



July 2021 | Jewish Healthcare Foundation news, events, milestones, & more

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WHAMglobal Board Delves into COVID-19's Disproportional Stressors for Women

During the July [Women's Health Activist Movement Global](#) (WHAMglobal) board meeting, members explored how COVID-19 disproportionately burdened women globally. The pandemic created unforeseen caregiving pressures, forced women into educator roles for which they were unprepared, pitted professional against family responsibilities, created financial burdens, and added a layer of complexity to the safe completion of activities of daily living, all with the additional emotional stressors of isolation and fear.

Representing various countries, women communicated about efforts to overcome these emotional, financial, social, and medical challenges as the world moves into a new phase of the pandemic. This provided an occasion to inform and consider WHAMglobal's agenda for the fall and winter.

Chen Shapira, MD, co-founder and chief medical officer at Quai.MD, an artificial intelligence–based platform for personalized clinical pathways, spoke on the impact of COVID-19 in Israel. Dr. Shapira is an Israeli board-certified cardiologist with experience in both the hospital setting and the community sector. She is also board chair of Dosentrx, where she previously served as chief medical officer. Dr. Shapira has consulted in a variety of aspects of health care, including operations and process improvement.

Dr. Shapira noted that women working in Israel's education and health systems have been the most affected by the pandemic, with Orthodox women and single mothers bearing the greatest burden. Women lost more retirement savings and are experiencing a slower return to work, as well as reduced salaries. Israel's older population is feminized, and residents suffered from COVID-19 in long-term care similarly to the U.S. population. During the pandemic, 50% of women surveyed in Israel on their emotional state reported experiencing stress and loneliness and had 10% more visits in mental health clinics. Domestic violence also increased during quarantine periods. The rise in remote work has the potential to open doors to higher salaries for women, and men's exposure to women's home labor during the pandemic may provide a steppingstone to advocacy for equity.

Sue Matthews, RN, MHScN, DPH, CEO of The Royal Women's Hospital, spoke on the impact of COVID-19 on women in Australia. Dr. Matthews is an adjunct professor at Trent University and Swinburne University.

Dr. Matthews discussed wrap-around services to mitigate stressors on women in Australia. The Australian government initially implemented progressive new policies on job assistance and free



JHF and WHAMglobal Board Chair Deb Caplan, MPA and speakers Sue Matthews, RN, MHScN, DPH, Tausi Suedi, MPH, Nadene Alhadeff, Wendy Leonard, MD, AAHIV, and Chen Shapira, MD.

childcare, but these were poorly designed and ultimately failed to fully support women and were ended early. Casual workers and workers in industries with high female employment, such as local government and universities, were excluded. Australia experienced a 30% increase in domestic violence during the pandemic. In response, a program was launched to teach healthcare providers to see signs of domestic violence and how to act appropriately when a woman discloses. Dr. Matthews said that healthcare providers are seeing an increase in requests for later-term abortions because of fear or lack of access. In the second wave of COVID-19 in Australia, more than 35,000 healthcare workers in Victoria tested positive, and more than 75% were women, many working in aging care. As Australia recovers from the pandemic, the focus is on infrastructure and construction, but these are male-dominated workforces, Dr. Matthews reports.

Nadene Alhadeff, executive director of the Mum for Mum program at the National Council of Jewish Women of Australia, added thoughts on COVID-19's impact on women in Australia. Ms. Alhadeff has been leading this program since 2012, increasing its reach from 14 trained volunteers in 2008 to 170 volunteers today who are matched with isolated and vulnerable women transitioning to motherhood. Mum for Mum receives daily referrals and requests to volunteer.

Ms. Alhadeff noted that the biggest challenge new mothers and birthing persons have had during the pandemic is the barrier to having family visit after babies are born, a very important component of the postpartum experience for the cultures of many immigrants who live in Australia. Likewise, mothers and birthing persons have not been able to have the home visits they are used to from community health workers. The Mum for Mum program has been developing alternative methods for supporting women, including walks in parks and telehealth. Mum for Mum volunteers are well-trained to discuss challenges that arise after birth and the best ways to support the family. The volunteers tailor their approach for each birthing person, considering their cultural and communication needs. Mum for Mum has been promoting bystander trainings and partnering with organizations, including the Australia Israel Chamber of Commerce, to raise awareness of signs of reproductive coercion, Ms. Alhadeff said.

