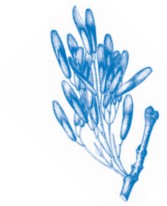
The Jewish Healthcare Foundation of Pittsburgh

November 2010

BRANCHES



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PERFECTING CARE AND WORK IN SKILLED NURSING

Although the new federal health reform law's nursing home provisions haven't been front page news, there are game-changing shifts in federal payment policies and quality standards with profound implications for the nursing home and long-term care industry. Facilities that don't transform themselves into high-quality, low-cost providers could be out of business in just a few years.

Medicare and Medicaid Reimbursements

Medicare and Medicaid account for the bulk of nursing homes' revenues. Enormous federal budget deficits and exploding Medicaid costs for the states will exert steady downward pressure on provider reimbursements for at least the next decade. Because costs of nursing home and long-term care are increasing faster than almost any other element of healthcare costs, they will be targeted by Washington, D.C. and the states.

Medicare beneficiaries living in long-term care (LTC) facilities account for 6% of the Medicare population but 17% of total Medicare spending. With the Baby Boom generation poised to become Medicare eligible, this disproportion is certain to increase. By 2040, growth in the over 85 population – the population most likely to need long-term care services—is projected to more than triple from 4 million to about 14 million.

Less than 10% of Medicaid beneficiaries use long-term care services, but LTC accounts for about one-third of Medicaid spending. An analysis by the Deloitte Center for Health Solutions, conducted before Medicaid eligibility was expanded under health reform, forecast that Medicaid spending would at least double as a share of states' budgets by 2030 – and could triple.

The need to contain costs is expressed in the Patient Protection and Affordable Care Act in several ways. Providers, including nursing homes, will be subject to continuing, incremental reductions in Medicare payments. There will be new financial penalties for excessive re-work and medical errors (e.g., preventable hospital readmissions, healthcare-associated infections). Also, new performance-based payment policies will be implemented to reward good outcomes and efficiency (i.e., value).

UNDERSTANDING THE TERMS

Skilled Nursing Facility (SNF)
A residential setting that provides services for residents whose general condition tends to be unstable, and requires close observation and professional care 24/7. Some skilled care is financed by Medicare; however, the majority must be covered by private funds or Medicaid.

Long-Term Care (LTC)
A combination of medical, nursing, custodial, social, and community services designed to help people who have disabilities or chronic care needs, including dementia. Services may be provided in the person's home, in the community, in assisted living facilities or in nursing homes.

Assisted Living Facility
A facility that combines housing and supportive services. Services include assistance with personal care, medication, bathing, dressing and mobility. Other services may include laundry, activities, housekeeping and transportation

Community Living Assistance Services and Supports Act (CLASS Act)
Enacted as Title VIII of the Patient Protection and Affordable Care Act of 2010, the CLASS Act establishes a voluntary, self-funding, long-term care insurance choice for American families.

Beginning in January 2011, individuals 18 and older who are actively employed will be auto-enrolled. Employers, as well as individuals, may opt out. Enrollee premiums will be paid through a payroll deduction. Low-income workers and employed full-time students may enroll at the minimum of $5/month. There is a five-year vesting period and individuals must have a certified functional limitation in their activities of daily living for benefits to commence.

Medicaid will be coordinated with CLASS. Medicaid-eligible CLASS beneficiaries receiving institutional care are able to retain 5% and those receiving home and community-based services may retain 50% of applicable cash benefit, with the remainder of the benefit applied toward the cost to the state.
(Source: PA Dept. of Aging)

