

Reporting Unsafe Drivers: Know Your Obligations

By Karen K. Davis, MA, CPHRM



CASE

Consider the following case scenario: A physician had a 42-year-old male patient who was a diabetic on insulin. This patient lost consciousness while he was driving, and his car struck two pedestrians, a woman and her 10-year-old son. Both pedestrians suffered severe injuries as a result of the accident. The woman later sued the driver's *physician*, alleging that the physician was liable for the actions of his patient, which resulted in the injuries to her and her son. She asserted that the patient's diabetes caused him to suffer a temporary loss of consciousness with loss of control

of his vehicle, ultimately resulting in the crash. She claimed that the physician had neglected his duty to report the patient as an unsafe driver to the state's department of transportation and was therefore responsible for the injuries to the third-party victims (her and her son).

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CASE DISCUSSION

At trial, this case was decided in favor of the defendant physician. Attorneys for both sides acknowledged that physicians in that particular state have a responsibility to report to the department of transportation when a patient is unable to drive in a safe manner. The patient in this case, however, was not an unstable diabetic, and he had never before experienced a loss of consciousness as a result of his diabetes. Therefore, the jury ultimately decided the physician had properly evaluated the patient's ability to drive and did not owe a duty to the accident victims.

LIABILITY RISK REDUCTION

Although the physician in this case was not held liable, there is a possibility that physicians across the United States could be answerable for injuries or property

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UPMC McKeesport Invitational to Benefit MRI, Wound Programs

By Carol Waterloo Frazier

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

Through the years, that one event has evolved into the UPMC McKeesport Invitational — a three-event fundraiser involving golf, tennis and a fashion show. Since its inception in 1977, the Invitational has provided \$2.6 million in support of programs and services at UPMC McKeesport.

See **UPMC** On **Page 9**



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Nurses Vital to Pediatric Rehabilitation Success

It's 8 a.m. The nurses are moving efficiently around the sunny unit, preparing feeding tubes, suctioning trachs, taking vitals and talking softly to the patients they're preparing for the day.

It looks and sounds like any unit in any excellent acute care hospital — but it's the 14-bed Brain Injury Unit of The Hospital at The Children's Institute of Pittsburgh, one of the country's premier pediatric rehabilitation hospitals.

Today the busy unit is at capacity. Patients include, for example, a toddler who was hit by a truck... a teen recovering from meningitis... an infant injured in a home accident... and a pre-teen recovering from surgery for a brain infection.

When the young patients arrive, many are essentially comatose, unable even to respond or sit up. "We want to get them started on therapies as soon as possible — ideally within 24 hours of admission — so the physicians and nurses constantly evaluate their readiness," says Nurse Emily Hutchins, RN, BS. "The therapists here are great about adapting goals and approaches so the kids can start benefiting almost immediately."

All day long, the unit buzzes with activity. The nurses work closely with their care team colleagues: physicians (hospitalists, intensivists and pediatric physical and rehabilitation medicine specialists); therapists (physical, occupational, speech/language, respiratory and recreation); psychologists and psychiatrists; nutritionists; teachers and more.

Occasionally, a crisis

At every moment, the nurses are assessing the condition of each child. Especially in newly admitted patients, who are still very ill, there can occasionally

be a crisis: a seizure, for example, or a thalamic storm — life-threatening instability in the part of the nervous system that controls vital functions.

And, as on any brain injury unit, behavior issues arise: the young patients can show agitation, aggression, oppositional behavior and impulsiveness. Nurse Sharon Connelly, RN, BSN, CRRN (Certified Registered Rehabilitation Nurse) says, "Our job is to make sure that the patient stays safe, to try to change whatever aspect of the environment is overstimulating — and to help the family understand that this is not the child acting out; this is a result of the brain injury."

Working with families to help them come to grips with the changes brought by illness or injury is always a major aspect of pediatric rehab nursing. Chief Nursing Officer Beverly G. Farinelli, RN, BSN, MHA says, "Suddenly the little everyday things families took for granted become enormous goals and milestones — saying a word, moving a hand, sitting up.

"The nurses are with the parents and other family members more than anyone else is, so it's our job to help them adapt to the new realities — and to realize that progress will take time and patience. We're always realistic and honest — and we help them see possibilities instead of just disabilities."

With great medical and nursing care and therapies, and plenty of love from their families, the young patients move toward realizing their potential, often achieving even far more than expected.

"The kids are so brave and so loving, and the parents are amazing," says Sharon Connelly, a rehab nurse for 24 years. "We have the great privilege of working with them long enough that we really get to know them on their journey. And together we sometimes see miracles."



Maryanne Henderson, DO, Chief Medical Officer of The Hospital at The Children's Institute, says, "Rehabilitation medicine always requires a team approach — but I think that sometimes, because nurses aren't physicians or therapists, their importance to the team can be overlooked. The reality is that in many ways they're the most important members of the team; they're with the patients and families much more than anyone else — and our rehabilitation nurses are first-rate."

It's 11 p.m. Therapies are over for the day. The children have been bathed and positioned for a night's rest. Visitors have left. The unit is quiet; lights are low. And, quietly and efficiently, the pediatric rehab nurses go about their work — making sure the young patients will be ready for the next day of their journey. 🩺



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Google+ Unveils New Design



By Daniel Casciato

Google recently unveiled its new design to Google+, making enhancements to three key areas: Stream, Hangouts and Photos.

GOOGLE+ STREAM

Since more people are using their smartphones as much as their laptops and desktops, Google designed its social media platform to better adapt to your device. Some of the new features you can expect to find in Stream are:

A multi-column layout—now you will see one, two, or three columns of content depending on your screen size and orientation.

Larger-sized media—photos and videos on Google+ will fill the entire width of the stream, making it easier to scan, and nicer to look at.

More animations—the sharebox bounces, the menus slide, and the cards flip and fade — just to name a few.

Another change to Google+ Stream is that related hashtags (#) are added to your stream so you can go more in depth on the topic you are reading about.

For example, let's say that you're reading about the upcoming mayoral race in Pittsburgh. Google will automatically tag the post that you are currently reading, i.e. #PittsburghMayor.

Through its powerful search engine, Google will also find other relevant posts and conversations others are having about the mayoral race and candidates, and rank them in order of relevance (much like its search results). When you click on the hashtag, #PittsburghMayor, the card will flip and you can search through the other related content and conversations on this particular topic.

We love this particular new feature because now it will be easier for you to explore topics that interest you. And if you find these hashtags annoying, you can simply turn them off.

GOOGLE+ HANGOUTS

Google+ Hangouts allows you to video chat with one person or a group of people over your laptop or computer. Google updated Hangouts so that it seamlessly combines text, photos and live video across smartphones and your computer.

Some of the new key benefits:

Social Media Monitor

Messaging is more responsive—you can now add photos and emoji to your conversations to make it a little more fun.

Save your conversations—with conversation history, you can now go back in time and look back on past conversations you have had.

One notification and no more—once you see a notification on one device, Google will automatically clear it from your other Android devices and computers so you're not receiving multiple alerts. You can also turn off notifications when you don't want to be interrupted.

GOOGLE+ PHOTOS

Finally, Google has enhanced its Photos features. Now you can turn Google+ into your very own darkroom. Some of the improvements you will see soon include:

Auto Backup (aka Instant Upload)—Google will automatically back up your mobile pics as you snap them. Everyone receives unlimited free storage at standard size (2048px), and 15GB of free storage at full size (up from 5GB).

Auto Highlight—this feature helps you find your favorite photos faster by de-emphasizing duplicates, blurry images and poor exposures.

Auto Enhance—this allows you to improve brightness, contrast, saturation, structure, noise, focus... and many other factors automatically.

Auto Awesome—Google will be able to help you create a brand new image based on a set of photos in your library. If you upload photos from your last vacation, Google will try and animate them automatically. Or if you send photos from your company picnic, they can locate everyone's best smile, and stitch them together into a single shot. They can also produce panoramas, filmstrips, and more.

We've always been a fan of Google+ and are excited about these enhancements. Let us know what you think! Email me at writer@danielcasciato.com and we'll share them with our readers in the next issue. †

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

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A for Arthritis



By Dr. Steven T. Gough, PT, MS, DPT, OCS

For over 50 million Americans arthritis is an evil ‘A’ word. Arthritis is a term used to describe inflammation of the joints. Osteoarthritis, the most common type, often attacks the larger joints, such as hips and knees. If you or a loved one suffer from arthritis, it is important to learn more and understand the potential impact of the disease on your lifestyle.

Do I Have ARTHRITIS?

Despite the growing number of people affected by arthritis, it can be tricky to diagnose because there are over

100 types of arthritis and related conditions. Early symptoms may be confusing, but they should not be ignored:

- Joint pain and stiffness
- Limited range of motion
- Painful joint creaking or cracking with movement
- Tenderness in and around the joint
- Redness, swelling and warmth in the affected area

While the cause of arthritis is unknown, there are several factors that may increase your risk. Current research points to aging as the main cause. In addition to age, genetics, past injury, occupation, sports, and obesity are all risk factors for arthritis.

The best way to prevent or delay the onset of arthritis is to choose a healthy lifestyle, avoid obesity, and participate in regular exercise.

If you are asking “Do I have Arthritis?,” you owe it to your joints and overall health to find out.

How Can I Treat or Manage My ARTHRITIS?

Arthritis treatment focuses on relieving pain and improving joint function. You may need to try several different treatments, or a combination of treatments, to determine what will work best for you.

Medication and physical therapy are the most common treatments for arthritis. In severe cases, surgery is needed.

Your physical therapist (PT) can effectively treat your arthritis and in some cases may help you avoid surgery.

Here are a few ways your PT can help:

- Following a thorough examination to identify your symptoms and determine

which activities are difficult, your PT will design a treatment program to improve your movement.

- Manual (hands-on) therapy may be used to improve movement of the affected joint(s).

- Your PT will educate you on choosing safe and effective aerobic exercises to improve your movement and overall health. He/she may also offer suggestions to adjust your living space or work area to lessen the strain on your joints.

- If you are overweight, your PT will teach you an exercise program for safe weight loss, and recommend simple lifestyle changes that will help keep the weight off.

For more information visit www.AlleghenyChesapeake.com or call 1-800-NEW-SELF. †

ARTHRITIS MYTHS

Myth #1: Only old people get arthritis.

Busted: Data from the U.S. Centers for Disease Control and Prevention show that two-thirds of people with arthritis are younger than 65.

Myth #2: Cracking your knuckles causes arthritis.

Busted: While studies show cracking your knuckles may cause damage to ligaments surrounding the joints, there is no research to support that this behavior causes arthritis.

Myth #3: Exercise is bad for arthritis sufferers.

Busted: Avoiding exercise can actually be harmful and can cause loss of muscle. Exercising will help maintain the mobility needed to live a normal lifestyle and will strengthen muscles to support your joints.

Myth #4: Arthritis is not a serious health problem.

Busted: Arthritis is the leading cause of disability in the U. S. and a more frequent cause of activity limitations than heart disease, cancer or diabetes.

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HEALTHCARE NEWS

HIPAA Business Associates Security Requirements — What You Need To Know

By **Angie Singer Keating**

Can your company afford to lose up to a million and a half dollars a year? That's what a company can potentially be fined by the government for violating HIPAA security and privacy requirements. That's a big dent in your wallet. So, how do you know if you could be affected, and if so, what can you do about it?

HIPAA stands for Health Insurance Portability and Accountability Act. Despite its name, it actually has to do with more than just insurance. Basically, this is the law that governs the protection of health information. It's this law that prevents just anyone from off the street from walking into your doctor's office and getting the details of your last prostate exam. It's also the law that fines an insurance company for tossing sensitive information into the trash rather than disposing of it appropriately.

On March 23, 2013, the HIPAA Final Omnibus Rule was enacted, creating significant new civil and criminal penalties for non-compliance. Healthcare providers, or covered entities as they are referred to in HIPAA, have been wrestling with the enormity of HIPAA since 1996. While many are not yet fully compliant, the vast majority have at least put in the effort to become compliant.

Just because you're not an actual health care provider or insurance company doesn't mean that you can breathe a sigh of relief, however. The law was recently expanded to include business associates of such organizations as health care providers, or even subcontractors of that business associate. Any downstream vendors that have any contact whatsoever with private health information are now effected by this law, as well as the potentially hefty fines just mentioned.

What's changed in the Final Rule is that HIPAA is now being rigorously enforced and it also now extends the law to cover all service providers who transmit, process, store, review, or destroy patient health information, for both paper records and electronic records. If you have clients or customers who are healthcare providers, expect to see new Business Associate Agreements from them that will increase your liability, indemnify the client and hold them harmless, and make your company responsible for all costs for the investigation, reporting, notification, and civil and regulatory penalties when a breach or suspected breach occurs. Be sure to discuss these new agreements with your lawyer and insurance agent before you sign them and accept full financial responsibility.

An important change for business associates is that they must now comply with, and be subject to audits for, the HIPAA Security and Privacy rules. These require-

ments will be enforced, audited, and investigated by the Office of Civil Rights(OCR) and the State Attorneys General. Just to name a few, business associates are required to perform business impact analysis, have a written incident response plan, and have internal IT systems with all of the technical controls in place as specified in the Security Rule, which is based on the National Institutes of Standards and Technology (NIST) 800-series Special Publications.

For the healthcare providers, the first step is to identify all business associates with whom you do business. Those vendors should be classified according to risk.

A vendor risk management program should be developed. Due diligence on the high risk business associates will be crucial. In the event of a reportable breach, failure to have performed proper due diligence on vendors may be deemed negligent by the regulators which then escalates the monetary penalties. If your organization has a vendor management program, be sure it is documented, audit-able, and enforced.

No business can afford to have their bottom line affected like that. If that's not enough to sink your company, then the lack of trust from customers due to loss of such sensitive and private information will. Do everything you can and should to protect and dispose of information, the most effective thing being to enlist the help of a qualified data security expert. The good news is that the deadline to become fully compliant is September 23, 2013.

Reclamere offers free initial consultations to healthcare providers (covered entities) to review their vendor/business associate compliance programs, and also offers free initial consultations to vendors (business associates) to assess their HIPAA compliance risk state. For more information on how HIPAA can impact your company, how you can protect yourself, and perhaps most importantly, protect the private data of innocent healthcare patients, please contact us.

For your free no-obligation consultation about your Business Associate compliance management program or other HIPAA compliance resources, please visit www.reclamere.com, email angie@reclamere.com, or call 814-684-5505 ext. 303.

Angie Singer Keating, CISA, CIPP, CISM, CRISC is CEO and Co-Founder of Reclamere, Inc. - The Data Security Experts. Follow her on Twitter @VeepGeek and stay up to date on the latest security and compliance issues with the Reclamere blog www.reclamere.com/blog/.



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Accountable Care Organization with Integrative Medicine



By Nick Jacobs

With the creation of Accountable Care Organizations as prescribed through the Affordable Care Act, Integrative Medicine could become a fully endorsed service-line by all Health Systems to be utilized in income creation and expense reduction for numerous aspects of care.

Integrative Medicine would be a critical component a Health System's ACO organization by helping to improve overall community health and by managing both acute and chronic health conditions more effectively and efficiently than purely traditional medicine. Integrative Medicine health coaches can listen, observe and communicate early,

to create healing solutions that enhance efficiency of communication, and anticipate and help to control or ameliorate the healthcare needs of patients in multiple settings; home, inpatient, or outpatient.

In a healing inpatient environment where the patient's care is actually the center of their personal universe, we have seen significant reductions in patient stays, less infections, and overall healthier patient outcomes, i.e., a healing environment. Similarly, in the outpatient setting, the use of Integrative Medicine modalities can significantly contribute to the continued health and well-being of the individuals utilizing these techniques by helping them focus on wellness and prevention activities.

Healing touch, spirituality, family support, and various types of integrative therapies ranging from massage to pets have been shown to exponentially improve the patient's well being and general healthfulness.

Specific populations of high-risk patients are ideally suited to home health coupled with chronic disease management using Integrative Medicine care coordinators.

In the case of the CHF patient, diet, exercise, stress management and group support can not only cut down on these re-admissions, they can literally begin to reverse heart disease.

The push to deliver as much care as possible in the least expensive setting will drive up home health visits and drive down the use of skilled nursing facilities, but, more importantly, once again, it will create a continuously growing market for individuals skilled in Integrative Medicine.

In addition, a greater emphasis on wellness will be necessary to prevent the development of other chronic diseases in the ACO population such as diabetes, obesity, and hypertension in the large segment of the population that is otherwise reasonably healthy.

By improving care coordination, ACOs should help to reduce unnecessary medical care and improve health outcomes. This combination would lead to a decrease in the overall utilization of acute care services. According to CMS estimates, a median savings of \$470 million from 2012–2015 could result from the ACO's.

ACO QUALITY MEASURES

CMS has established five domains in which to evaluate the quality of an ACO's performance. The five domains are:

1. Patient/caregiver experience
2. care coordination
3. patient safety
4. preventative health
5. at-risk population/frail elderly health

Each of these five domains is addressed by the knowledge base provided through Integrative Medicine Modalities.

In conclusion, less than 10 percent of health systems are seriously engaging in Integrative Medicine practices yet IM represents a multi-billion dollar expenditure in non-healthcare system settings across the United States.

The community, the region and the nation is voting for IM with their feet as these



clients and patients seek out massage, acupuncture, music, pet and aromatherapy, dietary counseling, and spiritual direction within Integrative Medicine practices across the country.

The opportunity to reduce costs is immense. The six primary categories of waste in healthcare are: overtreatment, care coordination breakdowns, lack of success in execution of care processes, administrative intricacy, pricing failures, and fraud and abuse—the lowest available estimates of potential savings exceeds 20% of the total health care expenditures.

The savings potentially achievable from efficient, all-inclusive, and cooperative pursuit of even a partial reduction in waste are much higher than from more direct cuts in care and coverage. †

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.

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ACOs: Bring Homecare and Technology to the Table



By Keith Crowover

Accountable Care Organizations, or ACOs, are in the news at every turn. As the newest healthcare delivery model, these organizations combine multiple providers and deliver multiple disciplines of care into single entities. They're organized around a goal of earning financial incentives by providing higher quality care to patients, coordinating care between providers and care settings, reducing hospital readmissions, and ultimately lowering the costs of healthcare while shifting from the current fee-for-service model.

For Medicare patients, treatment seldom ends when the patient is discharged from the hospital, and is often followed by a stay in a rehab hospital or a skilled nursing facility. Readmissions back into the hospital which occur within 30 days of original discharge occurs in nearly 20% of these cases, often due to unclear discharge directions or lack of follow-up communication with caregivers. Hospitals that are unable to reduce their rehospitalization rate are being penalized by Medicare through a reduction in reimbursement. According to the Medicare Payment Advisory Commission (MedPAC), 75% of those readmissions are preventable, at an annual cost savings to Medicare of approximately \$12 billion.

As our society ages and the shift toward population health management continues, care-at-home is projected to experience significant growth. When cared for in their own homes, patients enjoy the advantages of smoother transitions between care providers, more personalized care, and recovery in familiar surroundings. In addition to these qualitative benefits, studies show that care-at-home can be much more cost-effective, reducing rehospitalizations, providing better outcomes, and even contributing to a hospital's financial well-being. But despite these strong tangible benefits, fewer than 50% of Medicare patients are referred to home health agencies providing skilled services, and even fewer to non-medical homecare providers.

Then there's the other component: Technology. In order to be successful, ACOs must implement EHR systems to manage the new environment, connecting and coordinating care providers across care settings and providing access to the most com-



plete patient record possible. Without visibility into the patient's entire health record, there can be no coordination or true quality improvement.

These same capabilities are desirable in any care setting, whether that care occurs under the coordination of an ACO or not. Providers of community-based care, or care-at-home, have very similar challenges and needs. A care-at-home clinician must assess the patient in their home setting, which provides access to a far more holistic picture of the patient's environment.

Care needs to be coordinated between multiple physicians, labs, facilities, and family members. The ever-evolving healthcare requirements of the Boomer generation is also increasing the role of consumer-driven care as well, shifting the focus to the patient rather than the payer.

Without a doubt, those providing care to the nearly 48 million Medicare beneficiaries in 2012 (a number expected to grow to 70 million by 2022) will require technology to provide better reach, efficiency and care outcomes, as it will be increasingly difficult to efficiently monitor and manage the sheer number of these patients. As healthcare technology makes inroads into the consumer realm, patients will also demand access to tools to help them recover and manage their own health.

For those organizations providing care-at-home services, it is essential to develop a good technology strategy. The ideal situation is to implement technology that allows you to document and share information regarding all care provided, regardless of service or payer source.

