WESTERN PENNSYLVANIA
HEALTHCARE NEWS
28TH ANNIVERSARY

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Indiana, PA

The Leading Source for Healthcare Business News

Issue 1, 2014 — $3.00

How to Increase IT Efficiencies Within the Healthcare Industry

By Doug Coombs

The healthcare industry is facing an uncertain future. Governments, employers, and patients are putting pressure on healthcare providers to reduce prices even as costs continue to increase. While hospitals differ in size, specialty and many other variables, it will often be an ongoing commitment to operational efficiency that will differentiate successful providers from those that fail. Increased operational efficiency can improve the fiscal health of a hospital by improving its adherence to medical standards and improving its patient satisfaction scores.

continued on page 6

When is the Right Time to Add Provider Coverage? Medical Scribes vs. PAs/NPs

By Dr. Michael Murphy

Medical scribes and medical scribe vendors are riding a new wave of change in the American healthcare system where doctors and hospitals are being consistently called upon to do more with less. But if there's one thing to remember in medicine it's that there's not always a one size fits all solution for every problem.

continued on page 3

Employees Working from Home Increase Employers' Liability

By Beth Slagle

Trends in medicine may lead to a growth in nurses and other medical professionals working at least part-time from home. Statistics reveal that the market for telemedicine patient monitoring grew 237% between 2007 and 2012 and continues to grow, according to a 2013 report from

continued on page 5

Dave Pieton

KFMR: Helping Businesses Improve Its Financial Positions

By Kathleen Ganster

How much is a name worth?

If you are a business owner, or a business owner hopeful, that question is extremely important.

Dave Pieton, a valuation specialist with KFMR, helps business owners determine the value of intangible assets including trade-names every day.

continued on page 9

continued from page 1

Medical scribes work hard to master the complexities of various EHR systems to help doctor's focus on medical decision making rather than being highly paid data entry specialists. As scribes continue to become the standard practice in emergency departments from coast to coast some groups are critically evaluating their provider to patient staffing ratios and whom they use to work those provider hours.

But when is it the right time to add medical scribes? No doubt the simplistic mind looks at scribes as a line item, but are they really an added cost or if implemented correctly a net revenue item? Would it be a better investment to hire a nurse practitioner (NP), or physician assistant (PA) who potentially can do more within the organization than just document on EHRs?

That answer historically depends on the needs and size of your organization, but I would argue it depends more on the provider to patient staffing ratios, which really should drive decisions about additional coverage. Most large emergency departments with more than 20,000 annual visits likely have the resources and needs to bring on both scribes and PAs/NPs. What if your hospital is smaller than that? Does it make more sense for you to bring on a PA/NP rather than a medical scribe or vice versa?

Looking at the numbers

For many hospitals PAs and NPs have proven to be an effective means of dealing with the demand for more doctors without having to pay the full salary of a doctor. Nationally, the average salary for a Emergency Medicine doctor is about $250,000 per year, versus $87,000 for nurse practitioners, and $79,634 for physician assistants.

However, for an average of $20-$23 per hour you are able to hire a medical scribe with the ability to customize their hours to fit the needs of your organization. So taking an 18k volume ED where you see on average 2 patients per hour but experiences boluses of up to 5 patients per hour. The department may want a PA/NP for about 6 hours per day to cover those busy hours, however cannot hire someone for 6 hours and are forced to pay for a 10 or 12 hour shift and thus significantly affecting the revenue flow. Replacing the PA/NP with a medical scribe will put a spring back in your provider coil and allow you to see those large volumes of patients that you once could not, without one. At the end of the day, you have a net revenue positive of $200,000 annually while not compromising patient care. In today's Healthcare environment, this is a significant impact on the bottom line.

Medical scribes enable a physician to see and treat more patients.. Whereas a PA or NP can help divert patients with smaller problems away from a doctor to allow them to focus on the most serious cases. A study by medical system reviewer Software Advice found that NPs and PAs on average can perform about 80 percent of the same tasks that a doctor can.

When is a right time to add PA/NP? Well let's look at a 60k volume ED with an average provider to patient ratio of 2.08. This site has 56 physician hours and 24 PA/NP coverage daily. Due to decreased reimbursement and a new lower payer mix, the emergency department now requires a subsidy from the hospital to keep its doors open. Instead of taking this subsidy why not consider changes to the staffing model to increase your PA/NP utilization and reduce your physician hours? If you were to go to 36 physician hours and increase your PA/NP coverage to 48 hours you could even add 60 hours of medical scribe coverage and be budget positive roughly $320,000.

The above approach reduces the provider to patient ratios to 1.98 and emphasizes the physician as the quarterback, assisting the PA/NP with most cases.

Consult the budget

With those numbers in mind the next step in your decision-making is to consult the budget. Can you really afford to hire, a PA/NP or a medical scribe, considering that reimbursements cuts are a common theme in government discussions.

If the answer is no, you might consider looking at it in another way. Will your organization in its current form be able to effectively weather the big changes taking place in the American healthcare system over the next year? Between the ICD-10 implementation, the Two-Midnight Rule, and the major provisions of the Affordable Care Act taking effect it's likely you need to be preparing either through hiring additional staff, training existing staff, but more likely, both.

Assess EHR comfort levels

The next step is to assess your physicians' comfort level with EHR's. Many physicians find them challenging and get in the way of patient care. National data on EMR implementation has shown, that physician productivity decreases and persists 6 months after implementation. A medical scribe solution could be the best answer and most cost effective

Consult your Press Ganey and HCAPS scores

Next you can consult your Press Ganey and HCAPS scores to see where there is room for improvement, regardless of whether your scores are high or low overall. For example if patients are complaining about long wait times to see a doctor, more than their quality of interaction with the doctor then either a scribe or mid-level provider solution will reduce the door to provider times.

Making your decision

The prevalence of both medical scribes and PAs/NPs are the result of the changing landscape of healthcare in America. Your critical analysis should consider the cost benefit of a scribe or PA/NP, take into account how your physicians are incentivized, and the overall provider and patient satisfaction. It's important to be prepared for the big changes ahead, but it's also important to consider other options when increased coverage is demanded. ✚

Dr. Michael Murphy is co-founder and Chief Executive Officer of ScribeAmerica, LLC. He co-founded ScribeAmerica in 2003, and it is now the country's largest and most successful medical scribe company with a staff exceeding 3600 employees operating in over 40 states nationwide. Today, ScribeAmerica is the recognized leader of the medical scribe industry and remains at the forefront of professional scribe education, training, and program management nationally. For more information, visit www.scribeamerica.com.

Improve Your Productivity With These 7 Social Media Tools

By Daniel Casciato

Whether you recently started managing your company's social media channels or have been doing it for a number of years, it can sometimes feel a bit overwhelming. Sometimes you just want a shortcut to help you be a little more efficient and to also help you better manage your social media activities.

You're in luck — there are probably thousands of social media applications and tools available to help improve your productivity.

Below is a list of just 7 that I recommend. Keep in mind some of these tools are free and others come with a fee.

Lucky Orange (www.luckyorange.com): Do you manage your company's blog? If so, you know the importance of monitoring your readers' activity. Lucky Orange allows you to see which pages your visitors are reading, where they came from and how long they stayed on your site. You can also view recorded or real-time videos of your visitors browsing your site. (Fees vary per month)

Broken Link Checker (www.brokenlinkcheck.com): Ever come across a blog or a website with a broken link? Doesn't that bother you? Imagine visitors experiencing the same thing on your site. This free tool goes through your site and then generates a list of any pages on your site that contains a broken link.

PicMonkey (www.picmonkey.com): By now you should know that sharing photos through your social media channels improves the visibility of your post being seen. PicMonkey is a free online photo editor that allows you to crop your images, add text to your photos, and more. If you don't have access to PhotoShop, this is a great alternative.

Tweak Your Biz Title Generator (http://tweakyourbiz.com/tools/title-generator): This was a cool online tool I happened to stumble upon a few weeks ago.

Ever stuck for a title for your blog post or even an article you may have written? Tweak Your Biz Title Generator creates a list of possible titles for your content based on the keywords your enter.

Tagboard (http://tagboard.com): With Tagboard, you can check out what's trending in social media based around certain hashtags. This tool allows you to see an overview of the hashtag you choose on a variety of platforms such as Facebook, Twitter and Google Plus.

Facebook Like Box (http://developers.facebook.com/docs/reference/plugins/like-box/): If you maintain a blog or your company's website — and you have a Facebook Page — be sure to add the Facebook Like Box to help increase your likes. This Facebook widget makes it easy for your visitors to become a fan of your page by simply clicking on the Like button right from your website.

ManageFlitter: (www.manageflitter.com): One way to quickly grow your following on Twitter is to follow those who are relevant to your business. ManageFlitter allows you to search through Twitter profiles and find people who meet keywords. Another nice feature of ManageFlitter is that it allows you to unfollow those people who are not following you back. ✚

Have any suggestion of your own? Email me at writer@danielcasciato.com and we'll share with our readers.

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).

continued from page 1

Kalorama Information, a company that researches the health care market.

As advances in technology make it easier for patients to get care from home, they also make it easier for doctors and nurses to work from home, at least part time, giving consultations via phone, Internet and video.

And just as many health care employers have been willing to let some employees in administrative and management positions telecommute, they will likely also support doctors and nurses doing telemedicine consultations from the comforts of their own homes.

But amid discussions about the feasibility and the relative merits and drawbacks of telecommuting, one issue that is often overlooked is the increased workers compensation insurance liability for employers.

Workers compensation laws apply equally to all injuries, whether they are sustained at a business premises or at an at-home worksite.

With the attendant increase in telecommuting, in recent years, there has been an increase in the number of workers compensation cases that have been filed for employees who have been hurt while working from home, and often, the employees are granted benefits.

A formalized telecommuting policy can help mitigate employer risk for at home worksite injuries.

For example, a Tennessee company had to pay workers compensation benefits to a telecommuting employee who was assaulted by a neighbor who had broken into her home while she was making lunch.

Another example is a 2011 case involving a JC Penney interior designer who received workers compensation after she tripped on her dog on her way out to her garage to look at fabric samples.

Without a well-crafted telecommuting policy setting boundaries for at-home employees, health care employers can find themselves liable to provide workers compensation for any accident that occurs in the employee's home/workplace.

Here are some tips for health care employers to help them form strong telecommuting policies that limit their liability:

1. Include a written telecommuting policy in the employee handbook. Before an employee begins working from home, the employer should carefully go over the company's telecommuting policy and make sure the employee understands the company's expectations.

2. Limit the office area. Employer and employee should agree on a separate area of the employee's home that will be the designated office area. Confining the work area to a specific site in the home will mitigate against claims for injuries that occur in other areas of the house.

3. Do a site check. An employer is wise to do regular site checks, when appropriate, to determine if there are known and/or apparent hazards that should be removed or eliminated. Additionally, an employer should verify that the work site is ergonomically correct.

4. Insist on periodic breaks. Too much time spent sitting can be a hazard to employees' health. As a case in point, an obese employee died of a blood clot after working long hours in her home-based office. The court concluded that although her health and sedentary lifestyle contributed to her death, the blood clot likely formed while she was working overnight to complete a project.

5. Define specific work hours. An employer and employee should agree on regular and fixed working hours and rest breaks. If there are no established fixed hours, an employee could arguably claim that an injury occurring at any time during the day is a workers compensation claim.

6. Create a clear job description. The employee's job description should be detailed so that there is no discrepancy as to what activity is part of the employee's job and what is not.

7. Make it clear that telecommuting is a privilege, not a right. Employers should make it clear that its ability to accommodate telecommuting employees may change at any time. Employers should also reserve the right to refuse an employee's request to work at home if the employer feels that the employee's home does not meet safety requirements.

Notably, while workers compensation laws hold employers responsible for work-related accidents that occur in an employee's home, the Occupational Safety and Health Act (OSHA) does not hold employers to the same standard.

With limited exceptions, OSHA does not expect employers to inspect home offices of employees for purposes of OSHA safety requirements, nor does it hold employers liable for injuries sustained by employees in their home offices.

Many employees are increasingly seeking positions that allow them to work from home at least part-time, and health care employers need to be prepared to accommodate them.

But employers should understand their full responsibilities for providing a safe working environment, and ensure that their telecommuting policies minimize the risk of employee claims. ✚

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continued from page 1

One change that can dramatically increase operational efficiency is to simplify complex, frustrating, and outdated IT systems and replace them with processes that maximize usability, reach, and speed. The healthcare industry, like many others, is becoming increasingly reliant on computer technologies both in patient treatment and day-to-day operations. It is vital that these IT systems help, not hinder, a hospital's commitment to operational efficiency.

Hospitals are predicted to undergo massive shifts in the near future. David Houle and Jonathan Fleece estimate that one-third of all hospitals in the United States will close or be reorganized into another kind of healthcare provider by 2020.[1] A range of factors are expected to contribute to this shakeup, from the exorbitant cost of healthcare in the United States to patient dissatisfaction with inefficient service and long wait times at hospitals.[2] In no uncertain terms, it is a critical time for the well-being of these healthcare organizations.

The shifting health care landscape

Regardless of whether a nation's healthcare system is private or public or what country it is based in, they all share similar challenges. NYU Wagner School of Public Service professor of health policy Victor Rodwin notes, "You have new technologies, aging populations and more chronic disease. More and more treatments are possible. You have rising demands from consumers and patients to try everything."[3] These factors all contribute to ballooning costs for healthcare in general and for hospitals in particular. More patients are demanding more treatments with the latest, most expensive technologies. Put all of these factors together and the demands for healthcare are straining the pre-sent capacities of hospitals.

At the same time, answers fail to be forthcoming. Governments, as much as healthcare providers, are wrestling with how to best anticipate and address these changes. According to Arthur Daemmrich, a professor at the Harvard Business School: "Healthcare is an area where no country seems to think they have it right."[4] The United States has recently passed the Patient Protection and Affordable Care Act, one of the most fiscally significant pieces of legislation passed in the nation's history. Around the same time, the United Kingdom, France, Germany, and others have also updated their healthcare legislation, in some cases rather dramatically.

In response, healthcare has begun to coalesce around three major themes. Healthcare systems internationally are all beginning to stress the importance of operational efficiency, quantifying care (and reimbursement) based on evidence-based medicine, and using patient satisfaction as a metric of measuring standard of care. At the core of these challenges are often extant IT strategies and systems which cause financial repercussions and opportunity costs. The difference between successfully embracing or ignoring these factors for a large hospital in the United States means millions of dollars in reimbursements. In other nations, it could be the difference between inclusion or exclusion from the national medical network.

The true cost of operational inefficiencies

Operational inefficiencies are some of the most persistent sources of avoidable costs. Ideally, computer technology and IT solutions should reduce operational inefficiencies, but they are often a source of frustration for hospital staff. In Terry Maher's paper on maximizing hospital capacity, he notes that "many healthcare [technology] applications are difficult to use and rarely integrated into the actual processes, so they are seldom used consistently by a frustrated staff, who see them as added complexity and inefficiency."[5] These frustrations may distract or even waylay clinicians entirely, causing hospitals to incur significant costs. In other instances, distracted or waylaid clinicians slow the general operations of a hospital, and patients may end up in the wrong bed or not being discharged on time.

When clinician salaries are such a significant expense, hospitals cannot afford to waste the valuable time of their doctors and nurses on IT frustrations. Slow login times, slow IT helpdesk response times, and other IT lag issues reduce the amount of patient-facing time for clinicians. One 5-minute login lag per clinician per day in a 100-clinician hospital (with an estimated average salary of $100/hour) would cost a hospital over $300,000 a year in lost patient-facing time. Multiply those 5 minute events by the myriad of non-optimized IT interactions a clinician might face in a day, and these inefficiencies can quickly escalate into an even more serious expense (see chart).

In addition, if a clinician is distracted from patient care by IT frustrations, they may fail to take the appropriate action with a patient in a timely manner due to a backlog of tasks. Something as seemingly simple as assigning a patient to the wrong standard of care, or failing to discharge a patient on time may incur a huge cost for the hospital. For instance, the difference between maintaining an ICU bed versus a Med/Surg bed is conservatively $1000 a day. If a patient is incorrectly placed in ICU only once per day, that's $365,000 a year in inefficiency costs. In addition, a delayed discharge may result in an unpaid day or even a completely un-reimbursed visit for the hospital. An average unpaid day costs $2000 per patient.[6] One failure to discharge a day, if the hospital only loses the reimbursement for the extra day, adds up to over $700,000 in costs per year.

