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*Salute to Case
Management*

Recognizing Case Managers as the Heart of Collaborative Care

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OUR 20TH YEAR SERVING THE HEALTHCARE COMMUNITY!

Oncology



New Memorial Cancer Institute Puts World-class Care Under One Roof

BY VANESSA ORR

This January, Memorial Healthcare System (MHS) will open the new, \$125 million Memorial Cancer Institute (MCI) adjacent to the campus of Memorial Hospital West. The 122,000 sq. ft. building will bring MHS' world-class cancer treatments, research, and family-centered care under one roof, making it more convenient for patients to find the services they need without leaving South Florida.

Within the four-story institute, patients will have access to radiation oncology, a dedicated breast center, hematology and medical oncology clinic, the Moffitt Malignant Hematology and Cellular Therapy Clinic, and an infusion center. It will also feature the Center for Body, Mind, and Spirit, a conference room, private infusion suites, rooftop garden, and meditation sanctuary.

According to Meredith B. Feinberg, vice president of cancer services at Memorial Cancer Institute, Memorial is in the final throes of completing construction and outfitting the site. A ribbon-cutting is planned for the second week of November, and the facility will be open for patient care mid-January.

"The building project is running on schedule, and all the final items are being completed; there are many details we're working on, and these details make a difference to our patients," said Feinberg. "This center will not only be the biggest

Continued on page 22

Case Management... Case Management...

Community Specialists at the Core of Florida Blue Centers

BY CAROL NEWMAN

Florida Blue has been serving the state for nearly 80 years. As your local Blue Cross and Blue Shield plan, the mission-based, community-focused not-for-profit is uniquely positioned and committed to helping people and communities achieve better health. As part of that commitment, they work to improve the affordability, accessibility and equality of health care, address social determinants of health, and identify factors negatively impacting the well-being of their local communities.

Florida Blue believes that everyone deserves access to high quality and affordable health care. They provide health plans for individuals, families, seniors, and employers of every size. For businesses large or small, Florida Blue has a portfolio of affordable health plans and wellness programs to help manage the bottom line and keep workforces healthy.

Whether teams are working in the office, from home, or hybrid, Florida Blue meets you where you are. At the core of this philosophy are the Florida Blue Centers.

Sprinkled throughout the state, Florida Blue Centers have long been a trusted

Continued on page 7



ACHE Spotlight



David Zambrana

ACHE of South Florida Member Spotlight: David Zambrana

BY LOIS THOMSON

David Zambrana, PhD, DNP, MBA, RN, began his career as a nurse at Jackson Memorial Hospital, and through the years, has advanced to his current position as Jackson Health System's executive vice president and chief operating officer. He said during that progression, "Many people along the way saw in me what I often-times may have not seen, and they certainly supported my growth."

Part of that support came through advice Zambrana received from colleagues. "Early on, every one of my mentors said you've got to find a community of individuals along the way who are in similar roles to yourself." He found that community at the American College of Healthcare Executives. A member for "at least a decade," he considers ACHE to be an extension of his network – getting to routinely interact with colleagues and make new connections. "That's what I sought early on, and that's why I continue to maintain my membership. It's also why I support others in joining."

Zambrana said issues in health care are mostly universal, and while there is quite a bit of variability in hospitals, there is a strong sense of camaraderie among industry leaders. "I find great support in connecting with these individuals and sharing and learning from challenges and success-

Continued on page 10

Oncology... Breast Cancer... Oncology...

Cancer Centers and Climate Disaster Preparedness: A Crucial Connection

BY DANIEL CASCIATO

When considering climate change and the resultant disasters that arise, we often think about the challenges it poses to our natural environment. Yet, there's a pressing need to focus on specific groups of people, such as medically vulnerable patients, and the health institutions designed to care for them.

Leading researchers in this field, Dr. Zelde Espinel and Dr. Tracy Crane, shed light on the critical role cancer centers play in climate disaster preparedness and the subsequent safety of their patients.

In a commentary in the Journal of the National Cancer Institute (NCI), the researchers noted that one or more climate-related disasters have impacted 71 NCI-designated cancer centers during the past decade.

Dr. Espinel, a clinician and researcher at the Sylvester Comprehensive Cancer Center at



Dr. Zelde Espinel



Dr. Tracy Crane

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Publisher's Note

**Happy 52nd Anniversary ...
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In a nutshell, that's us. We started low-key (no real romantic dates — we both worked part-time in the same Brooklyn drug store) and have similarly continued for more than half a century (Yikes!) Sure, we've had many, many exciting highs but rarely have they centered upon our anniversary. No surprise parties (Carol would have a coronary), expensive dinners (we both have questionable tastebuds ... basically none), or grandiose gifts (don't forget Carol's middle name is Miser).

However with the advent of social media, I do feel compelled to post a picture each year with a suitable caption and that's the hardest part. You want a quip that is cute but not cringey. Here's my short list:

- Life update: we're still together.
- My favorite lifetime subscription.
- Same time next year?
- Celebrating that I get to have sleepovers with Carol and Loki each night.
- My love for you still gives me the same feeling as when I see an Asian Buffet.
- I guess I forgot to cancel our 30-day marriage trial.
- We're still the perfect pair ... never enough energy to divorce.

Charles Felix

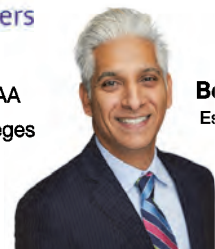


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BROWARD HEALTH NORTH

Beverley Harriott, RN, BS, CCM

A native of London, England, Beverley Harriott has been a registered nurse since 1980 and is an Acute Care Case Manager at Broward Health North where she has worked since 2015. Her responsibilities include assessing the health and psychosocial needs of her patients. She then collaborates with other members of the patient's interdisciplinary health-care team to develop a case management plan to best meet each individual's needs. She says that nursing is a good career choice for people who want to make a difference in the lives of others. "If you have a natural passion to work with patients, caregivers and other health care professionals and be open to opportunities for advancement nursing is a good career choice that allows you to make a difference in people's lives," Harriott said. She earned an associate degree in nursing from Essex County College and a bachelor's degree in health services administration at Barry University.



Amanda Eisenring, LCSW

As a social worker in Broward Health North's trauma unit, Amanda Eisenring supports trauma patients and their families, facilitating safe discharge plans and providing community resources when needed. Eisenring worked with children in the adoption process before switching to medical social work at Broward Health six years ago. "This is the right fit for me," Eisenring said. "I love working with my teammates and the trauma team. There is no better feeling than knowing you impacted someone's life, even during a short hospital stay." Eisenring and her husband recently welcomed their first baby to their family and are enjoying parenthood. They live next door to her parents, who are still in the house where she grew up.

She received her bachelor's degree in social work from Florida Atlantic University and a master's degree from Florida State University. This March, she earned her License of Clinical Social Work.



BROWARD HEALTH IMPERIAL POINT

Elizabeth Rivera, LMHC, MS, BA

Elizabeth Rivera, a Licensed Mental Health Counselor (LMHC), serves as a Utilization Review Case Manager & Discharge Planner at Broward Health Imperial Point.

She conducts in-depth initial assessments of patients with mental health and substance abuse issues, Alzheimer's disease, dementia, and autism spectrum disorders to determine the level of care needed. She also creates comprehensive and safe discharge plans. A native New Yorker, Rivera began her career in 1997 and has worked at Broward Health for more than 15 years. From an early age, she felt a calling to become a therapist.

Rivera says her job is very rewarding because she gets to help patients and see positive outcomes. "I truly love what I do, and I am proud to work beside such an amazing team," Rivera said. Rivera earned a master's degree in mental health counseling from Nova Southeastern University and a bachelor's degree from Pace University.



Kayla Bajor, RN

Kayla Bajor began her career as a registered nurse in 2020 with Broward Health. In her first job, she was a registered nurse in labor and delivery at Broward Health Coral Springs. Kayla provided skilled direct nursing care for the antepartum, intrapartum, and postpartum patients at The Maternity Place at Broward Health Coral Springs. Kayla shifted to working in case management at Broward Health Imperial Point a year and a half ago, and she really enjoys her role. Her responsibilities involve assessing patients' medical and social needs during admission, participating in daily multidisciplinary rounds, and discharge planning. "I feel like I have found my passion in nursing," Kayla said. "I love being involved in all aspects of a patient's care – from admission to discharge – and working closely with the multidisciplinary team." A native of South Florida, Bajor earned an associate in nursing degree from Broward College.



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BROWARD HEALTH CORAL SPRINGS

Jamie Burke, RN

For 12 years, Florida native Jamie Burke, RN, worked as an emergency room nurse. She transitioned into acute care case management at Broward Health Coral Springs after looking for growth in a professional capacity.

Burke's role is critical in ensuring patients have a safe and smooth transition upon discharge. She collaborates with a multidisciplinary team made up of physicians, nurses, and physical and occupational therapists, to accommodate and support the needs of each individual patient. She prides herself in providing quality patient support and care in a fast-paced environment. "Our goal is to provide community and local resources and support to aid in preventing reoccurring hospital admissions," Burke said. "I enjoy new challenges and working alongside an amazing team."

Burke earned her bachelor's degree in nursing from Florida Atlantic University.



Chantal Marie Gaston, RN, BSN

Chantal Marie Gaston, RN, BSN, a case manager at Broward Health Coral Springs, knew early on that she wanted to join the healthcare field. Born in Haiti, Gaston came to the United States when she was 13 years old and enjoyed helping others from an early age.

"When you are a nurse, you know that you will touch a life, or a life will touch yours every day," Gaston said.

After receiving her nursing degree, she began working as a medical surgical nurse and charge nurse before transitioning in 2013 to a case management role at Broward Health Coral Springs. For Gaston, the care she provides is also personal. "As a mother of a child with a life-threatening disease, I wanted the knowledge to care for her and the ability to help others in need," Gaston said. As a case manager, Gaston works to ensure a safe discharge for patients by providing home health services, transportation, transfers, and education.



BROWARD HEALTH MEDICAL CENTER

Gina Valdes Aguero, RN, BSN

Gina Valdes Aguero, RN, BSN, has been a nurse for over 2 decades at Broward Health Medical Center. She has worked in various departments, including the trauma bay, transplant unit and stroke unit. Valdes Aguero was instrumental in opening sickle cell and COVID units.

In 2021, she transitioned into her current role as a registered nurse case manager. "I enjoy being a part of a team that works collaboratively to achieve success in my department," Valdes Aguero said. "I have the desire to ensure that patients have the best quality care." Valdes Aguero is responsible for finding solutions and selecting the most suitable care plan by collaborating and coordinating with healthcare professionals, family members, home healthcare agencies and suppliers. Her goal is to ensure every aspect of the patient's care is well-coordinated and taken care of once they are discharged home.

Valdes Aguero graduated from Broward College with a Bachelor of Science in Nursing.



Linda Alcide, RN, BSN

Born at Broward Health Medical Center, Linda Alcide, RN, BSN, now leads as an acute care case manager at Broward Health's flagship hospital, inspiring others with her passion and commitment to healthcare. "I strive to provide empowerment-based advocacy across all levels of care," Alcide said. "I love being part of a team that ensures patients are discharged safely and receive excellent post-acute healthcare services." Alcide is responsible for planning the patient's discharge, which requires her to have excellent communication skills, advocacy and the ability to connect across cultures. She was driven to pursue nursing from her own personal experience as a mother of NICU babies. "I draw my inspiration from my family," Alcide said. "I aspire to treat patients as if they were my own family." Alcide was nominated for a Shining Star quarterly employee recognition in 2021. She holds a bachelor's degree in nursing from Keiser University.



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MEMORIAL REGIONAL HOSPITAL

Cassandra Joseph, RN, BSN, ONS

It was a random moment at Walmart that reminded Cassandra Joseph how fulfilling her role as an oncology patient and family nurse navigator can be. “I heard someone calling my name and when I turned to see who it was, they screamed ‘room 836’ and ran to hug me. It was a former patient who had beaten cancer and remembered how I helped them. Those are the moments that make this role so fulfilling, rewarding, and different.” An oncology nurse since 2006, Joseph is sometimes the first person to share the news of a cancer diagnosis and is quick to explain that having the disease doesn’t equal a death sentence. She then becomes part of the extended family of patients that are hospitalized for lengthy periods of time. Working with patients with sarcoma and cancer in the brain, Joseph anxiously awaits the day a cure is found. “I’d be the first to call the patients with the news. It would be euphoric.”



Valencia Daniels-Delaughter, RN, BSCM

There are times the oncology navigator’s voice is the first one a person hears after a cancer diagnosis. “They’ve gotten the worst news, but it’s our role to offer hope and help,” said Valencia Daniels-Delaughter, whose 22-year career in health-care includes the last seven in a navigator’s role at Memorial. “Cancer affects everyone in the family and we’re there to work out the details of what comes next.” After that initial interaction, Daniels-Delaughter makes sure patients get in for appointments quickly, alerts them to available resources, and ensures supplies and medications are received. She also routes them to other Memorial professionals, including social workers, dietitians, and insurance experts. “I do whatever is necessary to limit the frustration of those impacted by the disease,” said Daniels-Delaughter, who works with gastrointestinal cancer patients and families. “Sometimes they just need to know we’ll be there to answer the phone.”



MEMORIAL HOSPITAL WEST

Ashley Bermudez, RN, BSN

Ashley Bermudez is a patient and family nurse navigator who supports patients diagnosed with gastrointestinal cancers and their families. She helps not only identify social determinants of health (factors that influence health outcomes), but also refers the patient to staff within the multi-disciplinary support team for resolution. Often called a “life-line” by her patients, she finds comfort knowing she is a vital part of their team.

“It feels great to hear how much my job matters,” said Bermudez, who spent two years as an inpatient nurse prior to her outpatient transition. “I’m there to guide them through appointments and treatment, in accordance with the plan that’s been customized for them.” For patients who experience challenges, an unfavorable prognosis, or those who don’t have an adequate support system, barriers are expected. However, Bermudez accepts these challenges as opportunities to provide hope and a ‘helping hand’ to the patients and families she serves.



Glorymar Dorta, BSN, RN

A breast cancer patient and family navigator, Glorymar Dorta ensures a smooth transition from surgery to medical oncology treatment, helping overcome any barriers to care the women may have.

But she’s also focused on providing social support, especially to those without an extended family. “I’ve recently gone through a traumatic experience myself, so I know the emotions cancer patients are feeling. The rapport and trust we’re able to form is therapeutic for each of us,” Dorta said.

A chemo-certified nurse, Dorta has spent the last two years of a 25-year healthcare career in the Memorial system. She enjoys the diverse culture and appreciates her managers at oncology support services. “Leadership here asks for input and makes time to listen to ideas,” said Dorta. “We have a family where everyone can express themselves. It’s not like that other places I’ve been.”



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WELLINGTON REGIONAL MEDICAL CENTER

Chandrawattie Morgan

Chandrawattie Morgan started her career as a case manager in 1989 at Robert Wood Johnson University Hospital in New Jersey and currently serves as a Utilization Review Nurse/Case Manager at Wellington Regional Medical Center. Chandrawattie is a highly skilled Registered Nurse Case Manager, Utilization Review, and Discharge Planning with excellent communication skills demonstrated by over 20 years of experience in healthcare. She loves to work with her patients and help people in the community.



Margaret Miles

Margaret Miles started her career in the medical field as an ICU nurse, and then decided to give case management a try. She started working at Wellington Regional Medical Center in November of 2007. At work, she meets with patients and their family members to discuss their care plan after they are discharged from the hospital. Margaret loves coming to work every day and meeting with patients to plan their home health services. While meeting with patients and their families, she gets the chance to share community resources available to them. It brings Margaret immense joy helping patients maneuver through post hospital discharge challenges so that they have one less obstacle after hospitalization.



MORSELIFE HEALTH SYSTEM

Lisa Rattner, LCSW

Lisa Rattner joined MorseLife Hospice & Palliative Care shortly after it was recognized by the Florida legislature, under the name of Palm Beach Hospice by MorseLife, as the State's only teaching hospice. She is actively involved in building the hospice care team as MorseLife's five-star hospice services continue to expand throughout Palm Beach. Lisa helps patients and families navigate the end-of-life journey with compassion while she closely collaborates with MorseLife's interdisciplinary team and patients' care managers. Her responsibilities include facilitating services for patients from outside governmental and community organizations. Lisa's expertise includes providing individual and family counseling, crisis intervention and administering bereavement and caregiver support groups. A licensed clinical social worker, Lisa received her master's degree.



Gayle Weinstein, MSW

Gayle Weinstein joined MorseLife's counseling and care management department in December 2022 after serving with Trustbridge for 18 years. As a care manager, she assists clients in a variety of settings at Levin Palace for independent living and Tradition assisted living residences on the MorseLife campus, as well as in their homes. Gayle's responsibilities include creating comprehensive assessments and individual care plans. In caring for her patients, Gayle assists with booking medical appointments, coordinating service providers, facilitating applications for financial support and reviewing medical insurance benefits. She also educates caregivers, particularly those who care for patients with dementia. Gayle received her undergraduate degree and Master of Social Work from Florida Atlantic University.



Cover Story: Community Specialists at the Core of Florida Blue Centers

Continued from page 1

resource in the communities they serve, helping members (and non-members) navigate their health care and live healthier, happier lives.

The company has close to 50 locations across the state, with 12 of those Florida Blue Centers located in South Florida including Miami-Dade, Broward, Palm Beach and in Port St. Lucie.

These centers have served as hubs of information and education during the annual and busy enrollment season where individuals and families can receive personal consultations and guidance on health plans available to them. For the Affordable Care Act (ACA), the open enrollment period opens this year on November 1, and for Medicare, the annual enrollment period starts October 15. It is at the centers where licensed sales agents and service advocates are ready to help members and potential members alike.

It is the registered nurses and community specialists (licensed social workers/case managers) that make the Florida Blue center experience even more unique. Nurses are available at the centers to help with care navigation, provide health coaching to members and even host a variety of community health-

driven activities such as free health seminars, lunch and learns and fitness classes like Zumba, yoga and Tai Chi that are open to the public.

Community specialists are available to Florida members or anyone in the community, and help connect people with key neighborhood resources, at no charge. When it comes to meeting the health care needs of Florida Blue members—like seniors or those with low incomes and chronic illnesses—these trained case managers maintain deeply rooted community relationships that assist with removing barriers and connecting members to the specific resources.

For example, community specialists help address the basic needs and social determinants of health, such as housing, transportation, and food insecurity to help customers improve well-being. They nurture trusting relationships that connect members to the right services at the right time and place, and support and champion member efforts. Ultimately, they empower consumers and provide them with a superior, personalized experience.

Florida Blue has a number of programs that match care resources to members and non-members and would like to thank all social workers for the important work they do every day in our com-

munities. So often, this work can get overlooked.