Wendy Leonard, MD, AAHIV, executive director of TIP Global Health, and Tausi Suedi, MPH, board chair and chief strategic advisor of Childbirth Survival International, then spoke on the impact of COVID-19 on women in African countries.

Dr. Leonard founded TIP in 2008 as a means of inspiring local health system innovation to provide high-quality health care to vulnerable people in resource-limited settings. She served as the first physician to volunteer for the Clinton Foundation's HIV clinical mentoring program in Rwanda and has continued to work as an educator and consultant to the healthcare providers in Ruli, Rwanda. Dr. Leonard currently is the director of Santa Cruz County's HIV Quality Management Program and has served as the county's tuberculosis controller since September of 2007. In this work, she has successfully collaborated with public health around HIV and TB care, including program design, management, and evaluation and individual patient care. Dr. Leonard previously served as president of the board of directors for the Santa Cruz AIDS Project, where she worked to expand HIV prevention, education, and care services to the Latino community.

Dr. Leonard shared that the pandemic has escalated maternal deaths in east Africa, and 50% of children are food insecure due to pandemic school closures, according to UNICEF. In Africa,

nurses, who are primarily women, are more likely than other healthcare workers to be infected with COVID-19. Women also experienced higher levels of mental health issues. In Rwanda, dueling issues of infection and socioeconomic struggles characterized the pandemic. To combat the spread of COVID-19, TIP Global Health ensured that community health workers received personal protective equipment, education/awareness materials for their communities, and set up handwashing stations in homes to further increase hygiene. TIP created a digital tool to address contact investigation challenges, provided messages for community health workers on how to protect themselves, and gave community health workers megaphones to share public health messages with their communities. The community health workers in Rwanda are focused on addressing vaccine hesitancy, which is mainly among women.

Ms. Suedi has more than 15 years of global health experience. Her focus areas are rooted in purposeful and collaborative efforts to improve and strengthen quality of health services, resources, and information provided and delivered to benefit women, newborns, children, adolescents/youth, and the elderly in marginalized communities. In addition, she teaches global health at Towson University and the Center for Global Health in the Perelman School of Medicine at the University of Pennsylvania.

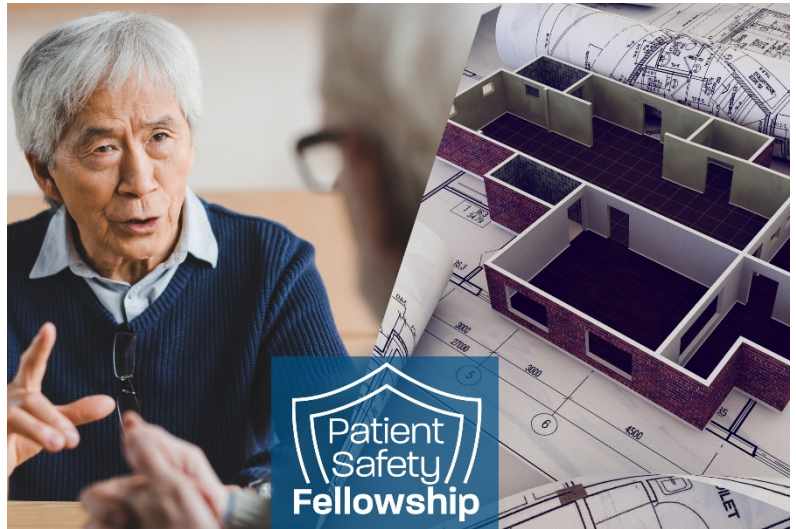
Ms. Suedi echoed the fact that COVID-19 increased vulnerabilities and worsened inequalities for women and girls. Pre-pandemic, at least 500 women died per day in African countries, due to preventable pregnancy and childbirth-related complications. This number quadrupled during the pandemic, and women were much less able to access services. There was a significant decline in the number of births with a skilled birth attendant present, and the number of unwanted pregnancies increased. Increased domestic violence, rape, child molestations, sex trafficking, and mental and emotional stress were reported. This especially affects the many women who lack access to basic resources necessary to flee abuse. Ms. Suedi suggested several mitigation strategies, including using lessons learned from Ebola outbreaks, ensuring that health workers (who are mostly women) have necessary resources and compensation, collaborating with birth attendants, and supporting community mental health services. Childbirth Survival International continues to work to support women to have successful birth, conducts food drives to address food insecurity, and holds vocational skills trainings, Ms. Suedi noted, and said that the Jewish Healthcare Foundation-supported initiative for childbirth health kits was vitally important.

