Pharmaceutical Regulations Regarding Physician Gifts

BY STEPHEN J. DRESNICK, M.D.

Gone are the days when drug reps would take doctors to fancy restaurants or on weekend vacations as inducements to use their latest drug or instrument. Drug companies have shelled out $16 billion a year to persuade physicians to prescribe their drugs over others. This equates to over $10,000 each year per physician. This is in addition to the $4 billion spent on direct to consumer advertising.

Drug companies argue that they are simply providing information to practitioners regarding new products. This may be true, yet research has shown that physicians, particularly general practitioners, are more likely to rely on information from drug manufacturers as their primary source. This is even more alarming considering studies show only 17% of those GPs sought out information from peer reviewed journals before making prescribing decisions. Their reasons for not researching further include: lack of time, difficulty in interpretation, irrelevance and lack of attention to clinical experience.

The Pharmaceutical Research and Manufacturers of America (PhRMA), which represents research-based pharmaceutical and biotechnology companies has developed a Code which defines the...
Publisher’s Note

I “shutter” to think …

hat it’s hurricane season again. (Pardon, my pun.) But just when I’ve fin-
ished the last cans of soup and baked beans before they expire, Carol
says it’s time to load up once again. So while others were grilling their
Memorial Day hotdogs, I was taking stock of our hurricane closet and the
pickings were pretty slim. Carol believes expiration dates are the Holy Grail.
In fact, if something is within a few months of the date, she wants to handle
the can with tongs and safety gloves! So needless to say, we don’t usually
have much carryover from season to season. The craziest part though is dis-
posing of bottled water. Since when does water expire?

Last summer, we had the Hurricane Season that wasn’t. In fact, I started to
think my arthritic knee knew more about the incom-
ing storms than the weather guys. Could it be
all that hairspray logs their brains? (Of
course considering the fact I’m pretty fol-
licle-challenged, Carol says that’s sour
grapes.) But like everyone else, I can’t
resist all the weather guys in rolled
up sleeves and loosened ties predict-
ing the next big one. There was one
point during a forecast last year; I
contemplated pulling a Noah (as in
building an ark). Even worse, I even
lugged the shutters out of the garage …
which for Carol is tantamount to board-
ing the Titanic. Luckily of course, it was a
false alarm, but I still think shutter
drills are an important part of the
hurricane prep. I really enjoy bloody
knuckles, not to mention drilling
completely through to the master
bedroom sheetrock when I decide to
make it easier to screw in the shut-
ters. I defy anyone — anyone — to
put up shutters and not get at least
one injury!

But you know me, when life gives
me lemons; it’s time to buy some
lemonade. And this season’s lemon-
ade is my search for a digital, battery-
operated TV. Since analog TV disappears on June 12, all of the great little bat-
tery TVs that we bought at the drugstores are pretty much useless. So now
I’m looking for a replacement to go along with the 2 million D batteries pur-
chased by yours truly for Y2K. Why is it the only thing that seems to use D
batteries are these little TVs? And while I’m out shopping, I guess I should
find some nifty waterproof containers for my Tamiflu!

Charles Felix
Publisher
Reach me at Charles@southfloridahospitalnews.com.
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Many predict this will be the year for the most dramatic health care legislation, since Medicare and Medicaid were adopted in 1965. We have already seen a major expansion of Medicaid coverage for children and their parents under the SCHIP program, and more expansive legislation is expected this Summer and Fall. Active participation in the legislative process by industry participants, particularly clinicians (nurses, nurse practitioners, physicians, etc...) and health care administrative professionals, is critical to the production of meaningful legislation that improves the access to health care services, while not diminishing the quality and quantity of medically necessary and appropriate health care services.

While Industry Associations play an active and important role in the legislative process, it is not sufficient to rely on your industry or professional association to deliver your input to policy makers. Despite cynical presumption to the contrary, your elected officials want to hear from you, and you can make a difference. Contact your elected official, by email, phone or, more importantly, in person. Don’t be offended if you only get to meet with a young legislative assistant; members of Congress are very busy and difficult to schedule, but their staff are very accessible. Deliver your message succinctly, with a one-page statement of your position. Facts are always helpful, and emotional pleas of “doom or crisis” rarely help your cause.

It is very easy to identify your local representative and to contact them. (www.Thomas.gov (named after Thomas Jefferson) has simple tools for identifying your member of Congress by your zip code. You can also determine if your Representative or Senator is on a relevant committee.)

It is important to know the key decision makers. If your Representative and/or Senator is on a relevant committee, you have a better opportunity to influence the outcome. The following Members of Congress and Committees must approve and control all health care legislation. Charles Rangel, (D-NY) Chairman of the House Ways and Means Committee, Pete Stark (D-Cal) Chairman of the Health Care subcommittee of the House Ways and Means Committee, and Henry Waxler (D-Cal) Chairman of the Energy and Commerce Committee. The Senate Finance Committee controls all health care legislation in the Senate, and the HELP Committee also playing an active role. Senate Finance is chaired by Max Baucus (D-Mt) and Charles Grassley (R-Iowa) is the ranking minority member, but is a very influential and close working colleague to Senator Baucus. Ted Kennedy (D-Ma) chairs the HELP committee. Of course, Senator Harry Reid (D-Nv), as Senate Majority Leader, controls how bills are handled for votes.

This year, the key message points for debate include: (a) government option (a government operated insurance program anyone can pay to participate); (b) universal access; (c) insurance reform; (d) sustainable growth rate; (e) comparative research; (f) union card check; (g) medical home; (h) government mandated coverage; (i) global case rates; (j) imaging and hospital self-referral (physicians referring patients to facilities they own); and (k) pay for performance. There are others, but it is important to know the context of each of these issues, how legislation will address these issues, and what role legislation will play. There are others, but it is important to know the context of each of these issues, how legislation will address these issues, and what role legislation will play. The challenge for this, and future legislation, is how to balance and improve access to all, without taking away (i.e., rationing) the access and the quality of care enjoyed by more than 80% of all Americans. Many bi-partisan health care policy experts acknowledge simplifying and reducing the administrative cost and complexity burdens alone could save more than 10% of the national health care expenditure, savings that far exceed the cost to provide a high quality package of services (i.e., insurance coverage) for all uninsured. Also note, we have over $1 trillion of health care facilities (facilities built with government Hill-Burton Act funds in the 50s and 60s) that need to be replaced, replaced with outpatient centers efficient for physicians and located conveniently for families. Consider these simple objectives and solutions: An efficient payment system, newer, efficient facilities, and incentives for higher quality of care, can all be very beneficial to improving the access and quality of care, lowering the cost of care, and do it all, without taking away anyone access to the best health care services the World has or will ever know.

Get involved!

John T. Thomas, EVP-Medical Facilities, Health Care REIT, Inc., can be reached at Jthomas@hcreit.com.
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BY VANESSA ORR

One of the hottest topics among medical professionals today is national healthcare reform. And while there have been some policy statements released on the subject, the fact is, no one really knows what to expect. For this reason, the Florida Orthopaedic Society (FOS), along with other state medical and specialty organizations, is working to keep its members up-to-date on all of the information available.

“A great number of people are concerned with the idea of government-directed or government-controlled healthcare reform,” explained Julio Gonzalez, M.D., a member of the FOS and with other state medical and specialty organizations, is working to keep its members up-to-date on all of the information available.

For the past year, Dr. Gonzalez has been heavily involved in the healthcare reform debate. “I was catapulted to a much higher level of debate after reading the book, Dr. Gonzalez wrote a book entitled Health Care Reform: The Truth. He also began working with state medical organizations to inform their members, and started a grass-roots group, the Alliance for Responsible Healthcare Reform, to bring more attention to the issues. Through this group, medical professionals from all sectors, including nursing homes, physical therapy groups and hospitals meet with district congressmen to voice their concerns.

According to Dr. Gonzalez, there are many factors that need to be addressed in the healthcare reform debate, including the timeline of the reform itself. “I find it appalling and irresponsible that the Legislature wants to come out with a bill by June, and have it ready to go before the President by October 15,” he explained. “By all accounts, they are revamping the way we deliver healthcare in this country in what is essentially a four-month process, without sharing the contents of their bill with the public for discussion and debate.”

While a few policy statements have provided a general overview of the plan, Dr. Gonzalez, and many other medical professionals, are alarmed by the lack of detail on funding, logistics and short- and long-term goals. “I went to Washington, D.C. in April, and met with Republican and Democratic members of Congress,” he explained. “Not only does the public not know what’s in the bill, but even members of both parties are not familiar with what it contains.”

Of specific interest to medical specialty groups are issues dealing with the loss of autonomy for patients in choosing the provider and the type of healthcare they receive, and the concept of bundling payments to a hospital. “A hospital will get reimbursed for all of the care provided to the patient, and then they are responsible for deciding how and to whom they divvy up the payments,” said Dr. Gonzalez. “This is going to cause a lot of politicking between different team members within the patient care delivery system who should be working together.”

The budget neutral concept, in which general physicians receive enhanced reimbursements at the expense of specialty physicians, is also a sticking point. “A budget-neutral approach to increasing reimbursement for generalists and primary care at the expense of specialists ignores the fact that there is a universal shortage of physicians, affecting specialists and generalists alike,” said Dr. Gonzalez. “Enhancing reimbursement of one group at the expense of the other will lead to shortages in specialty care like you see in Canada and Europe.”

Dr. Gonzalez is also alarmed by the government’s idea of not allowing physicians to own hospitals, citing conflict-of-interest. “Some of the greatest hospitals in the country—the Mayo Clinic, Cleveland Clinic, New York University Hospital for Specialty Surgery, Venice Regional Medical Center in Florida—were all created by physicians.”

“Concept ignores the fact that physician expertise and involvement leads to the creation of top-notch medical centers.”

— Dr. Julio Gonzalez

For more information on healthcare reform or FOS, visit www.fos-society.com.
For more than 20 years, Patrick M.J. Hutton, M.D., MBA, has been a member of the Florida Orthopaedic Society (FOS). Now its new president, he is looking forward to leading the organization’s educational efforts in the state and participating in legislative and lobbying efforts.

“One of the issues that is very important to the Florida Orthopaedic Society is improving access to musculoskeletal care for patients in Florida, and I have made that one of my goals,” he explained. “I also plan to be involved in the healthcare reform that is coming on a national level; helping orthopaedic surgeons in the state deal with reform changes by finding the best ways to help them with practice management issues.”

As a member of the American Academy of Orthopaedic Surgeons (AAOS), which has a very close working relationship with FOS, Dr. Hutton is also involved in a program to improve culturally competent care. “Our goal is to make physicians aware of opportunities that are introduced through residency programs in the state to improve diversity in the orthopaedic profession, which in turn, improves care to our patients,” he said. In addition to providing information in a guidebook and CD-ROM, the Academy provides training seminars to residency programs, and the course will soon be available to orthopaedic surgeons online.

“We have a diverse patient population in Florida; instead of talking about a minority population, we’re actually talking about an emerging majority population,” he continued. “The Hispanic, African-Americans and Pacific Rim populations are increasing at a faster rate than the traditional white population in the state.”

According to Dr. Hutton, a person’s cultural background may determine how they accept care. “If I say something to a patient from Georgia, it may mean something different to someone in New York state, or Puerto Rico, or Mexico or Manila,” he explained. “We need to tailor our care; it may mean something different to someone in New York state, or Georgia, it may mean something different to someone in New York state, or Puerto Rico, or Mexico or Manila.”

To deal with this and many other issues, Dr. Hutton plans to participate in the Wounded Warriors Project, whose national headquarters is based in Washington, D.C. “The Academy already has an Extremity War Injury Program, and we would like to tie that into the Wounded Warriors Project in order to help returning veterans adjust to civilian life once they are discharged from the military,” he said.

“There have been major strides made in war injuries research—injuries that soldiers would not have survived in Vietnam, they can now survive,” he added. “Because of better body armor, we are seeing more extremity injuries. There are a lot of advances in what can be done in limb salvage procedures and prosthetics.”

A former flight surgeon in the Navy, Dr. Hutton graduated from St. Joseph’s University in Philadelphia and then attended New York Medical College. He served in the Navy from 1969 to 1995. “There have been a lot of changes in the field since I was an orthopaedic resident in 1978,” he said. “In 1974, arthroscopic surgery had just been introduced in the U.S. —now it constitutes 70 percent of my operative practice. The changes in total joint procedures for hips, knees and shoulders have also advanced remarkably.”