Clearly, ACOs must bring care-at-home to the table, while the home health industry must make investments in technology that will prepare agencies for a world of coordinated and connected care. That combination will refine the ability to share information among providers, create empowered patients, and improve outcomes and ultimately, the quality of care. †

Keith R. Crowover, M.B.A., B.S.H.R.M., is President and CEO of Delta Health Technologies, LLC, in Altoona, Pennsylvania, which has been providing care-at-home information systems since 1974. www.deltahealthtech.com

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UPMC From Page 1

Proceeds from this year's events will target enhancements in magnetic resonance imaging services and wound-healing services at the hospital.

Festivities will begin on July 27 with the 23rd annual tennis event at The Club in Monroeville. Co-chairs are Dr. Andemeskel Tesfamariam and Dr. Mohammad Idrees.

The 23rd annual fashion show, "New York State of Mind," will be July 28 at Youghiogheny Country Club. Co-chairs are Cheryl Como and Judy Haliko.

Wrapping up the three-day event is the golf outing on July 29 at YCC with morning and afternoon tee times and dinner. Chairing this event is Dr. R. Curtis Waligura.

Overall Invitational co-chairs are Irving J. Latterman, Rebecca Shaw McHolme, D. James Heatherington, Cynthia M. Dorundo, Dr. Usman Ahmad, Dr. Richard P. Bondi and Dr. Mehboob Chaudhry. Michele Matuch is coordinator and Meg Pero is secretary.

Businesses and organizations supporting the Invitational were recognized during the annual Corporate Sponsor Luncheon.

They include AEC Group Inc.; Atlantic Engineering Services; E.R. Crawford Estate; East Suburban Interiors Inc.; Elizabeth Carbide Die Co. Inc.; Family Home Health Services and Three Rivers Family Hospice; G.C. Murphy Company Foundation; Grunau Company; Herbein + Co.; Huntingdon Bank; IMAGE Associates Inc.; K&I (WBE); KU Resources Inc.; Lovorn Engineering; Manns Drug Store and Home Medical Products; McKeesport Hospital Foundation; McKamish; Bill Merletti Brace Company Inc.; Bob Massie Toyota and Scion; Guy Norelli Graphics; PNC Institutional Investments; Patrinos Painting; Charles F. Peters Foundation; Pittsburgh Bone, Joint and Spine Surgeons; Precision Electrical; ProTech Compliance Inc.; Riverside Care Center; Ruthrauff Inc.; Rycon Construction; Select Specialty Hospital at McKeesport; Star Electric; Sturman & Larkin Ford; Sunray Electric Supply Company; The Dr Pepper Snapple Group; Tom Clark Chevrolet; Tri-State Flooring Inc.; Trib Total Media — The Daily News; Tri-Star Ford; UPMC; UPMC Health Plan; UPMC McKeesport; UPMC McKeesport Medical Staff; UPMC/Jefferson Regional Home Health, LP; UPMC McKeesport Wound Healing Center; Volpatt Construc-

tion Corporation and YCC Associates Corporation.

During the luncheon, updates were given about services and programs at the hospital.

Dr. Sandeep Kathju of the Department of Surgery, Division of Plastic Surgery, discussed wound-healing services. Providing assistance to patients suffering from non-healing wounds of any kind, the center caters to those with diabetes-related chronic wounds and those suffering from late-term radiation injuries resulting from radiation treatment for cancer.

Treatments range from dressing changes to venous obliteration to hyperbaric oxygen therapy.

Looking to the future, Kathju said personalized wound care, new molecular diagnosis to detect bacteria in wounds and the use of hypersaturated oxygen solution that could eliminate the need for the chamber are possible services that could be offered at the wound-healing center.

Cheryl Como, vice president of patient services/chief nursing officer at UPMC McKeesport, said the hospital received NICHE designation — Nurses Improving Care for Health System Elderly.

"We were the first in Western Pennsylvania and the first in the UPMC health system to have this designation," she said.

She also noted awards the hospital has recently received including a 2013 Senior Service Community Champion Award by the Center for Nursing Excellence, a top performance award from the Joint Commission, and an American Heart Association Stroke Gold Plus Quality Award.

Showing how the hospital and community are linked, marketing and public relations director James Spindler said the services and primary care physicians form that vital connection.

"The primary care physicians are the first line of linking the community to the services at the hospital," he said, noting there are 500 physicians on staff that represent "virtually every medical specialty."

He said the Invitational "helps the hospital and community. (Dr. Frank Bondi) got an idea to have an event that has continued step-by-step through today. It's an event that links people in the community with the hospital." †

Carol Waterloo Frazier is an editor for Trib Total Media. She can be reached at 412-664-9161, ext. 1916, or cfrazier@tribweb.com.

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Being Lean Without Being Mean: The 'Design Downside' Dilemma for the Healthcare Industry

By Anthony Cavallaro



As a hospital CEO contemplating adding a wing, or a facilities manager looking for a way to add a new operating suite, there are more challenges today than ever in undertaking such a task.

There is, after all, a great deal of uncertainty in the healthcare industry these days. With the Affordable Healthcare Act (Obamacare) set to potentially change the way people do business and how healthcare reimbursements are handled, increasingly, hospitals and clinics are having their budgets cut and need to find ways to trim the design budget for the additions and new rooms that they

need for practice.

Everyone who is tasked with planning such new construction instinctively understands the need to go forward with the construction but understand the challenges of being confronted with a reduced bottom line and the ensuing dilemma: how to do more with less.

This challenge often finds its way down to the architects and builders, and today's healthcare architect must be adept at designing to an efficient space to accommodate budget – without sacrificing safety or patient satisfaction.

The challenge is to find the "right size" – that is, the appropriate size based on anticipated patient volumes, care give concerns, efficiency, safety and patient care.

One strategy that is helpful in the design is utilizing the appropriate, often proprietary, software program that can evaluate optimal performances for healthcare systems. There are software solutions allowing for animated visualization of clinic process, with the ability to draw from CAD files. With certain programs, it is possible to show improvement in patient flow, facility design, logistical analysis and resource utilization. This visualization allows the designer and client to test new ideas before dedicating time and capital, as well as optimizing their available resources and space capacity.

These software systems can look at all aspects of the healthcare system, while experimenting with different operating strategies and designs to achieve the best results. With this tool, an architect who is familiar with medical design can evaluate, plan and design/redesign the processes, procedures and policies of hospitals at an

early stage of project assessment to improve investment of capital.

Of course, square footage equates to dollars spent, and the biggest savings can be achieved by reducing the footprint. With that in mind, the CEO or facilities manager should take a look at certain criteria that can help in determining the actual size needed:

1. Bed capacity management, if applicable: what are the best projections for future needs, weighed against potential cost increases for construction and design?
2. Patient capacity: projections for immediate and long-term need
3. Staffing: What future needs are anticipated?
4. Equipment: Size matters. Are there pieces of medical equipment that perform the same function that take up less space and can contribute to a smaller space needed?

Of course, square footage is the largest single way to save on costs, but there may also be some middle ground for the facilities manager or CEO to consider, and that may include:

1. Energy-efficient construction: Look at what is available in the construction market that will provide for lower energy costs going forward and a quicker pay-back
2. Equipment costs: The appropriate placement of equipment/creating a shared opportunity with various departments could contribute to a lower bottom line.
3. Maintenance Cost: Hidden costs for maintaining the site after construction is complete with materials always being selecting with these expenditures in mind.

Often, it is a combination of square footage and other considerations that can drive down the costs of construction. In contemplating this challenge and how to resolve it successfully, it makes sense to seek the counsel of an architect/designer with in-the-field experience, someone who has 'walked the walk' with cost design.

There is an old saying the design industry that talks about "lean and mean." We believe that this type of smaller footprint, more efficient design should be "lean" but not necessarily "mean." In other words, each design should reflect the institution's goals and serve its needs. A good design will economize where it is safe and practical and look to find savings and efficiencies where it can.

Anthony Cavallaro is the CEO of JACA Architects, www.jacaarchitects.com, an architectural firm in the Greater Boston area dedicated to healthcare design.



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Diabetes in the Digital Age

How Mobile is Helping People Manage Their Health

By Patricia Boody, RN

THE SILENT DISEASE

Known as the “silent disease,” diabetes often strikes when you least expect it. If prevention is not practiced and symptoms are ignored, you can experience serious health problems such as: heart disease, blindness, kidney and circulation problems.

According to the American Diabetes Association, 79 million people in the United States are at risk for prediabetes. Nearly 18.8 million people are diagnosed with diabetes, and 7 million people are undiagnosed. If you or someone you know have been diagnosed with diabetes, you are used to the many steps involved with the disease. Some common reminders are:

- Take your blood sugar readings the way your doctor advises.
- Ask your doctor which lab tests you need to get.
- Get the following tests at least once every year:
 - HbA1c – This checks the level of glucose in your blood.
 - LDL-c – This helps check your cholesterol level.
 - Urine test – This checks the health of your kidneys.
- Go to your eye doctor at least once every year for a retinal eye exam.
- Do not smoke or be around second-hand smoke.

Keeping track of numerous medications, doctor’s visits, glucose levels and maintaining one’s overall health can be overwhelming. Today, new mobile programs are making it easier for those with diabetes to take charge of their health.

WHERE TECHNOLOGY AND HEALTH MEET

There is no denying that we live in a fast-paced technological world. Every day we are talking, texting, taking pictures, playing games, checking emails, browsing the Internet and categorizing our lives via our mobile devices. According to Pew Internet research, 87% of American adults have a cell phone and 45% of American adults have a smartphone.

We are attached to our gadgets and are interconnected for better or worse. However, when it comes to mobile technology and managing one’s health, the benefits have been positive.

There are countless health apps and programs available today that not only keep you motivated when setting and tracking your health goals – they also offer a wealth of resources on how best to manage your condition.

TEXTING YOUR WAY TO BETTER HEALTH

Many healthcare companies are turning to innovative ways to help their members better maintain their health. Gateway HealthSM is one insurance company who is offering a diabetes education and support texting program to its Medicaid and Medicare members with type 2 diabetes.

Collaborating with Voxiva, a global pioneer in delivering interactive mobile health services, Gateway members have access to care4life, which provides:

- Personalized diabetes education
- Healthy nutrition tips and recipes
- Weight and exercise goal tracking
- Medicine, appointment, blood glucose tracking reminders
- Content from best-selling American Diabetes Association books

During the 6-month program, members can control how many text messages they receive and can stop at any time. The program is safe, secure and at no cost to Gateway members.

The goal of care4life is to educate members about diabetes and help them form healthy habits. Currently, over 100 Gateway members have signed up to participate. Care4life is available in both English and Spanish.

BENEFITS

Whether the program is focused on managing diabetes or another condition, numerous studies have demonstrated the effectiveness of text-based programs toward improving health outcomes.

If you want to better manage your health, then signing up for a health app or daily reminders via a texting program with your insurance company may help you get on track.

(Source: American Diabetes Association. *Diabetes Statistics: Data from the 2011 National Diabetes Fact Sheet* (released Jan. 26, 2011). Retrieved April 29, 2013 from <http://www.diabetes.org/diabetes-basics/diabetes-statistics/>)

(Source: Pew Internet & American Life Project – A Project of the Pew Research Center. *Pew Internet: Mobile*. Retrieved April 29, 2013 from <http://pewinternet.org/Commentary/2012/February/Pew-Internet-Mobile.aspx>) †

Patricia Boody, RN, is a Manager of Care Management for Gateway HealthSM. For more information, visit www.gatewayhealthplan.com.

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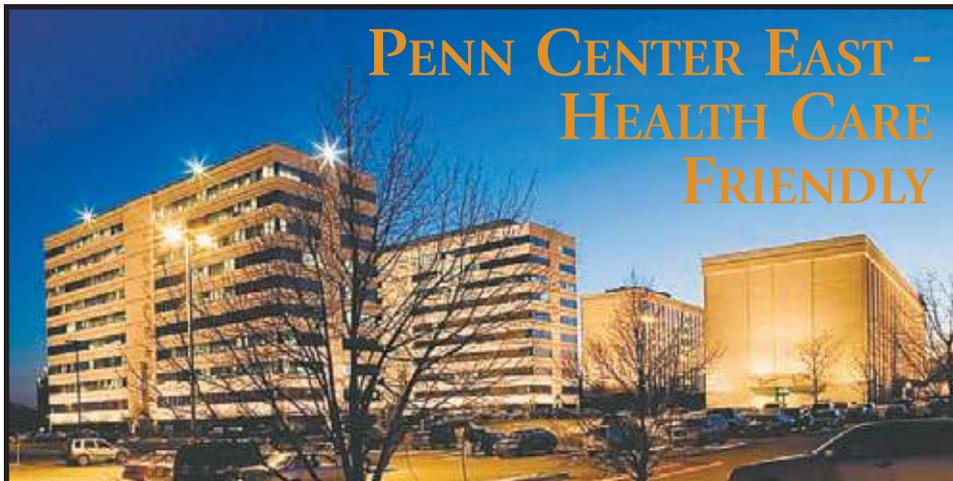
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Caring Physicians Communicate Well With Their Patients

By Carla Roter, MD



As a physician, do you care enough about your patients? It is my belief – and my experience – that physicians care deeply in ways that we demonstrate through our hard work, our commitment, and our willingness to go beyond the ordinary almost every day of our professional lives. What often gets “lost in the soup” of busyness is the communication of that caring in a mindful, purposeful and comfortable fashion.

The result of purposeful communication, a communication that brings us to full and empathic presence, dwells at the heart of the patient-physician relationship, and helps

build a bridge of trust between these two equally important partners on a health-care journey.

What I notice in myself and in others, is that very simple shifts in the way I show up at the bedside, the way I interface with patients, the way I intentionally remember to communicate in a clear and caring way has an amazing impact not only on outcomes and the patient experience, but also on my own experience and level of personal satisfaction. I simply feel better about how I choose to be at the bedside or in my office.

As health care providers we talk a lot about dissipating anxiety for patients and families but do we really accomplish that? I would suggest that there is an anxiety that is constantly present in many physician communities about time, about pressure, about outcomes and success, about jockeying our way through systems that we don't completely understand and can't predict and that anxiety can inadvertently be communicated to our patients.

There are multiple motivators for improved communication skills. The value-based-purchasing reimbursement model and tandem CAHPS scoring is certainly a financial incentive to have and utilize good communication skills. I think that's the basis for an increased interest in finding ways to improve the patient experience.

Those scoring tools include direct questions about how health care providers communicate, so communication skills have become a fairly hot topic these days.

I do believe physicians also intrinsically recognize that communicating caring and respect is as important as communicating information and data.

The challenge is that we have been taught well how to deliver diagnoses and details, but have had less opportunity to sharpen the skills of communicating from the heart.

Furthermore, the less clear and caring our communication, the higher the incidence of a malpractice suit being filed.

This is a well-researched topic and a well-established relationship; *the less effectively we communicate, the more likely we are to be sued.*

Regardless of how many years we've been practicing medicine, we all can improve our communication skills. Join me in making it a top priority in your practice for 2013. †

Carla J. Roter, MD, is a physician with an extensive medical practice and education who is serving as Vice President Physician Services with the Leebov Golde Group.

She is the Co-author of The Language of Caring Guide for Physicians and co-creator of The Language of Caring for Physicians, a web-based skill-building program.

Learn more at www.quality-patient-experience.com/doctor-patient-relationship.html

Saint Vincent Opens New Operating Rooms Suites

Saint Vincent Health System unveiled three new, state-of-the-art operating room suites including the region's first high-tech hybrid operating room (OR) all of which are now large enough to accommodate sophisticated minimally invasive and robotic surgical equipment.

This \$8.2 million project not only includes the new hybrid OR and two operating room suites but also additional pre-op rooms for surgical patients, new locker/dressing facilities for nurses and physicians, and updates to the surgical family waiting room.

The new Saint Vincent OR suites are significantly larger than the typical hospital operating room, which average about 400 to 500 square feet.

The newly designed hybrid operating room measures nearly 800 square feet and will be used as a combination endovascular lab and minimally invasive OR suite for vascular and heart procedures.

The two adjoining operating room suites measure between 600 and 650 square feet and will be used exclusively for surgical procedures involving the daVinci Surgical System® for robotic assisted minimally invasive and advanced laparoscopic surgeries including minimally invasive hysterectomy, bariatrics and general surgeries.

The hybrid OR combines conventional operating room capabilities with state-of-the-art imaging and catheter-based equipment used during endovascular and structural heart procedures.

In a hybrid OR, the technology is brought to the patient offering access to the highest level of equipment necessary in minimally invasive procedures without ever moving the patient or delaying surgery.

In addition, the new operating rooms are also equipped should the minimally invasive procedure require full open-surgery.

Saint Vincent Health System recently invested in all high-definition laparoscopic equipment for all of the hospital's operating rooms.

This equipment not only provides improved, clearer pictures for the surgeon, but a wider angle view and enhanced depth of field, making the surgical procedure and instrument location more precise.

Also, the new OR suites are equipped with state-of-the-art video equipment which will allow for post-case teaching presentations for residents in the specialty and family practice residency programs at Saint Vincent.

The Health Center pre-surgical area for patients who are preparing to undergo surgery has also been updated and four new pre-op rooms were added.

This brings the total number of pre-surgical rooms up to 13.

Additional post-anesthesia recovery areas have also been added, for a total of 13 as well.

The OR staff locker facilities were also relocated to an area directly above the new OR suites.

The final phase of the construction project included updates to the Surgical Family Waiting Room where an OR coordinator provides constant updates on the status of each surgical patient to their family members.

After two years of planning and one year of construction, Saint Vincent surgeons began using the new ORs on October 1st.

Learn more at www.svhs.org.

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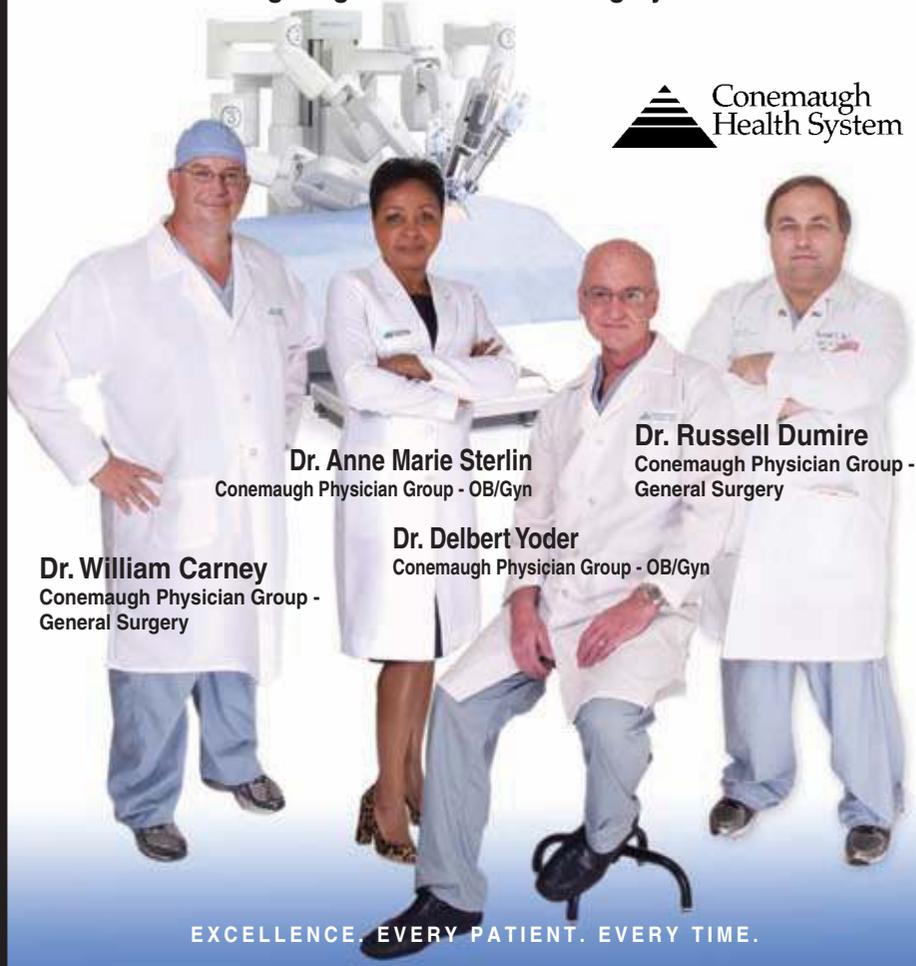
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Highmark Introduces Interactive Tool to Help Employers Prepare for Decisions in Era of Health Care Reform

For employers, the Affordable Care Act adds new regulations, new costs and new complexity to the job of determining employee health insurance coverage beginning in 2014.

Highmark is responding with the “Highmark Health Care Reform Planner,” an interactive tool that helps Highmark customers consider their range of coverage options under reform.

The four-step planner creates a unique profile using client-specific data and workforce priorities; presents the key impacts of reform; and models a client’s coverage options and costs. Ultimately, the planner generates a valuable summary report.

“The Health Care Reform Planner is one of the many ways that Highmark is helping our customers adapt to the new reform-era marketplace,” said Vik Mangalmurti, Highmark’s vice president of health care reform. “Employers need help getting through the many changes.

