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Site Visit Report

Keeping Track of Care: Quality and Technology at LifeBridge Health System

THE GEORGE
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ACKNOWLEDGEMENTS

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The National Health Policy Forum is a nonpartisan research and public policy organization at The George Washington University. All of its publications since 1998 are available online at www.nhpf.org.

Keeping Track of Care: Quality and Technology at LifeBridge Health System

INTRODUCTION

On August 5, 2005, the National Health Policy Forum sponsored a one-day site visit focusing on quality and technology in acute, post-acute, and long-term care at Sinai Hospital and Levindale Hebrew Geriatric Center and Hospital, both components of Lifebridge Health System in Baltimore.

Sinai is a sophisticated nonprofit community hospital in northwest Baltimore, with several teaching programs and some highly specialized service centers such as the International Center for Limb Lengthening and the CyberKnife® center for tumor surgery. The hospital is completing a detailed workflow analysis and process redesign before making its computerized physician order entry system mandatory for all physicians. Development is under way to begin testing an electronic health record system in the emergency department and in one patient care unit. Given the ever-increasing demand for chemotherapy (up 22 percent this year alone), Sinai has invested in a computerized system called IntelliDose® that custom-calculates chemotherapy dosages for each patient.

Levindale is a multipurpose long-term care facility, incorporating rehabilitation services, a geriatric psychiatry unit, a chronic care hospital, and residential units (including specialized care for patients with dementia), along with services such as adult day care and home visits that reach into the community. Levindale has adopted the Eden Alternative model, which seeks to foster community and a homelike environment (complete with pets) and to combat the “three plagues”—loneliness, helplessness, and boredom—which account for so much suffering among the elderly and persons with disabilities.

In choosing to visit Lifebridge, the Forum weighed two considerations. On one hand, Maryland’s hospital rate-setting system is unique among states, thus its reimbursement mechanism can influence care delivery and competition in ways not translatable outside the state. On the other, Maryland is quite close to the District of Columbia, enabling a one-day site visit—a model that the Forum has found effective for including policymakers unable to participate in a longer visit.

PROGRAM

The day’s agenda allowed participants to follow the treatment paths of hypothetical cardiac and cancer patients through the hospital, observing the intensive treatment modalities associated with these diagnoses and how such complex clinical

care is monitored. A luncheon forum allowed participants to engage in a question-and-answer session with Lifebridge's management. Later in the day, the group explored the range of home- and community-based care as well as institutional services offered by Levindale, the geriatric center.

IMPRESSIONS

After the site visit, participants were asked to reflect on their experiences and observations. The following are key impressions participants took away from the presentations, as well as additional insights developed during a follow-up debriefing session.

Investment in and use of information technology is high on the agenda for Lifebridge administrators and clinicians.

Although policy discussions around information technology (IT) tend to focus on electronic health records, IT is also integral to much of the cutting-edge clinical technology being adopted. Examples observed at Sinai included the CyberKnife®, the IntelliDose® chemotherapy system, and the computerized cardiac catheter lab.

IT applications such as computerized physician order entry (CPOE), which is now being implemented; the electronic health record, now in development; and others are expected to drive change in physician practice. Such change could shorten or, ideally, eliminate the 8- to 10-year interval a clinical breakthrough typically takes to achieve widespread adoption in practice.

Sinai is implementing CPOE slowly and deliberately, seeking to build in process analysis and redesign rather than just computer-enable existing ways of doing things. Hurdles encountered have included securing sufficient financial and personnel resources and accommodating the demands of adequate training, in terms of time and position coverage.

A significant problem experienced in implementing IT relates to software vendors who have no incentive to integrate their packages with niche applications such as IntelliDose®. Sinai's clinician leaders wonder whether mandates could be placed on vendors to make their products interoperable, or whether patient safety standards should be built into clinical IT systems. Niche inventors or manufacturers have no leverage with mainstream systems vendors, and are likely to be frozen out.

Levindale intends greater use of IT, and IT will be a major feature of the new facility now being developed in Owings Mills, Maryland. However, care for long-term and rehabilitative patients is less dependent on automated records and systems.

Attention to quality and patient safety involve some new methods and approaches, as well as challenges.

At Sinai, the process of measuring quality and feeding results back to hospital staff has motivated significant improvement on its own, without a pay-for-performance component. Further, improvement efforts based on quality measures were put into place before the implementation of electronic health records.