In a closing discussion, the WHAMglobal board members focused on the widespread reports of increased domestic violence and considered how solutions for this might be integrated into the board's agenda. A recording of the discussion and materials are available [here](#).

WHAMglobal Board members who attended include: Debra L. Caplan, MPA, Karen Wolk Feinstein, PhD, Carolyn Clancy, MD, Susan Dentzer, Lynn Eckhert, MD, MPH, DrPH, Christine Morton, PhD, Fleur Sack, MD, Nan Strauss, JD, Usha Raj, MD, and Laurie Zephyrin, MD, MPH, MBA.

Patient Safety Fellows Propose Innovative Models for Senior Living and Care

This summer's Patient Safety Fellowship concluded at the end of July, as groups of fellows presented four alternative and novel models of safer, better options for seniors across a variety of care and living contexts. The dearth of workers in long-term care and the pressing need for creative solutions in senior care and senior living drove the Jewish Healthcare Foundation (JHF) to focus its annual Patient Safety Fellowship on exploring new models. Throughout the summer fellowship, participants learned about the complex arena of long-term care, where safety challenges and opportunities exist, and the key components that could establish a brighter future for aging Americans. Some of the region's and nation's best leaders in integrating safety and innovation to senior care provided inspiration and guidance for the final projects.



Twenty-nine fellows, representing over 20 disciplines in health care, informatics, public health, medicine, dentistry, and more, explored existing and conceptual models for transforming our community and healthcare systems to better serve seniors. Each week, the fellows were introduced to a critical component of senior living and senior care and were asked to apply that concept to an assigned case study. Integrating their learning from throughout the fellowship, four groups of fellows developed their own unique models to best fit their case's needs. During the finale, the fellows presented their models to an audience of 18, including members of JHF's Senior Residential Living Full Court Press Team, JHF Board members, and guest lecturers from the fellowship.

The first group proposed the *Urban Aging* model for their case study, emphasizing independence and lifestyle in an urban setting through creating an intergenerational community with cottage-housing, green space, and smart-technology integrated in the home. Another group outlined the *Comprehensive Memory Care Model*, which consists of a household-style assisted memory care facility within a neighborhood community for those with dementia and focuses on nutrition, pain management, and social engagement. A third group proposed the *Pittsburgh Caring Home Model*, combining a small house community model with embedded clinical and personal care services, with staff as the linchpin to providing wrap-around services for the physical and social well-being of residents. The final group outlined the *Magic LIFE Model*, an intergenerational, apartment complex-style housing model embedded with smart home technology including programming that builds personalized care plans and leverages [LIFE/PACE](#) programs as needed. Following the presentations, guests, fellows and JHF staff addressed questions and raised issues on the current trajectory of long-term care, discussing considerations on physical space, policy issues (such as staff-resident ratios), and methods to push for new and better ways to care for seniors.

Reflecting on her experience, fellow Kara Kalinowski, candidate in Robert Morris University's master of health service administration program and member of UPMC's Commercial Member Services team, said, "My work is centered around healthcare consulting with the VA, and this fellowship also coincides with my last semester of my master's program with health administration. The knowledge I have gained from this Fellowship will help me be a better consultant and will give me insight as to opportunities and areas for innovation in future consulting plans for veterans."