As for the future, Dr. Hutton expects to see major innovations in medical care, not only in orthopaedics, but across the board. “I think from a technical standpoint, we’ll see advances in antibiotic care and genetically engineered drugs,” he said. “I believe that better biological materials will extend the lifespan of replacement joints, and I also think that we’ll see a dramatic increase in the number of total joint procedures as baby boomers hit their 60s and 70s.”

One concern, however, is that there won’t be enough orthopaedic surgeons in the state to meet this growing demand. “We’re in a bad situation in Florida in that medical school graduates are leaving the state because there aren’t enough residency spots in orthopaedics to take them in,” he said. “Statistics show that 70 percent of physicians practice in the state where they did their residency. In Florida, we’re facing with an aging population and not enough residents, which will cause a real shifting of specialty care in orthopaedics.”

Dr. Hutton plans to work with future FOS presidents to create long-term plans to deal with this and many other issues. “The patient is our primary focus,” he said. “We will work together to provide better, more accessible care for our patients now and in the future.”

For more information on the Florida Orthopaedic Society, visit www.fos-society.com.
With medical malpractice rates spiraling out of control, the Florida Orthopaedic Society (FOS) and its sister organization, the Bones Society of Florida (BSOF) teamed up last year to establish the Florida Orthopaedic Risk Purchasing Group (FORPG), one of the largest risk purchasing groups for medical liability insurance in the nation.

"Malpractice insurance rates are outrageous," says Dr. Brian Ziegler, president of FORPG. "They’re unaffordable in some parts of Florida and because the rates are so high, some doctors won’t even get malpractice insurance. When you’re paying $100,000 a year for $250,000 of coverage, it doesn’t add up very well.”

Risk purchasing groups, like FORPG, allow professionals to collectively negotiate insurance coverage for members of the group, often leading to significantly discounted rates.

"This is a new idea in medicine," says Dr. Ziegler. "Doctors traditionally have not had the ability to negotiate on a collective basis. We’d love to have the ability to negotiate contracts with insurance companies but antitrust laws prevent it. We’re unable to negotiate most of the things that we do on a collective basis, but we are allowed to negotiate for a product like malpractice insurance."

Matt Gracey, president of Danna-Gracey—a Delray Beach independent insurance agency with a team of specialists focused on medical liability coverage—approached FOS with this idea early last year after seeing how successful it was for the Florida Gastroenterology Society Risk Purchasing Group.

"It’s a perfect time in the industry cycle to create a risk purchasing group because most of the malpractice insurers are doing quite well and are eager for more business," says Gracey. "It’s a good time to get all of the doctors to unify so by the time our next crisis comes around, they will be sheltered from that crisis."

After issuing a request for proposal to all of Florida’s medical liability carriers, FORPG selected First Professionals Insurance Company, the largest and longest-serving Florida-based medical malpractice insurance carrier. It met the criteria on several levels: it’s domiciled in Florida and has a history of supporting organized medicine. With an A.M. Best ranking of A-Excellent and surplus of more than $240 million, the company has the financial strength necessary to support this program. FPIC is an industry leader in providing high quality risk management programs. It also insured the highest number of the original FORPG members.

“We have extensive experience with orthopaedic surgeons,” says Angie Nykamp, Vice President of Marketing for the Jacksonville-based First Professionals. “Additionally, we have a great deal of experience with the members prior to this program. Because of the way they were united and the loss information provided to us, we can identify discounts that are actuarially based on their claims experience.”

As a result of this now unified front, FORPG has seen rates drop by as much as $8,000 to $10,000 annually for its members. It has also benefited non-members since other insurance carriers and independent agents throughout the state have also dropped rates to remain competitive.

"We look at this as a long-term partnership," says Nykamp. "Those who enroll will enjoy coverage with the best carrier with the most experience managing claims in Florida.”

Dr. Ziegler says that its long-term goal is to get every orthopaedic surgeon in the state, who is eligible, to enroll with FORPG. Since October, over 250 orthopaedic surgeons, out of the 1,250 currently practicing in the state, have joined. There are several factors that may prevent surgeons from participating, including underwriting by the risk purchasing group and the carrier, as well as those surgeons who work with academic centers and hospital-owned practices who have their insurance provided by the facilities.

“If we can get most of the orthopaedic surgeons in the state to join, we’d have a tremendous power to bring the rates on malpractice insurance down," he says. "We’re getting significant numbers, but if we can get most, it would be better. Together we are so much stronger than we are individually.”

The key components of the program are its risk management and claims review committees. The risk management committee identifies best practices and provides training and resources to the membership and their staffs. The claims review committee will work with FPIC and their defense firms to review all claims filed against members of FORPG and provide expert advice on managing those claims including strategy and testimony.

All members of the risk purchasing group are required to pay a $500 annual administrative fee that funds the operation of the program and development of marketing and educational materials. A portion of those proceeds will also be reinvested in the sponsoring organizations to fund educational programs and legislative initiatives.

“That money will be well spent,” adds Dr. Ziegler. "We’re also looking at other types of products we can purchase at a lower cost for members of the risk purchasing group, like disability insurance and health insurance. These are other products we are investigating as opportunities to leverage our buying power.”

For more information, visit the FOS website at www.fos-society.com.

A SHORT STORY ABOUT A MOTORCYCLE. AND A SUDDEN TURN.

When she was a young college student, Elisabeth Marra had a serious motorcycle accident that ultimately changed her life. Two years after the crash, her painful open fractures had failed to heal. Then she heard about a new and complex surgery pioneered by a surgeon who used a patient’s own stem cells to concentrate the healing process. This time, her surgery and subsequent therapy were successful.

Elisabeth’s experience caused her to re-direct her own career aspirations. Inspired by the medical professionals who helped her reclaim her active lifestyle, she changed her major to study physical therapy—a profession where her own experience could help other patients prevail through difficult recoveries.

We tell Elisabeth Marra’s story here to illustrate two of the most profound messages we know. Don’t give up, and remember to give back. If reading it inspires just one more person to achieve something special, then its telling here has been well worth while.

"If we can get most of the orthopaedic surgeons in the state to join, we'd have a tremendous power to bring the rates on malpractice insurance down. We're getting significant numbers, but if we can get most, it would be better. Together we are so much stronger than we are individually.”

-Matt Gracey, president of Danna-Gracey

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orthoinfo.org
aaos.org/75years

8 JUNE 2009 hospitalnews.org South Florida Hospital News
Swinging the club on the open green, hitting the perfect shot and playing in the warm sun are just a few things golfers love about hitting the links. Golfing can be a treat for both the mind and body. However, an injury to the bones, muscles or joints can cast a big shadow over the day. That is why the American Academy of Orthopaedic Surgeons (AAOS) recommends following the proper techniques to prevent golf-related injuries.

According to the U.S. Consumer Product Safety Commission:

- There were more than 103,000 golf-related injuries treated in doctors’ offices, clinics and emergency rooms in 2007, which incurred a total cost of approximately $2.4 billion in medical, work-loss, pain and suffering, and legal fees.
- Golfers most often suffer from hand tenderness or numbness; shoulder, back and knee pain; golfer’s elbow; and wrist injuries, such as tendonitis or carpal tunnel syndrome.

“People often think of golf as a relatively safe, low-injury game,” said orthopaedic surgeon Jon B. Tucker, M.D., and spokesperson for the AAOS. “Golfers—especially beginners, who haven’t learned proper techniques yet—are more susceptible to injuries from overuse and poor mechanics. It’s important for golfers to regularly participate in a muscle conditioning program to reduce the risk of common golf injuries.”

Because orthopaedic surgeons not only treat, but try to prevent injuries of the bones, joints and muscles, the AAOS offers the following tips to help prevent golfing injuries:

- Newer golfers should take lessons and begin participating in the sport gradually.
- Practice on real turf instead of rubber mats, when possible.
- Dress for comfort and protection from the elements. Make sure to wear the appropriate golf shoes: ones with short cleats are best.
- Do not hunch over the ball too much; it may predispose you to neck strain and rotator cuff tendinitis.
- Avoid golfer’s elbow—which is caused by a strain of the muscles in the inside of the forearm—by performing wrist and forearm stretching exercises and not over-emphasizing your wrists when swinging.
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For more information, visit www.aaos.org.

Florida Orthopaedic Doctors, Change Has Arrived!

The Florida Orthopaedic Risk Purchasing Group (FORPG) has changed the way Florida Orthopaedic Surgeons purchase their malpractice insurance. The formation of the FORPG has sent shockwaves throughout the malpractice insurance industry, saving Florida Orthopaedic Surgeons an estimated $9,000,000 dollars the first year alone!

Through a solid strength in numbers approach, hundreds of FORPG members have taken control of their malpractice insurance and have secured the benefits of buying power now, and in the inevitable next crisis.

The FORPG is a joint project of the Florida Orthopaedic Society (FOS) and the BONES Society of Florida. For more information contact Fraser Cobbe, Executive Director of the FOS at 813-948-8660, or the insurance facilitators at Danna Gracey:

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- Orlando 888.496.0059
- Miami 305.775.1900
- Jacksonville 904.215.7277

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Continued from page 1
so I didn’t know what to expect,” said
Quinones. “I appreciated the educational
presentation the staff gave and was
impressed that they offered me a tour of
the surgical unit.”

Adding to the patient experience is the
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open visiting hours.

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aspects of care and recovery,” Zaren
pointed out. “We are committed to keep-

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or visit www.MiamiBeachHealth.org
Trauma System Saves Lives in Palm Beach County

Establishing a high-quality, efficient trauma system in Palm Beach County was a top priority for the Health Care District of Palm Beach County after voters approved the creation of the independent taxing district 20 years ago. In 1991, the District established a comprehensive trauma system, and since then, nearly 40,000 lives have been saved through the coordination of dedicated partners and agencies.

The integrated system delivers medical care by coordinating an enhanced 911 communication and dispatch system, EMS and Fire Rescue personnel, the Trauma Hawk aeromedical helicopter, the Trauma Agency and two Level II trauma centers and their rehabilitation centers. Palm Beach County’s Trauma System encompasses all the components of the federal trauma system, including legislation, a funding mechanism and system-wide quality management. It is considered a model for trauma systems in Florida.

With Palm Beach County being the largest county by area in Florida — 2,386 square miles — it is critical that air transport be available to trauma victims within the “Golden Hour,” the 60-minute window in which the human body can compensate for internal bleeding without treatment. After that, the chances for recovery diminish significantly. The District owns and operates two Sikorsky S76-C Trauma Hawk air ambulances to airlift critically injured patients to its two trauma centers at St. Mary’s Medical Center and Delray Medical Center. The flight team includes at least one commercial instrument-rated pilot, a Florida-licensed registered nurse who is also a state-certified paramedic, and an additional state-certified paramedic.

As part of this nationally-recognized system, the Health Care District also oversees Palm Beach County’s Trauma Centers at St. Mary’s Medical Center and Delray Medical Center. These two Centers provide specialized hospital care and rehabilitation for trauma victims. The Trauma Centers also are responsible for staffing a 24-hour on-site trauma surgery team to provide surgical intervention for trauma victims. Once the patient is stabilized, the doctor continues the treatment by the trauma team, including critical care and rehabilitation, until being released from the Trauma Center.

In 2008, 2,911 trauma patients were transferred and treated at the two Trauma Centers in Palm Beach County. Ninety-five percent (93%) of the trauma patients who arrived at the Trauma Centers with vital signs survived, underscoring the value of providing care within the “Golden Hour.” Thanks to the Trauma System, Palm Beach County has a preventable death rate of less than 1 percent.

Oversighting Palm Beach County’s Trauma System is the Trauma Agency. This department of the Health Care District ensures the operational components of the Trauma System function as a cohesive unit by providing leadership, as well as administrative, legislative, and financial support. The Agency also administers a system-wide quality management program to supplement the peer-review process used at the individual trauma centers. This quality assurance and improvement process includes collecting quality of service reports from the point of injury to final outcome.

The Health Care District of Palm Beach County provides health coverage for low-income residents, a nationally recognized trauma system, clinics with a dedicated nurse in more than 170 public schools, a pharmacy network, a long-term skilled nursing and rehabilitation center, and acute care hospital services at Glades General Hospital, the county’s only public hospital. The Health Care District is in the process of constructing a new, technologically-advanced hospital to serve the Lake Okeechobee region.

Facts About Trauma

- Trauma is the number one cause of death for Americans between the ages of 1 and 45.
- Many types of injuries can be traumatic, such as car crashes, burns, falls, and gunshot wounds.
- The young suffer traumatic injury more than any other age group.
- More years of life are lost to trauma than to cancer and cardiovascular disease combined.
- For every trauma death, there are three trauma victims left permanently disabled.
- 30 to 60 percent of trauma deaths are preventable.