And a special thank you to the Florida Blue Community Specialists for the care, compassion and support they uniquely provide, day in and day out.

They include:

Ana Luisa Rodriguez - Palm Beach Center - 1501 North Congress Avenue, Boynton Beach, FL 33426

Denise Bartley - Sunrise Center - 1970 Sawgrass Mills Circle, Sunrise, FL 33323

Sandra Jawor - Hialeah Center - 1001 W. 49th Street, Ste. 8, Hialeah, FL 33012

Elma Pierre - North Miami Center - 13665 Biscayne Blvd., North Miami, FL 33181

Maria Kesti - Miami Center - 8895 SW 136th Street, Miami, FL 33176

Driven by its mission of helping people and communities achieve better health, Florida Blue serves more than 6 million members across the state. Headquartered in Jacksonville, FL, Florida Blue, a trade name of Blue Cross and Blue Shield of Florida, Inc., is an independent licensee of the Blue Cross and Blue Shield Association.

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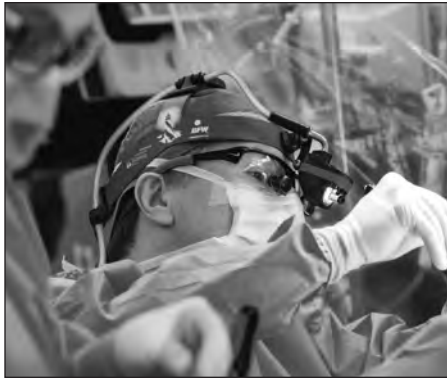
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Delaying Mitral Valve Surgery for Patients with Obesity Increases Risk of Comorbidities and Mortality, According to UHealth Study

BY KAI HILL



Dr. Joseph Lamelas



Dr. Carlos E. Alfonso

Doctors sometimes delay open-heart surgery for people with obesity, concerned that excess body fat may complicate the results. But operating sooner rather than later can help reduce the risk of patients with obesity, especially women, dying in the hospital after mitral valve surgery, according to new research published in JTCVS Open.

A team working with Joseph Lamelas, M.D., chief of the Division of Cardiothoracic Surgery at the University of Miami Leonard M. Miller School of Medicine, analyzed one of the most recent and largest study samples yet of hospitals in the United States. Because mitral valve surgery is one of the most common open-heart procedures nationwide, the study examined outcomes for 48,755 patients with obesity who underwent mitral valve replacement or repair between 2012 and 2020.

The article, “Predictors of Outcomes in Patients with Obesity Following Mitral Valve Surgery,” grew out of a study of hospital encounters from the National Inpatient Sample database, which was presented at the national Mitral Conclave workshop of the American Association for Thoracic Surgery.

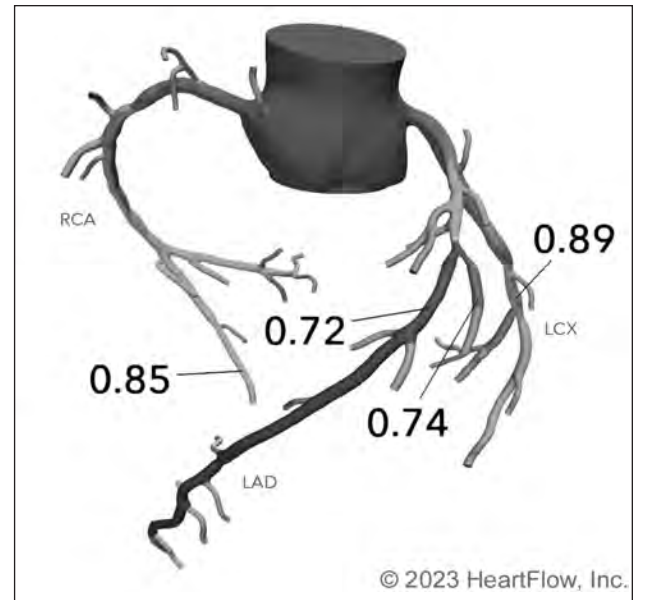
Elixhauser Scores Associated with In-hospital Mortality

The authors applied regression and random forest analysis to the data. Random forest uses ensemble machine learning, including multiple decision trees, to tackle large, complex datasets without making overly strict assumptions about the predictive model.

The analysis used the Elixhauser Comorbidity Index, a model based on 31 comorbidities (such as liver and kidney problems) to estimate preoperative risk. The study

found that a higher Elixhauser score — with more comorbidities — was the single-most important predictive variable of in-hospital postoperative survival.

Dr. Lamelas, a renowned pioneer in minimally invasive cardiac surgery known as the Miami Method, oversaw the team. He said the findings confirm his preference to perform the procedures on patients with obesity earlier, and as noninvasively as possible, to reduce potential complications, minimize use of resources and improve outcomes both for patients and the health system.



HeartFlow Analysis

New Technologies Offer UHealth Interventional Cardiologists Greater Precision, Improved Patient Selection

One is software, one is a device, and both are helping cardiologists help people with blockages, restricted blood flow and microvascular disease around the heart.

The AI-powered software called HeartFlow (HeartFlow Inc.) interprets CT scans of the blood vessels around the heart. HeartFlow generates 3D images that can help identify any vessels that are fully or partially blocked, indicating that an individual might need to go to the catheterization lab for further workup. If blood flow appears normal, it could help spare a patient from invasive procedures to measure the flow. In this case, doctors might be able to treat some patients with medication instead.

“We could cut down on the number of diagnostic and basic procedures we do — and only refer patients in the most severe cases who would need further intervention,” said Carlos E. Alfonso, M.D., an interventional cardiologist at UHealth — University of Miami Health System.

The HeartFlow can also be valuable to help people avoid other unnecessary procedures. In the past, if someone had a “borderline lesion” on an angiogram, typically they were referred for a cardiac stress test or sent directly to the cath lab for invasive assessment. Because HeartFlow measures blood flow noninvasively, some patients might be able to forgo these types of interventions.

CoroFlow Directly Measures Blood Flow

If a patient is referred to the cath lab, a new tool called CoroFlow (Coroventis) can help get a more precise diagnosis. CoroFlow is a comprehensive physiology solution (hardware and software) that utilizes a thin coronary pressure wire, the Abbott Pressure Wire X. The wire is able to accurately assess flow impairment in both the visible coronary arteries, as well as the invisible coronary microvasculature, to assess for microvascular disease.

The CoroFlow could help when a patient has typical symptoms but does not have obstructive coronary disease. “We know that microvascular disease is something that occurs much more commonly in women than men. Up to 50 percent of women who have angina or anginal symptoms have been shown to have non-obstructed coronary vessels but could have microvascular disease,” Dr. Alfonso said. Therefore, the technology can facilitate a formal diagnosis and help physicians adjust treatment that could most benefit people with microvascular disease.

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When It Comes To Patient Care – Be Unique

Two things baby boomers love to talk about - their grandchildren and doctor visits. I call my dad every night and he is no exception. Recently we spent about a week discussing how he was going to be able to get a needed CAT scan in New England before he made the annual trip down to Florida. He lives in Maine; his doctors are all in Boston. After not being able to get anything scheduled in Beantown, I passively suggested, getting it done in Maine vs. two hours away He was able to schedule a scan 20 minutes from his house the day before he was due to fly out and wow was he impressed. The daily call starts. "How was your day, dad?" "It was great!" "Great?!?" "You are not going to believe it? I walk into the hospital, and I tell them I need to go to imaging. And guess what? Rather than point, she stands up and walks me down the hall to imaging. After that someone walked me to where I needed to go next. And then when I was done with that, someone walked me back to the lobby. I couldn't believe it! That place is great!!" He said they have a bunch of locations, but they are not affiliated with any big hospital chain. And there you have it. In this world of consolidation, I guarantee my dad will repeat that story to every one of his friends every time they mention needing some kind of medical test or procedure. My dad was used to going to a big health system where people point or make patients follow signs to figure out which way to go. Whether you are large or small, look for ways to stand out. People like my dad are sure to tell others.



BY JAY JUFFRE

Jay Juffre is Executive Vice President and Chief of Staff, ImageFIRST. For more information on ImageFIRST, call 1-800-932-7472 or visit www.imagefirst.com.

LECOM Celebrates 5-Year Anniversary of Its Master of Science Program in Biomedical Ethics

The faculty at the LECOM School of Health Services Administration recently celebrated the five-year anniversary of the inauguration of the Master of Science program in Biomedical Ethics (MSBE), which was founded in 2018. This master's degree is one of only a few offered in the state of Florida to prepare healthcare professionals to provide support and assistance toward the ethical goals of enhancing patient autonomy, promoting optimal health delivery outcomes, and adherence to legal and regulatory guidelines.

The Director for the MSBE program is Linda Thompson, Ph.D. Dr. Thompson works closely with the program faculty and students to lead each phase of the two-year online program. Extensive literature bears out the need for graduate education in healthcare ethics. A strong foundation of relevant knowledge and its application enables providers to carry out their daily responsibilities more astutely, to enhance care delivery and to improve patient satisfaction.

Brianna Howerton, D.O. is a recent LECOM graduate who also completed the MSBE degree. "I felt like with the heavy-hitting changes in the healthcare world we live in today, I needed a much deeper dive into bioethics, and it was important to me as a new practicing physician to have a roadmap of sorts to navigate these difficult situations," Dr. Howerton explained. "I can definitely say I am much more confident in my abilities to empower my patients to have strong decision-making skills with their healthcare desires every step of the way."

Candidates for the MSBE degree include physicians, nurses, quality assurance professionals, risk managers, pharmacists, researchers, clergy members, educators, and social workers. Individuals possessing this degree will also be of invaluable assistance in addressing the difficult circumstances surrounding end-of-life care. Some of the other important assets of the MSBE program:

- Designed to provide flexibility for both busy working professionals and current students, due to its online delivery structure and virtual class schedules that are held outside of regular work hours;
- Affordable tuition - one of the best education investment values in the industry today;
- Covers critical ethical functions that are essential to successful patient engagement and the ability to respond to all regulatory and healthcare legal compliance issues;
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- Course content delivered by an expert team of faculty members with deep bioethical and healthcare expertise.

For additional information about the program, contact Dr. Thompson directly at msbe@lecom.edu.



Dr. Linda Thompson

Malpractice Insurance EXPERT ADVICE

Questions to Ask Before Becoming a Paid Medical Expert

BY VANESSA ORR

One of the ways that physicians earn extra income is to become paid medical experts. But in many cases, doctors may not understand the time commitment that this requires, nor the exposure they face and what this might mean to their livelihoods.

"There are a number of questions that physicians should ask themselves before they commit to serving as a paid medical expert," said Bill Gompers, CFE, vice president, Risk Strategies Company | Danna-Gracey. "Not only whether they have the time and flexibility to do it, but if they have the personality to make it work."

Physicians who choose to serve as paid medical experts need to have resources available to provide patient coverage when they are called to testify, as well as someone to take on their research or teaching responsibilities as needed.

"Judges want you when they want you, and it doesn't matter if you have other pressing needs or practice or family commitments; the judge is not going to change the schedule because you can't show up," said Gompers.

"Taking on the role of an expert witness can put you in a place with a lot of conflicting obligations," he added. "Do you want to be a medical expert, a healthcare provider, a researcher or a teacher? While some physicians can juggle these responsibilities, others cannot."

Having a thick skin is also required, as most physicians who are considered experts in their fields aren't used to being questioned about their levels of expertise. While some do very well sparring with opposing attorneys, others do not. Physicians also have to deal with peer scrutiny, especially if their main income comes from running a practice or working on a hospital's medical staff seeing patients.

"Those who have eggshell-type personalities may not react well to someone questioning their status as a medical expert or trying to expose that money is the underlying reason for their testimony, or presenting them as a hired gun," said Gompers. "Testifying may actually hurt their reputations."



Bill Gompers

Getting the Facts Straight

Just like in the medical field, physicians must be up-to-date on the information that is covered at trial, and do their research before taking the stand. To be an expert in a professional liability case in Florida, paid medical experts must also be in a similar field as the doctor on trial. For example, a pediatrician can't

neurosurgeon's trial - and have had an active clinical practice, teaching role, or be active in clinical research within that same field within the last three years.

"There are also ethical concerns when it comes to being an expert witness; for example, a physician may not be 100 percent sure of everything they're testifying about when it comes to 'standard of care' because these days, the standard of care may not be the same in one location as another," said Gompers. "The standard of care in one metro area may be different than that of another metro area, which is why doctors need to do their research."

Physicians serving as expert witnesses do face some legal liability if their testimony is found to be inaccurate. They can be sued, and their own professional liability insurance does not cover them for this exposure. This requires physicians to get their own attorneys and pay legal costs, or to buy insurance to cover this kind of risk.

Gompers adds that the best way for physicians to minimize any kind of malpractice exposure as a medical expert is to maintain professional integrity and stay within their areas of expertise. This includes reviewing all case materials, providing honest and unbiased opinions, communicating effectively with attorneys and any other parties involved in the case, and documenting what they've done in the case to protect themselves from a malpractice suit.

"Be as attentive to your job as a medical expert as you are to taking care of patients," said Gompers. "And consider getting a malpractice policy that will cover you for this exposure."

To learn more about how to proactively lower your risk of lawsuits, contact Bill Gompers at bill@dannagracey.com, (888) 777-7173 or visit www.dannagracey.com.

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Why Does Physician Leadership Matter?

During the recent launch of the 2023 South Florida Physician Leadership Academy (PLA), I had the opportunity to represent the Dade County Medical Association (DCMA) as we rallied participants around the importance of physician leadership in the community, industry, organized medicine and throughout the healthcare system.

There is a huge amount of evidence about the positive impact physicians can have when placed in leadership roles. The American College of Physician Executives (ACPE), the nation's oldest and largest leadership education and career support organization for all types of physicians, champions the view that physicians are best suited to lead clinical efforts to achieve true patient-centered care. It is well-recognized that, at some level, all physicians are regarded by our society as leaders.

According to a survey by the Medical Group Management Association, there has been a 75 percent increase in the number of active physicians employed by hospitals since 2000. Physician leadership gives organizations "a competitive differential" and "a definite edge over a hospital that does not have it," noted Rick Guarino, MD, vice president of medical affairs of Wilson Medical Center in Wilson, NC, (then senior vice president and chief medical officer of Nash Health Care in Rocky Mount, NC) in American Medical News.

One of my goals during my year as president of the DCMA is to encourage physicians to accept the challenge that leadership opportunities deliver. Either in their professional careers or as a volunteer in organized medicine, physicians have a key role in advocating for the best working environment and conditions to provide the best quality of services to patients.

Being a leader gives the opportunity to be an agent of change. "To be at the table as a distinguished guest, not on the table as part of the menu." To be part of the solution, not part of the problem. Leadership provides an opportunity to participate in committees, councils and delegations that engage elected officials, public health officers, and other organizations. These are great opportunities for physicians to expand their influence and connections as well as drive reform in our healthcare system.

Physicians are the best advocates for healthcare improvement. That is the foundation of the South Florida Physician Leadership Academy. Through this course participants get the knowledge and skills to deal with challenges to care delivery. Leadership, Resiliency, Teamwork, Decision Making, and Ethics, are among the topics included in the course. I encourage all physicians to participate in this kind of initiative.

In order to drive change and reach our objectives it is necessary that physicians speak with one voice. The DCMA is happy to be the epicenter of this movement. I call upon my colleagues to reach out and see what change we can deliver together. Join us and be part of the DCMA www.miamimed.com.



BY CARMEL J. BARRAU, MD

Dr. Carmel J. Barrau is President, Dade County Medical Association, Inc.

Cover Story: ACHE of South Florida Member Spotlight: David Zambrana

Continued from page 1

es that others in my role or in this field have."

He said his primary focus is Jackson Health System's day-to-day operations, which encompasses numerous hospitals and medical centers, as well as the ambulatory division, consisting of six urgent care centers and five primary care centers.

However, Zambrana is quick to point out, "It's all about our team. We have an incredible team of leaders and they take ownership of their respective pieces of the health system. It's overwhelming to think of the size, but when you have a good team, that makes it very manageable."

He urges others to become involved with ACHE, so they receive the same type of encouragement he has gotten throughout his career. Zambrana commented that while health care is large in its regional footprint, it's actually a small network of

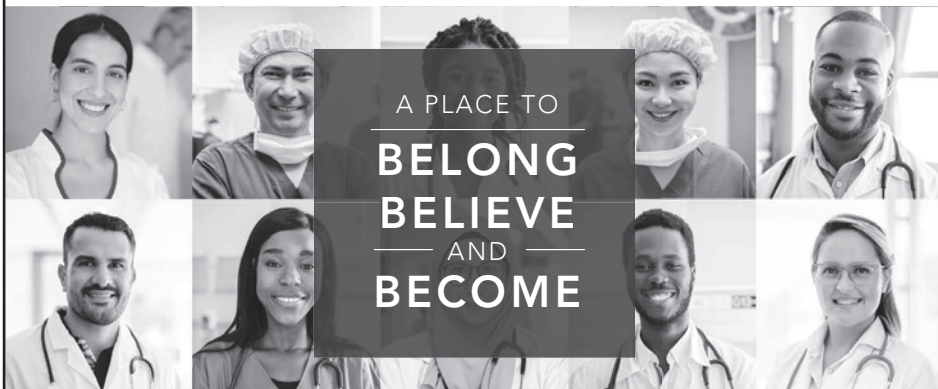
individuals. "It's remarkable how so many of us who have come up together have remained in this community; it's fascinating to see how all of us have grown along our journey. That's been an ongoing interest of mine and a benefit."

Along with the personal benefits, Zambrana also considers ACHE an "opportunity to give back. The network of leaders who are up-and-coming certainly has been an area that I have been connected to, and I find it's my way of helping mentor the next generation." He said that any aspiring or ambitious leader who wants to grow needs to have an affiliation with organizations of the same interest.

Zambrana concluded, "Never underestimate the power of network or community. Anyone looking to develop as a leader should have networking as part of their plan, and there's no better place than ACHE to do that."

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Delivering on the Promise of a Modern Mental Health Care System in Florida

Decades ago, Florida and states around the country closed and/or greatly reduced the size of state psychiatric institutions. This was often done in response to class action lawsuits that rightfully argued against institutionalization of those with mental illness. But the patients and the needs of those patients did not go away just because the 1,000-bed institutions were closed. It is truly hard to believe that with the state-of-the-art advancements that have been developed and advanced in the United States, we are still struggling to effectively support a system of care for those with mental illness and especially for those with serious and persistent mental illness.