Clini-cians	Logins per day per person	Total logins per day	Old minutes per login	Total minutes to login	New minutes per login	Total new minutes per login	Delta total login minutes	Hours per day	Average Clinician hourly salary	Daily cost	Annual Days	Annual Savings
100	15	1500	5	7500	1	1500	6000	100	100	10000	365	$3,650,000.00

Failures to move patients to the correct bed, as well as failures to discharge patients on time, contribute to slower admittance rates. These factors prevent hospitals from running at their optimum levels and lead to decreases in the number of patients a hospital can serve. This slowdown leaves patients stuck in the emergency department or, when an emergency department is full, diverted to another hospital, costing the hospital that patient's potential revenue. One $20,000 diversion a week results in $1 million dollars of lost revenue each year.

How evidence-based medicine will impact hospitals

In healthcare, the trickle down effects of IT inefficiencies can manifest themselves in several ways. The slowdown resulting from an incorrect bed placement or a failure to discharge a patient may, and often does, result in lost revenue greater than just an immediate penalty. Stricter adherence to evidence-based medicine standards means that a delayed discharge may result in a completely unpaid reimbursement. In evidence-based medicine, the patient's treatment is dictated by their diagnosis.

Clinicians do not run tests for problems that are not apparent. Instead of running every test available – an expensive, time-consuming, and labor-intensive process – a clinician would run a pre-determined regimen of tests, based on reasonable course of action and the available evidence. Moreover, under evidence-based medicine, treatments are standardized, and reimbursement is based on those standards. Hospitals are often penalized for treatments and hospital stays that do not meet the appropriate criteria. When hospitals deviate from these standards, they risk being reimbursed at a de-creased rate or even forfeiting the reimbursement entirely.

The effect of patient satisfaction on reimbursements

Patient backlog issues can also negatively impact a hospital's fiscal health by reducing patient satisfaction. Patient satisfaction is increasingly becoming an essential metric for standard of care in medicine. In addition to influencing where patients seek care, patient satisfaction can be used to determine reimbursement levels. In many of these new reimbursement schedules, a hospital's overall patient satisfaction rating can affect all reimbursements, not just the ones for patients who have poor satisfaction experiences. For a busy hospital the loss of even 1% of their government reimbursement will result in millions of lost dollars.

Improving patient satisfaction does not necessarily require expensive investments in construction or staffing as much as it requires a rearrangement of priorities. Often, IT systems and services are at the core of what needs to be changed. The New York Times reports, "Many hospitals are finding that small changes, like having nurses visit rooms hourly, often improve patients' responses

to the surveys more effectively than do new hotel-like amenities."[7] And each moment spent dealing with a technological mishap automatically reduces the amount of patient-facing time clinicians have available. In addition, one of the most common complaints that patients cite – that could be improved by addressing the same problems that result in failures to discharge patients promptly – is the long wait time that plagues most health facilities.

Simple (IT) solutions to a complex problem

While these issues seem to stem from a lack of sufficient resources, the problem is often about logistics and efficiency rather than physical capacity. In particular, technology-induced inefficiencies are relatively easy to address. Increasing patient-facing time for clinicians is only a matter of streamlining their other responsibilities. Moreover, the shortage of beds in a hospital can also be addressed as an efficiency problem. Maher notes, "[...] some administrators consider their institutions to be at full capacity when their census is 85% of staffed beds. So, for many the looming bed crisis is not necessarily insufficient capacity, but inadequate patient management systems."[8] More and more, the systems that Maher refers to are computerized, and if clinicians are frustrated by the applications and programs a hospital uses or if IT problems delay a step-down or discharge, the whole system gets backlogged. Here, these high complexity situations incur high costs without any benefit to patient care. Having a streamlined, easy-to-use, and highly responsive IT framework prevent these issues from arising in the first place and could accelerate the resolution of issues that do arise.

How does RES Software fit in?

RES Software works with healthcare organizations to simplify and accelerate IT processes to reduce operational inefficiencies. These increased efficiencies directly affect a myriad of related, financially-critical benefits, including better compliance with evidence-based medicine standards and improved patient satisfaction.

RES Software's virtual workspace solutions allow hospital IT staff to create and customize virtual workspaces so that a user's settings are standardized regardless of what ma-chine they are using. Clinicians who may need to access their workspace from a variety of locations throughout a hospital will no longer have to struggle with different desktop workspaces and will, instead, be able to access their personal workspace from any de-vice with the appropriate access. IT administrators can decide what that clinician or healthcare worker has access to – and when – to make sure they can focus on service, not IT.

Additionally, RES Software's IT automation services can accelerate the performance of simple, recurring tasks that can take minutes away from clinicians every day; minutes that add up quickly, and minutes that are better spent elsewhere, for the good of the patients and the good of the organization. ✚

Doug Coombs is a software and program professional with over 20 years of experience in designing, implementing and validating complex systems. During his career Doug has worked with UPMC, Sutter Health, HCA, HP, Hitachi and Microsoft among others. Currently Doug is Director, Healthcare Strategy at RES Software.

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Modern Solutions for Life-Altering Injuries

By Doug Hilliard

Suppose for a moment that you have just experienced an unfortunate, life-altering event. You've lost a limb or have become paralyzed due to an unforeseen incident. You now have a disability that will change the way you navigate life for the rest of your years. How will you continue to function? How will you and your family pick up the pieces to continue to live a full life? What modifications can be made that will enable you to function at home and in society?

Advancements in technology – especially in robotics – have facilitated the development of some amazing devices that are being used to aid those who have experienced these life-changing events.

Wheelchair technology has experienced tremendous advancements in features and functions.

Manual wheelchairs, those that require you to propel them yourself, are now being made from lighter and stronger materials such as titanium.

There are a number of add-on features to manual chairs that will help the user save energy while propelling the chair.

Some small, lightweight motors added to drive wheels claim to increase range of mobility by reducing energy expenditure by as much as 45 percent, while decreasing the burn of fatigue.

Research has also shown that these devices may help reduce or even prevent the occurrence of secondary injuries to the wrists, elbows, and shoulders including repetitive strain injury.

Power wheelchairs have seen robust advancements due to technology and robotics. Power wheelchairs are motorized chairs that require the user to steer and control the chair with a joystick.

Advances in technology now permit the user to go from a seated position to a standing position allowing them to communicate face-to-face with someone or to reach something high on a shelf.

Other styles of power wheelchairs have an elevating feature that vertically raises the user in a seated position to a higher level to access cupboards or counters.

Some of these high-tech power chairs even allow for travel in various terrains and come complete with tracks like a tank instead of tires which permit use in mud, snow and sand, giving the user freedom to explore areas not generally attainable by a wheelchair user.

For those that do not have adequate hand control to operate a joystick, the chairs can also be controlled with a number of high-tech adaptations, like a sip and puff device which allows the user to drive the chair by sipping in or blowing into a tube.

Having these incredible features on a wheelchair are wonderful, but how do you get these chairs into the home? Again, technology and advancement in materials has played a large role in this area.

Most wouldn't consider a ramp as a technological advancement but the engineering and materials used today make these items far better than the traditional wooden ramp.

Modular aluminum ramping systems are now the preferred method by most wheelchair users to access their residences. These systems are strong and light weight and virtually indestructible in all types of weather.

They can be placed in most any terrain and can be engineered to allow users easy access to their homes.

But what happens when you live in an area that has steep banks or hills that make ramping impossible? A VPL would most likely solve this dilemma.

A VPL, or Vertical Platform Lift, is essentially a small elevator that effectively provides access to a raised deck, or porch.

A VPL offers safe, dependable service that permits access to areas not attainable through the use of a ramp system and is an excellent option for those who live in areas with rolling terrain.

In addition to a VPL, there are also platform stair lifts that will move a wheelchair user up indoor or outdoor stairs if that is the only option to get a person into the home.

Most of these solutions are covered by individual health care insurances, but if you have served in the armed forces and are an honorably-discharged Veteran, the Department of Veterans Affairs can assist in acquiring these needed devices with a prescription from a VA health care provider. ✚

Doug Hilliard is a veteran and the prosthetics manager for VA Healthcare – VISN 4, a network of 10 Department of Veterans Affairs Medical Centers headquartered in Pittsburgh. He manages the Network's prosthetics budget, and ensures that all VISN 4 facilities are providing eligible Veterans outstanding prosthetic and orthotic services. Learn more at www.visn4.va.gov.

continued from page 1

KFMR has accountants, consultants and advisors who work with business owners, both those who want to sell their business and those who want to buy a business, to determine a fair value of a company. And part of that process is determining the value of the trade-name of the business.

"A trade-name can have significant value and we can determine what that value is," Pieton said.

And while it is assumed that the value may be a positive, it can also be a deterrent – something else KFMR can also help determine.

"We had a client who wanted the customer base of a business that they had acquired, but not the reputation associated with that business, so they dropped the name. The value of that name was obviously fairly low," he explained.

Pieton is both a Certified Public Accountant (CPA) and an Accredited Senior Appraiser (ASA) for business and intangible asset valuations. He is currently obtaining his certification in the ASA's new healthcare valuation program, the only such program in the country according to Pieton. Most of KFMR clients are in the tri-state area.

Determining the value of a trade-name is only one small faction of the services that KFMR offers.

The valuation process includes determining the value of other intangible items such as: non-compete agreements, executive employment agreements, operating licenses and permits, office systems or procedures, patient relationships, patient files and records, professional licenses and medical service agreements. And of course, the valuation process includes determining the value of those tangible items including: buildings, equipment and supplies.

When a buyer or a seller seeks their services, the KFMR team works extensively with that entity to determine the worth of the business.

"Before a business even goes before the buyer, we want to make sure they are putting the best foot forward," Pieton said. And that requires research.

The first step is to understand and know exactly what services that business provides. Then Pieton and other advisors examine the financial history of the company and various operating statistics and key performance indicators.

"We look at the records from an analytical view – are there any abnormalities, how does the business compare to its peers via bench marking – things that can greatly effect the value," he said.

Next, KFMR reviews contractual and legal documents so they understand what types of agreements the business may or may not be in place and how they could impact the value.

Along with that activity, KFMR looks at valuation metrics to determine what the future results of the business might be and finally, using all of this extensive research, they come up with a range of the value of the business. Once a range is determined, it is fine-tuned after discussions with management.

Since KFMR works for both the sellers and the buyers, he said the process is very similar for both parties. The bottom line for both is determining the fair value of a medical practice based on the anticipated financial results to the acquirer.

Medical practices typically approach KFMR for assistance for three reasons, Pieton said.

The first are those who are preparing to sell the business in the future and want to put it in the best position prior to entering the market; the second are those who want to sell now and want to prepare; and the third and most common are those who have been approached by a buyer.

"Often they are caught off-guard and that isn't the best place from which to enter a sale," Pieton said.

Pieton predicts the current healthcare market will remain the same for the next few years with robust consolidation and strategic affiliations.

"Consolidation and alignments with healthcare providers is going to continue. A very common mistake we see is that sellers are unprepared when the buyers show up and they can miss out on value – we want to help prevent that scenario," he said.

For more information on how KFMR can help your business, please visit their website (www.kfmr.com) or call Dave Pieton at 412.471.3210. ✚

Steps to ICD-10 Preparedness

By Mike Patel

As most healthcare professionals know, an important step in the improvement of healthcare quality and cost will take place in October 2014, just under a year from now. This important step is the transition from ICD-9 to ICD-10 - with this new code set, the largest financial system change will take place since the Prospective Payment System (PPS) in 1983. This change has to take place for several reasons including that with a maximum of 13,000 codes, ICD-9 is not specific enough for detailed diagnoses and the current codes do not reflect new services and technology in CMS payment systems. With over 171,000 codes, ICD-10 will provide much more detailed clinical pictures and data, improving accuracy in all aspects of patient care. New data available through ICD-10 will help determine public health needs and identify trends, as well as helping to spot bioterrorism and epidemics.

The transition will not only impact healthcare organizations, but also physicians, for whom it will be particularly beneficial. Physicians will be able to determine the severity of illnesses more clearly, and therefore quantify the level of care more accurately. The codes will also create an electronic trail of documentation, which can help physicians receive proper payment and ensure their reputation remains in good standing.

With the importance and significance of this transition, it is crucial that ample preparations are made. However, there are many organizations that have not yet embarked on the road to preparedness and many concerns exist throughout the industry. For example, according to a survey conducted by the MGMA-ACPME of 1,200 office-based practices surveyed, approximately 70% of respondents were very concerned about expected loss of clinician productivity and the same percentage was very concerned about changes to clinical documentation. 71% surveyed responded that, in order to accommodate ICD-10, their EHR systems either were upgraded or still need to be upgraded, will need to be replaced, or they are unsure which. Only 0.6% had tested their EHRs for ICD-10 compliance.

Undoubtedly, some healthcare providers will ask - is training really necessary? It absolutely is. In order to maintain their certifications, all medical coders must take a minimum number of ICD-10-specific CEUs before the compliance date. Each certifying organization determines the number of CEUs required. A follow-up question will most likely be - how much training does my staff need? It's best to begin by conducting a gap analysis to determine the team's knowledge of medical terminology, pharmacology, pathophysiology, anatomy and physiology. It is also important to review samples from different types of medical records to see whether the current level of documentation contains enough detail for ICD-10 coding. These initial steps will help determine a baseline for training needs.

While the training mostly focuses on the coding and billing staff, physicians have a learning curve too, as they will be required to provide more detailed documentation in visit notes to correlate with the new codes. Physicians with specialty-specific tools will be in the best position to make sure ICD-10 doesn't have a negative impact on their revenue stream.

Meditab Software Inc. is guaranteeing that IMS will be ICD-10 ready by February 15, 2014, and we are backing that guarantee up with a money-back policy. In order to help support this transition, we offer a wealth of resources on our website and have been conducting a series of webinars as well. Below are some takeaway tips that all practices and physicians should keep in mind.

◆ **Identify** and plan to update all your systems to ICD-10 by making sure you understand your current systems and processes currently in use by ICD-9.

- Practices should make sure that all the modules such as EMR, billing and reporting components, have to be upgraded to accommodate ICD-10 changes
- Check with your IT vendor to determine if there will be hardware upgrade costs
- Participate in vendor's webinar and training sessions to understand the impacts of ICD-10 in the existing system

◆ **Communicate** with your payers, clearinghouses and Meditab to determine their system readiness and ask questions about what they're doing to prepare for the transition.

◆ **Ask** your payers if there are any contractual changes regarding coding specificity that could affect how you process claims.

◆ **Document** any potential workflow changes.

◆ **Determine** the training needs of your staff and aim to plan accordingly. Your staff will require different specific pieces of education around ICD-10 coding.

◆ **Plan** for added expenditures in time and resources as you work to prepare your practice and your staff for the transition period.

The sources of expenditures include:

- Staff education and training
- Business process analysis of health plan contracts and documentation
- IT upgrade cost
- Increased documentation costs
- Practices should also be prepared for the possible cash flow disruption due to the ICD-10 transition. The disruption could exist until all healthcare entities successfully migrate to ICD-10.

◆ **Test, Test, Test -** Before the October 1, 2014 deadline, make sure to test your transaction submissions with your vendors, payers and clearinghouses to make sure everything is going smoothly.

For more information, please visit http://www.meditab.com/company/ICD-10-readiness/. ✚

Mike Patel, CEO of Meditab Software, graduated from pharmacy school at the age of 20 and upon graduation, grew a pharmacy business to over $16,000,000 utilizing technology and maximizing workflow. During the course of his pharmacy work he realized he wanted to help physicians improve their efficiency and so started the development of IMS in 1998. His vision was to design software for the healthcare arena to improve patient care and maximize efficiency.

The Benefits of Printing Virtualization in Enterprise Environments

By Arron Fu

Even though organizations are addressing many of the challenges associated with supporting the BYOD trend, when it comes to mobile printing, many still have their work cut out for them.

Particularly in the healthcare industry, the proliferation of the use of mobile tablets have become a true game changer for how those in the medical profession conduct business and more specifically – print sensitive and confidential data. Healthcare facilities are especially susceptible to printing issues given the complex IT environments, number of printers, types of activities requiring print runs, and the work styles of healthcare staff members.

Part of the mobile printing problem is that many BYOD devices are not designed with printing in mind. Yet, the numbers of healthcare professionals using iPads and other tablets to store patient information, manage schedules, and track patient progress will only continue to increase as clinical personnel continue to move around the workplace accessing the data and applications they need from multiple devices.