This sophisticated planner models various health plan strategies that will enable employers to offer an affordable, competitive benefits package that’s right for their business, for their employees and for the times.”

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Among the specific variables that the planner considers are the Affordable Care Act’s new employer requirements and penalties, the individual mandate to purchase health insurance coverage, fees and taxes under reform and available coverage solutions — including Highmark’s newest health benefits financing and network solutions such as defined-contribution models and select-network plans that can help employers control costs while offering high-quality coverage.

“Larger group customers may need substantially more lead time for making health coverage decisions for 2014,” said Mangalmurti. “We’re ready to help them get the process underway now — with the benefit of the Health Care Reform Planner.”

Group customers who are interested in better understanding their 2014 health coverage options and are interested in the new planner can contact their Highmark client representative.

Highmark developed the Health Care Reform Planner as a tool for large group customers to navigate health care reform with technical support from SDLC Partners (www.sdclpartners.com) based in Pittsburgh.

Highmark also offers a comprehensive website that tracks reform at www.highmarkonhealthreform.com. †

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

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

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Forbes Regional Hospital Starts Advanced Robotic Heart Surgery Program

When John Dodson of Pittsburgh was informed that he needed bypass surgery for a blocked artery, he assumed that the surgery would include having his chest cracked. The cardiac surgery team at Forbes Regional Hospital however informed him that open-heart surgery was not his only option.

In August, Dodson became the first patient at Forbes Regional to undergo robotically-assisted minimally invasive coronary artery bypass surgery. The groundbreaking procedure enables surgeons to perform single or multiple vessel revascularization with significantly less trauma and risk compared to the conventional open chest surgical approach.

The robotic heart surgery program at Forbes Regional is only the second to be established in the region alongside Allegheny General Hospital (AGH). Both Forbes and AGH are members of the West Penn Allegheny Health System.

“We are thrilled to introduce this exciting new capability to our patients as they no longer have to travel to the city to receive such cutting edge care,” said Forbes Regional cardiothoracic surgeon Michael Culig, MD, director of the hospital’s Heart and Vascular Center. “The opportunity to combine our program’s advanced expertise in cardiac surgery with the latest in minimally invasive robotic surgical technology is a major step forward that further distinguishes Forbes Regional as the leading center for cardiovascular care in the eastern region of Pittsburgh.”

With traditional coronary artery bypass surgery, surgeons access the heart through a long incision in the chest wall and a separation of the breastbone at the front of the ribcage.

Robotic heart surgery is a closed-chest procedure that is performed using the da Vinci Surgical System, a state-of-the-art technology that allows surgeons to work on the heart through just a few small incisions.

“I have to admit, when Dr. Culig first mentioned robotic surgery to me as an option, I had hesitations,” said Dodson. However, he researched the procedure and saw that some of the country’s most prominent heart centers, like AGH, were utilizing robotics to advance heart surgery. After a discussion with Dr. Culig about the benefits of robotic surgery over the traditional, open-chest procedure, Dodson decided that this was the right approach for him.

Originally developed by NASA for operating remotely on astronauts in space

and used by the Department of Defense to operate on soldiers in the battlefield, the da Vinci System is comprised of two primary components, a remote console that accommodates the surgeon and a five armed robot that is positioned at the patient’s side.

Sitting comfortably at the console several feet away from the operating room table, the surgeon maneuvers da Vinci’s robotic arms and views the surgical field through a high resolution, three dimensional endoscopic camera mounted on one of them. The System seamlessly and precisely translates the surgeon’s natural hand, wrist and finger movements from controls at the console to the robotic surgical instruments inside the body.

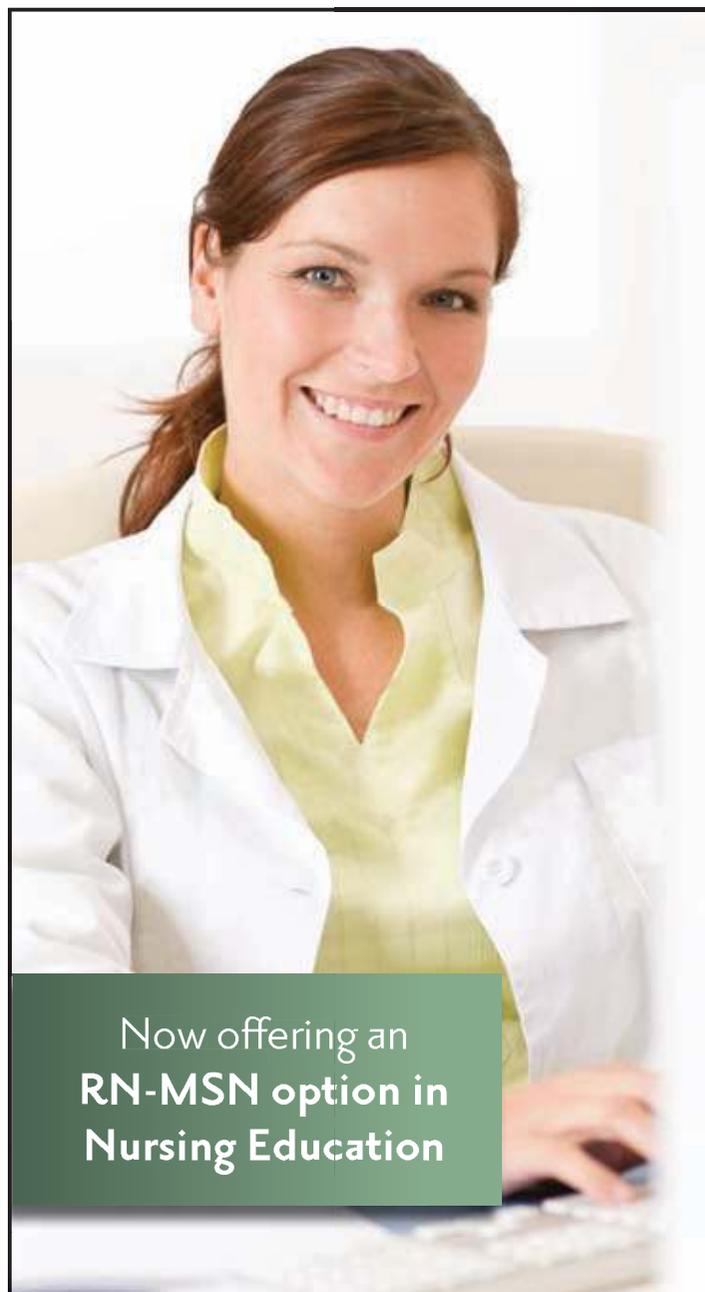
With the assistance of a specialized surgical team stationed at the bedside, da Vinci’s robotic arm instruments are inserted into the patient through three half-inch incisions made between the ribs. Using hand controls and foot pedals to manipulate the robotic arms, the surgeon performs the delicate surgical tasks that allow bypassing blocked arteries in the heart with segments of a healthy vessel from the chest called the internal mammary artery. Unlike conventional open-heart surgery, the procedure is performed while the heart is still beating and does not require use of a heart lung machine.

Dr. Culig said the ideal candidate for robotic surgery is generally someone with single vessel disease or someone with multiple vessel disease who can be treated with a combination of surgery and coronary stent implantation – referred to as a hybrid therapeutic approach. The decision on which course of treatment to pursue is made by the surgeon in close consultation with the patient’s cardiologist.

The advantages of robotic heart surgery are considerable, including lower risk of infection, less scarring, shorter hospital stays, reduced blood loss and a quicker recovery. Beating heart bypass surgery also may mitigate complications associated with stopping the heart and using a heart-lung machine, including kidney failure and respiratory distress, Dr. Culig said.

Dodson said he was amazed by the relatively short recovery time. “I feel fantastic. I’m so happy that I chose this option; I feel as though I returned to normalcy so much faster than if I would have undergone traditional surgery,” he said.

Learn more at www.wpahs.org.



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West Penn Allegheny Health System STAR Center Receives Grant to Expand Programs in Surgical Simulation and Emergency Medical Services

The West Penn Hospital Foundation announced today that the Richard King Mellon Foundation has awarded the West Penn Allegheny Health System (WPAHS) Simulation Teaching and Academic Research (STAR) Center, a \$350,000 grant to expand its educational programs in surgical simulation and emergency medical services.

“This generous grant enables the STAR Center to continue to meet our core mission of creating a state-of-the-art simulation center for interdisciplinary training. We will now be able to incorporate more surgical and EMS courses into our program to further enhance the delivery of high quality and efficient patient-centered care,” said Donamarie N-Wilfong, DNP, RN, Director of Clinical Education at the STAR Center.

STAR is a virtual hospital that reflects the patient and family experience from admission to discharge. Simulators mimic the physiology of humans (blood pressure, heart rate, breath sounds, etc.) and can be programmed for a wide range of symptoms/health conditions. STAR students use simulated patients and individual task trainers to learn and practice clinical skills in a risk-free environment prior to performance on real patients.

“A benefit of simulation is that rare or difficult events can be rehearsed so that learners can become competent before actual patient contact and proficient in treating even rare conditions that might be life-threatening,” Wilfong said.

STAR participants include nursing students, allied healthcare students, residents, practicing clinicians, researchers, emergency medical technicians, ancillary personnel and the community. STAR is internationally accredited by the Society for Simulation in Healthcare.

The expansion of STAR’s services made possible by the RK Mellon grant has two components:

SURGICAL SIMULATION CENTER

Nationally, one in ten hospital inpatients is likely to suffer an adverse event as a result of hospitalization - and not the disease process itself. Between a third and half of these events are considered preventable. The 1999 Institute of Medicine report *“To Err is Human: Building a Safer Health System”* concluded that the majority of medical errors are caused by faulty systems, processes, and conditions that lead people to make mistakes or fail to prevent them.

STAR will develop a simulated surgical center/operating room (OR) to provide training for surgical specialists, residents and the surgical team, including laparoscopy and robotic surgery. The simulated surgical center/OR will be a multi-functional learning center to promote and enhance patient safety and quality and enable training and assessment of technical and non-technical skills of the entire surgical team. Our goal is to eliminate or reduce the incidence of medical errors before, during and after surgery.

SIMULATION TRAINING FOR EMERGENCY MEDICAL SERVICE (EMS) PROVIDERS

The role of Emergency Medical Service (EMS) providers is becoming more diverse with broader clinical decision-making responsibilities. Emergency Medical Technicians (EMTs) and paramedics have become more advanced in their treatment regimen and as a result, there is a strong and ongoing need for continuing education.

West Penn Allegheny Health System’s PreHospital Services program provides medical direction and education to EMS providers throughout the tri-state area. This grant will bring the expertise of the PreHospital Service and STAR teams together to provide simulation training for pre-hospital providers at all levels. Students will be able to practice rare but critical events including those seen in adult emergencies, pediatric resuscitations and obstetrical emergencies.

STAR’s mobile simulated ambulance provides realistic, life-like training that can be driven to the EMS agencies for on-site training. The simulated ambulance is retro-fitted with video cameras, wireless simulation technology and standard ambulance equipment that enables the team to take EMS training on the road. The grant will provide simulation equipment that can be used to provide EMS training at STAR’s West Penn Hospital facility and in the field.

For more information, visit www.wpahs.org/STAR.

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DRIVERS From Page 1

losses affecting third-party victims but caused by patients. Therefore, if you are in medical practice, you should know what conditions are reportable to your specific transportation department (or local health officers or other officials or agencies working in cooperation with the transportation department), and you should report as required when, in your clinical judgment, a patient meets the criteria.

Most states set forth a list of what is reportable, and the lists often include conditions such as epilepsy, unstable diabetes, cerebral vascular insufficiency, neuromuscular diseases, loss or impairment of a limb, mental or emotional disorders, visual impairment, substance abuse, and other conditions that could hinder safe driving. Physicians are generally required to report when they diagnose a person with a disease or disorder that would interfere with a patient's safe operation of a motor vehicle. Generally, the physician is responsible for reporting, but the transportation department makes the decision about whether to retest the driver and/or to revoke a patient's privilege to operate a motor vehicle.

WHAT DOES MY STATE REQUIRE?

Each state has its own laws governing reporting procedures and obligations. To find information about your state's department of transportation reporting requirements, you can consult an American Medical Association resource "State Licensing and Reporting Laws" (a chapter of the *Physician's Guide to Assessing and Counseling Older Drivers*) at www.ama-assn.org/ama1/pub/upload/mm/433/older-drivers-chapter8.pdf. This publication summarizes transportation department reporting laws for all states and the District of Columbia. As the publication notes, however, this information is subject to change, and therefore you may want to verify the data by searching for current medical reporting requirements on your particular state's department of transportation website. The AMA publication lists the web address for each state's transportation department, which may make your search easier. The decision about whether or not to report can be very fact-specific. You may want to consult your attorney to advise you in complicated situations.

REPORTING AND CONFIDENTIALITY

In some states, information about a patient's condition may be released to the transportation department without the patient's consent, and no civil or criminal action may be brought against a physician for providing the information required under the state's system.

The federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules require physicians and other covered entities to protect the confidentiality of patient's health information. However, HIPAA does not prevent physicians and other healthcare providers from disclosing patient information that is required by law.¹ Therefore, if your state has *mandatory* reporting of medical conditions that impede safe driving, you should submit the information your state calls for to identify the person and describe the problem limiting driving ability.

If your state *allows or authorizes* (but does not mandate) reporting of patients whose conditions create driving hazards, your report will be affected by the HIPAA "minimum necessary" rule. To comply with the rule, you will need to consider the situation and then release only the minimum necessary patient information required to make a reasonable and comprehensible report.²

Before making a report, you should discuss with the patient your examination and your conclusion that the patient's driving ability is impaired. You should advise the patient that you will be reporting the circumstances to the appropriate state department or agency. After recommending that a patient stop driving, having a conversation to get the patient's feedback and to explore the patient's ideas for alternate transportation can help the patient anticipate and adjust to coming changes. Discussion can contribute to the patient's acceptance of a non-driving status. You should document in the patient's medical record about the substance of your discussion.

CONCLUSION

In the case that opened this article, the diabetic patient's situation did not match the reporting criteria established by his state's law. Although the physician was sued, he was able to show he was in compliance with his state's requirements. As a physician, you should be aware that if you have a patient who, in your clinical opinion, meets the state's reporting threshold, you have a duty to notify the transportation department about that patient. Two potential consequences, depending on the laws of your state, might result from neglecting your reporting duty: you could be held responsible as a proximate cause of a patient's motor vehicle accident and/or you could face a challenge to your medical license. Both possibilities are best avoided through knowledge of and compliance with your state's statutes on transportation-department reporting. †

Karen K. Davis, is a project manager with Risk Management, PMSLIC Insurance Company and the NORCAL Group.

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¹ 45 CFR §164.512 (a)(1).

² 45 CFR §164.514 (d)(3)(iii)(A).

PENNDOT REPORTING – PENNSYLVANIA

How to report:	Physicians and others to report in writing by letter or form to the Pennsylvania Department of Transportation the full name, date of birth, and address of the patient. ¹ A form is available online at: www.dmv.state.pa.us/pdotforms/dl_forms/DL-13.pdf
When to report:	Within 10 days of diagnosing the reportable condition. ²
What to report: Automatically reportable (without regard to whether the physician judges the condition as likely to interfere with the control of a motor vehicle):	<ul style="list-style-type: none"> • Epilepsy (any type of seizure activity regardless of frequency or severity should be reported; however, certain people who have had prior seizure activity may be licensed to drive – for example, if they have been free of seizures for six months).³ • Cerebral vascular insufficiency or cardiovascular disease which, within the preceding six months, has resulted in syncope attack or loss of consciousness; or vertigo, paralysis or loss of qualifying visual fields.⁴ • Periodic episodes of loss of consciousness which are of unknown etiology or not otherwise categorized, unless the person has been free from episodes for the year immediately preceding.⁵ • Unstable or brittle diabetes leading to severe hypoglycemic reactions or symptomatic hyperglycemia, unless the patient has been free of syncope attacks for six continuous months.⁶
Reportable if the physician judges the condition is likely to interfere with the control of a motor vehicle:	<ul style="list-style-type: none"> • Loss or impairment lasting for more than 90 days of the use of a joint or extremity as a functional defect or limitation.⁷ • Rheumatic, arthritic, orthopedic, muscular, or neuromuscular disease if the condition has lasted or is expected to last longer than 90 days.⁷ • Mental disorder, as described in the current Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association, especially as manifested by the following symptoms: <ul style="list-style-type: none"> ○ Inattentiveness to the task of driving because of, for example, preoccupation, hallucination or delusion. ○ Contemplation of suicide, as may be present in depression or other disorders. ○ Excessive aggressiveness or disregard for the safety of self or others or both, presenting a clear and present danger, regardless of cause.⁸ • Periodic loss of attention or awareness from whatever cause.⁹ • Cerebral vascular insufficiency or cardiovascular disease that within the preceding six months has resulted in lack of coordination, confusion, loss of awareness, dyspnea upon exertion or any other symptom that hinders safe driving.¹⁰ • Use of any drug or substance, including alcohol, known to impair skill or functions, regardless of whether the drug or substance is medically prescribed.¹¹ • Any other condition that, in the opinion of the examining licensed physician, is likely to impair the ability to control and safely operate a motor vehicle.¹²
Visual standards:	<ul style="list-style-type: none"> • A patient falls outside the allowed standards and may not drive if he or she:¹³ • Has visual acuity of less than 20/100 combined vision with best correction. • Has combined field of vision less than 120 degrees in the horizontal meridian. • Has vision that is corrected to minimum acuity only through the use of telescopic lenses.
For more information:	<p>This chart presents excerpts from the law to give an overview of reporting requirements. For more information, see: www.dmv.state.pa.us/centers/medicalReportingCenter.shtml</p> <p>For complicated situations, you may want to contact your attorney for advice.</p>
References	<ul style="list-style-type: none"> ¹ 75 Pa. C.S.A. §§ 1518 et seq. and 67 Pa. Code §§ 83.1 et seq. ² 67 Pa. Code § 83.6 and 75 Pa. C.S.A. §§ 1518 et seq. ³ 67 Pa. Code § 83.4(a). ⁴ 67 Pa. Code § 83.5(a)(3). ⁵ 67 Pa. Code § 83.5(a)(4). ⁶ 67 Pa. Code § 83.5(a)(1) et seq. ⁷ 67 Pa. Code § 83.5(b). ⁸ 67 Pa. Code § 83.5(b)(5) et seq. ⁹ 67 Pa. Code § 83.5(b)(6). ¹⁰ 67 Pa. Code § 83.5(b)(4). ¹¹ 67 Pa. Code § 83.5(b)(7). ¹² 67 Pa. Code § 83.5(b)(8). ¹³ 67 Pa. Code § 83.3(d) et seq.

A Cancer Diagnosis Can Affect Anyone, Including a Pregnant Physician

By Sharon B. Jaffe, M.D.

In 1992, Dr. Sharon Jaffe was the director of reproductive endocrinology at a resident program and, at 31, her life changed forever. Jaffe was pregnant for the first time, looking forward to starting a family and preparing to move into a new home with her husband and child.

She was eight months pregnant when she felt something unusual on one of her breasts. Originally, her OB/GYN suspected a clogged milk duct, a common occurrence for expectant mothers. That diagnosis didn't feel right to her. Both her mother and grandmother had breast cancer, so she knew she needed to take precautions and get tested early and often.

Jaffe went to the breast imaging center and asked a colleague to evaluate the breast with an ultrasound machine; he noted something abnormal. At that point, the diagnosis was uncertain. It could have been breast cancer, lymphoma or another type of growth.

She was induced two weeks later, just shy of 38 weeks into her pregnancy, and delivered her daughter, Sarah. The morning after Sarah's birth, Jaffe went into surgery for a biopsy. It indicated breast cancer. Due to the vascularity of the breasts, surgery would be complicated so she started bromocriptine, which helps stop milk production. She took the medicine for two weeks, then had the next surgery: a mastectomy, lymph node removal and a biopsy of her other breast.

This unusual and difficult situation was an emotional and logistical roller coaster she had to endure in a very short period of time. While being a doctor made certain aspects easier to understand and manage, it didn't insulate Jaffe from many of the difficulties and emotional traumas that anyone faces under such circumstances. Chief among these is saying to herself, "I could die." Being a doctor in this situation made her quite fortunate in two ways: she had knowledge about the subject that was significantly greater than the general public's, and she had much easier access to a means of determining whether her initial diagnosis was correct.

Jaffe took a lot of pictures to cherish the memories and chose the most aggressive form of treatment. She continued with chemotherapy for the next five to six months and her hair fell out. Years later, she comforts her patients by sharing insight on this experience. Personal recommendations – like advising them to cut their hair shorter ahead of time so it's less traumatic when it starts to fall out – have given her a rare connection with these patients. She also discusses the importance of taking the advice of their oncologists because they need to be healthy to be there for their children.