Far too many individuals with mental illness are trapped in the revolving door of hospital emergency departments, inpatient psychiatric units, and often worse, the county jails. The 28 year old with schizophrenia who believes when he is on his medication that he is well, will soon stop treatment and the acute cycle begins again which sometimes involves law enforcement and an involuntary commitment. And yet, much of this is preventable. We know how quickly the crisis and costly acute episode can be averted, especially with medication management. We know the value of wrap-around services that include behavioral health services and supports, physical health, and social services. The effectiveness of a comprehensive community-based continuum for mental health services that includes peer services, housing supports, vocational services, multidis-

ciplinary teams and 24/7 community support is indisputable. In the end, our payment system has failed to appropriately reimburse for and incentivize these services and the staff needed to support this system of care.

Failure to make these financial investments does not mean that we are saving money. The reality is far more money is being spent on preventable emergency department visits, psychiatric admissions, criminal justice involvement, child welfare, educational impacts, and on and on. More importantly, it perpetuates the crisis-oriented, fragmented response that fails at the patient-centered approach. When individuals are ready for and in need of community mental health treatment, the door needs to be open and services available as soon as possible.

More than 63 percent of adults with mental illness receive no treatment. Florida has more than 200 federally designated mental health professional shortage areas, which leaves just 21 percent of the need for mental health professionals being met. The state ranks 43rd in the country in mental health workforce availability.

Nearly 650,000 Floridians have a serious mental illness, including 1 in 6 homeless individuals. Nearly 62 percent of Florida's children experiencing a major depressive episode do not receive treatment. And, the number of potentially preventable emergency department visits due to a mental health condition has gone up more than 11 percent since 2020.

Medicaid is the dominant payer for

behavioral health services. For our children in Florida, over 66% of all children in Florida are covered by Medicaid and the Children's Health Insurance Program. When we focus on the mental health and well-being of our children, the state Medicaid program must play a pivotal role in responding to and supporting a robust community network of providers to meet these needs. Without access to these services for children, the consequences are often heartbreaking. With these services, the promise of happiness, stability and resiliency and educational success are more likely.

The effects of unmet behavioral health needs are felt in every aspect of community life, from schools and workplaces to jails and the courts.

The good news is that there are solutions, and investments in proven programs and services are increasing. For example, widespread availability of wraparound services that include housing, medication, and social services help prevent relapses and repeat hospitalizations for those with severe mental illness. Models such as Clubhouse that integrate employment, housing, social activities, counseling, and education are proven to support recovery for people living with serious mental illness. And, with strong leadership from the governor and legislature, there is an incredible opportunity to have a more robust system of care. The state budget for 2023-24



BY MARY C. MAYHEW

includes 24 percent more funding for the Department of Children and Families and 47 percent more funding for community substance abuse and mental health services from last year.

More can and should be done to build on these programs and continue increasing investments. For example, as the largest payer for children's health care in Florida, Medicaid has an obligation to modernize its payment policies to align with care needs and support effective delivery models. Yet, Florida Medicaid does not currently pay for collaborative care, despite its effectiveness in managing behavioral health conditions. Expanding the state's commitment to community health models, such as Certified Community Behavioral Health Centers, is also needed as is meaningfully connecting behavioral health care providers in a robust health information exchange.

The many challenges to our behavioral health care system cannot be solved overnight, and there is much more to be done to ensure that every Floridian can access timely behavioral health care. There are signs of improvement, however, and with data-driven solutions and policies and sustained public investment, we can truly make a difference for so many Floridians.

Mary Mayhew is President and CEO, Florida Hospital Association.



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Schedule: AFAconference.miami/schedule/
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 Director, New England Centenarian Study,
 Professor of Medicine, Boston University
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Oncology... Oncology... Oncology...

**TGH Cancer Institute
 in Palm Beach County Offers Risk
 Assessment Through High-Risk
 Breast Cancer Program**

Dr. Kelly Foster, medical oncologist at TGH Cancer Institute in Palm Beach County, wants to encourage primary care physicians to identify and refer women with a high risk for breast cancer for comprehensive assessment.



Dr. Kelly Foster

"If a patient has a history of breast cancer in their family, they may be up to twice as likely to get the disease," says Dr. Foster, a medical oncologist specializing in breast and gastrointestinal cancers at TGH Cancer Institute in partnership with the Cancer Center of South Florida.

"It is important to encourage these patients to visit a high-risk clinic for individualized risk assessment. Identifying these women and performing risk assessment is a key step in cancer prevention and early detection. For someone with risk factors, a routine annual mammogram is not enough," explained Dr. Foster.

At TGH Cancer Institute, a high-risk breast clinic, Dr. Kelly Foster will work with patients to determine their true risk percentage and design an individualized imaging surveillance plan that includes risk reduction strategies, state-of-the-art breast imaging and referral for ancillary services such as genetic counseling.

TGH Cancer Institute recommends referral for a formal risk assessment for patients concerned about their lifetime risk of breast cancer and who have any of these risk factors:

- Any family history of breast or ovarian cancer
- A male relative with breast cancer
- Ashkenazi Jewish descent
- Personal history of an atypical biopsy
- Personal history of chest radiation
- Known or suspected genetic mutation carrier (BRCA1 or BRCA2)

According to the American Cancer Society, breast cancer is the most common female cancer with approximately 194,000 new cases diagnosed each year in the U.S.

More than 70 percent of breast cancers occur in women who are 50 years of age and older. The incidence of breast cancer increases with age, beginning slowly between the ages of 45 and 50, and rises each year. In addition, breast cancer is the leading cause of cancer deaths for women between the ages of 20 and 59.

"Breast cancer is common and will affect one in eight women" says Dr. Foster. "The good thing is that the oncology field is constantly evolving and advancing. As an oncologist, I look for ways to improve screenings for early detection and discuss risk reduction strategies for prevention."

Early detection is personal for Dr. Foster. Her mother has battled breast cancer for 20 years. As a result, she is passionate about the science, as well as prevention, patient communication and advocacy. "My mom's cancer journey has taught me a lot about the patient experience and motivates me to provide the best care for my patients."

Dr. Foster completed her internal medicine residency, and her medical oncology and palliative medicine fellowship training at Northwestern University. She received her undergraduate degree at UCLA and completed medical school at Loyola University Chicago.

TGH Cancer Institute is nationally recognized by U.S. News & World Report and the Commission on Cancer (CoC), and is home to the country's top cancer specialists, surgeons and research scientists. TGH Cancer Institute specialists collaborate with experienced oncologists and surgeons across the state to deliver personalized medicine and game-changing treatments fueled by academic medicine.

For referrals and questions about detecting and assessing high risk for breast cancer, contact the TGH Cancer Institute at (561) 739-4TGH (4844).

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Nursing Students' Perceptions of Oncology Patients in Hospice Care: Preparing the Next Generation of Palliative Care and Hospice Nurses

Today's seniors are not willing to end their last days in a hospital or nursing home. It is our duty as nurses to advocate and respect their wishes. Oncology and cancer care is a significant and important aspect of healthcare that presents its own multiple challenges and complications to patients, family, nursing students, oncology healthcare providers, and the community at large. In the United States, there are more than 1.9 million new cases of cancer, and an estimated number of deaths was 609,360 in 2020. Consumers may still hold misconceptions about hospice and palliative care fearing that participating in these care modalities is in a sense "giving up". It is important to educate the public and healthcare workers to understand the similarities and differences. Hospice care is end-of-life care in which no possible cure may be available or acceptable to the patient. Palliative care focuses on comfort care and treatment may or may not be available. Both modalities offer a multidisciplinary approach delivered in various locations such as inpatient hospitals, long term care, outpatient palliative/hospice units, and homes. Nursing students assist, participate, and practice along healthcare providers such as oncology and hematology nurses in caring for oncology patients in different stages of their illness trajectory.

Despite the medical advances, innovations, and technological developments in oncology care, cancer is still the most feared health condition around the world. Oncology patients are affected by multiple factors from disease progression, symptom control, quality of care, effective coping, and constrained encountered in the clinical setting. Caring for an oncology patient provides its unique challenges for the oncology team and student nurses are no excep-



BY JOSE PERALTA AND ANNE CHINYE

tion. Studies have suggested that healthcare providers experience some variation of difficulty in providing care to oncology patients in the care units and hospice setting. Similarly, nursing students have demonstrated difficulty in providing effective care due to negative attitudes, behaviors, perceptions, and constrained encounters when caring for oncology patients and thereby risk depriving these patients of support and care needed to maintain effective coping and quality of life.

Student nurses have an important role in caring for oncology patients in any setting and in hospice care. Nursing students need knowledge, education, and understanding of the care trajectory of oncology patients in hospice care. Literature reviewed regarding nursing students' perception and attitude in caring for oncology patients in hospice care revealed that student nurses are afraid, lack sufficient knowledge, and education needed to care for these patients. Nursing programs need to provide students with nursing information and education on oncology care, provide mentorship programs with positive role models for student nurse to assist and participate in caring for oncology patients in hospice care.

Some of the article states Evidence shows that the more student nurses are prepared in oncology care, the more confidence they have in caring for this population of patients. It is essential for nursing schools to implement curricula that address this problem since it is a major concern. Experienced oncology nurses know the significant burden that cancer diagnosis and care create on patients and caregivers. Furthermore, talking about palliative or hospice care to cancer patients may be stressful because many oncology patients and their families have the perception that when hospice is recommended, patients are at the end stage of their life. Nursing programs should develop a comprehensive oncology education in their ungraduated nursing curriculum that focuses on oncology patient care, treatment modalities, and symptoms control.

The curriculum on oncology care must focus on training student nurses on how to form positive relationships and communicate effectively with cancer patients and their families, how to approach emotional problems relating to their condition and care, provide psychosocial support, and how to care for terminally ill patients in hospice care.

Nursing students acquire essential knowledge and skill in caring for patients during their basic nursing training and yet they experience limited exposure in caring for oncology patients in palliative and hospice care during their clinical. Research shows that healthcare professionals including nursing students have a negative perception, attitudes, fear, afraid, anxious,

stressed, and lack adequate knowledge and skill to care for oncology patient which affect students' motivation and care behaviors towards oncology patients in hospice care. Nursing institutions, faculty, and clinical faculty must develop, design, and rethink how nursing education and clinical experience for nursing students must occur throughout the trajectory of health and illness and across a continuum of care for oncology patients and their families.

It is important for nursing programs and practice partners to address this gap and develop interventions and education that prepare students to take care of cancer patients, improve their quality of life of the patients and caregivers, and incorporate hospice care into their clinical rotations. The Benjamin Leon School of Nursing and Vitas Healthcare have created a partnership to immerse and motivate students on the importance of caring for a cancer patient, provide more clinical experience to ensure students have adequate knowledge and skill to care for oncology patients in hospice care and have experts participate in lunch and learn opportunities to share hospice and palliative care information. Scholarships are provided to interested students that provide a wraparound support including tuition, clinical experiences in hospital or palliative care, opportunity to work during their nursing education, and a guaranteed job post-employment.

For more information, Jose Peralta, Director of Nursing Clinical Competencies, Benjamin Leon School of Nursing, Miami Dade College, can be reached at (305) 237-4111 or jperalta@mdc.edu. Dr. Anne Chinye, Associate Professor, can be reached at achinye@mdc.edu or (305) 237-4120.

Thanks to Clinical Trial, Melanoma Patient Is Now in Remission

BY PETER B. LAIRD

With cancer projected to become the leading cause of death worldwide – an increase to 21.6 million new cases per year is predicted by 2030 – leading cancer researchers and institutions from around the globe have endorsed a World Declaration for Research on Cancer. Their goal: continued advances in cancer research and progress towards the ultimate goal of defeating cancer.

The Declaration notes that cancer research to date has not only improved the quality of life of cancer patients by "preventing up to 50 percent of cancers," it has also saved the lives of 50 percent of those diagnosed with the disease and led to the development of "less aggressive treatments of some tumors."

One such patient to benefit from cancer research is Miami resident Oscar Izquierdo. Five years ago, at the age of 54, the former UPS driver and TSA worker had a lesion on his left shoulder that his dermatologist diagnosed as melanoma, a particularly aggressive and deadly type of skin cancer. His treatment at the time was successful



Dr. Bruno Bastos

but a couple of years later the melanoma returned with a vengeance. Mr. Izquierdo says he experienced frequent bad headaches and dizzy spells and was downing Tylenol by the fistful. "Then one day, I woke up and I started losing my balance and I just fell to the floor, hitting my head on a kitchen cabinet," recalls Mr. Izquierdo, who despite suffering a gash on his head still reported to

his TSA job at the airport that morning.

"When I got there my colleague looked at me, told me I didn't look well and insisted on calling 911," Mr. Izquierdo says. "I had no idea how bad it was. The paramedics who came and treated me said I was in bad shape and they took me to the hospital. I was scared. I was scared for my life."

At the hospital, a brain scan revealed that Mr. Izquierdo had metastatic melanoma. His melanoma had recurred. Even worse, it had now spread to his brain and other organs. His brother arranged for him to be treated at Baptist Health Miami Cancer Institute, where he underwent an aggressive schedule of radiation therapy and then systemic antineoplastic therapy.

Unfortunately, his melanoma became

resistant to the systemic therapy with immunotherapy and targeted therapy and he was referred to the Multiple Tumor/Phase I Clinic at Miami Cancer Institute to discuss clinical trial options that could offer Mr. Izquierdo much-needed hope.

Crossing the blood-brain barrier

"Mr. Izquierdo had already been treated with all the available standard of care treatments and when these treatments were no longer controlling his melanoma, he was referred to discuss clinical trial options to control and treat his disease," says Bruno Bastos, M.D., medical oncologist with Miami Cancer Institute.

Treating metastatic tumors in the brain has always been a challenge, according to Dr. Bastos. Most systemic cancer treatments available do not penetrate the brain because of something called the blood-brain barrier, which he says protects your brain from any sort of toxic chemicals that may penetrate your body.

"In order to penetrate that barrier and treat brain tumors intracranially, the therapeutic agent must cross the blood-brain barrier," Dr. Bastos says. "Fortunately for Mr. Izquierdo, the experimental treatment was able to control the disease not only systemically but also intracranially."

Mr. Izquierdo's imaging studies have

been negative for any metabolic activity of his melanoma in the past five years, which Dr. Bastos says is very good news. "We continue to monitor him very closely while he is on the clinical trial" he says. "And we hope to continue to see him for a very long time, with his disease under control."

As for Mr. Izquierdo, he's happy to be around for another year and looks forward to celebrating his 60th birthday with his family next year. "I think I'm treated like a celebrity here at Miami Cancer Institute sometimes because of the progress I have made," he says with a smile. "They've thrown parties for me on my birthday and on my anniversary of being a patient here."

The crucial role of clinical trials

Dr. Bastos points to his patient's successful outcome as a perfect example of the role research plays in the diagnosis and treatment of cancer – especially for patients like Mr. Izquierdo who have run out of treatment options. "Many times, patients may have exhausted all available treatments in the standard of care approach," Dr. Bastos notes. "A clinical trial may provide them access to a promising treatment that hopefully may offer good clinical control of the disease. In addition, patients understand that when participating in a clinical trial, they are helping advance science."

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Empowering Healthcare Through Data: The Vital Role of Cancer Registries and HIMpros

BY DANIEL CASCIATO

In the world of healthcare, where lives hang in the balance, information is power. October, Breast Cancer Awareness Month, serves as a poignant reminder of the importance of data collection and tracking in the battle against cancer.

To shed light on this crucial aspect of healthcare, we spoke with Betsy Johnson, the Founder and CEO of HIMpros, a woman-owned niche healthcare staffing firm based in West Florida. HIMpros plays a pivotal role in supporting cancer registries, which are instrumental in the battle against cancer.

The Role of Cancer Registries in Healthcare

Cancer registries are the unsung heroes of modern medicine. They capture and maintain a comprehensive record of each cancer patient's journey, from diagnosis to their final moments. This data forms the bedrock upon which healthcare professionals build their understanding of cancer. It aids in planning and evaluating cancer control pro-



Betsy Johnson

grams, resource allocation, promoting research, and providing critical information on cancer incidence.

Johnson emphasizes, "The data collected ensures that patients receive care based on the most recent findings, for example, which therapy works best for patients with similar characteristics." Registrars' tireless work leads to collecting comprehensive information used to manage cancer and, ultimately, find

cures."

HIMpros: Bridging the Gap

In a field as critical as cancer registry, the shortage of skilled professionals can be crippling. Cancer registries, when understaffed, fall behind in data collection, making it challenging to catch up without a strong Certified Tumor Registrar (CTR) to step in. This is when HIMpros gets involved—to help cancer registries find staffing solutions to keep the process moving.

"HIMpros supports cancer registries by identifying strong candidates and matching their skills to the specific needs of the registries," Johnson explains. "Keeping the data up to date is essential for State and National Cancer Registries to monitor trends and determine patterns."

Impactful Success Stories

Johnson shared an inspiring success story. HIMpros recently worked with a large hospital system that had fallen two years behind in its data collection due to staffing issues. By collaborating with the organization's leadership, HIMpros devised a workforce strategy plan to improve employee satisfaction. It would reduce turnover by providing additional support to the department to allow them to catch up on pending data entries. The effect of this collaboration is impactful for the organization and the physicians and university health facilities engaged in clinical trials and the countless cancer studies that rely on the data to bring the latest cancer treatments to patients, relying on the data for their care and cure.

Addressing the Challenges

One of the significant challenges HIMpros faces is the increasing demand for qualified cancer registrars. This shortage is growing exponentially, with experienced CTRs retiring and new graduates struggling to gain the practical experience needed to backfill these positions.

HIMpros addresses this issue through initiatives like "The Pros Network," a platform they created to allow Cancer Registrars to connect, collaborate, and cultivate mutually beneficial relation-

ships through exchanging information and ideas while sharing best-practice knowledge. Pros Network meets monthly and balances learning, fun, and building connections with peers. (To learn more, go to: <https://thehimpros.com/>.)

The Future of Cancer Registries

As technology advances, the future of cancer registries in South Florida and across the globe is becoming increasingly digital. The National Program of Cancer Registries (NPCR) envisions expanding information technology to enhance data management and exchange. This shift promises to streamline cancer surveillance and improve patient outcomes.

Supporting Cancer Registries and HIMpros

For healthcare professionals, the public, and policymakers, supporting the work of cancer registries and organizations like HIMpros is crucial. Hospital cancer registries are essential in collecting the data that can be used in clinical trials and research studies that could advance cancer treatments that lead to breakthroughs in cancer therapy, quality of care, adherence to guidelines, and timely interventions. Collaboration and investment in these areas can improve patient outcomes and more effective healthcare systems.

