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THE REGION'S MONTHLY HEALTHCARE NEWSPAPER

Challenges Abound for Western Pennsylvania Senior Care Providers

BY JOHN FRIES

As we all know, Allegheny County is home to the second-highest concentration of senior citizens. Only Miami-Dade County, Florida has more.

And, according to statistics published by the Commonwealth of Pennsylvania, our state has the third largest percentage of people age 65 and older, just behind Florida and West Virginia. It is estimated that, by the year 2020, approximately one in four Pennsylvanians will be age 60 or older.

The state has been trying to help older adults through a variety of programs. Recently, application forms for property tax and rent rebates (of up to \$650) were mailed to nearly 550,000 senior citizens and residents with disabilities who received rebates last year. To date, more than \$236 million in property tax and rent rebates have been sent from the state to homeowners and renters.

The large and continually growing number of older adults presents a unique set of challenges to care providers here in western Pennsylvania, as well. One concern that's continually being explored, addressed and discussed is reimburse-



Alyson Pardo

ment—especially when budget cuts are happening or impending. These cuts affect providers of residential, skilled nursing and palliative care, among others.

"The Bush administration is currently proposing significant budget cuts in hospice care, which will affect all hospices that deliver end-of-life care in long-term care facilities," says Alyson Pardo, general manager of VITAS Innovative Hospice Care® of Greater Pittsburgh, part of the oldest national network of hospice and palliative care providers. "People should have the right to access hospice services no matter where they live. Long-term care facilities and their residents benefit greatly from partnering with hospices when caring for residents who choose palliative care at the end of their lives."

She adds that, "Our hospice team is highly educated in the unique physical and

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Internationally Renowned Geriatric Specialist Joins UPMC

BY DANIEL CASCIATO

With an increasing aging population, there has never been greater demand for geriatric care. Fortunately, the ageism attitude that existed towards the medical treatment of seniors has changed dramatically over the years. However, Dr. Robert Palmer believes that the medical profession still has a long way to go to get rid of ageism totally.

"I don't see as much overt evidence of ageist thinking, which is biased or prejudiced thinking against older people based just on their age or their worthiness to society," said Palmer, who was recently appointed director of clinical geriatrics at the University of Pittsburgh Medical Center (UPMC). "What we're seeing now is an inversion of what we have seen in the past when patients, based on age, were denied healthcare services."

In the past, Palmer says many older patients were not enrolled in randomized clinical trials of new treatments, medications, and clinical procedures. "They were not given access to tertiary care services or procedures, or even transplants. But the medical profession has taken great strides in improving the attitudes that used to per-



Dr. Robert Palmer

sist towards aging patients."

Today, new challenges face geriatrics, particularly how the healthcare system can optimize the health of seniors, but still use its limited and precious resources more cost effectively.

Palmer's the right man to lead the charge. As geriatric medicine specialist, he has gained national prominence for innovative efforts to improve the outcomes of hospitalization through geriatric assessment and interdisciplinary care.

Palmer, born and raised in Detroit, attended medical school at the University of Michigan and completed his residency training in internal medicine at the Los Angeles County/University of Southern California Medical Center. He obtained his master's degree in public health from the University of California, Los Angeles, where he later completed a fellowship in

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McKeesport Hospital Foundation Holds 31st Invitational Luncheon

More than \$2 million provided by Foundation to support health and social programs and services since 1977

BY JOHN FRIES

The arrival of spring is heralded in many ways: the first robin on the windowsill ... the first crack of the bat at the ballpark...the first day you can walk outside without a jacket.

In McKeesport, you know it is spring when the McKeesport Hospital Foundation hosts the UPMC McKeesport Invitational luncheon. At this annual event, dozens of guests from the hospital and sponsors from the local community are welcomed, and updates are provided on a range of programs supported by the McKeesport Hospital Foundation over the past year.

The luncheon also includes a preview of the upcoming UPMC McKeesport Invitational, which includes tennis and golf outings and a "Paint the Town Pink" fash-

ion show, which will be commentated by WTAE-TV news anchor Kelly Frey.

Since 1977, the McKeesport Hospital Foundation has raised over \$2 million to fund health and social programs at UPMC McKeesport and throughout the McKeesport community. Michele Matuch, executive director of the foundation, has supervised many of the successful initiatives undertaken by the Foundation. Under her direction, planning for the 2008 Invitational is again moving full speed ahead.