For more information, visit www.hcpcb.org
Building a Culture of Hurricane Preparedness

As the 2009 hurricane season approaches, we cannot afford to be complacent in planning and preparing for ourselves, our families and our workplace. During the past three years, we have been fortunate in Florida. The hurricane seasons have been rather gentle with no major large-scale hurricanes impacting our state. This should not be taken lightly. The reality is that Florida will always be vulnerable to hurricanes. But this vulnerability is a small price to pay for the Sunshine State’s year-round bounty of sunrises, warm weather and gentle ocean breezes.

Even though the media focuses on preparedness during each hurricane season, most people wait until a storm is imminent before they start preparing. Public complacency is even more acute if there were no hurricanes striking Florida the previous year. We may recall the devastation of category 3 or 4 hurricanes, but unless we see them often or directly experience them, we forget. Complacence and lack of preparedness results and this negatively affects our recovery process.

During my recent travels to Mississippi’s Gulf Coast, I was taken aback by the lingering devastation. Hurricane Katrina may have passed, but her remains are still vivid more than three years later. The haunting feeling of shattered homes, broken trees with clothing flying in the wind, and the scents of loneliness and despair were ubiquitous. When I asked business owners who had rebuilt, why so many people left everything and just walked away told me one of many of them lacked the resources to rebuild, while others didn’t plan well for their recovery. Because of that, it was easier for them to take their families and move elsewhere. These victims had no backup plans or family dialogue about what actions to take if everything was lost.

To avoid the hardships Katrina’s victims faced, hurricane preparedness should be a required and ongoing part of life for people who live in vulnerable regions, including Florida. Preparedness is a public health issue we must take seriously - not only when a hurricane is ready to make landfall.

As we await the upcoming hurricane season, we must focus on creating a culture of preparedness. In doing so, we are building ongoing readiness and resilience for ourselves, families, businesses and communities. This culture will help us better deal with any type of public-health emergency.

Our culture of preparedness must include a recovery plan. This resilient plan should focus on saving lives before material belongings. Having assisted in the recovery efforts during the 2008 floods in Iowa, I learned that resilience is critical to the culture of preparedness. Resilience is created by how we respond to disasters such as a hurricanes. It includes taking advice from authorities to ensure we have adequate supplies of food and water; DVDs and flash drives of important documents, including insurance and legal papers, and contact names and phone numbers of family and friends in other states. Resilience also includes having ready-to-go survival kits for each family member and pets in the event of an evacuation. Finally, we need a network of family and friends who will be a part of our emergency plan and recovery.

The hurricane season presents clear and present dangers. We must confront it each year with a resilient culture of preparedness. It’s a necessary survival tool to enjoy the beauty of Florida and survive the ravages of Mother Nature. Cecilia F. Rokusek is the executive director of education, planning, and research at Nova Southeastern University’s College of Osteopathic Medicine and program manager. She is also the project manager for NSU’s Center for Bioterrorism and All-Hazards Preparedness. She can be reached at (954) 262-1644 or rokusek@nova.edu.

Cover Story: Why IT Security Is An Essential Part of Disaster Planning

Continued from page 1

and 20,000 gallons of fuel to support the building for up to 2 weeks. Additionally, the data center features 24/7 guards, cameras, systems monitoring and protection systems that alert personnel of the event of an alarm. Iron Mountain Storage service provider, 1Vault Networks has the benefit of Iron Mountain’s global reputation for digital data storage, with fully automated and streamlined data protection.

For hospitals and health care businesses, 1Vault can provide guaranteed network continuity of healthcare providers IT infrastructure. Says Kevin Bly, 1Vault Network’s Vice President of Business Development, “While hospitals and healthcare businesses already have their regulatory guidelines for data security and backup, we can help them be compliant in a more cost effective way. If a hospital sets up its own backup data center on site, the institution must bring tech support people on staff and install backup generators in the event of a natural disaster or power outage. The downside to that scenario is a system that’s not fully redundant.”

Bly also emphasizes the standpoint of a buy versus build mentality. “Hospitals and doctors’ offices are in the business of healthcare, and it’s what their patients expect. Why not buy IT security services from a company with IT expertise, rather than trying to build your own team of experts in-house?” Bly says. He describes 1Vault healthcare services clients that not only have data centers on premises, but also add another layer of backup by contracting with 1Vault to colocate their servers at 1Vault’s Fort Lauderdale facility. Bly also mentions the advantages that 1Vault can offer to MRI centers, large health-care providers, and HMOs who have multiple office locations. 1Vault can link multiple sites together and provide ongoing backup and IT infrastructure continuity.

“What it really comes down to is good business planning,” Bly points out. “Healthcare businesses must take measures to protect their patient and billing files and establish data backup. Disaster planning is absolutely essential. Companies need to know how they will maintain business continuity during power outages, or even the unexpected everyday events like the burst pipe in the Florida courthouse.” While some IT security companies require various contractors to get involved in setting up data backup, 1Vault Network is a single source provider. What the company refers to as Turnkey Solutions translates into an easy transition of IT from the client’s place of business to 1Vault’s secure facility.

Not surprisingly, awareness of the importance of planning for business continuity is reflected in the growth of businesses like 1Vault Network. Bly is proud of his company’s growth in the last few years. “When we moved the business from Boca Raton to Fort Lauderdale four years ago, we started to see phenomenal growth. In the past four years 1Vault has seen triple-digit increases in sales. That means that for the last three years, 1Vault has grown by one hundred percent every year.”

In the past, large companies contracted for data backup in areas that were perceived as having lower risk of natural disasters – New Jersey, Atlanta and Denver, for instance. Today, small to medium companies want to be close to where their servers are located. 1Vault Network’s customer base extends to Broward, Palm Beach and Dade counties.

For more information about 1Vault Network’s business continuity services, contact Kevin Bly, Vice President of Business Development at (954) 736-2709 or visit the website at www.1vault.net.
Hospitals are critical to a community when disaster strikes. They are called on to treat those who have been injured or are sick as a result of either a natural disaster (like hurricanes and tornadoes) or man-made disasters (such as terrorism attacks, bomb blasts, chemical or biological exposures). Because of that responsibility, hospitals work diligently before disasters strike to ensure they are able to react quickly when disasters occur and their communities need them the most.

Martin Memorial readies for disasters by first preparing our associates, who are urged to create a disaster plan for their families. This will ensure our associates know their families are well-positioned to get through the disaster, so they can truly know their families are well positioned to have familiarity with each other prior to an actual disaster, and provides an opportunity to work out any issues that might arise.

For example, Martin Memorial recently partnered with Martin County Emergency Management, Martin County Fire Rescue and Florida Power and Light to practice emergency response to a “victim” that had been injured and was also contaminated with a radiologically active substance.

To prepare for the drill a variety of associates – including physicians, nurses, respiratory therapists, x-ray technicians and security personnel – attended a five-hour class on how to medically treat a victim suffering from radiologic contamination. Following the classroom training, an actual drill was conducted with a “patient” who was injured and contaminated. This gave the staff an invaluable opportunity to practice the injury while managing and containing the contamination.

Martin Memorial learned a valuable lesson about the importance of planning for disasters after sustaining two direct hits by hurricanes in 2004 and another in 2005. Today, we are constantly seeking best practices from other organizations and working hard to implement our own disaster preparation strategies.

But rather than simply putting them on paper, we devote time and resources to practice those strategies so that when the time comes to implement them, we will know exactly what to do.

“But rather than simply putting them on paper, we devote time and resources to practice those strategies so that when the time comes to implement them, we will know exactly what to do.”

-Sharon Andre, RN, MS, FACHE

BY SHARON ANDRE, RN, MS, FACHE

Join us for our June Webinar Series

June 3rd 12:30 - 1:30pm RAC Audits - Are You Prepared?
Learn what you can do to minimize penalties and how to implement a compliance program that will protect you from claims of fraud and abuse.

June 10th 12:30 - 1:30pm Advantage of Adding Physicians to Your Practice
In this day and age of reimbursement, it may make more sense to be part of a larger practice group. Learn how this strategy can work for you.

June 17th 12:30 - 1:30pm New Pharma Guidelines
Understand the rules in order to take advantage of informational activities while remaining in compliance with the new rules.

June 24th 12:30 - 1:30pm Physician Compensation under Stark
Learn how you can implement compensation models which take into consideration the performance of Designated Health Services (DHS) within the practice.

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A hospital all-hazards preparedness plan that enables hospitals to meet the many challenges of hurricanes and other disasters. Now, the MDCHPC is urging other organizations, including clinics, dialysis centers, nursing homes and others, to join.

According to Alicia N. Horner, Consortium Coordinator, “We have excellent participation but we want to expand the Consortium. Although our focus has been on hospitals, we are recruiting other facilities and fire and rescue services. Membership provides greater resilience in a disaster; we provide information, standardized training, tools and the shared resources of the entire community. Emergencies are unpredictable and the Consortium is the go-to place for preparedness.”

Membership in the Consortium gives healthcare organizations numerous advantages to help them navigate the complexities of preparedness. In addition to protecting the physical structure as much as possible, facilities must have contingency plans for utility disruptions, maintenance of adequate stores of food, supplies and medications and maintenance of security. The possibility of evacuation and the logistics of safely moving critically ill patients, is a major consideration. “Realness,” says Horner, “means not being caught off guard. Through the Consortium, hospitals help each other. They share experiences and best practices and can leverage resources among each other. They have a unified voice and can make requests of the state as a group. A group gets more attention and better responses.”

Clearly, hospitals have exceptional importance in preparedness. As vital community resources they play a critical role in disasters, but while responding to the emergency and a possible influx of injured people, they must continue operations, protecting and caring for patients under difficult conditions. Managing both roles requires enormous preparation and planning. While this is a daunting challenge, the task is eased by the nexus of support the Consortium provides.

“In 2006, when the Consortium was founded, Dr. Lillian Rivera of the Department of Health encouraged all the hospitals to come together,” Horner says. “Things are easier when you have relationships. The hospitals are now in closer contact with each other and the health department. There’s a coordinator there to help them, to link them to the resources they need. When you call, you’re dealing with a person you know, not a bureaucracy.”

In the event of a hurricane, the Consortium links everyone through conference calls at the MDC Emergency Operations Center (EOC). “The EOC is the nerve center,” Horner says. “We get information to the designated contact people at each hospital and ask each hospital what their needs are. Defining needs is the priority in a hurricane. They keep us informed of what’s going on; if a generator goes down, we know within minutes. We aren’t here to tell hospitals what to do; we are a place for them to share and help each other. We hear what the needs are so that we can help meet those needs.”

Care of the staff is a critical element in preparedness. Jersey Garcia of the Health Council of South Florida says that while preparation on a professional level is paramount, the personal needs of staff can’t be overlooked. “Staff will perform better in a disaster when they know that they’re safe and that their homes and families are safe. They’re going to work long hours under stressful conditions; attention to their needs has to be part of the plan. We’ve found that hospitals really care about the impact on the staff.”

The Consortium has fostered a strong community spirit. “There is much collaboration with community partners,” Horner states. “We’ve created partnerships and liaisons throughout the community, and it’s wonderful to see them together sharing information. It strengthens bonds and promotes partnerships that ensure a coordinated response.”

No matter what type of disaster, preparedness is the key that can minimize damage and loss, and help prevent the development of the horrendous conditions that occurred in New Orleans hospitals in the Katrina disaster, shocking the nation. While preparation can’t prevent disasters from happening, it can mitigate the consequences and promote a faster, more successful recovery process.

Preparedness, says Horner, means having a plan, exercising that plan and developing it through drills, simulations and practice. South Florida hospitals are empowered through planning, thanks to the efforts of the Miami Dade County Hospital Preparedness Consortium.

For more information or to inquire about membership, visit www.mdchospitals.org. To contact Alicia Horner, call (305) 470-6838 or send e-mail to Alicia_Horner@doh.state.fl.us. To contact Jersey Garcia, call (305) 592-1452 ext. 106 or send e-mail to jgarcia@healthcouncil.org.
West Palm Beach VA Medical Center Prepares for the 2009 Hurricane Season

As the Department of Veterans Affairs Medical Center, West Palm Beach enters the 2009 Hurricane Season, a number of initiatives either have begun or have been completed. The hardening of healthcare facilities to withstand a major hurricane such as Hurricane Katrina through mitigation measures to equal or exceed the Miami-Dade Code standards is strongly recommended by emergency management officials and insurance industry entities. The mitigation goal should be to reduce the damage for any particular healthcare facility and thereby improve the odds for facility survival and patient safety. Over the past few years since the infamous W4 and W5 hurricane seasons, the Medical Center has completed numerous mitigation projects such as ensuring electrical power through the installation of emergency generators, special sealants applied around windows to control water intrusion, anchoring vents and roof piping systems, installation of a new membrane for the roof, and construction of a half million gallon potable water tower.

