The Future of Medical Office Buildings

BY MICHAEL A. NOTO

Over the next few years healthcare reform and its effect on healthcare care systems will put medical office use in high demand.

More than 40 million Americans are currently without health insurance coverage. Atributing factors of rising healthcare costs and lack of access have forced many individuals to forgo preventative care or early diagnosis and, instead, to wait until the ailment had become acute. The recently passed healthcare reform package aims to reduce these costs and increase the health insurance coverage rate from 84 to 95 percent of the population.

With costs declining and access to healthcare expanding, the result will be a major surge in the use of primary and specialty care physicians, the first stop on the road to well being.

This demand will no doubt foster a need for additional medical professionals which means a need for additional medical office space. Studies have indicated that, when viewed from the perspective of office space required per covered individual, the passage of healthcare reform would require anywhere from 25 million to 61 million square feet of medical office space.

Medical office buildings will play a vital role in the delivery of medical serv-

Floods, Funnels, and Forecasts … Disaster Emergency Plan for All Emergencies

BY PAT BYRNES

Today, HospiceCare of SE Florida has to think in terms of all types of emergencies. In Florida, hurricanes used to be the only emergency/disaster we considered, however, since 9-11 that has changed and changed dramatically.

While our patients and their families are important, of equal importance are our staff and their families. So all the preparations we do for our patients and families should be done by ourselves and our families. These are the members of our organization who can implement our emergency/disaster response plan and de-activate the plan.

One member of the senior management staff is sufficient to start the plan in action. Generally, it is a consensus of several, or all, of the members. The Operations Team oversees the needs and evacuation of patients as well as the resumption of regular operations when the all clear has been sounded.

HospiceCare Senior Management will receive information and warnings requiring the implementation of the emergency plan from the television, Internet, radio, members of the Safety Committee, or other staff members. Communication is of the

Medical Homes and Older Adults

BY NANCY BORKOWSKI, DBA, CPA, FACHE

In South Florida Hospital News and Healthcare Report’s July 2009 issue, we discussed the various definitions and components of the term medical homes. Although we would know a medical home if we experienced it, a generally accepted definition has not yet been determined (see sidebar on page 24). With passing of the historic Patient Protection and Affordable Care Act on March 23, 2010, we anticipate that the industry will experience more momentum in the development of medical homes as it copes with the expected increase in demand for services as coverage expands for thirty-two million more Americans and the coming of age of the baby-boomers. The recently passed health reform legislation has given the secretary of health and human services broad authority to launch new pilot projects based on the patient-centered medical home concept, which is expected to be accomplished under the auspices of the Centers for Medicare and Medicaid Services (CMS).

The urgency to change how health care is delivered cannot be understated with national health spending expected to grow from $2.2 trillion in 2007 to $4.3 trillion in 2017 (Keehan, et al., 2008). Contributing to this expected growth is the need of health services by older people. Next year, in 2011, the first cohort of the American “baby boom” generation – those born between 1945 and 1966 – will reach the age of sixty-five.

When There’s a Serious Illness, There’s No Place Like Home

BY DIAN BACKOFF

The diagnosis of a terminal illness brings with it a host of questions, fears and concerns. “Will I be able to handle the pain?” “How will my family care for me?” “How can I afford quality end-of-life care?” And the question we hear most frequently: “Can I stay at home?”

Faced with a life-limiting prognosis, some 90 percent of patients prefer to remain in their homes, using the bed they know, surrounded by people they love, continuing the routines that make them comfortable. Whether they live in their family home, an adult living community or a nursing home, they want to age – and die – in place.

For terminally ill patients, hospice makes that possible. Hospice patients are cared for by an interdisciplinary team of hospice experts, including a physician, nurses, hospice aides, social workers, chaplains and volunteers who provide medical care, spiritual, social and emotional support to terminally ill patients and their families.

“Hospice care typically is provided in a patient’s home. This allows the patient to stay in a familiar setting surrounded by family and friends,” says Patty Perry,
No, I haven’t taken leave of my senses and taken up skydiving – especially since I tend to upchuck just looking at pictures of small planes. But for some bizarre reason, our son Drew decided it was the perfect way to celebrate his 30th birthday. (To be honest, I’m beginning to wonder if our mailman 30 years ago was a sky diver?) But maybe it’s that generational skip thing – because Drew’s grandpa Ralph also took the parachute route for his birthday … only it was his 75th!

So off we went last Saturday morning down to Kendall-Tamiami Airport to witness the big event. Of course, just finding the right hangar was pretty challenging - at one point, our SUV seemed to be on a parallel flight path with a Lear Jet until Carol pointed out I might want to stay on the road and off the tarmac. But once we got there things moved along pretty fast. Before we knew it, Drew was strapped into a parachute, had signed his life away on a million forms and hopped into the plane.

At this point, it was up to us to follow the chase vehicle to the landing site. But this is where things got dangerous but not for Drew! I now know where CSI: Miami films its body dump scenes. It appears the skydiving school leases agricultural land for its dump … I mean jump sites. I generally pride myself on a reasonable sense of direction (ably assisted by my GPS), but even NASA couldn’t have kept track of this route. (And think of the added pressure — our car also carried Drew’s wife, a very pregnant Carly. I had visions of needing an airlift if she went into labor!) But after several Anaconda flashbacks (remember those scenes in the swamp?), we arrived at the landing zone just in time to see and hear a little silver glint in the sky and the drone of a plane engine. As we breathlessly waited for the plane to appear while maintaining a constant vigil for gators, we finally saw Drew’s parachute open, soon followed by his picture perfect landing.

You know the old saying, “The apple doesn’t fall far from the tree.” Well, I guess in the case of Drew’s skydiving, the apple fell, tree was no where in sight. So, while we may differ on our methods of celebration, at least Drew got my shopping gene.

Charles Felix

Publisher’s Note

If at first you don’t succeed, skydiving is not for you!

You can reach Charles Felix at Charles@southfloridahospitalnews.com

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Hospitals and physicians who demonstrate meaningful use of certified electronic health records may be eligible for a portion of $17 billion in incentive payments created under the Health Information Technology for Economic and Clinical Health Act (HITECH Act). To qualify for incentive payments, providers must meet three statutory criteria:

- Use of certified technology in a meaningful manner;
- Electronic exchange of health information to improve quality of health care; and
- Submission of information on clinical quality measures to the Secretary of the U.S. Department of Health and Human Services.

Specific guidance regarding these three criteria can be found through both the National Coordinator for Health Information Technology (ONC) and the Centers for Medicare and Medicaid Services (CMS). CMS’s definition for meaningful use is based on a three-stage implementation process designed to enable eligible providers to incrementally improve and expand the adoption and implementation of electronic health record (EHR) technology.

Stage 1, which begins in 2011, concentrates on electronically recording health information in a coded format. For example, the providers will need to use the electronic information to:

- Track key clinical conditions;
- Implement clinical decision support tools to assist in medication management; and
- Report specific clinical and public health data.

Stages 2 and 3, which will expand on these objectives and measures starting in 2013, will focus more on the interoperability of EHR technology and improvements in public health. CMS expects to provide guidance on Stages 2 and 3 in 2013. Thus, while the near-term requirements are clearly defined, those appearing in 2013 and 2015 remain uncertain.

Stage 1 includes 25 objectives for professionals and 23 for hospitals. Characteristically, the levels of minimum compliance are very high. For instance, providers must record the “smoking status” of 80% of all patients 13 and older. In addition to meeting the objectives of each stage, providers seeking incentive payments must also meet basic eligibility requirements.

In 2015, eligibility for the incentive program will end and no new applicants will be considered. At that time, incentive-based reform will become penalty-based reform. Hospitals will face two sets of penalties: one based on failing to report against the prescribed clinical quality metrics and another based on failing to meet the objectives of the meaningful use of EHRs. Professionals failing to demonstrate meaningful use will face a more direct penalty: a reduction in their Medicare fee schedule by 1% per year. Additionally, if fewer than 75% of professionals nationwide have met the meaningful use criteria by 2015, their fee schedule may be further reduced by 1% each year.

Although health information technology holds great promise in improving care, the proposed meaningful use regulations seem to create uncertainty and may lead to inefficiencies and confusion. The uncertain regulatory scheme to be created in Stages 2 and 3 leaves hospitals and professionals in the dark, unable to create the long-term, detailed plans necessary to meet the demands which they will soon face. At the same time, the adoption of electronic health records is an important goal and the incentives created under the HITECH Act are designed to lead hospitals, doctors, nurses, and other caregivers in getting there. Whether the proposed regulations promulgated by CMS serve as a roadmap to this admirable goal, however, remains to be seen.

Tara Ravichandran practices health law in the Fort Lauderdale office of the statewide firm Broad and Cassel. She can be reached at travichandran@broadandcassel.com or (954) 764-7060.

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COMPLIMENTARY ANALYSIS for South Florida Facilities
Software AG Delivers Process-Centric Solutions

BY BARBARA R. FALLON

Healthcare visionaries recognize that clinicians in hospitals are at a critical evolutionary juncture. Tactically, they can keep a patient alive as a result of on-hand state of the art technology and knowledge. Now, as reform forces more competitive hospital comparisons based on quality, they must cross the bridge to learn how to drive overall patient outcome improvement.

Software AG, an ally to quality, cost effectiveness and accessibility, is a process intelligence company providing tools to approach health care in a process-centric manner. They offer a non-disruptive business infrastructure that builds on the shared value among caregivers—to heal their patients and send them back home quickly.

Art Tolda, Director of Health Care North America, explained, “By refining the process of healthcare delivery, our software solutions can discover, document, monitor, and predict health delivery events and use that knowledge to prevent negative consequences based on a history of care.”

This process intelligence can be applied to ER patient and workflow, outpatient surgical procedures, patient fall risks or hospital acquired infections. Currently 73% of hospitals but are often disconnected or disorganized, thus working in a ‘bouquet’ manner. Integrating all modules can be a time consuming and expensive activity for underfunded or understaffed IT departments. However, utilizing disconnected applications forces clinicians into a reactive mode and initiates much duplication of forensic efforts.

On the other hand, by assuming a process orientation, building the business infrastructure does not displace specialist niche applications but rather integrates and enables their use in a less burdensome manner across the hospital. The automation of process documentation and measurement avoids the people oriented drudgery of multiple transcription and data entry collection points which is prone to error. Automation allows for better use of people talents and skills, faster analysis of real-time events and input while ultimately providing a more reliable and defendable reporting system.

Automation and integration components of a process-centric approach rigorously attack common obstacles of healthcare technology such as:

- Fragmented applications
- Islands of inaccessible data
- Paper and manual processes
- Lack of task assignments
- Islands of inaccessible data

All of which is a source of major frustration for caregivers, patient dissatisfaction and a trough of potentially damaging protocols in today’s litigious environment.

Utilizing specific business process improvement software, hospitals can:

- Align all users and technology with a common shared vision
- Provide front line impact
- Define and implement specific roles and workflows to address the necessary tasks of the care plan

Software AG is the global leader in Business Process Excellence with a 40 year track record of innovation. In an environment where expectations are higher and budgets are tighter, the company boasts a unique offering of the world’s only end-to-end and easiest to use—business process management (BPM) solutions, with the lowest total cost of ownership. They provide a portfolio for: process strategy, design, integration and control; service oriented architecture (SOA)-based integration and data management; process-driven SAP implementation; and strategic process consulting and services. The comprehensive software and services solutions allow companies to strategically achieve their business results faster.

For more information, visit www.softwareag.com or e-mail James Crump or Art Tolda at fastrsults@softwareag.com

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Overlooked ‘Business Associates’
Under the HITECH Act

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposed privacy and security standards for patients’ protected health information (‘PHI’) handled by healthcare providers and others (‘Covered Entities’).

More recently, the Health Information Technology for Economic and Clinical Health Act (‘HITECH Act’), adopted as part of the 2009 federal stimulus bill, new requirements on entities (‘Business Associates’) that conduct business with Covered Entities.

Under HIPAA, those who come into possession of PHI as part of their services to Covered Entities are required to enter into “Business Associate Agreements” with the Covered Entities. These Agreements set forth the obligations of the business associate to protect PHI, and in many cases provide for contractual liability to the Covered Entities in the event of a data security breach or other violation of HIPAA. Basically, any person or entity that handles individuals’ PHI in the course of its business is considered a “Business Associate” under HIPAA, whether or not it or the Covered Entities it deals with acknowledge that fact.

Overlooked examples of Business Associates could be private equity and venture capital funds who may, in the course of conducting due diligence on investment and buy-out targets, have access to PHI. Other traps for even the careful arise when evaluating an acquisition target to amend an existing portfolio company. HITECH even applies to entities that deal only with other Business Associates, rather than directly with a Covered Entity, if they could come into possession of PHI. Any entity that comes into possession of PHI, even indirectly or temporarily, for example, in the course of conducting due diligence in connection with a proposed acquisition, financing or underwriting, could have legal responsibilities under HIPAA and the HITECH Act.

Monetary penalties for violations of HITECH can be in the millions of dollars. While most Covered Entities and Business Associates are aware of their legal responsibilities by now, others may have been overlooked.

Sharon Roberts is a former State of Florida, Department of Health Inspector, and is now a practicing healthcare law attorney and pharmacist in Palm Beach County, FL, who specializes in healthcare and regulatory law practice with the law firm of Strawn, Monaghan & Metzger, PA. She can be reached at (561) 278-9400 or visit www.healthandregulatorylaw.com.