QUALITY WILL BE REPORTED AND REWARDED

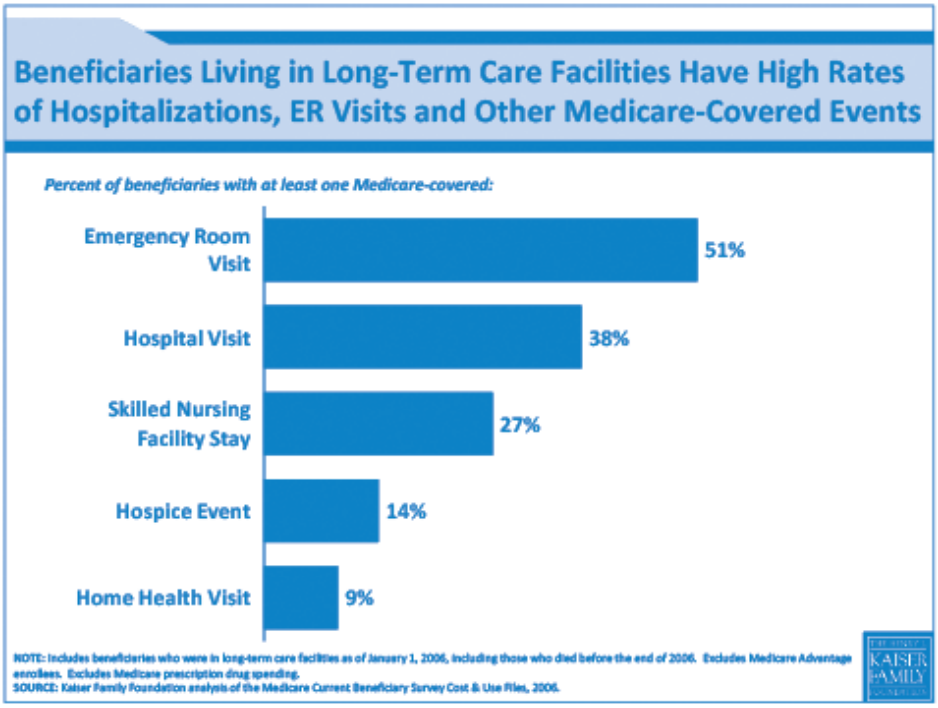
Federal health reform will help consumers to make LTC choices that best suit their health and financial needs – choices that include in-home care supported by new health monitoring technology and other advances. The CLASS Act (Community Living Assistance Services and Support), enacted as part of this year's federal health reform legislation, establishes a voluntary, federally-administered, consumer-financed insurance plan through which participants will receive a cash benefit to help pay for LTC services – in-home assistance, as well as independent living or nursing care.

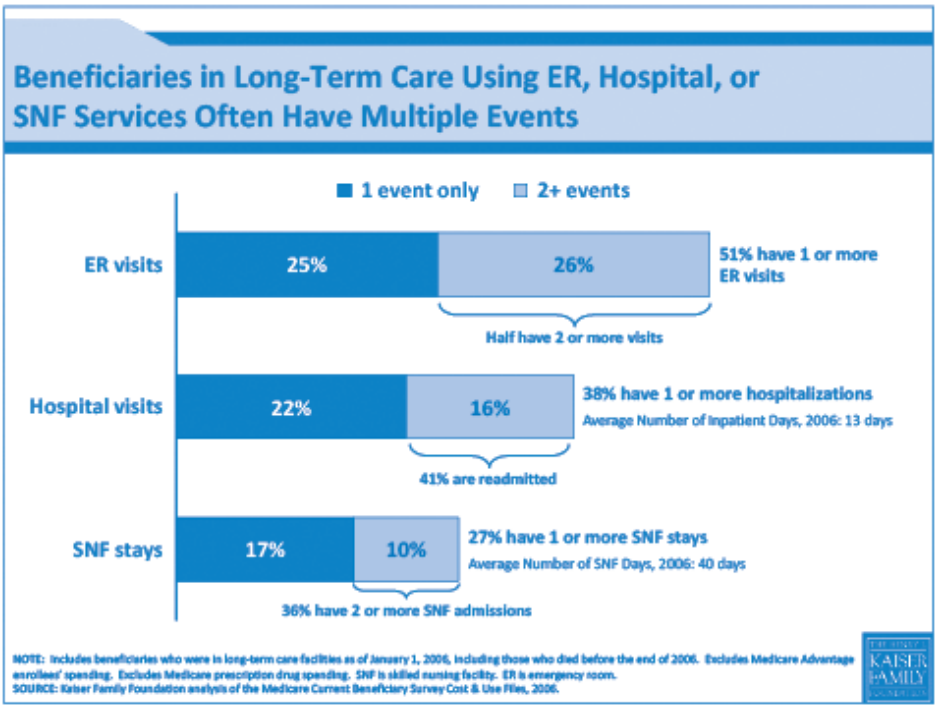
For those who will require nursing home care, Congress also directed Medicare to provide more useful consumer information. Through its Nursing Home Compare website (www.medicare.gov.NHCompare/), Medicare will soon offer consumers continuously updated information about facilities' staffing levels and capabilities, results of recent inspections, histories of deficiencies and complaints, and overall quality of care.