In preparation for this upcoming hurricane season, the Medical Center has been planning for increasing surge capacity and capability. The Safety Office has conducted psychological support planning for the installation of emergency generators, special sealants applied around windows to control water intrusion, anchoring vents and roof piping systems, installation of a new membrane for the roof, and construction of a half million gallon potable water tower.

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BY BARBARA R. FALLON

A s patients, our picture of the perfect doctor is a blend of the compassionate family doctor who knows and understands all our needs beyond the medical symptoms and the specialist armed with the latest technology who is at-the-ready to save lives, diagnose and cure diseases or repair broken bones.

But does anyone wonder how these medical miracle workers relax at the end of the day, knowing that the next phone call may draw them back into an emotionally charged atmosphere? Chronic exposure to tough life and death circumstances requires personal attention to strategies and environments for coping with day to day major stressors.

According to the lifestyle experts at Laramar Group for Wood Partners, coming home to a distinctive style of living is one way to combat the fatigue of the day-in-the-life syndrome.

Now, medical professionals in South Miami have a brand new option for luxury apartment living within easy commuting distance to the area’s major hospitals and medical networks. Strategically located close to University of Miami, Baptist Hospital, Doctors Hospital and many medical office spaces, Red Road Commons Apartment Homes is currently pre-leasing their one, two and three bedroom apartment homes with occupancy beginning in May 2009.

According to Patti Jourdin, Florida Regional Manager, no detail was spared designing this living space to anticipate the needs and wants of even the most discerning renter. The apartment home interiors feature contemporary espresso kitchen cabinetry, premium stainless steel appliances, built in microwave, glass top stove and ceramic tile kitchen and bath floors.

“Expect to be impressed by elegant nine foot ceilings, upgraded carpeting, bedroom ceiling fans, full size washers and dryers and designer lighting,” she emphasized.

The builders and designers thought of personalizing everything including community amenities providing your choice of opportunities to relax and unwind on socialize and entertain. The well appointed wi-fi lounge is certain to be a favorite among residents and is located next to the 24-hour state-of-the-art fitness center. It promises nothing but fun and sun when viewing the South Beach inspired pool area complete with patio grill. The community is pet friendly and offers an exclusive dog park and beautifully landscaped courtyards. These are just a few of the wonderful amenities rarely found or expected in apartment living but designed specifically for people renting by choice, according to Jourdin.

On-site retail brings an added level of convenience to this apartment living environment where residents can enjoy endless dining and shopping opportunities – all within walking distance. Located at 6600 SW 57th Avenue, Miami, 33143, Red Road Commons is 1/2 block from the metro rail, offering easy access to downtown, Dadeland, the Gables and major employment centers.

The Red Road Commons community will offer nineteen unique and professionally designed floor plans and 404 apartment homes when complete. Two parking garages with over 1,000 spaces will offer garage parking for residents, visitors, retail guests or those looking for monthly parking options.

Red Road Commons is fee managed by the Laramar Group for Wood Partners/Equity, the developers of the community. Founded in 1989, Laramar is celebrating its twentieth anniversary. Laramar has presence in 16 major markets across the country and manages properties from high-rise urban to garden-style and everything in between. Residents can enjoy programs such as the Coast to Coast relocation option, which allows them to transfer to any Laramar Communities during the term of their lease.

For more information, call 1-866-678-0504, e-mail redrooadleasing@laramarapts.com or visit www.redroadcommons.com.
Medical Office Location Trends

“...the success of a medical building is a result of the different types of practices and specialties located there. The synergy among the various types of specialties can add value to the practice.” – Ken Weston

Kenneth Weston is President of Kenneth Weston & Associates, Inc., a commercial real estate and consulting firm specializing in medical real estate and office condos. He can be reached at (305) 279-2700 or visit www.KennethWestonAssoc.com.
Completion of St. Lucie Medical Center’s third floor renovations will have orthopedic patients feeling as though they are entering a whole new world. That new world will be St. Lucie Medical Center’s new Orthopedic Institute. The hospital’s 3rd floor shell is being transformed into a 35-bed Orthopedic Unit. The $22.4 million expansion will create a unit that looks more like an upscale hotel than a hospital wing. This strategy to create a hotel-like environment is catching on at other hospitals across the country. Many administrators realize that many orthopedic patients are healthy adults who will spend a short time recuperating following surgery. Adding this alternative inpatient environment can attract more patients to the facility to receive elective surgery.

The new wing will have all private rooms and patients can take advantage of such amenities as a plush lobby area, complete with a cappuccino coffee bar, internet access and comfortable seating arrangements. The idea is to give patients the feeling that they are relaxing not recuperating. Artwork in patient rooms will cover up standard hospital equipment and stylish carpeting and furnishings will give the Institute an upscale, hotel-like atmosphere.

The hospital expansion also will include two more operating rooms and additional parking spaces. The new SLMC Orthopedic Institute should be ready for patients in Summer 2009.
Redesigning Primary Care at West Palm Beach VA Medical Center

BY JOANNE E. FIORE

In response to outpatient visit demand, the West Palm Beach VAMC completed renovations of the 9th floor space occupied by Primary Care services. Over the past 10 years Primary Care group panel sizes have been adjusted to support the Institute of Healthcare Improvement’s initiative on Advanced Clinic Access. Primary Care outgrew the space original designated for the program on the 1st floor. Primary Care Clinics were then relocated to the 9th and 8th floors but this space also proved to be inadequate as it only allowed for one examination room per provider. This was far short of the desirable two rooms per provider needed to allow for smoother patient flow. There was also no space for anticipated growth in residency programs and other areas of special emphasis.

Consistent with the Eligibility Reform Act of 1998, the newly reconfigured space allows the veteran comprehensive and efficient access to primary care services. The project design reconfigured former inpatient space making it appropriate for Primary Care clinic functions and operations. In renovating the 9th floor, room sizes were reduced from 369 to 120 square feet and the number of outpatient exam/treatment rooms was increased from 37 to 72. The clinic is designed in such a way as to minimize the amount of space needed to perform each function, improve the flow of patients through the clinic, and maximize the productivity of each staff member involved in the care process. In addition, providers are no longer using exam rooms as office space. In making these functions separate, examination/treatment space can be used more effectively.

The investment was in direct support of Veteran Health Administration (VHA) Goals: put quality first until first in quality; provide easy access to medical knowledge, expertise and care; enhance, preserve and restore patient function; exceed patients’ expectations; maximize resources used to benefit veterans; and build healthy communities.

Joanne E. Fiore, Primary Care Health System Specialist, West Palm Beach VA Medical Center, can be reached at (561) 422-7257.
West Boca Medical Center Gives Birth to 3,200 Square-foot NICU Addition

To commemorate the birth of West Boca Medical Center’s (WBMC) newest addition, a 3,200 square-foot expansion of its Neonatal Intensive Care Unit (NICU), the hospital recently held a ribbon cutting ceremony and patient reunion at the hospital. The NICU addition further expands WBMC’s capacity to provide services to premature and at-risk infants. WBMC’s NICU holds the only Level III designation in North Broward County and Boca Raton, the highest-level rating offered by the state.

Housed on the first floor, the centerpiece of the new four-story NICU structure features 10 state-of-the-art NICU beds – increasing the facility’s capacity from 24 to 34 beds. The three additional floors, totaling 8,600 square feet, house the hospital’s pharmacy, sleep lab and physical therapy centers.

Quantum House Goes Green

Quantum House has gone green thanks to National Recycling Services and the Palm Beach Gardens Marriott. Quantum House has been making a conscious effort to become more environmentally friendly for the past two years. The House has paid special attention during a recent remodel using no VOC paint, off-gassed carpet, and energy efficient lighting, thermostats and appliances. A volunteer crew of master gardeners has even worked to create an amazing butterfly garden in the back yard using recycled mulch and donated plants. The staff felt that these changes were necessary for a healthier environment for Quantum House families and for long-term cost savings. The one environmentally-friendly aspect that the House was not able to implement on its own was a recycling program. The extra cost of recycling is not built into the organization’s tight budget.
VITAS Inpatient Unit Is Home Away From Home

On a table in the family room of the VITAS Innovative Hospice Care® inpatient unit at Florida Medical Center (FMC) in Lauderdale Lakes, there is a note from Don Dolan, R.N., the IPU team manager.

The note states that anyone—a patient or a patient’s family member—who needs anything while he or she is a guest at the IPU can ask Don or an IPU staff member for assistance.

“It doesn’t matter what they need—a patient once asked for a hot dog and ice cream—we’ll get it,” says Don. “I’ll send someone to Dairy Queen if I have to. We want people to feel at home here.” And that’s why the 12-year-old IPU at FMC recently underwent extensive renovation—to make it more comfortable and “homey.”

The IPU moved from FMC’s third floor, where it had 22 beds in mostly double rooms, to the fifth floor, where it has 25 beds in all private rooms (except for two doubles). The bedrooms are decorated in warm earth tones and are each furnished with a new sofa bed for overnight visitors, a recliner, home-style lamps, two small televisions and a bathroom.

Also in the IPU is a family room with a hardwood floor, a couch and chairs, a flat-screen TV, a telephone, and toys and a small table for children. There is also a “quiet room” with a couch, a computer and a telephone. The entire IPU has wireless internet access.

The IPU also has a fully equipped kitchen with four big tables where patients, visitors and IPU staff can enjoy a meal or snack in a relaxed environment. Centrally located is a state-of-the-art nurses’ station, and at the far end of the IPU are a coffee station and another sitting area, as well as several training rooms.

The staff at all VITAS IPUs includes a team physician, nurses, hospice aides, a chaplain, a social worker and volunteers.

IPU Rededication

In April, VITAS rededicated its new IPU at FMC in a ceremony attended by almost 200 guests, including Lauderdale Lakes Mayor Barrington A. Russell, Sr.

“In addition to continuing to provide great care to our patients and their families and to enhancing FMC’s reputation for meeting its community’s needs in innovative ways, this unit will serve as a place for anyone at FMC to go when dealing with challenging cases or death and dying,” said VITAS General Manager in Broward County and Vice President of Operations Dian Backoff.

“For instance, if a patient starts a new pain medication that needs close monitoring but his family caregiver isn’t comfortable giving the medication, or if there is no family caregiver, we can move the patient to an IPU for a few days, where our staff can watch him around the clock,” she says. “Our field staff can provide that level of care at a patient’s home,” continues Dian, “but sometimes—like if a patient’s home situation isn’t stable—an IPU offers a more structured environment for pain and symptom management.”

VITAS in Broward County has four IPUs in a combined patient capacity of 70, and four IPUs in its Dade-Monroe program with a combined capacity of 58. Most of them, such as the IPU at Hialeah Hospital, have either recently undergone major renovations or will in coming months.

While most of VITAS’ patients receive their care at home, some need to receive at least part of their care in an IPU, says VITAS Vice President of Operations Dian Backoff. “For instance, if a patient starts a new pain medication that needs close monitoring but his family caregiver isn’t comfortable giving the medication, or if there is no family caregiver, we can move the patient to an IPU for a few days, where our staff can watch him around the clock,” she says. “Our field staff can provide that level of care at a patient’s home,” continues Dian, “but sometimes—like if a patient’s home situation isn’t stable—an IPU offers a more structured environment for pain and symptom management.”

For more information about VITAS Inpatient Units in South Florida, call (800) 93-VITAS or visit www.vitas.com.

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HEALTHCARE REIT
2008 Frist Humanitarian Award
Recipients Honored at Aventura Hospital and Medical Center

Aventura Hospital and Medical Center recently honored three outstanding individuals with the 2008 HCA Frist Humanitarian Awards. Established in 1971, the awards honor outstanding individuals for their humanitarian and volunteer activities.

Dolores and Bernard Gordon have lived in South Florida for forty-five years and have contributed more than two thousand volunteer hours to the Volunteer Services Program at Aventura Hospital and Medical Center. Their charitable work began early in their 63 years of marriage, when Dolores became president of an organization at the University of Chicago that raised money for Cancer Research. After moving to South Florida they became involved in the Guardian, Ad Litem Program, caring for more than 30 foster children. They also volunteer at the Aventura Police Department and are active with the Students Helping Achieve Philanthropic Excellence (SHAPE) program.