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Q: What limits of liability for malpractice do you recommend for doctors in Florida?

A: This is probably the toughest question any expert in medical malpractice insurance is asked. Unfortunately, no easy answer exists that is appropriate for every doctor, but after considering all of the factors you will certainly be in a better position to make an educated decision on this important issue.

The first consideration these days usually deals with costs and if you can afford anything other than the lowest limits, which are generally $250,000 / $750,000. Next determine if you have any contractual obligations with your managed care companies, hospitals, or within your group to satisfy that might limit your choices of liability limits.

Other considerations include how many “bare” and under-insured doctors do you practice close to or with whom you exchange patient referrals. In a large, multi defendant lawsuit you certainly do not want to be the “deep pocket” if you are carrying very high limits and the others all have low limits or are uninsured.

If you are retiring soon, you may want to consider raising your limits the last year of your practice so that you can obtain a higher limits tail when you retire since a “tail” policy is just an extension of your last policy and the limits cannot be “recharged” yearly as normal annual policies. The “tail” of your policy will extend your policy with one liability limit covering the rest of the exposure window, which in Florida typically is four years or a child’s eighth birthday.

How much risk do you want to take?

The average claim in Florida settles for around $300,000. However, the average is weighted sharply downward by the high percentage of nuisance cases settling for very minor sums. A serious case that goes to trial and is lost has an average exposure of over a $1,000,000, so practicing with $250,000 limits is certainly risky on one hand.

On the other hand, many believe that by purchasing higher limits of liability, doctors become targets of the plaintiff attorneys and expose themselves to worse claims than by carrying lower limits. In Florida the “bad faith” laws often pass any danger of excess limits judgments to a doctor’s insurer, so some doctors believe that they can be comfortable by just purchasing the lowest limits.

One serious consideration against carrying low limits is this: if you practice with low limits of liability the insurance company claims managers say that they are much more likely to settle a case quickly because they do not want to expose the doctor or the insurance company to a possible multi-million dollar verdict against either of them. However, the newest twist to that thinking because of the passage of Amendment 8 is that possibly doctors would now rather have the insurance company eager to settle their case to avoid a “strike” on their claims record.

Conclusion

Even after considering all of these factors, the answer to which limits of liability you should carry is very personal as there is no “correct” answer. Much depends on how well you can sleep at night with little or no insurance coverage.

How much do you want to carry is very personal as there is no “correct” answer. Much depends on how well you can sleep at night with little or no insurance coverage.
When Connectyx Technologies acquired the technology assets of MedFlash® in 2007, Ronn Schuman saw much more than a run-of-the-mill Personal Health Record (PHR). He saw the kind of innovative technology that would revolutionize the burgeoning PHR industry by addressing consumer demands for an intuitive, interactive and easy-to-use health management system.

“MedFlash had the potential to be much more than a filing cabinet for storing healthcare information,” said Schuman, President and CEO of Connectyx, which specializes in providing unique products for the healthcare market. “Widespread consumer adoption of PHRs is integral to improving both the healthcare system and overall health and wellness of the U.S. population. The problem, until now, has been the industry’s failure to provide people with the kind of technology they have repeatedly told us they want.”

Schuman points to research from the California HealthCare Foundation (CHCF), in which 56 percent of participants who used a PHR felt they knew more about their health as a result. Fifty-two percent said they felt they knew more about care provided by their physician, while 40 percent believed the PHR led them to ask questions of their physician that they hadn’t asked previously.

“Despite those obvious benefits, PHR adoption remains low, somewhere between 3.5 and 7 percent,” he said. “And while there are obvious obstacles, such as concerns over privacy and security, an emerging point of view is that consumers aren’t going to pay for and use something that is basically a storage bin for static information.

They want something that will help them with health decisions and ultimately save their lives.”

The MedFlash ePHM

With MedFlash, Connectyx is providing an integrated offering that leverages physicians’ electronic medical record (EMR) systems, “smart” medical devices, mobile phones and social media to deliver a revolutionary electronic personal health manager (ePHM). The MedFlash proprietary ePHM is anchored by an online portal which provides a simple user interface, optimized for members to easily enter, store and manage their critical health information.

One key to the MedFlash ePHM is the proprietary MedFlash USB drive, which incorporates flash memory technology and connects to personal computers via the Internet and a standard USB interface. MedFlash proprietary synchronization software makes it easy for members to synchronize selected information from the online PHR Portal to their portable MedFlash drive. The software will also enable members to integrate smart devices and computer peripherals such as document scanners, blood pressure cuffs or fax modems.

“It is very important that all of our technology be something that does not require healthcare or technology expertise to use,” said Connectyx Chief Architect Michael Robbins. “We are a very consumer-oriented company and dedicated to provided products that focus first and foremost on consumer utility.”

In addition to the USB, the comprehensive MedFlash ePHM also includes a 24/7 call center and personal I.C.E. (in case of emergency) portal. The MedFlash Drive can also include personal documents uploaded by members such as x-ray images, doctor’s notes, living wills or photographs. The MedFlash system is highly secure, protected behind an encrypted system located in a Tier One and Tier Three server facility.

The common theme behind every advance it makes to the MedFlash system is Connectyx’s desire to provide consumers with a cost-effective product that is meaningful and helps them to improve their quality of life – and could potentially save their lives.

MedFlash is currently available at select pharmacy counters of Walgreens locations in Orlando, select Fred Meyer stores, Harris Teeter stores and other retailers throughout the U.S.

Staying True to Values

With a constant barrage of healthcare messages targeting consumers, it is easy for a constant barrage of healthcare messages targeting consumers, it is easy for a product— even one as impactful as MedFlash – to get lost in the noise. But Connectyx believes that its product, coupled with the company’s desire to genuinely impact the quality of life, makes the difference.

Adds CEO Schuman: “For Connectyx, it is not about fancy devices and top dollar marketing, it is about connecting people to the information they need to live healthier lives.”

For more information, call (800) 526-8006 or visit www.medflash.com.
How to Get Access to Your Local Healthcare Market Data

For those of you who don’t know, Florida has a unique patient database that can tell you what’s happening in Florida health care from a geographic, demographic, clinical, competitive, financial and physician standpoint. In other words, you can find out the five health care business W’s—who, what, when, where and why.

What is not an easy task is putting all of this data together so that it (a) makes sense; (b) can be easily used by data consumers in your hospital (which should be about everyone); (c) generates information fast; and (d) is cost-effective. Medi-Dat can help you solve these issues and more.

Simply put, Medi-Dat is an online health care executive decision support system that turns data into actionable information. In our 20 years of experience, we have found clients want simplicity. If a software system is not simple, the hospital/organization becomes the “go to” person. When data consumers were scheduled on a regular basis, they want an answer in seconds. It really doesn’t get any easier.

Here are some examples of how hospitals are using the Medi-Dat system to help leverage their resources:

**Reaching Out to Data Consumers:**
We have a health care system client in Kentucky that replaced an expensive decision support software system with Medi-Dat. Prior to using Medi-Dat, a vice president of planning was generating reports for other departments. As time and awareness progressed, requests were scheduled on a regular basis. Reports were constantly being regenerated because of communication errors, report layout errors and more detailed requirements, leaving the vice president with very little time to do his own work.

With Medi-Dat, the health care system was able to easily get all of its data consumers online with their own accounts. Within one hour, department heads were able to generate their own reports and manipulate the data according to their specifics. Medi-Dat also improved data reliability because all users were accessing the same database. Now when C-level executives meet, all attendees are on the same page.

**Disseminating Information:**
An 800-bed hospital in Dayton, Ohio, is a very proactive data client. Their strategic planning department uses Medi-Dat to quickly generate a quarterly competitive report to all clinical departments. For example, a cardiac department gets a report that compares their patient discharges, length of stay and other competitive information. In this instance, Medi-Dat was able to predict project outcomes and provide more information. You can also contact us by calling (888) 858-7177 or visit www.mymedidat.com.

**Saving Millions of Dollars:**
We worked with a 150-bed hospital in Delaware, Ohio, whose CEO wanted to build a sports medicine complex on their campus. This acquisition would cost millions to build and about another million or two to support each year. With Medi-Dat, we were able to bring up every orthopedic patient (inpatient and outpatient) in the state of Ohio. We drilled down into the data to find out that only 14 percent of Delaware county residents were utilizing the local hospital for orthopedic services. The large majority of patients were migrating to Columbus hospitals, in particular, Ohio State University Orthopedic Center. Obviously, the number of patients in Delaware could not support a sports medicine clinic. In this instance, Medi-Dat was able to predict project outcomes based on past (and present) orthopedic trends.

So how can Medi-Dat benefit your organization? If you would like the opportunity to see how our Medi-Dat system would be a good fit for your hospital or health care entity, we would be more than happy to schedule a 10-minute Webinar to provide more information. You can also contact us by calling (888) 858-7177 or visit www.mymedidat.com.

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**By Bill Sampsel**

8 June 2010
hospitalnews.org
South Florida Hospital News
VITAS ‘Broadens Scope of Expertise’

at SFHHA Healthcare Summit

“VITAS is an important multi-year sponsor of the Summit because they provide care at the end of life,” says Linda S. Quick, SFHHA president. “Their participation assures our attendees the broadest possible scope of expertise on our panels and encourages others in the long-term care industry to participate in the event. VITAS plays a leadership role in all aspects of the healthcare industry and the larger business community here in South Florida. They are incredibly generous corporate citizens who really do make a meaningful difference.”

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A Better Way to EHR Adoption

Electronic Health Records (EHRs) have been available for more than 30 years. Despite promises of improving outcomes and lowering costs, still only 38% of the nation’s 800,000 physicians use an EHR. The reasons for this low adoption rate are simple: most traditional EHRs fail to help doctors work smarter, see more patients, make more money, or deliver better care. Now Washington has stepped in to spur adoption. The HITECH Act – part of the stimulus package – is intended to encourage adoption by providing $44,000 in incentives from Medicare for “meaningful use” of an EHR.

These incentives won’t compensate for underlying EHR shortcomings. Physicians could become saddled with expensive software-based EHRs that drain revenue with maintenance and upgrade costs.

There is a better way...

athenaClinicals™, our web-based EHR service, transcends the failures of the past with a bold, yet simple solution. It’s rooted in a careful analysis of how EHRs can add value to patient workflow. It’s designed with an understanding of fundamental practice economics. Rather than drain revenue, the right EHR can provide a gain in revenue.

athenaClinicals allows doctors to achieve 100% of the benefits of a paperless EHR while documenting patient encounters as desired. It optimizes the patient workflow and helps reduce costs, including those associated with document management, patient orders, and results follow-up.

Ultimately, a fine-tuned workflow can drive higher EHR adoption, higher physician revenue, and better patient care.

The March 2010 KLAS report on EHRs found high doctor confidence that athenaClinicals is the “closest to achieving the meaningful use standards” among EHR vendors. We are so confident that we can help you get Medicare payments for “meaningful use of an EHR” through the HITECH Act incentive program that we guarantee that you will get your payment in the first year.*

That’s meaningful change that can truly benefit physicians and their patients.

To learn more about how athenahealth can provide a better way to EHR adoption, visit athenahealth.com/sfhn or call (866) 817-5738.

* As a service-based EHR, our monthly fee is the only payment we receive from our clients for our EHR. If you don’t receive the Federal Stimulus reimbursement dollars when they’re available, we will credit you 100% of your EHR service fees for up to six months until you do. This offer applies to HITECH Act reimbursement payments only. Additional terms, conditions, and limitations apply.

E-mail your editorial submissions to sfahospitalnews@aol.com
North Shore Medical Center Names New Chief Operating Officer

Manny Linares, Chief Executive Officer at North Shore Medical Center recently announced the appointment of Patricia Sechi, as Chief Operating Officer. Prior to her appointment as Chief Operating Officer, Sechi served at North Shore’s Associate Administrator/Director of Business Development.

Prior to coming to North Shore, Patricia was a Senior Search Consultant for Medical Search Solutions, San Antonio, TX. Prior to that, Patricia worked for Memorial Healthcare System and Aventura Hospital as Director of Business Development.

Victoria London Named to South Miami Hospital Foundation Board of Directors

Victoria London has been named to the South Miami Hospital Foundation Board of Directors. As founder and CEO of London PR Company, London lectures in the United States and Europe on emerging economic markets and citizen diplomacy. In addition to her speaking engagements, London is a partner and controller of London Real Estate Company.

London serves as an Honorary Consul of Romania in Florida. After moving to Miami in 1974, she worked as an investment advisor at Southeast Bank and at Goldman Sachs.

Broward Health Imperial Point Medical Center Welcomes New Clinical Specialist

Mary Naccarato, MSN, RN, CCNS, CEN, has joined Broward Health Imperial Point Medical Center’s nursing team. Naccarato will assume duties as the center’s new clinical specialist covering the emergency and critical care areas.

Naccarato began nursing in Cleveland, Ohio in 1972, and has an extensive background in critical and emergency nursing as a specialist. Prior to joining IPMC, she was the Clinical Nurse Specialist/Nursing Research Co-Chair at Holy Cross Hospital in Fort Lauderdale. From 1999 to 2006, she served as Director of Case Management, Risk Management Designee, and Supervisor at Cleveland Clinic in Naples, FL.