Maryland, unlike other states as far as the Lifebridge group is aware, has made an effort to align its quality measures with those of the Centers for Medicare & Medicaid Services (CMS) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). This coordination by Maryland could be highlighted by Quality Improvement Organizations (QIOs) for other states to emulate.

The “tracer” methodology pioneered by JCAHO has been adopted by Lifebridge for hospital and nursing home process analysis and tracking. This approach encourages health care providers to look at the “whole patient” and the surrounding environment rather than a list of specified measures.

Web sites presenting comparative quality information for consumers are proliferating. Sinai is included in 47 such sites, at last count. These Web sites are becoming a commercial proposition, wherein a hospital must pay a fee to have its data included. Some of the commercial sites, such as Health Grades, are more visible to the public than sites created by states or CMS. A process is needed whereby objective and reliable sites can both receive a “seal of approval” and be promoted to consumers.

There is a need to fund applied research after the development of new technologies and techniques. For example, no one is sure exactly how to distinguish cardiac patients who can benefit from a more expensive drug-eluting stent from the larger proportion of patients who do just as well with a plain stent. Just to be safe, clinicians tend to choose the more sophisticated option. Similarly, many patients are referring themselves for evaluation for CyberKnife® surgery, which suggests that knowledge of when such treatment is appropriate is not widespread among clinicians. However, few funders seem to have an interest in applied research.

The federal government seems to send providers two inherently contradictory messages with respect to quality: By publishing comparative performance data and pursuing pay-for-performance strategies, the government seems to signal that hospitals should compete on the basis of quality to gain market share (and potentially higher reimbursement). On the other hand, Medicare QIOs urge hospitals to participate in projects wherein they can collaborate with and learn from one another, identifying and adopting best practices.

New technologies and procedures and changes in the structure of health care delivery and the practice of medicine constantly challenge the ability of hospitals to thrive or even survive.

Acute patient care may involve uncomfortable trade-offs between what is best for an individual patient and what best serves a population. For example, cardiac patients might be best served in a purely cardiac hospital, but such a hospital could not serve patients with other problems and is seen by some as “skimming” the least complex of the cardiac patients. Further, without the revenues from cardiac procedures, a full-service hospital may not be able to afford to serve all other patients.

Among Baltimore hospitals, competition is not directly for patients, as all hospitals tend to be full. What they do compete for is subspecialists, particularly those whose procedures and services are most profitable.

IMPRESSIONS

Older patients tend to come into the hospital more severely ill than younger people and with more comorbidities. Outpatient services become a huge issue upon discharge, as many older patients lack the social support systems that would make it possible for them to access such services.

Reimbursement continues to affect clinical care in unanticipated ways. Oral chemotherapeutic agents are likely to become increasingly available but may not be reimbursed by insurers, possibly impeding clinical advancement.

Geriatric and long-term care provided in an integrated organization such as Lifebridge brings a few advantages over free-standing long term care, but change in delivering such care still seems quite modest over the last few decades in comparison with changes in acute care.

Levindale profits from association with Lifebridge in many ways, including the ability to train and recruit within a larger organization. In addition, the size of the Levindale facility, with many different types of care under one roof, allows good use of both staff and physical accommodations.

Staff turnover rates of 35 percent are extremely low when compared with the national average, and this too probably relates to the association of Levindale with the Lifebridge system. Shortages of certain support professionals, such as therapists, continue to plague the Levindale facilities, however.

Levindale staff encounter what they believe to be a substantial number of patients who transfer assets in order to become eligible for Medicaid funding.

Although there are separate conditions of participation and certification criteria for different categories of care provider—skilled nursing facility, rehabilitation hospital, long-term care hospital—that lead in turn to different levels of reimbursement, it was difficult for observers to distinguish among the respective populations at Levindale.

The Eden Alternative model, adopted and practiced at Levindale, emphasizes relationships between residents and teams of professional caregivers as well as the creation of a home-like environment and the use of “person-centered planning.” Formalized in the early 1990s, the Eden concept is still rare in application, reflecting a lack of change and innovation in long-term care nationwide. Levindale’s status as an Eden Alternative site is clearly cause for pride among the staff.