At the time she was diagnosed, Jaffe wasn't asked about fertility preservation. The prevailing wisdom at the time was that women who had cancer should not become pregnant again because it could bring on another bout of cancer. Eventually, data demonstrated otherwise.

It's now common and important to discuss fertility preservation when the diagnosis is cancer. Recent strides in egg-freezing techniques have made a big difference in subsequent pregnancy rates for women who have been diagnosed with cancer. Jaffe has been an advocate for fertility preservation for her patients since the 1990s.

The Center for Reproductive Medicine (CRM) started the practice of freezing eggs for women with cancer and have had four live births from women who have frozen their eggs. The Center's embryologist has trained at the premier clinic in Japan. The fertility preservation program at CRM is exceptional on all levels because patients not only get the service they came for, but Jaffe's one-on-one interaction helps them through a most difficult time. Her experience with cancer and pregnancy shows that despite the serious circumstances presented to patients, there are opportunities to learn, grow and benefit from these challenges.

Jaffe's daughter, now 20, is very aware of breast cancer and is involved in fundraising for the cause. She started taking part in fundraising events as young as 4 years old, and she continues to be a leader in fundraising events. †

Sharon B. Jaffe, M.D. is credited as the first female to become board certified in reproductive endocrinology and infertility in the state of Florida. Jaffe is a graduate of Johns Hopkins University, she completed her medical and post-graduate education in obstetrics and gynecology at the Albert Einstein College of Medicine, she received a fellowship in reproductive endocrinology and infertility at the College of Physicians and Surgeons of Columbia University in New York.



Dr. Sharon Jaffe



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NIH Supports DU Researcher's Work Toward a Nontoxic Cancer Fighter

If cancer doesn't make you sick enough, cancer drugs can make you feel sicker.

In 30-plus-years as a cancer researcher at Duquesne University, Dr. Aleem Gangjee has kept concerns about the toxicity of cancer medications and their impact upon normal cells top-of-mind.

So he is understandably happy that, amid sequestered and reduced federal funding, he has received a \$1.56 million, three-year R01 grant from the National Institutes of Health's National Cancer Institute to further develop his latest compounds—which promise not to harm normal cells.

His research title is enough to make your eyes glaze: Purine Synthesis Inhibitors With Selective Folate Receptor Tumor Transport. But for anyone who has faced cancer or watched a friend or loved one struggle against the disease, Gangjee's work makes the pulse quicken.

Growth is at the root of cancer's harsh impact, and DNA is at the root of cell growth. So Gangjee has chosen to develop compounds that target the basic building blocks of cancer cells' DNA. That thought alone is not new. "There are several drugs that try to inhibit synthesis of DNA," Gangjee said. "But they are extremely toxic."

He wanted his compounds to be more selective—so selective, in fact, that they would impact cancer cells alone, not normal cells. To do so, he focused on a specific system, called a transport system that is expressed only in select tumor cells. The system is not expressed in normal cells, so the mechanism itself precludes toxicity.

This folate receptor alpha transport system shuttles chemicals from outside cancer cells to the inside of the cells, carrying Gangjee's tumor-fighting compounds like a Trojan horse, fighting cancer from the inside out. Additionally, his compounds fall into a category of "targeted therapies:" compounds that target cancer cells predominately—or exclusively—over normal cells.

These compounds hitch a ride on a transport system special to certain types of

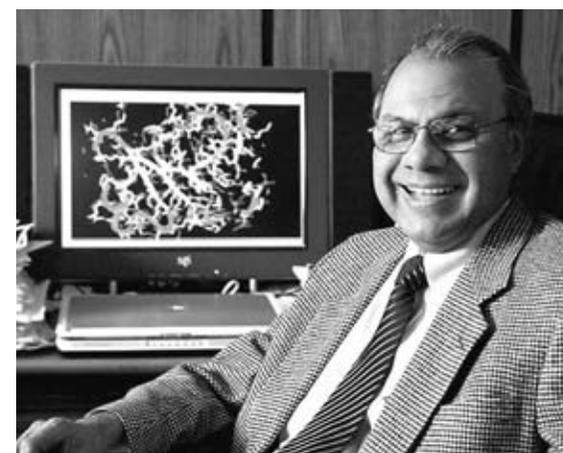
ovarian, breast, liver, lung and colon cancers. Once they gain entry to the cancer cells, they selectively block the signaling systems involved in synthesizing DNA.

"To our knowledge, this is the only type of targeted therapy that deals with transport into tumor cells using a folate transporter," Gangjee said. "The killing mechanism in these cells brings another advantage, that is, the compounds indirectly inhibit the signaling machinery called mTOR," the pathway that handles cellular emergencies regarding damage, growth and nutrition.

The mTOR pathway, Gangjee said, is established for treating cancer. But by acting on two different levels, Gangjee's subversive compounds pack a double whammy for cancers. Plus, because multiple mechanisms are involved, cancer cells are not likely to become resistant to the treatment, as they might if this were a single-pronged attack.

"It is wonderfully selective, exquisitely selective and very, very potent," said Gangjee, who previously had used a different transporter as his Trojan horse. "The beauty is we do this selectively in tumor cells only, because our drugs don't get into the normal cells."

For more information, visit www.duq.edu. †



Dr. Aleem Gangjee

The Mobile Scrub Store: Outfitting a Growing Field

By Erin Carll

According to the Bureau of Labor Statistics, the health care industry should see a 33 percent growth this decade, with up to 5.7 million new jobs. Of the 20 fastest growing careers, eight are in the health care field. With the enormous growth in this sector, why is it so difficult to find places to purchase scrubs other than on the internet? Why are there such limited options when there is such a high demand?

Several years ago when I first started our medical supply business, I was approached by someone who wanted to know if we sold scrubs and could bring them to their doctor office for a scrub sale. Up until that point, I had never heard of the concept of a scrub sale but I thought what a great idea. We have had a home care business since 2003, but I really never thought about where our caregivers purchased their scrubs. The idea of bringing scrubs to a facility or office sounded interesting but I wanted to know what other options were currently available for those in the medical field.

I began looking around to see what options were out there for people purchasing scrubs other than the internet. What I found was amazing. There were very few scrub stores even in business. Many people traveled 45+ minutes to get to the closest scrub retail store where they were forced to pay \$50-\$70 to put a full set together. Not only were they paying an "arm and leg" for gas to get there but then they had to pay exorbitant amounts for the scrubs. The only other place that I could find that carried scrubs were some of the department stores but they had a very small section of scrubs and the prices were not much better. If you wore plus sizes or



needed tall or petite pants, then you were completely out of luck.

With the limited availability of options and the skyrocketing gas prices, the idea of bringing scrubs into a facility or doctor office seemed to be a great option. We began bringing scrubs to facilities by wheeling in the scrubs on racks and utilizing the conference room or activity room of a facility. What I found was that this was a very cumbersome process which disrupted many of the places we went to. The set up time was long and it wasted valuable space at the places we were going to. The other problem was that you could not bring in enough of a selection and there was no place for someone to try on the scrubs.

The question became "how do you hold a scrub sale with the least amount of intrusion on the place you are going to?" That was when we stumbled upon the answer, a mobile scrub store. With a mobile scrub store, you are able to pull into the parking lot of a facility and be ready to sell scrubs without the long set up and tear down times. There is no need to tie up valuable space at a facility or disrupt the residents/patients. The employees simply walk out to the mobile scrub store on their break or lunch time. They can pick out their items, try them on in the dressing rooms and check out, all in the comfort of the mobile store. What a novel concept.

We found that this was a great way for companies to show their appreciation of their valued employees without all the disruptions of the typical scrub sale. Not only does it allow their employees to get low cost uniforms but it allows them to spend less of their time away from their families. What a remarkable way to outfit a growing sector. †

Erin Carll is the co-owner of North Hills Medical Supply and the Scrub Mobile which is currently located in Wexford PA but will be relocating to 9551 Babcock Blvd Allison Park, PA on August 1st. The office phone number is 724-933-9706 and the website is www.ScrubMobile.com.

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Fine Awards Reward Healthcare Professionals for Teamwork Excellence

2013 Fine Awards will recognize and reward teams who are providing quality, patient-centered, care at the end of life

The Jewish Healthcare Foundation (JHF) has issued the call for applications for the 2013 *Fine Award for Teamwork Excellence in Health Care*. The theme for this year is care at the end of life, and applications are due by June 10.

The healthcare system too often fails families and patients at end-of-life. Once topics to avoid, life-threatening illness, death, and bereavement have become mainstream topics of conversation.

End-of-life care presents emotional, physical, and financial burdens for patients and their loved ones, but do patients at the end-of-life receive quality care, which is defined as care that helps them achieve their desired outcomes, and not ineffective interventions?

Billions of dollars are spent on terminally ill patients—much of that on patients who may not want or fully understand the implications of the treatments being offered. But patients who have opted for palliative and hospice care often experience a higher quality of life and lower costs in their final days.

Over the last few years, many providers and provider organizations have made great strides in developing systems, tools, and programs that better serve families and patients at end-of-life, and JHF and The Fine Foundation encourage teams that have done so to apply.

Six years ago the *Fine Award for Teamwork Excellence in Health Care* was established by The Fine Foundation and led by Sheila and Milton Fine in partnership with the Jewish Healthcare Foundation (JHF) in order to encourage problem solving and quality improvement in health care, foster an exceptional service mentality, and reinforce the critical role teamwork plays in health care.

Mr. Fine, Chairman of FFC Capital and co-founder of Interstate Hotels Corporation (which became the largest independent hotel management company in the world), was aware that the attention placed in the hospitality field on individual and team excellence was lacking in the healthcare field. The Fines partnered with JHF President and CEO Karen Wolk Feinstein in order to fill this gap in Southwestern PA.

“I know from my own business activities,” says Mr. Fine, “that people at every level who perform with distinction and creativity and with a desire to make life better for customers, or patients in this case, deserve rewards and recognition for exceptional efforts. Progress and advancement occur in every field of endeavor when people are motivated to step up and move beyond the norm.”

Applications submitted from healthcare organizations across Western Pennsylvania are evaluated by a panel of distinguished regional and national experts, and three awards (Gold, Silver, and Bronze, with prizes of \$25,000, \$15,000, and \$10,000, respectively) are granted to the healthcare teams whose efforts in quality improvement are exceptional. Submitting organizations span healthcare settings.

Additional monetary awards are given to the institutions sponsoring the winning teams.

Last year, the theme had been “Transitions of Care Partnerships,” so submissions were from teams that crossed care settings. Gold went to the UPMC Montefiore/Montefiore Rehabilitation Institute team won first place for their collaborative effort “Preventing Transplant Readmissions through Good Discharge Planning.”

The Silver went to the Excelsa Health Latrobe/Westmoreland Hospitals team for “Reducing Observation Status Wait Times” and the Bronze went to Children’s Hospital of Pittsburgh of UPMC/Children’s Community Pediatrics/Western Psychiatric Institute and Clinic of UPMC team for “Early Access to Integrated Behavioral Health Services in the Pediatric Medical Home.”

Information and the 2013 application for the *Fine Award for Teamwork Excellence in Health Care* can be found on the Pittsburgh Regional Health Initiative website, www.prhi.org. PRHI is a JHF supporting organization which serves to accelerate healthcare quality improvement in our region and beyond. Information about past Fine Award winners is also accessible through the “Success Story” link on the PRHI website. †



The Gold winning team poses with their organization and team “checks”. Milton Fine and Karen Feinstein stand back row left, Sheila Fine back row right.

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Five Strategies for Hospitals to Help Prepare for Financial Challenges Ahead

By Daniel Casciato

Jan Jennings' frustration with the financial challenges hospitals are facing was evident within a few seconds of our interview with him.

"The typical American hospital is very poorly run," says Jennings, president and CEO of American Healthcare Solutions.

For Jennings, one of the reasons hospitals are financially struggling can be traced back to leadership.

"There are some people in management positions across the country who are totally unqualified to run an American hospital," he says. "They lack the training necessary to work in a hospital leadership position."

He fears that the situation could get worse which could lead to more hospital mergers and shutdowns.

"Today, we are spending 20% of the gross domestic product of the United States strictly on healthcare. Yet, you can get better healthcare in Ethiopia than you can in the United States," he says. "Spending continues to increase and the American people cannot afford this level of spending any longer."

To prevent healthcare costs from spiraling out of control and to prepare hospitals to meet financial challenges now and in the future, Jennings offers five strategies: multi-hospital systems; operations improvement; re-engineering in the form of Six Sigma; accountable care organizations and Planetree Healthcare.

MULTI-HOSPITAL SYSTEMS

Large hospital systems and medical groups continue to acquire smaller/solo private practices at a steady rate.

According to the Physicians Foundation report pertaining to the future of U.S. medical practices, increased consolidation may potentially lead to monopolistic concerns, raise cost of care, and reduce the viability and competitiveness of solo/private practice.

Jennings is not opposed to the idea of merging failing hospitals with other successful systems.

He acknowledges that multi-hospital systems have had mixed reviews to date. Some have been extremely successfully, while many others have been disappointing.

"UPMC has been one of the most successful multi-health system in the U.S.,"

he says. "In patient satisfaction surveys, UPMC has shown to be really fair in how their patients are treated in a hospital. Their system is one that works. Others include Sutter Health in San Francisco, Cleveland Clinic, and Healthcare Partners of Boston."

The multi-hospital systems that have failed in the country are often the result of a poor merger, notes Jennings.

"Some cities, most recently in Chicago, have allowed failing hospitals to merge with each other under one system and hope that somehow they can overcome their financial troubles," he says. "You cannot herd failing hospitals together hoping for a turnaround because they're all losing money."

If you're going to assemble a multi-hospital system, Jennings offers these three objectives:

- Drive out unnecessary overhead
- Develop sufficient critical mass to challenge private health insurers
- Develop a "feeder system" to drive high case mix patients to one or more of the "mother hospitals"

OPERATIONS IMPROVEMENT

"Hospitals have been poorly run, with a few exceptions, from the time we started building them," says Jennings. "Many hospitals today have hundreds of specific revenue or cost-related issues and need help with operations improvement."

In addition, increasing administrative and government regulations were cited as one of the chief factors contributing to pervasive physician discontentment, according to the Physician Foundation's 2012 Biennial Physician Survey. Excessive "red tape" regulations are forcing many physicians to decrease their time spent with patients in order to deal with non-clinical paper work and other operations burdens.

In addition to hiring better leaders across all hospital departments, Jennings offers these ideas to improve hospital operations:

- Reduce costs and overhead
- Improve productivity
- File accurate cost reports
- Increase the speed of the revenue cycle
- Improve materials management



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RE-ENGINEERING

In early 2000, Seattle, Washington-based Virginia Mason Medical Center adapted Lean Six Sigma manufacturing practices to facilitate healthcare process improvement. According to Jennings, their method was so successful Virginia Mason created its own specialized model known as the Virginia Mason Production System.

“The new president of Virginia Mason at the time went to the board of directors and asked for ideas on how to better run the hospital,” says Jennings. “They decided to send him to Japan to work with Toyota and learn the Toyota Production System.”

After a year of mastering learned the Toyota Production System, he brought back many ideas to incorporate into Virginia Mason. In fact, they facilitated continuous process improvement for the health system across numerous areas, including direct patient care time, patient safety and revenue cycle.

“Today Virginia Mason is the only hospital in the state of Washington that makes money,” says Jennings.

The healthcare system has also seen its professional liability expenses decrease by millions of dollars for several years now and its self-insured retention requirement has dramatically decreased from the previous year.

ACOs

ACOs are expected to create a delivery model containing the clinical processes, financial incentives, and technology systems necessary to cost-efficiently provide quality care across the continuum. These ACOs will put providers at risk for providing care to a defined population by, for the first time, tying reimbursement to quality metrics.

“For us old dogs who first heard of ACOs, we thought they were PHOs in a new dress,” says Jennings with a laugh. “Of course, that was not the case.”

While Jennings embraces the concept of ACOs, he’s disappointed that about 20% of U.S. hospitals have developed

an ACO.

“It turns out that very quietly the private health insurance market has at least 20 percent of hospital payments at risk based on the cooperation and documented demonstration by physicians, hospitals and the health insurer,” he says. “And the federal response to driving ACO’s out of the gate has been enormously disappointing to me.”

PLANETREE HOSPITALS

The Planetree Designation represents the highest level of achievement in patient-/person-centered care based on evidence and standards. This program is the only one of its kind in the country today to formally recognize excellence in patient- and person-centered care across the continuum of care.

According to Jennings, the designation program offers a structured, operational framework for evaluating hospital systems. The criteria to earn a designation is organized around 11 core dimensions of Patient-Centered Care, including structures and functions necessary for culture change; human interactions; promoting patient education, choice and responsibility; family involvement; dining, food and nutrition; healing environment; healthy communities; measurement and more, the criteria collectively uniquely capture the depth and scope of what it takes, in real terms, to implement and maintain a patient-centered culture.

To date, over 600 hospitals across the U.S. Have earned the Planetree Designation. Some Planetree hospitals include Windber Medical Center in Windber, PA, the Cleveland Clinic, and every VA hospital in the U.S.

“These health systems are designed to do things to excite the human condition and promote better healing through making the patient the centerpiece of the hospital delivery system,” says Jennings. “They’re not looking to hit ‘homeruns’ in patient care, but rather 500 singles at a time. These are the hospitals that have a chance in meeting the financial challenges ahead.”

For more information, visit www.americanhs.com.



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Senior Living Solutions: Practical Solutions for Seniors, Families and Health Care Providers

By Kathleen Ganster

New technology, changing life styles and changing attitudes have all played a part in current senior living solutions said Bill Gammie, Vice President of Operations at Celtic Healthcare.

“There are various solutions out there and health-care providers are looking at those many ways to maintain independence, maintain safety and to maintain individual and family interaction,” Gammie said.

With the senior population growing as baby boomers age, Gammie said those issues are now a leading healthcare concern.

“The industry as a whole is looking at these large numbers and seeing how independent, community based, personal care and assisted living solutions are changing to meet the needs with this population,” he said.

A major advancement is the improvements in Personal Emergency Response Systems (PERS) said Gammie.

“We are seeing a lot more focus on home sensing systems – some are actually activity- based systems that look at the individual’s movement,” he said.

The sensors can be set to measure activity in daily living and can be set to monitor movement by the refrigerator, sink or even the toilet in a senior’s home.

“Falls at home are a serious concern of senior living and these sensors can make sure if it happens, help is summoned right away,” he said.

While these changes have helped seniors maintain their own residences, they aren’t limited to just home health care and play an important part in other senior

living solutions. Gammie explained that technology has also helped personal care and assisted living facilities as they incorporate systems to monitor entrances and other uses.

“Technology has helped provide better care in all senior living situations,” he said.

Gammie said that technology has also played a role in providing different tools for cognitive health care.

“It is the old adage – ‘Use it or lose it’ – new applications to help seniors improve cognitive skills so they can lead more robust lives and recover from illnesses faster,” he said.

Programming and applications also help with physical skills, including the popular Nintendo Wii many seniors now enjoy along with other types of programming, Gammie pointed out.

“The programming can really assist seniors – and help lessen relapses, reoccurrence and rehospitalization,” he said.

Electronic medication dispensers also help with ensuring seniors maintain their medication needs by providing reminders to take prescriptions and other medications.

Another tool for healthcare providers are programs such as Celtic’s virtual and Telehealth program where health can be monitored day-to-day off-site, allowing seniors to maintain their independent lifestyles when recovering from illnesses and surgery.

“That fragile time after hospital care can be tricky to monitor. Ongoing engagement with a healthcare provider can help the transition from home to the hospital and ongoing care,” Gammie said. Again, that re-



Maggie Spencer, current Celtic Hospice patient, and her daughter Kelly McAndrew

duces rehospitalization for seniors.

“Things such as weight and blood pressure can be monitored so where there are anomalies, it will signal necessary medical assistance,” he said.

Changes aren’t limited to advancements in technology, though said Gammie.

“Understanding that healthcare is providing care for the whole person has become so important in healthcare,” he explained.

“Healthcare providers are learning to care for the whole individual, not just their medical needs. We are really seeing this in senior care and this has led to a better quality of lifestyle for our seniors.”

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

Make a Difficult Discussion Easier

Hospice Discussion Guide Gets Patients and Families Talking

Patients and families often need help understanding the facts about hospice. In fact, many people are confused about what hospice is and how to make the most of all it has to offer.

Filled with conversation topics, this **free downloadable guide** helps healthcare professionals address hospice issues with patients and their loved ones. It’s a structured way to help patients and families make informed decisions about end-of-life care—and make a difficult conversation easier on everyone.

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2. Forward your patients the link so they can download the Guide at home.
3. Download the Guide and forward it to your patients as an attachment.