Elizabeth Diaz de Villegas Named to Baptist Hospital Board of Directors

Elizabeth Diaz de Villegas has been named to the Board of Directors of Baptist Hospital in Kendall. Diaz de Villegas is president and CEO of Realty World International Gateway, Inc. She is also regional director of Realty World, overseeing Florida operations and assisting over 20 brokers and owners in recruitment, training and marketing.

Trane Appoints Former Hospital Sr. VP/Chief Administration Officer to Lead Trane’s Health Care Solutions Division

Trane has appointed former Jackson South Hospital CAO Stuart Podolnick to lead the Health Care Solutions Division in the South Florida Market. Stuart Podolnick’s role will entail him to educate healthcare leaders throughout the South Florida market and introduce solutions for improving their performance by increasing overall efficiency and optimizing the environment of care.

Palm Beach Gardens Medical Center Names Corinne Campbell-Romano as New Chief Nursing Officer

Palm Beach Gardens Medical Center is pleased to announce that Corinne Campbell-Romano, RN, MSN, CENP, has been named Chief Nursing Officer.

Campbell-Romano was most recently at St. Mary’s Medical Center, where she served as the hospital’s Associate Chief Nursing Officer for more than four years. She has 29 years of nursing experience, the majority of which have been in management and leadership roles.

Powerhouse Team Elected to Inaugural Board of Hospice of Palm Beach County Foundation

A group of Palm Beach County’s most esteemed community leaders and philanthropists have joined together to serve as the Board of Directors for Hospice of Palm Beach County Foundation. Serving as Chairman is Harold Stayman. Richard Callahan, Esq. will serve as Chair Elect, Hon. Maria Bacinich as Secretary and Tom Quick as Treasurer. Additional members of the Board include Bishop Oshea Granger, Ted Leopold, Esq. William Flaherty, Vicki Rautbord, Timothy Rooney, George (Peter) Summers, Betty Frank and William (Bill) Quinn, II.

New Additions to Hospital Leadership Team

Palm Beach Gardens Medical Center is pleased to announce the recent appointments of several new managers to its leadership team.

- Sandy Rodriguez, RN-CEN, has been named Chief Nursing Officer.
- Corinne Campbell-Romano was most recently at St. Mary’s Medical Center, where she served as the hospital’s Associate Chief Nursing Officer for more than four years. She has 29 years of nursing experience, the majority of which have been in management and leadership roles.
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Lower Keys Medical Center is pleased to announce the recent appointments of several new managers to its leadership team.

- Sandy Rodriguez, RN-CEN, is returning as Emergency Department Manager. Rodriguez previously held the same position in 2005 but stepped down in 2007 and acted as Nursing Supervisor for 3 years.
- Cecile Lewis, as Admissions Manager. Originally from Anchorage, Alaska, Lewis moved to the Florida Keys 5 years ago and was employed at Fisherman’s Hospital in admissions.
- Debbie Oliver, RN-BC, BSN, is returning as Education Manager after a year as a board-certified registered nurse in Labor and Delivery.
- Katie Wyrwicki, as Nutritional Services Manager. Wyrwicki worked in dietary services for 5 years, then purchasing for 2 years and then advanced to Dietary Services Supervisor.
Alisabeth Hearron Joins Miami Neurological Institute

Alisabeth Hearron, ARNP, has joined Miami Neurological Institute as a nurse practitioner.

Hearron earned her Bachelor of Science in Nursing degree at the University of Texas Medical Branch in Galveston, TX and her Master of Science in Nursing and Doctorate of Nursing Practice degrees from the University of Miami in Coral Gables, FL. She is a certified member of the American Academy of Nurse Practitioners as well as the Association of Perioperative Nursing and the University of Miami Graduate Student Association.

Ivette Miranda Named Associate Administrator at Palm Beach Gardens Medical Center

Palm Beach Gardens Medical Center is pleased to announce that Ivette Miranda has recently been named Associate Administrator at the facility.

Miranda has nearly 20 years of healthcare experience, having most recently served as the Manager of Patient Access for PBGMC where she oversaw the daily operations for patient registration. Prior to joining PBGMC, she was the Director of Staff Management for Avega/MedAssests and worked with Intracoastal Health Systems in various leadership positions for more than nine years.

Marcos Antonio Ramos, Ph.D., Named to South Miami Hospital Board of Directors

Marcos Antonio Ramos, Ph.D., has been named to the Board of Directors of South Miami Hospital. Dr. Ramos has also served as a member of the Board of Trustees of Baptist Health South Florida since its inception.

Dr. Ramos is Professor of History at Florida Center for Theological Studies and a Senior Research Associate at the Institute of Cuban and Cuban American Studies at the University of Miami.

Doctors Hospital Foundation Names Three New Board Members

The Doctors Hospital Foundation recently named three new members to its Board of Directors, Miguel Cano, Agustin G. de Goytisolo and Nick Waddell.

Cano is a licensed mortgage and real estate broker and a corporate finance advisor. He is the managing director for Biscayne Finance Company in Coral Gables.

De Goytisolo is a mortgage banker at Gibraltar Private Bank in Coral Gables and prior to that was president of Georgetown Mortgage in Coral Gables.

Waddell is the owner and president of Nick Waddell Insurance Agency, a State Farm Insurance Agency in Coral Gables.

Westside Regional Medical Center Announces New Chief Financial Officer

Kevin Corcoran has accepted the position as CFO of Westside Regional Medical Center. Kevin has over 19 years of experience in the financial field and has been with HCA for the past twelve years. During his time with HCA, Kevin has most recently served as CFO for HealthOne North Suburban Medical Center in Denver, Colorado since 2003. Prior to that Kevin served in various financial capacities at a variety of HCA facilities. He has a Bachelor in Business Administration from Georgia State University as well as his CPA.

Lehach Begins Tenure as Chairman of the Board of Directors for Martin Memorial Health Systems

George Lehach, president of Northern Trust Bank in Martin County, began his tenure in April as Chairman of the Board of Directors for Martin Memorial Health Systems. Lehach has served as a member of the Martin Memorial Board of Directors since 1997, including three years as vice chairman.

Lehach is a past president and board member of Hibiscus Children’s Center and Foundation. He has also served on the boards of the Lyric Theatre, Atlantic Classical Orchestra and the Martin County Council for the Arts.

E-mail your administrative and staff appointments to judy@hospitalnews.org

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New Physicians Join Medical Staff at Boca Raton Community Hospital

Boca Raton Community Hospital (BRCH) announces the appointment of Julio E. Montijo, D.O., and Keviene W. Rutherford, M.D., to the Hospital’s medical staff. Dr. Montijo is board certified in family practice. Dr. Rutherford is board certified in internal medicine.

Local Physician Promoted to Associate Medical Director for VITAS Innovative Hospice Care®

Marc Kaprow, D.O., FACOI, has been promoted to associate medical director for VITAS Innovative Hospice Care® of Broward County. Board certified in internal medicine, Kaprow joined VITAS in 2008 as a home care team physician. In addition to his work with VITAS, he continues his private practice as a hospitalist in Broward County. He is a clinical assistant professor in the department of internal medicine at Nova Southeastern University College of Osteopathic Medicine in Fort Lauderdale. He also is medical director for Memorial Home Health Care, South Broward Hospital District.

Two Physicians Join Delray Medical Center Staff

Delray Medical Center has announced that Todd Zsumer, D.O. and Wayne E. Tobin, M.D., have joined the hospital’s medical staff.

Dr. Zsumer received his Bachelors of Arts in Psychology and Biology Zoology at the University of Texas in Austin. Dr. Zsumer then earned his Doctor of Osteopathic Medicine at Nova Southeastern University. He fulfilled his chief internship at Columbia Hospital in West Palm Beach, his residency in radiology at Mt. Sinai Medical Center and his residency in family practice at Westchester General Hospital.

Dr. Tobin attended Tulane Medical School for his M.D. degree, and fulfilled his internship, neurology residency, and chief residency at Mt. Sinai Hospital, in New York, NY. Dr. Tobin was also a special trainee at the Institute of Neurophysiology-Copenhagen, and a clinical associate at the National Institute of Health-Bethesda, in Maryland.

Local Doctor Appointed to Medical Director of Holy Cross Medical Group

Cristina Mata, M.D., MBA, has been appointed Medical Director of the Holy Cross Medical Group. During the last three years Dr. Mata served as assistant medical director of the Holy Cross Medical Group.

A member of the Holy Cross Medical Group since 1993, Dr. Mata has served in various leadership roles of increasing responsibility including as Director of Women’s Health and Metabolic Services. Since 2001, she has served on the Board of Trustees at Holy Cross Hospital, and since 2000, she has been a member of the Holy Cross Medical Group’s Executive Committee. Dr. Mata also has served as Medical Director of Diabetes, Treatment Centers of America, North Ridge Medical Center and Medical Director of the Diabetes Center, Florida Medical Center.

Bradley S. Feuer, D.O., JD, Receives Fellow Award of the ACOFP

Bradley S. Feuer, D.O., JD, received his designation as a Fellow of the American College of Osteopathic Family Physicians (ACOFP). Dr. Feuer currently serves as the Regional Director for Nova Southeastern University’s Palm Beach Academic Center and as a Clinical Professor of Family Medicine at Nova Southeastern University College of Osteopathic Medicine, Philadelphia College of Osteopathic Medicine and Kansas City University of Medicine and Biosciences.

North Broward Medical Center Appoints New Medical Staff

Broward Health North Broward Medical Center has added the following physicians to its medical staff: Dr. Robert Ansara, Family Medicine; Dr. Erin Berk, Emergency Medicine; Dr. Evan Boyar, Emergency Medicine; Dr. Jon Johnson, Trauma Surgery; Dr. David Kahn, Medical Oncology; Dr. Rebecca Rey, Family Medicine; and Dr. Hazel Wiley, Neurology.

American Academy of Wound Care Management Appoints Broward Health Physicians to Board of Directors

The American Academy of Wound Care Management has appointed Broward Health physicians Juan Bravo, M.D., at Imperial Point Medical Center’s and Coral Springs Medical Center’s Center for Wound Care and Hyperbaric Medicine, and Robert Snyder, D.P.M., Coral Springs Center for Wound Care and Hyperbaric Medicine to its board of directors. Snyder will serve as president-elect.

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Law Office of Eric Yankwitt Esq.
Attorney at Law

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EHR: Will You Be a Winner or a Loser?

By Sandra Greenblatt, Esq.

Lisa Rawlins, new Executive Director of the S. FL REC, expressed her philosophy, shared by several other IHT2 presenters, that providers will benefit most if they look at health information technology, not as a mere tool, but as a new line of business/service, which can create patient loyalty, enhance services to patients, such as online appointment scheduling, email communication with physicians, online prescription refills and referrals, etc.

There was consensus that patients will be driving physicians to EHR even more than federal subsidy funds, as they demand more access to their personal health information ("PHR") and more convenient services, such as described above. Physicians in the forefront of EHR adoption can differentiate themselves in the marketplace by offering their patients secure online portals to view their PHR, receive educational information, disease management and other desirable benefits.

In addition to ARRA incentive funds and REC support, Congress and CMS created new exceptions to the Stark Law and Anti-Kickback Statute to enable hospitals, payors and other larger providers to help physicians with the cost of EHR, if such assistance meets certain requirements. Lastly, the IHT2 speakers agreed on the importance of spending the time and resources necessary to negotiate their EHR contracts with the vendors. Price is only one component. Assuring that vendor promises of their product achieving "meaningful use" and qualifying for ARRA subsidies are written into the contract, as well as customizations needed for your practice, maintenance and support obligations and remedies if the technology has problems or fails, are critical to the long term success of your investment in EHR and other health information technology. Don't accept the vendor's standard statement that its contract is not negotiable. This is generally not true and if it is, strongly consider saying goodbye to that vendor.

Sandra Greenblatt, Esq., is an AV Rated, Board Certified Health Lawyer and served as General Counsel to the South Florida Health Information Exchange. She may be reached at (305) 577-9995 or sg@healthlawyer.com.

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North Broward Medical Center (NBMC)

Emergency Preparedness has been built on the lessons of past hurricanes, as well as what organizations like FEMA and The Joint Commission have learned from the entire spectrum of calamities that have happened since the infamous 9/11. Hospitals, like NBMC, are using an ALL-HAZARDS approach to Emergency Preparedness which is based on the national standard for disaster response: National Incident Management System. All responding organizations, whether from local municipalities, state or Federal partners, use the Incident Command System (ICS) to manage and control an incident. ICS is a flexible, standardized, on-the-scene incident management concept. It is designed specifically to allow responders to adopt an integrated, organizational structure equal to the complexity and demands of any single incident, or multiple incidents, without being hindered by jurisdictional boundaries.

The staff at NBMC have all been trained in the NIMS/ICS and have certificates from FEMA on file. All new employees have to take and pass the NIMS training course which consists of 3 modules from FEMA. Assistant Managers and above take an additional FEMA NIMS module structured for managers.

NBMC, like other healthcare facilities, has made special preparations for all hazards, but at this time of year the hospital focuses on its hurricane readiness. As the start of the hurricane season nears, NBMC reviews its hurricane preparedness and response plans, readying supplies that are stored in preparation for a hurricane response, such as disposable bed linen, potable water, and many other items often used should a hurricane impact our hospital. The inventories of medical and other essential supplies are enough to allow our hospital to continue to function for up to 4 days, if needed. Before it is necessary to request outside resources.