Higher Standards of Care

The health reform law imposes comprehensive new standards for quality and patient safety, record-keeping and reporting, and required staffing. Most of these requirements will take effect in 2012, which means that facilities must begin now to plan for compliance and for offsetting compliance costs – but not in ways that will compromise patients' welfare.

Higher standards for care will also be reflected in the value-based payment system that Medicare is to implement for nursing homes by late 2011. Nursing homes will also figure in a number of Medicare-sponsored pilots and demonstrations, bundling payments to providers, including nursing homes, for episodes of care occasioned by acute illness.





The Revolving Door: Nursing Home to Hospital to Nursing Home

"Frequent flier" readmissions are a particularly nettlesome and expensive problem. More than one-third of Medicare beneficiaries living in long-term care facilities are admitted to a hospital at least once a year, and more than 40% of these have two or more hospital admissions. Similarly, about one-half of Medicare beneficiaries in LTC facilities have at least one ER visit, and half of these have two or more per year.

Studies indicate that up to two-thirds of these hospitalizations could be prevented with targeted interventions. But a series of intertwined problems create a Gordian knot that impedes improvement. For instance, as practically any primary care physicians will attest, frequent patient transfers from nursing facilities to hospitals at night and over weekends are problematic. Nursing homes frequently reduce staff during these times. Practically any acute health problem is usually beyond the training (and licensing) of the health aides who are on-site then, and overnight and over-the-weekend transfers to hospitals are routine.

Weekend and evening staffing issues are exacerbated by physician availability, which is generally limited by the inconvenience of traveling to a nursing home to visit a patient when a midnight telephone call comes from a nursing home aide. Medical malpractice litigation concerns, in the event of a life-threatening problem, as well as a preference for hospitals' superior diagnostic resources, also contribute to physicians' decisions to have their patients transferred to the hospital.

In most cases, nursing homes have economic incentives to hospitalize patients who are in even mild distress. Nursing homes are generally paid a fixed per diem rate for comprehensive services, but ER department services and ambulance transfer are excluded, and are billed separately. Moreover, when patients are temporarily hospitalized, nursing homes can collect "bed-hold" and "reserved-bed" payments from public and private payers.

The economics of physician decisions can't be ignored either. As one physician confided anonymously in a recent national survey, "If I send a patient to the hospital, then I get paid for several days. If I see them one time in the nursing home during a month, then I only get paid for one visit."

Nevertheless, most physicians are reluctant to hospitalize frail, elderly patients unless medically necessary. They are aware that hospital care can be disorienting for frail patients and create other health problems. Patients in nursing homes and assisted living facilities who suffer from behavioral and mental health issues are at particular risk. A trip to the ER in response to an episode of disruptive behavior often results in administration of powerful sedatives, causing an elderly person to return to the nursing home in an unresponsive state that can have prolonged effects.

Perfecting Patient Care℠

The Pittsburgh Regional Health Initiative's (PRHI) Perfecting Patient Care℠ (PPC) improvement method can be a catalyst for transformational change by nursing homes and assisted living facilities, just as it has been for hospitals, pathology laboratories, physician practices and other healthcare organizations.

As described in the following pages, one Pittsburgh-area, non-profit nursing home is embarked on a continuing PPC-guided journey to improve care and address inefficiencies and waste in virtually every aspect of its operations. The work being done by the management and staff at Asbury Heights creates a template for the use of PPC's industrial engineering principles to drive ongoing rapid-cycle improvements that will be imperative for nursing homes across the country.

PERFECTING PATIENT CARE℠

GOES TO SKILLED NURSING SENIOR LIVING

COMMUNITY CHANGES ITS CULTURE

Stacy Mikelonis was curious. The Privacy Officer from the Asbury Heights Senior Living Community had heard about PRHI's four-day Perfecting Patient Care℠ (PPC) University. In 2006, she enrolled, just to see what it was all about.

The idea of honoring workers and residents by solving problems one by one, at their root cause, so they never recur—now this was an epiphany, and something she thought possible at Asbury Heights. What evolved from there has become a stem-to-stern change in attitude, outlook, and practice at Asbury—that elusive "culture change" so often desired but rarely achieved.