They may work on a laptop while recording patient symptoms, but use a tablet for quick access to patient information and for keeping notes while conducting their rounds. Critically imperative within healthcare facilities is the ability to print this information despite the location, printer or device the staff is using. That's when printing virtualization steps in.

In virtual desktop infrastructure (VDI) environments, the desktop's operating system is hosted within a virtual machine that runs on a centralized server, delivering numerous benefits to organizations. Since everything resides within the data center, hardware costs are easier to manage and there are fewer upgrades to be made to a large numbers of PCs.

Given the advantages, and the fact that many healthcare organizations already employ VDI within their IT environments, it makes sense for them to extend these benefits to their printing environments.

VDI allows organizations to centralize control over desktop deployment and minimize administration costs, while allowing users full access to their desktop applications.

Extending these benefits of VDI to printing, IT administrators need only to install one printer driver, regardless of printer makes or models, eliminating the need to install multiple printer drivers on each virtual desktop.

Printing virtualization can also help with end-to-end document security when printing sensitive and confidential data in healthcare organizations such as hospitals. In the past, some organizations have attempted to provide each user with a printer in an effort to minimize security breaches that can happen if the wrong person picks up a print job.

But this solution is impractical in large institutions because costs escalate quickly. IT administrators would still face printer driver incompatibility issues and employees would still be unable to print, given their mobile work styles.

With printing virtualization, healthcare organizations can deploy a secure follow-me IT model also known as secure pull printing, which would enable anytime, anywhere, any device data access and printing. Secure pull printing is an ideal mitigation strategy for organizations to employ as it ensures that documents are only released upon user authentication.

This way, the document will not be released until the user requesting the information is present at the printer, providing an extra layer of security while printing. Secure pull printing also reduces waste by eliminating unclaimed documents from ever being printed in the first place.

Moving into 2014, it will only become increasingly important for IT departments particularly within healthcare, to implement a delivery plan for IT services that adapts to the changing needs of users. Ideally, their strategy should focus on which IT services users need to stay productive – such as printing - as they move from place to place, providing clinical care. Printing virtualization both adapts to mobile work styles and streamlines productivity, while also offering healthcare professionals the time saving benefits, convenience and security they yearn for. ✚

As the Vice President of Software Development, Arron oversees the operation of UniPrint, and also presides over its software development function. He is instrumental in steering software developments, including the award-winning UniPrintTM Infinity printing solution, a universal printer driver specifically designed for optimizing printing functionality and simplifying administration in multi-user, server-based computing environments. Arron is an IT industry veteran. Prior to taking up his management role at UniPrint, he spent 15 years in the field of consulting, system installation/integration, and application design and development across business functions, processes and industries.

Marrying Medical Services with Spiritual Services at Celtic Healthcare

By Kathleen Ganster

It is a story that a few years ago would have been unheard of:

A favorite uncle has a cardiac episode and is rushed to the hospital. After treatment, the family is told by the doctor that nothing more can be done. When one of the sons says, "Let's pray," the entire family forms a circle around the patient's bed and begin to pray. The doctor joins in the circle and prays along with the family.

The uncle survives.

As a nurse with over 30 years of medical experience under her belt, Lori Marshall shared the story about her uncle – she was next to the doctor in the prayer circle – and she knows how unusual it is for medical personnel to pray with family members.

"In the past, it was sort of like the medical personnel were failing if they 'resorted' to praying," she said.

As the Hospice Operations Manager for Celtic Healthcare, she knows how important the spiritual component of healthcare is to patients and their families.

"We don't separate the spiritual aspect from the healthcare process any more than we would the medical services," she said.

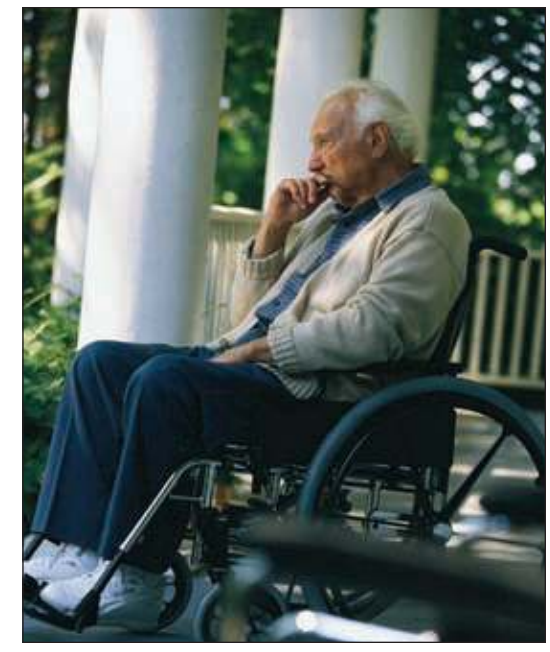
The changing attitude towards incorporating spiritual needs as part of the overall healthcare process is one that Celtic embraces.

"This is such an awesome thing – we now see physicians realizing that the chaplains and religious leaders are part of the medical team," Marshall said.

At Celtic, when a patient is referred to hospice, they are immediately offered services from one of the chaplains as well.

"One of the benefits of the whole hospice experience is that we provide for the spiritual needs. There are many feelings and issues that come with the end-of-life experience and our chaplains can help the patients and their families deal with these issues," she said.

Marshall explained many hospice patients need to say, "I love you," "I forgive you," I'm sorry," and to be able to say their goodbyes to their loved ones before they pass.



"The chaplains take the lead from the patients. The may want to reminisce about their lives or they may be angry – the chaplain will then work help them with these feelings," she said.

The hospice chaplains' services are to supplement services offered by patients' own ministers and religious leaders and are, of course, completely optional. Many times, the Celtic Healthcare chaplains work in conjunction with the family's clergy to reach the best spiritual experience for the patient.

"We ask if they want the services and recommend they meet with them at least once. Our chaplains are used to dealing with end-of-life issues everyday and used to helping patients and their families through them," she said.

While the chaplain's major focus is with the patients of hospice care, through that work, they usually offer services to family members as well.

"As they move through the process, the focus then usually becomes the family," she said.

That may mean assisting an out-of-town daughter deal with coming to terms with a dying parent, or helping families through changing family dynamics due to the loved one's illness. Often, the Celtic chaplains are asked to perform the funeral for the patient or assist their respective clergy since such a strong end- of- life bond has been formed.

The chaplains also serve in other capacities.

"They may offer church services at some of the facilities where we have patients or offer memorial services. They also offer bereavement services," Marshall said.

Facilities may also ask for help in serving their caregivers' needs.

"We help caregivers have closure. They become attached to their patients and they suffer a loss as well," she said.

"And we may have someone call us and say, 'We have had eight deaths in this last month and we need help with our staff in dealing with this,'" Marshall continued.

The chaplains can also help the medical staff break difficult news to patients and families.

And since the hospice services are available 24/7, it is a plus for someone who may be having a bad night or after the death or for a family member struggling with a difficult anniversary or memory.

Marshall said the most successful hospice experiences are those where patients and families are able to have hospice services for enough time to utilize the many helpful benefits provided - such as spiritual care - making it all the more important hospice services to be recommended in a timely fashion.

"People don't want to hear the word 'hospice.' No one wants to talk about it. But the most common thing we hear from patient and family satisfaction surveys is 'I wish I had known about hospice sooner,'" she said.

The most important aspect of the healthcare is for the medical professionals to realize their needs and goals may be different than the patient's needs.

"The key to hospice is to ask the patient, 'What are your goals?' and those goals often involve spiritual care over medical care," she said.

For more information about Celtic Healthcare and how your healthcare teams can work together visit www.celtichealthcare.com. ✚

How Leadership and Innovation Are Transforming Health Sciences and Health Care Delivery

By Robert S. Sullivan

Can a business school be a force for change of the monolithic U.S. health care system? I believe when MBA students are educated and trained in innovation, leadership, management, and entrepreneurship; the answer is a resounding yes!

At UC San Diego's Rady School of Management, our MBA students, primarily scientists, health care professionals and engineers are provided the tools to create real companies as part of their education, bringing their skills and newly developed business acumen to bear on the multiple complex challenges facing our society today.

The Rady curriculum enables students to participate in hands-on training throughout the program, gaining skills in communication, team building, executive leadership and networking. Equally important, these newly minted leaders are empowered to create innovative solutions to the numerous challenges in health sciences and health care delivery.

Our current healthcare system is at a critical point where a new way of thinking is required. Although the Affordable Care Act was signed into law over three years ago and despite recent reductions in the increase in annual health care expenditures, the U.S. health care system remains extravagantly expensive and inordinately inefficient. Considering that Americans spend up to twice as much as those living in other developed nations, the U.S. health care system is failing on most measures of effectiveness and value received.

As well, escalating healthcare costs are beginning to impact other important U.S. goods and services such as education, infrastructure, renewable energy, and agriscience, all necessary for a thriving, well-balanced society. I believe there are three necessary components for success that are lacking in U.S. health care leaders today: visionary leadership, effective business management, and commitment to innovation.

All are required to solve the conundrum of how to simultaneously decrease health care costs and improve health care outcomes. The Rady School is actively confronting this enigma by training today's health care leaders and imparting innovation, leadership, and management toolkits to effect meaningful change in health care administration, delivery and outcomes.

Success will entail applying enterprise systems to health care operations, increasingly efficient use of resources, continued product innovation, greater throughput, measurable outcomes and improved patient satisfaction. Dr. Richard Lieber's work as Professor and Vice Chair of the Department of Orthopedic Surgery at the University of California and Veterans Administration Medical Centers in San Diego is pertinent.

Dr. Lieber and three UCSD School of Medicine colleagues studying at Rady are forming a consulting group to function internally at the School of Medicine. Using tools such as queuing, flow time analysis, and bottleneck management acquired in Rady's first-year operations class, as well as organizational theory and marketing strategy methods and practices, the group is tackling organizational alignment and technical operations issues as well as evaluating new projects. This internal consulting group is addressing inherent and emerging problems in the health sciences field, applying principles of innovation, leadership, and management. Dr. Lieber and his colleagues represent an initial cohort of UCSD School of Medicine faculty earning their MBAs at the Rady School. One-third of their tuition is paid by the School of Medicine, one-third by the department, and one-third by the faculty member. The tuition subsidy has already yielded significant returns on investment. Health care teaching institutions that follow this model of sponsoring a core group of physician/managers while earning their MBAs, would reap similar efficiencies and savings across the scope of their enterprises.

Dr. Royan Kamyar, Rady MBA 2010 and Entrepreneur-in-Residence at UCSD, provides another example of how leadership and innovation are transforming Health Sciences and Health Care Delivery. Dr. Kamyar created his first company during the year-long Lab to Market sequence. Lab to Market, the signature course series at the Rady School, provides the opportunity to jump-start qualified projects within the confines of the school. Students are introduced to venture capitalists and expert advisors who assist in determining the viability of their proposed business plans. Students design and build prototypes as they work with Rady faculty and industry experts while simultaneously learning about innovation and entrepreneurship. By creating a startup within the Rady academic environment, many students graduate with both an MBA and a viable candidate company, ready to launch.

A second example of Dr. Kamyar's focuses on providing educational services for patients with chronic diseases. Dr. Kamyar identified a stage III breast cancer patient who did not understand all the implications of her disease or her medications. In discussions with her, Dr. Kamyar realized his patient did not have the knowledge to be an active, learned participant in her own recovery. Dr. Kamyar subsequently expanded this concept to include diabetes, heart disease, asthma, and weight management. He was able to secure funding for his new educational website and his product set has been expanded to include tele-monitoring and private social networking. The software is in clinical trials for diabetes, weight management, and heart failure and will help patients insert themselves into their healing process.

Dr. Kamyar emphasizes that entrepreneurship and bold leadership are required for U.S. health care to get to the next stage of delivering value and improving outcomes. For example, when new opportunities for improved service arise such as wireless health (mHealth), the adoption has been notoriously slow. Part of the problem is that streamlined operations and efficient processes are not built-in to the patchwork of current health care systems, a chaotic mix of public and private, for-profit and not-for-profit institutions and organizations.

Bold leadership is required to overcome these barriers to implementing the fruits of innovation. It is reasonable that medical gatekeepers, including physicians, must see the proof that something works before they will employ it. However, strong leaders and entrepreneurs are needed to step into the breach, demonstrate proof-of-concept, and rapidly prove safety, efficacy, and value in the field of innovative technologies.

MBA programs must continue to facilitate the unfolding transformation of U.S. health care by training America's leaders, innovators, and entrepreneurs. The health care businesses created by Dr. Kamyar and Dr. Lieber, when coupled with calculated risk taking and bold leadership points to the profound impact an innovation-focused education is having on health care delivery in the United States. ✚

Robert S. Sullivan is the Dean of the Rady School of Management at University of California, San Diego. For more information, visit www.rady.ucsd.edu.

Duquesne to Launch New BSN Program This Fall for Registered Nurses

Duquesne University's School of Nursing is unveiling a new program for the fall that will make it easier for registered nurses (RNs) to obtain a Bachelor of Science in Nursing (BSN) degree.

Nationwide, nurses are licensed to practice after passing the test for the Registered Nurse (RN) credential.

Frequently, RNs opt to earn associate's degrees or a nursing diploma at a hospital-administered nursing school rather than devoting four years to obtaining a BSN.

According to Dr. Mary Ellen Glasgow, dean of the School of Nursing, the timing for the new RN-BSN program is ideal. National trends — including an aging population, the increased demand for health care services through the Affordable Care Act and the need to improve health care outcomes — are fueling the need for the program.

Glasgow added that a recent report from the Institute of Medicine (IOM), a congressionally chartered but non-governmental group of health care experts, made recommendations about the nursing profession, including that 80 percent of the country's nurses should have a baccalaureate degree by the year 2020.

The IOM is widely respected, Glasgow said, and its recent report emphasized that nurses who have a BSN are much better equipped to make decisions based on evidence. She added that Pittsburgh is an ideal place to launch an RN-BSN program because only 33 percent of nurses in the city have a BSN. The national average is 50 percent.

Duquesne's RN–BSN degree requires 126 credits, which is the same as its regular BSN program. Every course will be offered online and can be completed in seven-and-a-half weeks, a structure that allows a student to easily take six credits per semester.

"We're looking for students who wish to advance their education in a supportive environment," said Dr. Cindy Walters, the RN-BSN coordinator and a former RN-BSN student.

Dr. Mary Ellen Glasgow

Dr. Cindy Walters

Walters, an assistant clinical professor in the nursing school, said that because the program is online, it appeals to the adult working nurse, who often works around-the-clock shifts and on weekends. Many of the potential students, Walters added, may also be responsible for child rearing or have other family or caregiving responsibilities.

All of the non-nursing courses will be offered in the program through the School of Leadership and Professional Advancement. RN-BSN students will receive 60 transfer credits for their previous lower-division nursing courses, and other college credits can be transferred as well.

An RN-BSN program complements Duquesne's mission, Glasgow observed, because the program's timeliness and flexibility will attract a new group of students to Duquesne.

"We have created a program that honors what RNs have already accomplished," Glasgow said. "This program will be a great way to diversify our student body and the nursing profession."

The RN-BSN program is now accepting applications for the first class of students, which will begin matriculation in Fall 2014.

For more information, visit the Nursing School's RN-BSN website at www.duq.edu. ✚

Submissions? Story Ideas? News Tips? Suggestions?
Contact Daniel Casciato at writer@danielcasciato.com

Brother's Brother Foundation Serves Even More Through Additional Site

By Kathleen Ganster

100,000 pounds of medical supplies

That is the amount of supplies sent out of the new Fairfax, Virginia warehouse of Brother's Brother Foundation (BBF) since it opened last July.

The location is the first satellite office for the Pittsburgh – based non-profit and one that will allow them to provide more medical equipment and supplies to those in need, according to Luke Hingson, president.

"We hope to do twice that much this year from Fairfax which of course, makes sense since we were able to supply 100,000 pounds during our first six months," he said.

The mission of Brother's Brother Foundation is to provide health and education supplies, materials and resources to areas in need. With the motto, "Connecting People's Resources with People's Needs," the items are donated through various sources including hospitals, doctors and medical supply companies. According to Hingson, 70% of their efforts are focused on countries in the Caribbean and Latin America.

"That is basically because of the location – it is a lot easier to ship supplies there and there are systems in place to get the supplies to where they need to go," Hingson said.

The Fairfax location became an option when Hingson heard "through the grapevine" that another non-profit was closing their doors. Hingson reached out to them and after a few months, Brother's Brother took over the organization, hired three of the employees and located a new warehouse for the operation. Soon, they were collecting supplies.