Leading up to the finale, the fellows had the opportunity to meet with key staff from four local senior living and senior care organizations at the beginning of July: [Community LIFE](#), [Cross Keys Village](#), The [Jewish Association on Aging](#)'s AHAVA Memory Care Center of Excellence, and [Vincentian Collaborative System](#). Each of these organizations dove into their best practice models, illustrated existing challenges, and described how they are working to address safety and quality of life. During the session entitled *Entry and Exit of Workers in Long-Term Care*, with Anne Ellett, MSN, NP, founder and executive director of Memory Care Support; Valerie Njie, MS, from Bidwell Training Center; Kezia Scales, PhD, director of policy research at PHI National; and Amy York, executive director at Eldercare Workforce Alliance, fellows had the opportunity to learn about the myriad of challenges facing the long-term care workforce and how creating better pipelines and career ladders ties into efforts of improving safety. During the *New Designs with Seniors in Mind* session with Diana Anderson, MD, MArch, principal at Jacobs and dochitect; Melissa DeStout, AIA, LEED AP, CPHD, senior associate at Perkins-Eastman; and Max Winters, RA, senior associate at Perkins-Eastman, fellows learned about the influence of design, layout, and architecture on safety and wellbeing, the ethical implications of their decisions, and the role of architects in shaping the long-term care options of the future.

"The Fellowship provided so many great perspectives and resources," said fellow Samuel Viggiano, health informatics graduate student at the University of Pittsburgh and financial administrator for the Department of Physical Medicine and Rehabilitation at the University of Pittsburgh School of Medicine. "The engagement tools employed throughout the online experience were wonderful, and I recommended them to professors and program administrators for use in our program. In the long term, I hope I can be an advocate for new models, volunteer, and build relationships in the community."

AIDS Free Pittsburgh Attends Millvale Pride

On June 26, public health initiative [AIDS Free Pittsburgh](#) (AFP) participated in Millvale's inaugural, volunteer-driven PRIDE event. This was the first outreach table that AFP hosted since COVID-19 cases were identified in the U.S. AFP joined with Sherri Karas Certo, community outreach and clinical recruitment specialist from the University of Pittsburgh Clinical Research Site HIV Treatment and Prevention Program, to share information with the community on HIV prevention and treatment and current research projects that are being conducted at Pitt—including a study on HIV vaccination.



JHF HIV/AIDS Team member Cindy Johnson, CPA, and Sherri Karas Certo of the University of Pittsburgh's CRS HIV Treatment and Prevention Program staff the Millvale PRIDE information table.

Save the Date: Too Hot for July 2021 on Sept 10

Too Hot for July (TH4J) returns live, in person, and safely outdoors this year on Friday, September 10th at Spirit Bar in Lawrenceville. The annual HIV awareness event is hosted by [AIDS Free Pittsburgh](#), in partnership with [True T Pgh](#). As 2021 marks the 40th anniversary of the first official report on HIV/AIDS, TH4J will honor those lost to HIV/AIDS while celebrating the advancements in prevention and treatment that can end the epidemic. The event will feature local DJs, performers, a vogue dance battle, free HIV testing, a health fair, and will end with an energizing performance by nationally known artist, Saucy Santana. And we have a few surprises in store! Keep updated on the event by following [AFP's Facebook page](#).



Too Hot for July 2021 Performer Saucy Santana

High Tech + High Touch Podcast: Listen Today!

Check out the first episode of the High Tech + High Touch Health Care podcast mini-series! Jewish Healthcare Foundation Chief Operating Officer and Chief Program Officer Nancy Zions interviews Danny Rosen, PhD, MSW, professor of the University of Pittsburgh's School of Social Work, and Dan Swayze, DrPH, MBA, MEMS, vice president for community services at UPMC Health Plan, on the opportunities for technology to be used to improve the lives of seniors and those who care for them.



[Listen today](#) on the Pittsburgh Technology Council's TechVibe Radio podcast, and stay tuned for the next episode, coming Monday, August 2!

Dementia Friends Contract Renewed Through 2022

[Dementia Friends Pennsylvania](#) will continue to expand its efforts over the next year. The Jewish Healthcare Foundation (JHF), which serves as the state administrator for the program, has received renewed funding of nearly \$90,000 from the PA Department of Aging to empower communities in Pennsylvania to become informed, safe, and respectful of individuals living with dementia, their families, and care partners.