"It wasn't a 'Big Bang,'" said Barbara Jennion, MEd, Director of PRHI's Perfecting Patient Care℠ program. "As they developed their problem-solving capacity, Asbury Heights actually changed their work culture, and they're not going back."

Soon after Stacy's initial exposure to PPC, Asbury's executive leadership team enrolled, including CEO John Zanardelli and Senior Administrative Director Art Barbus. They also invited several middle managers and others they considered movers and shakers on their staff.

Over the years, Asbury's yearly increases in expenses had evolved into a half-million-dollar gap. In the face of this emergency, administrators found themselves running to fix immediate problems, rather than looking at long-term solutions. After attending PPC University, all concluded that learning how to apply this Toyota-based methodology could help them improve quality, patient and worker satisfaction, and their bottom line.

Asbury contracted with PRHI for additional, customized University programs, one-day training workshops, and also for Jennion's service as coach to provide guidance as the work got going.

Bringing in a consultant to enforce a new discipline on the staff in a top-down way is the kiss of death. Leaders at Asbury Heights immediately set about to make the initiative their own, creating a groundswell of support.

"Active endorsement and continual support from top leaders is critical," said Art Barbus. "This means that top management has to have the training, has to build those circuit boards, and has to make these ideas their own."

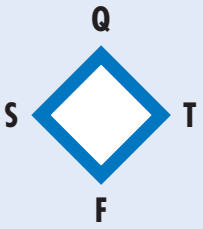
The four points of the Asbury Diamond are:

Quality – the elimination of all conditions that have negative consequences to the wellbeing of residents

Satisfaction – when residents, staff, families and volunteers receive a high level of care and value

Time – the elimination of all unnecessary waiting

Finances – sound economics will help to continue the mission



Calling it "Toyota," or "Perfecting Patient Care℠," or "Lean" would be tantamount to superimposing somebody else's ideas on the people at Asbury Heights. So the team took care to individualize the name, logo, and focus, and the Diamond Initiative was born.

The initial emphasis was on increasing revenue and reducing expenses by improving quality, rather than imposing traditional cost-cutting measures like draconian across-the-board cuts, or reductions in staff or service. Ordinarily, in a classic Toyota approach, finance would not be the initial emphasis, but Asbury's deficit threatened its mission. And they discovered that when one area of their Diamond improved, all areas improved. Quality improvement became their leading cost-control measure.

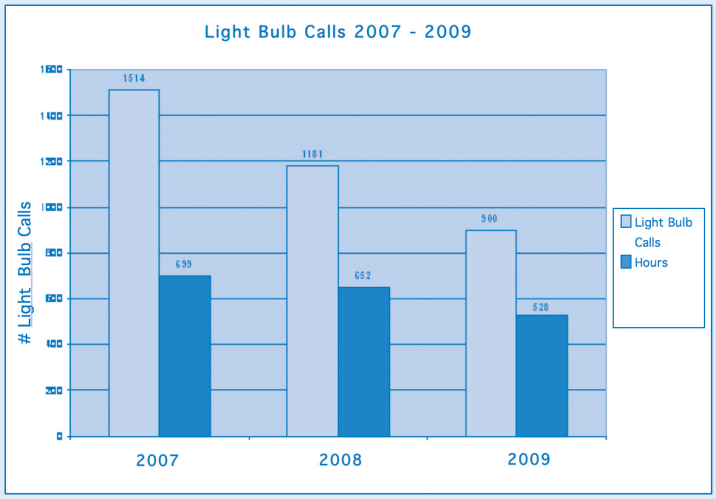
KILOWATT KILLERS

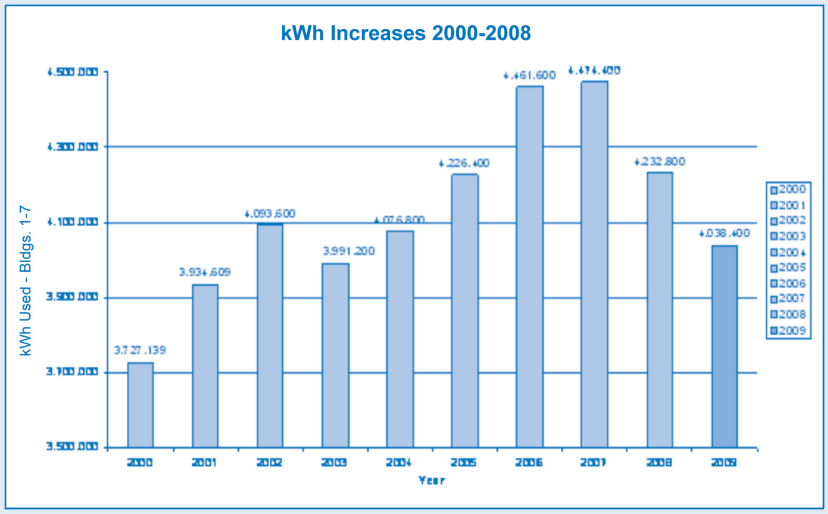
Together, the maintenance director, frontline and ancillary staff members quickly formed a Diamond Team to examine electrical consumption, which had increased by 13.6%, or $120,000, in the prior eight years.