NBMC conducts a Hurricane Tabletop drill with our management team to ensure we have ample supply of medical gases, such as oxygen, generator fuel, water for drinking and food preparation as well as enough food for patients and staff. NBMC maintains a water well that is able to provide non-potable water for sanitary purposes. The emergency generators are tested monthly to be sure the facility will have power if municipal power is lost. A portable generator unit is brought on site for the duration of the hurricane season to provide an additional back-up to the emergency generators to assure continuity of hospital operations during and following a hurricane. Agreements have been signed with key suppliers of food, water, linens, medical supplies and pharmaceuticals to be sure they have ample supplies to bring in the event of an impending storm to fortify our local inventory, or to re-supply from remote locations after the storm in the Recovery Stage of the event.

Each year, the individual hospital departments update their response plans which include a phone contact list and scheduling of staff before, during and after the hurricane. A Disaster Preparedness Guide for staff and managers is provided each year to help them prepare their homes and families for an impending storm. The Guide contains helpful information like pet care, child care considerations, what to do with valuable documents, how much water to have on hand (1 gallon per day per person for 7 days), store up dry foods and canned goods like tuna fish, evaporated milk, etc., propane fuel or charcoal for the barbeque, fill the bath tub and large containers for cooking and cleaning water and many other practical ideas.

Joseph Vota, Regional Manager, Safety, Security, Emergency Preparedness, Broward Health North Broward Medical Center, can be reached at (954) 786-5157 or JVOTA@browardhealth.org.

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Ready When the Time Comes Volunteer Program Helps South Florida Prepare for Hurricane Season

While many want to help during hurricane or other disaster relief efforts, having the right training is essential to an effective response. Ready When the Time Comes: a program from the American Red Cross and facilities maintenance supplier Grainger, ensures that volunteers are trained and ready to assist before a disaster strikes in South Florida.

On Saturday, June 5, the local Red Cross will officially launch its Ready When the Time Comes program with employees from national founding sponsor Grainger and local lead sponsor Credit Suisse participating in a full-scale shelter simulation.

“June is the beginning of hurricane season and while South Florida was spared a direct hit during the past few years, some residents have been lulled into a false sense of security. Now is the time to prepare, long before any storm threatens our community,” said Sam Tidwell, CEO of the American Red Cross South Florida Region. “The American Red Cross is ready around the clock to provide a safe place for our neighbors. And in times of great need, we count on our partners like our Ready When the Time Comes volunteers to help us provide vital relief services.”

Ready When the Time Comes allows the Red Cross to recruit and train volunteers from local companies and organizations so they can be mobilized quickly. Program volunteers receive specialized training in crucial disaster response, such as shelter operations, large-scale feeding efforts, and damage assessment. In the event of a local large-scale disaster, the Red Cross can count on Ready When the Time Comes corporate partners to support their disaster response efforts.

Ready When the Time Comes exemplifies how businesses across the nation are getting involved to ensure their communities are prepared to respond when disaster strikes. More than 450 companies and organizations in 40 cities have joined Ready When the Time Comes, training more than 10,000 employee volunteers in disaster relief.
West Palm Beach VA
Medical Center Prepares For the 2010 Hurricane Season

With the 2010 Hurricane Season upon us, the VA Medical Center in West Palm Beach is rolling out two new initiatives that will significantly enhance each of the traditional four phases of emergency management – Preparedness, Mitigation, Response and Recovery. These new initiatives are the integration of two electronic notification systems and two Internet-Based, healthcare Incident Command Systems. These new programs are “on-line” and ready for use by staff who may be assigned duties at the medical center during a storm event and/or by those who may be out of Palm Beach County. Throughout the United States, the healthcare industry has recognized that communication is essential to effectively manage all aspects of any type of disaster from internal situations to external calamities. With the new electronic notification systems, the medical center can communicate effortlessly to activate specific key staff and response teams of doctors, nurses, medical technicians, and support staff to prepare for, and respond to, critical incidents that may have the potential to adversely affect Veteran healthcare, patient and staff safety, and the security of the facility.

The electronic notification systems are state of the art, Internet-Based systems that are pre-loaded with key staff telephones (office, home, and cell phone) and pager numbers along with multiple email addresses that support communications via voice and text. The systems also operate via SMS, MMS, VOIP and BlackBerry® smart phones thus ensuring seamless continuity of operations during any type of situation.

The Joint Commission has fashioned emergency management performance guidelines into a set of standards that include effective emergency communications. These standards embrace requirements for back-up communications processes.

With these electronic notification systems, the medical center adds another tool which enhances compliance to the standards by allowing for communications with staff through any electronic device that receives voice or text notification along with supporting requirements for communication with external authorities, patients and their families and critical hospital suppliers. As an added bonus, the system can deliver and track all communication for compliance purposes and after action reporting.

Emergency Management, like all disciplines, depends on the sharing of information and knowledge. The Florida Emergency Health Volunteer Registry is vital to the future of communication for the purpose of emergency notification.

The VA has extensive IT applications but none that are geared specifically towards health care emergency management. To resolve this issue, two Web-Based incident management systems have been integrated into the Medical Center’s Hospital Incident Command Center (HICC). The Medical Center is now linked with the Palm Beach County Division of Emergency Management’s Emergency Operations Center (EOC) through a system known as Web EOC. This system is a major emergency management tool for county EOCs around the state. Each hospital in Palm Beach County has access to Web EOC through the county and it is the main tool for hospitals to report status and make any requests to the county and vice versa.

The second Web-Based system is an emergency management software system for mostly hospital internal use within the HICC, it is also linked up with the county and regional (Region 7) EOCs who can view special reports concerning community region hospital status. It is not, however, designed to fully interact with organizations outside of an individual hospital. The VA Medical Center will use this system for internal tasks, assignments and documentation for After Action Reports.

Future initiatives that the Medical Center will be exploring are the use of Social Media in preparing, planning and response activities and a renovation of both the VAMC West Palm Beach’s Internet and Intranet Emergency Management web sites. These newly populated online programs have evolved over the past few years into a new form for communications – that of updating, tweeting, posting, and short videos.

The last pace of information exchange has become attractive to veterans of all ages and has become a phenomenon that is rapidly transforming the nature of communications in our society. Social Media is the future of communication for the purpose of emergency notification.

T. Michael Self, Emergency Preparedness Coordinator, VAMC West Palm Beach, and Chair, Healthcare Emergency Response Coalition of Palm Beach County, can be reached at (561) 422-5496.

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- Dentists  
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- Interpreters  
- Chaplains  
- Legal Advisors  
- Amateur Radio Operators  
- Logistics Experts

*Retired or in active practice

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BROWARD  MIAMI-DADE  PALM BEACH  MONORE
Preventing for Disasters Key to Surviving Them

Hospitals are considered critical infrastructure in a community when disaster strikes. The community hospital is there to treat those who have been injured or are sick as a result of either a natural disaster (such as hurricanes or tornadoes) or man-made disasters (like terrorism, bomb blasts, chemical or biological exposures). Hospitals are prepared to react to disasters and switch into a higher gear when the community needs them the most.

Martin Memorial prepares for disasters by first preparing its associates, who are urged to create their own families’ disaster plans first. This will ensure the hospital associates know where their families will be and that their families are well positioned to get through the disaster. This allows the associate to truly focus on providing for patient care needs. Martin Memorial supports associates during disasters with services such as child and elder care, pet care, sleeping accommodations and meals to eliminate those concerns.

Another way Martin Memorial prepares associates is through disaster training and drills to practice responding to disasters. Many times, the drills are conducted in conjunction with local emergency management officials, fire rescue officials and hazardous materials specialists.

Recently, Martin Memorial partnered with Martin County Emergency Management, Martin County Fire Rescue and the City of Stuart Fire Rescue to practice emergency response to “victims” who had been injured and contaminated with a hazardous material. In preparing for the drill, associates – including physicians, nurses, respiratory therapists, facilities engineers, environmental services personnel and security personnel – attended a class on how to provide medical treatment to a victim who is contaminated with a hazardous material.

Following the classroom training, an actual drill was conducted with many “patients” who were injured as well as contaminated. The staff had the opportunity to practice treating the injury and managing and containing the contamination.

Martin Memorial has faced natural disasters in the past, being hit by a total of two hurricanes in 2004 and another in 2005. We have learned much from those experiences. That is why we believe emphasizing associate preparedness and providing rigorous training for a variety of potentially catastrophic events will make us well prepared to deliver care for the community in the event they occur.

Sharon Andre, Assistant Vice President for Associate Health, Corporate Safety and Rehabilitation Therapies, Martin Memorial Health Systems, can be reached by e-mail at sandre@mmhs-fla.org.

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*Disaster Emergency Plan for All Emergencies*

Continued from page 1

The utmost importance so HospiceCare of Southeast Florida requires that all staff maintain charged cell phones, and when the emergency disaster plan has been activated, all staff even if you are not technically on call, are to respond to communication requests by answering your phone, test messages or emails.

As a team, we can help each other through a highly stressful time. All staff who volunteer or are assigned will be locked in for the duration of the emergency or until relieved. It is our goal to relieve staff at the earliest, safest moment. Assignments will be given to staff to assure that all patients and staff are safe starting with making contact with each patient and family.

HospiceCare will take into consideration the needs of the staff and their families, but we also need to work together so no one has to work the entire emergency without assistance or relief. Patient/Families fill out a Disaster Activation Form to tell HospiceCare if they will evacuate and the location they will be going to, along with the name and phone numbers of their contact person.

Each patient, staff member, and volunteer is provided with the HospiceCare of Southeast Florida Hurricane preparedness brochure. This brochure contains all the pertinent information including shelter locations, how to register for special needs shelter accommodations, and how to prepare to remain at home. Clients will be assessed for special needs shelter or the higher acuity special needs shelter registration by HospiceCare staff. Education is provided to patients on taking their own medications and our pharmacy delivers a two week supply of medication upon emergency activation. All staff should do this same thing for themselves and their family member's medications.

All staff are to be off the road when the winds reach a sustained speed of 39 miles per hour.

Information will be shared with Television and Radio Stations – so you are able to remain informed about the status of HospiceCare, its offices, and when the all clear is sounded.

After Wilma – the campus in Broward required hours of debris removal. We were without power, in spite of having a generator, for two weeks.

Pre-planning for our families safety, and monitoring our patients for medications that need to be re-ordered routinely will assure that staff will be able to "tuck" our patients in, then be home with their own families to complete their preparations for the emergency.

This is why it is so important that we encourage our patient/families, and we all do this as well to be prepared – lay in supplies prior to June 1st. Also, preventing the spread of a communicable disease during an emergency is important by good hand washing, covering your sneeze with your arm, and sanitizing your belongings including your phone.

Please keep in mind that an alternative site may be one of HospiceCare of SE Florida’s offices, i.e. If Miami is hit by a hurricane or another emergency, the Broward or Monroe offices can be an alternative site.

Pat Byrnes is Director of Administration for HospiceCare of Southeast Florida, Inc. For more information, call 1-800-HOSPICE or visit www.hospicecareflorida.org.

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18 JUNE 2010 hospitalnews.org South Florida Hospital News
Unique Hospice and Palliative Care Unit Provides Patient Care and Physician Training

In a unique partnership, VITAS Innovative Hospice Care® and the University of Miami Miller School of Medicine have established an inpatient hospice unit that provides quality, compassionate end-of-life care to its patients and serves as a world-class training ground for the next generation of hospice and palliative care specialists. The 10-bed, state-of-the-art VITAS Hospice and Palliative Care Unit at the University of Miami Hospital offers South Florida patients and their families a more complete range of options in hospice care. It also serves an educational purpose, thanks to a five-year, $500,000 grant made by VITAS to the Miller School of Medicine to establish a fellowship program in hospice and palliative care.
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Cover Story:
The Future of Medical Office Buildings

Continued from page 1

Baptist Medical Plaza at Davie is now open. The new outpatient center offers diagnostic imaging and urgent care for the whole family. Baptist Medical Plaza’s diagnostic center offers MRI, CT scan, digital mammography, bone densitometry, ultrasound, echocardiogram, electrocardiogram, digital X-ray, core biopsy, Holter monitor, laboratory services and noninvasive vascular ultrasound, and utilizes the most advanced digital technology. Next door in the urgent care center, highly skilled, compassionate Baptist Health doctors and nurses are on-site to treat the whole family's minor illnesses.

Baptist Medical Plaza Opens
Second Location in Broward County

HEALTHCARE REAL ESTATE
HEALTHCARE REAL ESTATE, CONSTRUCTION, DESIGN & FACILITY PLANNING

Aventura Hospital and Medical Center Awarded the City of Aventura ‘Go Green Award’

Aventura Hospital and Medical Center was recognized for the second year in a row by the City of Aventura as a “Go Green Initiative Award” recipient for its energy conservation efforts. This year, Aventura Hospital and Medical Center was commended for its efforts to save trees and reduce waste through its new Medical Records print minimalization program. Since undertaking this initiative in November 2009, Aventura Hospital has successfully reduced toner cartridge waste by 85 percent. More significantly, the Medical Records department decreased monthly paper consumption by 2,650 pounds, the equivalent of saving 608 trees each year. In addition to reducing waste, Aventura Hospital also uses native trees and plants for its landscaping and places automatic timers with rain sensors on all lawn sprinklers to conserve water.