Judy Newman has been a valuable member of the Aventura Hospital and Medical Center Leadership Team for the past four years. Judy has spent her 33 years as a registered nurses spear-heading countless educational and philanthropic programs to promote Diabetes education, her true passion. She is a founding and active member of the South Florida Association of Diabetes Educators and also supports the American Academy of Wound Management, the American Diabetes Association and serves on the committee that reviews applications for certification of Wound Care professionals.

Dr. Daniel Armstrong Wins American Cancer Society National Award

Daniel Armstrong, Ph.D., professor of pediatrics and psychology and director of the Mailman Center for Child Development at the University of Miami Miller School of Medicine, recently received the 2009 American Cancer Society Lane W. Adams Quality of Life Award. The prestigious national prize recognizes individuals who have made a difference through innovation, leadership and consistent excellence in providing compassionate, skilled care and counsel to people living with cancer and their families. Armstrong has been at the forefront internationally of studying the cognitive effects of cancer treatments on children. His team developed some of the first educational accommodation plans for childhood cancer survivors who needed a different way to learn and get through school because of the late effects of their cancer treatments.

St. Lucie Medical Center named 2009 Best Nursing Team by ADVANCE for Nurses

ADVANCE for Nurses magazine announced the emergency department (ED) nursing staff at St. Lucie Medical Center, Port St. Lucie, has won the magazine’s annual Best Nursing Team Contest for the state of Florida. “This is truly an honor,” said Nancy Hilson, Chief Nursing Officer on hearing the news. “It’s one thing when you work hard and get good results, but it’s really awesome when you’re selected the front-runner among others in the Nursing profession.” She added, “Our ED staff was committed to improving the patient experience, and they have succeeded in significantly reducing wait times that are now well below the national average. In fact, their efforts are considered a best practice and Nurses Week and Hospital Week are an excellent time to recognize the ED staff’s success.”
Dr. Bernard Steinberger National FragileX Syndrome Foundation
First Annual Gala to Fund Research & Education

BY BARBARA R. FALLON

Seven decades ago, Dr. Bernard Steinberger, a New York obstetrician and gynecology surgeon, married and fathered four sons. Tragically, each of his sons suffered from various symptoms of Fragile X syndrome, a family of genetic conditions resulting in mental impairment. He realized he had two choices: to wallow in self-pity or to seek an answer to the causes and potential therapies for the disease. A man of intellect and fortitude, he chose the latter.

What this consisted of was traveling to Europe and tracing his wife's family heritage, regularly collecting and sending blood samples back to Harvard and Yale to support researchers on the quest to detect the causes of Fragile X. Named for the resemblance of a broken x-gene where FMR1 gene resides, Fragile X is a family of genetic conditions. These genetic conditions are all caused by changes in the FMR1 gene.

According to experts, Fragile X syndrome (FXS) is the most common cause of inherited mental impairment. This impairment can range from learning disabilities to more severe cognitive or intellectual disabilities. FXS is the most common known cause of autism or "autistic-like" behaviors. Symptoms also can include characteristic behavioral features, including hyperactivity, hypersensitivity, delays in speech and language development and severe mental disabilities. Physical attributes include elongated faces, prominent ears, nose and foreheads and loose joints.

Mrs. Sandy Steinberger, who is Dr. Steinberger's second wife, had been friends with the family and sadly watched the toll that the disease took on his entire family because it requires 24/7 devotion to caretaking and to education on possible therapeutic interventions. As a result she decided in 1994, on Dr. Steinberger's 70th birthday, to present him with the Foundation organization to ensure his legacy. She is the Co-Founder and Chairman and said, "I felt it important to honor his efforts while he was alive rather than memorialize him after he is gone." Dr. Steinberger passed away in 2005 and the Foundation, with its premiere reputation for supporting Fragile X children and their families, serves as his legacy. The Foundation is headquartered in Highland Beach, FL.

The goal of the foundation is to support research, increase awareness among young couples of the syndrome, and promote early detection tests before and up to the 16th week of pregnancy. A simple blood test can identify whether one is a carrier.

In contrast to genes with a low rate of mutation, FMR1 has a high probability of mutating from one generation to the next, thus patterns for inheritance are complex. There can be a family with no known history of the syndrome until it appears in the children.

Investing in cutting edge medical technology and scientific research centers that are involved in bio-chemistry, genetics and clinical application, the Foundation aims to find a cure in the near future while also heightening awareness of the disease among parents and potential donors.

This year, the Foundation has reinvigorated its efforts, appointed a President, Anthony Bromley IV, who hails from the UK, an entrepreneur with international experience in marketing, real estate development, philanthropy and financial ventures. He is translating his business success to his passion for child-oriented causes, in this latest business enterprise.

Under his watch, the Foundation has recently established an exclusive partnership with leading genetic scientific researchers, studying the relationship of bone marrow to autism. A 44 year old father of two sons, Bromley is also targeting upcoming generations through techno/social marketing savvy. He aims to instill a spirit of philanthropy in the future by encouraging a $1 donation to a charitable cause out of every pocket of money they have now.

The Foundation's first Annual Gala will be the signature event for Ft. Lauderdale's Hotel W on September 12, 2009, complete with auctions and celebrities walking the red carpet. Willard Shepard WTVJ-NBC 6 Anchor will host. Watch for upcoming announcement on guests of honor. For more information, call (561) 272-8148 or visit www.fragilexkids.org.

Anthony Bromley IV

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A fter years of industry’s growing influence in the medical research endeavor, the public and the medical community are responding, at times rationally and at times with spasms of righteous indignation. The simple problem is this, the medical profession is based upon knowledge and trust—specialized knowledge of human physiology and disease, and a very special trust to use that information in the best interests of caring for the sick (or promoting health, depending upon your point of view). Industry, in a private enterprise system, has a responsibility of profitability to its investors. Therefore, it is the job of doctors to use their medical knowledge to help people. It is the job of industry to sell product.

Now the story gets a little more complex. In order to bring a medical discovery or body of medical information from the laboratory to the bedside, the idea must frequently be converted into a usable format, which can then be tested for safety and effectiveness, and then introduced into the care of patients. How does this happen? Let us say that careful work in the laboratory had discovered an intracellular mechanism that causes heart cells to fail when presented with certain stimuli. Let us further suppose that the findings were sufficiently compelling to investigate methods of blocking that process and, that when this is accomplished, the heart cells are restored to normal function. There are five million Americans who currently suffer from congestive heart failure; nearly one half million die from it each year. Wouldn’t it make sense to see if the development of a medication to achieve this biochemical goal might not help reduce some of the morbidity and mortality of this devastating disease? Who is going to do this? Who is going to undertake the multimillion dollar (sometimes billion dollar) risk of developing, testing, studying, gaining approval for and marketing (i.e. making available to patients) this medication?

Let us not forget that which works beautifully in a cell culture in the laboratory to the bedside, the idea of macromolecule to sell product.

Thus our drug commerce becomes a remarkably successful treatment that helps to save many lives and relieve much suffering. However, because he actually believed in what he was doing and was willing to put his personal financial life on the line, Dr. Researcher is vilified as a professional pariah for conflict of interest. And, because Mr. Businessman actually had a return on his investment, he is vilified as a greedy wolf preying on the poor innocent lambs who happen to be ill. What is wrong with this picture?

Perhaps as the Director of Research of the Florida Heart Research Institute, a free-standing not-for-profit institution dedicated to stopping heart disease through research, education and prevention, I sit in an ideal position to have a balanced perspective on this situation. The research mission of the Institute involves initiating and developing new and innovative research projects in areas which do not yet or may never have an industry sponsor. However, we certainly recognize that industry has a very important role to play in the translation of scientific finding into clinical reality. It is certainly a path fraught with the potential for corruption and abuse. However, it is the recognition of and transparency regarding these threats, rather than the condemnation of the path itself that will result in the greatest benefit to patients.

Dr. Paul Kurlansky, board certified cardiothoracic surgeon, Director of Research at the Florida Heart Research Institute, can be reached at (305) 674-3154 or pk@floridaheart.org.

BY PAUL KURLANSKY, M.D.

I have a viable and valuable product that I wish to invest my life savings in the company which is developing it. Let us assume for a moment that Dr. Researcher actually reported valid results, based on sound scientific methodology. And that Mr. Businessman made no effort to interfere with conduct or reporting of the research. The story seems to have a happy ending: the drug goes through all the many developmental stages and becomes a remarkably successful treatment that helps to save many lives and relieve much suffering. However, because he actually believed in what he was doing and was willing to put his personal financial life on the line, Dr. Researcher is vilified as a professional pariah for conflict of interest. And, because Mr. Businessman actually had a return on his investment, he is vilified as a greedy wolf preying on the poor innocent lambs who happen to be ill. What is wrong with this picture?

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Sometimes, It’s the Little Things That Count

Getting your managed care claims paid can be a difficult and seemingly daunting task, however, there are a few helpful business practices to develop that will increase your chances of a more successful outcome.

1. When you speak with a customer service representative about a claim, always ask for a reference number for that phone call. Document that number in the patient's file; you will often need to rely on that conversation in the future.

2. When you mail an appeal or any documentation necessary to support payment of a claim, send it by certified mail or by any other commercial means available to track receipt of the correspondence. This can prove invaluable when the carrier states they haven't received it or when they claim you submitted it beyond the timing filing deadline.

3. When you send a fax to the carrier, set your fax machine to print a confirmation of your transmission. This one sheet is proof of your timely filing and can make the difference between getting paid or not.

By consistently implementing these three practices, you create an indisputable document trail that can only help you get your claims paid.

Michele A. Allen, JD is an expert at getting healthcare providers paid by managed care payors. She has 15 years experience dealing with managed care issues and denied claims management. Currently with The Law Offices of Jeff Cohen, PA., dba The Florida Healthcare Law Firm with offices in Delray Beach and Ft. Lauderdale, she may be reached at (561) 455-7700 and mallen@floridahealthcarelawfirm.com. The firm’s website is www.floridahealthcarelawfirm.com.

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Michele A. Allen, JD is an expert at getting healthcare providers paid by managed care payors. She has 15 years experience dealing with managed care issues and denied claims management. Currently with The Law Offices of Jeff Cohen, PA., dba The Florida Healthcare Law Firm with offices in Delray Beach and Ft. Lauderdale, she may be reached at (561) 455-7700 and mallen@floridahealthcarelawfirm.com. The firm’s website is www.floridahealthcarelawfirm.com.
Continued from page 1

appropriate interactions between health-care professionals and pharmaceutical representatives. The original Code was approved in 2002 and the updated Code went into effect in January 2009. Many practitioners are unaware of the latest changes and are unknowingly violating the rules.

The Code is based on the concept that patient care and treatment should be based solely on a patient's medical needs in combination with his doctor's clinical knowledge and experience. Pharmaceutical education sessions are allowed to ensure that doctors have the latest and most accurate information regarding medications.

Marketing representatives play a valuable role by providing doctors with scientific and other medical information, as well as informing them about the benefits and risks of various products and their appropriate use. Pharmaceutical companies also obtain valuable feedback on their products by interacting with the medical community.

**Informational Presentations by Pharmaceutical Company Representatives and Accompanying Meals**

Pharmaceutical representatives are allowed to present information during a doctor's working day, including meals. In connection with such presentations, it is appropriate for occasional meals to be offered as a business courtesy to the healthcare professionals and the staff attending presentations. The presentations must provide scientific or educational value and the meals must be: (a) modest as judged by local standards; (b) not part of an entertainment or recreational event; and (c) provided in a manner conducive to informational communication.

Meals offered in connection with such presentations should also be limited to in-office or in-hospital settings. It is not appropriate to include a healthcare professional's spouse or other guest in a meal accompanying an informational presentation.

Pharmaceutical representatives should not provide to healthcare professionals any entertainment items such as: tickets to the theater; tickets to sporting events, sporting equipment, leisure or vacation trips. Such entertainment or recreational benefits should not be offered, regardless of (1) the value of the items; (2) whether the company engages the healthcare professional as a speaker or consultant, or (3) whether the entertainment or recreation is secondary to an educational purpose.

**Pharmaceutical Companies Can Continue to Support CME Activities**

The giving of any subsidy directly to a healthcare professional by a company may be viewed as an inappropriate cash gift. However financial support can be given to a CME provider, who can use the money to reduce the CME registration fee for all participants.

The company must respect the independent judgment of the CME provider and should follow standards for commercial support as established by the Accreditation Council for Continuing Medical Education (ACCME) or other accrediting entities. When companies underwrite CME, responsibility for and control over the selection of content, faculty, educational methods, materials, and venue belongs to the organizers of the conferences or meetings in accordance with their guidelines. The company should not provide any advice or guidance to the CME provider, even if asked by the provider, regarding the content or faculty for a particular CME program funded by the company.

