Accountable Payment 911: New Collaborative Strategies at Work

Around the Region: Sandra P. Greenblatt, MBA/HA, J.D. Joins Lubell/Rosen Law Firm as Partner

REAL ESTATE

OHL – Arellano Provides Experience + Service

BY LOIS THOMSON

New construction or renovation is generally commenced only after much deliberation, and after expenditures are carefully scrutinized; therefore a premium is placed on companies that have considerable experience and offer value-added services. OHL – Arellano Construction Co. has been in business for 40 years, and the combination of the company's experience and service is why it continues to flourish.

Founded by Agustin Arellano as Arellano Construction Co. in 1973, and having entered into an alliance with OHL – a leading, global health care firm – in 2008, the company foresees health care construction in South Florida growing in 2013. OHL – Arellano will be heavily involved with that construction and will incorporate its expertise, which is an essential element for success, from the very beginning of the project.

Some of the areas where OHL – Arellano predicts growth is in off-campus hospital expansion projects to meet space demands for robotics, cutting-edge technologies, simulation centers, energy reduction, and the like. Additional anticipated trends include medical office buildings being designed for higher acute care; new uses for freestanding medical office buildings; and private, freestanding hospital facilities being built.

Continued on page 10

DISASTER PREPAREDNESS

Protecting our Essential Service Facilities

BY CHARLES A. MICHELSON, AIA, LEED AP

Hurricane season is upon us again and the appropriate precautions and emergency plans will be dusted off and reevaluated. After a relatively safe South Florida hurricane season last year, the expense associated with upgrading medical facilities to current hurricane standards are considerations that administrators will wrestle with once again. In another year of limited resources, what can be spared to harden a facility? The ability to receive a FEMA grant and the lowering of insurance premiums can make this expenditure more palatable, but no doubt, the expense can be considerable.

There is a new code in effect, ASCE 10, which increases the facility strength requirements for medical buildings, now designated as essential service facilities. ASCE 10 is the new code which designates the hurricane wind speeds that apply to essential service facilities. Fortunately, while increasing the criteria, this national code recognizes the strength of

Continued on page 12

ELDERCARE

Study Seeks Earlier Detection of Alzheimer's Disease

BY LOIS THOMSON

A new study that involves an eye test may help in earlier detection of Alzheimer’s disease. Produced by a company called Cognoptix in Massachusetts, the study is being conducted at four sites across the United States, one of them being Miami Jewish Health Systems (MJHS) in Miami.

Dr. Marc E. Agronin, who has served as Medical Director for Mental Health and Clinical Research at MJHS since 1989, explained what the study involves: “Cognoptix is interested in seeing if this eye test can accurately identify people who have beta amyloid proteins in their brains, which we believe is one of the chief causes of Alzheimer’s disease. So we’re enrolling individuals who are in mild to moderate stages of Alzheimer’s disease, and also some healthy volunteers for comparison.”

Dr. Agronin said that to be part of the study, a volunteer can call the research hotline and speak with a community liaison to obtain some preliminary information. “We gather enough information to know whether someone basically is a good candidate, then we have them come in for a screening. They undergo a comprehensive eye exam, and if they qualify, the test

Continued on page 32
Sometimes amid difficult circumstances, heroes emerge. And while I’m certainly hoping our resolve isn’t tested like others during this hurricane season, we have our own little “trauma” going on in the Felix household. You see when you take one extremely right-handed woman like Carol and put her in a sling for several months, our household tends to shake a bit.

As many of you know (especially if you read my May Publisher’s Note and if you didn’t, why not?), Carol had a little run-in with a loose bicycle pedal, resulting in a nasty shoulder injury. When I finally dragged my extremely reluctant spouse to the orthopedist for a diagnosis, the writing was pretty much on the OR wall. As opposed to beach and boating, our summertime pretty much would be filled with surgery and rehab.

But it is times like these that call for heroes and guess who swooped in … me. First it was just the simple things — getting her safely in and out of the car; doing our post office runs, and opening all those jars and bottles which eluded her functional left hand. Then she upped the ante a bit and chopping her salads and carrying the laundry, groceries and packages became the new norm.