First, the team observed lighting utilization across units and discovered lights left on in low-use areas, sometimes 24 hours a day. In high-use areas, they recommended retrofitting with high efficiency, long-lasting, low-wattage fixtures that used less energy. They also recommended using motion sensors.

Savings in the first year amounted to almost 100,000 kWh, and a dramatic reduction in calls to replace light bulbs. In Building Five alone, savings amounted to $8,500 in one year. Over seven buildings, the savings could add up over time.

Said Barbus, "We'd tried to change retrofit lighting to high efficiency lighting, but it always fell short. Using PPC, we were able to sustain it. Simple things, like managing our inventory and assigning tasks, have enabled us to keep improving for more than a year."





Leaders conveyed a vision of Asbury's future that built enthusiasm from the frontline to the executive suites. Elements of this vision included:

- Building trust
- Harnessing creativity
- Eliminating guesswork and making sure everything is always there, where and when it's needed
- Making learning, experimentation, and problem-solving a way of life on the job
- Making work defect-free and income greater than expenses
- Honoring and celebrating successes

Data Neutralizes Emotion

"Of the four dimensions of our Diamond, finances were the easiest to measure," said Barbus. "So for the first year, we tracked financial measures."

Measuring quality, satisfaction and timeliness would be more difficult. Barbus noted that, at first, "We had not been into measuring. If one person said something, that became 'everybody.' We found ourselves responding to hearsay with knee jerk reactions. Measuring outputs and outcomes was new, enlightening, and a much better way to lead."

In the second year, they found that measuring on-time arrivals at podiatry appointments, efficiency of medication passes, and falls in the dementia care unit offered ways to begin evaluating the other three points of the Diamond.

Using data neutralizes emotion and gets everyone focused on the process, not on a person or a department. Barbus says with pride, "At Asbury Heights, the blame game is going away. When that happens, it's replaced by trust, and that is a great foundation for this program. Our Materials Management Department used to get a lot of blame when people didn't receive what they'd ordered. Today, you hear a lot less of, 'They never do anything down there,' and a lot more of 'I wonder what went wrong and how I can help them fix it.'"

Frontline Work: One by One

Here are descriptions of individual frontline projects that have led to sustained improvement, but more important, to a new way of analyzing and solving problems. More important still, over time, the new way of working evolves into a new way of thinking, collaborating, and behaving—that elusive "culture change."

Mail Room

Time is a critically valuable resource, whether that time belongs to a physician, staff member, resident … or volunteer. At Asbury Heights, mail was sorted by up to four volunteers, plus one full-time staff person. Sorting mail for 500 residents and 75 staff members every day was laborious, and although everyone worked hard, mail service generated customer complaints because it took so long and wasn't always accurate. Volunteer turnover was high.

Together, staff and volunteers found a better way to sort the mail. They developed a color coding system, alphabetized the mail slots, and labeled the boxes of residents who were not supposed to receive their own mail, including instructions for special handling in those cases. All volunteers were trained to sort mail, so anyone could do it—without the direct oversight of a full-time staff person.

Customer satisfaction rose immediately as accuracy improved, and mail was delivered an hour sooner, reliably, every day. Forwarding mail charges, confusion with held mail, and other expensive inconveniences ceased. Volunteer satisfaction increased and turnover decreased.

"A single volunteer can now sort the mail and still get it out an hour sooner. The staff person and other volunteers are freed up for other tasks," noted Jennion. "The volunteers felt respected and appreciated, and the residents were thrilled to get all their mail, always on time."