Outpatient Rehab Center Moves to Aventura Hospital’s Main Campus

Aventura Hospital and Medical Center is proud to announce that its Outpatient Rehabilitation Center has officially moved to the hospital’s main campus. The Outpatient Rehabilitation Center now resides on the 5th Floor of Aventura Hospital’s South Tower.

The Outpatient Rehabilitation Center at Aventura Hospital and Medical Center is comprised of a specially trained staff that provides a unique rehabilitation setting by offering a variety of services in one location, including Physical Therapy, Occupational Therapy, Speech Language Pathology, Lymphadema, and Hand Therapy.
There is no other sector of Construction where choosing a Qualified Contractor is more important than in Healthcare. Many of the Public Hospitals feel that they must make work available to all; this is a dangerous road to travel.

Healthcare construction, especially within the confines of a fully operational Hospital, can be very risky business. The Contractor must be keenly aware of their surroundings, what effect their work will have on others, especially when it involves the shut-down of utilities. There is an immeasurable amount of communication that must take place prior to the start of any project within a Hospital. It is extremely important to involve all parties that will be affected, even in the slightest of ways. For example, when renovating a Radiology Department, aside from the obvious Administration Personnel, an experienced Contractor will coordinate with Facilities, Nursing Director, Radiology Director and possibly any other adjacent departments, so that any re-routing of patients will be fully coordinated, prior to the start of the Project.

An experienced and qualified Contractor will have a schedule defined in detail of what will be taking place over the upcoming weeks, so that no one is surprised by any modification to the normal routines. Lack of preparation is the main cause of unnecessary disruption, and the failure to notify all involved during any sort of utility shut-down could put patient lives at risk.

The most effective way to control the selection of qualified contractors at your facility is to put into place the proper screening and selection process. The most effective ones I have taken part in, are where the need for the qualified contractors is advertised, requesting their experience in writing, specifically as it relates to Healthcare work. From there the most qualified contractors are interviewed and a list of four to six contractors is created before a specific project is planned. This list is most times revisited every 2 to 3 years. This process usually works best for the smaller projects, $3 million and under. For the larger projects this same process is used, but for a specific upcoming project and on a one-time basis.

The idea of getting as many bids as possible from any contractor who is interested is not the best practice when it comes to the highly sophisticated construction that is Healthcare. The collateral damage that can be caused by utilizing inexperienced Contractors is immeasurable. The decision to save a few dollars upfront will never seem rational once the damage has occurred.

BY NELSON FERNANDEZ

Nelson Fernandez, Vice President, ANF Group, Inc., can be reached at (954) 693-9900 or nfernandez@anfgroup.com.
This seems to be a term that has come into favor in our ever-changing times. What is New Normal? It is similar to the term “when life gives you lemons, make lemonade.” Some thing has drastically changed in your life — it could be a job loss, a new baby, or a death in the family. Whatever has changed, you can either mourn what is missing or pick yourself up by your boot straps and accept the “New Normal.” This world we live in seems to need to put labels on all aspects of life. Today’s world of instant gratification and immediate responses needs to justify these life changing events and put them in a nice neat box. Lee Woodruff, the wife of ABC News anchor Bob Woodruff who had a traumatic brain injury in Iraq, speaks so eloquent-ly about her life’s “New Normal” on her blog and in her books. This was my first exposure to “New Normal” terminology: http://leewoodruff.com/blog/?m=200903

My nephew lost his legs two years ago in Iraq and since then my brother and our family have learned to live with the “New Normal” of our world. Life at Walter Reed, endless surgeries, therapy and uncertainty of what his world will look like.

Terminally ill patients and their families live each day with the uncertainty of their “New Normal.” This term can be tossed around in many arenas. But what exactly does it mean, especially for the caregivers of the person affected? There can be a New Normal for a patient suffering a disease, but along with that the whole support system for that patient now has to deal with a new normal. It seems that the “New Normal” is simply a crossroads in life that requires a choice. How you see that choice is either the way it used to be or the New Normal of how it will have to be.

As a health care professional, this phenomenon needs to be identified, discussed and a plan put in motion to embrace the “New Normal.” We are part of the support system for all of the endless possibilities of the life-changing events that can lead to a “New Normal.” The challenge is how we deal with the people we come in contact with who are at these crossroads.

Nina Plonka is an Administrator with CSI Caregiver Services Inc and has 14 years experience with Nurse Registries’ compliance and quality of care. CSI currently refers caregivers in 45 counties throughout Florida.

For more information, call 877- Caregiver. Available 24 hours per day / 7 days per week /365 days per year.
Continued from page 1
By 2030, according to the U.S. Census Bureau, the older adult population will grow to more than seventy million and account for one in every five Americans. Several studies have analyzed the impact of aging on health care costs. Mendelson and Schwartz (1993) found that from 2000 to 2030 there would be a 20 percent increase in health care costs due to aging. Keenan, Lazenby, Zezza and Catlin (2004) found that for elderly people the average health care expense in 2002 was $11,089 per year versus $3,352 per year for working-age people (ages 19-64).

As Boult, Counsell, Leiprecht and Berenson (2010, p. 813) noted, many older people, especially the "oldest old" have multiple chronic diseases (i.e., hypertension, heart failure, and diabetes) as well as geriatric syndromes, such as falls, disability, and cognitive decline, that require interdisciplinary clinical teams who address not only specific diseases and syndromes but also the interactions of medical, social, and mental health factors.

Within a medical home, the older individual would receive the continuity of care and coordination needed to address their multiple needs. For example, in 2007, North Carolina's medical home model referred to as Community Care of North Carolina (CCNC) initiative not only improved quality of care of its older residents but also reduced overall health care costs by $154 million. CCNC adopted four program components, all designed to strengthen the ability of the primary care provider to manage patient care and improve patient outcomes: (1) formation of community networks, (2) population management tools, (3) case management and clinical support, and (4) data and feedback. Dultid and colleagues (2008) evaluated the medical records of nearly 2,000 state Medicaid recipients ages 50 and older and found that patients who had been treated by the same practitioner for more than five years were twice as likely to be screened for colorectal, breast, and cervical cancers as those who had been with a practitioner less than two years. In addition, other research has indicated the effectiveness of CCNC for Medicaid patients with asthma, diabetes, and other chronic ailments. Dultid et al. found that patients with longer-standing, continual relationships with their primary care provider were far more likely to be screened for certain cancers. This provides further evidence for the medical home model approach that serves as a central resource for a patient’s ongoing medical care. Medical homes can improve patient outcomes but also reduce overall health care costs. Various medical home models have been piloted over the past two decades through numerous demonstration projects (Strenger, 2007). However, until recently, it has been difficult to identify the critical elements of the various models that have led to improved clinical outcomes and reduced costs. Fields, Leshen, and Patel (2010, p. 823) have identified four common elements after comparing multiple variations of the medical home model that they believe “truly creates value and can be replicated broadly.”

The four common features are (1) use of dedicated care managers, (2) expanded access to health practitioners, (3) data-driven analytic tools, and (4) the use of incentives. These common features are similar to the CCNCs’ program components.

As we move forward with the implementation of our nation’s healthcare reform, policymakers need to support the development and implementation of medical homes. This cost-effective model of medical care, especially those designed for specific populations with multiple chronic diseases, can improve quality outcomes while eliminating unnecessary healthcare spending.

Nancy Barkowski, Director, Healthcare Management Programs, Chapman Graduate School of Business, Florida International University, can be reached at (305) 349-2589 or nborkows@fiu.edu.

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Community Care of North Carolina Available: http://www.communitycarenc.com
Fields, Leshen, and Patel (2010). Driving quality gains and cost savings through adoption of medical homes. Health Affairs, 29, 5, 819-826

Cover Story: Medical Homes and Older Adults

A Brief History of the Term ‘Medical Homes’

1992 - The American Academy of Pediatrics (AAP) published a proposed definition describing the medical home as "medical care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate and culturally effective.”

2002 - The AAP issued a new policy statement that provided an expanded and more comprehensive interpretation of the medical home concept as well as an operational definition of the medical home. The updated definition included characteristics to assure that (1) family-centered care included all members of the family, (2) unbiased, culturally sensitive information was provided on an ongoing basis that includes not only health but also community assets that could be accessed by the family, and (3) continued included that the same primary pediatric health care professionals was available from infancy through adolescence and young adulthood.

2006 - The Patient-Care Primary Care Collaborative (PCPCC) defines the PCMH as "an approach to providing comprehensive primary care to adults, youth and children.”

2007 - The National Committee on Quality Assurance (NCQA) defines a PCMH as “a health care delivery system that partners between individual patients, and their personal physicians, and when appropriate, the patient’s family, is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need it in a culturally and linguistically appropriate manner.”

2008 - The Centers for Medicare and Medicaid (CMS) defines a medical home as physicians’ practices that can demonstrate they have the capabilities to provide services within six domains: continuity of care, clinical information systems, delivery system design, decision support, patient/family engagement, and care coordination.

Social media has evolved much past personal networking to become a widely utilized tool in the business world; especially in recruiting. Facebook has over 100 million engaged users, with 50% of that group logging on daily. Twitter has over 105 million registered users, with 300,000 new users signing on daily. This is an incredibly large, engaged audience that should not be ignored by companies looking for great talent.

I'm sure you have heard that you, as an organization, should be involved in social media. Maybe some of you have even taken the time to create social media profiles on various outlets. That is a great first step, but just because you create a social media account, doesn’t mean you are going to draw an audience. So, how can you begin creating a social media community to help fill your talent pipeline? Pay-per-click (PPC) advertising is one strategy that is easy to initiate, affordable, and provides a way to measure results. PPC is exactly what the name implies: you have an online advertisement that is displayed to a targeted audience, and you only pay when someone from that audience actually “clicks” on that ad to learn more. You can use PPC on a variety of outlets from Facebook, Twitter and LinkedIn, to Google and Bing. And PPC is smart. For example, you can create an ad encouraging users to become a fan of your Facebook page that is displayed only to users who have certain words or information in their social media profile or who use specific words in search engines. So, you can target the candidates in your industry and drive them back to your Facebook page, creating your own professional community with whom you can share more information.

For more information on how on using Pay-Per-Click Advertising to improve your recruitment strategy, log onto www.jobingtech.com.

BY JESSICA GARVAR

Isabel Fernandez, RN's career as a registered nurse spans 36 years. “Bing”, as she is known to her colleagues, earned her nickname from her grandmother Isabel, whose nickname was “Chabing”. As the sister of a priest growing up in the Philippines, Bing always aspired for a career that would involve helping others. Nursing, however, was not her first choice. When asked at age six what she wanted to be when she grew up, Bing replied confidently that she wanted to be a nun. It was a nun, however, who told her that nursing was her “calling”. Indeed, nursing was Bing's calling.

She earned a Bachelor's Degree in Nursing from Colegio de San Augustine/Bacolod Doctors Hospital in the Philippines. The 3-year training program proved extremely challenging. Out of 120 applicants, Bing was one of only 25 to graduate. Her class was the first graduating class from the School of Nursing.

Bing moved to the United States in 1976 and began working as a Telemetry Nurse and as an OR Nurse at St. Francis Hospital in Miami Beach. Her supervisors immediately recognized her potential, and after only three weeks at the hospital, she was sent to a specialized training program for eight weeks to train as an ICU Nurse.

In March of 1979, she began her 31 years with HCA at Miami Heart Institute and soon transferred to Aventura Hospital and Medical Center where she currently works in the Intensive Care Unit, bringing joy to patients, family and staff alike.

Ask any of Bing's colleagues what her best qualities are and they will reply that she is not only a talented nurse, she is also a compassionate and caring friend. Bing brightens up everyone's day with her warm smile. She always goes the extra mile to make sure that her patients are comfortable and feel appreciated. Even after hours, Bing will call her patients and their families just to see how they are feeling. “Nursing is a noble profession,” Bing says, “You should always put yourself in the position of the patient and the family so that you will know how they feel and how to help care for them.”
United HomeCare Services Named Winner of 2010 Caregiver Friendly Award

United HomeCare Services (UHCS) was named winner of the Today’s Caregiver magazine 2010 Caregiver Friendly Award in the service category. The Caregiver Friendly Awards are designed to celebrate products, services, books and media created with the needs of caregivers in mind. UHCS was recognized for its TeleHealth Monitoring Services program, which monitors a patient’s chronic health conditions remotely from the home, thereby reducing the need for hospitalization.

Evelyn Ullah Director of the Office of HIV/AIDS Receives AIDS Healthcare Foundation Community Service Award

The Miami-Dade County Health Department is proud to announce that Evelyn Ullah, BSN, MSW, Director of the Office of HIV/AIDS for the Miami-Dade County Health Department was the recipient of the AIDS Healthcare Foundation (AHF) community service award.

Ullah holds more than twenty-five years experience in the design and direction of hospital based maternal and child health programs, HIV/AIDS prevention and treatment initiatives and health education curricula. Ullah’s additional Public Health experience is developing and administering public education and high risk screening programs for minority populations. Her professional experience includes publishing articles in the areas of chemical dependency and social work. She is also a Board Member of the National Minority AIDS Council and served on the Institute Medicine Liaison Panel for HIV Prevention Strategies in the United States.

VITAS Innovative Hospice Care® Wins Prestigious Beacon Council Award

Tim O’Toole, (3rd from left), VITAS Innovative Hospice Care® CEO, accepts a prestigious Beacon Award in recognition of VITAS’ contributions to the Miami-Dade County economy. Also pictured (l-r) are: Alexandra Villoch, Sr. VP Advertising & Marketing, Miami Herald Media Company, Chair of The Beacon Council; Terry Rigby, Shareholder at Carlton Fields, PA; and Frank Nero, Chief Executive Officer, The Beacon Council.