And then I really earned my Superman cape. You see Carol has long hair, really long hair which needs to be blown dried almost every day and put into a ponytail, a style impossible for her to achieve with only one arm. Do you see where this is going? We had two choices — either she opted for a radical haircut or I had to learn how to master her hair. And believe it or not, with relatively little tutelage from my daughter-in-law Tori, I am now the master of the Up Do. I can do ponytails, buns, even a casual knot. I guess my next challenge is her make-up! I’m seriously thinking a “smoky eye” and red lip color for fall. Just call me Mister Charles.

Charles Felix

You can reach Charles Felix at Charles@southfloridahospitalnews.com
I imagine receiving a check for $250,000 that you didn’t know you had coming - all due to the skill and diligence of an attorney who has a passion for doing right by his clients. This actually happened, in the recent past, to a physician client of Florida attorney Abe Ovadia, the founder of Florida PIP Law Firm, based in Boca Raton, which specializes in helping medical providers throughout Florida collect payment for PIP (personal injury protection) claims that have been denied by insurance companies.

“We help doctors and hospitals get paid when the PIP insurance has denied payment, underpaid, or is slow in paying,” explains Ovadia. “Our clients have provided medical care to victims of traffic accidents and they are entitled to be paid. Too often, the insurance companies cheat doctors and hospitals by denying payment so that the hospital will then send the bill to another party: the health insurance, Medicare or Medicaid, or even the patient, for self-payment. Unfortunately, Medicare pays only one-third of the amount that car insurance is supposed to pay, so the hospital loses; the bill is ‘paid’ but they are not getting the amount that they are entitled to, under the law.

“Hospitals send out thousands of PIP claims every month, but lack the resources to do the necessary follow-up. We do that for them – we enlighten hospitals and physicians about how the PIP system works. Our team goes in and reviews every PIP file, case by case. Some insurance companies deny a claim initially, but approve it later – and never tell the medical provider. The hospital therefore assumes that the denial stands and they don’t pursue it. They lose money.”

Ovadia says that the Florida PIP law requires insurance companies to pay the attorney’s fees when they have skirted a client in this way. “The hospital essentially gets an insurance companies denies a claim initially, but approve it later – and never tell the medical provider. The hospital therefore assumes that the denial stands and they don’t pursue it. They lose money.”

Ovadia says that the Florida PIP law requires insurance companies to pay the attorney’s fees when they have skirted a client in this way. “The hospital essentially gets an insurance companies denies a claim initially, but approve it later – and never tell the medical provider. The hospital therefore assumes that the denial stands and they don’t pursue it. They lose money.”

“The hospital essentially gets an insurance companies denies a claim initially, but approve it later – and never tell the medical provider. The hospital therefore assumes that the denial stands and they don’t pursue it. They lose money.”

Ovadia says that the Florida PIP law requires insurance companies to pay the attorney’s fees when they have skirted a client in this way. “The hospital essentially gets an insurance companies denies a claim initially, but approve it later – and never tell the medical provider. The hospital therefore assumes that the denial stands and they don’t pursue it. They lose money.”

The insurance companies can now deny claims more easily. If a doctor fails to write that a patient’s injury is an ‘emergency medical condition,’ then the payment can be reduced to just $2,500 instead of $10,000.”

Hospitals and physicians may not fully understand all the nuances of the PIP law. Ovadia says, part of his service to clients is education. “We provide a comprehensive educational program free of charge. We go over the PIP law and through every step of it with them. We teach them what to do, day by day. It’s practical, solid help that our clients greatly appreciate.”

The Florida PIP Law Firm has a team of four attorneys, including Ovadia. They travel throughout the entire state to serve medical provider clients of all sizes and types. According to Ovadia, their services are more essential than ever. “The changes to the PIP law earlier this year have enormous implications for hospitals and healthcare providers, including doctors, dentists, physical therapists and nurse practitioners. These professionals give patients the care they need when they are injured; we have the experience and expertise to help them obtain the reimbursement they deserve, instead of the denials, delays and underpayments that are so common. We have a reputation for never backing down.”

To contact Abe Ovadia, visit www.wesetthestandards.com or call (561) 305-6317.
Are You Prepared for Physicians, Medical Institutions and Payors Working Together Cohesively?