Turning Loss into Profit

Asbury Heights runs a conveniently located café that is open to residents, staff and visitors. Serving appetizing food ought to be a source of pride—and revenue. Instead, Asbury was losing $15,000 per year on its café.

"In the beginning, people thought there was nothing that could be done. There was no room to cook food, so they were importing processed food that didn't appeal to customers," said Jennion. She added that it is common for staff members to feel overwhelmed and hopeless when dealing with long-standing problems.

This Diamond Team was in for a shock when it discovered that, in some cases, the prices didn't cover costs. They asked a series of penetrating questions: Do we have to buy everything processed? Could we work with the main kitchen and have them make some things fresh and bring them up?

A series of improvements were made to the menu, in collaboration with the main kitchen. The café began charging more and providing better food, and posting a profit of $15,000 the first year. For the first eight months of 2010, the profit already stands at $13,000.

"And they're not done," said Jennion. "They discovered they have five ways to make the same sandwich, so they're looking at standardization and visual cues. Here's the best part: I didn't directly coach them in the café. These were just people experimenting and making improvements on their own using the tools they'd learned."

5S UNCOVERS HIDDEN CHAMPION, MORE PROBLEMS

The Toyota discipline of 5S creates order in the supply chain and makes work easier and faster. To critics, it's just a way of cleaning out the closets, a mere artifact and not necessarily a deep or lasting change. However, to those whose work lives have been transformed through the ability to quickly find exactly what they need, and to know it will be there every time, 5S is not only about eliminating guesswork. It's ultimately about patient safety.

Coached by Jennion, a cross-section of frontline staff members at Asbury formed a Diamond Team to create order out of chaos in the medication rooms and supply closets.

"We got a lot of push-back at first," said Jennion. "I heard, 'This is a waste, here we go again.'"

Jennion persuaded the group to stick with it for just one day of training, and one week to try it on their own. When she came back a week later, Jennion was surprised to hear new language: "One respected nurse ran up to me saying, 'This is the best thing we've ever done. I can find what we need, when I need it every single time, and it's always there.'"

Enthusiasm from this one influential nurse changed the tenor on the unit, because her opinion influenced others. "When frontline leaders begin to champion the work," says Jennion, "culture change is possible."

The 5S Diamond Team started looking at the way incontinence supplies were stored, and found them too far away from the point of use. But as the team delved into the problem of storage, they uncovered another thorny issue, infection control. Due to confusion about the myriad sizes and colors of plastic bags, it was unclear which ones were the right ones to use. Most of the bags stored in the incontinence supply closet were not meant to be used that way. Doing so, they learned, presented an infection control hazard.

Team members felt terrible that this unintentional lapse had been occurring. Jennion, on the other hand, was elated. Why?

"I told them, 'You can't fix what you can't see. You didn't even know what was wrong before. Now that you know there's a problem here, you're going to fix it right now.'"

Keeping Podiatry Appointments

Asbury Heights holds a podiatry clinic for residents for two hours every Tuesday morning. But 75% of the time, residents arrived late, throwing the schedule into disarray.

Looking across disciplines, the Podiatry Diamond Team implemented a series of small improvements with big impact. They color-coded schedules and posted the podiatry schedule in the beauty shop and in other departments. They placed a small picture of a beautiful set of toes, "Happy Feet," on residents' bulletin boards the night before their appointment, and had clinic staff call five minutes before each appointment.

Within three months, 100% of the patients on the subject unit were on time for four straight weeks. All three nursing units adopted the practice, and by the end of 2009, 94.7% of patients were on time. Other specialties also began to notice similar improvements.

Visuals are important to the success of these projects. So it was with some dismay that the staff greeted the news that the Department of Health ordered the Happy Feet reminder posters removed. The Department's decision was to uphold the requirement that nursing home rooms be as home-like as possible. Page-sized posters, they decided, were inconsistent with a home-like atmosphere.

"Our outcomes were positive," said Barbus. "But the Department of Health makes the rules."

The Toyota discipline of 5S

1. Sort
2. Set In Order
3. Shine
4. Standardize
5. Sustain

Asbury's Willow Supply BEFORE

Asbury's Willow Supply AFTER

Medication Room AFTER

Census: Getting Care To Those Who Need It

For two years, the census at Asbury Villas had been running at 55-60% of capacity. Asbury Villas provides assisted living plus extra assistance with activities of daily living, and the people who live there give it high marks. Why, then, could they not keep the census closer to 93% as expected?