The new location makes it easier to collect supplies from places such as John Hopkins and the University of Maryland Medical Center, and then prepare them for shipment to other locations. The new warehouse is approximately 12,000 square feet, adding to the two warehouses in Pittsburgh with 30,000 square feet.

In addition to the 100,000 pounds of supplies sent from the new warehouse, BBF closed out 2013 with impressive numbers. According to Hingson, BBF sent the equivalent over 250 ocean-going containers filled with supplies. Of that number, 140 of the equivalent of ocean-going containers held requested pharmaceuticals – over 2,500,000 bottles or tubes of medicine; and medical supplies and equipment to assist nearly 60 countries.

"We can't always send pharmaceuticals because of the expiration dates, but we often supply doctors on medical missions – last year, we supplied 321 mission trips who hand-carried the medicine with them," Hingson said.

He continued, "That way, we know they get to where they need to go and will be used."

BBF receives the pharmaceuticals, supplies and equipment from medical supply companies, hospitals and healthcare providers who can no longer use them for various reasons.

"For example, a doctor may open a package of some sort of supplies during an operation and use only half of them – once they are open, they can't use the rest of them, but they don't want to waste them," Hingson said.

The "greening" of hospitals has also helped BBF's supplies as hospitals consolidate and are more aware of disposing of equipment and supplies.

And many times, when a new piece of equipment is purchased, while the older equipment may be outdated according to U.S. standards, they are needed and wanted in other countries.

Hingson said they have expanded their efforts in Africa, but due to the long shipment times and civil unrest in those countries, they must be selective in what they send and use caution.

"We can't send pharmaceuticals because they will expire. And of course, we can't send staff into areas that are dangerous. Good stewardship means actually being able to get it there," he said.

An advantage for medical mission teams who use BBF as partners for pharmaceuticals and supplies is that BBF doesn't have to charge them for costs.

"We have enough donations that we can supply them for free. Some organizations have to charge them by weight or by piece," he said.

In 2014, Hingson said they hope to keep forming new partnerships with other donors and of course, to keep supplying their partners other countries and medical mission teams.

"Companies are giving us a greater variety of items and more of them. This is where our new warehouse is going to help us accept more donations and be able to help more people," he said.

For more information about Brothers' Brother contact: 412-321-3160 or http://www.brothersbrother.org. ✚

How to Make Healthcare Workplaces Safer

By Dwight Robertson, MD

Healthcare workers have the greatest risk of getting injured on the job, resulting in more than 2 million lost work days in 2011 alone, according to a peer-reviewed feature published in September 2013 by the American Society of Safety Engineers (ASSE).[1]

More than 1,000 injuries in the Health and Social Work sector are reported to the Health and Safety Authority – nearly 20% of all workplace injuries reported to the agency each year (HSA).[2] Though keeping employees safe may seem like common sense, it is often an afterthought in the busy day-to-day operations of many medical practices. That is, until someone gets hurt.

At its core, workplace safety is about establishing a culture where employers actively care about their employees and, in return, employees take greater responsibility for their own safety and the safety of others. Successful workplace safety programs instill safety as a value, integrate it as a core business function, and target prevention as the primary means of reducing the frequency and severity of potential accidents. Moreover, establishing a culture that promotes workplace safety can have meaningful bottom line benefits in the form of lower workers' compensation costs and increased productivity.

Here are five ways to ensure workplace safety is a priority at your practice:

1. Get help. Talk to your workers' compensation insurance carrier and see what resources and support it can provide. Many carriers can offer safety reminder collateral to post in break rooms or other employee common areas. Some can also help you design a customized workplace safety program to follow and share applicable best practices from other businesses. Also, don't hesitate to use the Occupational Safety and Health Administration (OSHA) as a resource. Many employers are wary of bringing in a regulatory agency, but OSHA is mandated to offer free consultations to any employer.

2. Have written policies in place. Medical practices, like any small business, need to have documented programs and policies to which all employees can refer. This is particularly important for your injury and illness prevention program, as well as broader workplace safety programs. Having your expectations in writing makes them more easily understood and easier to enforce when necessary.

3. Regularly train your workplace safety officer. If you don't have one, make it a priority to identify someone on your staff to fill this role. Often, businesses assign the safety officer role to a staff member who lacks adequate training and experience. However, the best way to get that experience is to reach out to a professional risk manager. Your insurance agent or carrier can be a great resource if you don't have one on staff. Have the risk manager spend some time in your office to identify potential hazards and give you and your workplace safety officer recommendations on how to address them.

4. Communicate and educate. Successful workplace safety programs include staff members in discussions about safety issues. They make them a part of the process. Staff members need to know what to do if an injury occurs and to whom and how the incident needs to be reported.

5. Prepare now for an inspection. Should your practice be singled out for an OSHA inspection, knowing how the visit will be managed will make it less burdensome. Know the rules and regulations around occupational safety and have a system in place to manage these situations. A good way to prepare is by having a company policy on how to respond to an inspection, training employees on how to respond, identifying who will handle the inspection, and ensuring your safety program is up-to-date.

Taking the time now to refresh and invest in your workplace safety program can not only save your practice money over the long-run, it also protects your most valuable asset – your employees. ✚

Dwight Robertson, MD, is National Medical Director, Managed Care Services, for EMPLOYERS®, America's small business insurance specialist®, which offers workers' compensation insurance and services through Employers Insurance Company of Nevada, Employers Compensation Insurance Company, Employers Preferred Insurance Company and Employers Assurance Company. Insurance is not offered in all jurisdictions. For more information, please visit www.employers.com.

[1] ASSE, "Healthcare Worker Injury Rates Among the Highest of Any Profession" (September 26, 2013).
[2] HSA, "Healthcare Illness and Injury Statistics" (2013).

Improving Communication Between Seniors and Doctors

Today's seniors belong to a generation that tends to view doctors as authority figures who are not to be questioned. That mindset keeps many seniors from having the conversations they need to have with their healthcare providers.

During a recent webinar on patient/doctor communication, Dr. Amy D'Aprix, Executive Director of the DAI Foundation, shared the following story:

"My father was referred to a urologist because he was having trouble urinating. I spoke with him right after the appointment and he said to me, 'Well, I feel good. The doctor assured me it isn't prostate cancer.' And I said, 'Oh Dad that's great! Well, what did the doctor say about the problem you're having urinating?' And his response to me was 'Not much.' And I asked him, 'Well did you mention it to the doctor?' And he said, 'No, I figured if it was important, he would have brought it up.'"

The experience Dr. Amy's dad had at his doctor appointment is one many older adults share. Today's seniors belong to a generation that tends to view doctors as authority figures who are not to be questioned. That mindset keeps many seniors from having the conversations they need to have with their healthcare providers, and unfortunately, the consequences of poor communication may be quite significant.

In cooperation with the American Society on Aging, the Home Instead Senior Care® network sponsored a web seminar in which Dr. Amy discussed the following methods for senior care professionals to support seniors and their families with information and resources that will help to ensure more effective communication between seniors and their doctors.

Preparing for an Appointment

• Encourage older adults and their family caregivers to put together a comprehensive medical history and bring a copy along to appointments, especially when visiting a new doctor. The history should include information such as doctor's names, medications, insurance info, allergies, past health issues and treatments, etc. For a complete guide to preparing a medical history, download worksheets and checklists from www.senioremergencykit.com.

• Recommend that seniors prepare a list of questions ahead of time focusing on the specific issue being evaluated at the appointment.

• Do what you can to accommodate extra time for senior patients to process what they learn during their visit and ask you questions.

During the Appointment

• Sit face-to-face with the senior, speak clearly and speak audibly.

• Encourage the senior to take notes and offer to provide follow-up instructions in writing.

• Include family members in the discussion if appropriate.

Legal Documentation

Encourage families to be proactive about completing the necessary documentation to prepare for medical situations in which the senior is no longer able to communicate his or her wishes. These Advance Medical Directives may include:

• A healthcare proxy

• A durable power of attorney, also known as a power of attorney for healthcare or patient advocate designation

• A living will

• A "do not resuscitate" order

While discussing end-of-life issues are never easy, it's important

for seniors to have these conversations with their families. When the time comes for families to carry out their loved one's final wishes, they'll be able to make decisions with peace of mind, knowing exactly what their loved one wanted.

Refer families to the 40-70 Rule® for guidance through these types of discussions. The idea is that when the children are 40 or the senior is 70, it's time to start talking.

As a healthcare professional, you can help seniors become active partners in managing their own health. Navigating the healthcare system can be confusing and overwhelming for anyone, so working together with seniors and their families to improve communication will help ensure they're receiving the best care possible.

Learn more by viewing the full Patient/Doctor Communication webinar. To participate in future webinars like these and earn free CEU credits, view the webinar series schedule.

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

LECOM Institute for Advanced Wound Care & Hyperbaric Medicine Offers Leading Edge Treatments Using State of the Art Technology

Chronic wounds affect more than 8 million people in the U.S. and the incidence is rising fueled by an aging population and increasing rates of diseases and conditions such as diabetes, obesity and late effects of radiation therapy.

The recent opening of the LECOM Institute for Advanced Wound Care & Hyperbaric Medicine brings to Erie the latest state-of-the-art treatment and protocols to treat chronic wounds. The physicians and clinicians at the Institute use leading edge therapies to accelerate the body's innate ability to heal chronic wounds. To help these wounds heal optimally and as quickly as possible, the Institute uses hyperbaric oxygen therapy, negative pressure therapies, bioengineered tissues and biosynthetic treatments.

"The treatments at the new center will be ideal for patients suffering from wounds that are difficult to treat," according to James Lin, D.O., Director of the LECOM Institute for Successful Aging and Vice President of Senior Services & Adult Living for the Millcreek Health System. "These wounds can be from diabetic ulcers, pressure ulcers, infections, radiation injuries to soft tissue and bone, compromised skin grafts and flaps. These patients should seek treatment as soon as possible from an advanced wound care center."

The wound care center, located within Millcreek Community Hospital at 5515 Peach Street, Erie, Pa., is staffed with a unique team of specialists dedicated to healing chronic wounds. The combined expertise of the Institute team members creates a multidisciplinary approach to wound management.

In addition to Dr. Lin, the staff includes Danielle Hansen, D.O., Anthony Ferretti, D.O., Eric Milie, D.O., Jason Lee, D.P.M., Douglas Fronzaglia, D.O., and Jason Goldberg, D.O. All have received advanced wound care training and have clinical experience in geriatrics, internal medicine, orthopedic surgery, and podiatry.

Hyperbaric Oxygen Therapy, or HBOT, is one of the state-of-the-art therapies used by these wound care experts. This treatment increases the amount of oxygen to reach wounds, allowing them to heal from the inside. Patients enter one of the two hyperbaric chambers and receive treatments while watching television and relaxing on a bed encased in a large see-through plastic shell. They are surrounded by 100 percent oxygen at higher-than-normal atmospheric pressure.

During the non-invasive procedure, the only sensation patients experience is a slight pressure in the ears, as on an airplane, when the pressure changes.

Through a partnership with Healogics™, the LECOM Advanced Wound Care Center is able to offer a new and comprehensive center offering specialized wound care. Healogics is the world's largest wound care management company, with more than 500 hospital partners delivering excellent evidence-based care to patients with chronic wounds. Healogics has been the leader in wound care for more than 20 years, offering the most advanced modalities such as adjunctive hyperbaric oxygen therapy (HBOT). Healogics Centers traditionally achieve excellent clinical outcomes, including high limb salvage rates, a 91% healing rate within 30 median days-to-heal, and extremely high patient satisfaction.

For more information or to RSVP, call 868.3999 or email mellis-raydo@mch1.org. ✚

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Submit your videos on any topic area to harvey@wphealthcarenews.com

One Death, Two Near Misses: Required Action Needed to Prevent Blood Clots in Pregnant Mothers

By Lynn Razzano, RN, MSN, ONCC

We must be compelled to act.

Three pregnant mothers - one dead and two who could have been.

Danielle Ciccozzi, a 35-year-old mother of three, "died on Nov. 12, after suffering from a stroke, blood clots, two heart attacks and open heart surgery, all stemming from a clotting disorder triggered by pregnancy in March."

Stacey Crom was luckier than Danielle. As she recounts, "They found that I actually had a blood clot under my placenta. They actually thought that I would miscarry at that point." Although Stacey did not miscarry, she delivered at 30 weeks. After an emergency c-section, her two pounds, five ounces was immediately taken to neonatal intensive care unit.

Thirty-one-year-old Laurie Fancher-Long was seven weeks pregnant when she collapsed at work. She found out that she had "multiple blood clots — passing her lungs, heart and brain". She survived "multiple life-threatening blot clots during a pregnancy" and accrued "tens of thousands of dollars in medical debt".

These three stories point overwhelmingly to omission and lack of knowledge of the escalated risk of venous thromboembolism (VTE) (more commonly known simply as blood clots) that pregnant women have because the condition of pregnancy causes hypercoagulability.

As a health care professional nurse of 37 years and advocate of maximum patient safety, what comes clinically to mind, after reviewing, are costly clinical errors in failure to recognize the increased risk for blood clots in the pregnant patient. I am speaking costly in the terms of VTE complications that arose due to failure to assess rapidly and recognize signs of DVT.

This well known high DVT risk established fact is still being overlooked by clinicians and it boils down to consistent OB VTE risk factor assessment being conducted every time on all pregnant women.

The DVT risk factor assessment should be made very specific to the at risk specialty patient population. Not conducting this type of specific RFA is a travesty and injustice that is inexcusable in 2013.

Moreover, this risk occurs in both delivery and non-delivery situation.

A recent study found that pregnant women who were admitted to the hospital for reasons other than delivery had a significantly increased risk of blood clots. The major findings of this British study, which evaluated more than 200,000 pregnant women, were startling.

Compared with non-pregnant women, the risk of venous thromboembolism (VTE) is:

• Four times higher for pregnant women whose hospital stay was less than 3 days (adjusted incidence rate ratio, 4.05; 95% CI, 2.23-7.38).

• Almost 6 times more for women admitted in their third trimester either during or after hospital admission (961 per 100,000 person-years; adjusted incidence rate ratio, 5.57; 95% CI, 3.32-9.34).

• Six times higher for pregnant women during the 28 days after hospital discharge (676 per 100,000 person-years; adjusted incidence rate ratio, 6.27; 95% CI, 3.74-10.5).

All three women share the same fate — failure to recognize or diagnosis a deep vein thrombosis (DVT) that developed — all of which may have been prevented.

Physician-Patient Alliance for Health & Safety (PPAHS), the Institute for Healthcare Improvement and the National Perinatal Association recently released safety recommendations targeting the prevention of venous thromboembolism (VTE) in maternal patients.

The OB VTE Safety Recommendations, developed by an expert panel under the facilitation of the PPAHS, could not have come at a more timely moment to finally prevent these types of patient stories from ever occurring.

Frank Federico, RPh (Executive Director at the Institute for Healthcare Improvement and Patient Safety Advisory Group at The Joint Commission) urges the adoption of these recommendations. According to Mr. Federico, "These recommendations focus on prevention measures that can easily be adopted and used by healthcare facilities to prevent VTE and help ensure that delivering mothers go home safely with their babies."

The OB VTE Safety Recommendations provide four easy action steps to initiate on every pregnant patient that enters your health care facility to form an all out effort to eradicate VTE ever being developed in one of you patients.

The four concise step process embodied in the OB VTE Safety Recommendations are similar to "Pillars of Safety" and are as follows:

1. Assess patients for VTE risk with an easy to use automated scoring system

2. Provide the recommended prophylaxis regimen, depending on whether the mother is antepartum or postpartum.

3. Reassess the patient every 24 hours or upon the occurrence of a significant event, like surgery.

4. Ensure that the mother is provided appropriate VTE prevention education upon hospital discharge.

These four steps define an OB VTE continuous improvement process that can be easily adopted by a health care system. All the work has been originated, verified and accepted by a panel of OB experts based on peer reviewed publications. Adoption should be a necessary required action and then the implementation is the other action process the institution needs to be willing to invest in with no question of doubt or clinical value in moving to this OB practice change.

Our clinical practice should reflect best practice standards and promote what we can do better, this is what the OB VTE Safety Recommendations do for us as they embody all the action steps and VTE considerations we should act on constantly.

Actions should not allow for no excuses due to lack of clinical knowledge or access to well established Practice Standards in the prevention of VTE.