Accountable Care Is A Game Changer And It Can Successfully Work For Your Organization!

Collaboration between facilities is the future to maintaining necessary state-of-the-art care

CyberKnife Miami is one of a few freestanding, open staff CyberKnife centers in Florida

We work with providers and payors to help them remain competitive

CAPABILITY WILL BE MORE IMPORTANT THAN CAPACITY

Let us show you how we can work with you to provide SBRT and SRS for your patients, while avoiding unnecessary capital investments by your organization

For More Information 800-204-0455

Getting Paid What You Deserve

For many practices, it can be difficult to collect all that they are owed. While this is often blamed on “billing errors,” the fact is, there can be many reasons why a business isn’t being paid. Before simply writing off bad debts, it is imperative that health care practices perform a self-audit in order to find out where the problems lies. In looking at the following questions, determine if the answer is yes, no or unknown.

• Does your practice collect payments equal to or greater than 90 percent of the collectable (net charges)?
• Do you verify insurance eligibility prior to every ambulatory care service?
• Do you verify eligibility and determine pre-authorization/referral as needed for all inpatient services (consults, procedures, surgeries)?
• Do you know when co-pays are due and collect them at the time of service?
• Does the practice collect cash each day?
• Do you have management reports that enable you to review the quality of your staff’s registration data?
• Does the staff believe that the registration data is accurate and high quality?
• Are your claims rejected by the payer less than 10 percent of the time?
• Does your practice offer credit cards as a payment option at all sites and on patient statements?
• Do you feel confident that the staff/physicians know what contracts the practice has and what the critical components of those contracts are to ensure compliance and reimbursement?
• Are your patient statements easy to read and informative?
• Are your days in A/R in line with best practices?
• Does your practice capture the referring physician for each service provided?
• Does your practice review a patient’s account for previous balances prior to his or her appointment and inform the payer?
• Does your payment posting staff track and provide feedback to front-desk staff?
• Does your payment posting staff track rejections and provide feedback to front-desk staff?
• If you have more than four ‘no’ answers, chances are, you could see a significant improvement in your cash flow; if you answered ‘no’ to more than 10 questions, making changes in your billing process could help you see a dramatic change.

There are a number of factors that can contribute to a weak billing process, ranging from aging accounts receivable not being worked, to staff doing duplicative tasks or having trouble dealing with a large volume of incoming mail. Other factors can include a delay in billing to secondary patients; patient statements being delayed because balances aren’t posted; numerous denials for duplicate claims or authorizations; not having a denial tracking system, or large dollars sitting in suspended claims. Communication issues can include the front desk staff having no information about denials or delays, few outgoing calls to payers or a backlog of unanswered correspondence from payers wanting more information.

In order to clean up the cash flow process, a practice should establish dashboard indicators to monitor a number of factors. These include the percentage of accounts receivable that are over 90 days; the registration accuracy error rate; the percent of denials due to referrals and the daily amount of cash collected, among other benchmarks. By comparing these numbers to ‘goal’ benchmarks, a practice can better target areas that need work or areas in which staff need further training.

It is also important to establish a system of reports that enable the practice to monitor current activities in order to predict outcomes and better make decisions. Information should be included for the whole group as well as individual physician/providers, and include information on charges, contractuals and payments for each payer individually as well as for the group.

While cash flow for every practice is different, many health care providers make the same mistakes in the collections process. This can include not having a financial policy in writing; letting patients fail to complete the patient information form; staff not asking for payment; failure to fully utilize credit cards; making unacceptable payment arrangements; waiting too long before assigning accounts to a collection agency; not prioritizing follow-up calls and tolerating payer’s stall tactics. Once you are able to specifically target the reasons why your practice is having trouble collecting the money owed to it, and create solutions to solve these problems, you can dramatically make a difference in how your practice bills and collects money and see an improvement in your bottom line.

To learn more about how to get paid what you deserve, talk to a professional. Mark Fromberg, CPA, partner at Marcum LLP, can be reached at (954) 320-8050 or Mark.Fromberg@marcumllp.com or visit www.marcumllp.com.
The shift from fee-for-service to accountable payment will require new, collaborative strategies to maintain access to the most effective and efficient new technology.