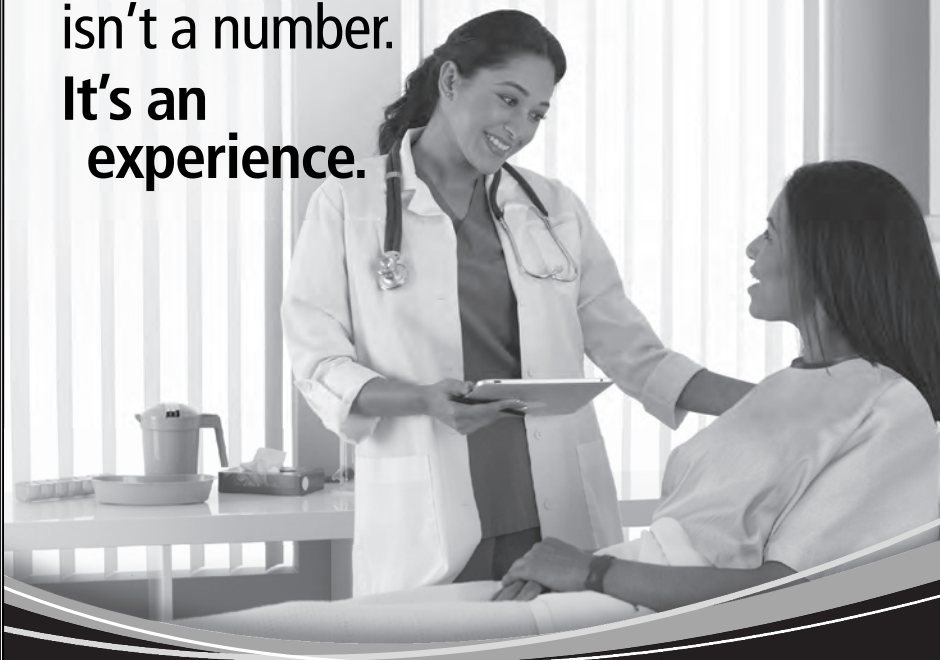
Pursuing a Career in Healthcare Staffing

In closing, Johnson advises individuals considering a career in healthcare or for those interested in working with cancer registry data: "Do it. This is a great career that brings immense satisfaction. We've all known someone impacted by cancer, and the data collected by cancer registries is essential for improving patient outcomes, quality of life, survival rates, and the efficacy of treatments. This vital work rests in the capable hands of Cancer Registrars."

The critical work of cancer registries and the essential role played by organizations like HIMpros in supporting them cannot be overstated. The data they collect and maintain is the lifeblood of modern cancer research and patient care. It provides the insights and knowledge needed to combat this devastating disease effectively. As we step into a future shaped by data and technology, their work becomes even more pivotal in the quest for better patient care and improved outcomes.

HIMpros invites you to join them on October 21, 2023, at 7:30 a.m., to walk with "Team Wudte" in the fight against cancer. For more information, visit thehimpros.com.

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Cleveland Clinic Is Florida's Destination for Cancer Care

After a century of caring for patients, including more than three decades in Florida, Cleveland Clinic knows what matters most to patients facing a cancer diagnosis. They want access to high-quality, comprehensive cancer services close to home.

Cleveland Clinic's five-hospital regional health system spanning southeast Florida is part of a global, physician-led organization that provides outstanding patient care guided by a "Patients First" philosophy. The nonprofit, multispecialty, academic medical center integrates clinical and hospital care with research and education.

Commitment to industry standards

Cleveland Clinic's three cancer centers in Florida include the Maroon Cancer Center at Cleveland Clinic Weston Hospital; the Robert and Carol Weissman Cancer Center at Cleveland Clinic Martin Health; and the Scully-Welsh Cancer Center at Cleveland Clinic Indian River Hospital. These three centers work together to ensure patients receive the care they need, including access to leading treatment options and clinical trials.

In addition, the Florida-based cancer care team harnesses the full resources of the Cleveland Clinic enterprise, including collaboration with the Taussig Cancer Institute in Cleveland, Ohio, part of the NCI-designated Case Comprehensive Cancer Center and one of the top cancer centers in the country.

Each Florida cancer center has independently earned recognition for providing quality cancer care, including accreditation by the American College of Surgeons' Commission on Cancer® and designation as Radiation Oncology Accredited Facilities by the American College of Radiology.

Collaboration across specialties

Comprehensive cancer care is delivered by experts and clinicians representing multiple specialties from medical oncology, radiation oncology, radiology, pathology, surgery and multiple subspecialties, plus experienced technicians, registered oncology nurses, social workers, patient navigators and support staff working together to provide patient-centered care.

Teams of specialists conduct weekly cancer conferences to review and discuss cases and develop personalized treatment plans that may include:

- Expert surgical care with access to minimally invasive and robotic-assisted approaches
- Chemotherapy or immunotherapy treatments delivered in infusion suites focused on patient safety and comfort
- Advanced radiation therapies using state-of-the-art technology, including intensity-modulated radiation therapy and intraoperative radiation therapy
- Participation in clinical trials and cancer research under the direction of leading physician scientists



Patient navigation services

Cleveland Clinic has a team of specially trained patient navigators deployed across its three Florida cancer centers who work closely to support regional care coordination. They streamline care team communication and provide patients with step-by-step guidance. They also enhance the patient experience and the delivery of cancer care by increasing cancer treatment adherence, reducing care delays, promoting education and lifestyle changes, and providing emotional and psychosocial support throughout a patient's cancer journey. Combined, these navigators guide thousands of patients every year through their treatments for solid tumor and blood cancers.

Compassionate, holistic care

Cleveland Clinic patients across Florida also have access to an array of cancer support services that promote

well-being during treatment and beyond. These services include:

- Arts in Medicine enrichment program
- Cancer support groups
- Medical nutrition therapy
- Patient resource and education center
- Psychosocial and spiritual support services
- Therapy dog encounters
- And more

Advanced cancer treatments

Cleveland Clinic's multidisciplinary team of cancer specialists in Florida work together to address malignancies in virtually every part of the body using evidenced-based modalities and the latest research. They treat most forms of solid tumor and blood cancers, including:

- Breast cancer
- Lung cancer
- Prostate cancer
- Colorectal cancer
- GI cancer
- Gynecologic cancer
- Head and neck cancer
- Leukemia and lymphoma

As a leading cancer care team serving South Florida and the Treasure Coast, Cleveland Clinic in Florida provides patients the compassionate, comprehensive care they deserve, close to home. And that makes all the difference.

Learn more at ClevelandClinicFlorida.org/Cancer.

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Memorial Cancer Institute Offering Hope to Solid Tumor Patients

These are exciting times to be a cancer researcher within Memorial Healthcare System. The new \$125 million, 125,000 sq. ft. Memorial Cancer Institute will be opening shortly in Pembroke Pines, providing additional space for studies and increasing access for patients to clinical trials. Simultaneously, we're also seeking candidates and moving forward an important study that offers the potential of T-cell therapy for cancer patients whose disease has been resistant to traditional chemotherapy drugs and/or metastasized within their body. While not everyone with solid tumors will be eligible to participate, the success this immunotherapy has had in treating blood cancers offers hope to those who have been unsuccessful with more conventional treatments.

CAR-T Cell Therapy

T cells are a type of white blood cell that help the body's immune system fight disease. In CAR-T cell therapy they are harvested from blood and genetically altered to produce synthetic molecules called chimeric antigen receptors (CARs). In the



BY ANDRES ALVAREZ, MD, PHD

current study, the modified cells will be used for patients diagnosed with solid tumors in the head and neck, lungs, and skin, with the hope that the CARs enable the T cells to recognize and attach to a certain protein in cancer cells and kill them.

The research focus includes the search for specific human leukocyte antigens (HLA)-typed cells in solid tumor CAR-T clinical studies, as well as numerous other novel research opportunities. Memorial's commitment to state-of-the-art oncology research is driven by cell therapies, pioneering developments in new treatment options for solid tumors, personalized medicine, genetics, biobanking, and treating patients with precision medicine. Novel types of immunotherapy, like reengineered T cells (CAR-T and TIL therapies) and other medical research advances, are part of this approach.

There has been success with CAR-T for solid tumors in the lab and the clinical research is now being extended to select cancer centers for use on patients that qualify. We've taken a multi-disciplinary approach that includes physicians, scientists, research specialists, regulatory

experts, Memorial's Office of Human Research, its cancer institute, and the Moffitt Malignant Hematology and Cellular Therapy Program.

Patients that are qualified to participate in the CAR-T study can expect a minimum of six months of research visits, monthly oncology visits, and target treatments. Study qualification, participation, and results will be determined through medical oncologist evaluation.

Strategic Partners

Memorial's Cancer Institute is one of only seven "Cancer Centers of Excellence" in the state, as designated by the Florida Legislature and the Department of Health. We've achieved this through a strong collaborative partnership with Florida Atlantic University, with physicians and clinical staff working with university scientists to advance cancer medicine, develop new treatments, and pursue grants and funding to find more cures.

Additionally, there have been multiple research collaborations with Moffitt. Their location at Memorial Hospital West was one of the sites that has had success with CAR-T in the treatment of specific blood cancers, like acute lymphoblastic leukemia (ALL) and select non-Hodgkin lymphoma, boasting response rates of 50% to exceeding 70% in clinical trials.

What's Next?

CAR-T therapy represents a dynamic frontier in cancer treatment, with ongoing research and evolving clinical outcomes shaping its trajectory. Our new research lab and pharmacy at MCI will expedite the process and expand our research opportunities for phase 1 clinical studies, with quicker biopsy results resulting from the sampling of tumors for future collaborations.

We're excited to offer diverse opportunities for patient participation in innovative clinical trials like this one and others, contingent on research protocols and medical evaluation. There are more than 75 studies we're currently offering for cancer research, including those for the treatment of malignant hematology, breast cancer, lung cancer and other solid tumors.

To learn more about CAR-T cell therapy for solid tumors or any of the clinical trials at Memorial, I suggest patients or families request information online or call (954) 265-1847.

Dr. Andres Alvarez is the director of Oncology Research within Memorial Healthcare System's Office of Human Research. His work positively impacts cancer patients being treated at the Memorial Cancer Institute and Joe DiMaggio Children's Hospital.

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**Sylvester's Game Changer Vehicles
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With support from community organizations and philanthropic donors, three 40-foot "Game Changer" vehicles at Sylvester Comprehensive Cancer Center at the University of Miami Miller School of Medicine are saving lives by bringing free cancer screening and research opportunities to underserved neighborhoods in South Florida.

These vehicles "close critical gaps in access to cancer education, prevention and research throughout South Florida, and in so doing help fulfill Sylvester's mission to reduce the local cancer burden," said Erin Kobetz, Ph.D., M.P.H., associate director, Community Outreach and Engagement at Sylvester.

First launched in 2018, the Game Changer vehicles, staffed by multilingual healthcare professionals from Sylvester, travel to health fairs and other community events, local libraries and even places of business. Once on-site, they screen for a variety of disorders including head and neck cancers, colorectal and prostate cancers, gastric cancers, HIV (an indicator of many cancers), and more. During the first seven months of this year, alone, the teams screened more than 300 adults over age 18 and identified 33 positive results – about 10 percent of the total. All were referred for follow-up care.

"We have identified areas where there is a strong need for early detection of cancers," said Elizabeth J. Franzmann, M.D., a specialist in head and neck surgery who focuses on early detection of tumors. "For instance, there is a high percentage of head and neck cancers among minorities in south Miami-Dade. The Game Changer makes screenings very accessible and available to everyone. We go into these areas and develop a rapport with the community so we can educate and encourage them to be checked for early signs of cancer."

Shria Kumar, M.D., assistant professor of digestive and liver diseases at Sylvester, uses the Game Changer to assist with research on Helicobacter pylori, a stomach bacteria that can lead to gastric cancer.

"Partnering with the Game Changer vehicles, we examine rates of infection in our community and how these rates vary among different groups, including immigrants of different countries," says Dr. Kumar. "We use a breath testing machine, and if a person has H. pylori, we give them treatment on the spot and arrange follow-up testing. Our findings could lead to future larger studies that look to improve the health of minority populations across the U.S."

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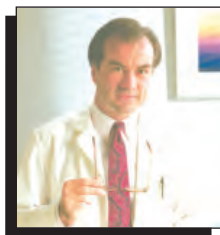


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Cover Story: Cancer Centers and Climate Disaster Preparedness: A Crucial Connection

Continued from page 1

the University of Miami Miller School of Medicine, and lead author of the paper, highlights the initial spark for their research.

"Multiple studies on protecting medically vulnerable patient populations in climate disasters," she explains. "As a psycho-oncologist here at Sylvester, I am particularly interested in safeguarding patients with cancer. High-risk medical patients are often left to fend for themselves when disaster strikes. We need the healthcare system to step in and assist their patients because they have special needs. The NCI and the Sylvester Comprehensive Cancer Center could serve as an ideal conduit for providing cancer-specific disaster preparedness information."

Dr. Crane, co-lead of Cancer Control and director of Lifestyle Medicine, Prevention and Digital Health at Sylvester, and one of the paper's authors, further elaborates on the distinction and significance of such centers, stating, "The difference between community-based cancer centers and National Cancer Institute-designated cancer centers is that often they're better resourced. Community-based clinics often turn to NCI-designated cancer centers to identify the evidence base and what guidelines should be followed because these are the cancer centers designated by the NCI."

In their analysis, it was observed that the preparedness levels vary greatly across centers. Dr. Espinel points out, "Currently, there's no mandate for cancer centers to focus on disaster preparedness on their website. Therefore, the responses were few when searching terms like disaster or disaster preparedness."

This sentiment was echoed by Dr. Crane, "It's because there is no mandate. While I believe most cancer centers think this is important, because there are no guidelines, the special, nuanced needs of cancer patients are not readily recognized or addressed."

For the analysis, the researchers conducted an extensive audit of the centers' websites to identify and categorize current preparedness information, guidance, and practices. Their review revealed some glaring information gaps and deficiencies, including:

- Only half of the centers posted preparedness information specifically for cancer patients.
- Less than 25% contained emergency information for climate disasters, despite their increasing frequency and severity.
- Less than 10% of centers provided cancer-specific emergency preparedness material related to climate-driven disasters.
- Only one center's website included information on maintaining psychological health and well-being during climate disasters.

Dr. Espinel highlights the specific vulnerabilities of cancer patients during such climate catastrophes: "Cancer

patients are disproportionately sensitive to heat exposure. Climate disasters disrupt medical infrastructure, power, water sources, supply chains, and transportation. Moreover, these patients often rely heavily on support from family and friends, and climate disasters can disrupt these essential social support networks."

The concept of "climate-proofing" has been floated as a potential solution. Dr. Espinel describes this process: "It involves a multifaceted approach that combines emergency preparedness planning, information dissemination, collaboration, and adaptation." Dr. Crane emphasizes the importance of awareness and accessibility to these resources for patients and providers.

Structured information sharing among cancer centers is another step toward enhancing preparedness. Dr. Crane speaks of the NCI's outreach efforts to community-based hospitals, suggesting that this can serve as a conduit for disseminating crucial information. Dr. Espinel adds that cancer center websites can serve as platforms for real-time sharing of disaster preparedness information, including lessons learned and best practices.

On involving patients, caregivers, and the community, Dr. Espinel believes that cancer centers are the ideal juncture where all these individuals converge. They are developing a toolkit to educate all these stakeholders on disaster preparedness.

Many centers already have CMS-compliant emergency-preparedness plans that should be evaluated and revised, as needed, to protect medically vulnerable populations during climate disasters better.

Moreover, the centers can build on existing resources for centralized information sharing, such as the NCI's "Emergency Resources for the Cancer Community," ACS's "Guide to Getting Ready for a Natural Disaster" and the Department of Health and Human Services' website with hazard-specific content for actions before, during and after disasters. Other federal and local resources are readily available and should be utilized appropriately.

The researchers also recommended structured information sharing among cancer centers to share lessons learned from previous climate disasters and coordinated research efforts that promote collaboration in evidence-gathering, data analysis, implementation strategies and communication methods that can result in best practices.

In closing, Dr. Crane points out that no region is truly safe from the potential impacts of climate change, indicating the widespread nature of this issue.

"What hits home is that there is no single cancer center not at risk," she says. "Hurricanes and other disasters are a real possibility every year. It's not only coastal areas that are at risk. These risks for disasters to impact cancer centers are everywhere across the United States."

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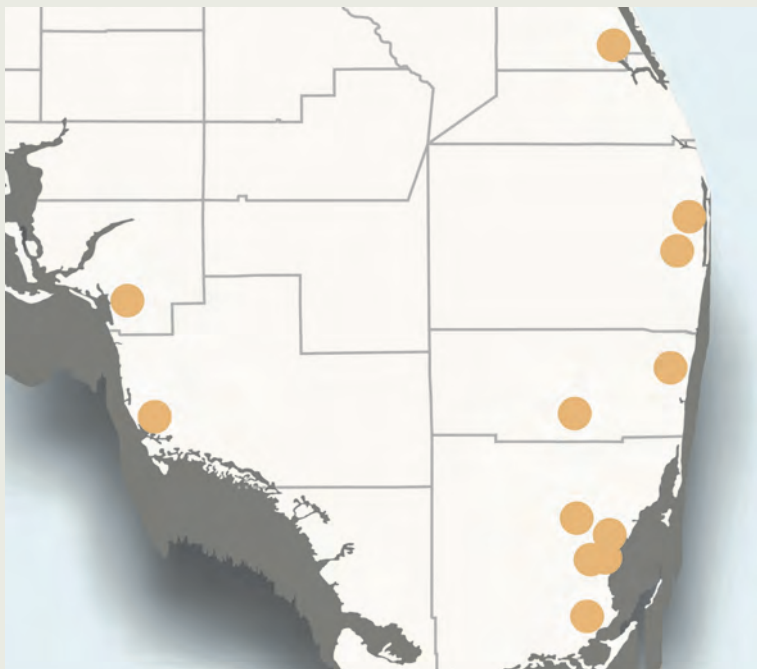


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Cover Story: New Memorial Cancer Institute Puts World-class Care Under One Roof

Continued from page 1

cancer center in Broward County, but will also provide us the opportunity to create a healing environment that respects the needs of patients and their families. Every detail has been thought through in terms of what the patient experience will be.”

According to MCI's Medical Director Luis Raez, MD, FACP, FCCP, the new building comes just in time. “I've been the medical director here for 12 years, and in that time, we've gone from being a small Broward County cancer center to becoming one of only seven Cancer Centers of Excellence in Florida, as designated by the Florida Legislature and the Department of Health,” he said.

Last year, MCI also became one of the first nine oncology centers in the nation, and the first in Florida, to achieve certification through the American Society of Clinical Oncology's (ASCO) Patient-Centered Cancer Care Certification pilot, based on its commitment to quality and adherence to oncology medical home (OMH) standards.