It may not be feasible, financially or physically, for institutions to retrofit their existing facilities to look like homes instead of hospitals. There is a need to retool the entire industry to change the initial hospital model, but the nursing home industry has significant investment in the status quo.

Lifebridge’s new long-term care facility, to be built in Owings Mills, is being designed to stress privacy, dignity, self-direction and greater use of technology (for example, bed sensors), but it remains to be seen whether these changes represent major breakthroughs in delivery of long-term care.

IMPRESSIONS

Friday, August 5, 2005

AGENDA

8:15 am Bus Departure – Union Station

9:45 am Welcome and Introduction to LifeBridge Health System
[Sinai Hospital Board Room]
Neil Meltzer, *Chief Executive Officer, Sinai Hospital*

Note: The cardiac and cancer segments that follow are concurrent. Each will last an hour and a quarter. Participants will be divided into two groups that will switch places at 11:15.

10:00 am CARE OF THE CARDIAC PATIENT

Discussion and Tour – Emergency Department,
Cardiac Catheterization Lab, Cardiac Intensive Care Unit
Valerie Allen, *Director, Patient Care Services, Intensive Care*
William Jaquis, MD, *Chief, Emergency Medicine*
Diane Bongiovanni, *Director, Patient Care Services, Emergency Medicine*
Paul Gurbel, MD, *Director, Department of Cardiology*
Alejandro Sequeira, MD, *Head, Division of Cardiac Surgery*
Angela Niparko, *Director, Health Information Management*
Ev Amaral, *Vice President, Operations Improvement*

- How is the emergency department (ED) organized for triage, assessment, and admission?
- How has computerized physician order entry (CPOE) been integrated into standard practice in the ED and other units?
- How are advances in technology changing the diagnosis and treatment of cardiac patients?
- What performance improvement and patient safety initiatives have been incorporated in cardiac care?
- What distinguishes a cardiac intensive care unit as the optimal setting for treating acute cardiac conditions?

11:15 am CARE OF THE CANCER PATIENT

Discussion and Tour – Cancer Center, Outpatient Infusion Center, Surgery
Alan Levine, MD, *Director, Cancer Institute*
Kim Bahata, *Performance Improvement/Risk Management Coordinator*
Ida Samet, *Vice President*
Lisa Polinsky, *Pharmacy Manager*

Agenda / continued ►

Friday, August 5, 2005 / continued

AGENDA

11:15 am CARE OF THE CANCER PATIENT...continued
Charles Lee, PhD, Medical Physicist, Radiation Oncology

- What are the demographics of Sinai’s cancer patient population and are these changing?
- What is the pattern of common diagnoses?
- What proportion of cancer patients is treated in the outpatient setting?
- How has cancer treatment changed in response to disease prevalence and evolving technology?
- How is clinical performance measured in the treatment of this now often chronic disease? What patient safety concerns remain?
- How has use of a dedicated pharmacy and dosage technology enhanced patient care?
- What new technologies are determining the course of cancer treatment?

12:30 pm Working lunch
 [Board Room]

QUALITY AND OTHER POLICY ISSUES IN HOSPITAL ADMINISTRATION: Q & A WITH SINAI MANAGEMENT

Warren Green, Chief Executive Officer, Lifebridge Health
Neil Meltzer, Chief Executive Officer, Sinai Hospital
Barbara Epke, Vice President, Sinai Hospital

1:45 pm Walk to Levindale Hebrew Geriatric Center

2:00 pm MEETING MANY NEEDS UNDER ONE ROOF: INTRODUCTION
 [Multipurpose Room]

Pat Palmere-Nason, Vice President, Clinical Services
Raul Lujan, Vice President, Finance
Mary Ellen Lindenmuth, Director, Nursing, Long-Term and Subacute Care

- What is the variety of services that Levindale offers?
- What is the patient mix and how has it changed over time?