Financial support should not be offered for the costs of travel, lodging, or other personal expenses of non-faculty healthcare professionals attending CME, either directly to participants or indirectly to the event's sponsor. Similarly, funding should not be offered to compensate for the time spent by healthcare professionals participating in the CME event. A company should not provide particular meals at CME events. However, funds given to a CME provider can be used to provide meals to all participants to reduce overall event costs.

**Consultants**

Companies can continue to use consultants as long as they are neither inducements nor rewards for prescribing or recommending a particular medicine or course of treatment. It is appropriate for consultants who provide advisory services to be offered reasonable compensation for those services and reimbursement for reasonable travel, lodging, and meal expenses incurred as part of the consulting engagement. Any compensation or reimbursement should be reasonable and based on fair market value.

**Prohibition of Non-Educational and Practice-Related Items**

Non-educational items can not be offered to physicians or their staff. Even items of minimal value (such as pens, note pads, or mugs with company or product logos) are not permitted. Such items may create the impression that prescribing and treatment decisions are not based on information and science.

**Educational Items**

Pharmaceutical companies, where permitted by law, may offer items designed primarily for the education of patients or healthcare professionals if the items are not of substantial value ($100 or less) and do not have value to healthcare professionals outside of his or her professional responsibilities. An anatomical model for use in explaining conditions to a patient is appropriate. A DVD player is not appropriate as it has independent value to a physician outside of his or her professional responsibilities. Similarly a stethoscope is not appropriate as its primary role is in patient treatment and not education. Items designed primarily for the education of patients or healthcare professionals should not be offered on more than an occasional basis, even if each individual item is appropriate.

Dr. Stephen J. Dresnick is the founder and Managing Partner of Dresnick Healthcare Advisors, formed to assist Healthcare facilities, Physician Practices and Medical Service.
New Physicians Join Medical Staff of Boca Raton Community Hospital

Boca Raton Community Hospital announces the appointment of George K. Daniel, M.D., and Jacy Villa, Jr., M.D., to the hospital’s medical staff.

Dr. Daniel completed his cardiology and interventional cardiology fellowship training at Krannert Institute of Cardiology /Indiana University School of Medicine where he was elected chief cardiology fellow. He was then selected to be the first fellow in vascular and endovascular medicine at the Washington Hospital Center in Washington, DC.

Dr. Villa attended medical school at Federal University of Rio de Janeiro, Brazil. He completed his internship and residency programs at St. Luke’s Roosevelt Hospital Center in New York, NY. He completed a hematology/oncology fellowship at the University of North Carolina in Chapel Hill and a research fellowship at the National Cancer Institute in Bethesda, MD.

Broward Health North Broward Medical Center Appoints New Medical Staff

Broward Health North Broward Medical Center has added Dr. Arnoux Blanchard, Cardiology, Dr. Richard Callari, Otolaryngology, and Dr. Christopher Siano, Emergency Pediatrics, to its medical staff:

Hialeah Hospital Welcomes Dr. Carlos Rodriguez

Hialeah Hospital has recently welcomed Dr. Carlos Rodriguez to its Obstetrics and Gynecology Program. Previously, Dr. Rodriguez was employed in the Obstetrics and Gynecology programs for Kaiser Permanente of Southern California, Genesys Healthcare Systems of Davenport, IA and Manteca Obstetrics and Gynecology in Manteca, CA.

Dr. Rodriguez received his M.D. from the University of Miami School of Medicine. He served both his internship and residency at the Women’s Hospital of Los Angeles County at the University of Southern California Medical Center.

Dr. Peter Mundel Named to Key Positions in the Department of Medicine

Peter Mundel, M.D., professor of medicine and cell biology and anatomy, has been named chief of the newly formed Division of Molecular Medicine in the Department of Medicine at the University of Miami Miller School of Medicine. Dr. Mundel, who previously was director of the Basic Research Program in the Division of Nephrology and Hypertension, will also serve as the Department of Medicine’s vice chair for research. Dr. Mundel joined the faculty in April 2008 from his position as professor of medicine at Mount Sinai School of Medicine in New York.

Dominic Riganotti Joins Medical Staff at Florida Medical Center

Florida Medical Center is pleased to announce the addition of Dr. Dominic Riganotti to the staff. Dominic R. Riganotti, D.O., is board certified in internal medicine/infectious diseases and specializes in immunosuppression, HIV medicine, tropical and travel medicine and infectious disease and immunology.

Broward Health North Broward Medical Center Appoints New Chief of Staff

Broward Health North Broward Medical Center recently installed newly elected physician leaders, including the appointment of Paul Rondino, M.D., as Chief of Staff.

Dr. Rondino is triple board certified in Internal Medicine, Cardiology and Nuclear Cardiology. Dr. Rondino’s previous leadership positions include Chief of Medicine, Vice Chief of Staff, Vice Chairman of Medical Council and Chair of the Utilization Review Committee. He is also a past recipient of the Most Valuable Physician (MVP) award.

Dr. Cabrera Joins the Team at Palmetto Fertility Center

Medical Director Dr. Michael Graubert is proud to announce the addition of Dr. Rafael Cabrera to the Palmetto Fertility Center medical team. Prior to joining Palmetto Fertility Center, Dr. Cabrera was Medical Director at Houston IVF, a sister clinic of The Colorado Center for Reproductive Medicine. He also served as Acting Director of the Division of Reproductive Endocrinology and Infertility at The Walter Reed Medical Center in Washington, DC.

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Broward Health Manager of Strategic Planning Completes Fellowship from Advisory Board Academies

Andre Escoffery, MBA, Broward Health manager of Strategic Planning, has completed The Academy Fellowship. Escoffery has served as the manager of strategic planning since 2006. Prior to his current position, he was a senior financial analyst and planning analyst at Broward Health. Escoffery started his career at Broward Health in 1999 as a collector in the Central Business Office.

Bethesda Memorial Hospital Announces New Director of Emergency Services

Bethesda Memorial Hospital is proud to announce the promotion of Christine Linder, RN, OCN, as the new Director of Emergency Services. Linder recently served as the Clinical Nurse Manager for Emergency Services and has helped to streamline throughput processes to lessen the wait times for patients entering the emergency room and admissions into the hospital.

Linder earned her nursing degree in New York and is furthering her education at Florida Atlantic University. She currently serves on Bethesda’s Nurse Educator Committee and served as the chairperson for National Nurses Week for two years. She is a member of the Emergency Nurses Association and the National Oncology Nursing Society.

Debra Adams, Senior Improvement Specialist, Joins The Doug Williams Group

Debra Adams has joined The Doug Williams Group as Senior Improvement Specialist. Debra has twenty-five years of healthcare experience in Quality Management and Performance Improvement with specialized skills in Joint Commission survey readiness and regulatory compliance. As Senior Improvement Specialist for the firm, she will provide healthcare clients Joint Commission regulatory compliance assessments and survey readiness support.

Florida Medical Center Announces New Chief Financial Officer

Florida Medical Center announced that it has named Gary Nymoen as Chief Financial Officer of the Fort Lauderdale-based medical and surgical hospital. Nymoen has been with Florida Medical Center since 2000 in the position of Director of Finance. Previously, Nymoen was employed with Hialeah Hospital as Controller. He has also served as Controller for Golden Glades Regional Medical Center and Modern Health Care Services of Miami Beach.

Hialeah Hospital Welcomes New Directors

Hialeah Hospital has recently hired Wade Phillips as the Director of Plant Operations and Susanna Brito as Director of Maternal Child Department.

Phillips was most recently employed as the Director of Facilities Services for the Oakwood Annapolis Hospital in Wayne, MI. Previously, he was Director of Facilities Services at the Wilf Campus for Senior Living in Somerset, NJ. Phillips also served for 4 years in the US Navy as a Machinist Mate Third Class.

Most recently, Brito was employed with South Miami Hospital in the position of Labor and Delivery Nurse Manager. She had previously been employed by the Clara Maass Medical Center in Bellevue, NJ, where she worked for 16 years in Labor and Delivery as both a nurse and in management.

Joseph Rogers Named Chief Operating Officer of Broward Health

Joseph S. Rogers has been named Senior Vice President/Chief Operating Officer for Broward Health. Rogers joined Broward Health in 2006 as senior vice president of business development and managed care. Prior to joining Broward Health, Rogers spent 18 years in healthcare in Miami-Dade County. Rogers started his career with Jackson Memorial Hospital/Public Health Trust in 1988 as an assistant administrator in the planning department. He served as associate executive director of the JMHH Health Plan and executive director of managed care prior to his appointment as senior vice president for the health system.

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Miami Children’s Hospital Welcomes Michael Kushner as Vice President and Chief Talent Officer

Michael Kushner has joined Miami Children’s Hospital (MCH) as Vice President and Chief Talent Officer. Kushner has more than 20 years of experience in the field of human resources, including service in healthcare and other industries.

Before joining MCH, Kushner served for five years as Vice President of Human Resources at Catholic Healthcare Partners in Cincinnati, OH. Previously, he was Vice President of Human Resources for West Tennessee Healthcare.

Miami Children’s Hospital Foundation Appoints Michael Mowatt Director of Concierge & Donor Relations

Miami Children’s Hospital Foundation President Lucy Morillo announced the appointment of Michael Mowatt as the Director Diamond Society and Donor Concierge Services.

Mowatt joins Miami Children’s Hospital Foundation from Mount Sinai Medical Center Foundation, where, for the past nine years, he held several positions, most recently as Director of Member Services and Team Leader for The Founders Club and VIP Services. Prior to his work with Mount Sinai, he served as Development Assistant for The Miami Jewish Home and Hospital for the Aged for over nine years.

Martin Memorial Foundation Board of Directors Adds Three New Members

The Martin Memorial Foundation recently welcomed three new members to its board of directors.

Linda J. Evans is a former elementary education teacher, she has served with organizations such as the American Heart Association and the Association of Junior Leagues International, as well as community organizations that foster the arts and children’s services.

Joseph S. Gage, M.D., is a cardiologist who has been on staff at Martin Memorial since 1991. He is certified by the American Board of Internal Medicine and American Board of Cardiology, and is a member of the American Medical Association and Florida Medical Association. Dr. Gage has also served on the board of directors for the Council on Aging and has worked previously with the Martin Memorial Foundation.

Patricia S. Noonan has had a distinguished career both as a writer and as an executive of not-for-profit organizations. She has served as an editor and reporter for Scripps Howard Newspapers in Louisville, KY, The Portland Newspapers in Portland, ME, and as a staff writer for the United Nations’ Africa Recovery Magazine.

Miami Children’s Hospital Foundation Welcomes Two New Board Members

Miami Children’s Hospital Foundation (MCHF) President Lucy Morillo announced the appointment of Sunil Deshmukh and Charles Fernandez to the Foundation’s board of directors.

Deshmukh currently advises North American Exploration in Denver on oil and gas exploration in Utah and Montana and has worked as a commodities trader with companies including Constellation Energy, Goldman Sachs, Louis Dreyfus and Citibank.

Fernandez is president of Fairholme Capital Management, an investment advising firm based in Miami. He also is principal shareholder and former president and chief executive officer of Lakeview Health Systems.

Ralph A. Aleman Joins the American Diabetes Association’s Miami-Dade Community Leadership Board

The American Diabetes Association (ADA) announced that Ralph A. Aleman, CFO of Hialeah General Hospital in Miami, has joined the Community Leadership Board for the Miami-Dade office of the American Diabetes Association.

Aleman served as chief executive officer of Tenet’s Palmetto General Hospital from July 2001 until April of 2006. He joined Tenet from HCA - Hospital Corp. of America - where he had served as chief operating officer of that company’s South Florida division. There, he also served as chief executive officer of several HCA hospitals in Florida. He has been active in numerous community organizations in South Florida, including the American Heart Assn. and the American Cancer Society. He also has served as trustee of the Miami Beach Chamber of Commerce. Aleman also has been actively involved in the South Florida Hospital and Healthcare Assn., the United Way of Miami-Dade County, and the Federation of American Hospitals.

Baptist Health Names Chief Diversity Officer

Ricardo Forbes has been named corporate vice president and chief diversity officer for Baptist Health South Florida. Forbes was previously vice president of Baptist Hospital.

At Baptist Hospital, Forbes had been responsible for a variety of services over the years, including medical staff services, emergency care, pharmacy, social services and security. Prior to joining Baptist Hospital, he was administrative director at Parkway Regional Medical Center, an administrator at Jackson Memorial Center, an administrator at Jackson Memorial Hospital and an administrator of University of Miami Hospital and Clinics.