The change to accountable payment from the traditional fee-for-service model will require new strategies to maintain high-quality care delivery in an environment that no longer rewards volume treatment. Providers will value the ability to provide patients with the array of whatever treatments are necessary and appropriate, in the most efficient way, with the best outcomes. This will be more important than the ability to provide additional services, motivated by the increased volume generating increased revenue.

In the future, capability will be more important than capacity.

In many cases, collaborating to provide needed services will be more cost effective for care-giving organizations than investing in their own facilities or equipment, when it fails to yield an incremental increase in revenue.

Thus, collaboration between various facilities and organizations will be an attractive pathway to maintaining the necessary state-of-the-art care.

At the Cyberknife Center of Miami, we’ve already begun to work with various providers and payors to help them remain competitive in an accountable payment environment.

We’re building on our nearly 10-year experience with an open-staffed delivery model. As the first Cyberknife site in the southeastern U.S., and the 11th in the world, we’ve allowed local physicians and institutions to access this technology by using it as they deem necessary. We’ve allowed access to a maximum number of patients through access to a maximum number of qualified physicians. This has provided broad patient access through broad physician access, while avoiding unnecessary duplication of facilities. It has saved both local institutions, and our community, from unnecessary and costly investment.

Not only do organizations save, but they’re able to capitalize on our reputation as one of the most internationally well-regarded, and well known sites for delivery of radiosurgery and stereotactic body radiotherapy (SBRT).

While we’ve worked primarily with physicians in the past, we’re now working with local institutions and organizations to ensure their access to technology.

A variety of alternative arrangements can be constructed so that organizations, and their physicians, can continue to access this technology as they deem appropriate for their own patient populations. Capital can thus be preserved for investments in the technology and facilities that the organization will utilize most frequently. The result is the ability of care organizations to offer patients and payors the assurance that all appropriate and necessary treatment can be given.

It’s a collaborative strategy allowing providers to remain competitive in the changing healthcare reimbursement environment.

Interested institutions can find out more about how collaboration can work for them by calling 305-279-2900. Dr. James G. Schwade is Medical Director and Executive Director, The Cyberknife Center of Miami.
PART I

O n January 25, 2013, the Department of Health and Human Services published the final rule implementing and incorporating the provisions of the Health Information Technology for Economic and Clinical Health Act (“HITECH”) into HIPAA. In addition to the final rule itself, HHS devoted 119 pages to a preamble discussion that was intended to “clarify” the HIPAA-HITECH Rule (the “Rule”). Since that time, there has been a steady stream of articles analyzing various aspects of the Rule. Rather than repeat what others have done, the purpose of this two-part article is to provide a BRIEF summary of six of the most likely trends, both intended and unintended, that will be consequences of the Rule. The first three are outlined here in Part I. Next month’s column will feature three additional trends.

Trend #1. Expanded responsibilities and liabilities of Business Associates.

The Rule has established that Business Associates now are responsible for satisfying most of the Privacy and Security duties previously imposed upon Covered Entities. No longer a matter established by a contract between the parties (the “Business Associate Agreement”), every Business Associate now has an independent obligation to satisfy the administrative, physical and technical safeguards, ensure that they dis-close only the “minimum necessary” PHI to authorized parties.

Before the Rule, Business Associates that breached the terms of their Business Associate Agreements faced the risk of being sued for breach of contract by their contracting Covered Entities. The adoption of the Rule substantially increases the potential exposure of a Business Associate. Now, in addition to a breach of contract action, Business Associates face both civil and criminal liability if they fail to comply with their HIPAA-HITECH obligations.

Trend #2. Expanding number of Business Associates.

Both the breadth and depth of the pool of Business Associates has been substantially expanded in the Rule. The pool has been widened by making clear that virtually any party that has the potential ability to have access to PHI is a Covered Entity’s Business Associate. For example, record storage companies, whether actual or virtual, software vendors with which a Covered Entity contracts to provide updates and maintenance services, as well as attorneys and accountants who are provided PHI now clearly fall within this category. As such, a Covered Entity must ensure that it has a Business Associate Agreement with a wider range of vendors than many had previously thought necessary.