"Sales and administrative staff had changed," said Barbus. "Finance blamed social work; sales blamed finance; around it went, with each department blaming another, assuming bad motivations that did not exist, fomenting bad feelings."

The silos isolated each department, preventing them from functioning as a team. To change that, Barbus invited representatives from each department to PPC training, and had them form a Diamond Team to improve the census at Asbury Villas.

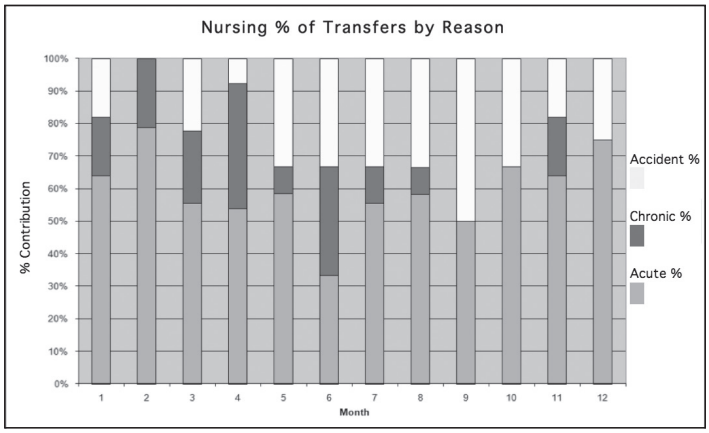
"I set up a team, put them together, and handed over accountability to them," said Barbus. "I challenged them by asking them to change their processes and bring the census up within six months."

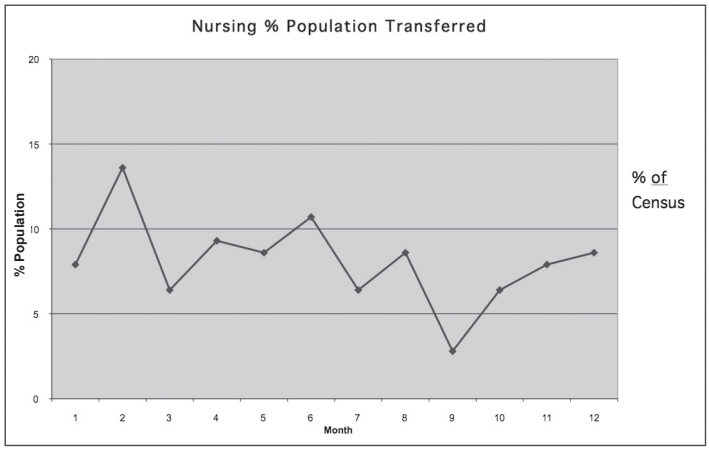
As team members began to identify with one another, and to look at what would make a better experience for potential residents, those departmental silos fell away. Together, the Diamond Team changed financial and admissions processes, and made improvements to sales and social work. Change and improvement is now built in to the way they work every day.

Within six months, Asbury Villas achieved its target census, and has not drifted below in the year since. In fact, Barbus says with pride, "They've actually sold out the building at times."

Clinical Implications: Reducing Unplanned Hospital Admissions

One overarching measure of quality of nursing home care is unplanned hospital admissions. Unplanned admissions can be categorized in three areas: chronic disease management, acute disease management, and accidents. The team at Asbury Heights formulated the hypothesis that when chronic and acute diseases and the environment are managed, unplanned hospital admissions should decrease.





The PAC Attack: Acting on Every Suggestion

P.A.C. WASTE BLAME WORK AROUNDS DEFECTS

If people are going to invest in learning new ways to work, they have to know that their suggestions will be taken seriously and acted upon. Barbus created PAC, an acronym for Perfecting Asbury's Care. The mascot was the PAC man, who would gobble up waste, blame, workarounds, and defects—all the barriers to quality performance.

Led by Barbus, the three-person PAC team responds to every suggestion. The idea, he says, is to honor the trust, learning, and creativity of every worker. It's not just a change in how the worker perceives his or her role: it's a change for the leader, from "director" to "coach" and "facilitator."

Laundry assistant Ilde Pasquarelli noticed that the expensive labels they were using in the Laundry Department really didn't stick. She found better labels at a far lower cost, (and even located a coupon for further savings). The PAC team facilitated the purchase, and the laundry department was pleased with the new labels. In appreciation, the PAC team staged a "PAC attack," celebrating Pasquarelli's suggestion with streamers and gift certificates, right there in the Laundry Department, among her colleagues.