At this year's luncheon on April 11, sponsors and guests in attendance (many of whose names are listed in the sidebar) received detailed progress reports of UPMC McKeesport's advancements in healthcare technology and community initiatives.

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Corporate Special Sponsors and Attendees of the 31st Annual UPMC McKeesport Invitational

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What is Independent Living for Seniors?

Growing older in Western PA used to be pretty simple. As long as you were able, you lived in your own home. If you needed a little help with household chores, meals or personal care, a family member could provide it. When you needed quite a bit of help with care, you went to a nursing home. During the last 3 decades, much has changed in the world of senior housing, and choices now exist that provide for all levels of safety, care and quality of life.



Among the many options available to seniors when choosing housing, Independent Living provides the greatest versatility and freedom. Independent Living for seniors refers to residence in an easy to maintain private apartment or home within a community of your peers. As a general rule, Independent Living Communities also provide services such as meals, housekeeping, transportation and activities. Typically, residents do not require "hands-on" personal care or medical assistance. If such care does become necessary, residents in Independent Living are permitted to bring in their choice of outside services.

Arrowood Independent Living community offers distinctive retirement and a carefree lifestyle to area seniors. Established in 1997, Arrowood offers 123 apartments, situated in a peaceful, wooded setting. Available units range in size from the efficiency level to a two bedroom, two-bath suite. Every apartment is furnished with a kitchenette that includes a small refrigerator and microwave. Incoming residents utilize a month-to-month lease, and entrance fees are not required. Fine dining is available from 7 a.m. to 6 p.m. daily, housekeeping is provided on a weekly basis. Other services include local transportation, 24-hour security, paid utilities (including cable) and individual climate control. A full schedule of activities and outings makes this life at Arrowood even more enjoyable. Residents can look forward to card clubs, afternoon parties, dinner outings, their favorite entertainer – or simply spend a quiet evening in the privacy of their own apartment.

Arrowood Independent Living is located on the campus of the Southwestern Group, Ltd. For more information, call (412) 469-3330 or visit southwesternhealthcare.com.

COVER STORY: Internationally Renowned Geriatric Specialist Joins UPMC

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geriatric medicine.

Over the years, Palmer has become nationally and internationally recognized for his patient care, research and publications. He is the author of numerous book chapters, scientific reviews and geriatric textbooks, including *Acute Hospital Care and Age Well!*

The latter is based on Palmer's knowledge and experience as an academically-oriented geriatrician as well as his lessons learned from taking care of older patients. Does Palmer practice what he preaches? He admits that he's not the perfect patient, but is improving.

"What I have learned that I applied to myself is the importance of exercise, good nutrition, and the constant reinventing of oneself by taking on new challenges and new tasks that force you to be more cognitively stimulated and more socially intact," he said. "Taking on new challenges may be a new job, new hobby, reading, or volunteer work, but it's also more effective when done in a social context where you are connecting with other people and meeting new people. This gives you a positive attitude and better health in aging."

Palmer comes to UPMC from the Cleveland Clinic, where he served as head of geriatric medicine. Palmer's vision for UPMC's clinical geriatrics division is to create the best possible clinical program across a continuum of care.

"Wherever a geriatric patient may reside, we want them to have the best care possible,"

explained Palmer. "To do this, we plan to establish the geriatric principles of care and apply them to the acute care hospital setting and post-acute setting such as skilled nursing facilities, nursing homes, rehab centers, outpatient clinics and home care."

Palmer says that because UPMC is an academic center, they want all residents, students, fellows and faculty involved in the care of older patients to understand those principles. "Through education, we're planning to train the next generation of physicians and to help inform our colleagues who are already physicians in how they can apply geriatric principles to the care of their patients and their specialties."

What attracted Palmer to the position was the opportunity to collaborate with Dr. Neal Resnick, chief of the division of geriatric medicine and director of the University of Pittsburgh Institute on Aging.

"Dr. Resnick is a brilliant geriatrician who has this amazing vision of what geriatrics can be and should be and where we need to go as a nation in taking care of our elderly patients," said Palmer, who has known Resnick for many years. "We've enjoyed many conversations about this very issue of where geriatrics can be going in this country. Because he knew that the two of us think alike, he's been trying to get me to come to Pittsburgh for a long time. I felt that at this time in my career it was the right move and I'm just incredibly excited to be here."

For more information, call 1-866-430-8742 or visit www.aging.upmc.com.

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