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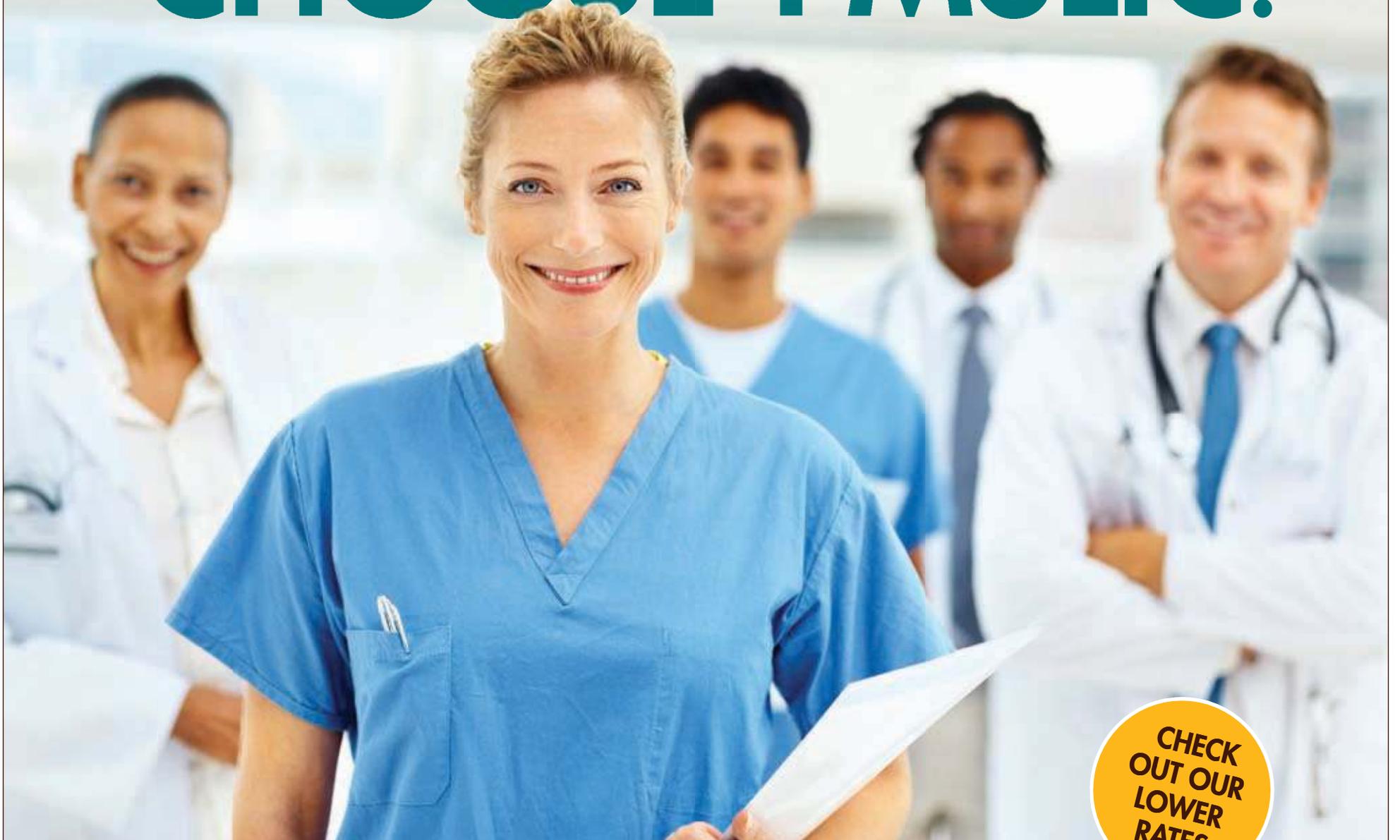


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Putting Back Office Health First

Sit-Stand Technology delivers healthier, more productive work routines for back office support staff

By Steve Reinecke, MT (CLS), CPHIMS

Both caregivers and employers, the healthcare industry is experiencing a dilemma many businesses face—rising healthcare costs associated with sick or absent employees. Gallup Healthways estimates six out of seven of today's employees are obese or dealing with chronic illness. Nationally, the CDC estimates the medical costs associated with obesity is \$147 billion and in Pennsylvania, approximately 36.6 percent of its residents are considered overweight or obese. One of the leading contributing factors to this epidemic? A sedentary lifestyle.

A GROWING EPIDEMIC

Industry data estimates at least one third of a hospital's staff resides in the back office and that for every one full-time equivalent physician there are four to six back office employees ensuring that he or she can stay productive and efficient. Sitting for prolonged periods during their workday, these workers are at risk.

According to Dr. James A. Levine, MD, Ph.D., from the Mayo Clinic, every two hours spent sitting reduces blood flow and lowers blood sugar; and after two hours of sitting good cholesterol drops 20 percent. Long periods of sitting and physical inactivity has led to a global obesity epidemic and is being linked to: diabetes, cardiovascular disease, stroke, some cancers, even early mortality rates. Levin and other researchers have dubbed this epidemic the "Sitting Disease."

Beyond the health implications, employers face other issues like the direct and indirect costs associated with wasted dollars in underutilized wellness programs, absenteeism, presenteeism, lost productivity, and ultimately rising healthcare premiums, medical care costs and worker's comp claims.

MAXIMIZING ORGANIZATIONAL HEALTH

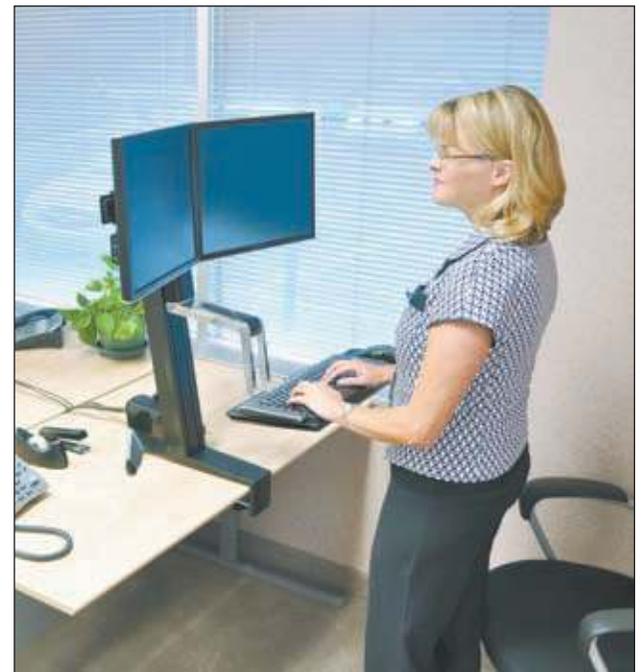
The good news is that for the majority of back-office employees, a sit-stand workstation, configured to fit their work environment and individual requirements, is a safe and effective way to reduce daily sedentary time.

In fact, a study by Professor David Dunstan, of the Baker IDI Heart and Diabetes Institute in Melbourne utilizing sit-stand workstations found that swapping between sitting and standing at desks each half-hour during an office working week can equal 45 minutes' exercise. Additionally, the study found there were no changes in

performance between sitting or standing while at work.

A sit-stand workstation adapts to the individual, allowing them to easily and effortlessly switch between a seated or standing position whenever their body demands, maintaining the standards of ergonomics while influencing more physical activity. This offers advantages that fixed workspaces simply cannot match.

For organizations worried that the asset investment may be high, there is supporting evidence that the Return on Investment (ROI), when calculated over the long term, does show payback, especially when comparing the productivity gains achieved through ergonomic investment.



CASE IN POINT: PROMEDICA

Prompted by the results of a pilot study conducted in Fall 2011, which demonstrated that standing for a minimum of one hour during the work day had significant impact on a variety of areas of wellbeing, Ohio-based ProMedica launched a "Take a Stand" wellness program which encourages ProMedica employees to break up their sedentary work routines.

The core of the program is the installation of 400 Ergotron WorkFit Sit-Stand Workstations. Distributed to employees whose computer-intensive positions required extended sitting during the day, the sit-stand workstations enable employees, with the ergonomic adjustability, to easily raise or lower their computer monitor and keyboard to transition from a seated to a standing position whenever desired with no interruption to workflow.

Through pre- and post-survey's, ProMedica's 12-week pilot program examined a variety of areas including participants ability to focus at the end of the day, weight changes, pain, energy level and job satisfaction. At the end of the study, ProMedica saw improvements in every area; statistically most significant, was the level to which body discomfort decreased and mental focus increased.

The benefits to healthcare organizations are clear. Perhaps it is time the care extends beyond the patient to back office workers unaware of the risk they are facing. Giving employees the healthy choice to alternate between a seated and standing position not only breaks up sedentary work routines, producing happier, healthier staff, it also supports organizational objectives for a healthier fiscal life as well. †

Steve Reinecke, Senior Director, Canada and Eastern US, Ergotron, Inc., can be reached at sreinecke@ergotron.com.

2008 Center for Disease Control study 2008 Report from the Pennsylvania Department of Health



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Five TIPS for Successfully Onboarding Physician Practices



By Jessica Barrick & Edgar Morano

Due to recent healthcare law changes, which include the development of bundled payments and accountable care organizations, Hospitals nationwide are acquiring physician practices, while trying to avoid the same mistakes made in the 1990s when hospitals purchased practices and guaranteed salaries without due attention to productivity levels. The resulting decline in productivity caused hospitals to lose significant dollars.

We recommend the following for successfully onboarding physician practices:

Establish Productivity & Quality Expectations.

When onboarding physicians, the hospital should use a standardized contract that includes compensation related to work effort and productivity in the role. Equally important is a contract structured to ensure that the highest level of quality care is rendered and optimal patient satisfaction levels are achieved.

Ensure Accurate Physician Billing. One of the initial steps to successful onboarding is to confirm that the physician(s)' health insurance provider numbers have been transferred to the new hiring entity, which can take anywhere from 3-6 months. If your facility is new to onboarding physicians, you'll need to also ensure that the proper



physician billing system in place – and this is significantly different than inpatient billing! Also, make sure that the proper resources are being allocated throughout the entire revenue management cycle process so that reimbursement is maximized. In part, this includes annual evaluations of the physician's fee schedule to reflect ongoing reimbursement trends.

Decide on an EHR System. Allowing the physician practice to continue use of their current system will minimize any disruptions to the practice's efficiency and productivity. However, it is important that this system be intra-operable with the hospital and other network physician systems. If, even for good reason, the decision is made to migrate the physician practice to a new or different EHR system, this will most likely impact productivity and efficiency in the short term, though the long-term benefit may be worthwhile.

Adequately Market the Practice and its Physicians. In today's competitive landscape for healthcare, hospitals can no longer rely on word of mouth alone to drive referrals and reputation. Competition is fierce, and the internet has evolved to become the medium of choice for researching healthcare information. Meanwhile, social media has likewise become an important factor. We recommend that the practice and its individual physicians are visible, and established as linked to the hospital. And, make sure the hospital and practice websites (and any social media pages) introduce the beneficial new arrangement and the practice physicians.

Solidify Physician Referral Patterns. Set clear expectations at the beginning of the onboarding process. Discuss with the physician practice the benefits of referring into the hospital's network. Educating and informing existing physicians about the onboarding of the new provider is also important.

Following these tips can help ensure that the complex and daunting process of onboarding a physician practice is accomplished efficiently, effectively, and with the goals of quality care in mind.

If such an effort is successful, all will benefit: the hospital, the practice and its



individual physicians, and the community at large. †

Jessica Barrick is a Senior Recruiter with Corazon; Edgar Morano is a Consultant with Corazon.

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Pittsburgh Ballet Theatre Provides Accessibility and Outreach Program for the Blind and Visually-Impaired



By Christopher Cussat

The Pittsburgh Ballet Theatre (PBT) has begun providing an accessibility and outreach program for the blind and visually-impaired so that individuals with these physical challenges can also experience the beauty and power of ballet dance.

According to Alyssa Herzog Melby, Director of Education and Community Engagement for the

PBT, such progressive accessibility services are fairly new for the organization. Melby has always personally been very invested in disability rights. Her cousin, who died from Muscular Dystrophy in 2003, loved all the arts and was luckily able to participate in them as a visual artist and online music critic. "Being involved with his struggles, though, made me much more aware that not everyone with a disability has those opportunities and access to the arts, and it turned me into an advocate for arts accessibility."

When she came to PBT in March 2011, Melby soon realized that the organization did not yet have accessibility fully on its radar. Coincidentally, around this time, the Greater Pittsburgh Arts Council, with support from the FISA Foundation, was launching an arts and accessibility initiative. "I took many of their workshops over the course of the next year, and with their support, attended the Leadership Exchange in Arts and Disability (LEAD) conference in August 2012," she adds.

Because dance is a visual art form (and because most of classical ballet music does not have any lyrics), Melby believed that a good community to begin providing services for was the visually-impaired and blind community. "There were also some very easy changes that we could begin to make on the road to providing access to our art form." In fact, the PBT quickly accomplished two things by the fall of 2012: adding an accessibility page on its website, as well as providing braille and large-print programs at all PBT performances.

But one of the most prominent services that the PBT now provides for the visually-impaired community is audio description. Melby says that Pittsburgh is very fortunate to have two organizations, the Pittsburgh Opera and City Theatre, which have had well-established audio description programs for over 10 years—but no Pittsburgh dance com-

pany had yet offered it.

She explains that there are a couple of reasons for this: "Since there are no lyrics or dialogue, the audio describer has to tell everything—the story, the movements, the costumes, the scenery, etc. It's more intensive than opera and theatre audio description."

"If you're unfamiliar with dance, the thought of describing the movements can be daunting! People think that you have to know ballet terminology, but that's not the case. We instead describe the movements in everyday language—jump, leap, turn, etc.—and focus on the overall quality of the dance (smooth, precise, rigid, bouncy, etc.)."

Once the PBT knew it wanted to start audio description, it brought in one of the top audio describers in the country, Ermyrn King, to lead the training in conjunction with the Pittsburgh Cultural Trust.

The audio description program was piloted with a performance of *"The Nutcracker"* on December 14, 2012. "Because it was my first time describing and our first time providing the service, we offered a complimentary ticket to patrons with visual impairments who would listen to the performance and offer feedback during a post-performance focus group," notes Melby. She adds that prior to the performance, some patrons also participated in a sensory seminar, or "touch tour" where they felt pointe shoes, a costume, and tactile maps of the ground plans and of basic ballet positions.

During the feedback session, patrons remarked how astonished they were at the amount of activity that happens in ballet. Patrons also encouraged Melby to find a better balance between describing and allowing time for music—which was accomplished during the next audio description for *"Moulin Rouge."* She adds, "In addition, for this performance, we instituted an Audio Description Volunteer team—a group of four community members who act as sighted guides for the patrons (if the patron wishes) and help them navigate the theatre, obtain assistive-listening devices, etc."



Melby contends that the goal of the program is pretty simple: to ensure access to PBT's art form for everyone in the Pittsburgh community. "No matter a person's abilities, we want people to enjoy and experience the awe and splendor of ballet, dance, and movement—and we're committed to finding ways to achieve that goal by providing accommodations wherever and whenever we can," she explains.

Through this program, Melby has definitely witnessed how art can connect with people—particularly those with special health needs. "Sitting in the sensory seminar with patrons and observing their reactions when they touch a pointe shoe and 'see' how hard it is, or feel the wooden human model we have put into various ballet positions—their reactions to the wonders of what the human body can do and is capable of are worth all of the time invested into the program," she explains. "My job is to connect people to this art form—and this program is absolutely achieving that!"

The PBT plans on expanding this successful outreach program and continuing to make its art accessible to all patrons. For example, this upcoming year, the PBT will be providing accommodations for sign-language interpreting and closed-captioning for the deaf and hard-of-hearing communities. Melby concludes, "Furthermore, we are ecstatic to become the first professional ballet company in the United States to offer an autism-friendly performance of *'The Nutcracker'* this December!"

For more information on the Pittsburgh Ballet Theatre's outreach program call: 412.454.9105 or email: amelby@pittsburghballet.org.



Photo by Rich Sofranko



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It's a Matter of Perspective.

Oh What A Tangled Web – The Authority Having Jurisdiction (AHJ)

By Chuck Parker, AIA

Healthcare settings are one of the most regulated environments in which to build. The Authority Having Jurisdiction (AHJ) is defined as: the organization, office, or individual responsible for enforcing the requirements of a code or standard. Determining the AHJ is not a simple task and varies greatly from state to state. Let's focus on Pennsylvania.

STATE AGENCIES

Each healthcare construction project within the Commonwealth, including Hospitals, Ambulatory Care Facilities, Residential Health Care Facilities, and other special units, centers, or facilities needs to be reviewed, inspected, and approved by the Pennsylvania Department of Health (DOH), Division of Safety Inspection (DSI) and the Division of Acute and Ambulatory Care (DAAC). DSI does not review or inspect Business Occupancies but DAAC will complete an inspection of a Business Occupancy prior to completion.

The Division of Home Health conducts state licensure, Medicare certification, and complaint investigations for:

- Birth Centers
- Comprehensive Outpatient Rehabilitation Facilities
- Home Health Agencies, Home Care Agencies/Home Care Registries
- Hospice Agencies
- Kidney Dialysis Centers
- End Stage Renal Disease Centers (ESRD)
- Outpatient Physical/Speech/Occupational Therapy Clinics
- Rural Health Clinics

The Division of Intermediate Care Facilities (DICF) is the regulatory agency responsible for ensuring the health, safety and welfare of Individuals with Intellectual Disabilities (IID) or Other Related Conditions (ORC) living in:

- ICF/IID or ICF/ORC
- Psychiatric Residential Treatment Facilities (PRTF) for individuals under 21 years of age.

The Division of Nursing Care Facilities is responsible for the licensing and oversight of:

- Nursing Care Facilities
- Long-Term Acute Care Facilities

STATE REGULATIONS

Health Care Facilities are reviewed for compliance with the Pennsylvania Department of Health "Rules and Regulations for Hospitals" and/or "Rules and Regulations for Ambulatory Surgical Facilities."

Nursing homes licensed by the Pennsylvania Department of Health will also be reviewed for compliance with the "Pennsylvania Long Term Care Nursing Facilities Licensure Regulations."

Plan reviews for Intermediate Care Facilities (ICF/IID) are conducted under the *National Fire and Protection Agency (NFPA) 101 Life Safety Code*, only. Licensure requirements are administered for these facilities by the Department of Public Welfare.

The Department of Safety Inspection (DSI) enforces the *NFPA 101 Life Safety Code*. The Department of Acute and Ambulatory Care (DAAC) ensures projects are in compliance with the *Facilities Guidelines Institute (FGI) Guidelines for Design and Construction of Health Care Facilities*.

Various chapters of the Pennsylvania Code are enforced by the Division of Home Health, Division for Intermediate Care Facilities, the Division of Nursing Care Facilities, and the Pharmacy Board.

The list of DOH Divisions seems endless, and the coordination between each Division can always improve. Owners and designers have received different interpretations of the same requirement by different Facility Reviewers and sometimes find field inspectors at odds with the Harrisburg staff.

The Division of Safety Inspection has the responsibility to review and approve drawings. The Department of Acute and Ambulatory Care to-date has no formal submittal or review process. Both Departments require a site inspection prior to occupancy.

LOCAL AGENCIES AND REGULATIONS

In addition to the state approval, construction projects which involves more than a paint brush, need to be approved by the PA Department of Labor and Industry (L&I), or the Local Municipality Building Department as agent for L&I. The local agency reviews and inspects for compliance with the *PA Uniform Construction Code (UCC)*. This review includes compliance with Accessibility features defined by *ANSI A117.1 - Accessible and Usable Buildings and Facilities Standards*. State Department of Health (DOH) approval is required before plans can be submitted for local review. Building and Occupancy Permits are issued by L&I or the Local Municipality, not DOH.

Larger municipalities may have special reviews. An example is the Institutional Master Plan required for facilities in the City of Pittsburgh.

It is also advisable to consider how the local municipality views discrepancies between the *Uniform Construction Code* (enforced locally) and the *Life Safety Code* (enforced by the state).

WHAT DOES ALL THIS MEAN?

Primarily, it means time and diligence. Facility managers need to build weeks, if not months, into the project schedule for the review process. Pittsburgh's Institutional Master Plan (IMP) process can easily take 6 months to complete before the project can be submitted to the Department of Health (DOH), and the design needs to be complete before the IMP review can be initiated.

With so many Divisions, Departments, Boards, and Agencies claiming jurisdiction and enforcing the numerous regulatory standards, it also means that there is the potential for a "unique" interpretation of a standard by the reviewer putting the project into redesign when the start of construction is looming on the horizon.

WHICH PROJECTS NEED TO BE REVIEWED BY DOH?

The safe answer is "all projects". Technically, only those projects which affect life safety features (exits, smoke compartments, etc.) or involve a change in function need to be reviewed, but better safe than sorry. A project submitted to a Facility Plan Reviewer may be deemed minor enough that an informal e-mail approval will suffice, but if a field inspector arrives on-site and comes across construction which should have been reviewed and wasn't, delays and fines are in the offing. On the positive side, a Department of Health review does not require a fee, takes minimal time, can be scheduled early, and shows that the designer and owner are well intentioned and diligent in their desire to be code compliant.