The Institute will be staffed by multidisciplinary teams for virtually every type of cancer, so that patients can be treated by a number of experts in each field. “Cancer is very complex, and it is impossible to consider that one doctor can take care of everything,” said Dr. Raez. “We are fortunate that MHS is willing to invest human and capital resources to do whatever is needed for the patient.”

MCI also maintains a strong collaborative partnership with Florida Atlantic University, with physicians and clinical staff working with university scientists to advance cancer medicine, develop new treatments, and pursue grants and funding to find more cures.

The Moffitt Connection

Roughly seven years ago, MHS began a unique partnership with Moffitt Cancer Center, based in Tampa, to provide a hematological malignancies and cellular therapies program in South Florida. Moffitt physicians working at Memorial Healthcare System provide an integrated, specialized program that performs more than 100 cellular therapies per year. They also have a robust CAR (chimeric antigen receptor)-T cell therapy program, which is among the newest technologies in cellular therapies, and have performed 35 such procedures to date.

“As part of MCI, we have more space and that provides patients with the opportunity to access care sooner,” said Hugo Fernandez, M.D., department chair, Malignant Hematology and Cellular Therapy at MHS. “By doubling clinical rooms and having infusion centers located on-site, we are able to get more patients



into the system and treat them more quickly. We are also able to expand our research and get people into clinical trials more easily.”

The clinic has also added a new hematologic malignancy survivorship program for patients who face issues after cancer treatment to better surveil and treat any problems that occur as a result.

“Moffitt is one of the largest centers for cell therapy in the U.S. and is also one of the largest centers offering CAR-T therapy, which is among the most advanced treatments and very effective in patients resistant to standard chemotherapy,” said Dr. Fernandez. MCI recently opened up CAR-T therapy for lymphoma and leukemia and in the next few months will expand this therapy to treat multiple myeloma.

“Having space to offer these services is crucial, because when patients don't have access, therapy and care are delayed,” said Dr. Fernandez, noting that MCI treats patients from outside South Florida as well. “People are willing to travel further for specialized care, and we are able to touch more lives, which is the most important thing.”

Putting the Patient First

Since COVID, it has become even more difficult to see a doctor, with some patients waiting more than three weeks to get an appointment. At MCI, cancer patients take priority.

“If a cancer patient needs to be seen today, they are seen today—they don't have to wait two to three weeks,” said Feinberg.

MCI has increased staffing and also increased the number of nurse navigators and triage nurse practitioners. New concierge-type roles have also been created to help patients have a smooth and seamless experience.

“We want our patients to know we've been expecting them, and we've got this, so they only need to focus on their treatment journey and getting better,” said Feinberg. “Appointments and treatments can change all the time for patients, so we've got concierge staff on-site to make sure visits go smoothly; they also help to reduce patient wait time.

“We are really excited to now have everything under one roof and when patients walk in our doors, they know that we are focused on their needs,” she added. “We can take care of everything.”

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Breast Cancer... Breast Cancer...

CASSANDRA'S STORY: Broward Health Cancer Survivor Advocates for Dense Breast Ultrasound Screenings

When you meet Cassandra Caldwell, there is no denying that this spunky breast cancer survivor has a passion for life. Just three days after throwing herself a triumphant celebration of life party with more than 120 of her closest friends in attendance, she shared her challenging 14-month journey from breast cancer diagnosis to remission.

In March 2022, following a routine mammogram and her regularly prescribed ultrasound screening for dense breasts, Cassandra was diagnosed with stage 2 triple-negative breast cancer, an aggressive form of cancer known to have a faster growth rate and higher risk of metastasis and recurrence risk.

According to the Centers for Disease Control and Prevention, 40% of females have dense breast tissue, making it more difficult to identify tumors while also increasing the overall risk of developing breast cancer. Both dense breast tissue and abnormal breast changes, such as calcifications and tumors, show up white on a mammogram. Having dense breasts reduces mammography sensitivity from 85% to between 47.8% and 64.4%, according to a 2018 literature review.

"Years ago, I listened to breast cancer survivor and Good Morning America anchor Robin Roberts discuss the importance of secondary screenings, such as ultrasounds, for women with dense breasts," Cassandra said. "I began asking my healthcare provider for that in addition to routine screenings, and I also recommended that my friends do so as well."

While stage 2 triple-negative breast cancer is not an easy diagnosis to digest, the cancer could have been left undetected for a long period of time without a secondary ultrasound screening. Cassandra had no symptoms, and her initial mammogram didn't detect any cancer, but thanks to the ultrasound, her cancer was caught relatively early, and her prognosis was promising.

The 51-year-old learned about her breast cancer diagnosis one month after losing her job. "It was a lot to take in, as a single professional woman," Cassandra said. "I worried about how the medical bills were going to get paid."

Cassandra was referred to Broward Health Medical Center's cancer care center where Alia Abdulla, D.O., a breast surgical oncologist, and Shannon Keating, D.O., a hematology and oncology specialist, developed a specialized treatment plan.

"Women have a one in eight chance of developing breast cancer in their lifetime and the incidence rates are increasing each year," Dr. Abdulla said. "With October being Breast Cancer Awareness Month, women should be vigilant and proactive about their breast health. If your mammogram report says that you have dense breast tissue, speak to your healthcare provider about additional screening tests that are available."

Cassandra underwent 16 rounds of chemotherapy, a surgical breast lumpectomy, followed by 20 rounds of radiation,



Cassandra Caldwell

and 1,334 chemotherapy pills over the course of 14 months.

"It was a very intense treatment plan, and I told myself that if it didn't work, I probably wouldn't undergo it again," she added. "Thankfully, I was able to focus solely on healing without the financial stresses of being unemployed and burdened with medical bills. I'm grateful to several non-profit organizations that stepped up to help with the costs during active treatment."

Today, Cassandra is cancer-free and will continue to be monitored throughout the next five years with quarterly blood tests, while also continuing to be screened by mammogram, ultrasound, and clinical breast exam by Dr. Abdulla every six months as part of her follow-up.

As a parting gift to Broward Health Medical Center, Cassandra donated a large, beautiful ship's bell in honor of cancer survivors and "thrivers," which now hangs in the hospital's healing garden.

"I would sit in the infusion center and wonder where the bell was that survivors were always ringing at the end of treatment, and when my nurse eventually showed it to me, I thought it needed to stand out more because of what it represented," Cassandra said. "I wanted to donate a big bell, so I did, and seeing others ring it brings me so much joy."

An Ohio State University graduate with a Ph.D. in human and community development, Cassandra diligently persisted with her job hunt throughout treatment, even when she wasn't feeling well. Just three weeks before Cassandra finished her treatment, she landed a new job as a chief diversity, equity and inclusion officer with a Fort Lauderdale-based law firm.

"As they say, 'timing is everything in life,' and in my experience every step of this journey happened at the right time, giving me the needed opportunity to heal before beginning my next chapter," she added.

Cassandra's advice to other women who have been diagnosed and face the difficult road of cancer treatment is to be open to people and to accept help from others.

"People will be overly supportive in ways you never expected," Cassandra said. "I never felt alone during this process, from my supportive doctors and caregivers to my compassionate network of friends and family, I always felt that people had their arms around me."

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Breast Cancer... Breast Cancer...

Broward Health First in Broward County Utilizing the VeraForm® Marker

Permanent continuous radiopaque marker a game-changer during breast cancer surgery

Broward Health continues to be at the forefront of advances in cancer treatment and is the first hospital system in Broward County to utilize the VeraForm® marker for breast cancer surgery.

When a lesion is removed during lumpectomy, this 3D radiopaque tissue marker is placed in the tumor bed as an enhanced target for radiographic planning and treatment.

“Unlike metal clips that only define a single point, VeraForm comprehensively delineates the tumor bed with much more accuracy,” Alia Abdulla, D.O., FACS, a breast surgical oncologist with the Broward Health Physician Group, said. “This is essential for accurately targeting post-surgical boost doses or partial breast irradiation to avoid harming healthy tissue.”



Dr. Alia Abdulla

When performing surgery on breast cancer patients, Dr. Abdulla places this multi-plane marker around the perimeter of the tumor bed cavity when a lesion is removed. Taking only a few minutes to insert, VeraForm provides a lasting target, not felt by the patient, that can be viewed by a radiation oncologist under X-ray and CT without resultant artifact in MRI or ultrasound.

“VeraForm creates a 3-D target that can be viewed through imaging modalities including mammograms, X-ray and computerized X-ray imaging procedures,” Dr. Abdulla said.

In July, the American Journal of Clinical Oncology published a peer-reviewed study comparing the VeraForm marker to surgical clips for targeting breast cancer radiotherapy treatment following breast-conserving surgery. The marker continuously outperformed surgical clips in tumor bed delineation both in standard lumpectomy and complex oncoplastic reconstruction.

“At Broward Health, we are committed to providing comprehensive, experienced cancer care through advanced technology,” Dr. Abdulla said. “Our multidisciplinary team provides an individualized, holistic approach working together to ensure patients receive the highest quality care during diagnosis, treatment and recovery.”

For more information on Broward Health’s cancer services, visit BrowardHealth.org/Beatcancer.

Breast Cancer Research Foundation Teams Up with Dolphins Challenge Cancer and Autonation to Address Breast Cancer Health Disparities

The Breast Cancer Research Foundation (BCRF) announced a \$1 million gift from a partnership between Dolphins Challenge Cancer, the signature philanthropic initiative of the Miami Dolphins, and AutoNation. The gift, which will be distributed over four years, will be dedicated to advancing the scientific understanding of the relationship between social determinants of health, specifically, geographic location and environmental stress, and breast cancer mortality.

In the United States, breast cancer continues to be the most common cancer, and it is the second leading cause of cancer death. Tremendous medical advancements over the last three decades have yielded earlier diagnoses and more effective treatments, resulting in an overall 43 percent decline in breast cancer deaths. However, such progress has not reached all communities equally, due, in part, to social, personal, financial, and informational barriers. While all races and ethnicities are affected by breast cancer, minorities encounter significant disparities in breast cancer screening, care, treatment, and outcomes, compared to their white peers.

This gift will fund a project led by BCRF investigator Dr. Neha Goel, to be conducted at Sylvester Comprehensive Cancer Center, part of UHealth – the University of Miami Health System, which is nearby the Fort Lauderdale headquarters of both Dolphins Challenge Cancer and AutoNation. The research project will enhance the understanding of the links between neighborhood stress and aggressive breast cancer biology, as studies show that women living in low-income neighborhoods have a higher breast cancer mortality rate compared to those in affluent neighborhoods. The drivers of this survival gap are multifactorial and intrinsically linked to the racial disparities in breast cancer outcomes.

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MED MAL
EXPERT REVIEW

HOW HEALTHY IS YOUR MED MAL POLICY?

It’s no longer just a matter of signs hinting at a hardening market. Indisputable evidence is now at the forefront. Malpractice rates are going up across the board. Weaker malpractice carriers are being placed into receivership or sold. Juries in Florida are making shockingly high awards. And this is only the beginning.

ISN’T IT TIME YOUR MED MAL POLICY GOT A CHECKUP?

Risk Strategies will perform a no-obligation comprehensive review of your current malpractice coverage. Few doctors and administrators have an in-depth knowledge of their coverage or insurer and may not be asking all the right questions. For instance, do you know the following about your coverage:

- Are the policy exclusions outlined and clearly defined?
- Do you have full or just limited rights to consent to any lawsuit settlement?
- Is defense coverage offered outside or inside the limits of liability?
- What are the “tail” provisions upon termination of the policy?
- How is your corporation, professional association or other entity covered?

These are just a few of the questions you should be asking in this volatile market. It’s not too late for a no-obligation medical malpractice insurance review, just contact Risk Strategies at **800.966.2120** or matt@dannagracey.com.

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Breast Cancer.. Breast Cancer..

Mount Sinai Medical Center's Comprehensive Center Leads International Clinical Trial on Early Detection of Breast Cancer by Examining Organic Compounds in Breath

Steven N. Hochwald, MD, MBA, FACS, Director of the Comprehensive Cancer Center and Chief of Surgical Oncology at Mount Sinai Medical Center, is a lead investigator on an international clinical trial that examines organic compounds in the breath to detect breast cancer.

In the United States, an estimated 249,260 new cases of breast cancer were diagnosed in 2018. The prognoses in patients with breast cancer depended mainly on the stage of the disease.

Early diagnosis and appropriate therapy can effectively reduce the mortality of breast cancer. There are several adjuvant screening methods (e.g., mammography, ultrasonography, digital breast tomosynthesis [DBT], and magnetic resonance imaging [MRI]) for breast cancer. However, the accuracy of these methods largely relies on the physicians' experience, stage of disease, and the tumor's histopathologic features. Therefore, there may be a misinterpretation or a missed diagnosis.

Furthermore, it is estimated that only 60% of women follow the established guidelines for breast cancer screening, with a large percentage of women choosing not to get screened. This is due to discomfort with the mammography, ultrasound, or MRI exam; lack of privacy; excessive cost; and inconvenience.

"Exhaled breath analysis has increasingly been adopted for early diagnosis of several disease states, including diabetes, explains Dr. Hochwald. "With the rapid development of exhaled breath metabolomics in recent years, the association between volatile organic compounds (VOCs) of exhaled breath and cancer has attracted increasing attention."

Breath VOC analysis is appropriate for disease screening because it is noninvasive, portable, inexpensive, and easy for patients to accept. The technique also has the potential for early diagnosis.

The planned clinical trial will evaluate the exhaled breath of patients with precancerous conditions of the breast (carcinoma in situ) and those with biopsy-proven breast cancer and compare the presence and type of organic compounds in the breath to those patients who have normal mammography examinations and no evidence of breast cancer. Enough patients will be enrolled to determine if different breast cancer subtypes and whether the breast cancer stage at diagnosis correlates with specific signatures of organic compounds in the exhaled breath. The goal is to develop an exhaled breath test that can detect precancerous conditions of the breast as well as breast cancer type and stage.

The breath sample is collected in an aluminum bag, then processed by reducing the temperature to minus 20 degrees Celsius for at least three minutes, eliminating approximately 80% of the liquids. The bag is then processed using their aerosol generator, which generates droplets of 5 to 15 microns that go through the optical gas cell. The original detection is 200 parts per billion, but the company has managed to reduce it to one part per trillion.

Breath of Health's machine is a stand-alone system and requires only electricity to perform its analysis of breath and delivery of results, meaning its services can be of great benefit to those in remote areas without access to hospitals with Mammography wings.

What's Next?

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A Smart Vacation Retreat: Experience a Healthier Lifestyle

BY PHILIP SMITH

Who wouldn't give a thumbs up to a warm seaside vacation? So, why not make it a 'smart' vacation with long-term benefits for overall physical health, weight loss, improved mental attitude and environmental support at the Balance For Life Health Retreat in the Wyndham Hotel in Deerfield Beach, Florida?

The Balance For Life (BFL) mission is that every life should be filled with vibrant physical, emotional, mental and spiritual health and a sense of purpose—and teaches the practical tools to attain them in an all-inclusive program focusing on nutrition, fitness, mindfulness and natural treatments. BFL offers a variety of options with specialized programs in juicing, water-only fasting and a SOS-free (no added salt, oil or sugar) plant-based menu for optimal health.

According to Reservations and Information Director Terry Michael, guests overwhelmingly take advantage of this holistic opportunity to de-stress, detoxify and reboot following this gold standard program of plant-exclusive whole food nutrition. "Our remarkable, life-changing program helps guests reduce dependence on medications and processed foods, in addition to experiencing tai chi, yoga and aqua exercises, along with daily health education and recipe/shopping/meal planning workshops from expert physicians, nutritionists and exercise specialists. The overriding goal is to help the guests ensure and promote success at home," she explains.

Harold Lebovic, founder, was involved in health spas in Florida and the Midwest during the 80s and 90s, and personally benefited by losing weight and maintaining a healthier lifestyle after he found himself a member of the obesity epidemic and threatened with acquired chronic diseases. It was that personal journey that motivated him to create Balance for Life in Florida and offer a comprehensive all-inclusive lifestyle program with health director Dr. Frank Sabatino, who brings four decades of research and expertise in health and wellness spa environments. He personally supervises the vegan whole food plant program, as well as the juice cleansing and water-only fasting programs.



Dr. Frank Sabatino



Terry Michael

In recent years, the medical community has been investigating more holistic and functional healing options in addition to traditional medicine. Balance for Life clients are people from all different walks of life including educated clinicians, nurses, teachers and moms and daughters who want an ocean front, nurturing sanctuary to start a healthier lifestyle with like-minded people in an intimate group setting.

According to Lebovic, they are not looking for magic potions or lotions, but want to unplug and experience the beginning of a genuine, livable lifestyle. "After the one- or two-week programs, with a daily routine of health education, beach walks, yoga and aqua/fitness exercises classes and a smorgasbord of plant-based meals (which our clients

always are amazed at feeling full and satisfied at the end of the day), clients go home rejuvenated, with tips on continuing a successful transition to their home environment minimizing the temptations in their 'real' world. They get recipes, tips on using equipment like air fryers and instant-pot meal prep and inspiration that comes from how much better they feel after letting the body heal naturally—even after a short period.

"We encourage our clients to take it a day at a time, with small, consistent changes in every aspect of their day-to-day lifestyles. These small consistent steps yield big results as the guests develop healthy routines and make lifelong friends that they often keep in touch with. And many typically come back as repeat guests for a weekend or longer to reset and take their experience to the next level," Dr. Sabatino confirms.

While the program isn't a one-size-fits-all, if you are interested in personally learning the basic steps toward a healthier lifestyle while supporting the ethical treatment of animals and caring for the environment, call the reservation line and consult with experts about the value of an all-inclusive retreat at the oceanfront Balance For Life program in Deerfield Beach, Florida.

Philip Smith is the editor-in-chief of Life Extension magazine. For more information about Balance For Life retreats, call (800) 663-929 or visit BalanceForLife.com.

Understanding Headaches Should Not be a Headache



BY ORON FIKSEL, DPT, CFMT, OCS, CET-DN, COMT, FAAOMPT

There are three types of headaches (HAs): cervicogenic (CHA), tension-type (TTH) and migraine headaches. Often these HAs present with overlapping symptoms, which makes the treatment challenging. The following aims to provide clinicians with general guidance on the differential diagnosis of patients who suffer from HAs.

Cervicogenic Headaches

CHA may affect any age or gender but have a higher prevalence in patients over the age of 50. CHA is characterized by episodic symptoms starting after trauma to the neck or head. However, chronic accumulative mechanical stress to the cervical spine may start a degenerative cascade that results in CHA.

The most common features of CHA are:

- 1) A headache on one side of a patient's head that is aggravated by posture, neck movement or by suboccipital external pressure.
- 2) Reduced range of motion in a patient's neck.
- 3) Pain in the shoulder, neck, or arm on the same side of the body as the headache.
- 4) The pain is described as moderate to severe and is non-throbbing in nature with variable durations.