Downstream vendors, those who subcontract with a Business Associate, now also are deemed to be Business Associates if they have access to PHI. The Rule does not establish any de minimus standard for the relationship between a Covered Entity and a Business Associate, so that any party what has obtained PHI from a Business Associate is also deemed to fit within that category. For example, if a software vendor sub-contracts with a third party to provide software main-tenance services for a Covered Entity’s electronic health record, that subcontractor is a Business Associate and, if that subcontractor contracts with a programmer who actually provides those maintenance services, he/she also is a Business Associate. All of these Business Associates not only must comply with their own obligations, but they also must have a Business Associate Agreement with their subcontractors who fall within this classification.

Trend #3. Expanded number of breaches requiring notification.

Prior to the Rule, Covered Entities used a “harm standard” to determine what, if any notification was needed in the event of an unauthorized disclosure of PHI (a “breach”). Now, there is a presumption that notification must be given unless the Covered Entity or Business Associate can demonstrate that there is a low probability that the PHI was compromised, based on a 4-prong risk assessment: (i) The nature and extent of the PHI involved. (ii) The identity of the unauthorized person who used the PHI or to whom it was disclosed. (iii) Whether the PHI was actually acquired or disclosed. (iv) The extent to which the risk of disclosure has been mitigated.

Stephen H. Siegel is Of Counsel with the Miami office of Broad and Cassel and a member of the statewide firm’s Health Law Practice Group. He can be reached at (305) 373-9400 or sshiegel@broadandcassel.com.
When you’re a busy health care professional, it’s easy to put your own needs aside for the sake of caring for patients. With all of the focus on health care reform, new government rules and regulations and ever-increasing reimbursements, you may not have taken the time to consider that your own financial house is in order.

“Many physicians and other health care professionals put their own personal financial planning needs off to the side because they are simply too focused on caring for patients day-to-day practice needs,” said Lenny Sklaver, CLTC, a financial services professional and licensed agent with New York Life Insurance Company. “But it’s imperative that they look out for their own personal retirement environment - people are living longer, which increases the likelihood of becoming frail in the future. Do you have a plan? Your money will need to last longer, so you must have a ‘decumulation’ strategy,” he said. “Social Security is not as robust as we thought it would be, and few people now have defined pension plans. You might be left with a 401k plan if you’re lucky, so does it make sense to continue deferring dollars when the tax rate right now is at a historical low? It might not be a good idea to defer everything now and pay a higher tax rate when you retire in the future. These are issues that you need to face now, while you still have time to take a balanced approach.”

For more information or to talk to Lenny Sklaver, call (305) 613-1768 or email lsklawer@gmail.com.

Lenny Sklaver

BY VANESSA ORR

Tranferring EHR Data Issue Resolved by MediTouch EHR

A major concern when considering a change to a new EHR is transferring the data from the current EHR to the newer one. Does a practice download and print-out the basic information for the recent and most active patients and type it into the new EHR after hours? Find time prior to a patient’s visit and enter what is possible? Pay staff overtime or hire extra staff to enter the data? Operate (and pay for) both the older EHR and newer EHR for months until all the data is transferred? These options, as well as many others, are viable solutions. But these options are extremely time consuming and costly, as well as inefficient and prone to error. Now there is an efficient, quick, no hassle, and less expensive solution to resolve this concern; HealthFusion’s MediTouch Import Wizard™. Many choose to upgrade to an improved EHR after experimenting with other, less satisfying EHR products. If a practice has made the transition from paper to EHR, and is now planning to upgrade, one viable option is MediTouch. And a benefit of a transition to MediTouch is HealthFusion’s MediTouch Import Wizard™, as it can help make the transition a smooth one.

The process of transferring data from an old EHR to MediTouch will vary based upon what data can be extracted from that EHR. The quantity and quality of the data that can be extracted from an old EHR will depend on the brand and version of EHR product that the practice was utilizing.