Our office has seen a number of recent projects involving facility mergers and consolidations. These projects require a complete assessment of the affected facilities for compliance with the FGI Guidelines, NFPA Life Safety Code, PA Uniform Construction Code, and Accessibility Standards

Beyond the realms of the Department of Health and Labor & Industry lie The Joint Commission (TJC) (formerly the Joint Commission and Accreditation of Healthcare Organizations - JCAHO) and Center for Medicare and Medicaid Services (CMS) with their standards, but that is for another day. †

Chuck Parker is a Registered Architect and Senior Associate at Stantec Architecture and Engineering LLC. Chuck works in the Stantec Butler, Pennsylvania Office and can be reached at chuck.parker@stantec.com.



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Generations of Caring: Woods at Cedar Run's Snavelly is an ALFA Hero, Meets Former First Lady

Sarah Snavelly is a soft-spoken, 21-year-old who assists in coordinating activities at The Woods at Cedar Run in Camp Hill. The Woods provides independent living, senior care living and memory care to 135 residents and is part of the Wexford-based IntegraCare Corporation.

Despite her young age, Snavelly is in her sixth year on the staff at The Woods, where she joined the staff as a high school teenager, but never saw a generation gap between her and the seniors who she considers family. In fact, Snavelly's dedication and work ethic put her into the spotlight as one of six recipients of the Assisted Living Federation of America (ALFA) 2013 Hero Awards which honor extraordinary individuals who serve older adults in senior living communities.

Snavelly received the Hero Award during the ALFA 2013 Conference and Expo in Charlotte, N.C., on May 8. Former First Lady Laura Bush presented her the award.

"The 2013 ALFA Hero Award winners are exemplars of the great work done every day in senior living communities across the country," said Richard P. Grimes, President and CEO of ALFA. "Their dedication and passion for serving seniors are the reasons more older adults choose to call senior living communities their home."

Snavelly appreciated the honor, for which she was selected from among tens of thousands of senior living community professionals. She takes pride in the work done by her and the staff at IntegraCare, which operates 12 senior living communities in Pennsylvania and Maryland.

"I am who I am, and I do what I do, and I love what I do," Snavelly said. "It was a nice surprise and it really meant a lot. I cried when I first found out. It was a great experience. I got to shake First Lady Laura Bush's hand. She gave me a hug and presented me my award. She is a very nice lady."

The residents at The Woods at Cedar Run feel the same about Snavelly.

"I think I was born with the natural ability to work with seniors," said Snavelly, who resides in Etters, York County. "My grandfather had dementia when I was young. He passed away when I was in kindergarten. My memories of my grandfather are of helping him. I would help feed him. I would visit him. My family is close, and we'd help my grandmother take care of him. We'd take him outside and have picnics."

Those early days of tending to her grandfather provided Snavelly with a solid foundation for her role at The Woods at Cedar Run, where she helps plan activities and programming for seniors. Snavelly enjoys the



ALFA Hero Award winner Sarah Snavelly of The Woods at Cedar Run was recognized recently in Charlotte, N.C. Former First Lady Laura Bush presented the award. Left to right, Barbara Bacon, incoming ALFA Board Chairperson; former First Lady Laura Bush; Sarah Snavelly; Loriann Putzier, IntegraCare Corporation Chief Operating Officer; and Richard Grimes, ALFA President and CEO.

important task of assembling a "Life Story" in the days after a new resident moves in. Those stories provide background such as the resident's religion, previous occupation, family, milestones and military service. She gathers photos for the reminiscence screen, which is on display at a central location.

"A lot of people tell me it comes naturally," Snavelly said. "It's who I am. It's something I love. The residents give me a gift, and I hope I can give them one too."

During the Hero Award presentation, Loriann Putzier, Chief Operating Officer of Integra Care Corporation, read a letter written by a Woods at Cedar Run resident's family member:

"When one such as Sarah Snavelly, one so young, is able to relate to the elderly with such tenderness, understanding and caring, it is because they have been blessed with a special gift," a portion of the letter stated. "Sarah Snavelly has been blessed with this very special and unique gift. She has a pure heart that is filled with empathy and compassion, a heart that doesn't view the interactions she has with the residents in her care as work or just 'getting the job done.'"

Snavelly has tackled many jobs over the years. A cheerleader at Cedar Cliff High School prior to her 2010 graduation, Snavelly first worked as a dietary aide at The Woods. She later was a pantry cook, a dining room supervisor and eventually joined the activities staff. She briefly served as an interim activities director at IntegraCare's Tyrone Colonial Courtyard.

"There are no words to describe how rewarding it is to see a resident smile," Snavelly said. "It's heartwarming. A lot of people wake up in the morning and dread going to their job. I wake up in the morning and love my job. It's so rewarding to light up someone's day."

Snavelly believes her grandfather would be proud of her ALFA Hero Award, but also for her dedication to the residents.

"I never gave up trying to help my grandfather until he passed away, and I'm always ready to help here," she said. "Winning the ALFA Award is very nice. I don't like being the center of attention but I met the five other heroes. It's nice to see other people are out there and have the same ideals I do."

"It's just who I am. It's nice to get an award, but it's just who I am," she added. "Getting an award is just a bonus."

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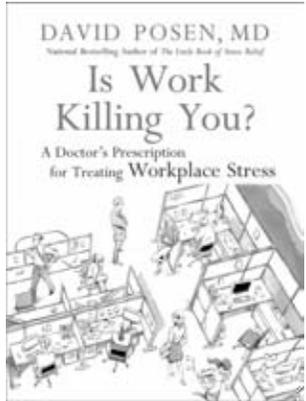
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Is Work Killing You? A Doctor's Prescription for Treating Workplace Stress

by David Posen, MD
Book Information: c.2013, House of Anansi
\$18.95 US and Canada 358 pages

You set goals at the beginning of the fiscal year and you already know that your employees won't make them.



Yes, they've had to push a little harder than they did before and they've endured some layoffs but everybody seems to have adjusted. Still, you know that morale is low and you're thinking a fun group event might help.

According to David Posen, MD, you're on the right track but there are lots more things you can do for your employees. In his book "Is Work Killing You?" you'll see how helping them will help you.

In his medical practice, David Posen sees "first-hand and up close the psychological and physical damage" caused by workplace woes. Employees are stretched too thin, they're doing more work for less money - some businesses even expect employees to work through lunches,

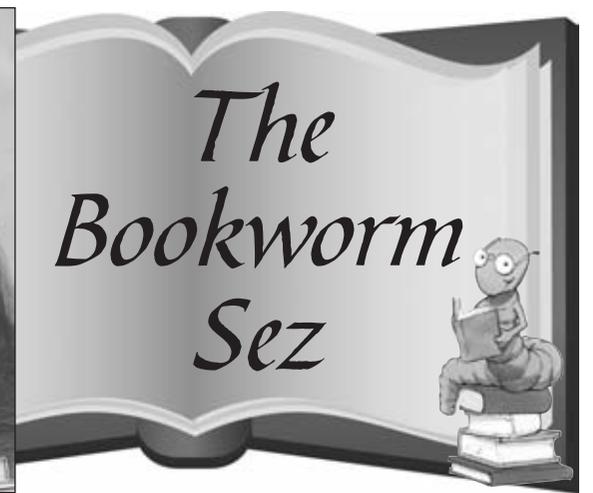
weekends, holidays, and vacations - which often leads to headaches, forgetfulness, irritability, agitation, and depression that Posen directly attributes to work-related stress.

"Workplaces are making people sick," he says, and no one seems willing to discuss it.

As he sees it, the biggest contributors to workplace stress are volume (an increase in workload, to the point of overload), velocity (accelerated speed at which employees are expected to work), and abuse (office bullies who "wreak havoc"). Other issues come into play, but these are the top three.

So what can you do?

Though it's a "hard sell," Posen says studies indicate that productivity, mental clarity, and energy actually improve when work hours are reduced, face-time and meetings become optional, vacation-taking is mandatory, and employees are encouraged to disconnect from work on a regular basis.



As an employer, you'll also get more out of your employees if you encourage healthy habits. If it's feasible, let them go home early when work is finished. Share the wealth - or at least make salaries more equitable. Help employees deal with office politics. Know the difference between "excellent service and excessive service." Prioritize projects wisely and discourage multitasking.

Lastly, ease up. Your employees' health and your bottom line both depend on it.

Wow. As I was reading "Is Work Killing You?" there was one question that kept popping into mind: why isn't this book taught in school?

You'll ask yourself that, too, as you devour this common-sense, how-to, rant-slash-advice book because author and physician David Posen makes many good points for employees and business owners alike. In making those arguments, he underscores his research by sharing dozens of anecdotes from his patients and others, and some of them are jaw-droppingly uncomfortable to read. Posen doesn't leave us hanging on those squirmy details for long, though; he offers pages and pages of ideas meant to make the business world better, do-able from dual sides of the paycheck.

This is one of those books that could potentially benefit anyone who works for a living, and I'm excited to finally see this topic tackled. I think that if a stress-free workday is what your business needs, then reading "Is Work Killing You?" should be your goal.



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.

A Life-Saving Disappearing Act

Interventional cardiologist Tony Farah, MD, and his colleagues at the Allegheny General Hospital (AGH) Cardiovascular Institute have helped pioneer many breakthroughs in the treatment of coronary artery disease (CAD) over the past three decades, from new disease-fighting medications to life-saving procedures such as balloon angioplasty and coronary artery stent implantation.

Today, AGH officials announced that the hospital will once again play a prominent role in the study of a novel, first-of-its kind investigational device for CAD that many believe could be the next revolution in the treatment of a disease that strikes more than one million people annually in the United States, claims nearly 500,000 lives each year and is the leading cause of death for both men and women.

Under Dr. Farah's direction, AGH has been selected to join the ABSORB III clinical trial, a multi-center international study exploring a unique bioresorbable vascular scaffold (BVS), a small mesh tube that is designed to open a blocked artery and then fully dissolve over time, leaving the vessel free of a permanent metallic implant.

The FDA-approved study of the drug-eluting Absorb™ BVS, made by healthcare company Abbott, is expected to enroll approximately 2,250 patients over the next 12 months, up to 200 of who could enter the trial at AGH.

"Across every discipline in the treatment of cardiovascular disease, physicians at Allegheny General Hospital continue to set new standards of patient care through pioneering research and clinical ingenuity. The ABSORB study is just the latest example of the innovation that has been a hallmark of our cardiovascular program," said Dr. Farah, the hospital's principal investigator in the ABSORB III clinical trial.

Coronary artery disease is a condition in which one or more arteries that supply blood to the heart become

narrowed, putting patients at risk of a heart attack and cardiac death. Similar to conventional metallic stents, the Absorb device is designed to open a blocked heart vessel and restore blood flow to the heart.

Unlike metallic stents, however, which are permanently implanted into the blood vessel, Abbott's Absorb is a uniquely engineered, temporary scaffold that provides support to the vessel until the artery can stay open on its own. Made of polylactide, a naturally dissolvable material that is commonly used in medical implants (such as dissolving sutures), the device dissolves into the blood vessel after its work has been done.

According to Dr. Farah, the potential advantages of a bioresorbable scaffold device are significant when it comes to the long-term management of CAD patients.

"With the standardization of balloon angioplasty and stent implantation and the vast experience that we have accumulated in the use of these techniques, it has become apparent that the most effective and safe means of restoring natural blood vessel function in the setting of coronary disease is ultimately a treatment that leaves nothing behind in the vessel - which was the original idea of angioplasty. The Absorb device moves us in the direction of that goal," Dr. Farah said.

Balloon angioplasty is a procedure in which a balloon tipped catheter is used to open an area of arterial blockage. The catheter is delivered into the artery through the skin via a small incision in the groin or arm.

Deployed in a similar fashion, stents evolved to help prevent a complication of angioplasty in which the previously opened lesion in the artery gradually re-narrows from continuing plaque build-up - a condition called restenosis. To further improve stent performance, the technology was more recently advanced to include "drug-eluting" devices coated with medications designed to further inhibit the growth of plaque at the treatment site.

For all their effectiveness at improving the outcomes

of many patients with CAD, the risks of conventional, permanently placed stents are not insignificant, Dr. Farah said.

Patients receiving stents typically require prolonged use of blood thinning medications to prevent blood clots from forming within the device, which may cause sudden heart attacks. Stented lesions are also still prone to restenosis, particularly among one of the largest subsets of patients at risk for CAD - diabetics.

And for patients with advanced coronary disease, the presence of stents in multiple vessels has the potential to limit future heart surgery options, if needed.

"Because of these concerns, there has always been a desire to find a better way to accomplish the pivotal short term function of stents, without the long-term complications," Dr. Farah said.

International studies to date of the Absorb device have been extremely encouraging and the start of the ABSORB III U.S. clinical trial follows the recent commercial launch of Absorb in Europe and parts of Latin America, Asia and India.

Absorb III is a prospective, randomized study that will compare Abbott's drug-eluting Absorb BVS device to the company's XIENCETM family of drug eluting metallic stents. Both devices deliver everolimus, an anti-proliferative drug that has been shown to inhibit in-stent plaque growth in coronary vessels.

The primary endpoint of the trial is target lesion failure, a combined measure of safety and efficacy, at one year. In addition, a subset of patients within the trial will be evaluated for novel endpoints such as vasomotion, a measure of how much natural motion returns to the vessel as Absorb dissolves into the arterial tissue.

Dr. Farah said many patients with CAD who are good candidates for stent placement will be eligible for enrollment in the study.

Those with questions about the clinical trial can contact Joe Carothers at 412-359-4156.

Can Employers Make Changes to Retiree Health Care Benefits?



By **Richard Kennedy**

Lifelong health care benefits were once commonly offered to retiring employees by their employers. But dramatically increasing health care costs and a requirement that companies account for the cost of retiree health benefits on the corporate balance sheet led many companies to unilaterally modify or terminate retiree health benefits.

Predictably, retirees were upset about the unexpected changes to what they thought were lifetime health benefits, and many lawsuits followed, particularly where the benefits had been collectively bargained. The decisions in such lawsuits are important for employers considering

changing or terminating retiree health benefits.

Courts generally have held that an employer cannot unilaterally modify or terminate retiree health benefits if the benefits are “vested,” meaning that the employer has made a promise or agreement to pay for the benefits for the lifetime of the retirees. For union employees, the promise or agreement is typically found in the collective bargaining agreement. For non-union employees, the promise or agreement is found in the plan document, and in the absence of a plan document, a combination of plan descriptions and insurance policies and certificates. If there is no promise or agreement to pay lifetime benefits, the company may unilaterally change or terminate benefits for retired employees.

Recently, the Sixth Circuit Court of Appeals, which covers Ohio, Michigan, Kentucky and Tennessee, held that even for vested retiree health benefits, the employer could unilaterally make “reasonable” modifications to the benefits unless the collective bargaining agreement says otherwise.

The Court directed that the reasonableness of the modifications be determined by whether:

- The modified plan provides benefits “reasonably commensurate” with the old plan;
- The proposed changes are “reasonable in light of changes in health care”; and
- The modified benefits are “roughly consistent with the kinds of benefits pro-

vided to current employees.”

This was the second time the case was before the Court. In 2009, the Court held that the collective bargaining agreements granted the retirees a vested right to lifetime health benefits that could not be terminated. However, the 2009 Court also held that the agreements permitted the employer to make reasonable modifications to the benefits, and it returned the case to the district court to decide how and in what circumstance the employer could modify the benefits.

After the district court ruled on summary judgment that the employer could not modify the retiree health benefits, the case was appealed again to the Circuit Court. The Circuit Court said the district court was wrong.

The Court emphasized that its 2009 holding meant that the employer can make unilateral changes to the vested retiree health benefits, provided the changes are reasonable.

The Court again returned the case to the district court with directions to take specific evidence on seven different factors to determine “reasonableness.”

The case introduces a new wrinkle to this issue by holding that employers can make unilateral modifications to vested retiree health benefits, if the modification are reasonable. Before this case, it was generally accepted that vested retiree health benefits could not be unilaterally modified by an employer.

The impact of this case is yet to be seen. There was a strong dissenting opinion that agreed with the district court that the level of vested health benefits cannot be unilaterally modified. And even the majority opinion noted that the reasonableness inquiry for a modification is a “vexing one” because of the difficulty of evaluating and predicting future health care costs and benefits.

Despite this, the case may provide a method for employers to modify vested retiree health benefits to reflect the changing medical market and increasing costs. Thus, for employers obligated to provide vested retiree health benefits, the case, *Reese v. CNH America*, is worth watching. †

Richard Kennedy is an attorney with Pittsburgh-based Meyer, Unkovic & Scott and has extensive experience in all aspects of employee benefits law. He can be reached at rtk@muslaw.com.



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Deciding to Decide

By Franco Insana



A case could be made that many of us spend most of our days on auto pilot. We get out of bed in the morning, go through our morning routine, and head out the door on the way to work. It really doesn't take a lot of thought.

Sure, we may make a few conscious choices each day – but the act of making decisions does not take a lot of our time. In fact, it's almost a lost art.

When it comes time to make decisions we owe it to ourselves to invest proper thought.

How do we dress our kids for school? What kind of people do we choose to associate ourselves with?

Recently, a group of us from Family Hospice and Palliative Care attended the National Hospice and Palliative Care Organization's (NHPCO) conference in Maryland, just outside Washington, D.C. The annual conference of hospice management staff from across the country provides the perfect opportunity to learn, improve our skills, network with others and get caught up on the latest industry trends.

Each day of the NHPCO conference begins with a morning plenary speaker. The speakers do a great job of getting us energized for a day of learning and setting the tone for the day's activities.

Taking to the stage one morning was Dan Heath, a Senior Fellow from Duke University and co-author of *Decisive: Making Better Choices and Decisions*. Heath did an excellent job of explaining simple steps that can lead to well thought out, wiser decisions. Heath used humor and common sense to explain how we can all consider the right options when making important choices.

Heath's presentation was perfect fodder for hospice professionals. After all, we have the important role of guiding families through some of the most important decisions in their lives.

During the course of the NHPCO conference, we at Family Hospice were faced with decisions. Throughout each day, concurrent educational sessions covered a wide variety of hospice topics. Members of our group had to decide which sessions to attend based on what could best enhance our knowledge and skills. Just choosing sessions while on "auto pilot" probably would not have worked.

As health professionals, we have a responsibility to guide patients and their loved ones to make sound decisions about not only their day-to-day health, but their future health care plans.

And it's not just about decisions. It is also the duty of providers to clearly communicate the care and services we will provide. Getting a patient prepared to make the decision is the first step. But beyond that they need to know that once the decision is made, they have a clear understanding of what happens next.

When a person faces the news that he or she has a life-limiting illness, decisions and care plans cannot be made on auto-pilot. Rather, this tends to be a time of crisis for most families, which means each choice, each decision, becomes monumental.

Family Hospice encourages health care professionals to assist patients in being proactive. Remind them to take the time to have important discussions with loved ones about end-of-life care planning. Knowing the patient's wishes can avoid stress, anxiety and rushed decisions.

Parents would never send their kids out the door without checking the weather forecast. Nor should we allow those we love to embark upon the end-of-life journey without being equally prepared.

So – now is the time to "decide to decide". Health professionals, decide to sit down with your patients. Families, decide to sit down with those you love. Take the time to talk. Take the time to think about those important decisions. Think about

Making the Most of Life



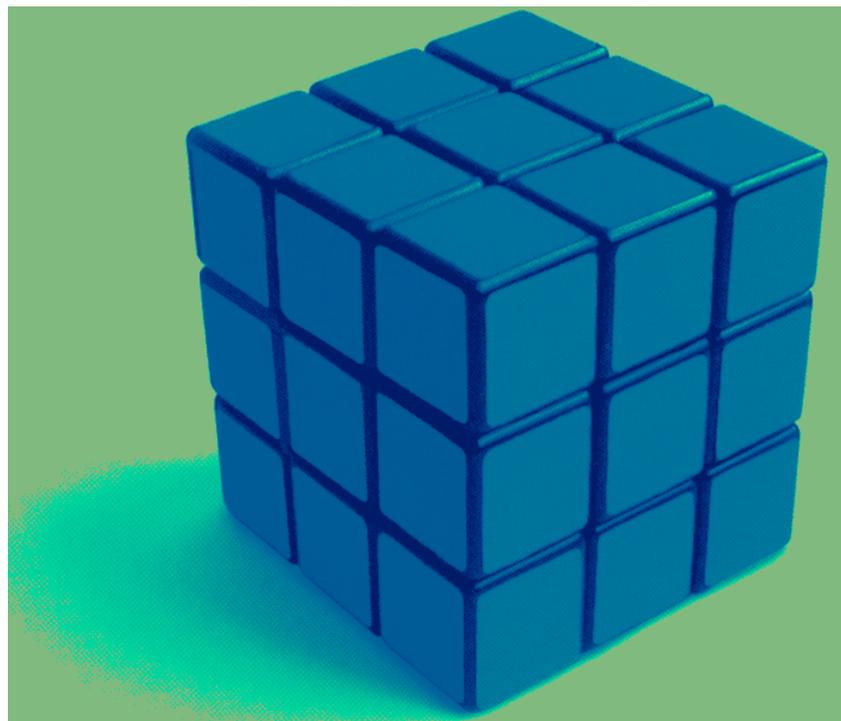
The time is always right for health care providers to help patients make sound decisions.

end-of-life wishes.