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Deshmukh currently advises North American Exploration in Denver on oil and gas exploration in Utah and Montana and has worked as a commodities trader with companies including Constellation Energy, Goldman Sachs, Louis Dreyfus and Citibank.

Fernandez is president of Fairholme Capital Management, an investment advising firm based in Miami. He also is principal shareholder and former president and chief executive officer of Lakeview Health Systems.

Ralph A. Aleman Joins the American Diabetes Association’s Miami-Dade Community Leadership Board

The American Diabetes Association (ADA) announced that Ralph A. Aleman, CFO of Hialeah General Hospital in Miami, has joined the Community Leadership Board for the Miami-Dade office of the American Diabetes Association.

Aleman served as chief executive officer of Tenet’s Palmetto General Hospital from July 2001 until April of 2006. He joined Tenet from HCA - Hospital Corp. of America - where he had served as chief operating officer of that company’s South Florida division. There, he also served as chief executive officer of several HCA hospitals in Florida. He has been active in numerous community organizations in South Florida, including the American Heart Assn. and the American Cancer Society. He also has served as trustee of the Miami Beach Chamber of Commerce. Aleman also has been actively involved in the South Florida Hospital and Healthcare Assn., the United Way of Miami-Dade County, and the Federation of American Hospitals.

Baptist Health Names Chief Diversity Officer

Ricardo Forbes has been named corporate vice president and chief diversity officer for Baptist Health South Florida. Forbes was previously vice president of Baptist Hospital.

At Baptist Hospital, Forbes had been responsible for a variety of services over the years, including medical staff services, emergency care, pharmacy, social services and security. Prior to joining Baptist Hospital, he was administrative director at Parkway Regional Medical Center, an administrator at Jackson Memorial Center, an administrator at Jackson Memorial Hospital and an administrator of University of Miami Hospital and Clinics.
The ancient practice of palm reading has become the newest technological addition in the Memorial Healthcare System’s arsenal to enhance patient safety. Patient Secure, recently installed at Memorial Hospital Miramar, relies on palm-vein scanners to accurately identify patients.

The non-invasive, touch-free biometric technology authenticates patients during registration by using infrared light to illuminate the veins in the patient’s palm and then record an image. “This identification method is considered to be highly accurate, since every person’s vein pattern is unique,” said Aurelio Fernandez, administrator, Memorial Hospital Miramar.

Even between identical twins, there is enough variation to create a unique identification that is stored and associated with a patient’s medical record. “Patient Secure is a great addition to patient safety initiatives here at the hospital because the palm scan becomes part of all our patients’ medical records,” Fernandez explained. “So, even an unconscious patient can be instantly identified and treated.”

This fast identification can be crucial when the patient is critical. For example, a quick “read of the palm,” pulls up the patient’s file and can instantly identify past medical conditions and chronic illnesses like diabetes or allergies. It can also eliminate confusion in the event that there are multiple people on file with similar names.

“One time this is fully implemented, it will become a lot quicker to properly identify our patients which will speed up the registration process” said Fernandez. “Patients will just place their palms on the scanner, tell us their correct date of birth and within seconds, the system displays their medical record number.”

Most importantly, having Patient Secure means improved patient safety. “We need to know if a patient is diabetic, on medication or has recently had a stroke,” Fernandez said. “Time is of the essence in treating so many major medical conditions.”

The Consortium for a Healthier Miami-Dade Announces the Winners of the 2009 South Florida Worksite Wellness Forum and Awards

The Consortium for a Healthier Miami-Dade, an initiative of the Miami-Dade County Health Department, proudly announces winners of the “2009 South Florida Worksite Wellness Forum and Awards”. Miami-Dade County Mayor Carlos Alvarez and Lillian Rivera, RN, MSN, Ph.D., administrator of the Miami-Dade County Health Department presented the awards to the winners in the small, mid-sized and large business categories.

The program honored South Florida companies located in Miami-Dade, Broward, and Monroe Counties that demonstrated a commitment to employee wellness and whose programs produced positive health outcomes. The winner of the small business category – businesses with less than 500 employees, went to Seiltin – a privately owned and independent insurance and advisory service company with 155 employees. The mid-sized category winner – businesses with 500 to 1,000 employees went to Community Health of South Florida, Inc., a private non-profit Federally Qualified Healthcare Center located in Homestead with 686 employees. The winner of the large business category – businesses with more than 1,000 employees, went to Florida Power and Light Group – the largest renewable energy corporation in the US with 16,000 employees.

“In an era of rising healthcare costs and increased risk for chronic diseases, this program is essential for educating the local business community about the many wonderful benefits that worksite wellness programs provide,” said Dr. Rivera. Business owners, managers, human resource professionals, insurance brokers and those interested in wellness attended the luncheon which also aired a short video from Florida’s State Surgeon General, Dr. Ana M. Viamonte Ros congratulating the winners and applauding the Consortium for developing the awards program.
University Hospital Provides Faster and More Effective Way to Admit Their Patients

The Healthcare Team at University Hospital and Medical Center, in Tamarac recognized there was a need for an operational change in the Hospital that reflected the true purpose to their community – service! As a result the team at University Hospital and Medical Center implemented a direct admit program to assist physicians with a fast track process to quickly provide care for their patients and community.

The “One Call Program” was implemented for physicians in response to the need for a streamlined admissions process; also known as One Number, One Call, One Answer, Always yes!

Up on the patient’s arrival at the Emergency Department or Outpatient entrance, they are greeted by name and placed in a wheelchair with the ID band placed on the patient's wrist. The patient is then delivered to their pre-assigned room where they are greeted by their assigned nurse. The patient is then registered at bedside which allows the physician’s orders to be carried out immediately. This process allows the patient to experience an expedited admission eliminating the overwhelming feeling of going through a vast system of unknowns.

Additionally, a similar process was created in the Imaging Department to allow physicians to call one number 24 hours a day to schedule their procedures with a person versus a standard answering message and accept patient walk-ins for the same day.

The team at University Hospital and Medical Center clearly recognized the need for an organizational shift, and these changes have now resulted in a patient-centered program that has created very satisfied patients and physicians.

Nursing Graduate Continues Family Tradition of Service

When it comes to her love for the nursing profession, recent Palm Beach Atlantic University graduate Joy Adames, 22, comes by it naturally.

“When I was younger, I wanted to be a nurse because that’s what my mom was,” she said.

Adames received her bachelor’s degree in nursing on May 9 and hopes to work at a hospital in South Florida.

Adames is this year’s recipient of the University’s Annece Lassiter Excellence in Nursing Award for Clinical Excellence. In all, five excellence in nursing awards are presented to graduating seniors in PBAs School of Nursing.

As a child, Adames remembers tagging along with her mother, Jackie, when she worked as a home health nurse. For five years, she said, her mother provided home health care for a woman named Peggy Klein. When Mrs. Klein eventually passed away, her son, grateful for the care his mother had received, offered to support Adames’ college education and that of her younger sister, Janis.

“It was through his generosity that Janis and I were able to attend PBA and focus on our studies and extracurricular activities instead of worrying about finances,” Adames said. “Every day I’ve been at PBA, over the last four years, I’ve been reminded of how amazing the Lord’s provision is.”

Joy isn’t the only member of the Adames family to receive recognition this year. Her sister received PBA’s 2009 Servant Leadership Award. The award totals $1,000 with a $750 scholarship and $250 contributed to a charity of her choice, the 4Kids of South Florida.

For her dedication both to nursing and ser-
Snapshots

A Day in the Life of a Nurse

Baptist Hospital Board member, The Rev. Dr. Gary Johnson (left), learns about the special care kids receive at Baptist Children’s Hospital while shadowing Tania Diaz, R.N., in Pediatrics ICU. Patient Roman Manzano, age 5, shows off his missing tooth. Community leaders and board members of Baptist Hospital spent the day up close and personal learning about the nursing profession during National Nurses’ Week. Photo by Mabel Rodriguez.

Leadership Glades Presents Gift to New Glades Hospital

The 2009 class of Leadership Glades, a program that prepares future leaders in the western portions of Palm Beach County, made an investment in the future of healthcare in its community. The class presented a donation to Glades Healthcare Foundation to benefit the capital campaign for Lakeside Medical Center. Due to open in October, it will replace Glades General Hospital and will be the only public hospital in Palm Beach County. Pictured: Dolly Hand (left) a Glades Healthcare Foundation board member, accepts a donation from the 2009 class of Leadership Glades from Carl Metzger.

Aventura Hospital and Aventura Comprehensive Cancer Center Celebrate “A Decade of Hope and Caring”

Aventura Hospital and Medical Center recently celebrated the tenth anniversary of the dedication of the Aventura Comprehensive Cancer Center. This event, appropriately titled “A Decade of Hope and Caring,” recognized the past ten years of improving the lives of patients and caregivers in our community through the programs and services offered by the Cancer Center. Among the honored guests were three former patients of the Comprehensive Cancer Center, now proud survivors for several year: (l-r) Loretta Kennedy, Lung Cancer Survivor, Vernell Everett, Prostate Cancer Survivor, and Lucille Rebel, Breast Cancer Survivor.

Camp Erin-Miami Inspires Hope and New Friendships

Thirty-one bereaved children and 70 volunteers recently came together at Camp Owaissa Bauer in Homestead to make the inaugural Camp Erin-Miami a hopeful experience for all involved. Camp Erin-Miami is an annual three day camp experience offered at no charge and facilitated by professional staff and trained volunteers of HospiceCare of Southeast Florida. The camp is for children from 6 to 17 years of age, who have experienced the death of a loved one. Camp Erin-Miami provides a safe, caring environment and offers fun recreational activities and supportive discussions to help campers build trust, self esteem and coping skills.

Skilled Nursing Care is Simply Better at East Ridge

When you hear the phrase “skilled nursing facility”, you probably don’t think of comfortable rooms with sliding glass doors leading to a garden patio. The Health Center at East Ridge Retirement Village is far from typical, however.

The following are answers to some frequently asked questions about East Ridge’s Health Center – and some compelling reasons to choose East Ridge.

Q: What makes East Ridge the area’s best choice for skilled nursing care?
A: The ideal skilled nursing facility offers personalized, 24-hour nursing care from a dedicated, compassionate staff. East Ridge’s Health Center surpasses the norm by emphasizing each resident’s personal potential through engaging activities, companionship and around-the-clock support. It’s a perfect combination of providing the best care while achieving the highest level of dignity and security. With our solid reputation spanning five decades, we’re the right place when you need us.

Q: Can my loved one stay in the Health Center even if they are not a resident in the Independent Living apartment homes?
A: Yes, absolutely. It is not necessary to be an East Ridge Retirement Village resident to access the services of our Health Center. Whether it is for a short-term stay after a hospitalization, or if your loved one is in need of long-term nursing care, we are here for you. We have a therapy department, which can work with your loved one to regain their strength and restore them to their highest level of independence.

Q: Do you take different kinds of insurance at the Health Center?
A: Yes, of course. We accept many types of insurance, including Medicare, private insurance and even some HMO plans.

Q: How does the atmosphere at East Ridge make life more fulfilling?
A: Our Health Center residents enjoy a comfortable room located on the grounds of a 76-acre campus, and have access to the many amenities East Ridge has to offer. The grounds have many pathways that families can explore with their loved ones, and our activities department schedules events both on campus and outside the community for residents to enjoy. Our caring staff, from our nursing staff to the housekeeping and dietary departments, is dedicated to our residents and their well-being.

For more information or to schedule a no-obligation tour, please contact Paula at (786) 514-1336 today!
Events at the Mae Volen Senior Center
The Mae Volen Senior Center, 1515 W. Palmetto Park Rd., Boca Raton, presents the following events in May. For more information about these events and additional support services, call (561) 395-8920.

June 9, 10:30-11:30 a.m. - A nurse from Life Care Home Health Services will be at the Mae Volen Senior Center to check your blood pressure.

June 10, 9 a.m. to 12 p.m. - Aker Kasten Vision and Laser Center will be providing eye examination and pressure check for glaucoma. Call 561-395-8920, ext. 1-243 for an appointment. Free.

June 15, 9:30-11:30 a.m. - Speaker will be presenting a topic related to Parkinson’s patients and caregivers, following by an exercise session.

June 23, 10 a.m. to 12 p.m. - Dr. Richard Netzby, Podiatrist, will be at the Mae Volen Senior Center to tend to your foot ailments. To schedule an appointment, please call 561-395-8920 ext. 1-243. Free.