2:15 pm Tour

Agenda / continued ►

Friday, August 5, 2005 / continued

- 2:45 pm MEETING MANY NEEDS UNDER ONE ROOF:
DISCUSSION AND QUESTIONS
[Multipurpose Room]
- How do administrators manage the variety of payment streams?
 - How are quality improvement processes tailored to different categories of care?
 - What characterizes the Eden Alternative?
 - How are patient preferences reflected in planning and care delivery?
 - What are Levindale administrators' greatest challenges?
 - How does LifeBridge plan to incorporate electronic medical records and other new technologies in its Owings Mills facility?
-

3:15 Wrap-up

3:30 pm Bus Departure – Return to Union Station

AGENDA

Federal Participants

Sharon Bee Cheng*Analyst*Medicare Payment Advisory
Commission**Jody Blatt***Senior Research Analyst*Division of Demonstration
Programming
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Centers for Medicare &
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Department of Health and
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Committee on Health, Education,
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U.S. Senate**Evan Christman***Program Examiner*Health Division
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Department of Health and
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Department of Health and
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Office of Management & Budget

Rebecca Hudson*Government Task Leader*Quality Improvement Group
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Department of Health and
Human Services**David Kaufman***Health Research Assistant*Committee on Finance
U.S. Senate**Julie Lee, PhD***Analyst*Health and Human Resources Division
U.S. Congressional Budget Office**Linda Magno***Director*Medicare Demonstrations Group
Centers for Medicare &
Medicaid Services
Department of Health and
Human Services**Carol O'Shaughnessy***Specialist in Social Legislation*Domestic Social Policy Division
Congressional Research Service**Stacey Sachs***Senior Health Policy Fellow (D)*Committee on Health, Education,
Labor, and Pensions
U.S. Senate**Samuel Shipley***Program Analyst*Division of Disability, Aging, and
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Office of the Assistant Secretary for
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Department of Health and
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Federal Participants / continued

Julie Stone-Axelrad

Analyst in Social Legislation
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Deborah Williams

Professional Staff Member (R)
Subcommittee on Health
Committee on Ways and Means
U.S. House of Representatives

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Biographical Sketches

Federal Participants

Sharon Bee Cheng is an analyst with the Medicare Payment Advisory Commission (MedPAC).

Jody Blatt is a senior research analyst and project officer in the Division of Payment Policy Demonstrations within the Medicare Demonstration Programs Group/Office of Research Development and Information at the Centers for Medicare & Medicaid Services (CMS). Among other responsibilities, she is responsible for implementing the Medicare Care Management Performance Demonstration as well as the Medicare Replacement Drug Demonstration, both of which were mandated under the Medicare Modernization Act. Prior to joining CMS, she served in various capacities with managed health care plans and health insurers. Ms. Blatt received an undergraduate degree from Brown University and a master's degree in health policy and management from the Harvard University School of Public Health.

Keysha Brooks-Coley is a professional staff member on the Senate Committee on Health, Education, Labor, and Pensions, Subcommittee on Retirement Security and Aging, minority staff for Sen. Barbara Mikulski (D-MD). She is responsible for a wide range of aging issues and health issues including women's health, public health, Department of Health and Human Services appropriations, biomedical research, and health disparities. Before joining the Subcommittee staff, Ms. Brooks-Coley served on the staff of Rep. Marcy Kaptur (D-OH) for three years as a legislative assistant for health care, aging, and education issues. Ms. Brooks-Coley has a BA degree in sociology and political science from Towson University and a master's degree in political management from The George Washington University.

Evan Christman is a program examiner in the Health Division of the Office of Management and Budget (OMB), where his areas of responsibility include Medicare payments for skilled nursing facilities, home health, and hospice providers. He has worked at OMB for three years. Mr. Christman earned a master's degree of public affairs from the Lyndon B. Johnson School of Public Affairs in 2002. He worked at the Congressional Budget Office before attending graduate school.

Thomas Gustafson has been deputy director of the Center for Medicare Management at the Centers for Medicare & Medicaid Services since 2003. He helps direct a staff that develops policies and manages the operations of the fee-for-service portion of the Medicare program. Mr. Gustafson joined the Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Income Security Policy, in 1976. In 1985, he moved to the Health Care Financing Administration's Office of Legislation, of which he

became deputy director in 1990. He subsequently served as deputy director of the Offices of Research and Demonstrations and then of Strategic Planning. In 1998, he became director of the Hospital and Ambulatory Policy Group within the Center for Medicare Management. Mr. Gustafson is a graduate of Williams College and holds a PhD degree in economics from Yale University.