The first step is the extraction of data from the current EHR product. HealthFusion will refer your practice to HealthFusion’s business partner, an expert in EHR data extraction. The evaluation and estimate to transfer is free, and the cost will be based on the complexity of the extraction. With the MediTouch Import Wizard™ data extraction partner, HealthFusion will not charge for the importing of the data. The only expense will be the extraction of the data. Utilizing a data extraction firm that is not a HealthFusion business partner will result in an import fee from HealthFusion. Contracting with a HealthFusion business partner reduces the amount of work required from the engineering team during the data conversion process.

After the HealthFusion data transfer partner performs the data extraction, they transmit the data to MediTouch via a secure encrypted transmission protocol in the MediTouch Import Format. Some EHR vendors can accept data imports but cannot populate the modules in their EHR with the codified data. In order to have a Meaningful Use Compliant EHR, the data must be codified. MediTouch has invested hundreds of hours refining the data import process to simplify it and to ensure that when the data is imported, it is accurate and codified. With the MediTouch Import Wizard™, data will populate as if it was extracted. For the typical patient, it only takes a few minutes for the staff to match the old data to the new MediTouch format.

EHR data conversion without this type of interface could result in data mismatch that may harm your patients. As an example: Data is imported to a new EHR and a critical allergy is not imported correctly, after which a provider prescribes a medication that conflicts with the allergy and the patient has an allergic reaction.

It is recommended to only perform EHR data conversion with a system that has an easy-to-use process, a codified process.

List of data that can be imported if it can be extracted from an old EHR:

- Patient Demographics
- Allergy List
- Medication List
- Problem List
- Immunization List
- Encounter Data (SOAP notes)
- Social History
- Past Medical History
- Past Surgical History
- Family History
- Vital Signs History
- Imaging files

Importing data from an old EHR is simple and precise with the MediTouch Import Wizard™. By using their data-matching method, a practice can import data in a structured, codified format required to achieve Meaningful Use and more, and avoid the concerns and worries of upgrading to an improved EHR!

To learn more, visit www.healthfusion.com or contact Michael Kesi at (305) 323-2903.
The Patient Protection Affordable Care Act (PPACA), otherwise known as Obamacare, January 1, 2014 effective date will be here sooner than you think. The stress of this impending law is compounded by its complicated nature - it has many mandates and provisions that depend on employer size, affordability, minimum essential coverage, minimum value coverage and many other factors. Additionally, although the mandates and provisions of the law have been upheld by the Supreme Court, many details regarding the implementation of law are unclear and yet to be defined. Mandated timelines of implementation of the new healthcare requirements, procedures, reporting requirements, fees, fines, penalties, and alternatives can leave owners and managers overwhelmed and confused as to what to do. 

http://www.dol.gov/ebsa/healthreform/

Understandably, most Florida business owners and managers are asking the question, “What does this mean to me and how do I sort out what is here today and what is down the road in Healthcare Reform?”

The answer is complex and depends on a number of factors including, but not limited to, employee income, the number of full-time and part-time employees, seasonal employees, temporary employees, industry, current health coverage, play or pay, grandfathered plans, and state or federal exchanges.

One area that will impact businesses of all sizes is the significant administrative burden that will be required to navigate all of the regulations associated with Healthcare Reform. With impending Healthcare Reform, businesses can no longer afford a lack of sophistication in their human resources processes. Compliance reporting, benefits administration and managing employee data are just a few of the back-office tasks that will become more difficult for small businesses to handle once all of the requirements of PPACA take effect. 


To alleviate PPACA compliancy, avoid penalties and fines and reporting anxiety, employers need a trusted resource that can clearly explain which provisions affect them so they stay compliant, avoid fees, fines and penalties, and make the best possible decisions. Developing a strategic partnership can help. Small businesses will undoubtedly need help navigating this complex legislation and outsourcing a portion or all of the administrative tasks associated with it. Choosing the right strategic partner will help ensure these requirements.

Business owners and managers are also struggling with what to do and where to turn to for relief, guidance and help to guide their decisions on PPACA. Strategic partners will need expertise in critical employment-related components impacted by the legislation. This includes payroll and related taxes, employee benefits administration, human resources and employment related consulting.

Professional Employer Organizations (PEOs) have emerged as a fantastic solution. PEOs are helping employers and employees with what is in place today and what is on the horizon. PEOs already have in place staff expertise and advanced systems specific to handle healthcare information, greatly simplifying PPACA compliance and reporting. Further, they offer up-to-date understanding of legal and regulatory requirements associated with Healthcare Reform and expertise precluding and safeguarding against liabilities issues.