Caregiver Support with David Levy
Tuesdays, 6:30 – 7:30 p.m. - This support group is for adult caregivers taking care of their parents, grandparents or other seniors. Learn how to deal with the problems and stresses of being a caregiver. Wednesdays, 10:30 a.m. - Join other caregivers and get the support you need and deserve.

Thursdays, 9:30 – 10:00 a.m. at Mae Volen Adult Day Care Center, 600 North Congress Avenue, Delray Beach. If you are an adult caregiver taking care of a spouse or other senior then this is the support group for you. Learn how to deal with the problems and stress of being a caregiver.

Miami-Dade County Hospital Preparedness Consortium and Steering Committee Meeting Schedule
Next meetings will be July 29 and September 30. All meetings are held at the Miami-Dade County Health Department, 8000 N.W. 17th Street, Suite 201, Doral. Steering Committee meeting times are 2 – 3 p.m.; Consortium meeting times are 3 – 4:30 p.m. For more information, call (305) 470-3660.

June 4-5
2009 SFHHA Annual Healthcare Summit
The 2009 SFHHA Annual Healthcare Summit will be held Thursday, June 4 and Friday, June 5 at the Signature Grand in Davie, FL. Sponsorship & exhibiting opportunities available. More information available soon at www.sfhra.com.

June 12-14
Baptist Health South Florida Symposium
Eighth Annual Primary Care Symposium at Hawks Cay, Duck Key. More information, contact Julie Zimmett at (786) 956-8812 or juliez@baptisthealth.net.

June 18
SFHEF Networking Event
South Florida Healthcare Executive Forum, Inc. (SFHEF) invites you to their next Healthcare Networking at Tarpon Bend, 200 SW 2nd St., Ft. Lauderdale on Thursday, June 18 from 6-8 p.m. $15 ACHE Members/ $25 non-Members. Admission Price included two drink tickets & buffet. For more information, call (954) 894-9405 or e-mail check-клb@sfha.com or visit http://sfhef.ACHE.org/September 12 The Dr. Bernard Steinberger National Fragile X Syndrome Foundation & Stars Gala

September 12
Dr. Bernard Steinberger National Fragile X Syndrome Foundation & Stars Gala
The gala is set for September 12 at the New W Hotel, 401 N Fort Lauderdale Blvd. Ft. Lauderdale. Willard Shepard WTFV-NBC 6 Anchor will be the host and Dan Marino, former Miami Dolphins Player / Professional Football Hall of Fame will be the honoree. For more information, call (561) 272-8148 or visit www.fragilesids.org.

October 30
Seniors Golf Tournament
The Aging & Disability Resource Center is coordinating its 21st Annual Swing for Seniors Golf Tournament on Friday, October 30, at Woodlands Country Club in Fort Lauderdale. This year’s scramble will begin with an 9 a.m. shotgun start. Registration opens at 8 a.m. All proceeds are designated for senior services in Broward County. For additional information, call Christopher Miller at (954) 745-9567 ext. 210 or visit www.adrcbroward.org.

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The healthcare industry has managed to maintain a positive image in the current recession. You’ve heard employment experts say that it is one of the steadiest industries today, both in the medical and allied health departments. So, how do you as recruiters take advantage of this position?

One silver lining on the recession cloud is the quality of talent that is now available to you as employers. You have access to South Florida candidates with incredible employment histories, new college graduates who are eager to gain long-term employment, and in the current economy, more job seekers who are looking to change careers.

There is great opportunity in this section of the talent pool. The mission of the organization’s Medical Education Program is to provide residents, fellows, residents, medical students and staff with the learning opportunities and resources that will assist them in becoming competent in the delivery of end-of-life care. Dr. Beede, who was trained at the Mayo Clinic and the University of Minnesota, thinks this Fellowship program is an excellent opportunity. “When I think back to medical school, we learned very little about end-of-life care,” remembered Dr. Beede. “If I had the opportunity to be mentored by a physician certified and trained in hospice and palliative medicine back then, I would have welcomed it.”

For more information, visit www.jobing.com.
Northwest Medical Center and the City of Margate Partner to Offer Community Based Senior Services Post Discharge

Northwest Medical Center and the City of Margate teamed up to establish the first Advocacy and Transitional Care Management (ATCM) pilot program in South Florida. The program is designed to assist patients of Northwest Medical Center with a successful transition to the community post discharge.

In addition, this program will help decrease the number of days older adults unnecessarily stay in-house due to the unavailability or ineligibility for long-term care or independent living support services and increase the knowledge of home and community based senior services.

The ATCM was launched by the United Way of NE Florida at Baptist Hospital in Jacksonville in 2005; in 2007 ATCM was expanded to Shands Hospital; and in 2009 Northwest Medical Center is the first South Florida hospital to replicate the Pilot Program.

Northwest Medical Center’s roles and responsibilities will include; but are not limited to; designating a hospital liaison for the ATCM program to coordinate in-servicing and communication, allow Elder Care Advocate (ECA) to participate in future Case Management in-servicing or staff meetings, assist in coordinating a public awareness campaign within the hospital campus (other related departments, medical office building personnel), identify patients who may benefit from pilot program and referring patients to the Elder Care Advocate (ECA), and ensure that the ECA is aware of a senior in critical need of community support services.

In order to qualify for this program, the patient profile must meet the following criteria: must be 60 years of age or older, is scheduled to be discharged to their home and not to a Hospice, Nursing Home or an Assisted Living Facility, and is a resident of Broward County.

Programs are administered by the City of Margate and supported under an agreement with the Florida Department of Elder Affairs and the Area Agency on Aging of Broward County, Inc., through the Older Americans Act of 1965, as amended and Florida’s Community Care for the Elderly. Matching funds are provided locally through donations and contributions with assistance by the Seniors Foundation of NW Broward, Inc.

Memorial Manor Receives Florida’s Gold Seal Award

Memorial Manor has received the prestigious Gold Seal Award for high standards and quality care from the Florida Governor’s Panel on Excellence in Long-Term Care. This designation reflects Memorial Manor’s long-time and well-earned reputation for exceptional performance in a wide range of areas, including quality of care, patient satisfaction, family and community outreach, and employee satisfaction, training and retention.

Since opening in July 1989, Memorial Manor has consistently been recognized for excellence in service, staff commitment and superior patient care, and has ranked either “number one” or among the top one percent in nursing homes nationwide in patient satisfaction (Press Ganey).

In a warm and homelike setting, the dedicated and caring professionals at Memorial Manor provide long-term convalescent care, as well as short-term rehabilitative services. Delivering superior quality care and treating residents and their families with “Patient First” kindness, respect and dignity are hallmarks of Memorial Manor’s success. Memorial Manor also provides essential social and emotional support through stimulating activities, education and community outings.

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As a Health & Fitness Professional, I constantly hear, “I am too old for exercise” or “I need to get in shape before I can exercise.” If your heart is pumping your blood and your lungs are exchanging air, then age has no bearing on exercise. Many seniors are afraid that physical activity will harm them or they are intimidated by thinking they may have to join a gym. The list goes on of reasons seniors think exercise is not for them, as they may relate the word exercise with jogging, running or doing step aerobics.

This is a mindset that will put limitations on physical activity; whereas the truth is seniors can do some form of physical activity without leaving their house. The benefits of exercise can be obtained in your own home, which include keeping your independence, improving your balance, increasing your flexibility and strength and helping your heart and lungs stay healthy.

Exercise can be a threatening word for some, so let’s call exercise “Movement.” With movement we move from the living room to the kitchen or from the living room to the car and then to the store, movies or a restaurant. The movement of walking is a heel to toe movement. By letting the heel touch the floor first, followed by the toes, it will be easier to walk, with less effort in each step. A walking pattern can be made in your home, so this movement of walking can be done anytime at your convenience. It is recommended that a pattern be set at a convenient time, so this becomes part of your daily routine. By walking, you will improve your balance, strength and endurance, so you will have more energy to engage in more physical activities.

Now that you are off the couch, your goal and focus can be good health, so small amounts of Functional Fitness or movements will provide huge benefits. It’s time to put the Fun into Functional Fitness.

Some activities to help you stay younger and feel better:
- Clean the house
- Clean out the refrigerator
- Put the groceries away – 1/2 gallon of milk and a can of coffee help build your strength. Going up on your toes, reaching those high shelves, will help improve your balance
- Water the plants in the house
- Do the laundry, putting the clothes away
- Take out the garbage and the recycle bins
- Tend to a garden, plant some flowers or vegetables
- If you have a dog, take the dog for a walk

Research has shown that adding a half hour of moderate physical movement can help with heart disease, diabetes, depression, stress reduction, sharpen your mental function and sleep better. Remember that your muscles do not know how old they are. So today is the day to take control of your health, become physical and enjoy a better quality of life. You deserve it.

Sheree Thomas is the CEO and Founder of SET For Fitness. Sheree specializes in Senior Populations and Post Rehabilitation Therapy, in Boca Raton, FL. Sheree can be reached at (561) 251-4164 or www.SETForFitness.com.
The Nova Southeastern University College of Osteopathic Medicine (NSU-COM) Florida Coastal Geriatric Resources, Education, and Training Center (GREAT GEC) held its Second Annual Interdisciplinary Geriatrics Symposium, titled “Addressing the Clinical Challenges of Elder Care,” on April 25-26 at NSU’s Davie campus.

Over 90 health, medical, and social service professionals and students attended lectures, workshops, and poster presentations by speakers from NSU, Florida State University, the University of Miami, the Institute for Quality Aging, and the Aging and Disability Resource Center of Broward County. Topics included diabetes management, oral health, foot protection, osteoporosis management, falls prevention, elder abuse, cognition and dementia, driving safety, improving geriatric health care, and diversity in health care.

The conference was held in conjunction with the university’s Boomers and Beyond event, which brought over 1,000 individuals to the NSU campus. The geriatric symposium, which involved partnership participation from the Florida Geriatrics Society, also included two insightful workshops. The first, entitled Accessing Community Resources, informed attendees on resources for eldercare, while the second, Evaluating for Vascular Disease, provided a hands-on workshop in NSU’s Vascular Sonography Lab.

The symposium’s opening night reception featured the international film premiere of The Lunch Box, which tells the story of an elderly man who experiences a reversal of roles as he tries to care for his wife after she suffers a paralyzing stroke. This moving film affected the audience both personally and professionally and can be used as an educational tool to illustrate aging issues. The film, written and directed by teenage Slovakian filmmaker Lubomir Mihailo Kocka, is nominated in the Best Student Film category at the 2009 Swansea Bay Film Festival in South West Wales, United Kingdom.

Mae Volen Center Regains Lead Agency Role

After a 2-1/2 year hiatus, the Volen Center has regained its position as lead agency in Southern Palm Beach County. On May 20, the Area Agency on Aging Palm Beach/Treasure Coast, Inc., announced the awarding to the Center of the 2009-2011 contract for Community Care for the Elderly, Alzheimer’s Disease Initiative, and Home Care for the Elderly in Southern Palm Beach County, beginning July 1, 2009. The Center previously served as lead agency from the mid-1970s until September 2006.

Elizabeth Lugo, Center President/CEO, acknowledged the award saying, “We are overjoyed to regain the position of lead agency and look forward to renewing our relationships with the many seniors and family caregivers we worked with for so many years. The loss of the grants in 2006 was a traumatic experience for the Center. Many of the elders who were transferred to another provider for this brief period were like family, and those of us who remained at the Center felt a real personal loss.”

The Center’s mission is to enhance the well-being of South Florida Seniors, family caregivers, the disabled, and their families by educating and advocating on their behalf and by providing health care and supportive services that meet their physical, emotional, social, and psychological needs. A major effort has been underway over the past several years to improve and enlarge its programming. Membership in the Center’s active senior program is now almost 660 and another 500+ individuals are active volunteers (including members of the Center’s new Advocacy volunteer group) or regularly attend the Center. In the past two years, the transportation program has been revamped and renamed “The Volen Community Coach”, to better reflect an increasing level of service to a broader segment of the community. In January 2009 the Center received national accreditation under the National Institute for Senior Centers.

Lugo noted that the number of community partners and friends of the Center has grown significantly in the past months. “When people need to rest, they take vacations. Organizations don’t get a chance to do that and the past two years have by no means been a vacation, but they have certainly been a time of renewal. We have expanded our community partnerships and connections throughout the region and the state. We are in a better position to advocate for the seniors and families we serve and for our colleagues in the service network. Between now and July 1, the Center will be adding necessary staff and implementing an intensive training program for both current and new staff members. And, we look forward to working closely with the Area Agency on Aging to continue to advocate for seniors in our community and ensure that their needs are met.”

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