For more than 30 years, Miami-based VITAS Innovative Hospice Care® has been contributing to the success of the Miami-Dade County economy through job creation, business expansion and corporate citizenship and leadership. These accomplishments were recognized recently by The Beacon Council, Miami’s official economic development organization, which has awarded VITAS, the nation’s leading provider of end-of-life care, a prestigious Beacon Award.
Delray Medical Center Staff
Members Receive Hero Awards

Delray Medical Center is pleased to announce its Tenet Healthcare Heroes for 2010. Staff Manager Theresa Passione and Employee Health Nurse Cathleen Dalberg both received the honor. When Theresa “Terry” Passione first joined Tenet in 1988, she was immediately identified as someone who worked well with others and was extremely patient. Through her hard work and perseverance, she rose to a leadership role as the contract/agency-staffing manager. Cathleen Dalberg has been a caring and dedicated Delray Medical Center employee for nearly 10 years. In her role as Employee Health Nurse, she goes beyond providing the usual health assessments, prevention and intervention services expected for the position. For years, she has served as the hospital’s on-site Weight Watchers program champion and supported those who couldn’t afford to participate by organizing weigh-ins and providing support to ensure success.

Martin Memorial’s Andre Earns Distinguished Service Award

When Martin Memorial Health Systems was hit by three separate hurricanes in a two-year period, Sharon Andre played a critical role in preparing for those emergencies and helping to successfully lead the organization through them. Andre now serves as Martin Memorial’s assistant vice president for associate health, corporate safety and rehabilitative services. As a result of her efforts, Andre was recently named as the 2010 Distinguished Service Award Winner for the Florida Society for Healthcare Security, Safety and Emergency Management Professionals.

Neurology Mobile System Associates Offers New Savings Programs to Managed Care

Neurology Mobile System Associates, Inc. (NMSA) is pleased to announce they are expanding a new Savings Program to Managed Care Plans. NMSA offers to provide intraoperative monitoring during surgical procedures at hospitals and specialized neuroanatomical examinations, including Nerve Conductions, EMGs, and Specialized Ultrasounds at physician’s offices, clinics, and other settings. The new program will enable Managed Care Plans to save up to $10/day per procedure.

The NMSA Saving Programs for Managed Care Plans offers an average savings of 25% on intraoperative monitoring services to most Health Plans. These services are standard protocol for a variety of surgical procedures and routinely provided in all hospitals and other settings. The new program will enable Managed Care Plans to save up to $10/day per procedure.

In addition, NMSA offers to collaborate with Managed Care Plans and perform preemptive diagnostic testing to assist in diagnosing members prior to a major healthcare incident. The goal is to prevent the member having to be hospitalized and thus significantly reducing costs for the managed care plans. The services offered by the Preventative Program are now available and can be established at Physician Offices, Health Centers, Clinics, and other medical offices. Services are performed for patients with pain and/or circulation conditions, including those with Diabetes, Disc Herniation, Radiculopathy, Polynuropathy, Migraines, Carpel Tunnel Syndrome, Knee and Shoulder Tears, and those with Cervical, Lumbar, or Thoracic Pain. Services can be arranged on a routine scheduled day or with 24-hour notice. The estimated saving for these services offered by NMSA is another $5 - $8M via the Preventative Programs.

Marilyn Alfaro, President of NMSA, states “We are pleased to launch these new Savings Programs and provide Managed Care Plans an opportunity to significantly decrease costs by simply arranging for us to provide the services.” And the Preventative Programs not only offer additional savings, they increase member satisfaction,” added Michael Alfaro, EVP & COO of NMSA.

For more information, contact NMSA at (305)270-7771, e-mail Michael Alfaro, Executive Vice President of NMSA, at michael@neurologymobile.com, or visit www.neurologymobile.com.
Catholic Hospice Joins Catholic Health Services

Officials at Catholic Health Services announced that they will be assuming Catholic Hospice under their broad management umbrella.

Catholic Hospice, previously sponsored jointly by the Archdiocese of Miami and Mercy Hospital, will now join the other healthcare service lines of Catholic Health Services.

Catholic Hospice provides compassionate care for the terminally ill and their families, offering responsive, quality end-of-life care to people of all ages and faiths throughout Miami-Dade, Broward and Monroe counties. Catholic Hospice will continue to offer programs such as Camp Hope, L’Chaim, STARS and other bereavement support groups in the community.

Health Department and FIU to Establish the First Academic Health Department in Florida

The Miami-Dade County Health Department and Florida International University will establish the first Academic Health Department in Florida.

The Miami-Dade County Health Department is planning to consolidate its administrative and program offices at FIU’s Modesto A. Maidique Campus, bringing part of its workforce to southwest Miami-Dade and forming a partnership that will strengthen the educational experience of students pursuing health careers.

“Through this partnership, we can cut costs and become a more efficient department,” Rivera said. “We also look forward to playing an important role in preparing students pursuing careers in public health and related professions to meet the 21st century challenges associated with the health needs of our population.”

The Miami-Dade County Health Department offices will be located in FIU’s Academic Health Sciences Center. The Academic Health Sciences Center is expected to generate 66,000 new jobs and have an annual economic impact of more than $8.9 billion by 2025.

Pediatric Emergency Department at the Children’s Hospital at St. Mary’s Medical Center Celebrates 15 Years of Service

The Children’s Hospital at St. Mary's Medical Center is pleased to celebrate 15 years of outstanding service for its Pediatric Emergency Department.

For more than a decade, the Pediatric Emergency Department has provided comprehensive care during pediatric medical or trauma-related emergencies 24 hours a day, 7 days a week.

“This ED has qualified physicians, nurses and staff with specialized training and the heart to give children the extra care they deserve,” said Jean Pierre, M.D., double board-certified pediatrician and emergency physician, who’s worked at the Children’s Hospital at St. Mary's since 1997. The pediatric ER was originally operated much like an urgent care center, and it was called “Kids Corner.” After four years, it was decided that the pediatric ER needed a more approximate location to the adult ER. In 1995, the center moved to its current location, where it became the Children’s Emergency Department at St. Mary’s Medical Center.

Health Council Launched Miami Matters to Track Progress in Miami-Dade County

The Health Council of South Florida (HCSF) recently held a press conference to launch Miami Matters at the Biltmore Hotel in Coral Gables prior to their 41st Annual Luncheon. Among the many attendees at the launch was Marylin Rey representing Miami-Dade Mayor Carlos Alvarez who presented the Health Council with a Proclamation declaring May 18th – Miami Matters Day.

Miami Matters is an innovative web-based platform highlighting quality of life indicators for Miami-Dade County such as health, environment, transportation and more. Utilizing this free resource, concerned residents, decision makers, and community-based organizations can identify detrimental factors specific to their zip codes.

“The launch of the Miami Matters website is only phase I of this initiative. Phase II will focus on taking action within the community to make an impact and move the less than favorable outcomes in a positive direction,” stated Marisel Loza, MHSA, President & CEO of the Health Council of South Florida.

The Health Council of South Florida partnered with the Healthy Communities Institute (HCI) in the design and management of the Miami Matters website. HCI’s work started in concert with the Healthy Cities movement and the University of California at Berkeley in 2002. The management team hails from Harvard and the University of California, Berkeley with expertise in informatics, public health, urban sustainability, community planning and high volume Internet sites.

According to Loza, the site will serve as a data depository for quality-of-life indicators providing county level data on issues such as HIV/AIDS, water quality and violent crime, as well as zip code level data (when it is available) that includes hospitalizations for health issues such as diabetes, cancers, STDs and other infectious diseases. The site will also provide lifestyle indicators such as rates of smoking, DUIDs, drug dependence, etc.

“The Miami-Dade County Health Department is committed to working with the Health Council of South Florida in the Miami Matters Project. Data sharing will be a key component of our participation” stated Dr. Lillian Rivera, Administrator, Miami-Dade County Health Department.

For more information, visit www.miamidadematters.org.
June 4
Swinging “FORE” Charity Golf Tournament
Catholic Hospice invites all golf enthusiasts to participate in its 1st Broward Swinging FORE Charity Golf Tournament. This event benefits the patients and families of Catholic Hospice. The tournament will take place on Friday, June 4th at 1:00 p.m. at Inverrary Country Club, 3840 Inverrary Blvd. The registration fee includes a cocktail reception, awards ceremony and silent auction, following the tournament. For additional information, call Jennifer Duarte, Event Coordinator at (305) 351-7065.

June 17
SFHEF Networking Event
South Florida Healthcare Executive Forum, Inc. is pleased to announce their next event on Thursday, June 17 from 6-8 p.m. Network with healthcare professionals and savor a unique cuisine and ambience at Johnny V Restaurant, 625 E Las Olas Blvd., Fort Lauderdale. For more information, call (954) 894-9405 or e-mail dseckel@sfhha.com.

AHIMA’s National Calendar of Events
June 17-19  AHIMA Academy for ICD-10: Building Expert Trainers in Diagnosis and Procedure Coding - Boston, MA
July 24-28  Assembly on Education and Faculty Development Institute - New Orleans, LA
July 29-31  AHIMA Academy for ICD-10: Building Expert Trainers in Diagnosis and Procedure Coding - New Orleans, LA
August 14  ARRA Workshop: Demonstrating Organizational Success
August 16-17  2010 Legal EHR Summit I Chicago
August 14  ARRA Workshop: Demonstrating Organizational Success
August 16-17  2010 Legal EHR Summit I Chicago
For more information, contact Elizabeth Cherian, AHIMA, at elizabeth.cherian@ahima.org or (312) 233-1964.

Broward County Medical Association Calendar of Events
JUNE
3-4  South Florida Hospital & Health Care Association, Health Reform’s Solutions For South Florida's Healthcare System, Signature Grand
4  American Lung Luncheon, 11:30 a.m. - 1:30 p.m., BoneFish Grill
5  Healing Prescription Drug Abuse, 7:35 a.m., LorSand & BCMA, Nova Southeastern University, Health Professions Bldg., CMEs 8.25 Cat. 1
12-16  American Medical Association Meeting, Chicago, Cecil Wilson, M.D. from Orlando will be installed as President
16  B.C. Comprehensive School Health Advisory Comm., 9 a.m., BCMA
16  FIMR, 3:00 p.m., BCMA
24  BCMA Board of Directors Meeting, 6:30 p., BCMA
25-26  FMA PAC Meeting, Grand Hyatt, Tampa
28-July 21U & UM International Med. Congress Advances in MIT, Ritz Carlton, South Beach, Miami. 8:00 a.m., CMEs 40 Cat 1, www.mitrealt.com
30  FIMR/HIV, 5:00 p.m., BCMA
AUGUST
13-15  FMA Annual Meeting, Hilton Bonnet Creek, Orlando

July 21
Broward County Guardianship Association Annual Meeting
The Broward County Guardianship Association Annual Meeting and Election Day will be held Wednesday, July 21 from 8:00 – 10:00 a.m. at the Classic Residence by Hyatt, Plantation. 1 CEU will be applied for. RSVP to MackeyCPA@aol.com. For more information, visit www.guardiansofsfla.org.

July 22-25
Symposium for Hyperbaric Oxygen
The 7th International Symposium for Hyperbaric Oxygen will be taking place at the Marriott Irvine, California, July 22-25th. The 3 day conference will focus on cutting edge forums and scientific ideas that cover neurology and neuro-rehabilitation for all ages, under the theme “The Future of Healing”. For more information or to register, call (954) 857-9013, e-mail wendy@hbot2010.net or visit www.hbot2010.net.

Ask yourself, “How can my hospital make more money?”

Future Opportunity in Geropsych Care,
If you’re under the impression that providing your community with much needed geropsychiatric services is cost prohibitive, ask yourself the following questions:
- Is there unused floor space in my hospital?
- Are my resources ineffectively being used to treat the psychiatric needs of the elderly, only to have them return a short time later?
- Am I worried about the paperwork and manpower that comes with treating Medicare patients with behavioral health issues?

If your response is yes to any of these questions, Haven Behavioral Healthcare is the answer.

Haven Specializes in providing geropsych services to hospitals under their own roof, and at no financial or regulatory risk.

Here’s how it works:
- Haven leases unused floor space from existing hospitals, and purchases your hospital’s dietary, hotel and support services
- We staff our program with a multi-disciplinary team of physicians, nurses and therapists
- We guarantee annually, inflation adjusted lease payments to our partner hospital
- We provide capital improvements to your existing facility
- We provide a much-needed service to our community, giving your hospital increased awareness in the region

Haven Behavioral Healthcare gives you access to more than just an established organization committed to bringing much-needed geropsych care to communities like yours.

To learn more about revenue producing opportunity for your organization that can help your community and boost your bottom line, visit www.havenbehavioral.com or call me at my direct number below.

I look forward to your call,

Dwight Willingham
Vice President Development  Haven Behavioral Healthcare
615.250.9171

www.havenbehavioral.com
EQUIPMENT REDUCTION ANALYSTS
Think you’ve done everything possible to reduce your company’s expenses? Think again. Since 1992, ERA has helped thousands of organizations of all types and sizes find hidden savings in their overhead, non-core expense categories (office supplies, freight, insurance, merchant card fees, payroll processing, packaging, etc.). We are routinely able to find meaningful savings on top of savings our clients have found. We’re so confident in our ability to save our clients money that we only charge fees if we are successful. For more information, contact Emily González, 954-390-9544 or egonzalez@expense-reduction.com. Visit our website at www.expensereduction.com.