Autonomic symptoms such as photophobia, phonophobia, nausea and vomiting are less common than when a patient is suffering from a migraine.

Tension-type Headaches

TTH is more common in women and may present at all ages with increased prevalence between the ages of 30-50. Symptoms are characterized by both feeling pain on both sides on your head and dull, mild-moderate, non-pulsating pressure pain that is not aggravated by physical activity.

Episodes occur less than once per month and may last between 30 minutes and seven days. As opposed to CHA and migraine, there are no symptoms of nausea or vomiting. It is rare for photophobia or phonophobia to occur.

Migraine Headaches

Migraine HA with or without aura affects females more than males with the highest prevalence between the ages of 18-44 years old. A hormonal component has been strongly suggested as a trigger in females.

Migraines with aura refers to visual and sensory symptoms followed by moderate to severe pulsating headaches on one side of the head that last between four to 72 hours. Migraine HAs are often accompanied by nausea, vomiting, photophobia and phonophobia. Episodes are aggravated by routine physical activity.

Migraines without aura present similarly to migraines with aura, but without the visual and sensory symptoms. Chronic migraines are considered to consist of more than eight episodes per month.

The Impact of Headaches on Daily Functionality

Migraines and CHA typically lead to greater daily functional impact than TTH. Due to the severity of pain and symptoms, migraine patients often suffer from multiple days of debilitation which affect their ability to work, engage in social life, drive and, in severe

cases, basic activities of daily living. CHA patients are similarly impacted due to the varying duration of symptoms, moderate pain and restrictions in range of motion.

Prognosis

A few potential prognostic factors for chronic headaches have been suggested. Moderate quality evidence showed that depression, anxiety, medication overuse, poor sleep, high stress, low-self efficacy and low expectations of treatment suggest poor prognosis.¹ Low-quality evidence showed that being employed, older age of onset and higher severity of headaches had favorable outcomes. High frequency of episodes and onset younger than 20 years of age were associated with poor outcomes for migraines.²

Poor outcomes for TTH were higher frequency of episodes, co-existing migraine, not being married and sleep deprivation. CHA prognosis is rarely discussed in medical literature. However, manual therapy publications indicate good outcomes when treatments combine manual therapy, specific exercises, postural education and lifestyle changes.^{3,4}

One systematic review showed positive outcomes in pain intensity, frequency and duration of CHA, TTH, migraine and mixed HA with physical therapy treatment.⁵ Specifically, manual therapy and exercises have demonstrated good outcomes for all three headache types. In general, CHA has the best prognosis for orthopedic manual therapy treatment, followed by TTH and finally migraine due to differences in pathophysiology underlying each type of headache.^{6,7,8}

Considering these psychosocial components are modifiable, many chronic headache patients can have positive outcomes if appropriate treatment and education is provided. However, clinicians should be aware of poor outcome predictors and the difficulty of progressing patients with central sensitized nervous symptoms with chronic headaches.

Oron Fiksel is a Fellow and Doctor of Physical Therapy in the residency program at the Lillian S. Wells Foundation Institute of Sports Performance and Orthopedic Therapy (iSPORT) at Holy Cross Health. He is conducting a case series study at Holy Cross Health as part of his Doctor of Science dissertation to describe the outcomes of patients who suffer from chronic HAs. Participating patients will be treated with a combination of upper cervical manipulation and exercises, as well as the elimination of processed carbohydrates and dairy products. Adult patients who suffer from chronic headaches who are interested in participating in this study should email him at Oron.fiksel@holy-cross.com or call (201) 736-2741.

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Alex Mafdali, MD, Joins Baptist Health as a Primary Care Sports Medicine Physician

Alex Mafdali, M.D., is a board-certified family medicine physician specializing in primary care sports medicine at Baptist Health. Prior to joining Baptist Health, Dr. Mafdali completed a primary care sports medicine fellowship at Baptist Health Orthopedic Care. During his fellowship, Dr. Mafdali trained in the nonsurgical management of acute and chronic orthopedic conditions as well as ultrasound diagnostics and procedures. In addition, he worked as a sideline medical team member for the Miami Dolphins, Florida International University, St. Thomas University and Barry University. He continues to serve as a sideline physician for professional, college and high school sports teams in the Miami area. Dr. Mafdali earned his medical degree from Ross University School of Medicine and completed his family medicine residency at the University of Connecticut School of Medicine.



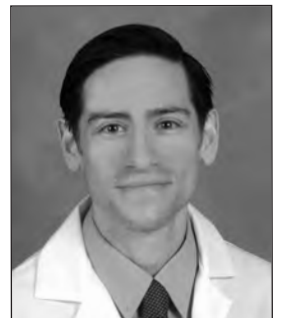
Dr. Alex Mafdali

Holy Cross Medical Group Welcomes Gastroenterologist Edwin Golikov, DO

Gastroenterologist Edwin Golikov, D.O., has joined Holy Cross Medical Group.

Dr. Golikov most recently completed a fellowship in advanced interventional endoscopy at NYU Langone Hospital in Mineola, NY. He completed a fellowship in gastroenterology at Arnot Ogden Medical Center in Elmira, NY and his residency in internal medicine at Care Point Health Medical Center in Bayonne, NJ. Dr. Golikov earned his Doctor of Osteopathic Medicine with honors from NYIT College of Osteopathic Medicine in Old Westbury, NY and graduated cum laude with a B.A. in Natural Sciences from Fordham University.

Proficient in Russian, Dr. Golikov has previously served as a medical interpreter for Russian-speaking patients.



Dr. Edwin Golikov

Alexander Toirac, MD, Joins Baptist Health Miami Cardiac & Vascular Institute as a Cardiologist

Alexander Toirac, M.D., joins Baptist Health Miami Cardiac & Vascular Institute as a cardiologist. Dr. Toirac specializes in general cardiology, echocardiography and nuclear imaging and is fluent in English and Spanish.

Prior to joining Baptist Health, Dr. Toirac completed his cardiology fellowship at the University of Florida Shands Hospital. He earned his medical degree from the University of Pittsburgh School of Medicine and completed his internal medicine residency at University of Miami/Jackson Memorial Hospital.



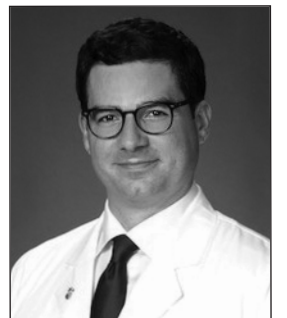
Dr. Alexander Toirac

Joseph McGinn III, MD, Joins Baptist Health as Cardiovascular Surgeon

Joseph McGinn III, M.D., joins Baptist Health as a cardiovascular surgeon, specializing in adult cardiac surgery.

Prior to joining Baptist Health, Dr. McGinn completed his cardiothoracic surgery fellowship at the University of Mississippi Medical Center. He earned his medical degree at The Commonwealth Medical College and completed his general surgery residency at the Hofstra Northwell School of Medicine.

Dr. McGinn is a frequent podium presenter at national surgical society meetings and his research has been published in the Journal of Thoracic Disease, Surgery and SHOCK. He is a fellow of the American Association for Thoracic Surgery and a member of the American College of Surgeons and the American Medical Association.



Dr. Joseph McGinn III

Bryon Tompkins, MD, Joins Baptist Health as a Cardiothoracic Surgeon

Bryon Tompkins, M.D., recently joined Baptist Health as a board-certified general surgeon specializing in cardiothoracic surgery. Prior to joining Baptist Health, Dr. Tompkins completed a three-year fellowship in cardiothoracic surgery at Johns Hopkins Hospital. Dr. Tompkins earned his medical degree from SUNY Upstate Medical University and completed his surgical residency at Jackson Memorial Hospital/University of Miami, where he served as administrative chief resident.



Dr. Bryon Tompkins

Tampa General Hospital Cancer Institute Welcomes Thoracic Surgeons Dr. Mark Meyer and Dr. Marcus E. Eby

Tampa General Hospital (TGH) Cancer Institute expands its East Coast team, led by Dr. Robert Scoma, by adding board-certified general and thoracic surgeons Dr. Mark Meyer and Dr. Marcus E. Eby.

Dr. Meyer is a board-certified general and thoracic surgeon specializing in minimally invasive robotic techniques for the treatment of intrathoracic disease. He received his bachelor's degree in biology and graduated valedictorian from North Carolina State University in Raleigh, NC. Dr. Meyer attended medical school at Rutgers – Robert Wood Johnson Medical School in New Brunswick, NJ. He completed his general surgery residency at George Washington University School of Medicine in Washington, DC, and his cardiothoracic surgery fellowship at the University of Arizona College of Medicine in Tucson, AZ.

Dr. Eby is board certified in both general and thoracic surgery. He completed medical school at the New York Medical College in Valhalla, NY, and completed his general surgery training at the University of Miami. Dr. Eby was elected to Alpha Omega Alpha and finished his fellowship training in cardiothoracic surgery at Rush University Medical Center in Chicago, IL.



Dr. Mark Meyer

Bryan Wilner, MD, Joins Baptist Health Miami Cardiac & Vascular Institute as a Cardiac Electrophysiologist

Bryan Wilner, M.D., recently joined Baptist Health as a cardiac electrophysiologist specializing in cardiac electrical system disorders. His expertise includes catheter ablation and the medical management of complex arrhythmias, cardiac device therapy and left atrial appendage occlusion. Before joining Baptist Health in 2023, Dr. Wilner completed a general cardiology fellowship and an electrophysiology fellowship at the world-renowned Cleveland Clinic in Cleveland, OH. He earned his medical degree from the University of Miami Miller School of Medicine and completed his internal medicine residency at University of Texas Southwestern Medical Center in Dallas.



Dr. Bryan Wilner



Dr. Marcus E. Eby

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National Physician Assistant Week

Pumpkin spice lattes. Fall festivals. Pumpkin patches. Cool weather. These are generally welcomed changes that come in October. However, this is also a time when physician assistants/associates are commemorated nationwide. October 6th marks National Physician Assistant (PA) Day, a holiday that celebrates PAs' contribution to healthcare. The first PA Day was on October 6, 1987, acknowledging the 20th anniversary of the first graduating class of PAs from Duke University. Eugene A. Stead Jr., MD, also known as the founder of the PA profession, assembled the first class of PAs in an attempt to alleviate the shortage of primary care physicians in the mid-1960s. Appropriately, October 6th also marks Dr. Stead's birthday. Dr. Stead witnessed how veterans from the Korean War possessed the clinical skills from their service overseas, however lacked the formal medical credentials. He saw how patients' needs could be met by professionals without lengthy training and expenditure that came with traditional medical training. It was these thoughts that birthed a new profession- physician assistant/associate. Fast forward to 2004, National PA Day was changed to PA week. From October 6-12th we honor, recognize and raise awareness about our profession.

Physician assistants practice in a wide range of specialties and work settings. The profession consistently ranks as one of the top-rated jobs in the U.S. attracting many applicants to PA programs. There are now more than 300 master degree level ARC-PA accredited programs nationwide with 16 here in Florida. PA programs range from 27 months to 3 years in length. PA candidates are required to engage in 2,000 hours of clinical rotations and upon completion of the program are eligible to take a board certification exam administered by the National Commission on Certification of Physician Assistants (NCCPA). Successful passing of this examination earns the title Physician Assistant-Certified or PA-C. A state license is needed to practice within that state. In order to maintain certification, a PA must complete 100 hours of continuing medical education (CME) credits every two years and take a recertification exam (the Physician Assistant National Recertifying Exam, or PANRE) every 10 years.

PAs are one of the fastest growing health care provider professions with more than 168,300 PAs practicing nationwide, a 76% increase since 2013, and more than 514 mil-



BY REBECCA MAGWOOD, MMSC, PA-C,
AND TIFFANY PERRY, MMSC, PA-C

lion patient interactions every year. However, according to an independent public opinion survey of more than 2,500 U.S. adults conducted by the American Academy of Physician Assistants (AAPA), The Harris Poll, 53% of adults have skipped or delayed healthcare in the past two years. Twenty-five percent of these adults reported their delay in seeking healthcare, or skipping it entirely, was due to wait time for an appointment. In addition, 56% of U.S. adults reported waiting more than a week for an appointment. These statistics exemplify the increasing need for access to healthcare and PAs are driven to not only expand access but to provide personalized, team-based healthcare to all communities.

PAs believe communities thrive when people are healthy and with a diverse blend of medical expertise, compassion and empathy, PAs are able to provide the highest quality of

care for every patient. PAs go above and beyond for their patients by not only putting them first, but ensuring clear communication and collaboration among the healthcare team, including the patient, and advocating for their patients tirelessly. It is because of this that nearly 90% of U.S. adults say PAs improve the quality of their healthcare.

This year's AAPA campaign for PA Week is PAs Go Beyond and on October 6, faculty and students from South University PA Program West Palm Beach, will be honoring and recognizing their local PA preceptors with gratitude for going beyond with not only teaching students during clinical rotations, but mentoring them as future colleagues as well. Each PA preceptor will receive a South University PA Program bento lunchbox pack. The program is delighted to honor the PA preceptors and want to recognize all other community PAs for everything they do in and out of the clinic and hospital settings. Without the PA profession, healthcare would be scarce, however due to medical pioneers like Dr. Stead our pumpkin patch of healthcare providers has grown, carving more time for quality healthcare. Now that's something to "fall" for!

For more information about the PA profession, check out AAPA.org. For more information about South University, our programs and enrollment process, call (561) 273-6500 today and ask for Admissions.

South Florida Hospitals Exiting Medicare Advantage Contracts? The High Stakes Negotiation and a Partnership Dance

BY RICHARD KLASS

St. Charles Health, a four-hospital system in central Oregon, is threatening PacificSource, HealthNet, WellCare and Humana with expulsion from its core of accepted third-party payors. Reimbursement rates are only one issue. Increased administrative burden, high denial rates, barriers causing patient transfer delays to appropriate care levels, and unresponsiveness to queries on claims status are all grievances not easily fixed.¹

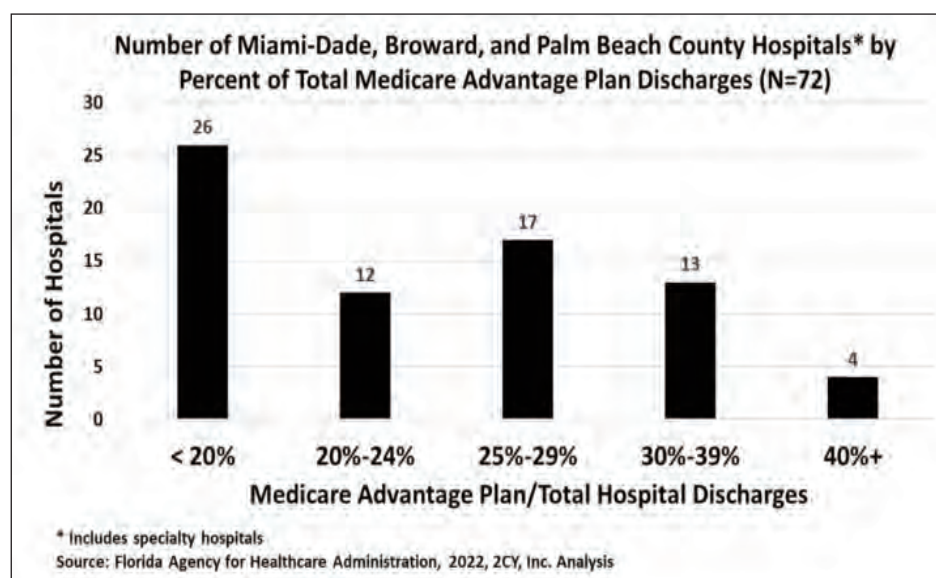
South Florida Market (Miami-Dade, Broward, Palm Beach Counties)

• This begs the question: Can South Florida Hospitals drop Medicare Advantage² plans?

The latest data³ suggests South Florida hospitals overall depend too much on Medicare Advantage reimbursement for sustenance. Consider in Miami-Dade County, Advantage plan reimbursement accounts for 27% of all discharges and in Broward County it's 24%. Dependence is less in Palm Beach County; 21%.

• Government (25%) and voluntary not-for-profit (23%) health systems are more reliant on Medicare Advantage plan reimbursement than the proprietary corporate owned entities (19%).

Some South Florida hospitals are much more dependent on Medicare Advantage payors than others. Consider four hospitals



report 40% or more of their discharges are reimbursed by Medicare Advantage plans; 13 additional hospitals report 30% to 39% of their discharges are covered by Medicare Advantage.

There are hospital systems that enjoy sufficient market power to negotiate better deals with managed care entities.

• Some systems own all hospitals in a narrow geographic region and have strong reputations for quality care; patients prefer staying local and using nearby providers. Hospitals without similar market power face stiff competition from nearby facilities that are eager for more patient volume and

managed care contracts.

• Historically, a few local healthcare systems moved to cutout just one specific managed care company.

• One south Florida hospital's strategy is limiting a skirmish by threatening the elimination of just their physician network from the HMO's provider panel. This strategy may proliferate in many Florida geographies with growing physician shortages in both primary and specialty care. Hospital systems that employ many physicians have significant market power to negotiate good reimbursement rates because managed care companies attract

subscribers seeking a large, nearby, physician panel with reasonable appointment wait times.

• A negotiating limit for this tactic is traditional Medicare reimbursement may anchor the prices paid by Medicare Advantage plans for physician services.

The next wave of power negotiating with managed care entities will emanate from artificial intelligence (AI) solutions. AI in contract management offers opportunities to reduce human analysis requirements and in a fraction of the time:

• Suggest contract language changes to mitigate potential risks and unfavorable terms.

• Identify opportunities for contractual advantage.

• Calculate reimbursement rate trade-off scenarios often required for hospitals to maintain profit margins.

No doubt, managed care companies will also employ AI. This means healthcare systems must invest in this technology to maintain a good position in the negotiation and partnership dance.

¹ S. Roig (8/19/23), Possible drop of Medicare Advantage coverage leaves St. Charles patients concerned, confused, The Bulletin.

² Medicare Advantage, aka Medicare Part C, is an option to original Medicare coverage. Private insurance companies bundled Part A hospital coverage and Part B doctor/outpatient services and usually Part D prescription coverage into one comprehensive health insurance offering.

³ Florida Agency for Healthcare Administration, 2022 hospital discharge data.

BROWARD HEALTH NORTH

Flavia Lazo, RN, BSN, TNCC

Flavia Lazo has served as a trauma nurse in Broward Health North's Emergency Department since 2017, a job she finds rewarding because of the difference she makes in people's lives.