This a plea to use the OB VTE Safety Recommendations and maternal VTE prevention is a cause worth fighting for in terms of aggressive implementation and never having to read these very sad pregnant patient accounts of their experience with preventable DVT. ✚

Lynn Razzano, RN, MSN, ONCC (Clinical Nurse Consultant) with the Physician-Patient Alliance for Health & Safety. For more information, visit www.ppahs.org.

Family House Elects New Executive Director

By Daniel Casciato

Last year Family House celebrated its 30th year as one of the largest, most successful hospital hospitality houses in the country. In addition to this landmark anniversary, the organization also announced recently Robert J. Howard is its new Executive Director. Howard previously served as Family House's Interim Executive Director and has served on the Family House Board of Directors for the last three years.

Family House has four hospital hospitality houses and since its inception in 1983, it has become a critical component of Pittsburgh's medical community. Each year, over 14,000 patients and their families stay at Family House while awaiting medical treatment.

As Executive Director, Howard will be responsible for working in collaboration with the Board of Directors, supervising the staff, overseeing short and long-term operations of Family House facilities, interacting with volunteers, and creating relationships with the patients/guests at each facility. He will also maintain community relations and interactions with community, corporate, government and educational groups.

Howard was gracious enough to respond to a few questions we had for him regarding his new role, goals for the organization, challenges that lie ahead, as well as what's in store for Family House over the next year.

WPHN: What led you to take on the role of Executive Director?

Bob: My journey to Family House has come through a circuitous route. I attended many of the first polo matches as a guest in the mid 80's. A friend asked me to volunteer at both the golf and polo matches and that's where I fell in love with the mission. Even after a number of career and location moves, I stayed in touch with the organization.

In 2010, I was elected to the Board. In 2013, the board asked me to step into my current role.

WPHN: Can you tell us a little about your background?

Bob: I am a Human Resource professional, with a strong affinity for practical business solutions. Believe it or not, I started my career at a local Hospital as a payroll clerk.

That was the best training I could gain in my career – not necessarily the Payroll part, but learning about people. Later, as a Vice President of Human Resources for a few public corporations, I've spent my career helping others understand their strengths, setting measurable goals, and helping them to understand the bigger picture.

Robert J. Howard

Whether it be at the negotiating table or Board table, understanding each other's strengths and appreciating differences brings collective rewards for a common goal.

WPHN: What do you love most about the work you do?

Bob: First of all, it's really not work! What I do and what we all do....is to direct our talents and treasures to people that truly need our help.

Seeing a smile, a relief of stress, seeing families together and focused on the recovery of their loved one, and the expression of hope that things will be "ok" is what I enjoy the most. I am inspired by the dedication of our staff and volunteers and the strength and resolve of our guests.

WPHN: What do you hope to accomplish in your first year?

Bob: My own to-do list is a mile long. But it's really best to focus on the critical few, isn't it? To provide the best care and comfort that we can in an efficient manner; To optimize and "stretch" our

3 Key Drivers for a Successful EMR Implementation

By Daniel Casciato

Physicians ultimately want to have an effect on better patient outcomes, which in turn, will lead to a profitable medical practice. They know that financial success is inextricably tied to their reputation as a healthcare provider. One way to improve patient care is to adopt an electronic medical record system (EMR). While some providers are still relying on the traditional pen and paper to capture patient information, others have already adopted an EMR and its associated technologies.

EMR mandates have certainly created a bit of anxiety and confusion. Common questions are: How will implementing a new EHR solution affect the provider and established workflows? Is it worth the investment or is it simply a necessary evil? Primarily, physicians and other healthcare providers have concerns over the amount of data that EMRs display and the level of effort required to wade through it.

A large population of doctors and nurses are used to flipping through paper records that deal primarily with the current patient issue. Now with EMRs they are forced to navigate through a complex software system to retrieve the information they need to serve the patient at that moment. For those healthcare professionals who are less technology savvy, this adds significantly to the time it takes to serve the patient.

There are three primary considerations for EMR procurement: cost, support and interoperability. These three are the key drivers of any successful EMR implementation.

Cost is an obvious factor. Since EMR solutions are resource and financially intensive investments, the physician practices should carefully consider what options are available to them before they decide on a package. Depending on the size of the practice, a physician group could leverage a larger healthcare provider's EMR solution or utilize/collaborate with a local Health Information Exchange (HIE).

Support costs once an EMR is implemented are considerable. Depending on what the physician practice requirements are, a solution could include custom reports, significant training costs, hardware expenditures (tablets, iDevices) and legacy application interfaces. Also EMR software normally has a base maintenance and licensing cost. Some of these issues could be mitigated with a Cloud EMR solution.

Finally, Interoperability will be an important factor in choosing a solution. Many physician practices have legacy systems (Accounts Payable, Pharmacy, Vendor Systems) that will need to tie into their EMR software. Interoperability also ties into the how the application performs and if it meets the needs of the physicians. If the users are uncomfortable with the system's interface or that it doesn't work well with mobile devices (iPads, smartphones, tablets) then it could be a deal breaker.

EMR offers a lot of promise for managing the clinical side of things. Although the transition of existing records and the training of providers is a big hurdle, in a few years, as EMRs become established and standards for data management solidify, those days will become a rapidly fading memory, and everyone, patients and providers, will reap the benefits of the information revolution. ✚

Western Pennsylvania Healthcare News wants to hear from you!

Email Daniel Casciato at writer@danielcasciato.com.

donors gifts; and to better understand the changing trends in health care in terms of impact to our guests.

WPHN: How can a patient get referred to Family House? Also — who is eligible?

Bob: Patients – and their families – are typically referred to our houses by social workers within the hospitals. Oftentimes, however, we have what we call "repeat customers" – former guests who have come to rely on the familial atmosphere and support of Family House. To be eligible, only those caregivers and families of patients who are here for treatment at one of the area hospitals may stay at Family House.

WPHN: Family House provides a home away from home for patients and their families. How does the organization receive the majority of your funding for your day-to-day operations? And is there anything our readers can do to help?

Bob: Community support is vital to our operations. We have been fortunate for a 30-year legacy of a committed community, although we must continuously pursue new funding streams. In addition to making a gift, I encourage our readers to talk to their friends, coworkers, and family about the importance of Family House and the impact we have on nearly 14,000 guests each year. Additionally, many corporations have a Matching Gift program and we are also a United Way partner. Yet, not only are we in need of financial support, but we have ongoing needs for pantry items, sundries, as well as volunteers. In fact, our nearly 250 volunteers are really at the heart of our organization and are critical in allowing us to fulfill our mission.

WPHN: Please tell our readers a little about the accommodations at Family House.

Bob: Each of our four houses – located in the Oakland and Shadyside areas of Pittsburgh – have their own, unique personality. But they all share a common thread of support and compassion, which is immediately felt as you are greeted at the door. Guests have a choice of a single room, double room, or a suite, all with a private bath. A community kitchen allows for large – or small – meals, and common areas such as a living room provide an opportunity for rest and relaxation.

WPHN: What are some of your organization's biggest challenges?

Bob: In many respects, in terms of an organization, we are no different. We have rising costs in the delivery of our mission with an ever demanding need for increased funding, while trying to maintain affordability to our guests.

WPHN: Looking ahead, what's on the horizon for Family House over the next 12-18 months?

Bob: We continue to evaluate our model to be sure we are efficient, while still providing "best in class" service to our guests. We also need to be aware of new or enhanced medical treatments and understand the effects of health care legislation and its impact on providers and our guests. Are there any special fundraising events our readers should be aware of?

We typically hold two major fundraising events throughout the year. In fact, our annual Gifting Gala is just around the corner on Saturday, March 29th at the Omni William Penn. It's not your typical gala with long-winded speeches and recognitions; it's really a fun evening that's filled with dinner, conversation, and dancing. Also, our 31st Annual Family House Polo Match is slated for Saturday, September 6th, at Hartwood Acres. Truly a one-of-a-kind event, Family House Polo provides an opportunity for spectators of all ages – and we encourage families – to enjoy an after-noon of outdoor fun, complete with a children's tent, silent auction, and much more.

Readers can contact Lisa Kahle at lkahle@familyhouse.org for more information on both events.

WPHN: Is there anything else our readers should know about you or Family House?

Bob: Oh, yes, but too many to describe in this interview! I encourage everyone to come to visit one of houses and experience the "Magic" that our staff and volunteers provide. And after some guest interaction, I will guarantee that you will leave with more than what you came with!

Family House, Inc., is a private 501 (c) (3) organization, established in 1983 to serve patients and their families seeking medical treatment for acute or life-threatening illnesses in Pittsburgh. For more information, to buy tickets, or to make a secure donation, visit www.familyhouse.org. ✚

Nothing Changes if Nothing Changes

By Michael Campbell

Recently we had a discussion with the residents being treated for addiction at St. Joseph Institute. The question posed to the group was "what made it hard for you to enter into treatment."

As residents described their personal stumbling block, a common theme became clear. Recovery demands change, and people are reluctant to accept change, even if it offers them a dramatically better life.

From its earliest days, AA has used the phrase "nothing changes if nothing changes" to describe a principle that must be embraces if the bonds of addiction are to be broken.

For decades there has been a challenge to addicts to change the "people, places and things" that pull them back to their abuse of drugs and alcohol.

However, like so many slogans, lip service rather than concrete action often defines the subsequent behavior.

This same group of residents was highly critical of the medical interventions that had been used to curb their addiction. Methadone, buprenorphine, and naltrexone had been taken by many, only to result in relapse during treatment, or soon after the medication was discontinued. "Why did that happen," I asked.

The responses were immediate and unified. "Because we did not change our lives and expected the medication to ensure our recovery" voiced one resident to quick affirmation from the others. Their comments point to the Achilles heel of healthcare. Too often we focus our energy on symptomatic treatment, while giving too little attention to the necessary lifestyle and behavioral changes that will lead to lasting resolution.

In making the decision to come to treatment, a young mother commented: "I felt like someone with a broken leg throwing away my crutches." This statement acknowledges how often addiction is the symptom for unresolved physical or emotional pain and self-medication is a primary reason for using.

In addiction treatment it is easy to offer people "Band-Aids," rather than seek a deeper, lasting solution. The process of personal growth, healing, and recovery requires an investment by healthcare providers to be a catalyst for change.

This demands a commitment of time and effort that contradicts standard medical practice, and the support of insurance companies.

There are two camps in addiction treatment that are in conflict. Those who advocate for an "abstinence based" model are proponents of radical behavioral change. They argue that only by creating a lifestyle where it is "easier not to use" does lasting recovery occur.

The other camp focuses more on "harm reduction," using medications as a means to control the disease of addiction. While a medication to reduce cravings and control urges offer to some an improved quality of life, without change, the individual's recovery is precarious.

The debates will rage on. New medications and treatment modalities will be introduced. However, the simple truth — acknowledged generations ago — remains the same. Recovery from addiction requires personal change. Life must be lived differently. If we avoid this hard reality, we may manage the disease for a time, but we can never be free from it.

I believe the sooner addicts, alcoholics, their families, and healthcare professionals become united in the need for radical lifestyle change, the sooner we will see the success rates for those in recovery climb higher. ✚

Michael Campbell is the president of St. Joseph Institute, a leading drug and alcohol treatment center located near State College, Pennsylvania. www.stjosephinstitute.com

I'll See You Again

By Barbara Ivanko

Jennifer is a bright, outgoing and lovely 18 year old high school senior. She has worked hard all through her academic career. So much so that come June, she will graduate atop her class and claim the honor of Valedictorian. Her high school years have been fulfilling and successful. Her future is very bright. But there was one thing missing.

Jennifer and her immediate family live in Texas. Her grandparents are here in Pittsburgh. Despite the miles, she has remained close to her grandparents thanks to visits and frequent communication.

Just before the holidays, Jennifer's grandfather was admitted to our Family Hospice Inpatient Center in Mt. Lebanon. Jennifer used her time off from school to come to Pittsburgh and visit.

She knew this would be the last Christmas with grandpap.

One morning while Jennifer and her grandmother were at the Inpatient Center for a visit, a member of our staff called the Family Hospice communications office and asked for help. It turns out that Jennifer had something special planned and needed a volunteer to record the event for posterity.

Our Family Hospice staff is not only willing, but proud to help make special events like these a reality for those we serve.

Our marketing manager met Jennifer and her grandmother outside of her grandfather's room. After introductions, she said "I'm graduating in the spring, but I know my grandpap won't be alive to see it. I brought a cap and gown, and I'd like to deliver my Valedictorian speech for him now. Will you record it and take a few pictures?"

Immediately impressed with this young lady's idea and composure, our marketing manager was happy to say yes. As he stood in the room filming on Jennifer's smartphone, her grandmother introduced her as the 2014 class valedictorian.

Jennifer entered the room wearing her cap and gown, and approached her grandfather's bedside. A wide smile stretched across his face. Jennifer delivered what was arguably the most touching graduation speech ever – tailoring it to her love and admiration for her grandfather.

"You may not be here when I graduate, but I know I'll see you again, in Heaven. Soon, you will be there with my mom, watching over me," she said.

Jennifer and her grandmother fought back tears. Her grandfather clutched her hand tightly, maintaining his proud smile. At the conclusion of her speech there were photos and plenty of hugs.

As the craziness of the world buzzes around us, it is a moment like this that helps us remember what is truly important: One family. One life. One moment. One memory.

Our Family Hospice Inpatient Centers in Mt. Lebanon and Lawrenceville are intended to provide acute symptom management for our patients and much needed respite for our caregivers. And, we are proud to say that they fulfill that mission every day.

But it's the extraordinary moments that make our hospice a special place. We realize that each family, each life, each moment and each memory are sacred. And in the midst of those instances, nothing else matters.

At the conclusion of the festivities, Jennifer and her grandmother expressed their thanks, explaining "this means so very much to us."

Family Hospice Inpatient Centers are happy to welcome special events and family gatherings.

Thank you Jennifer. Witnessing your beautiful moment means so much to us, too. ✚

Barbara Ivanko is President and CEO of Family Hospice and Palliative Care. She has more than 20 years' experience in the health care and hospice and is an active member of the National Hospice and Palliative Care Organization. She may be reached at bivanko@familyhospice.com or (412) 572-8800. Family Hospice and Palliative Care is a non-profit organization serving nine counties in Western Pennsylvania. More information at www.FamilyHospice.com and www.facebook.com/FamilyHospicePA.

Stantec It's a Matter of Perspective.

Time Is Love

By Bruce Knepper, AIA

February is our shortest month, and the month we celebrate St. Valentine. Not that being short in days and featuring a holiday about love have anything in common — or do they? The heart of the debate over the changes we have to embrace in healthcare — to reduce the cost and improve health — includes both time and an expression of love.

When we talk about reducing the cost of healthcare, we really need to focus on being more efficient with the time it takes to provide the care that is needed.

A look at the expenditures of a healthcare system shows us that the real cost of delivering care is in personnel. How can we help staff change what they have been doing for the past dozen years? How do they do more with less? I bet if you gathered working nurses, they would point out what wastes their time in much detail and with glee.

Time is a finite resource; let us use it wisely and effectively. We need to find ways to reduce the seemingly useless tasks to free up time for those precious minutes of quality care.

I have a few ideas!

Touch. Research has shown that some of the best medicine is touch. My mother knew this — yours probably did, too. Think about the effect it could have if the nurse or even the doctor took a moment of time to sit on the edge of your bed, spend time with

you and your family. The combination of touch and empathy is powerful medicine. See the connection to love and time?

Light. Most nursing units were designed around concepts with roots in the Hill Burton Act of 1946, which aimed at producing affordable healthcare and 4.5 beds per 1,000 people.

In many of those units, the nurses and staff work in fluorescent-lit hallways with the occasional glimpse of daylight from a patient's room.

Tremendous amounts of research and documentation now show that daylight improves the work environment and produces better product.

Nanaimo Hospital in British Columbia has a new emergency room that is almost 100% daylight capable — medication errors are down, acquired infections are down and patient satisfaction is off the charts.

Daylight is more than important. Show staff some love; get them a view.

Technology. The communication and information technology we have now was not even a dream in 1946! We need to rethink the nursing unit and embrace technology to meaningfully reduce the cost of care. Can you send patients home safely if they are connected to their nurse via Skype?

If they get their meds through a device that only distributes upon command from the nurse or doctor? Can the patient's physiology be measured remotely?

I might be able to spend less time in the hospital and at home with my family, maybe even my Valentine!

Could one nurse deal with more than six patients? Now we are talking about some cost savings!