GUARDIANSHIP SERVICES
BROWARD COUNTY GUARDIANSHIP ASSOCIATION
Broward County Guardianship Association (BCGA) is a tax exempt 501(c)(3) organization founded in 1990 for the improvement of guardianship services. All donations are tax deductible as allowed by law. Federal ID # 65-0304731. Governed by a Board of Directors representing Broward County, Florida, BCGA is dedicated to promoting the protection, dignity, and value of incapacitated persons through a code of ethics, advocacy and the dissemination of information. BCGA’s mission also includes a focus on furthering the professionalization of guardians as accountable court representatives through education, networking, and legislative action. For more information, visit our website at www.bcga.org or call P. O. Box 15127, Plantation, FL 33318-5127.

HEALTHCARE EDUCATION
GLOBALHEALTH EDUCATION & TRAINING
GlobalHealth is dramatically improving the way healthcare employee education is addressed. In short, we provide comprehensive “one-stop” solutions designed to educate employees and enable them to acquire university degrees. These solutions are highly cost-effective, lower recruitment costs, and improve employee retention. Only GlobalHealth enhances existing training so employees can earn college credits and progress toward university degrees including associate, bachelor’s and master’s degrees. GlobalHealth designs, owns and licenses its online curricula, and customizes it to meet clients’ needs.

VISIT Innovative HOSPICE CARE
At VITAS, Patients and Families Come First. When someone you love becomes seriously ill, it’s hard to know where to turn for help. Turn to VITAS Innovative Hospice Care®. During the last months of life, VITAS provides physical, emotional and spiritual support for patients with a wide range of life-limiting illnesses. We bring our hospice care to patients’ homes, long-term care facilities or assisted living communities. When necessary, our services include: Intermediate Care® and inpatient level care. VITAS has been serving South Florida patients and families since 1979.
• Dade-Monroe Counties: 866.30.VITAS
• Broward County: 800.93.VITAS
• Palm Beach County: 877.848.2798
Visit: http://www.vitas.com

Call (561) 368-6950 to reserve this space for your company!

INGREDIENTS
• The Accredited Master of Public Health (MPH) degree at Nova Southeastern University in Palm Beach Gardens is a 2 year program requiring a minimum of 42 semester hours, including public health field experience and a comprehensive examination. The course may be completed within 2-5 years of matriculation. On-site classes are offered one evening per week. The Online option requires one weekend on-site orientation and one weekend on-site capstone experience. Supervised elective field based courses and research opportunities available.
• For more information, contact Dr. Cyril Blavo, Director, at (954) 262-1613 or cblova@nova.edu. Visit our website at www.nova.edu/jph.

EXPENSE REDUCTION
We think you’ve done everything possible to reduce your company’s expenses? Think again. Since 1992, ERA has helped thousands of organizations of all types and sizes find hidden savings in their overhead, non-core expense categories (office supplies, freight, insurance, merchant card fees, payroll processing, packaging, etc.). We are routinely able to find meaningful savings on top of savings our clients have found. We’re so confident in our ability to save our clients money that we only charge fees if we are successful. For more information, contact Emily González, 954-390-9544 or egonzalez@expense-reduction.com. Visit our website at www.expensereduction.com.

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Customers Enjoy Five-star Meals and Casual Dining at Backstreet Grille & Bistro

When one patron described the lunch she had at Backstreet Grille & Bistro as the “best burger on the planet,” she was commenting on what regular customers already knew: the Backstreet Grille & Bistro is the place to eat in Boca Raton.

According to Harvey Goldberg, who owns the restaurant with his wife, Linda, people are continually surprised by the quality of the food served in this casual restaurant. “High quality healthy food doesn’t have to be expensive,” he explained. “We go to local farms and pick our own produce; we make our own corned beef, meatloaf and turkey. Everything is made fresh—nothing is out-of-the-can or cryovaced. We go the extra mile for our customers.”

Goldberg, a retired Marine colonel, has been in the food business for 20 years. His background includes serving as a consultant to universities, country clubs and other restaurants, helping them to establish menus, floor layouts, employee schedules and more. The secret to his success is simple: “I treat people the way I want to be treated,” he explained.

This includes providing the healthiest food possible to his clientele. The result is that Backstreet Grille & Bistro has been given numerous 5-star reviews for its food, and has also been voted “best burger” and “best fries” by local publications.

“We have a very expensive filtration system in the restaurant that uses rice bran oil, so customers don’t have to feel guilty when they eat here,” said Goldberg. The restaurant’s fries have no cholesterol, no transfats and fewer calories; and other items, such as fried shrimp and fish and chips, are also grease-free.

“When customers order our fish and chips, they often comment on the fact that there’s no oil left behind on the plate,” said Goldberg. The only difficulty facing diners at Backstreet Grille & Bistro may be deciding what to have. While burgers are the most-ordered item, salads, wings, ribs, fajitas, quesadillas, wraps and sandwiches are also local favorites. Patrons can choose from comfort foods such as meatloaf, knockoffs, beans and fries, and turkey dinners to exotic burgers such as the garlic-intense Breathalyzer, spicy Cajun Sensation, Asian-inspired Sumo and Italian Stallion. The restaurant also features dinners to exotic burgers such as the garlic-intense Breathalyzer, spicy Cajun Sensation, Asian-inspired Sumo and Italian Stallion. The restaurant also features healthy food doesn’t have to be expensive,” he explained. “We go to local farms and pick our own produce; we make our own corned beef, meatloaf and turkey. Everything is made fresh—nothing is out-of-the-can or cryovaced. We go the extra mile for our customers.”

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The Memorial Adult Day Care Center in Hallandale Beach offers a sensible alternative to full-time residential care. The specially-trained staff provides supervised recreational and therapeutic programs for adults during the day. Structured activities are geared to stimulate both the participants’ minds and bodies.

“The goal of the Memorial Adult Day Care Center is to help keep adults at home as long as possible by offering companionship and care for our participants and relief for their caregivers during the day,” said Vilma McKay, director of the center. “We are dedicated to maintaining - and often improving - the functional levels of our participants to help make life more enjoyable for everyone involved.”

She explained that the Center is available to those individuals who should not be left alone during the day because they are confused, suffer memory loss, have a physical handicap or have a medical condition which requires supervision.

As part of the registration process, potential Adult Day Care Center participants go through a personal interview, conducted by a registered nurse, which evaluates the functional, emotional and mental status of the individual to determine if the program is appropriate.

Once the individual begins attending the center, programs are designed to meet his or her specific needs. The safe, pleasant environment promotes a feeling of belonging and encourages participation. A hot noon meal is served in a social dining atmosphere, often improving appetites.

A typical day’s activities might include:
- Adult education
- Community outings
- Discussion groups
- Exercise therapy
- Music and dancing
- Pet therapy
- Recreational activities
- Relaxation therapy

There are some additional benefits to participating, according to McKay. While each program participant must continue to be seen by his or her personal physician, the Memorial Adult Day Care Center offers select health services, including:
- Blood pressure monitoring
- Exercise classes
- Individual/family information and referrals
- Individual nursing assessment
- Medication supervision
- Nutrition monitoring and counseling
- Personal care assistance and classes

The Memorial Adult Day Care Center also offers a support group for caregivers, which is open to the public.

VITAS Palliative Care Solutions℠: Providing a Continuum of Care for the Chronically Ill

BY DAWN DASILVA

In one month, the 55-year-old woman was admitted to the hospital three times for pain and other symptoms resulting from metastatic breast cancer. On the third admission, her physician requested a palliative care consultation.

Enter VITAS Palliative Care Solutions℠ (VPCS). Members of the VPCS team of palliative care experts, including a physician, nurse practitioner, social worker and chaplain, met with the patient and her family.

In a wide-ranging two-hour meeting, they had a frank discussion of the patient’s condition and of her and her family’s goals and expectations for her care. The talk covered options in pain relief, symptom management and advance care planning. It also included an evaluation of the patient’s needs for emotional and spiritual support.

The VPCS physician then made care recommendations to the patient’s physician. VPCS team members will meet with the patient several more times to continue to evaluate the patient’s medical, social and emotional needs.

VPCS is a subsidiary of VITAS Healthcare Corporation, which also encompasses VITAS Innovative Hospice Care®, the nation’s largest and most progressive hospice care provider. Since its inception in 1978, VITAS has been a pioneer in hospice and palliative care, always finding ways to provide comfort and improve the quality of life for those who suffer chronic pain and other symptoms resulting from life-limiting illness.

“Over the years, VITAS recognized that many patients with serious illness or injury could benefit from palliative medicine, before hospice care would be appropriate or desirable,” says Joel Policzer, MD, FAAHPM, national medical director for both VPCS and VITAS Innovative Hospice Care®. “We created VPCS as a separate service for both adults and children. Our consultations help patients and their families identify their goals of care and expectations of how care should continue. We also help primary care teams manage their patients’ pain and other symptoms, as well as provide counseling and spiritual support.”

The primary goal of the VPCS team, adds Dr. Policzer, is to provide patients and their families with a forum for the discussion of treatment goals and expectations, and to provide the time, information and expertise they need to make informed decisions – especially when considering treatment options.

“In many cases, the palliative care team gives patients and families their first opportunity to assemble together, address questions and concerns, and gain an understanding of the big picture,” explains Dr. Policzer. “Palliative care teams can help patients and families discuss their wishes openly and frankly, draft advance care directives and nominate future decision makers.

Palliative care is focused on patients, not diseases, and on improving conditions in the present, notes Dr. Policzer. “It can be very effective,” he says. “Patients undergoing palliative care typically have fewer emergency room visits, shorter hospital stays and improved clinical outcomes. They also express a higher level of satisfaction with their entire healthcare experience.

As the U.S. population continues to age, the need for palliative care will grow, concludes Dr. Policzer. “VITAS is creating a continuum of care for patients to make sure that throughout the course of their aging process, patients and families have access to palliative care services,” he says.

Dawn DaSilva, in National General Manager, of VITAS Palliative Care Solutions. For more information on VITAS Palliative Care Solutions, call 877-868-4827.

Memorial Adult Day Care Provides Elder Care Alternative

The Memorial Adult Day Care Center provides a sensible alternative to full-time residential care. The specially-trained staff provides supervised recreational and therapeutic programs for adults during the day. Structured activities are geared to stimulate both the participants’ minds and bodies.

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- Exercise classes
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- Individual nursing assessment
- Medication supervision
- Nutrition monitoring and counseling
- Personal care assistance and classes

The Memorial Adult Day Care Center also offers a support group for caregivers, which is open to the public.

Information and referrals to community services are offered free of charge as well. For more information, call (954) 457-0505.

Walking Into Better Health • Walk and Talk • Healthy Hearts and Happy Feet

Starting Tuesday, June 1, 2010, 5:30 PM (Every Tuesday) Royal Palm Place

Join Sheree Thomas, South Florida’s Lifestyle Fitness Coach for a walk in downtown Boca. Come right from work, kick off the heels for comfy shoes, meet other women while we walk and talk around Royal Palm Place.

Window shop while we walk. Learn healthier choices from the Restaurant Menus and receive discounts for the healthier meal choices.

All Fitness levels welcome. This is an opportunity to meet new friends, reacquaint with old friends, de-stress your life one step at a time.

The Best Things in Life Are Free!

For more information, please contact Sheree at 561-251-4164 or ST13@aol.com
Sole Fitness – Stepping Into Good Health As We Age

When fitness is mentioned, the usual thought is the gym, lifting weights, running, jogging, walking, riding a bike, hiking, playing tennis, golf, lifting weights or swimming, which are all great fitness activities. How many times do we look down at our feet and think them for being able to help us do the above activities? Your feet are one key essential to your health.

As a Lifestyle Fitness Coach, working with my older clients, the most requests I receive is to help them with requests I receive is to help them with their balance. Balance starts with the foot. If the ankle joint is not flexible, the body to a standing position. Without flexibility and strength it is very difficult or next to impossible to bring the body to a standing position. Of course you need strength in those feet. Flexibility – if the ankle joint is flexible, walking will be almost effortless. If the foot is not flexible, walking becomes a shuffle. When we walk, we should be able to pull the foot back in what is called Dorsiflexion and have the heel touch the ground first, then transfer the weight to the toe and push off from the toe into the next step. The toes should be flexible enough that all of the toes in contact with the floor. Then raise the heel off the floor, keeping the toes in contact with the floor. To stretch the toes, sit in a chair, place the foot flat on the ground. Flexion. Keeping the knee still make circles with just the ankles, to the right and then to the left. To stretch the toes, sit in a chair, place the foot flat on the ground. Then raise the heel off the floor, keeping the toes in contact with the floor. This will not be easy if the toes are not flexible, but will get easier the more it is done.

Peripheral Neuropathy (loss of sensation in the feet or lower limbs) also makes it difficult to walk, as the feeling is lost in the feet. Keeping as much flexibility in the feet will help maintain the balance and ease of walking.