With the leadership and expertise of JHF Senior Quality Improvement Specialists Stacie Bonenberger, MOT, OTR/L, and Anneliese Perry, MS, NHA, Dementia Friends Pennsylvania will continue to provide Information Sessions to community members and collaborate with the PA Department of Aging and the Alzheimer's Disease and Related Disorders State Task Force to determine readiness and willingness of communities to join the Dementia Friends Pennsylvania Initiative.



A September 2020 Information Session was held for staff at Jefferson Hospital by Dementia Friends Champion and Jefferson Hospital nurse Kathryn Lawrence, MSN, RN-BC, pictured on the far left.

This grant period also will have a focus on diversity. Dementia Friends Pennsylvania will work with local and statewide organizations to identify Champions from diverse cultural and ethnic backgrounds who can offer Information Sessions in the most commonly spoken languages in

Pennsylvania. This builds on Dementia Friends' recent efforts to translate educational materials into these languages.

The renewed contract also includes funding for communications, which will be used to revise and update the Dementia Friends Five Key Messages Video to be more inclusive and represent individuals from Pennsylvania and to develop marketing and outreach materials directed at underserved communities to ensure access to Information Sessions.

Karen Wolk Feinstein Selected for City and State Power 100

Jewish Healthcare Foundation President and CEO Karen Wolk Feinstein, PhD, has been named to [City and State Pennsylvania's](#) 2021 Healthcare Power 100 list. Read more [here](#).



Innovating Patient Safety with David Classen

One of the Foremost Patient Safety Thought Leaders Continues to Trailblaze

Throughout the Jewish Healthcare Foundation's work to propose a National Patient Safety Board, David Classen, MD, MS, has been a unique and invaluable partner. An exceptional innovator with over 30 years of experience in patient safety and infectious disease, Dr. Classen is a forerunner in reinventing electronic health records (EHRs) for patient safety and developing better systems to autonomously identify risks and prevent medical errors. He has contributed an intuitive understanding of the potential to extract meaningful data from EHRs, which is essential to autonomous error prevention and interventions. Dr. Classen's expertise has propelled healthcare across the U.S. and other countries to a new level, and his work is at the cutting edge of finally breaking through long-standing barriers to national patient safety.



Dr. David Classen

Currently a professor of medicine at the University of Utah and a consultant in infectious diseases and clinical epidemiology at the University of Utah School of Medicine, Dr. Classen was first drawn to patient safety while working as an infectious disease physician at LDS Hospital in Salt Lake City, Utah, as part of the regional not-for-profit Intermountain Healthcare system. Ahead of the curve, LDS Hospital had, in the early 1990s, implemented a homegrown EHR that could detect many safety issues other hospitals could not. Unfortunately, despite this work, a tragic situation occurred in which a patient died after being prescribed a drug to which she had a known allergy. This event led Dr. Classen and the LDS team to revisit the potential for improvement.

With their own EHR, Dr. Classen's team implemented a program that tracked drug prescribing, generating a wealth of data. In the late 1990s, this expanded to create an automated system for all anti-infective agents prescribed at LDS, to reduce the burden on staff to conduct analog monitoring. This was the first artificial intelligence application in health care to predict drug prescriptions, which was implemented throughout hospitals in the Intermountain Healthcare system. Dr. Classen's team gained further momentum with a *New England Journal of Medicine* article in 1998, documenting the technology's feasibility and the resulting, vastly improved patient outcomes. This became the standard of care at Intermountain Healthcare, where doctors came to use and trust the system.

Dr. Classen's work quickly became widely recognized, and he was on a fast-track to revolutionizing patient safety. In the early 2000s, he began collaborating with a variety of organizations, including the Institute for Healthcare Improvement (IHI), that were interested in developing an improved, more comprehensive measurement system for all patient safety metrics (rather than relying on voluntary reporting). Dr. Classen worked to build the IHI Global Trigger Tool to detect all causes of harm to patients. Easy to use and standardize, the tool was adopted broadly and used by more than 500 different healthcare organizations throughout the United States and Europe. The tool detected more harm than previous methods discovered, which further raised the alarm on patient safety.