Her primary role is to meet high-acuity trauma patients upon arrival, although she also assists with critically ill patients who come into the Emergency Department. She works with physicians, other nurses and ancillary staff to stabilize them until they are transferred to the appropriate level of care.

"Nursing challenges me every day and allows me to work closely with a wonderful team of dedicated professionals who motivate me to always improve," Lazo said. "Nursing motivates you to be a constant learner."

A native of Lima, Peru, she has lived in South Florida since she was 10 years old. She received her bachelor's degree in nursing from Keiser University.



Olivia A. Castellano, BSN, RN, EMT-P

Olivia Castellano has served in the critical care and trauma section of Broward Health North's Emergency Department for over five years and is the primary stroke and STEMI nurse on her shifts.

"I love my career. I've met some wonderful people, and it's incredibly rewarding watching them improve because of the care they receive," Castellano said. "However, emergency nursing can also be extraordinarily hard and gut-wrenchingly sad. Fortunately, the bad days are fewer than the good. My colleagues have become like family, as well as support systems and mentors."

Castellano started her nursing career in the neurology/trauma/stroke unit before transferring to the Emergency Department.

A native Floridian, Castellano received her bachelor's degree in nursing from the University of West Florida and went back to school in 20 21 to obtain her EMT and Paramedic licenses at Broward College.



BROWARD HEALTH IMPERIAL POINT

Julie Moody, RN

Julie Moody is a charge nurse in the Emergency Department at Broward Health Imperial Point.

She is responsible for ensuring that patients receive quality care, and that the department runs smoothly. In addition, Moody serves on several committees for the unit and the hospital, including the Unit Based Council for the Emergency Department, the Code Blue Committee, and the Nursing Professional Development and Research Education.

On these committees, she has done two performance improvement projects (on STEMIs and sepsis protocols), which resulted in changes to improve patient care and outcomes.

"I love that every day is a new challenge that we can grow and learn from while also taking care of patients at a time they need it most," Moody said.

A native of Miami who started her career as a paramedic, Moody earned a paramedic certificate from Barry University and a nursing degree from Palm Beach State College.



Maria Agnes Celocia, RN, BSN

Becoming a registered nurse was a natural path for Maria Agnes Celocia, who is a charge nurse in the Emergency Department at Broward Health Imperial Point.

She grew up in the Philippines watching her physician mother treat the sick and the needy, and her mom was her biggest influence in becoming a nurse.

After working for two years, Celocia immigrated to the United States and worked in a skilled nursing facility at John Knox Village for eight years. She has worked at Broward Health Imperial Point for 21 years.

After three decades of nursing, Celocia has seen many changes and remembers when documentation was on paper with the challenge of deciphering handwriting.

"Nursing has come a long way and technology has improved, but the importance of caring for and serving the sick and the needy has not changed," she said.

Agnes earned a bachelor's degree in nursing from Cebu Normal University.



BROWARD HEALTH CORAL SPRINGS

Lunie Mathurin, RN

When Lunie Mathurin, RN, came to the United States from Haiti, she knew she wanted to work with children. "I found myself drawn to nursing because of not only the flexibility it provided but the broad range in patient care, which included working with children," Mathurin said.

With more than 20 years of nursing experience, Mathurin prioritizes not only providing exceptional patient care and support but being a patient advocate. She works in the emergency department at Broward Health Coral Springs, primarily in the pediatric unit.

Mathurin has a message for individuals considering the nursing profession. "If you choose nursing for the wrong reasons, you will get burned out in no time," Mathurin said. "But if you're like me and you join for the right reasons, you will always have a smile on your face no matter the challenges or circumstances."



Sara Ellis, RN, BSN, ACLS, PALS

For nearly 20 years, Sara Ellis, RN, BSN, ACLS, PALS, has been a nurse primarily in the emergency room. She joined the Broward Health Coral Springs Emergency Department team in 2010.

"At the end of my 12-hour shift, I want to walk out of the doors feeling like I gave it my all," Ellis said.

Ellis, who was born and raised in Sweden, came to the United States in 2008. Being in the health care field runs in the family. In Sweden, her mother worked as a personal care assistant when Ellis was growing up.

"She always made her patients smile and treated them with respect," Ellis said. "She was my inspiration and my primary reason in choosing the healthcare career track."

Providing quality care and ensuring her patients feel a sense of safety and security is paramount for Ellis. "The ER teamwork is like no other, we all rely on each other for the best outcome of every case/patient."



BROWARD HEALTH MEDICAL CENTER

Romy Toussaint

Romy Toussaint is the assistant nurse manager of the adult Emergency Department at Broward Health Medical Center, the flagship hospital of Broward Health.

The Haitian native was inspired to become a nurse after witnessing a lack of access to healthcare in her hometown.

"My passion for nursing comes from my upbringing in Haiti where healthcare was an issue," Toussaint said. "I wanted to be part of the change after seeing how far people traveled to get basic care."

Toussaint started her career in healthcare 17 years ago, and she is a dedicated leader who is committed to patient care.

"I love helping my community," Toussaint said. "My motivation stems from the incredible team I work with and how we come together to treat our patients."

Toussaint completed her Associate of Science in Nursing at Broward College and her Bachelor of Science in Nursing at Chamberlain University School of Nursing.



Michelle Rock, RN, CCRN

For the last 23 years, Michelle Rock, RN, CCRN, has worked in the adult Emergency Department at Broward Health Medical Center. She rose through the ranks and was recently promoted to evening assistant nurse manager at the 723-bed hospital.

"As nurses, we see life begin, and we see it end," Rock said. "We carry a huge amount of responsibility and aspire to make a difference in the lives of our patients and their families."

Rock initially pursued physical therapy but found her true calling in the Emergency Department while in nursing school. She focuses on caring for patients in the Level I Trauma Center.

"The ED is always exciting, and there is never a dull moment," Rock said. "The staff I work with are amazing, they are a huge reason why I love coming to work."

Rock earned her Bachelor of Science in Nursing from Broward College.



ElderCare Update in South Florida...ElderCare

Elder Population Needs Special Care in the Emergency Department

Because of the extensive number of retirees who reside in South Florida, 40% of our patients who come to the emergency department at Holy Cross Health in Fort Lauderdale are over the age of 65. By definition, these patients are considered geriatric. However, people are living longer and maintaining healthy, active lifestyles later in life than previous generations, so not every patient above this threshold will need as many accommodations as other patients in this age bracket do.

Something that is very common for elderly patients is the need for a catheter due to incontinence or mobility issues that prevent them from being able to get to the bathroom or use a bedside commode. However, we found that patients were developing infections due to the use of Foley catheters because their skin was not being kept dry and urine with bacteria was making contact with the skin for extended periods of time.

When I was working with emergency medicine physician John P. Cunha, D.O. during the Geriatric Emergency Department Accreditation process, we discovered the new and improved PureWick catheter for women, which is an external device that keeps urine off the skin, and a condom catheter for men. This helps to prevent patients from developing further complications such as infections.

The American College of Emergency Physicians oversees the Geriatric Emergency Department Accreditation process. Holy Cross Health has been certified for four years and our current accreditation runs through August 2025, at which point we will apply for recertification. The Holy Cross Health nursing staff and emergency physicians work together to apply for this credential to give us credibility from an esteemed organization. In the application process, we must show what we have in place to provide elderly patients with the highest level of care. For example, we have walkers, bedside commodes and other assistive equipment to help patients who have mobility issues.

This distinction builds trust in our community that Holy Cross Health is the local hospital of choice for Broward County residents. Our medical team is specially



BY ANNMARIE KASZUBINSKI, BSN, RN, CEN

trained to communicate with the elderly population by exuding patience and knowing how to handle patients who have hearing impairment, memory issues, cognitive issues, delayed response time, confusion and other conditions that often come with advanced age. The staff also listens to and acknowledges the patients' input, as well as welcomes the opinions and questions of family members.

Holy Cross Health's learning system, HealthStream, provides ongoing education to keep medical staff up to date on the latest trends, treatments and products. Each nurse is expected to complete courses through the platform annually, some of which are dedicated solely to elder care. Twice a year, Holy Cross Health hosts in-person skills fairs with training sessions and demonstrations of new equipment or to brush up on existing treatments.

News headlines also contribute to the latest trends in elder care. More patients are inquiring about not only COVID-19 vaccines, but also RSV and shingles. We work with them to make sure they are up to date on their vaccines to help keep them healthy.

The other headline that has gotten people talking is actor Bruce Willis' diagnosis of frontotemporal dementia. When people with notoriety bravely come forward and openly discuss a medical diagnosis, it makes it less taboo. The general population becomes more comfortable discussing it too, rather than brushing it under the rug or living in denial. Of course, celebrities and non-celebrities deserve the right to keep their medical conditions private, but we praise the Willis family and other famous families for sharing their stories because it truly is making a difference in helping seniors get the care they need because they are being more honest and transparent about their symptoms.

At Holy Cross Health, our primary goal is to enable seniors to maintain their independence, live in the comfort of their home environment and stay out of the hospital for as long as possible.

Annmarie Kaszubinski is Nurse Manager, Emergency Department at Holy Cross Health.

Mount Sinai Medical Center to Open Mount Sinai Eldercare

Mount Sinai Medical Center is pleased to announce the opening of Mount Sinai Eldercare in their Hialeah location. A licensed CMS Program of All-Inclusive Care for the Elderly (PACE), Mount Sinai Eldercare provides comprehensive medical and social services to eligible participants. Services include, but are not limited to, adult day care, primary and specialty medical care, rehabilitation and therapy services, nursing support, medications, diagnostic tests (laboratory and imaging), nutritional counseling and meals, home care services, and transportation to and from the center and medical appointments.

Mount Sinai's Eldercare location occupies more than 12,000 square feet of space, which includes a dedicated clinic, exam rooms, and the newest diagnostic equipment. The brand-new space also includes a dedicated 2,000-square-foot physical and occupational therapy area, outfitted with the latest in state-of-the-art equipment.

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Marando Farms Owner Chelsea Marando Joins Children's Diagnostic & Treatment Center Board of Directors

Chelsea Marando, owner of Marando Farms, Marando Farms & Ranch, managing partner of Jordan Rivers, LLC and director of BCCO - Broward County Community Outreach, has joined the Children's Diagnostic & Treatment Center (CDTC) Board of Directors.

As a board member for CDTC, Marando will support the nonprofit's humanitarian efforts to address food insecurity by promoting its "Food Farm-acy" project, create awareness about CDTC's mission and be an active participant in the center's many initiatives.

Marando Farms is a 10-acre ranch in Davie that includes a restaurant, farmers' market, special event facilities, children's activities and riding lessons. Marando has brought her agricultural skills to Broward County schools, helping students and others to build community gardens and learn horticultural skills. She has also been a Broward County Master Gardener for Broward County schools for 20 years. As volunteers, Florida Master Gardeners receive their designation from the University of Florida's Institute of Food and Agricultural Sciences to help educate the public on how to solve their landscape, water, plant nutrition and pest problems.

Marando studied business communications and environmental sciences, earning her Bachelor of Science degree from the University of Florida. She pursued MBA graduate courses at University of Florida and Nova Southeastern University's HuiZenga School of Business.



Chelsea Marando

West Boca Medical Center Names Jerad Hanlon as Its New Chief Executive Officer

Jerad Hanlon is appointed to the position of chief executive officer of West Boca Medical Center. Hanlon is familiar with West Boca and recognizes the important role the medical center has serving its greater community. He is a proven healthcare leader with strong management and relationship building skills. Hanlon has experience partnering with physicians to develop and grow clinical programs. He cares deeply about the staff, patients and understands this community. Hanlon is a graduate of James Madison University, earning his Bachelor of Science in Health Administration. He went on to earn his Master of Health Administration from Virginia Commonwealth University.



Jerad Hanlon

HCA Florida Aventura Hospital Welcomes Robin Miller

HCA Florida Aventura Hospital has named Robin Miller as its emergency medical services (EMS) liaison.

Robin is a proven leader with over 30 years of experience in emergency medical services and emergency room nursing in Miami-Dade County, FL. She assessed and cared for patients in the acute care setting prior to joining Miami Dade Fire Rescue, where she expanded her nursing application to the areas of occupational and infection control nursing. Robin later served as a paramedic and firefighter for Miami Dade Fire Rescue and gained progressive leadership roles with promotions to Lieutenant, Captain and subsequently Battalion Chief from 2002 to 2018. Robin earned a bachelor of science in nursing from Florida Atlantic University and an associate of science in nursing from Miami Dade College. She holds certifications in National Incident Management System and Incident Command System from the Emergency Management Institute of the Federal Emergency Management Agency.



Robin Miller

Steve Harris of TGH Elevated to Senior Vice President of Payor and Government Affairs

Tampa General Hospital (TGH) announced the promotion of Steve Harris to senior vice president of payor and government affairs.

As senior vice president, Harris will continue to promote policies that enable TGH to deliver high quality, accessible and affordable care among policymakers on the federal and state level, including members of Congress, federal administration officials, members of the Florida Legislature and key stakeholders in Florida's health care agencies.

In addition, Harris serves as the key liaison for health plans and government payors, including Medicare, Florida Medicaid, and Tricare, and oversees regulatory compliance efforts with federal law, state legislation and regulatory rules.

Harris joined the TGH team in 2011. His experience in health care policy spans more than 25 years. Prior to joining TGH, Harris was a Senior Manager in the KPMG Healthcare Advisory practice.



Steve Harris

HCA Florida Palms West Hospital Announces Silverberg as New CFO

Samantha Silverberg, MHA, has been named the chief financial officer (CFO) of HCA Florida Palms West Hospital where she will oversee internal financial reports, develop annual budgets and maintain SOX compliance.

Silverberg joins Palms West Hospital after serving as CFO of HCA Florida Raulerson Hospital for the past year and a half. Before her time at Raulerson, Silverberg spent two years at HCA Florida Lawnwood Hospital where she was the assistant chief financial officer. She also has experience with Tenet Healthcare, including serving as the controller at Good Samaritan Hospital.

Silverberg earned her bachelor's degree in accounting and business administration from The College of Charleston, and a master's degree in healthcare administration from Florida Atlantic University.



Samantha Silverberg

NSU's Board of Trustees Announces Succession Plan for NSU Presidency

Nova Southeastern University's (NSU) Board of Trustees and President Dr. George Hanbury have finalized plans for him to step down as president and CEO and continue to serve NSU in a new role as of January 1, 2025. The Board voted unanimously for Harry K. Moon, M.D., currently NSU's Executive Vice President and Chief Operating Officer, to become NSU's 7th President and CEO. Dr. Moon will begin his tenure as president, also on January 1, 2025.



Dr. George Hanbury



Dr. Harry K. Moon

President Hanbury, who has served as president of Nova Southeastern University since 2010, will continue to serve NSU in a new role as Chancellor and creator of a new Institute of Citizenship, Leadership, and International Affairs.

Dr. Moon currently serves as NSU's Executive Vice President and Chief Operating Officer, a role he has held since July 2018. Additionally, Dr. Moon is Chief Operating Officer of NSU Health. As NSU's EVP/COO, he oversees the units of Innovation and Information Technology, Facilities and Public Safety, Business Services, Internal Audit, Environmental Health and Safety, Engagement Center, Regional Campus Administration, University Library, NSU Art Museum | Fort Lauderdale, and the Grande Oaks Golf Club.



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Accolades Accolades Accolades

Tampa General Hospital CFO Named an Academic Medical Center CFO to Know



Mark Runyon

Tampa General Hospital (TGH) announced that Mark Runyon, executive vice president and chief financial officer, has been named by Becker's Hospital Review to its list of "Academic Medical Center Chief Financial Officers to Know" for 2023. Runyon was one of only three CFOs named from the state of Florida and his inclusion on the list reflects his substantial impact in optimizing the academic health system's operational efficiency and integrity, ensuring the organization's continued growth and stability. Runyon joined TGH in 2020 with a focus on innovation, financial stability, performance and operational efficiency. Tampa General has continued to innovate and expand under Runyon's financial leadership, providing a positive environment for both patients and all team members, even during the COVID-19 pandemic. Tampa General has experienced growth and enhanced financial performance over the past few years, with net revenue increasing by more than \$1 billion since 2017.

West Palm Beach Executive Earns FHCA's 2023 Assisted Living Facility Administrator of the Year Award



Stephanie Frazier

Stephanie Frazier, Senior Vice President of Housing at MorseLife Health System's Tradition of the Palm Beaches was honored recently as the 2023 Assisted Living Facility Administrator of the Year by the Florida Health Care Association (FHCA). Frazier has been with MorseLife Health System for over eight years. She started as the Memory Care Assisted Living Director before expanding her role to oversee their Levin Palace Independent Living, Tradition Assisted Living, Memory Care Assisted Living, Resnick Assisted Living and all of the center's support services.

Palm Beach Health Network Announces 2022 Tenet Heroes and Hall of Fame Inductees

The Palm Beach Health Network honors its 2022 Tenet Hero winners, including two Tenet Hall of Fame inductees, as part of its parent company's annual recognition program. The Tenet Heroes program celebrates those individuals who make a meaningful impact within their communities and go above and beyond their daily responsibilities. Nominated by leadership and/or fellow colleagues, Tenet Heroes exemplify the company's core values and commitment to its mission.

Good Samaritan Medical Center awards Ian Finn as a Tenet Hero. Since 2019, Ian has worked for Tenet as a Patient Navigator for the Ortho Spine Unit, making patients feel more comfortable about what comes after surgery.

Palm Beach Gardens Medical Center awards Ryan Winkelman as a Tenet Hero and a Hall of Fame inductee. Ryan's role as a firefighter, paramedic, and nurse highlights his dedication to serving the people of his community.

St. Mary's Medical Center awards Tracey Flood as a Tenet Hero. Tracey is the Nurse Extern Program Manager and is being honored for her contributions. She launched an Immersion Nurse Extern Program in 2022.

West Boca Medical Center awards Hayley Ostrofsky, Radiology Supervisor at our West Boca Diagnostic Imaging Center, as a Tenet Hero and Hall of Fame inductee. In October of 2021, Hayley decided to become an altruistic kidney donor (donate to an unknown recipient) through a nonprofit organization called RENEWAL.

West Palm Beach VA Goes Green

The West Palm Beach VA Healthcare System (WPBVAHCS) is proud to announce the acceptance of the prestigious Partner for Change Award from Practice Greenhealth.

It is a strategic priority of the West Palm Beach VA Healthcare System to create impact by introducing a range of initiatives designed to mitigate waste, reduce reliance on finite resources and promote a healthier environment for all. These efforts include enhanced recycling initiatives, optimized utility consumption, and adoption of sustainable practices that result in improved efficiency and cost savings.