Problem Statement: What is going wrong? Who does it affect and how? (Residents/Family/Staff) What is being fixed? What Diamond areas does it affect?

- ☐ Quality
- ☐ Satisfaction
- ☑ Financial
- ☐ Time

Current labels cost $29.00/cartridge
Makes approx. 288 labels ($0.10/label)

Suggestion/Solution: What change is being put in place? What is the expected outcome? What alternatives were considered?

Change to Iron-on Fabric Sheets, 10 sheets cost $24.99
Makes approx 1500 labels @ ½ x 1¼ ($0.02/label)
Product Lasts Longer.
IF COUPON FOR JO ANN FABRICS IS USED COST IS LOWER ($14.99)

Planned period of time to pilot the change:
Already changed

Person suggesting change: Ilde Pasquarelli

Suggestion Form

Culture Change: Will You Know It When You See It?

"Our idea has been to change the culture at Asbury," said Barbus. "That's about as easy as changing the rotation of the earth. But over time, if you're careful and consistent, you watch as everybody's fundamental beliefs begin to change. Beliefs change behavior. It may take 10 years, but culture change is our goal."

Barbus sees people thinking in a different way. When a problem comes up, a typical response would be to look for a sweeping, simple answer: more people, more space, more resources — or cut this program, look for across-the-board savings.

Now people understand that band-aid fixes may cure symptoms, but not the disease. Barbus sees more and more evidence that root causes are being sought and dealt with. It's a more painstaking way of dealing with issues, but more rewarding and in the end, better for everyone.

"People must believe that cooperation will occur, that help is near. They have core beliefs about how people live their lives at Asbury. Those beliefs change behavior, which you can see as silos between departments come down, as blame recedes and cooperation increases," says Barbus. "Then come the artifacts, the visuals, the posters, the staff caring for residents, touching hands. That's culture change."

ON THE HORIZON

Even as new health reform provisions are being implemented, momentum is building in Washington, D.C. – cost containment pressure is ceaseless -- to take additional steps that will affect nursing homes and assisted living facilities.

With health insurance coverage issues settled for the time being, the next round of health reform from Washington will concentrate on cost containment. There will be new laws and regulations aimed at producing better, more efficient care for the fraction of the population that accounts for the lion's share of costs.

Curbing preventable hospital admissions among those in nursing homes and assisted living facilities will be at the top of the priority list. Policymakers will need to address perverse financial incentives and other issues. New quality standards, including mandated staffing-to-patient ratios and training for nursing home staff, will also be on the table. As a prominent Pittsburgh-area primary care physician put it recently, "There is ample opportunity to improve patient care and provide more integrated care to patients in nursing homes."

Health information technology will help to solve some problems. Ubiquitous, interoperable electronic medical records should eliminate several persistent problems, including medication reconciliation as patients move across care settings. Telemedicine and remote health monitoring equipment will also contribute to better care. But a cascade of new quality standards and payment reforms will require transformational changes – or else. As blanket accountability for quality, safety and efficiency is imposed by public and private payers, small-scale, incremental improvements won't suffice.

The results at Asbury Heights illustrate what can be accomplished by nursing homes and assisted living facilities if there is organizational commitment to excellence and efficiency in all aspects. Also on display is the power of working with and through those who provide care at patient bedsides. For organizations that attempt to impose change to their employees, rather than collaborate with them, there is a predictable result (loss of valuable employees and no improvement).

Asbury has made remarkable strides in its first two years. Barbus' advice to other leaders thinking about starting a Lean journey: build critical mass, and get as many people as possible learning and training. The entire leadership team must be on board to build a reliable system where it is safe for staff members to explore new ideas and implement them.

Federal health reforms will challenge skilled nursing facilities to meet higher standards of quality, safety and efficiency. Forward-looking nursing home leaders are taking action now.

In this issue, we described how Asbury Heights, a Methodist-affiliated facility in Mt. Lebanon, PA, is using Perfecting Patient Care℠ to boost performance in all phases of operation:

- Worker retention and morale
- Efficiency and cost savings
- Quality improvement
- Error reduction
- Licensing and certification

JEWISH HEALTHCARE FOUNDATION

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Jewish Healthcare Foundation
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