The nurses in my family are already giving me "the look" for this one — but if we had truly "smart" rooms that automate the documentation functions, report out on my physiology, dispensed medications, I bet they could care for more patients with more time for a little love for each one.

Time is money, as they say. With some work, maybe we could save some of that time, and create affordable care with a little extra love on the side.

Happy Valentine's Day! ✚

Bruce Knepper is a registered architect and Vice President of Healthcare East at Stantec. Bruce works out of the Butler, Pennsylvania Office and can be reached at bruce.knepper@stantec.com.

5 Integrated Marketing Trends for 2014

By David M. Mastovich, MBA

As we move into a new year, you might be searching for new ways to creatively reach your healthcare related customers and prospects. Here are my top 5 Integrated Marketing Trends for 2014 to help you build your plan:Integrated Marketing

1. Clearly defining and drilling down key target markets will become even more essential to success. What's It Mean to You? Build Ideal Customer Profiles based on marketing intel and data then focus your marketing efforts accordingly.

2. Video will be the undisputed format of choice. Social Media sites like SnapChat and Vine understand video is the quickest, most memorable way to tell and share stories. What's It Mean to You? Embrace one to three minute long explainer videos that present your products or services in a simplified manner. Utilize different types of production. Some video should still be produced at a high quality but other video can be produced quickly at a modest cost.

3. Content will finally drive "The New SEO." For years, we've heard that "content is king." Yet traditional SEO tactics like keyword usage or links to other sites made as much of an impact as content. But as Google continues to change search, quality content increases in value. What's It Mean to You? Create content for your target markets. Make it about them in blog posts, videos and other types of media that can be shared.

4. Multi Screen Marketing moves to "must do" status. Mobile traffic will overtake desktop in 2014. The majority of shoppers have a smart phone, tablet or both. Your messaging needs to be tailored for multiple screens. What's It Mean to You? Your website better look (and work) as good on a mobile device as it does on a desktop or laptop. Right now, most don't. Make the customer experience universal regardless of device.

5. Small and midsize organizations and businesses must expand their online presence. Some have ignored social media while others have dabbled in it. The winners in 2014 will make a meaningful commitment. What's It Mean to You? Invest in creating a true social media and online strategy. Stop hoping it will go away or going through the motions. .

I hope these tips help you build an Integrated Marketing Plan that leads to a successful and happy 2014. ✚

David M. Mastovich, MBA is President and CEO of MASSolutions, an integrated marketing firm 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.

"The Book of Money" by Daniel Conaghan & Dan Smith

Book Information: c.2013, Firefly Books $29.95 U.S. and Canada 256 pages

There's not enough money in your wallet.

Actually, when you get right down to it, there never is. There's always something else you want to buy, always another plan, idea or future desire to save for, or buy. The truth is, you just can't get enough money.

But what do you know about those Benjamins in your bankbook? Whatever your knowledge, learn more by reading "The Book of Money" by Daniel Conaghan & Dan Smith.

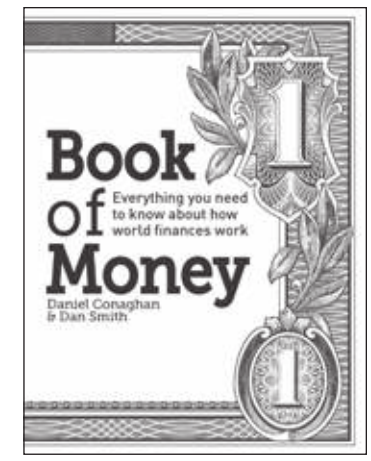
Nobody, of course, knows exactly when humans created currency, but historians believe that it happened in Mesopotamia "at least 5,000 years ago." A king in the Middle East later minted coins, and the Greeks followed suit by making them from bronze nearly 2,500 years ago. That money had to go somewhere, so banks were eventually created - and since banks need funding, too, methods of credit were invented.

We've come a long way from there: we have PayPal, mobile money, a global economy, and online banking. We have more options than did our ancestors – and we have more disparity.

Today's wealth is very unequally distributed, world-wide, and the gap is becoming a canyon: a tiny percentage of the world's adults own the vast majority of the money pie. Land prices skyrocket on some continents and nose-dive on others. A single dollar buys a half-gallon of milk in Kenya, but only a third of a latte here. Our debt ceiling climbs to headspinning heights, while that of Germany and the Netherlands is "relatively modest."

So what's a person to do?

Well, you could play the lottery or the market, but there are pitfalls to both. You can go into politics. You could invent the next new thing in banking, or you could rob one. If you're savvy, you might marry into money, or inherit it. You could get more money by borrowing it, but you'd have to pay it back. And if all else fails, you could do it the old-fashioned way, and save.



Getting more money is going to take familiarity with science and psychology. You'll need to know terms and differences between kinds of banks, and have an understanding of the world's economies – info that's all in this book.

But just remember: money can't buy happiness.

It does, however, buy you more fun.

So you say you know what you like: it's green and foldable and that's what matters. But there's a lot more to moola, and "The Book of Money" helps you understand it all.

It would be difficult, in fact, to come up with some facet of economics that isn't included here. Authors Daniel Conaghan and Dan Smith even touch upon subjects that don't, initially, seem to have anything to do with money but they point out correlations in easy-to-grasp language, graphs, full-color pictures, and plenty of sidebars.

This is one of those volumes that you'll want to keep in your office, for reference or for fun. Either way, if you've a passion for pesos (and more!), "The Book of Money" is a book you'll never get enough of. ✚

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.

Left Leg, Right Brain (The Frank Ferraro Story): Bodiography Contemporary Ballet's Newest Dance Premiere

by Christopher Cussat

Left Leg, Right Brain (The Frank Ferraro Story) is the newest and perhaps most powerful modern ballet yet to be presented by Bodiography Contemporary Ballet. Written and choreographed by Bodiography Artistic Director, Maria Caruso, the premieres of Left Leg, Right Brain (The Frank Ferraro Story) will be performed at the Byham Theater in Pittsburgh on two nights, February 21 and 22, 2014, at 8:00 p.m.

Bodiography's long history of partnering with patients is continued with this original piece that highlights the struggle and the daily victory of people overcoming adversity — particularly those living with Parkinson's Disease.

Parkinson's causes many physical manifestations including episodes of freezing, being unable to move, stiffness, rigidity, and falls. Dance has recently been utilized to help Parkinson's patients maintain a sense of balance and freer movement.

With development beginning in 2012, Left Leg, Right Brain is an original collaborative work between Caruso and multi-media artist, Frank Ferraro.

Their collaboration will tell the story of how Ferraro channels the power of creating art as a means to overcome the degenerative effects of living with Parkinson's Disease. "I live my life every day by placing trust in my imagination and allowing it to release me from my physical body.

By creating art, I am able to focus not on the losses in my life, but on the new beginnings," says Ferraro.

The title of the work reflects the fact that Ferraro's left leg can drag behind, almost as if it was nailed to the floor.

"For many, living with a degenerative, incurable disease can be like nailing one foot to the floor, forcing the patient to walk in circles and focusing all of their energy on the lack of possibilities in life. The right brain, with its lack of rational thought and its focus on creativity, can be used to liberate the left leg," Ferraro explains.

Caruso and Ferraro have worked on creative ways to transform the realities of Parkinson's Disease into dance. Snippets captured include:

• The degenerative process itself: The entire company is performing at the beginning of the full-length work, indicating the body's full neuromuscular potential. As the disease slowly strips away physical capabilities, the number of dancers on stage will also dwindle, leaving a solo dancer on stage at the end of the piece.

• The increasing number of medications taken by Parkinson's Disease patients: "In 2009, I was taking five pills a day — today, just four years later, I am taking 14 per day," says Ferraro. Together with Musical Director, Tom Octave, who is continuing his collaboration with Bodiography from Whispers of Light (2013), Caruso and Ferraro create a complete, rhythm-dance track using medication bottles as percussion shakers — counting out rhythms by the number of pills each day.

The dance then becomes more than a reminder of how many medications must be taken, and instead morphs into a wild, percussive, energizing dance — a drum-circle of life.

• The need to relearn physical skills daily as the disease progresses: Simple actions like putting a twist-tie on a loaf of bread must be reinvented as the detailed use of the fingers disintegrates. The dance also reflects new approaches to daily pedestrian motions.

• Perception by others versus self-perception: Necessary medications for muscle control alter the physical posture of an individual. The public's perception of an individual taking Parkinson's Disease medication can be that the person is under the influence of an intoxicant. To a Parkinson's patient, this is a liberation — as if life has entered the body creating what Ferraro calls, "a high octane moment" — a welcome break from not being able to move.

To highlight Ferraro's artistic expertise, a variety of film excerpts will accompany the dancers. This video footage will allow the audience to view different perspectives of his life and the dancers will become a representation of multiple aspects of his physical self.

The score for the work is rooted in the arrangement of jazz and blues sounds, from a collection of works by the extraordinary pianist, Craig Davis.

Under the direction of Thomas Octave, this evening of movement is elegantly woven together by the live performance of the Craig Davis Jazz Ensemble, the Pittsburgh Festival Orchestra, and a guest appearance by WQED's, Anna Singer.

Through this collaboration, Caruso has again engaged her unique creative research process with the artists of Bodiography as participants in learning and defining the physical restrictions of the disease.

Caruso has exhibited strong commitment to researching choreographic work directly with the patients and participants that experience the ailments highlighted in her ballets.

Together with Ferraro, she will use these opportunities to glean dialogue as well as physical notation and video documentation to serve as the underpinning for the proposed work.

To celebrate the joy of movement and offer activity options for those with movement difficulty, Pittsburgh's premiere, health-focused, dance company, Bodiography Contemporary Ballet, will be launching their trademarked Bodiography Movement Therapy® program for a variety of diagnoses following the premiere of this new full-length ballet.

This creative process began a year ago and Caruso intends to continue with community efforts beyond the performance by hosting Bodiography Movement Therapy® classes at Bodiography Center for Movement.

Company Artist, Melissa Tyler, will begin the courses in April 2014 and she is one of the first to be trained in Caruso's Bodiography Movement Therapy® method.

For more information about Bodiography Contemporary Ballet, please visit: www.bodiographycbc.com. For tickets to Left Leg, Right Brain (The Frank Ferraro Story), call: 412-456-6666. ✚

5 TIPS for Successfully "Kicking off" a Recruitment Search

By Jennifer Westford

In today's healthcare environment, the competition for top talent is fierce. At Corazon, we see program leaders within our specialty areas of cardiovascular, neuroscience, and orthopedics spend months or even years trying to attract skilled physicians, service line directors, or nurse managers to key roles within their organizations. While the recruitment of many positions can be inherently challenging due to a limited pool of qualified candidates, a haphazard approach to the effort can make attracting these hard-to-find individuals even more difficult.

Corazon recommends the following for hospitals and practices preparing to launch a recruitment:

1) Consider the availability of candidates and be prepared to adapt accordingly: On top of an already limited number of qualified candidates, certain searches may present additional challenges, especially if the role will not offer professional or financial advancement or will require relocation. Consider whether those will be factors in your recruitment and if so, adapt accordingly. You may have to develop talent from within or reconsider the required qualifications. Do not shrink your candidate pool with unnecessary limitations!

2) Define your process: Take a strategic approach toward the recruitment, determining in advance how you will actively seek candidates and what the process will be when you find them. Who will interview? Who will make the hiring decision? Make sure to recognize the importance of introducing the candidate (and their family!) not only to your organization, but to the community as well, especially in the case of relation. This should be an official part of your process.

3) Utilize your network: Remember the expression that "in life, it's all in who you know." Consider your employees, former colleagues, social media connections, and professional organizations as resources and tap them! Ask who they may know and how they can help to spread the word about the opportunity within your organization.

4) Have the job description clearly defined in advance. Be sure to have determined the responsibilities, expectations, title, and compensation for the role before you begin talking with candidates. If it appears that the organization is unclear on expectations and requirements, candidates are often turned-off by this perceived lack of direction within the organization. In addition, candidates are usually very hesitant to step into a role with undefined responsibilities.

5) Do not waste time unnecessarily. A good candidate is a hot commodity! Chances are that if they are looking at your opportunity they are open to exploring others as well. Avoid allowing long periods of time to pass between steps in the recruitment process and maintain frequent contact with candidates, providing updates along the way. Not only incredibly disappointing, but more importantly, it will be a complete waste of resources to have lost a strong candidate simply because the process lagged.

A successful recruitment requires a very deliberate effort; indeed, a passive and unorganized approach will not suffice in an environment where exceptional candidates have their choice of opportunities to explore. Corazon encourages organizations to approach recruitment as strategically as they would any other significant organizational initiative in order to improve their chances of success in finding the right fit.

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

Discovery of Immune Avoidance Mechanism Could Lead to Treatments for Deadly Mosquito-borne Viruses

A mosquito-borne virus that kills about half of the people it infects uses a never-before-documented mechanism to "hijack" one of the cellular regulatory systems of its hosts to suppress immunity, according to University of Pittsburgh Center for Vaccine Research scientists.

The discovery, which will be published in the journal Nature and is funded by the National Institutes of Health (NIH), could aid in the development of vaccines and treatments for eastern equine encephalitis virus (EEEV), a rare but deadly disease that is found primarily in the Atlantic and Gulf States. It also may be useful in efforts to inhibit other diseases, such as West Nile virus, dengue, rhinovirus and SARS.

"Anytime you understand how a virus causes a disease, you can find ways to interrupt that process," said senior author William Klimstra, Ph.D., associate professor at Pitt's Center for Vaccine Research. "And this discovery is particularly exciting because it is the first time that anyone has shown a virus using this particular strategy to evade its host's immune system and exacerbate disease progression."

EEEV carries ribonucleic acid (RNA) as its genetic material. Dr. Klimstra and his colleagues discovered that EEEV evolved to have a binding site in its RNA that fits perfectly with a small piece of RNA, called microRNA, in the cells of the organism that the virus is invading. Typically, microRNAs are produced by the host to control its own cellular processes.

When the virus binds with the microRNA in certain cells involved in triggering an immune response in a human, it restricts its own replication. This allows the virus to evade an immune response because the viral replication in these cells is what would normally tip off the host's immune system and induce it to mount an attack to rid the body of the virus.

Meanwhile, the virus is able to replicate and spread undetected in the cells of the host's neurological system and cause overwhelming disease.

EEEV causes inflammation of the brain that begins with the sudden onset of headache, high fever, chills and vomiting and can quickly progress to disorientation, seizures and coma.

There is no treatment for the disease, but it is rare, with about five to 30 cases reported in the U.S. annually, according to the U.S. Centers for Disease Control and Prevention. It has a 30 to 70 percent fatality rate, the highest of any North American mosquito-borne virus, with significant brain damage in most survivors.

It does not transmit easily to humans, and the mosquito species that typically carries it is usually found in swampy areas that aren't highly populated, though it has been found in more common mosquitoes, spurring pesticide spraying, curfews and outdoor event cancellations in recent years in states such as Massachusetts, where EEEV is more frequently found.

In the laboratory, Dr. Klimstra and his colleagues created a mutant version of EEEV without the microRNA binding site, which allowed them to discover that the binding site is key to the virus evading detection. When this manufactured mutant version was tested in the laboratory, the researchers found that the host's immune system was able to mount an effective response to the mutant virus. Dr. Klimstra added that the studies were mostly done in the Regional Biocontainment Laboratory at Pitt, a unique, high-security facility constructed with Pitt and NIH funds.

"Viruses are constantly evolving and changing," said Dr. Klimstra. "However, the genetic sequence that allows EEEV to bind to our microRNA has persisted. We find it in samples from the 1950s, which indicates tremendous evolutionary selection pressure to maintain this mechanism. Ultimately, these results suggest that the mutant virus could be used as an EEEV vaccine and that microRNA blockers could have potential for use as a therapeutic treatment for EEEV-infected patients who currently can be treated only with supportive care."

Co-authors on this research are Derek W. Trobaugh, Ph.D., Cristina L. Gardner, Ph.D., Chengqun Sun, Ph.D., and Kate D. Ryman, Ph.D., all of Pitt's Center for Vaccine Research and Department of Microbiology & Molecular Genetics; Andrew D. Haddow, Ph.D., Eryu Wang, Ph.D., and Scott C. Weaver, Ph.D., all of the University of Texas Medical Branch; and Elik Chapnik, Ph.D., and Alexander Mildner, Ph.D., both of the Weizmann Institute of Science.