One thing is for sure: auto pilot won't get you there. †

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.

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Family Hospice and Palliative Care Hires New Services Program Coordinator

Family Hospice and Palliative Care has named **Marty Howell, RN, CHPN**, Palliative Care Services Program Coordinator.

Most recently the Manager of Patient Care Services with Family Hospice, Howell oversees the non-profit's palliative home care, palliative care consultation, and pediatric palliative care services. In addition, she provides palliative care education to Family Hospice staff and local health care professionals alike.

Howell has been with Family Hospice and Palliative Care for eight years and resides in the Greensburg area.

For more information, visit www.familyhospice.com.



Marty Howell

Healthcare Professionals in the News

Plastic Surgeon Now Seeing Patients in Hermitage

A UPMC Passavant plastic and reconstructive surgeon is now seeing patients at the Womancare Center of UPMC Horizon.

Sandeep Kathju, MD, PhD, specializes in both reconstructive and cosmetic plastic surgery. He has an extensive background in head and neck surgery and a special interest in facial plastic surgery as well as significant expertise in complex wound and hernia management.

Some of Dr. Kathju's specialties include body contouring and abdominalplasty, facial procedures (both aesthetic and injury-related), breast procedures (reduction, augmentation, and lift), head and neck tumors and lesions, enlarged and painful scars, nose and septum procedures, and hernia repair.

Dr. Kathju, who is board-certified in plastic and reconstructive surgery and otolaryngology-head and neck surgery, earned his medical degree from University of Michigan Medical School. He completed a residency at the Harvard Combined Otolaryngology Program and a plastic surgery residency at UPMC. A recognized expert in the field of wound healing, Dr. Kathju is involved with research that has been funded by both the National Institutes of Health and the Department of Defense.

For more information, visit www.upmchorizon.com.



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Sharon Regional Announces New Hires and Appointments



Lisa Bertolasio

Sharon Regional Health System recently announced the appointment of **Lisa Bertolasio, RN, BSN, MS, CDE** as vice president of patient care services and chief nursing officer. She has served as an interim in that role for the past two months.

Bertolasio was formerly the Coordinator of the Diabetes Center at Sharon Regional. She earned a Master of Science degree in Management and Technology from Carlow College in Pittsburgh, a Bachelor of Science in Nursing from Penn State University, and received her nursing education from Sharon Regional's School of Nursing. She is a registered professional nurse, certified diabetes educator, and a member of the American Association of Diabetes Educators.

Bertolasio has more than 25 years of acute healthcare experience. Her previous positions at Sharon Regional have included Director of the Diabetes Center, Clinical Educator, Director of Medical/Surgical Care, and Staff Development Instructor. In addition, she has served as the Director of Quality Management at Select Specialty Hospital of Pittsburgh/UPMC, Diabetes Program Coordinator for Grove City Medical Center, and as a nursing instructor for Penn State University's BSN program.

Sharon Regional also announced the appointment of **Amy Smith, DNP, ACNS-BC, NEA-BC, CCM** as Sharon Regional's new chief quality officer. Smith will have direct responsibility for patient safety, service quality, organizational performance improvement, medical staff performance improvement, and clinical standards and practices.

She comes to Sharon Regional from Valley Care Health System in Youngstown (previously Forum Health) where she served as vice president of care management, market director of case management, and director of case management/utilization management. Prior to that she worked for Sharon Regional in several leadership positions including director of the Cancer Care Center, director/clinical nurse specialist of outcomes management and research, clinical nurse specialist, clinical coordinator of the cardiac cath lab/interventional radiology, and as a professional nurse in the Emergency Care Center.

Smith earned a Doctor of Nursing Practice in nursing leadership and administration from Duquesne University, a Master of Science in nursing from Gannon University in Erie, and a Bachelor of Science in Nursing from the University of Pittsburgh. She has earned advanced board certifications as a Nurse Executive, Adult Health Clinical Nurse Specialist, Acute Care Case Manager, and Certified Case Manager. Her professional memberships include the American Association of Critical Care Nurses, American Organization of Nurse Executives, American Nurses Association (National Scope & Standards Workgroup), Case Management Society of America, National Association of Clinical Nurse Specialists, and the Sigma Theta Tau International Honor Society for Nursing. She also serves on the editorial review panel for *MEDSURG Nurse Journal* and is an adjunct faculty member at Waynesburg University in the MSN program for nursing administration.



Sherry Greenburg

In addition, the health system announced the appointment of **Sherry Greenburg** as the new director of the Sharon Regional Health System School of Nursing. Greenburg replaces Nora Bennett who recently retired.

Greenburg has served as the assistant director and curriculum coordinator of the School of Nursing since 2001. Prior to that position she was an instructor in the School of Nursing, a staff nurse, and a licensed practical nurse on the medical-surgical units. Ms. Greenburg formerly was an adjunct faculty member in the MSN degree program at Waynesburg University and in the RN-BSN program at the Shenango



Amy Smith

Campus of the Pennsylvania State University. She is a member of Sigma Theta Tau XiXi chapter, the International Honor Society of Nursing and the National League for Nursing.

Greenburg is currently a doctoral student in the Nurse Practitioner program at Waynesburg University and received her MSN degree summa cum laude from Gannon University in Erie. She earned a BSN in nursing magna cum laude from Youngstown State University, an associate degree in Parks and Recreation from Pennsylvania State University, and completed the practical nursing program at Mercer County Vocational Center.

She is an active member of the community having served as a presenter of the Highmark Grant Program Education Series at the Prince of Peace Center in Farrell. She also serves as a member of the Board of Health for the City of Hermitage, the Citizen's Advisory Committee for Hermitage Schools, and as a volunteer track coach for Hermitage Middle and High School.

Finally, Sharon Regional Health System welcomed **James E. Boniface, M.D.**, board certified orthopedic surgeon, who specializes in total joint reconstruction of knees and hips, custom fit knee replacement, arthroscopic knee and shoulder surgery, fracture care (in adults and children), and sports medicine (including ACL reconstruction). Dr. Boniface is joining the practice of Sharon Regional orthopedic surgeons Ernest W. Swanson, M.D., Brian Shannon, M.D., and Keith Lustig, M.D.

Dr. Boniface joins Sharon Regional with an extensive professional career in Youngstown, Ohio, having most recently served as a partner at Boniface Orthopaedics, Inc., as chief executive officer of the Orthopaedic Surgery Center at Beeghly Medical Park, and as an orthopedic trauma surgeon at St. Elizabeth Hospital in Youngstown. Dr. Boniface has a strong background in sports medicine and served as a team physician for two of Youngstown's hockey teams, the Steelhounds and the Phantoms.

Dr. Boniface is a native of Youngstown and received his undergraduate degree at Princeton University in Princeton, NJ. He received his medical education at the Medical College of Ohio in Toledo and completed his orthopedic surgery internship and residency at Mount Carmel Medical Center in Columbus, Ohio.

Dr. Boniface is a member of the American Academy of Orthopaedic Surgery, the American Board of Orthopaedic Surgery, the Ohio Orthopaedic Society, and the Mahoning County Medical Society.

Dr. Boniface will see patients at Sharon Regional's Hubbard Diagnostic and Specialty Center (880 W. Liberty Street, Suite A, Hubbard) and the Neshannock Diagnostic and Specialty Center (2915 Wilmington Road, New Castle).

For more information, visit www.sharonregional.com.



James E. Boniface

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Pitt Public Health Alumna Elizabeth Surma Pledges \$1 Million for New Building, Renovations



Donald S. Burke, M.D.

The University of Pittsburgh Graduate School of Public Health has received a \$1 million gift from Elizabeth L. Surma (GSPH '81) and her husband, John P. Surma Jr., to support the school's "Building a Healthier World" campaign.

The Surmas' pledge, the largest single gift received since Pitt Public Health initiated the campaign in 2009, will be used to provide matching funds for other major donations. The building campaign supports the construction of a new laboratory facility and upgrades to existing classroom and administrative spaces. These improvements will help Pitt Public Health recruit and retain the best faculty and students.

"As the University celebrates 225 years of building better lives, I am deeply grateful to Becky and John Surma

for their extraordinarily generous gift to the Graduate School of Public Health," said Pitt Chancellor Mark A. Nordenberg. "Their well-targeted investment represents their own deep commitment to building better and healthier lives for all of us. Their exceptional gift will make it possible for our Graduate School of Public Health to continue its efforts to eliminate health disparities, promote healthy aging and encourage disease prevention, while also serving as an inspiration to other alumni and friends to join them in supporting the school."

"John and I feel strongly about the importance of public health and higher education," said Surma. "We knew there was a pressing need for donations to the capital campaign, and we wanted to encourage others to join us in contributing to this worthy cause."

Around the Region

The Surmas' gift will be offered as a dollar-for-dollar match to other major donations to Pitt Public Health's building fund. The match will allow participating donors to double the value of their gifts and to take advantage of increased naming opportunities.

"We are tremendously grateful for the Surmas' extraordinary commitment," said Donald S. Burke, M.D., Pitt Public Health dean and UPMC-Jonas Salk Chair of Global Health. "Improving our facilities will increase our research capabilities, solidifying the School's position as a global leader in public health research, education and practice. While the renovations and new laboratory building will certainly benefit our scientists, they also will allow students and teachers to be more efficient and productive. Smart classrooms, modern computer labs and open, inviting common spaces will create cross-disciplinary connections."

Surma earned a Master in Public Health degree from Pitt Public Health, where she developed an interest in care for the aging. Her thesis was an evaluation of geriatric day care in the United States. Surma worked in hospital administration in area facilities before opting to serve the community through participation in several boards, including Pitt Public Health's Board of Visitors, which provides advice on the school's strategic planning efforts.

"The Graduate School of Public Health changed my life significantly," said Surma. "My education enabled me to have a career I loved in hospital administration, and also to become an informed volunteer."

Pitt Public Health's \$87 million construction and renovation project includes a laboratory pavilion scheduled for completion in the fall of 2013, which will add 58,000 square feet of laboratory space and a 215-seat auditorium. The renovation of the school's existing facilities, which house the majority of the school's classrooms, offices and laboratories, will be completed in 2016.

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

Conemaugh Health Foundation and Memorial Auxiliary Donates Equipment to Cardiac Rehab Program

Conemaugh Health Foundation and the Auxiliary of Conemaugh Memorial Medical Center have donated new equipment, including an elliptical and stationary bicycle, to the Cardiac Fitness Center at Conemaugh Memorial.

"We are so grateful for the donation from the Foundation and Auxiliary," says Michelle George, RN, BSN, Program Manager of Cardiac Rehabilitation and Prevention at Conemaugh Memorial. "The patients really work these machines. It's wonderful to be able to offer them new equipment as they strive to improve their heart health."

The Cardiac Fitness Center offers reha-



Beverly Poole, President, Auxiliary of Conemaugh Memorial Medical Center; Sue Mann, President, Conemaugh Health Foundation; and Mary Ellen Carney, Conemaugh employees and cardiac rehab patient.

bilitation programs for patients who have suffered from a heart attack or heart related illness, as well as prevention programs for individuals at risk for heart disease. Over 250 patients utilize the Center each month resulting in over 2,000 workout sessions. Exercise plans are customized to each patient's needs to result in the optimal results.

"The patients who come to this Fitness Center are like a family," says Sue Mann, President of the Conemaugh Health Foundation. "Every time I visit or see them coming or leaving the facility, they're always smiling. You can tell they really enjoy coming here and it's great for their health. We're delighted that we could provide them new equipment to enhance their experience."

"It's so nice to see such a thriving area in the hospital," says Beverly Poole, President of the Auxiliary of Conemaugh Memorial. "The Cardiac Rehab team utilizes all of their resources to make this a welcoming and positive environment for their patients."

During the month of February, the Conemaugh Health Foundation raised \$5,000 for the greatest patient needs of cardiac patients through the I Am Every Patient endowment campaign. Funds were raised through sales of Heart Health Month apparel and an internal King and Queen of Hearts competition.

For more information, visit www.conemaugh.org.

Cole Memorial Enhances Cardiac Testing With New Devices

Cole Memorial's Cardiopulmonary Department recently instituted the use of new Loop Event Monitoring (LEM) to enhance diagnostic capabilities for healthcare providers and their patients in the identification of irregular heart rhythms.

A Loop Event Monitor (LEM) is used to diagnose a patient's heart rhythm problems, such as a heartbeat that is too fast, too slow or irregular. The LEM can be applied externally for short-term monitoring or as an internal implant in an outpatient setting. Similar to a pacemaker, the implant would reside just under the skin, providing heart rhythm data for up to two years.

Cole Memorial will also continue to offer basic external devices to aide healthcare providers in their diagnosis of underlying heart rhythm abnormalities. One of those alternative forms of mobile heart monitoring is known as an External Cardiac Ambulatory Telemetry (ECAT) which includes a small, pager-sized monitor that is typically worn on the waistline. This method of monitoring is similar to when patients are hospitalized and have their heart rhythm monitored continuously.

With an ECAT, patients can go about their normal day-to-day activities without being concerned with calling a monitoring center to transmit their ECG recordings because the data is actively transmitted through cell phone towers without requiring patient involvement. The ECAT records every heart beat for up to 30 days, allowing the recording time of clinical results to be remotely monitored and presented to Dr. Cyril Gunawardane, a cardiologist with Cole Memorial and UPMC Hamot, and the patient's referring provider without delay.

Additionally, Cole Memorial's Cardiology Department upgraded its fleet of equipment by purchasing General Electric's latest release of state-of-the-art Holter monitors. The new monitor can be ordered by physicians and worn by the patient for periods of 24 to 48 hours for shorter term heart arrhythmia detection. During this period, the device will record all heartbeats and the underlying rhythm. A Holter monitor test is usually performed after a traditional test to check heart rhythms or when an electrocardiogram isn't able to give a doctor enough information about the patient's heart condition.

The Clinic is for patients who have been referred by a provider for evaluation by a board certified Cardiologist.

For more information, visit www.charlescolehospital.com.



Dr. Cyril Gunawardane, a cardiologist with Cole Memorial & UPMC Hamot, reviews a patient's heart rhythm on at Cole's Cardiopulmonary Department.



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Excelsa Health, Saint Vincent College Announce Doctoral Program in Nurse Anesthesia

Excelsa Health School of Anesthesia and Saint Vincent College jointly announced the initiation of a new professional graduate education doctoral completion program that will award the Doctor of Nurse Anesthesia Practice (DNAP) beginning in the fall of 2013.

The new program, one of only a handful in the United States to accommodate the needs of working nurse anesthetists, will prepare Certified Registered Nurse Anesthetists (CRNA) within Excelsa Health and its affiliates as well as those at other health care facilities nationwide to earn a DNAP and become leaders in this rapidly developing field of medicine.

“Excelsa Health is pleased and proud to add a new dimension to its graduate educational programs for clinicians,” said Carol J. Fox, M.D., interim chief medical officer at Excelsa Health. “The DNAP program graduates will provide a complement to our existing family medicine residency graduates as we strive to provide highly trained clinicians who will improve the health and well-being of every life they touch in our community and beyond.”

Saint Vincent College’s traditional commitment to providing a high-quality educational experience is being extended to this new program.

“Our goals are to develop motivational leaders who are ready to meet the challenges needed to advance anesthesia practice, to develop CRNAs with superior levels of knowledge in anesthesia theory and practice and to educate CRNAs who are proficient in evidence-based practice and lead the field in establishing new standards of quality and care,” commented Dr. John Smetanka, vice president for academic affairs at Saint Vincent. “We will prepare CRNA leaders of the future with the knowledge and skills to meet the demands of a rapidly changing health care system.”

“As the areas of expertise within our field of practice become more specialized, the need arises to have an advanced level of educational knowledge,” added Dr. Beverly Silvis, director of the Excelsa Health School of Anesthesia.

“We are pleased that Saint Vincent College shares our vision for preparing tomorrow’s health care leaders.”

This program extends the cooperation that Excelsa Health and Saint Vincent College began in 2005 with the establishment of a joint graduate-level program leading to a master of science in health science degree.

Each year several hundred applications are received from around the country for approximately 30 spaces in this program.

“The focus of the program is on leadership management and continuous improvement,” Smetanka added. “We look forward to offering nurse anesthetists the opportunity to become leaders in the field and helping to advance the development of a new standard in health care excellence.”

Learn more at www.stvincent.edu/dnap.

Around the Region

Sharon Regional Offers New, Non-Surgical Procedure for Varicose Veins

Sharon Regional Health System has announced the availability of an advanced, non-surgical laser procedure for the elimination of varicose veins, which affect approximately 40 percent of women and 25 percent of men. The new minimally invasive procedure, which is more than 95 percent effective, offers patients a viable alternative to the traditional surgical treatment for varicose veins that was often painful and could result in lengthy recovery times. The procedure is performed at Sharon Regional by board certified vascular surgeon John Ambrosino, M.D., at the Health System’s Diagnostic and Imaging Center at 2435 Garden Way in Hermitage.

The new procedure utilizes a laser fiber that is inserted into the vein through a tiny puncture site. The laser energizes the fiber as it is withdrawn from the vein. Energy emitted from the tip of the fiber causes only the treated vein to close, while the body automatically routes the blood to other healthy veins. Patients receive only local anesthetic and experience little to no discomfort during the 45 minute procedure. After treatment, patients simply walk out of the office and can resume normal activities immediately.

“This is a varicose vein treatment that’s perfect for today’s busy lifestyles,” notes Dr. Ambrosino. “Patients can look and feel better almost immediately — and with very little inconvenience. They don’t have to disrupt their normal schedules. It’s very rewarding when advancements in medical technology enable us to provide an alternative that’s far superior to older treatments — and is now replacing them as the treatment of choice,” Dr. Ambrosino added.

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

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Around the Region

McAuley Ministries Awards \$1.1 Million in Grants to Five Pittsburgh-Area Organizations

McAuley Ministries, the grant-making arm of Pittsburgh Mercy Health System, sponsored by the Sisters of Mercy, has awarded \$1,105,000 in grants to five Pittsburgh-area non-profit organizations. Announced today, the grants will support education, health and wellness, and workforce and community development initiatives in Pittsburgh's Hill District, Uptown, and West Oakland communities as well as benefit a sponsored ministry of the Sisters of Mercy in Pittsburgh.

The grantee organizations and amounts, in alphabetical order, are:

CARLOW UNIVERSITY

\$1,000,000 over three years to support undergraduate and graduate education through Carlow University's "Brave Legacy, Bold Vision" comprehensive campaign. This is McAuley's largest grant to date since its inception in 2008; it is also among the largest gifts ever made to Carlow University in its 84-year history.

CONSUMER HEALTH COALITION

\$20,000 to educate and assist consumers and organizations in understanding the benefits of the Affordable Care Act as well as the different options for enrollment. Once the health exchanges open, the Coalition will link 150 individuals to health insurance by offering on-site enrollment days and through referrals to its helpline.

HIGHER ACHIEVEMENT

\$15,000 to support a six-week, intensive, accelerated, academic, and opportunity-filled summer experience for 60 middle school scholars.

HILL DISTRICT CONSENSUS GROUP

\$30,000 over three years for beautification initiatives along the Centre Avenue corridor in the Hill District.

YOUTHPLACES

\$40,000 for Together as One, a violence prevention initiative which combines summer work experience with community service. The grant will support summer employment for 60 teens and young adults.



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"Extending the mission of Sisters of Mercy founder Catherine McAuley through McAuley Ministries grants to such organizations enables us to continue our Mercy ministry in the 21st century," stated Sister Patricia McCann, RSM, a Sister of Mercy and a member of the McAuley Ministries Board of Directors. "The grant to Mercy-sponsored Carlow University reaches untold numbers of people by supporting professional preparation for careers in education, health care, and social services. We see McAuley Ministries grants as 'building blocks' for a future rooted in a Gospel-based vision of the common good," added Sr. McCann.

McAuley Ministries was established by Pittsburgh Mercy Health System and the Sisters of Mercy in February of 2008. Since then, it has awarded more than \$9.89 million to local nonprofit organizations.

To view the complete list of grants awarded to date, visit www.mcauleyministries.org.

Submissions?
Story Ideas?
News Tips?
Contact

Daniel Casciato at
writer@
danielcasciato.com

Advanced Cardiovascular Care Resumes at West Penn Hospital

Patients in need of comprehensive cardiovascular disease care will once again have access to those services at The Western Pennsylvania Hospital in Bloomfield, starting on May 13.