West Palm Beach VA Healthcare System recently began a transition to a fleet of electric vehicles, installing the first ever vehicle charging station on campus to reduce both fuel costs and emissions. This, along with many other initiatives, exemplifies the commitment toward environmental stewardship and move to reduce the ecological footprint of the healthcare system while contributing positively to society.

Tampa General Hospital Again Named a Top Employer in Florida by Forbes

Tampa General Hospital (TGH) has again been named one of Florida's leading workplaces in Forbes' America's Best-in-State Employers rankings for 2023, making its third successive appearance among the top 25 companies in Florida on the list. The academic health system ranked in the top five companies in the health care and social industry sector and placed 24th overall. TGH recently expanded its state-of-the-art services and its workforce in Palm Beach County and the Treasure Coast.

"As the region's leading academic health system, we focus on our team members and their well-being first and foremost," said John Couris, president and CEO of Tampa General Hospital. "We foster a culture that sees every team member for who they are, understands what they bring to the table – be it their unique perspectives, lived experiences, or individual needs – and prioritizes connecting them with the support, resources, and opportunities that will help them achieve their full potential."

Major Kevin Cho Tipton Receives U.S. Surgeon General's Medallion Award



Major Kevin Cho

Major Kevin Cho Tipton, a Critical Care Nurse Practitioner serving in the U.S. Air Force and a dedicated member of the Memorial Healthcare System ICU team since 2017, was honored with The U.S. Surgeon General's Medallion for Health Award at a ceremony held at the John F. Kennedy Center for the Performing Arts. This award represents the highest recognition that the U.S. Surgeon General can bestow upon civilians. Major Tipton earned this accolade for his exceptional efforts during the pandemic, where he played a pivotal role in uplifting the experiences of both his patients and fellow healthcare professionals. Major Tipton has continued to champion the well-being of medical workers, helping them rebuild their connections with the communities they serve.

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A message from our President

It's Official, "2022 Worst Financial Year for Hospitals and Health Systems Since Start of Pandemic" So What!

Leading into, during, and now post pandemic, hospitals have been on a financial roller-coaster.

Higher hospital operating margins in 2020 and 2021 have given way to the new realities in 2022. Inflation, the higher cost of goods and services, and higher interest rates, the cost of borrowing money, put pressure on hospitals' cash reserves. Not until March 2023 did hospitals have an overall positive operating margin of 0.1 percent.

Hospitals continue to show financial performance improve recording operating margins of 0.15 and 0.2 percent in April and May 2023, respectively. While this is good news, we must also realize that these operating margins are well below the norms for this industry. Clearly, we have a way to go to recover from 2022.

The pandemic changed many things. Hospitals went from being at surge capacity for months and months during the pandemic to now trying to encourage patients to come



Jaime Caldwell

back for their routine care. According to Kaufman Hall, "Discharges, emergency department visits and operating room minutes all climbed, although very modestly on a year-to-date basis." Physicians and market innovators have provided treatment alternatives for patients who were hesitant to visit their local hospitals. Now, these convenient treatment alternatives have provided competition to hospitals providing similar services.

In fact, hospitals are, in some cases, providing significant competition to their own inpatient services. Hospital outpatient revenue is growing significantly faster than inpatient revenue. Hospitals are participating in some of the benefits of healthcare innovation and have developed outpatient programs that can safely and effectively provide more healthcare services in a lower

cost setting.

Looking at some simple comparisons, Operating Margins year-over-year from May 2023 compared to May 2022 are 33 percent higher. EBIDA, a measure of profitability, for that same comparison has improved by 27 percent.

Another positive is that labor costs seem to be in better control. Labor expense per adjusted discharge is down 11 percent when comparing Y-T-D 2022 to 2023.

Hospitals are resilient. Even hospital leaders realize that if they are to remain resilient, they must change to remain competitive with the ever growing medical provider market. Hospitals will also attempt to find alternative solutions to the continuing challenges presented by supply shortages and ever increasing drug prices.

Yes, 2022 was not a good year for hospitals, but, like the Phoenix, hospitals are reinventing themselves to be part of the new healthcare paradigm.

RECOGNIZING THE BEST OF THE BEST IN THE HEALTH CARE COMMUNITY



The Greater Miami Chamber of Commerce is now accepting nominations for the 2024 Health Care Heroes® Awards Program; deadline is December 15. The 25th Annual Health Care Heroes® Awards Luncheon will take place May 15, 2024.

WHO IS A HEALTH CARE HERO?

An individual, organization, professional, student, volunteer or program, who, through their individual or collective actions have made an extraordinary impact in the South Florida health care community. Their acts of heroism represent a display of dedication to excellence in their area of expertise beyond the scope of their jobs. Through their commitment to their profession and community, they serve as an inspiration to others in an effort to improve the quality of health care and discover new ways to assist those in need.

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WHAT'S NEW...WHAT'S NEW...WHAT'S NEW...

Kindred Hospital The Palm Beaches Opens Inpatient Rehabilitation Unit

Kindred Hospital The Palm Beaches recently held a ribbon cutting to open its new rehabilitation unit located inside the specialty hospital. The acute rehabilitation unit (ARU) helps adults who have experienced a loss of function or disability due to injury or illness.

The 11-bed ARU features all-private rooms for patients recovering from conditions that include stroke, brain injury, spinal cord injury, orthopedic injury, neurological conditions, amputation, respiratory and pulmonary illness, and trauma. The new unit provides the intensive, interdisciplinary clinical and rehabilitation services necessary for improved function and independence, facilitating patients' recovery so they can be discharged and return to their homes.

"First and foremost, this ARU adds essential inpatient rehabilitation services to an area with significant need," said Jerry Creighton, COO and CCO of Kindred Hospital The Palm Beaches. "This complementary service helps our patients and those referred to our ARU recover and, ideally, return home with the strength and ability to live more independently. It gives our hospital the ability to provide a broader range of acute-level, physician-led rehabilitation care while avoiding the disruption of transferring a patient to a separate facility. Patients who proceed through this continuum of care are more likely to recover sooner. We believe we can deliver better outcomes with these enhanced capabilities, expertise, and clinical integration, all under one roof."

The ARU features large interdisciplinary gyms, designated rooms for dining and activities, outdoor areas that allow patients to practice ambulating or meet with family and friends, and specialty programs dedicated to neuro, stroke, brain injury, and amputation.

ARU patients receive a minimum of three hours of therapy each day for at least five days a week under the direction of a physiatrist, a doctor specialized in rehabilitation and physical medicine, and 24/7 nursing care. Services include physical, occupational, and speech therapy; psychiatry, internal medicine, and medical/surgical consultations; rehabilitation nursing; nutritional services; and a dedicated pharmacy. The rehabilitation unit is available to Kindred Hospital The Palm Beaches patients as well as patients from other healthcare providers in the community.

The new ARU is managed and staffed by Lifepoint Rehabilitation, a business unit of Lifepoint Health. Lifepoint Rehabilitation is a trusted operator of more than 40 inpatient rehabilitation hospitals and 250 hospital-based rehabilitation units, medical/surgical and outpatient therapy settings nationwide.

Health Care District of Palm Beach County Announces Delivery of Its New Trauma Hawk Helicopter

The Health Care District announced the delivery of the first of two Leonardo AW169 helicopters. The AW169 helicopters were selected for Trauma Hawk following more than a decade of planning and due diligence.

"This marks a new era in the Health Care District's commitment to delivering safe, high-quality trauma services to our community," stated Darcy J. Davis, CEO of the Health Care District. "These state-of-the-art helicopters will provide swift and efficient air transportation to enhance patient access to critical medical services and improved healthcare outcomes."

The Leonardo AW169 helicopters will replace the current Sikorsky S76-C+ aircraft, which have served the Health Care District and Palm Beach County since 1999. The new aircraft will remain out of service during a transition period while the flight team and mechanics complete specialized training to ensure a seamless shift to the new helicopters early next year. The Sikorsky aircraft will remain in service throughout the transition.

One of the new standout features of the AW169 is its longitudinal roll-on stretcher system. This technology minimizes patient movement during loading and unloading, providing a safe and efficient means of transport directly to a specialized medical center like one of the county's two Level 1 trauma centers. As a result, the Trauma Hawk medical team will no longer need to transfer patients onto hospital stretchers at the helipad, saving crucial minutes during lifesaving missions.

"These new aircraft are a leap forward in technology for both the pilots and the medical crews," said Jay Mazzone, the Health Care District's Director of Aeromedical Transportation. "With advanced avionics, larger and brighter displays, and the added capability of night vision goggles, we are moving into the next generation of aircraft that will help us maintain and enhance our relentless focus on safety."

The air medical team aboard the Health Care District's FAA-certified air ambulances includes at least one Health Care District commercial instrument-rated pilot along with Palm Beach County Fire Rescue medical personnel. In addition to the pilots, the Health Care District employs a team of aviation technicians and program support staff.



Orthopedic, Sports Medicine Care Launched at Baptist Health Orthopedic Complex

A new era in orthopedic and sports medicine care launched in South Florida with the inauguration of Baptist Health's brand new, state-of-the-art orthopedic complex on the grounds of the Miami Dolphins training facility, the Baptist Health Training Complex.

Open to anyone seeking orthopedic care, the modern 17,000-square-foot complex allows community members to "go where the pros go" when it comes to treatment for orthopedic conditions and injuries. Baptist Health is the sports medicine provider for the Miami Dolphins, Miami HEAT, Florida Panthers, InterMiami CF and other organizations and events. Located across the street from Hard Rock Stadium in Miami Gardens, the two-story center features the latest in medical technology and advancements. It offers a full range of comprehensive orthopedic services, diagnostic imaging, physical therapy, and rehabilitation by seasoned Baptist Health Orthopedic Care experts.

"Our services are not limited to elite competitors; everyone in South Florida has access to the same exceptional standard of care," says orthopedic surgeon John Uribe, M.D., chief medical executive of Baptist Health Orthopedic Care and a team physician for both the Miami Dolphins and Florida Panthers. "Our success in maintaining their ability to do their job and perform in their sport is a testament to what we can do in sports medicine and orthopedics. It demonstrates the excellence of care patients can expect."

The new medical facility has been in the works since the Baptist Health Training Complex for the Dolphins was established adjacent to the stadium two years ago.

Delray Medical Center First Hospital in Florida to Use POLARx™ Cryoablation System

Delray Medical Center is the first hospital in Florida to use the POLARx™ Cryoablation System, treating a patient diagnosed with paroxysmal atrial fibrillation (AF), an intermittent form of AF that causes an irregular and often abnormally fast heart rate.

The procedure was performed on September 11, 2023, by Luis Mora, MD, in collaboration with Yoel Vivas, MD, electrophysiologists on staff at Delray.

The system is purpose-built to address known challenges with traditional cryoablation platforms, and features the POLARx FIT Cryoablation Balloon Catheter, a unique device that enables two balloon sizes – 28 and 31mm – in one catheter. This capability promotes procedural efficiency, allows physicians to address a wider range of pulmonary vein anatomies, and helps achieve more complete tissue contact to better deliver treatment to areas of the heart where disruptive signals that cause AF originate. Cryoablation is a minimally invasive procedure for treating AF in which a balloon catheter delivers cryotherapy at the opening of the pulmonary veins, freezing the target tissue and creating small scars to block the irregular electrical signals that cause arrhythmia. During the procedure, a balloon catheter delivers cryotherapy to the pulmonary vein, creating scar tissue to block irregular electrical signals, thereby improving a patient's chance at living free from atrial fibrillation.



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AI Tools Are Helping Speed Stroke Care at Baptist Health

BY PETER B. LAIRD



Dr. Robert Wicks

Artificial Intelligence (AI) is doing everything these days, it seems, from handling customer inquiries to forecasting hurricanes and even driving cars. It's also helping neurosurgeons speed up delivery of stroke care during the so-called "golden hour" – the first 60 minutes following a stroke in which doctors have the greatest opportunity to restore blood flow and save precious brain tissue.

Robert Wicks, M.D., co-director of cerebrovascular surgery and director of the neuroendovascular surgery fellowship at Baptist Health Miami Neuroscience Institute, says AI helps Baptist's stroke care teams save valuable time in diagnosing stroke.

"When someone suffers a stroke, every minute counts," says Dr. Wicks, noting that millions of neurons are lost every few minutes with a blockage to the brain. "It's why we say 'time is brain' with stroke care."

Dr. Wicks says that stroke care teams at Baptist Health use the VizAI platform to aid in stroke diagnosis. The platform uses FDA-cleared algorithms to analyze medical imaging data, including CT scans, EKGs, echocardiograms and more, and provide real-time insights and automated assessments to accelerate diagnosis and treatment.

VizAi technology speeds critical analysis, enhances team communication and improves patient outcomes, says Dr. Wicks. "Before, it would take 30 minutes or more for the neuroradiologist to thoroughly analyze the CT angiogram in order to determine if there was decreased blood flow in a particular part of the patient's brain. Now we get that information – and much more – in a matter of seconds," he says.

Seeing if intervention is needed

Through the VizAI app on their phones, Dr. Wicks and others on the stroke team are able to see if there has been damage to the brain and where exactly it occurred.

"It doesn't matter where I am," he says. "I can view 3-D scans in high-resolution and can rotate the images and zoom in to see exactly what's going on at a vascular level. It allows me to quickly determine if the patient requires immediate intervention."

Improving diagnosis of breast cancer

AI is also being used to help diagnose breast cancer even earlier, according to Kathy Schilling, M.D., medical director of the Christine E. Lynn Women's Health & Wellness Institute at Boca Raton Regional Hospital, part of Baptist Health.

A study by breast radiologists at Lynn Women's Institute revealed that adding AI technology to existing 3D mammography for breast cancer screening helps catch cancers before they can be detected by the human eye on images.

Kathy Schilling, M.D., medical director of the Christine E. Lynn Women's Health & Wellness Institute at Boca Raton Regional Hospital

"With AI, we are finding cancers years before we would find them without AI," Dr. Schilling says. "This technology is having a significant impact. We are seeing that less therapy is needed for our patients. They may not require chemotherapy or radiation therapy."

Whether it's used for detecting breast cancer or diagnosing stroke, AI is improving patient outcomes at Baptist Health by giving doctors the information they need to provide even better, more timely care.



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The Fourth Trimester: Maximizing Functional Mobility for an Optimal Postpartum Quality of Life

Pregnancy is an exciting and evolving transitional period. What begins as roughly the size of a poppy seed develops into an approximately 5 to 8-lb bundle of joy. It's a given that the woman's body has to go through changes to accommodate the growing fetus and to prepare for delivery once the time comes. But what is equally as important is what happens afterward.

Pelvic floor physical therapy intervention is effective in addressing joint instability, weakness and pain that can result from pregnancy and remain as the woman transitions into the postpartum phase. The key is movement. A pelvic floor physical therapist works with the postpartum patient to first identify the areas of impairment and the patient's goals. The physical therapist will assess breathing patterns, postural alignment, core strength, pelvic floor muscle (PFM) function and hip flexibility and strength.

Intra-abdominal pressure (IAP) management is often the start of intervention as it is common to activate accessory musculature for respiration due to upward movement of the diaphragm in response to the growing uterus during pregnancy. Another tendency is to perform the Valsalva maneuver, breath holding, while performing both light and strenuous activities. This tendency places the patient at risk for a hernia, prolapse and hemorrhoids. Proper IAP management training via diaphragmatic breathing and avoidance of the Valsalva maneuver significantly reduces these risks and is a form of treatment that can be quickly adopted into a daily routine with behavioral changes.

As the fetus grows during pregnancy, the center of gravity moves anteriorly, resulting in increased lumbar lordosis. The additional weight overloads the knees and ankles, resulting in increased pressure within the midfoot due to flattening of the arch, possibly leading to leg cramps. The core becomes weakened due to the expansion. The lining between the rectus abdominis muscle, termed the linea alba, becomes weakened, resulting in a separation of the musculature also known as diastasis recti. As a result, the core is unable to provide stability to the spine, also contributing to back pain.

The aforementioned postural imbalances can potentially lead to weakness in the major hip muscles, especially the glutes, and tightness within the anterior and inner thighs. Pelvic floor physical therapy intervention can address these imbalances and impairments by first providing education on modifications to promote better alignment and exercises



BY KIERRA DAVES,
DPT

to stretch tight muscles such as the hip flexors and adductors and strengthen the weakened core, glute and intrinsic foot muscles.

The pelvic floor's bony structure can be thought of as a bowl at the center of the body. The pelvic floor muscles and ligaments are present to reinforce this bowl and provide support, as if they were a hammock, to the pelvic organs. During pregnancy, the pelvic floor muscles can become excessively lengthened to accommodate the changes taking place within the body, resulting in weakness. This places the woman at an increased risk for prolapse and urinary incontinence as the muscles are no longer capable of providing adequate support to the organs or maintaining sphincter closure. This can result in the pelvic organs descending into the vaginal canal and unintentional loss of urine or stool, especially with activities that involve an increase in IAP such as sneezing, coughing, jumping and lifting.

To strengthen the weak pelvic floor, the physical therapist will first ensure there's a proper understanding of pelvic floor muscle (PFM) activation. This entails contracting the pelvic floor and performing a Kegel without breath holding or use of accessory muscles: the core, glutes and hip abductors. The therapist would then progress to strengthening the slow and fast twitch muscle fibers to increase vaginal wall stability and reinforce sphincter closure and further progress by incorporating functional activities into the treatment.

Tension can build up within the PFM over time due to stress, trauma and behavioral habits such as stomach gripping, gluteal clenching and suppressing the urge to urinate for extended periods longer than four hours. The tension can lead to pain, urinary hesitancy, urinary urgency and painful intercourse. A pelvic floor physical therapist can assist in addressing these symptoms by performing pelvic floor relaxation exercises, manual therapy with the use of dilators or a pelvic wand, biofeedback for muscle re-training and education on stress management techniques to promote relaxation within the body.

The body is truly one big chain. Changes that occur during the stages of pregnancy and into postpartum should be considered and addressed. A pelvic physical therapist can be an effective resource in providing education, treatment and tools that can lead to an optimal quality of life.

Kierra Daves, DPT, is with Holy Cross Health.

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A Passion For Healing



Left to right: Dr. Toba Niazi with patient, Nicole, and Dr. Paula Schleifer



At the Nicklaus Children's Brain Institute, our team of experts, led by Dr. Toba Niazi, Chief of Neurosurgery, and Dr. Paula Schleifer, Chief of Neurology, share a passion for healing all children in a care environment where they matter most, including Nicole, who was treated for a malignant brain tumor. The Nicklaus Children's Brain Institute is Florida's top pediatric hospital for neurology and neurosurgery according to *U.S. News & World Report's* 2023-24 pediatric rankings.



**Nicklaus
Children's
Hospital**

Brain Institute

Where Your Child Matters Most

nicklauschildrens.org/Brain