The ability to iterate has been a hallmark of Dr. Classen's career – he cites his process of “long-term trial and error” as a secret to his success. After receiving feedback that using the Global Trigger Tool was time-consuming, Dr. Classen automated the tool, inspired by his approach at LDS to use commercially available EHRs. Collaborations with EPIC, Cerner, and all the other leading EHRs ensued, further broadening the system's implementation. The efficient platform could then be used to monitor error hospital-wide with few draws on currently existing resources. Washington, D.C. software company and patient safety organization [Pascal Metrics](#)—of which Dr. Classen is now chief medical informatics officer—created a new platform and disseminated it widely in the U.S. and Australia. Once implemented, the platform could increase detection of safety events by up to 50-fold, demonstrating its viability as a model. This opened a whole new world of potential for patient safety, one in which artificial intelligence systems could predict adverse events up to three days before they occur, helping patients while still admitted.

Dr. Classen's approach has also found success because of his approach's unique structure, with which hospitals do not have to face increased their legal liability with their detection of error. Pascal Metrics also standardizes the approach to patient safety measurement, so that each hospital is on the same platform and reduces the learning curve. “We spent ten years developing this approach and making it efficient and effective, and it meant we had to fine-tune the triggers,” said Dr. Classen, noting that they applied machine learning techniques for improvement.

The model caught the eye of the Robert Wood Johnson Foundation, who provided Dr. Classen funding to develop a way to extract data from the EHR and make it available to patients and families in real-time. Patients were more activated and happier with their care, and those who frequently used the system had lower mortality and readmissions. This partnership will generate a conference this October at the University of Utah, sponsored by the Robert Wood Johnson Foundation, to survey the state of artificial intelligence and automation in patient safety and build a roadmap for rapid adoption of Dr. Classen's approach.

In context of the future of the National Patient Safety Board and innovation on medical error, Dr. Classen says, "One of the great accomplishments in the next five years might be broadly adopting technology to improve patient safety. All we have to do is adopt what has already been created." He sees the biggest drivers for change as patients, insurance providers, and employers who see and desire the benefits of having patient safety predictive analytics at their fingertips. There may be cultural challenges when shifting from voluntary to automated reporting, but Dr. Classen notes that reducing harm and the associated savings and improved outcomes can create a business incentive. Pascal's unique method of internally reviewing data that its software collects at healthcare systems may become more popular, he says, providing an opportunity for similar patient safety organizations to unburden hospitals and provide feedback to hospitals on reducing error. In the future of health care, this model could easily be re-purposed at the national level to monitor and act on the data gathered by autonomous patient safety technologies.

When he isn't reviewing patient safety data, Dr. Classen enjoys adventures with extreme outdoor sports, including kayaking and skiing. But of his work, he says, "Patient safety is a team sport, and I could never have gotten where I am without having wonderful teams to work with."

COVID-19 Documentary Resonates with Film Festivals Across United States

The Jewish Healthcare Foundation is pleased to announce that our short documentary, *What COVID-19 Exposed in Long-Term Care*, has been selected for the August 26–31, 2021 [Life Film Festival](#). This is the fourth film festival selection for the documentary, after screenings by WQED and at nationwide senior health and aging organizations, including Jewish Funders Learning Network, the Southwestern PA Partnerships for Aging, the Pennsylvania Geriatrics Society-Western Division, and the Coalition for Quality at End of Life.

Located in Sacramento, California, the Life Film Festival is a world-wide film festival dedicated to showcasing films that affirm the importance of the human experience and the unique value of every life.



The documentary was previously selected for the [2021 Manhattan Film Festival](#), which annually produces a diverse film lineup of established, emerging, and student filmmakers and was the first

to introduce a virtual platform. The [Marina del Rey Film Festival](#) selected the documentary for its 2021 festival. The festival was created in 2012 as a world-class independent film festival on the westside of Los Angeles for independent filmmakers. The documentary won the Jury's Choice Award at the 2021 [A Show for a Change Film Festival](#), which showcases compelling visual works that have a socially conscious message and the potential to drive substantial social impact.

The 20-minute documentary explores the causes behind the COVID-19 crisis in long-term care facilities across the United States, weaving the stories of long-term care experts, journalists, employees and family members to present a comprehensive perspective. JHF hopes the documentary continues to resonate with audiences across the country to inspire positive change and action for long-term care.