This work was supported by NIH grants AI049820-10, AI060525-08, AI083383, AI095436, U54 AI081680.

For more information, visit www.health.pitt.edu. ✚

UPMC Heart and Vascular Institute Performs Pennsylvania's First Minimally Invasive Heart Pump Implant

Dr. Robert Kormos

UPMC surgeons are the first in Pennsylvania to use a minimally invasive surgical approach to implant a left ventricular assist device (LVAD), a portable pump that supports the failing heart in patients with end-stage heart failure. The surgery was performed at UPMC Presbyterian in early December on a 59-year-old man from Dunbar, Pa.

The patient, who is now recovering at home, had suffered from non-ischemic cardiomyopathy, a condition that weakens the heart and inhibits its ability to pump blood.

The procedure involved the Heartware HVAD pump, which was placed using a minimally invasive approach. Traditionally, VAD implants require a full sternotomy, where the chest is opened and the breast bone completely divided to provide access to the heart.

"The less-invasive approach offers a number of potential benefits for patients, including a lower risk of bleeding, smaller incisions and a quicker recovery, leading to shorter hospitalization," said Jay K. Bhama, M.D., lead surgeon for the procedure and associate director of the UPMC Artificial Heart Program.

VAD implantation can give renewed life to patients with advanced heart failure who are not helped by conventional medical therapy or who are waiting for a heart transplant. "Advances in VAD design have yielded smaller pumps, improving both survival and quality of life in patients with heart failure," said Robert Kormos, M.D., director of the Artificial Heart Program.

For more information, go to UPMC.com. ✚

Heinz Endowments Awards $415,000 Grant to Allegheny General Hospital to Investigate Extent of Childhood Asthma in the Pittsburgh Region

The Heinz Endowments has awarded a $415,000 grant to Allegheny General Hospital (AGH), to research the true prevalence of asthma among the region's school children, begin pinpointing the triggers of childhood asthma and build a base to formulate the best strategies to fight this dangerous disease.

Principal investigator Deborah Gentile, MD, Director of Research in the Division of Allergy, Asthma and Immunology at Allegheny General Hospital (AGH), said the project is intended to develop the most efficient methods of measuring and tracking asthma among our region's schoolchildren, and also serve as a springboard to further research into the prevalence of childhood asthma across Allegheny County and Pennsylvania, identifying environmental risk factors and developing policies aimed at asthma prevention.

Nearly 25 million Americans, and more than 9 percent of children, suffer from asthma. It accounts for 25 percent of all emergency room visits, and 3,300 deaths yearly, many of which could be avoided with proper treatment and care. African-Americans are three times more likely to be hospitalized for, or die from, asthma.

The Allergy and Asthma Foundation ranks Pittsburgh as the 16th most challenging U.S. city in which to live with asthma, based on factors such as high level of exposure to known asthma triggers such as poor outdoor air quality, indoor allergen exposure, tobacco smoke exposure and high poverty rates. Some Pittsburgh-area school districts report asthma rates that rank among the state's highest.

The research began in January and will initially focus on three local elementary schools where project directors and consultants are already actively engaged with administrators and school nurses.

AGH is part of the Allegheny Health Network. Learn more at www.wpahs.org. ✚

Sherwood Oaks Arms Residents with Instant Nutritional Information

Residents at Sherwood Oaks Continuing Care Retirement Community, a UPMC Senior Community, are now armed with the power to make more informed decisions about their dining selections. NetNutrition, an online solution, puts nutritional information at the residents' fingertips on an IPad kiosk-style location conveniently positioned in the community's lobby outside of the main dining room and café.

According to Danielle Weber-Peters, Cura Hospitality general manager of dining, "NetNutrition is an interactive tool that allows residents to select from Cura's menu items in the dining room as well as in the café. Nutritional information is filtered by caloric, allergens, sodium, heart healthy, etc. It's a valuable service to our residents who have specific dietary requirements to follow or for those residents who are just watching what they eat."

Once residents select the recipe or menu item, the software will generate a food label that lists all the ingredients and icons which indicate an allergen. "For example, a wheat icon notes that there is wheat in the recipe, therefore residents with gluten allergies or intolerances need to avoid," Ms. Weber-Peters said. Although independent residents primarily use the software, all residents and other guests are encouraged to use.

For more information, visit www.curahospitality.com. To learn more about Sherwood Oaks, visit www.sherwood-oaks.com. ✚

Children's Hospital of Pittsburgh of UPMC Launches Orthodontics Program

Children's Hospital of Pittsburgh of UPMC has launched an orthodontics program, which will be led by Lindsay Schuster, D.M.D., M.S. This new program will offer comprehensive orthodontic treatment for the prevention and correction of irregularities of the teeth, bite and jaws.

"The expansion of the orthodontics practice will provide the best in comprehensive orthodontic care for the entire family," said Dr. Schuster, lead provider for Children's Orthodontics. "Our goal is to ensure families receive proper treatment for their orthodontic issues and to enjoy a pleasing smile for a lifetime."

Dr. Schuster received her Doctor of Dental Medicine from the University of Connecticut, Orthodontic Certificate and Master of Science degree from the University of Minnesota, and certificate in Cleft and Craniofacial Orthodontics from New York University. She also is the director of the Cleft-Craniofacial Center's Orthodontics Program at Children's Hospital and an assistant clinical professor of surgery at University of Pittsburgh School of Medicine.

Treatment at Children's Orthodontics will include:

- Phase I orthodontic treatment to manage dental crowding, crossbites and jaw growth discrepancies
- Comprehensive orthodontic treatment for children, adolescents and adults
- Invisalign®
- Zoom!® Teeth Whitening
- Ear modeling, including EarWell™ molding, for infants with congenital ear shape irregularities
- Commemorative hand and foot casting services for infants, children and adults

Learn more by visiting www.childrenspeds.com/services-and-programs/orthodontics. ✚

Mercy Parish Nurse and Health Ministry Program to Host "Foundations of Faith Community Nursing" Basic Preparation Course

The Mercy Parish Nurse and Health Ministry Program, part of Pittsburgh Mercy Health System and sponsored by the Sisters of Mercy, will host "Foundations of Faith Community Nursing," a basic preparation course for faith community nurses and health ministers. This four-day, 34-credit course offers valuable education and resources to faith community nurses and lay health ministers and will be held February 28, March 1, March 28, and March 29, 2014 at UPMC Mer-cy, 1400 Locust Street, Pittsburgh, PA 15219 (Uptown).

The Mercy Parish Nurse and Health Ministry Program is an approved provider of the curriculum developed by the International Parish Nurse Resource Center (IPNRC), a ministry of the Church Health Center in Memphis, Tennessee. Designed for individuals who are interested in faith community nursing and health ministry, the course covers the seven main roles of the faith community nurse (FCN):

- Health educator
- Health counselor
- Health advocate
- Developer of support groups
- Integrator of faith and health
- Coordinator of volunteers
- Resource and referral agent

Additional course modules include prayer; self care; healing and wholeness; ethics; document-ing practices; legal aspects; communication and collaboration; family violence; suffering, grief, and loss; advocacy; care coordination; and more. Course modules are taught by certified faith community nurse (FCN) educators and subject matter experts in the respective fields of prac-tice.

Upon successful completion of the four-day course, nurses are commissioned as faith commu-nity nurses and receive 34 hours of continuing education credits and an IPNRC pin; lay persons are commissioned as health ministers and receive a health minister pin.

The course is limited to the first 20 participants who register.

The cost is $395 per person and includes course materials, 34 continuing education credits for nurses, and free parking in the hospital parking garage. Limited scholarship funds are available.

To download a copy of the course application, visit http://www.pmhs.org/parish-nurse- pro-gram/education-and-resources.aspx. Registration and payment are due by Friday, February 20, a week prior to the course.

For more information about the course, contact the Mercy Parish Nurse and Health Ministry Program at ParishNurse@mercy.pmhs.org or call 412.232.5815.

Representing the Catholic, Lutheran, and Methodist traditions, and from faith communities in Pennsylvania, Ohio, and West Virginia, 10 registered nurses and one health minister were commissioned during the fall 2013 course. (Photo by Dorothy Mayernik)

GE-NFL Grant Awarded to Pitt, UPMC Concussion Program to Conduct Innovative Brain Imaging Research

General Electric and the NFL announced recently that they have awarded one of their inaugural Head Health Initiative grants to an interdepartmental, University of Pittsburgh and UPMC effort in which researchers will assess whether a powerful imaging technology can identify concussion and subsequent recovery in a newly injured athlete in order to safely return him or her to play.

High definition fiber-tracking (HDFT), developed by a team led by Walter Schneider, Ph.D., professor of psychology and neurological surgery and a senior scientist at the University of Pittsburgh's Learning Research and Development Center, will be tested in a one-year study to see if it could become the first imaging technique to accurately and consistently aid in determining a diagnosis of concussion and injury prognosis.

The proposal, among 402 submitted internationally, was one of 15 winners expected to be announced at a news conference in New York City this morning. Micky Collins, Ph.D., executive and clinical director, and Anthony Kontos, Ph.D., assistant research director, both of the UPMC concussion program, were invited to participate in the announcement.

The project will study 50 or more athletes ages 13 to 28 who sustained a head injury within seven days of seeking care at the UPMC Sports Medicine Concussion Program. In addition to undergoing examination-room assessments, vestibular and ocular evaluations, and neurocognitive testing, patients will have an HDFT scan.

"We're excited to continue our leadership in finding new, safer ways to help people from all walks of life who suffer from the effects of concussions," Dr. Collins said. "Informative imaging studies could be a significant step forward for concussion evaluation and treatment."

There are billions of neural connections in 40 major fiber tracts in the human brain, comprising the information cables of the mind, Dr. Schneider explained. Conventional imaging is not able to show these cables or to pick up the subtle damage that can be caused by a mild traumatic brain injury. HDFT, however, uses advanced computational means to process data from sophisticated MRI machines, revealing these brain pathways and spots where the tracts might be disrupted.

"This imaging technology allows us to see fiber loss and tract breaks, which has not been possible before," Dr. Schneider noted. "HDFT could provide an objective way of identifying and quantifying damage, as well as a way to monitor healing. Concussion patients may find it a relief to be able to point to a specific cause for symptoms that otherwise might seem inexplicable."

"We also are interested to see if the HDFT imaging findings align with functional impairment and symptoms in patients," Dr. Kontos added. "For example, the HDFT findings might show that there is damage to a memory tract in the brain that corresponds to functional impairment in memory performance. Conceptually, as the athlete recovers we expect to see the evidence of this in both functional and HDFT findings. Ultimately, this combination of clinical and imaging information will allow clinicians to better assess and treat the individual effects of this injury."

The NFL partnered with GE to announce in March 2013 the launch of a four-year, $40 million Head Health Initiative with the aim of improving the diagnosis and treatment of concussion, spurring innovation among health care and academic experts, and benefitting the safety of athletes, military members and society in general.

"This challenge was a call to action to advance head health research and innovation," said Alan Gilbert, director, global government and NGO strategy, GE Healthymagination. "The breakthrough ideas submitted will help us better understand brain injuries and the brain overall. We are excited to work with the University of Pittsburgh and UPMC as it advances its work in high-definition fiber tracking that could help improve identification and diagnosis of concussion."

Drs. Kontos, Collins and Schneider are the principal investigators in the Pitt/UPMC project, which will involve dozens of others from the Schneider lab and the UPMC Concussion Program. They received a $300,000 grant with an option to apply for additional funding after the opening six months of the study.

"Because HDFT can detail broken tracts in the brain much the same way an X-ray can detail broken bones, this imaging technique could provide biomarkers for specific impairments and eventually help to develop more targeted and effective therapies and treatments," Dr. Kontos said. "X-rays, MRIs, functional MRIs . . . nothing has been shown yet to be clinically useful and consistent. This could be groundbreaking for the 1.7 million or more Americans who sustain concussions every year – far more than simply top-tier athletes."

Dr. Collins is a developer, co-owner and shareholder of ImPACT Applications, Inc. ImPACT, a computerized neurocognitive test battery designed to assess mild traumatic brain injury, will be used in the study.

For more information, visit www.upmc.com. ✚

Mentoring in Medicine Program Accepts Applications from College Students Planning for a Career as a Physician

The Mentoring in Medicine program at Conemaugh Memorial Medical Center is once again accepting applications from college students planning on a career as a physician.

Now in its 11th year, the 10-week summer program allows students to shadow physicians at Conemaugh Memorial Medical Center in departments such as radiology, obstetrics, orthopedics and ER/trauma. Students also have the opportunity to select a department of their choice to shadow for two weeks. Pathology, oncology and neurosurgery are some top choices.

"The goal of the program is to allow young people who are strongly considering medicine to confirm that they do indeed want to go into medicine and to begin to sort out what specialties they might be interested in," says Dr. Richard Schroeder, an Orthopedic Surgeon who co-founded the program with his wife Diana Schroeder who serves as program coordinator. "The program helps premed students experience what doctors do on a daily basis. It is underwritten by a stipend from the hospital, so premed students do earn an income for the summer. We know that's important."

"When I was at Northwestern where I went to medical school in Chicago, the State of Illinois had a program called a MECO Program (Medical Education and Community Orientation). It was very helpful for me," says Dr. Schroeder. "It's actually where I evolved my interest in orthopedics, away from other forms of surgery that I thought I might be interested in."

Since its inception, more than 100 students have participated in the Mentoring in Medicine program; the majority of them (about 75%) have gone on to medical school.

The application process to become an intern is rigorous. There are eight spots open for college and/or medical students. Each student must be a rising junior or senior in college with a focus in pre-med, or must be a first year medical student and have taken four out of the five required courses which are pre-med, calculus, biology, organic and/or inorganic chemistry and physics. Another requirement is that the participants be from Cambria or surrounding counties. The internship is paid.

To apply for the program students can contact Diana Schroeder via email at dschroe@conemaugh.org. Applications are due February 15, 2013. ✚

Nursing Programs at California University of Pennsylvania earn CCNE accreditation

California University of Pennsylvania recently announced the accreditation of its bachelor's and master's degree programs in nursing.

• Cal U's **Bachelor of Science in Nursing** has been re-accredited by the Board of Commissioners for the Commission on Collegiate Nursing Education. The 10-year CCNE accreditation will extend to Dec. 31, 2023.

The BSN program is intended for registered nurses who have already completed a diploma or an associate degree in nursing. The program is offered in two formats: through traditional face-to-face classes or 100% online.

• Cal U's **Master of Science in Nursing: Nursing Administration and Leadership** has received its initial accreditation from the Commission on Collegiate Nursing Education. The five-year CCNE accreditation will extend through Dec. 31, 2018.

The MSN program prepares graduates to move into advanced practice roles as nursing administrators and leaders. Designed with busy, working nurses in mind, the program is offered 100% online and can be completed in less than two years.

Both CCNE accreditation actions are effective as of March 25, 2013. To learn more about California University of Pennsylvania and its nursing programs, visit www.calu.edu. ✚

Marcie S. Caplan Named Chief Executive Officer for Canonsburg Hospital

Marcie S. Caplan

Allegheny Health Network promoted **Marcie S. Caplan,** Senior Vice President, Physician Strategy and Program Development at Jefferson Hospital, to Chief Executive Officer of Canonsburg Hospital.

Since joining Jefferson Hospital in 2009, Caplan has been instrumental in developing its bariatric surgery and women's health programs, and has led physician recruitment initiatives for both affiliated and independent practices.

Caplan has a long and successful record of healthcare leadership in the greater Pittsburgh region. She joined South Side Hospital in 1980 and advanced to the position of Chief Executive Officer after South Side's affiliation with UPMC. In 2002, she became Chief Operating Officer of UPMC Passavant and UPMC Passavant Cranberry.

In addition to her new role at Canonsburg, Caplan will continue to lead physician strategy and recruitment for Jefferson Hospital and will work collaboratively within the southern region to help meet community needs and promote growth of the Allegheny Health Network.

For more information, visit www.wpahs.org. ✚

UPMC Altoona Welcomes Nuclear Medicine Interns

Two area students, Nicole Post of Tyrone and Joel Fleegle of Bedford, comprise the 11th class of interns from Findlay University Nuclear Medicine Institute to study at UPMC Altoona.

Post is the daughter of Karen Post of Tyrone. Fleegle is the son of Duane and Jackie Fleegle of Bedford.

This class has the distinction of receiving education from co-instructors Drew Appleman, UPMC Altoona Nuclear Medicine department supervisor, and Keith Grigg, UPMC Altoona chief technologist. When Appleman retires in early May, Grigg will finish teaching through August.