Officials from West Penn Hospital, Highmark and the Allegheny Health Network, today announced the planned opening of the West Penn Cardiovascular Institute, signaling the latest milestone in efforts to strengthen and expand the hospital's clinical capabilities.

The West Penn Hospital Cardiovascular Institute will offer patients a full range of advanced diagnostic and therapeutic cardiovascular services, including diagnostic and interventional cardiac catheterization, heart bypass and valve replacement surgery, pacemaker and defibrillator implantation, complex peripheral vascular procedures, and post-interventional cardiovascular care. The Institute will house two state-of-the-art cardiac catheterization laboratories and an electrophysiology laboratory, in addition to monitored patient rooms.

Cardiac catheterization services at the hospital also will be available around-the-clock for patients with emergent cardiovascular needs.

"Today is yet another great moment for the people of Bloomfield and its surrounding communities as we celebrate the return of West Penn Hospital as a leading destination and referral center for those who suffer from cardiovascular disease. This beautiful new Cardiovascular Institute is a wonderful achievement in the renaissance of this great hospital and a clear affirmation of our commitment to ensuring that it plays a pivotal role in the region's healthcare delivery system for many years to come," said William Winkenwerder Jr., MD, Highmark's President and Chief Executive Officer.

Restoration of cardiovascular services at West Penn is part of a major hospital revitalization project funded by Highmark that began in February 2012 with the re-opening and complete renovation of the hospital's emergency department. Other investments in the hospital over the past year include the renovation of its medical and surgical inpatient units, the construction of a new, 18-bed intensive care unit, and the expansion and renovation of its labor and delivery unit.

Highmark and West Penn Allegheny Health System (WPAHS) recently completed an affiliation that establishes the five-hospital health system as the centerpiece of a new integrated healthcare delivery system for the region, called the Allegheny Health Network.

To date, approximately \$25 million has been invested by Highmark in West Penn Hospital's overall revitalization project, with roughly \$9 million supporting CVI related construction and technological upgrades.

According to John Paul, President and CEO of both the Allegheny Health Network and WPAHS, the rebuilding of West Penn Hospital – which was significantly downsized in 2011 due to the financial difficulties of WPAHS - is a crucial step towards solidifying the future of the health system and further assuring that the residents of western Pennsylvania have quality choices for healthcare services, particularly at the tertiary and quaternary levels.

"In many ways, returning West Penn Hospital to its roots as a vibrant and vital full-service community hospital is emblematic of the much broader commitment we are making to the region.

West Penn and its affiliated hospitals of the West Penn Allegheny Health System share a distinguished tradition of providing innovative, high-quality healthcare services at affordable costs.

And that is the very foundation of what we are bringing to the people of western Pennsylvania on a much larger scale through the development of our integrated healthcare delivery network," Mr. Paul said.

Srinivas Murali, MD, Director of WPAHS' Division of Cardiovascular Medicine and Medical Director of the System's Cardiovascular Institute, said the need for cardiovascular services in the region is significant.

"Cardiovascular disease is by far the most prevalent health concern that impacts our community and we are thrilled to add West Penn to our network of facilities dedicated to meeting this critical need.

The new program will offer highly sophisticated and well-coordinated multi-disciplinary patient care provided by some of the country's most skilled and experienced cardiovascular disease specialists," he said.

WPAHS also offers comprehensive cardiovascular services at Allegheny General Hospital and Forbes Regional Hospital, as well as disease-specific care at many affiliated clinics and physician offices throughout the community.

Venkatraman Srinivasan, MD, a founding physician of Tri-County Cardiology Associates and longtime member of the West Penn Hospital medical staff, will serve as Medical Director of the hospital's Cardiovascular Institute, and Director of the cardiac cath lab.

Cardiac surgery at the hospital will be directed by George Magovern, MD, Chair, Department of Thoracic and Cardiovascular Surgery for WPAHS.

"This new Cardiovascular Institute will further build on West Penn Hospital's tradition of excellence in patient care while also helping address the increasing need for cardiovascular services among western Pennsylvania's aging, at risk population," Dr. Magovern said.

Dr. Srinivasan said he expects patients and referring doctors to enthusiastically welcome the return of cardiovascular services to the hospital.

He said West Penn's longstanding reputation endures as a facility where outstanding medicine is practiced by a caring and compassionate team of dedicated healthcare professionals.

"West Penn has always held a unique reverence in the hearts of patients and their families who receive care at the hospital. I was extremely proud to be part of that culture in the cardiovascular medicine division for so many years, and I'm now equally excited to help lead the program once again in this terrific new facility and as part of an organization that is second to none in its commitment to quality patient care and service excellence," said Dr. Venkatraman.

Bruce MacLeod, MD, Medical Director of West Penn Hospital's Emergency Department, said the opening of the Cardiovascular Institute will significantly increase patient admissions to the hospital via the emergency department.

"The number of people who require emergency care related to cardiovascular issues such as suspected heart attack or stroke is extremely high in our community," Dr. MacLeod said. "We look forward to working with our paramedic and EMS colleagues to provide the highest level of emergency cardiovascular care for these patients."

For more information, visit www.wpahs.org.

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Your 3 Step Plan for Healthy Communication — Solutions to Help You Grow



By David M. Mastovich

A recent Kaiser survey asked Americans how they thought the Affordable Care Act would impact them. Fifty-seven percent said they didn't know enough about the law to say.

In an eHealthinsurance poll of small businesses with less than 50 employees, 56 percent believe they are required to provide insurance for employees under the Affordable Care Act beginning in January of 2014. Yet these businesses are exempt from the new healthcare program.

Reaching and influencing individuals across the country is certainly a challenge.

On the other hand, the story is so big that an array of mediums exist to tell it and we are ready to talk about it.

Small businesses are one of the key target markets of the Affordable Care Act's communication efforts. Yet it appears many small business owners do not understand how the act impacts their companies.

This blog post isn't really about the Affordable Care Act. It's about the importance of strategic messaging and planning for healthy communication.

Whether you need to reach millions, thousands, hundreds or just your own family members, you can improve your communication with this 3 Step Plan:

1. Plan, plan and then plan. Spend as much time planning for the communication of the idea, event, product or service as you do in planning to create, develop or produce it.

2. Accept that how you think it should be isn't how it really is. Just telling someone something a few times doesn't work. Using only a couple of mediums—"We have it on our website and we tweeted it" or "We sent a press release and some emails plus bought some TV ads"—doesn't cut it. Repeat your message in multiple mediums.

3. Pick your favorite cliché and live by it. Keep It Simple Stupid (KISS). Less is More. Make It About Them. Unfortunately, people often don't adhere to these principles. Some say they do but then can't help themselves. Clarity. Brevity. Focus on your audience and what they can take away, not on your jargon or corporate speak.

Follow your 3 Step Plan for Healthy Communication. Be disciplined. Start now. †

David M. Mastovich, MBA is President of MASSolutions, an integrated marketing firm based in Pittsburgh focused on improving the bottom line for clients through creative selling, messaging and PR solutions. He's also author of "Get Where You Want To Go: How to Achieve Personal and Professional Growth Through Marketing, Selling and Story Telling." For more information, go to www.massolutions.biz.

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 Hilton Garden Inn, Pittsburgh University Place
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Ohio Valley General Hospital 28th Annual Golf Fundrive

Monday, June 10
 Allegheny Country Club in Sewickley
 Call 412-777-6359 or email ahrabik@ohiovalleyhospital.org.

Webinar: "Planning and Executing Effective Kaizen Events"

Wednesday, June 19 and Wednesday, July 12, 2013, noon Eastern
 The webinar is hosted by Creative Healthcare Consultants.
 To register, please visit <http://www.creative-healthcare.com/Event-Calendar>.

Cataracts & New Treatments

June 19
 Senior Center – Cranberry Township Municipal Building, 12:30 p.m.
 Please call 412-367-6640 to register.

Parkinson's Disease

June 27
 Sherwood Oaks, Continuing Care Retirement Community, Norman Dr., Cranberry Twp. 10:30 a.m. to 11:30 a.m.
 Reservation necessary, please call 800-642-2217.

Webinar: "The ISO Revolution is Here"

Wednesday, August 7, 2013, noon Eastern
 The webinar is hosted by Creative Healthcare Consultants.
 To register, please visit <http://www.creative-healthcare.com/Event-Calendar>.

Webinar: "The Missing Link in Improvement Capability"

Wednesday, September 4, 2013, noon Eastern
 The webinar is hosted by Creative Healthcare Consultants.
 To register, please visit <http://www.creative-healthcare.com/Event-Calendar>.

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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.stbarnabashealthsystem.com.

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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 Høglund 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).
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500 Providence Point Blvd., Scott Twp
(www.providencepoint.org)

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PRESBYTERIAN SENIORCARE

Presbyterian SeniorCare is the region's largest provider of living and care options for seniors (Pittsburgh Business Times, 2013), serving approximately 6,500 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 in 44 locations across 10 western Pennsylvania counties, Presbyterian SeniorCare offers independent and supportive apartments, personal care, world-renowned Alzheimer's care, rehabilitation services, skilled nursing care and home- and community-based services. For more information please call 1-877-PSC-6500 or visit www.SrCare.org.

ST. BARNABAS HEALTH SYSTEM

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

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HOSPICE**

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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.

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

THE CHILDREN'S INSTITUTE

The Hospital at the Children's Institute, located in Squirrel Hill, provides inpatient and outpatient rehabilitation services for children and young adults. Outpatient services are also provided through satellite facilities in Bridgeville, Norwin Hills 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,
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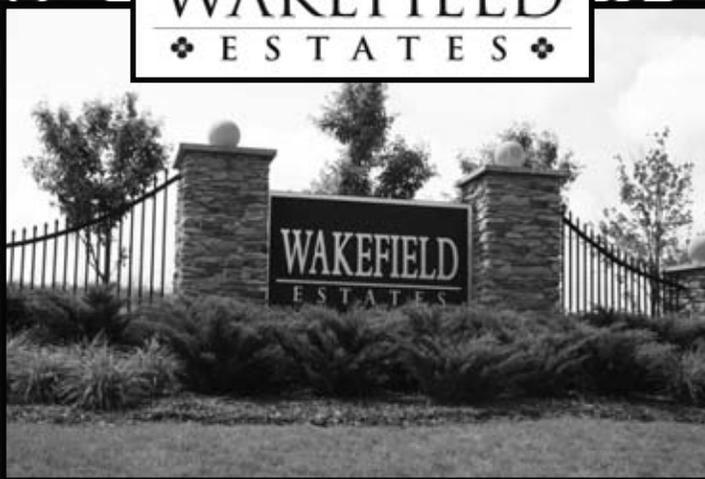
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UNITY TWP
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Incredible home featuring a 1st floor master overlooking the Roman style inground pool and private, park-like yard with pond and waterfall. huge deck with hot tub, fully equipped work out room with sauna, huge game room with bar, 2 story great room, large den or living room, oak woodwork throughout. A quality home-ideal for the entertainer!!



HEMPFIELD TWP
\$339,000

Ideal family home! This spacious 2 story features new granite counters and stainless appliances in the kitchen, which opens to a large family room with corner fireplace, large deck, omni stone patio, huge lot, newly finished gameroom with kitchenette area and powder room. Livingroom is used as a home office/den currently. Oversized 3 car garage and beautifully landscaped.



MT PLEASANT TWP
\$815,000

Million \$ view from this 'like new' Timber frame home built by Bill Steel. 5 bedrooms, 3.5 baths! Incredible kitchen with granite counters, 2nd kitchen in the huge walk out game room, geo thermal heat- very efficient! Extra 11x12 den on the 1st floor, 12x30 loft overlooks livingroom and stone fireplace, exercise room, pool house w rough-ins for bath and ideal spot for future pool! New paved Driveway!



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COMFORTABLE ELEGANCE HEMPFIELD TWP • \$585,000

This fabulous 5 BR Provincial radiates the comfortable elegance of a country estate. Enhanced by lovely hardwood and decorative woodwork, it has fireplaces in the formal LR, the spacious Family Room, the Master Suite and the Game Room.



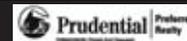
The island Kitchen features a built in desk, pantry and gas grill. There is a large main level Laundry Room and Den. The covered Patio overlooks a fabulous heated pool. Governor's drive, 4-car garage and loads of storage!

ELEGANT BRICK GEORGIAN COLONIAL UNITY TWP • \$449,900

Located in beautiful Vista Morada, this 4 BR all brick home awaits you! The 2-story Foyer with a graceful curved staircase leads upstairs to a luxurious Master Suite with FP, big walk-in closet & jet tub. The formal LR opens into the DR with a dry bar and wine rack. Cherry cabinetry and quartz counters in the custom Kitchen step into a sunny Breakfast Area overlooking the beautiful garden, mature landscaping and level yard. The finished LL boasts a Game Room, Wet Bar, Pool Table and Den/Office. Live in Luxury!



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McCANDLESS TWP.
\$440,000
MLS # 962782

SO MANY IMPROVEMENTS! Quality Brennan built home provides 4 bedrooms and 2.5 baths. Large kitchen island offers seating & spacious breakfast area with bay window. Large FR w/brick fireplace & dentil crown molding. Fabulous walkout finished lower level. Three-car garage. WON'T LAST!



HAMPTON TWP.
\$799,000
MLS # 960728

SELLER WILL ENTERTAIN ALL OFFERS! This prestigious home located in the Estates at the Villa has 4 bedrooms and 4+2 baths with an abundance of square footage at a lower price! Updated throughout! Kitchen with new granite counters. HUGE upper level great room! MUCH MORE!



PINE TWP.
\$452,000
MLS # 962878

GREAT LOCATION! Immaculate home with 4 bedrooms and 3.5 baths has a wonderful open floor plan! Remarkable gourmet kitchen offers an island with seating, granite counters & a spacious morning room with cathedral ceilings. Fantastic walkout lower level with full bath. MUST SEE!



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Roxane Can Real Estate Group/Keller Williams Pittsburgh South

Peters Twp. \$450,000

Handsomely situated on a table top level lot and private cul-de-sac street. This all brick Clingan constructed home has had a total makeover. Freshly painted interior & exterior, new carpeting, beautifully updated Kitchen with Kraftmaid ivory glazed cabinetry, complimenting granite counters & 2012 stainless appliances. Formal Living & Dining Rooms, Family Room plus Sun Room & finished Game Room. MLS #963290



Bethel Park \$189,900

Beautifully updated throughout - Kitchen, granite, hardwood, 3 1/2 Baths, bay window in Kitchen, fabulous Dining Room size with door to covered porch. Finished Game Room with access to large concrete patio, shed, Trex deck and fenced pool with new liner, pump & solar heater cover. Dead-end street provides privacy. This wonderful home offers updated amenities, convenient location and fabulous open floor plan. Great for entertaining! MLS #941657



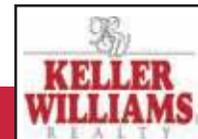
Peters Twp.

Exquisitely appointed yet warm & inviting. Paragon built Scholz design. Automated private gate leads to a 7.1 acre estate overlooking Ponds yet minutes to all. Extraordinary elements throughout - handcrafted arched mouldings, 2-Story Living & Dining Rooms, Den with log burning fireplace, granite custom Kitchen. Master Suite offers Sitting Room & access to patio.

Fabulous Wine Cellar, Theater, Game, Weight & Cigar Rooms add to Custom Bar Area. MLS #954089



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Beautiful 5 bedroom home, island kitchen w/ built-in window seat, step down FR w/ marble FP, large, level yard with stamped patio, pond, fire pit & putting green.

Virtual Tours at www.HoneywillTeam.com

PINE TOWNSHIP \$595,000



Pine Timbers, 4 BR, 2 story great room, stone FP, 2 story foyer w/ cherry wood flooring, first floor master suite with tray ceiling & access to patio.

Virtual Tours at www.HoneywillTeam.com

MARSHALL \$550,000



Custom 4 BR home, 1.21 wooded acres, walnut mouldings, cherry kitchen w/granite island & HW flooring, MS w/tray ceiling, corner gas fireplace & sitting room.

Virtual Tours at www.HoneywillTeam.com

RICHLAND \$326,900



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ADAMS TOWNSHIP \$675,000



Custom Adams Woods Estate home, 4 BR, 3/2baths situated on 2.6 acres, elegant master suite, cherry chefs kit w/granite & dbl ovens, large deck w/gazebo.

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First Mellon Scholars Appointed to The Richard King Mellon Foundation Institute for Pediatric Research at Children's Hospital of Pittsburgh of UPMC

The Richard King Mellon Foundation Institute for Pediatric Research at Children's Hospital of Pittsburgh of UPMC has named Stephen Maricich, MD, PhD, and Timothy Sanders, MD, PhD, as the first two physician-scientists in its Mellon Scholars Program, which enables promising physician-scientists in the early stages of their careers to pursue potential breakthrough research projects in biomedicine.

Scholars are selected on the basis of work that is highly innovative, delivering new expertise to the biomedical research community; likely to lead to major breakthroughs; and capable of having a long-lasting impact on the practice of medicine. Both scholars were chosen for their traditional science, which potentially could garner support from the National Institutes of Health (NIH), as well as what Dr. Kolls calls "high-risk dream science."

"The recruitment of two such promising scientists is an important milestone for the Mellon Institute and is further evidence of Pittsburgh's role as one of the leading centers in the world for pioneering pediatric research," said Jay Kolls, MD, director. "We're extremely grateful to the Richard King Mellon Foundation for its vision in partnering with us to establish the institute and for its ongoing support."

Dr. Maricich is a child neurologist whose research focuses on understanding sensory system development. His work on the sense of touch is funded by the NIH and centers around the development and function of Merkel cells, which are a critical component of touch receptors involved in the detection of object curvature shape and size. Deranged growth of these cells is also thought to cause a type of cancer that is resistant to chemotherapy. Dr. Maricich's lab also studies development of neurons in the brain that are important for hearing, and how disruptions of development lead to reorganization of connectivity and function of the auditory system. Dr. Maricich graduated from the State University of New York at Buffalo and received his medical and doctoral degrees from Case Western Reserve University.

Dr. Sanders is a neonatologist who conducts research on the control of neural and limb development, having worked on molecular mechanisms of signaling and patterning within the vertebrate limb. One of the technologically advanced tools Dr. Sanders uses to study development is high-end cell imaging using real-time video-microscopy that can visualize organ development as it happens. Dr. Sanders graduated from Franklin and Marshall College and received his medical degree from Weill Medical College of Cornell University and doctoral degree from the University of Chicago.

Both Drs. Maricich and Sanders are assistant professors of pediatrics at the University of Pittsburgh School of Medicine.

Established through a groundbreaking gift from the Richard King Mellon Foundation, the Institute is an incubator for research that challenges conventional wisdom and can lead to paradigm shifts in pediatric medicine. This kind of high-risk, high-impact investigation is not typically funded through government or conventional sources, placing Children's

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Hospital in a unique realm of pediatric research centers. Dr. Kolls' goal is to recruit a total of five scholars.

Located within the John G. Rangos Sr. Research Center on Children's main campus, the Institute's faculty and programs are a part of the University of Pittsburgh School of Medicine.

For more information on The Richard King Mellon Foundation Institute for Pediatric Research, please visit www.chp.edu/mellon.

Conemaugh Health System Selects First Class for Aspiring Leader Program

Conemaugh Health System has selected 18 employees to participate as its first class for the newly introduced in-house Aspiring Leader Program (ALP). The two-year program is designed to provide additional education and cross-training experience for employees who aspire to grow into leadership roles within the organization.

"This program was developed to recognize the leadership potential in Conemaugh Health System staff members as well as to meet the future management needs of the organization," says Joan Colbert, Manager of Education Resources at Conemaugh. "Aspiring leaders are assisted in affirming their desire to pursue a career in leadership, ultimately enhancing engagement and satisfaction among CHS employees."

The Aspiring Leader program consists of three components including formal classroom training, job shadow experiences with organizational leaders and field experiences within the organization. These opportunities create an environment for networking and well as increasing understanding functions of each entity, division and department.

"It's truly an honor to be selected for this program," says Stacy Roberts, Marketing Communications and ALP participant. "This is an amazing organization. Our leadership team is always willing to share knowledge and provide staff various opportunities to learn and grow professionally and personally."

"The ALP is an investment in our future," says Steven Miller, Financial Administrator for Conemaugh School of Nursing and Allied Health and ALP participant. "The creation of the program affirms Conemaugh is committed to providing excellent service to our community both today and tomorrow. I am grateful for the opportunity to participate and am eager to be taught by our current leaders."

In total, 38 Conemaugh employees seeking personal and professional development applied for participation in this program. Each participated in an intense interview process and was recommended by their departmental leaders. The 18 selected participants will begin the program in July 2013 with graduation in 2015.

Learn more at www.conemaugh.org.





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