Magee-Womens Summit Slated for November at David L. Lawrence Convention Center

Details of the 2021 Magee-Womens Summit have been announced: the summit will be held November 17–19 at the David L. Lawrence Convention Center. The summit will focus on pressing issues of maternal mortality, metabolism throughout the lifespan, and mental health of women. JHF looks forward to continuing the discussion held during our Liftoff PGH health innovation conference in December 2020, where the Magee-Womens Research Institute hosted a half-day interactive workshop, allowing participants to construct their own women's health innovations.



**MAGEE-
WOMENS
SUMMIT**

Learn more about the summit [here](#), and read more in the Pittsburgh Business Times: [Magee-Womens Research Institute's goal for next summit: Thinking bigger](#)

Richard Smith Becomes JHF's New Chief Relationship Officer

The Jewish Healthcare Foundation (JHF) has named Richard Smith, MSW, as the chief relationship officer, a new role for the organization.

Growing in popularity among forward-thinking organizations in the tech and business sectors, this role is particularly valuable after the strain and dislocation of the pandemic. By instituting this role, JHF intends to promote equity, preempt conflict, and nurture a positive, cross-collaborative culture in the workplace. This role will focus on increasing job satisfaction, morale, engagement, and retention. The chief relationship officer also can help individuals create boundaries to protect themselves from the emotional stress and negative impact that challenging workplace relationships can create, and to implement self-care practices.



Richard Smith, MSW

Smith's familiarity with JHF and his years of experience in social work make him a perfect fit for this role. He joined JHF in October 2010 as a Program Associate for the HIV/AIDS hospital readmissions reduction project and has served as the HIV/AIDS Program Director since 2012. He earned a dual bachelor's in psychology and theater from Lock Haven University, and a master's in social work from the University of Pittsburgh. While earning his MSW, Smith interned at various local AIDS service organizations, which inspired him to want to continue working with vulnerable populations. Prior to JHF, he was a Quality Manager and Crisis Social Worker for more than four years at the Albert Einstein Medical Center in Philadelphia.

During his time leading the HIV/AIDS team, Smith has set a tone of transparency and candor, implementing open lines of communication across his team. In his new role, Smith intends to encourage the type of growth he has witnessed across the entire foundation.

"JHF is a great place to work, and I intend to advance our potential even further. My aim is to cultivate an environment where all JHF staff are more equitably supported and empowered with the tools and processes they need to succeed," Smith said.

Smith emphasized the importance of relationships in this stage of the pandemic, as employees emerge from over a year of abruptly limited connection. Smith will help JHF navigate discussions of safety and comfort, to ensure all voices are heard and honored.

Two Staff Members Join JHF

In July and August, the Jewish Healthcare Foundation (JHF) welcomes two staff members.

JHF welcomes back Maureen Saxon-Gioia, MSHSA, BSN, RN, as a project manager/nurse senior quality improvement specialist for JHF and its supporting organizations. Ms. Saxon-Gioia previously worked at JHF from 2007 to 2014, and she will serve as project manager for the Teaching Nursing Home Initiative. Her role has a primary focus in aging and long-term care, supporting workforce training and education initiatives related to improving healthcare quality, patient safety, and workforce development. This builds upon her involvement in previous quality improvement initiatives, in which she conducted in-depth assessments and evaluations, participated in organizational redesigns, and executed teaching and coaching engagements using lean methodology for healthcare organizational transformation. Her career spans many years as a point-of-care nurse in both neuro intensive care and high-risk labor and delivery in an academic medical center. Ms. Saxon-Gioia also brings recent experience in post-acute care for patients receiving home health services. She led compliance and quality improvement activities to promote value-based care and professional nursing development through evidence-based care initiatives. She earned her bachelor's in nursing from Pennsylvania State University and her master's in health services administration from Robert Morris University.



Maureen Saxon-Gioia, MSHSA, BSN, RN (left) and Bridget Jordan

Bridget Jordan is the administrative coordinator for JHF. She has over eight years' experience in operations and customer service. Shortly after relocating to Pittsburgh from Columbus, OH, she accepted a position as operations manager at The Candle Lab. Using her abilities in management and organization, she played a pivotal role in growing this unique business concept into a successful and established business.