio. New walkways. Covered front porch to enjoy morning coffee or evening sunsets. Views of natural pond! MLS #943794

KELLER WILLIAMS REALTY

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OHIO TOWNSHIP $650,000

Diamond Run, 4 BR 4/1 Baths, Quality detail, Marble floors, 2 story foyer & FR, Judges paneled den, Walk out game room.
Virtual Tours at www.HoneywillTeam.com

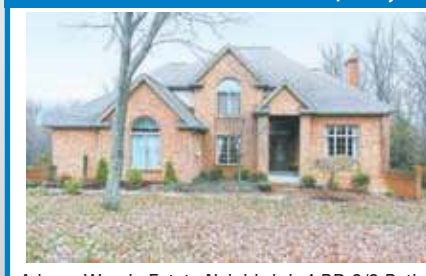
PINE TOWNSHIP $849,000

Heights of North Park, 6 BR 4/1 Baths, 2+ acres, Custom Victorian, Cuvee kitchen, Granite, Walk-in pantry, Large FR & den/built-ins.
Virtual Tours at www.HoneywillTeam.com

ADAMS TOWNSHIP $1,199,000

Luxury estate neighbrhd, 7 BR 5/3 Baths, 4+ acres, Granite, High end appliances, Butler's pantry, Governors drive, Min. to Cranberry, I-79 & PA Turnpike.
Virtual Tours at www.HoneywillTeam.com

ADAMS TOWNSHIP $675,000



Adams Woods Estate Neighbrhd, 4 BR 3/2 Baths, 2.6 acres, Custom Home, Granite Kit, 2 story foyer, Large deck with gazebo.
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ADAMS TOWNSHIP $350,000

Valleybrook Farms, 4 BR 2/1 Baths, Large room sizes, Neutral décor, HW flooring, Island kitchen, SS appliances, Large level yard.
Virtual Tours at www.HoneywillTeam.com

CRANBERRY TOWNSHIP $899,000

Madison Heights, 5 BR 3/1 Baths, Innovative design, Lives like a ranch, Brazilian Cherry HW flooring, Cherry cabinetry, 2 story stone/masonry fireplace, 4 car garage.
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EXECUTIVE Living

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.

YOUR CHOICE FOR:

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- **Alzheimer's Care**
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412.856.7071

ManorCare – North Hills
412.369.9955

Heartland – Pittsburgh
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Shadyside Nursing & Rehab Center
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www.hcr-manorcare.com

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