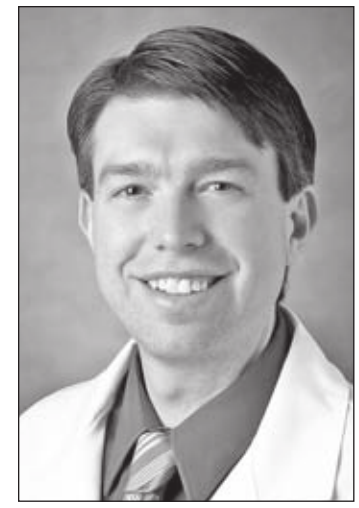
The students will complete a nine-month internship in the Nuclear Medicine Department, applying the knowledge from the classroom to the hospital-patient setting.

Upon completing the internship, taking a final exam, and graduating at Findlay in August, the students will sit for their national board exams in September. So far, all Findlay interns who have studied here have passed their national board exams, Appleman said.

For more information, visit www.upmc.edu. ✚

Keith Grigg (far left), Nuclear Medicine technician, and Drew Appleman (far right) with Post and Fleegle

UPMC Altoona Physicians Receive Board Certification



David Burwell

David Burwell, M.D., chief medical information officer, has been certified by the American Board of Preventive Medicine (ABPM) as a specialist in the new subspecialty of Clinical Informatics. He is among the first physicians in the country and the first UPMC Altoona physician to be certified.

Board certification is the gold standard for any type of physician certification. The ABPM certification reflects the growing importance and demand for physicians with professional expertise in informatics, which combines expertise in medicine and information technology. This encompasses not only the responsibilities of chief medical information officers, but other positions where physicians draw on their expertise in both medicine and informatics.

As chief medical information officer at UPMC Altoona, Dr. Burwell serves as a liaison between the medical staff, the Information Technology (IT) department, and administration during planning, selection, implementation, and optimization of clinical information technology.

Dr. Burwell, who is also board-certified in Family Medicine, practices with Burwell Family Medicine, Duncansville.

Ebere Anokwuru

Ebere Anokwuru, M.D., a psychiatrist in UPMC Altoona's Behavioral Health Services Department, passed the psychiatry certification examination administered by the American Board of Psychiatry and Neurology (ABPN) in September.

The purpose of ABPN's initial certification examination is to test the qualifications of candidates in psychiatry. Psychiatry specializes in the prevention, diagnosis, and treatment of mental, emotional, psychotic, mood, anxiety, substance-related, sexual and gender identity, and adjustment disorders. Biologic, psychological, and social components of illnesses are explored and understood in treatment of the whole person.

Psychiatrists can order diagnostic laboratory tests, prescribe medications, provide psychotherapy, evaluate and treat psychological and interpersonal problems, and give continuing care for psychiatric problems.

Psychiatrists are also prepared to intervene with individuals and families who are experiencing a crisis or dealing with great stress. Psychiatrists may also act as consultants to primary care physicians, or to non-physicians such as psychologists, social workers, and nurses.

For more information, visit www.upmc.com. ✚

Gateway Health Announces New President and CEO

Gateway HealthSM (Gateway) announced today that **Patricia J. Darnley** has been named President and CEO of Gateway. Darnley, who most recently served as Senior Vice President of Network Development and Operations at Centene Corporation of St. Louis, Missouri, has over 20 years of health plan and managed care experience, much of which focused on the uninsured and underinsured markets and Medicaid and Medicare plans; the same markets served by Gateway Health. She succeeds Michael Blackwood who retired as President and CEO of Gateway in September 2013.

Prior to her most recent role at Centene Corporation, Darnley was the President and Chief Executive Officer of University Health Plans, a wholly owned subsidiary of Centene. A native of Western Pennsylvania, Darnley also served as Chief Financial Officer and Chief Operating Officer for the University of Pittsburgh Medical Center (UPMC) Health Plan, as well as holding account management and network development leadership roles at Blue Cross of Western Pennsylvania, the predecessor to Highmark Inc.

Darnley brings extensive expertise in financial management, operations, underwriting, administration, strategic development and all components critical to the management of a successful health plan to her new role as President and CEO of Gateway. She holds an M.B.A. from Duquesne University and a B.S. in Accounting from Indiana University of Pennsylvania.

To learn more about Gateway Health, visit www.gatewayhealthplan.com. ✚

Director of Counseling Joins Cedarville University

Mindy May

Cedarville University's counseling center welcomed a new leader to its department when Mindy May accepted the position of director of counseling. She started at Cedarville on January 6, 2014.

May has professional experience and education in the counseling field.

Since 2006, she worked for the Walsh Counseling Center in Fort Worth, Texas, helping younger teenagers who struggled with anger management, abusive situations, and depression.

From 2008 until joining Cedarville University, she counseled in Fort Worth-area churches, at Walsh, and at the Metroplex Counseling Center in Bedford, Texas.

In addition to providing counseling services, May also has been a graduate level instructor at Southwestern Baptist Theological Seminary and Dallas Baptist University.

She has received many counseling awards during her educational pursuits and professional work.

Most recently, she was the recipient of a prestigious scholarship from the American Association of Christian Counselors.

She's also presented at numerous counseling conferences, including the American Association of Christian Counselors in 2011 and 2012.

A graduate of East Texas Baptist University (B.A. in psychology), May also holds a master of arts (M.A.) in Christian ministries and in marriage and an M.A. degree in family counseling from Southwestern Baptist Theological Seminary in Fort Worth, Texas.

She anticipates earning her Ph.D. in May. Her dissertation is "A qualitative study of the trauma needs among adolescent victims of domestic sex trafficking."

May is also nearing completion of state licensure as a Licensed Professional Counselor.

For more information, visit www.cedarville.edu. ✚

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KFMR is a full service accounting and business consulting firm headquartered in Pittsburgh, PA. Services we provide to the healthcare industry include: accounting and tax services; compensation structuring and fair market value analysis; outsourcing financial strategies (on-premise laundry); physician and healthcare entity valuations; and merger & acquisitions advisory services.

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

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ST. BARNABAS HEALTH SYSTEM

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

EXTENDED CARE & ASSISTED LIVING

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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 Hoglund for independent living; Darla Cook for nursing admissions, or Lisa Powell for personal care. Visit our website at www.asburyheights. org.

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PRESBYTERIAN SENIORCARE

Presbyterian SeniorCare
Positively Living

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Our goal is to make sure that older adults age with grace and dignity. As the region's largest eldercare provider, we do this by providing a continuum of services and living options, and by investing significantly in our people. We believe that people are what make the difference between good and great. Everyday lives are being enriched and changed positively by our compassionate and well-trained staff and volunteers – people whose dedication to excellence is consistent with our faith-based mission of improving the lives of older adults from all walks of life.

Today Presbyterian SeniorCare is privileged to serve more than 6,500 older adults through our continuum of 56 communities at 44 locations across 10 Western Pennsylvania counties. Our care and service options include: personal care and skilled nursing communities, specialized Alzheimer's and dementia care, over 35 affordable and supportive housing communities, our premier continuing care retirement community Longwood at Oakmont, as well as in-home and community-based programs.

In 2006, Presbyterian SeniorCare became the first Aging Services Network in Pennsylvania, and the third and largest in the nation to receive accreditation from Commission on Accreditation of Rehabilitation Facilities-Continuing Care Accreditation Commission (CARF-CCAC). CARF-CCAC reissued that accreditation for a five-year term through 2016, representing the highest level commendation that can be awarded to an eldercare provider. Additionally, we also have been awarded the CARF-CCAC accreditation through 2016 as "Person-Centered Long-Term Care Communities" for our nursing communities, recognizing our superior performance in fostering an environment of autonomy, choice and flexibility for our residents.

For more information about Presbyterian SeniorCare, 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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Westmoreland Manor with its 150 year tradition of compassionate care, provides skilled nursing and rehabilitation services under the jurisdiction of the Westmoreland County Board of Commissioners. A dynamic program of short term rehabilitation services strives to return the person to their home while an emphasis on restorative nursing assures that each person attains their highest level of functioning while receiving long term nursing care. Westmoreland Manor is Medicare and Medicaid certified and participates in most other private insurance plans and HMO's. We also accept private pay. Eagle Tree Apartments are also offered on the Westmoreland Manor campus. These efficiency apartments offer independent living in a protective environment.
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The Children's Institute
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Andy Russell Celebrity Classic
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EMT Class at Penn State Fayette, The Eberly Campus
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Classes will be held at the Rostraver/West Newton Emergency Services.
Call 724.929.9116 for more information.

Paramedic Training with Penn State Fayette, The Eberly Campus
March 9, 2014; Sundays 9:00 am—3:30pm and One Saturday a Month
Training will be held at the Hiller Vol. Fire Department
For more information contact 724.430.4217 or email sln@psu.edu.

TEMS Training at Penn State Fayette, The Eberly Campus
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Class size is limited.
Call or email Sherry L. Nicholson at 724-430-4217 or sln177@psu.edu.

Health Care Event & Meeting Guide

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

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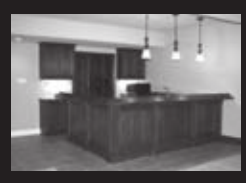

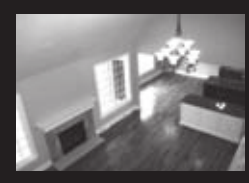

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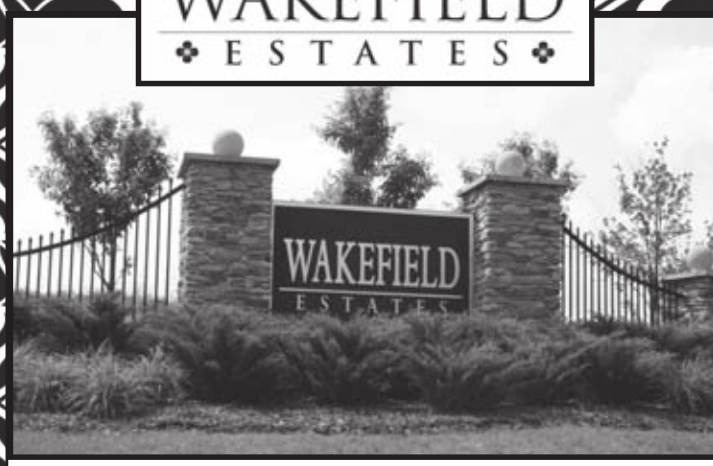

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DIRECTIONS: 19N, L ZEHNER SCHOOL RD., L ONTO FRESHCORN, RIGHT ONTO GLEN RAPE RD., PLAN ON L. GPS: INTERSECTION OF GLEN RAPE AND FRESHCORN

Only One Unit Left!

LOT 101 • Georgetowne Court • $899,000

HURRY! FINAL UNIT left in the upscale community of Georgetowne!

- Luxury townhome offers 4BRs & 5.5 baths
- 10 ft. ceilings on first floor; 9 ft. ceilings on upper level
- Elevator
- Finished walkout lower-level
- Three-car garage
- Quality built by Spagnolo Builders
- Time to make choices!

Georgetowne
Pine Township

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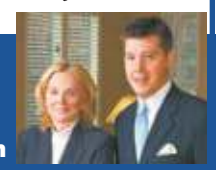
To Visit: Route I-79 North to the Warrendale Exit, R on Warrendale-Bakerstown Road (Red Belt), R at traffic light onto Route 19 heading south to L on Wallace Road to the "Georgetowne" entry.

Winterberry

Located on 5 acres in the heart of Sewickley Heights, just seconds from Interstate 79, this custom built estate has an elegant presence starting with the long private circular drive. Boasting 5 bedrooms, and 4 full and 2 half baths this home has impressive details and amenities throughout. Most notable is the box-beamed living room, spiral staircase 2 story foyer, impressively sized master suite complete with spa-like bath, huge upstairs multi-purpose room, extra high ceilings in the basement, an open gourmet kitchen that leads to the sunken family room and adjacent den that features beautiful woodwork from top to bottom.



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A Rare Find!

This 3 year old, custom built home is perfectly situated on 4.4 beautiful acres, with public utilities, right in the heart of Murrysville. The gourmet kitchen features granite counter tops, cherry cabinets, double ovens, a pot filler and stainless appliances. There is a spectacular first floor Master suite and bath with an oversize Travertine shower, double sinks and vanity with granite tops. Amenities galore! Your own PRIVATE paradise! $599,900

Roxanne Mirabile • PA License No: RS-152885-A
PRUDENTIAL PREFERRED REALTY
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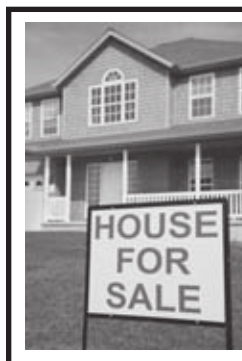

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PIKE RUN COUNTRY $897,000

Incredible 4 bedroom 3.5 bath custom built stone home. Hickory floors, Mahogany doors, gourmet kitchen with marble counters, elevator, indoor swim spa. Covered and open porches. Luxurious master suite. Gorgeous wooded setting. One of a kind!

CITY OF GREENSBURG $540,000

Exquisite 4 bedroom 3.5 bath all brick Provincial with grand entrance. 2 story great room has impressive floor to ceiling tone fireplace and wall of palladium windows. Private patio and yard. Heavenly 1st floor master retreat. Gorgeous maple kitchen with granite island and custom travertine back splash. Fabulous lower level game room w bar and gas fireplace.

HEMPFIELD TWP $370,000

Entertainer's dream house. Open floor plan in this 4 bedroom 3.5 bath brick 1 1/2 story. 1st floor master suite. Huge game room with wet bar and full bath. Relax in the warm sauna too. Beautiful kitchen and oversized laundry room.

Scott Ludwick
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Greensburg Pa 15601
724-838-3660 ext 648
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West Pike Run Township $537,900

The maple tree lined drive guides you to this marvelous home perched beautifully on a hilltop where breathtaking views of Pittsburgh and surrounding areas can be enjoyed from the upper deck. Located in historic Scenery Hill, this 17 acre property features a family room with a dramatic cathedral beamed ceiling and floor to ceiling windows. The kitchen presents ivory maple cabinets, tumbled marble backsplash and Tuscan plastered walls. Circular staircase leads you to the third level loft where you can take in a million dollar view. This private estate offers stylish, updated amenities and is just minutes to major arteries.

Peters Township $685,000

A spectacular Peters Township residence! Understated elegance is the theme as you wonder through this beautifully constructed home. It is an Entertainers dream, whether enjoying the tranquil level fenced yard from the large covered patio or hosting a get together in the walk-out basement equipped with wet bar, full bath and exercise room. Additional wet bar in Family room and large granite kitchen with upscale appliances. Freshly painted and chock-full of incredible amenities. Call for personal tour.

Peters Township $217,000

Nestled in the heart of Peters Township, this quality built townhome is within walking distance of many community and recreational facilities and schools. It features a partial brick exterior, Anderson windows, cathedral ceilings and jet tub in the Master bath. Formal living and dining room with floor to ceiling brick fireplace w/ gas starter. Third floor loft with skylights could easily convert to Bedroom. Partially covered rear patio and attached 2 car garage.

kw KELLER WILLIAMS REALTY

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SCAN FOR :
- HOME DETAILS
- VIDEO TOURS
- MAPS & DIRECTIONS

PINE TOWNSHIP $965,000

Heights of North Park - Custom, Spacious Home on 3.5 acres! Finished 3rd Floor. 4 car gar., pool w/pool house/bar, finish lower level, full governor's drive. Large patio overlooks wooded privacy. Stunning craftsmanship, incredible price per square ft value. MLS 985568

Virtual Tours at www.HoneywillTeam.com

PINE TOWNSHIP $1,000,000

Lake MacLeod Estates - Southern Exposure, Stunning Custom Built Home! Approx. 6800 sq. ft. on 3 floors. 1.35 Acres, lake and boat house, 4BR 4/2 baths, 1st flr. Master suite, judge's paneled den, stunning great room, spacious designer kit, huge finished lower level. MLS 965597

Virtual Tours at www.HoneywillTeam.com

PINE TOWNSHIP $725,000

North Park Manor - Striking Home with extensive Custom Features! 4BR 4/1baths, Judge's paneled den, Gourmet cherry & granite kitchen w/ new SS appliances, HW floors, master suite with fireplace, super walkout game room with walk behind bar & fireplace. Walk to 2 Acre sports field. MLS 991939

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