Yael Harris is a senior policy advisor at the Centers for Medicare & Medicaid Services (CMS). She is currently the government task leader, overseeing national Quality Improvement Organization work in the nursing home setting. Prior to this role, Dr. Harris was responsible for the contract that resulted in the development of the publicly reported nursing home quality measures. Before coming to CMS, Dr. Harris worked for the Agency for Healthcare Research and Quality; the Medicare Payment Advisory Commission; the House Committee on Ways and Means, Subcommittee on Health; and Georgetown University's Institute for Health Care Policy and Research. She holds a master's degree in public health from Johns Hopkins University and a doctorate in public policy from the University of Maryland.

Beth Higa is a program analyst with the Office of Management and Budget.

Rebecca Hudson works for Office of Clinical Standards and Quality in the QIO program at the Centers for Medicare & Medicaid Services (CMS). She is the government task leader for hospital quality improvement. Ms. Hudson has been with CMS for approximately one year. Prior to joining CMS, she worked at the Institute of Medicine and Mathematica Policy Research. At these organizations, she led health policy research and program evaluation projects. Rebecca obtained her master's degree in public health at Johns Hopkins University in 1998, with a concentration in epidemiology and maternal and child health.

David Kaufman is the health research assistant with the Senate Committee on Finance. He was previously a research assistant at the University of California, San Francisco, Institute for Health Policy Studies, where his work focused on prescription drug costs, the Medicare Modernization Act, and pharmaceutical safety. David graduated from Stanford University in 2003 with a degree in human biology and public policy.

Julie Lee joined CBO's Health and Human Resources division in 2003. Currently, she is working on projects analyzing high-cost Medicare beneficiaries, including issues related to disease management. Prior to joining CBO, Dr. Lee was a research analyst in health care policy at the National Bureau of Economic Research, where she analyzed a variety of topics in health economics, ranging from the effects of medical malpractice reforms to the distributional effects of Medicare. She received a PhD degree in economics from Yale University.

Linda Magno directs the Medicare Demonstrations Group at the Centers for Medicare & Medicaid Services (CMS). Her group is responsible for developing, implementing and managing Medicare demonstrations of new models of health care delivery. She previously served as managing director for policy development and director of regulatory affairs at the American Hospital Association in Washington, DC. She started her career at CMS's predecessor agency, the Health

BIOGRAPHICAL SKETCHES

Participants

Care Financing Administration (HCFA). In her first tour at HCFA, she was responsible for implementing and refining the prospective payment system for hospitals. Ms. Magno has a master's degree in public affairs from Princeton University and a bachelor's degree in political science from the University of California at Berkeley.

Carol O'Shaughnessy is a specialist in social legislation in the Domestic Social Policy Division of the Congressional Research Service (CRS). She specializes in issues related to programs on aging and disability, long-term care, and vocational rehabilitation. Prior to joining the CRS staff in 1981, Ms. O'Shaughnessy worked for the Department of Health and Human Services (the Administration on Aging and the Medical Services Administration), the Department of Elder Affairs in the Commonwealth of Massachusetts, the Russell Sage Foundation, and the International Federation of Institutes for Social and SocioReligious Research in Louvain, Belgium. Ms. O'Shaughnessy received a bachelor's degree in sociology from Dunbarton College of the Holy Cross and a master's degree in medical sociology from the Catholic University of America.

Stacey Sachs is a senior health policy fellow for Sen. Edward M. Kennedy (D-MA) on the Senate Committee on Health, Education, Labor, and Pensions. She is responsible for a wide range of health issues, including Medicare, Medicaid, the State Children's Health Insurance Program, health insurance, and community health centers. Previously, she was a senior advisor to both the chief administrative law judge and the judge in charge of Medicare appeals and supervisory attorney for the Division of Medicare Appeals at the Social Security Administration, and an attorney at the Department of Labor. Ms. Sachs has a BS degree in microbiology and cell science, a law degree from the University of Florida, and a master's degree in public health from Johns Hopkins University.

Samuel Shipley is a program analyst in the Office of the Assistant Secretary for Planning and Evaluation, Division of Disability, Aging and Long-Term Care, where his areas of research include long-term care financing and the role of health information technology in long-term care facilities. He is currently the program analyst for the department-wide campaign to raise awareness for long-term care needs and financing to current and future Medicare beneficiaries. In addition, he is working on a project to standardize the Nursing Home Minimum Data Set (MDS) to CHI (consolidated health informatics) standards and terminologies. Mr. Shipley studied at Gettysburg College, the University of Copenhagen, and The George Washington University School of Public Health and Health Services.