KEY POINTS TO REMEMBER:
- Walk “Heel/Toe
- Make Circles with the ankles
- Pull the foot back to the knee several times during the day
- Point the foot in the opposite direction
- Wiggle your toes

Keeping your feet strong and flexible will greatly improve your balance. Your feet will be able to make the small shifts to accommodate the uneven surfaces you walk on. Walking will be easier with less effort and daily activities will not be such a chore. Put your best foot forward and start today, by stepping into better health not only for your feet but your whole body.

Sheree Thomas is the Owner of SET For Fitness. Sheree specializes in Senior Populations, Post Injury Rehabilitation, Functional Fitness and is Massage Therapist, which specializes in Reflexology in Boca Raton, FL. Sheree can be reached at (561) 251-4164 or SETForFitness.com.
ElderCare Update in South Florida...ElderCare Update in South Florida...ElderCare Update in South

Hands UP for Hospice Aides

Hands down, aides who care for VITAS patients bring the best hands-on care to the bedside.

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Hospice by the Sea Wins 2010 Caregiver Friendly Award from Today’s Caregiver Magazine

Hospice by the Sea, Inc. has received the 2010 Caregiver Friendly® Award in the media category from Today’s Caregiver. The organization won for its user-friendly DVD, “A Lifeline for Caregivers,” designed to teach and enhance the skills of individuals caring for loved ones at home.

Accepting on behalf of Hospice by the Sea was Pat O’Meara, Director of Corporate and Media Relations, who produced the DVD. “Ensuring caregivers have the skills necessary to provide care for those who need help or are homebound is part of our organization’s mission. It is gratifying to know we are able to help make their jobs easier, safer and more effective,” she said.

COVER STORY: When There’s a Serious Illness, There’s No Place Like Home

R.N., patient care administrator for VITAS Innovative Hospice Care® of Miami-Dade/Monroe.

Yet the perception persists that hospice means going to – or ending up in – a place. Hospice isn’t a place. Hospice is a philosophy of care; it focuses on enhancing a patient’s comfort and overall quality of life during the last months of life. By treating physical symptoms and providing pain management, as well as addressing emotional and spiritual concerns, hospice can make the dying process more meaningful for patients and their loved ones.

When There’s a Crisis, There’s Continuous Care

But what happens when the patient has a medical crisis and experiences, for example, uncontrolled pain, intractable nausea, uncontrolled bleeding or severe confusion? Even then, hospice offers options to help the patient remain at home.

“Patients often experience acute symptoms when dealing with a terminal illness, as well as emotional, spiritual and psychosocial challenges,” says Rosario Salas, RN, CHPN. “This can make it difficult for patients to continue to receive care in their residence and it can be overwhelming for family members. But when things get difficult, VITAS can be there around the clock.”

VITAS provides Intensive Comfort Care℠ – a service (referred to by the Medicare Hospice Benefit as “continuous care”) that puts a trained nurse or home health aide at the bedside up to 24 hours a day. “It means a hospice patient doesn’t have to choose between the comforts of home and care at a hospital,” says Rosario, who, as a VITAS patient care administrator in Broward County, oversees that program’s Intensive Comfort Care teams.

“VITAS offers Intensive Comfort Care℠ to keep patients in familiar surroundings,” says Nadine Brimo, R.N., team manager for VITAS Innovative Hospice Care® of Palm Beach County home care team. “Our staff also helps to ease the fears and feelings of helplessness family members may experience at such a time. The patient gets the care she needs, and the family gets the support and guidance they need too."

Dian Backoff is Vice President of Hospice Operations, VITAS Innovative Hospice Care®. For information, visit www.VITAS.com or call 800-93-VITAS.

National Nursing Assistants Week

June 10 – 17, 2010

Hospice by the Sea’s Pat O’Meara (left), Director of Corporate and Media Relations, and President and CEO Paula J. Alderson with the Caregiver Friendly Award and winning caregiver DVD.
How Old Is Too Old?

I was recently invited to deliver a centennial celebration lecture at my high school, which I hadn’t visited in some forty years. In reviewing the content of the lecture, my wife kindly pointed out that the pop culture references I had made were certainly appropriate and witty, but were at least a generation out of date. Age, like beauty, is somewhat in the eye of the beholder. Difficult decisions face us as a nation as we grapple with the healthcare issue. The dual goals of expanding coverage and cutting cost are somewhat paradoxical. Of course the politicians did the expedient thing and opted for the former while deferring the latter (probably until some set of poor souls is in office and facing the bankruptcy of the newly enacted programs).

In virtually all studies of morbidity and mortality related to interventions or pathology in cardiovascular medicine and surgery, age is a compelling risk factor. As a somewhat chronic degenerative disease, atherosclerotic coronary artery disease develops over time—sometimes decades, before becoming clinically manifest. The older the patient, likely the greater burden of disease, and the lesser the ability to tolerate the manifestations, consequences and the treatments. Care of the elderly is resource-intensive.

And yet, from the point of view of “return on investment,” even favorable results yield at best a limited number of “quality-adjusted life years”—the metric by which medical interventions are judged on a comparative cost basis. Despite the odious nature of the thought, extensive needs in the face of limited resources inevitably requires application of the “R” word—whether we like to admit it or not, rationing occurs by virtue of the choices we make or even by virtue of our failure to make them.

It is for these reasons as these, perhaps with the addition for concerns regarding the limited ability of the elderly to return to the work force that has led many foreign health care systems to restrict certain interventions on the basis of age. Indeed, perhaps even in our own country, where health care availability is not restricted by age, we see screening recommendations for various diseases such as breast cancer terminate at some arbitrary age even though the incidence of the underlying disease does not decline.

Perhaps the best we can hope for is that whatever decisions are made are considered based on the best scientific evidence available at the time. A remarkable study which the Florida Heart Research Institute recently reported to the American Heart Association, demonstrated that the very elderly, those age 80 and older, who underwent coronary artery bypass surgery, with current techniques and care, had a post-operative mortality comparable to their younger counterparts, and a life expectancy comparable to the general age-matched population.

Interestingly enough, when I presented this work, there was a companion paper from another center demonstrating similar findings for heart valve replacement surgery. In fact, some recent studies seem to indicate that careful analysis of risk factors no longer identifies age as an independent predictor of mortality for coronary bypass surgery.

Obviously, there is some pre-selection involved in these retrospective studies—the elderly patients who are accepted for surgery certainly represent a more potentially robust group than the total population of that age with that disease process. However, what is important to realize is that over the course of our study, a twelve year period extending from the late 1980’s to the early 2000’s, the post-operative mortality dropped progressively from around 15% to 2%.

This is a testimony to the advances in surgical and intensive care which is born from experience dealing with these patients. In other words, the underlying commitment to provide these elderly patients with the highest level of care resulted in dramatic improvements, had there not been that commitment, there would likely never have been that improvement. Therefore, before dismissing care of the elderly as too expensive, too resource intensive, or too unwarranted, we as a profession and as a society must pay careful attention to our priorities and our real capabilities.

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

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2. Check Stop Heart Disease on your Vehicle Registration Renewal form to make a donation of $1 or more!

3. Check Stop Heart Disease on your Driver’s License Renewal form to make a donation of $1 or more!

Driven to Stop Heart Disease through research, education and prevention.

Kindred Hospital South Florida
Specializing in Medically Complex Patients

Kindred Hospitals are owned by Kindred Healthcare, Inc., a national network of Long Term Acute Care Hospitals (LTACHs). Kindred Hospitals provide specialized, high quality care for acutely ill patients. For more than a decade, we have fine-tuned the art of medically complex care.

Our services range from complex catastrophic illnesses that require intensive care, post-surgical medical rehabilitation to patients suffering from chronic diseases requiring respiratory and rehabilitative therapies. Kindred Hospitals provide outcome-oriented cost effective care for patients with a wide spectrum of medical conditions.

Admissions to Kindred Hospitals may be recommended by physicians, acute-care hospitals, rehabilitation hospitals, managed care providers, case management companies or by the patient’s family. In all cases family tours are encouraged.

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South Florida Hospital News
For numerous at-risk elders, the following scenario is a frustratingly common one occurring daily in homes across the United States: A patient dealing with an injury, illness, or the irreversible ravages of old age falls through the cracks of a health care system that too frequently fails to address the needs of seniors who live alone or have a beleaguered elderly spouse struggling to provide their daily care.

Those who can afford the luxury of hiring private nurses, home health aides, and therapists to tend to their daily needs are indeed fortunate. But what about the countless numbers of “invisible” and economically disadvantaged seniors who are essentially homebound due to their declining health and suffer the indignities of abuse and neglect?

To address these concerns, as well as educate future generations of physicians, Nova Southeastern University College of Osteopathic Medicine’s (NSU-COM) Florida Coastal Geriatric Resources, Education, and Training Center (GREAT Center) partnered with Broward County to form an innovative Disability Resource Center (ADRC) of Broward elders through in-home visits with isolated and at-risk seniors.

“The partnership, which began several years ago following a productive meeting between Naushira Pandya, M.D., associate professor and chair of the college’s Department of Geriatrics, and ADRC leadership, has proven to be an effective and enlightening way for physicians-in-training to witness firsthand the plight of seniors who are “aging in place.”

During the initial meeting, which included Edith Lederberg, M.S., ADRC executive director, and Gail Gannotta, L.P.N., program director of the ADRC’s Senior Intervention and Education Program, the idea was hatched to have a select group of NSU-COM students, as well as residents and fellows, shadow Gannotta during her in-home visits with isolated and at-risk seniors.

“One thing I knew it would provide a great learning opportunity for our students,” Dr. Pandya explained. “We make occasional home visits in our program, but normally patients have to come to the NSU Geriatric Clinic for care. However, what Gail does is way beyond that, such as intervening after hospital discharge and helping seniors get back on their feet, free of charge. I thought that would be a great venue for our medical students who are doing their geriatric clinical rotations with us here at NSU.”

Lederberg, who has served as the ADRC’s executive director for several decades, says there are many beneficial aspects related to this innovative alliance between an academic institution and a social service agency. “The program is replicable, able to sustain lives, and humane,” she stated. “We believe that involving the corporate world, nonprofit social service arena, and educational facilities can provide solutions to problems that are affordable, sustainable, and commendable at a time when the health economy is crying out for answers that may be found quickly if the search is pointed in the right direction.”

During a recent in-home visit, four NSU-COM students had the opportunity to accompany Gannotta as she conducted a follow-up visit with an essentially homebound and morbidly obese client who suffered from a variety of chronic health issues, including emphysema and diabetes. Unable to leave her condo freely because it lacks an elevator, the client was enmeshed in an agonizing web of health care bureaucracy that provided seemingly insurmountable obstacles instead of solutions. Fortunately, with Gannotta acting as a one-woman advocate for her client, the students were afforded a visceral view of what is occurring daily away from the confines of a clinic, hospital, or private physician’s office.

“Every time I get to expose my clients’ problems, especially to medical students from a prestigious school where I get to show them what’s going on in our community, right down the street from where they’re attending school, it makes me feel as if I have shed some light on a very, very dark place,” Gannotta added. “To me, the most important aspect is that we are helping our vulnerable and isolated senior population in Broward County to live with dignity, which can be accomplished by preventing abuse, neglect, and exploitation as well as premature nursing home placement.”
United HomeCare Services (UHCS) recently hosted the 16th Annual Claude Pepper Memorial Awards event. The event honored six South Florida champions who, like the Honorable Claude Pepper, have made a significant contribution to meeting the needs of the growing elderly and disabled population in Miami-Dade County. In addition, commemorative awards were presented to two inspiring individuals in the areas of innovative research and active living.

HONOREES INCLUDED:

- Corporate Service - Healthcare: Philip Frost, M.D., Chairman and CEO, OPKO Health
- Public Service: The Honorable Joe Negron, The Florida Senate
- Thelma Gibson Community Service: Kevin Packman, Partner, Holland & Knight
- Public Awareness/Media: John Dorschner, Reporter, The Miami Herald
- Advocacy: Edwin Olsen, M.D., Miami Area Geriatric Education Center
- Community Builder/Contributor: Colonel Brodes H. Hartley, Jr., Community Health of South Florida, Inc.
- Commemorative Awards:
  - Innovative Research: Margaret Pericak-Vance, Ph.D., John P. Hussman Institute for Human Genomics, University of Miami Miller School of Medicine
  - Active Living: Hyman Pinsky, 2003 National Senior Olympic 10K Cycling Champion

Health Reform has Reformed More than Just our Health

The Community Living Assistance Services and Support (CLASS) Act will make long-term care insurance, receiving a cash benefit of around $50 a day, available to all Americans. The CLASS Act also includes a provision to help close the donut hole of Medicare Part D coverage gap for medications. Drug manufacturers will provide a 50 percent discount to Part D participants for brand-name drugs purchased during the coverage gap beginning July 1, 2010; Part D benefit will be expanded by $500 for 2010.

While the above provisions seem to only aid in providing additional insurance coverage and hopefully access to good quality health care for Americans, it has adjusted the long-term legal planning for the middle class. Prior to the act the middle class was setting up, certain types of trusts commonly called Medicaid trusts. This trust is able to take advantage of being able to pass on your assets to your children while having Medicaid pay most of the expenses of the elder parent. The Medicaid trust also has some side benefits such as asset protection and avoiding probate. The initiative for most of the creation of these trusts was the fear of nursing home costs. Now with that fear dissipating the apparent need for the trust will disappear and as a result the side benefits of avoiding probate and asset protection.

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ACHIEVEMENT:
GETTING YOUR REVENUE CYCLE TO FOLLOW DOCTOR’S ORDERS

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