Julie Stone-Axelrad is an analyst in social legislation in the Domestic Social Policy Division of the Congressional Research Service (CRS). Since coming to CRS in 2000, Ms. Stone-Axelrad has specialized in long-term care and Medicaid, particularly as it pertains to the elderly and persons with disabilities. She also works on private health insurance issues. She received her MPA degree from Cornell University in 2000 and her BA degree from the University of California at Berkeley in 1995.

BIOGRAPHICAL SKETCHES

Participants

Deborah Williams is a professional staff member with the Subcommittee on Health of the House Committee on Ways and Means. She formerly served as a senior analyst on the Medicare Payment Advisory Commission, where she specialized in Medicare payment and regulatory burden issues. Ms. Williams also worked at the American Hospital Association, where she was responsible for isolating errors in the Medicare inpatient payment rule and creating other impact models to reduce improper payments. She developed regulatory proposals for the Health Care Financing Administration (now the Centers for Medicare & Medicaid Services) from 1986 to 1989, earning awards for her research.

Mark Wynn, PhD, is director of the Division of Payment Policy Demonstrations at Centers for Medicare & Medicaid Services.

BIOGRAPHICAL SKETCHES

Participants

Biographical Sketches

Speakers – Sinai Hospital

Valerie Allen, a registered nurse, is director of cardiac patient care services, responsible for intensive care units, the cardiac catheterization lab, and recovery and step-down units. She has over 35 years' experience in nursing, the last 20 of which she served as a nurse manager. She has been the director of cardiac patient care services since 1995. Ms. Allen was instrumental in opening the Heart Program at Sinai and the growth of the Cardiac Interventional Program.

Evelyn Amaral is vice president of operations improvement for LifeBridge. She provides internal consultation for improvement projects throughout the system. She also heads the Education Resource Department. Current projects include operational implementation of clinical decision support and computerized physician order entry. In the works is a performance improvement initiative designed to achieve \$25 million in savings and revenue enhancement.

Kimberly Bahata is the performance improvement/risk management coordinator, a position she has held since October 2003. In her current role, Ms. Bahata serves as a performance improvement facilitator and a resource to the Intensive Care Unit, Intermediate Care Unit, Psychiatry, Medical/Surgical Units, and the Cancer Institute. Ms. Bahata has contributed to the development and evaluation of the Cancer Institute's comprehensive Performance Improvement Program. She graduated from Lancaster General Hospital (Pennsylvania) with a diploma in nursing and continued her education to receive her BSN degree from Immaculata University in 2002.

Diane Bongiovanni is director of patient care services for the emergency department. She has held administrator and director of nursing positions for more than 29 years. She holds a master's degree in hospital administration and health promotion and is certified as a nurse administrative advanced.

Barbara J. Epke has been a vice president at Sinai Hospital since 1994. She oversees the laboratory, pharmacy, credentialing, and psychiatry programs for the health system, as well as rehabilitation services, case management, health information management, performance improvement/risk management, and other departments at Sinai Hospital. Ms. Epke has been involved in the public reporting initiative in Maryland and is a member of the Maryland Healthcare Commission team, which developed the Performance Guide to Maryland Hospitals. She holds a master's degree in health services administration from the University of Pittsburgh, as well as master's degree in social work and education from the State University of New York, Albany. In addition, she completed coursework and competency toward a PhD degree in public health/social work at the University of Pittsburgh.

Nitza Fenwick is director for case management, performance improvement, risk management, and patient safety. She oversees social work, case management, discharge planning, utilization review, clinical denial and appeals management, Joint Commission on Accreditation of Healthcare Organizations (JCAHO) readiness, patient safety, performance improvement/risk management, and external clinical reporting. Ms. Fenwick is a graduate of the University of Connecticut School of Nursing and holds a master's degree in nursing administration from Pace University and an MBA degree from George Mason University.

Tina Gionet is the patient safety officer, responsible for the implementation and integration of a comprehensive patient safety program, which interfaces with physicians, staff, patients, and visitors. Previously, Tina served as a senior performance improvement/risk management coordinator for over 15 years. She is a graduate of Rutgers University and earned a master's degree in health care risk management from the University of Chicago Medical School and Finch University of Health Sciences. Ms. Gionet is on the Advisory Committee for the Centers for Medicare & Medicaid Services Hospital Compare Web site and the Maryland Health Care Commission workgroup.

Warren Green is president and chief executive officer of LifeBridge Health. He came to Sinai Hospital in 1991, beginning his tenure as the hospital's president and chief executive officer. He has held his current position since 1998, when Northwest Health System and Sinai Health System merged to form LifeBridge Health. He previously served as president of Mt. Sinai Hospital, a senior vice president with HealthOne, and chief executive officer of United Hospital, all in Minneapolis. Mr. Green received both his BA and MS degrees from the University of Pittsburgh.

Paul Gurbel is director of the division of cardiology. He also directs several research programs. Dr. Gurbel earned his medical degree from the University of Maryland School of Medicine. He completed an internship and residency in the Department of Internal Medicine at Duke University Medical Center in and was also chief resident in Medicine there. He completed a fellowship in pulmonary and critical care at Johns Hopkins Hospital followed by fellowships in cardiology and interventional cardiology at Duke University Medical Center. Dr. Gurbel is board certified in internal medicine with subspecialty certification in cardiovascular disease and interventional cardiology.

William Jaquis is chief of the department of emergency medicine. He has been an Emergency Department physician for 13 years and is board certified in emergency medicine. Dr. Jaquis received his residency training at Case Western Mount Sinai. He is a Physician Champion for CPOE (computerized physician order entry), chairs the Task Force for Emergency Preparedness for LifeBridge Health, and is active at the state and national level for American College of Emergency Physicians.

Diane Johnson is vice president of patient care services and chief nursing officer, with responsibility for strategic planning, financial management, and the oversight of diverse operations, including nursing, cardiology, respiratory care, pulmonary, radiology, outpatient infusion, hemodialysis, perioperative, emergency,

BIOGRAPHICAL SKETCHES

Speakers

and transportation services. Ms. Johnson has held a variety of progressive leadership positions at Sinai Hospital. She received a bachelor of science degree in nursing from the University of Bridgeport and an MBA degree from the University of Baltimore. Ms. Johnson is the president-elect for the Maryland Organization of Nurse Executives.

Charles Lee joined the staff at Sinai Hospital in January of 2003 as a medical physicist in the department of radiation oncology. Dr. Lee is a fellow of the American College of Radiology. His primary responsibility at Sinai is the maintenance of and treatment planning for the CyberKnife®. Dr. Lee received his PhD degree in nuclear engineering from the Massachusetts Institute of Technology in September 1998, followed by postdoctoral appointments at Los Alamos National Laboratory and the University of Maryland.

Alan M. Levine serves as medical director of Cancer Services for LifeBridge Health and director of the Alvin and Lois Lapidus Cancer Institute at Sinai Hospital, and he heads the Division of Orthopedic Oncology at Sinai Hospital. Dr. Levine is a leader in the treatment of bone tumors using the CyberKnife® technology. Dr. Levine is the editor-in-chief of the *Journal of the American Academy of Orthopedic Surgeons*.

Neil Meltzer is president and chief operating officer of Sinai Hospital. He joined the staff in 1988. Mr. Meltzer received a bachelor of science degree in public health from the University of Massachusetts, Amherst and a master of public health and health administration degree from Tulane University. His professional activities and associations include membership in the American College of Health Care Executives, the Maryland Health Care Executives, the American Hospital Association, and the boards of directors of the Baltimore and mid-Atlantic chapters of the American Heart Association.

Martha D. Nathanson is vice president for government relations and advocacy for LifeBridge Health. Previously, she served as associate general counsel and director of government relations. Before joining LifeBridge, she was director of risk management and legislative/regulatory affairs for the Kirson Medical Equipment Company. Earlier, Ms. Nathanson was an attorney advisor at the Health Care Financing Administration and an associate attorney at Ober, Kaler, Grimes, and Shriver in Baltimore. She received both her bachelor's and law degrees from Indiana University.

Angela Niparko is director of health information management. She is a registered health information administrator and is certified in healthcare privacy by the American Health Information Management Association. Previously she was the director of health information and privacy officer at Sheppard Pratt Health System and the director of medical records at Greater Baltimore Medical Center. Ms. Niparko has served as an adjunct instructor at Baltimore City Community College in the Health Information Technology Program. She has been involved in program development related to documentation guidelines, electronic medical record systems, and multidisciplinary programs of compliance with HIPAA (Health Insurance Portability and Accountability Act) regulations.

BIOGRAPHICAL SKETCHES

Speakers

Lisa Polinsky is the pharmacy operations manager. Earlier, she served as a staff pharmacist in the main pharmacy, the oncology pharmacy, and the pediatric pharmacy. She graduated from Duquesne University in Pittsburgh with a BS degree in pharmacy and is in the process of obtaining her PharmD degree through Creighton University.

Linda Rogers has served as administrator of the LifeBridge Cancer Program for the last three years. In this role, she oversees the strategic aspects of the Cancer Program, including medical office practices, radiation therapy, chemotherapy infusion, cancer registry and clinical research. Prior to joining Sinai, Ms. Rogers was employed at Johns Hopkins Hospital in various roles for over 10 years. She has also served as the stem cell transplant coordinator at the Washington Hospital Center and as a health care consultant at PriceWaterHouse Coopers. Ms. Rogers is a registered nurse and a certified public accountant, and she also holds an MBA degree.

Ida Samet is a vice president of Sinai Hospital, responsible for coordinating women's and children's services and cancer services, including oversight of the clinical programs in obstetrics, gynecology, pediatrics, medical oncology, the infusion center, and radiation oncology. She also coordinates LifeBridge Health's off-campus medical centers throughout the Baltimore area, including a radiation oncology center and a multispecialty medical center. Ms. Samet holds a BS degree in nursing, an MS degree in psychology, and an MBA degree.

Margaret Semancik is director of clinical information systems. Earlier, she held positions with several information technology consulting firms. Her original training and career path were in nursing. Ms. Semancik received her bachelor's degree in nursing from the University of Akron and her master's degree from Johns Hopkins University.

Alejandro Sequeira is chief of the division of cardiac surgery and performs 250 to 300 surgical procedures per year. He came to Sinai Hospital in 1998. Dr. Sequeira graduated from the University of Nicaragua. He came to the United States in 1969, where he interned at Mt. Sinai Hospital in Florida and did his residency at the University of Maryland Hospital in Baltimore.

BIOGRAPHICAL SKETCHES

Speakers

Biographical Sketches

Speakers – Levindale Hebrew Geriatric Center

Heather Allen is director of guest relations and admissions for Levindale and Jewish Convalescent Nursing Home. She has worked for LifeBridge Health for six years. Ms. Allen is a graduate of Towson University and holds a bachelor's degree in psychology and sociology, specializing in gerontology.

Andrea M. Carr is director of performance improvement and the newest member of Levindale's Executive Team. Her background includes positions in medical-surgical nursing as a staff nurse and nursing administrator in acute care hospitals, director in the School of Nursing, and various management positions for the past 18 years in Home Health Care. She holds bachelor's and master's degrees in nursing and a doctorate in education.

Mary E. Lindenmuth is director of nursing for long-term care and sub-acute care. She is a graduate of Sinai Hospital of Baltimore School of Nursing and holds a bachelor's degree in health administration. She is certified in gerontological nursing through the American Nurses Association and also as a director of nursing administrator in long-term care. Ms. Lindenmuth has remained active in nursing since graduation and has worked at Levindale for the past 27 years.

Raul Lujan is vice president of finance. He has over 20 years of experience in the financial management of post-acute services. He is a member of the Finance Committee for the Maryland Task Force on the development of new Medicaid managed care services for older adults and people with disabilities. Mr. Lujan received his BA degree from the University of Miami and his MBA degree from Loyola College.

Michelle Mills is director of adult day care and a member of the team implementing the Eden Alternative at Levindale. She has 20 years of experience in program administration, which includes development and management of community-based services, grant monitoring, and other services that support the elderly in the community. Ms. Mills is a graduate of the University of Maryland School of Social Work with a master's degree in social work administration.

Patricia Palmere-Nason is vice president of clinical services, with responsibility for nursing and auxiliary services including respiratory, rehabilitation, recreation therapy, and social work services. Her previous experience includes positions as risk manager, director of quality assurance, director of admissions, and radiology administrator. Ms. Palmere-Nason is a graduate of Church Hospital School of Nursing and holds a master's degree in health administration.

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