Entering into a PEO partnership will ease the Healthcare Reform burden, reduce the stress, save costs, reduce administrative burden, ease mandated reporting, freeing the employer to focus on their core business. Although PPACA requirements do not take effect until January 1, 2014, many questions remain about how these mandates and provisions will be implemented. Business owners and managers understandably want to get a handle on the implications for their business now. Having the right strategic partner to help guide and assist a business is critical considering what is coming in the next few months.

Steve Chavoustie is a Professional Employer Organization (PEO) specialist with Danna-Gracey, a state-wide independent insurance agency dedicated solely to insurance coverage placement for Florida’s doctors and healthcare providers, including medical malpractice, workers’ compensation, physician and employee benefits, and PEO services. To contact him call (888) 978-5457, or e-mail SteveC@dannagracey.com.

Are your PIP claims being limited to $2500?

Do you have questions about the new PIP law?

• Call our office to find out how we can help.
• We offer a free consultation.
• There are zero out-of-pocket costs.
• No recovery, no fees or costs.

Boca Raton, FL
Abraham Ovadia, Esq.
888-948-2144
FANN & PETRUCCELLI LAW CORNER

May Health Care Providers Ask Their Patients about Firearm Ownership?

While gun safety continues to be a blaring issue throughout our country, it should be little surprise that it is a prevalent topic in Florida’s medical community. On June 2, 2011, the Firearms Owners’ Privacy Act was signed into law. The Act prohibits physicians and health care facilities from asking patients, or patients’ family members, about firearms, from recording information about firearms in their patients’ medical records, and from unnecessarily harassing or discriminating against patients because of firearm ownership.

After the Act was codified, a number of physicians and physician interest groups challenged the law alleging the Act violated the First Amendment right to free speech. The U.S. District Court for the Southern District of Florida agreed with the physicians and physician interest groups, and granted summary judgment in favor of the parties. Subsequently, Florida filed an appeal with the U.S. Court of Appeals for the Eleventh Circuit. Oral arguments have not yet been heard. At this time, Florida is enjoined from enforcing the provisions of the Firearms Owners’ Privacy Act.

For decades, the American Academy of Pediatrics and American Medical Association have encouraged physicians to provide safety counseling to their patients. For instance, the American Academy of Pediatrics implemented “The Injury Prevention Program (TIPP),” which recommends that physicians discuss safety precautions with their patients, such as securely storing firearms, making children wear a bicycle helmet, and installing gates on stairways.

The American Medical Association published its policy on the prevention of firearm accidents in children (1), which encourages its members to inquire about the presence of household firearms as part of childproofing the home, educate patients on the dangers of firearms and children, and to remind patients to store ammunition separately from firearms, among other things.

If the Act is upheld, healthcare providers in Florida would be prohibited from asking and counseling their patients about firearms. However, until we learn what the Eleventh Circuit will rule, healthcare providers may ask their patients, or patients’ family members, about firearms.

Anna Broxmeyer, Fann & Petruccelli, P.A., can be reached at (954) 771-4118 or ABroxmeyer@FPLawyers.com or visit www.FPLawyers.com.

(1) http://www.ama-assn.org/resources/doc/PolicyFinder/policyfiles/HnE/H-143901HTM

Palm Beach ACO Announces $5.4 Million in Savings at Physician Meeting

The staff of the Palm Beach ACO and South Florida ACO hosted more than 80 physicians at the Delray Beach Marriott recently to reveal savings results, brainstorm ideas for improving patient care and hear comments from a high-level executive from the Center for Medicare and Medicaid Services (CMS). The physician-owned Palm Beach ACO (PBACO) is based in Palm Springs, FL.

Executive Director Kelly Conroy opened the meeting with the challenge to the physicians that they have the opportunity to “Change the World” through more efficient, patient-centered care. Medical Director Dr. Hymin Zucker reported that PBACO had achieved significant savings compare to other ACOs around the country but that the opportunity to save substantially more exists.

“So far, our research shows that we’ve saved more than $5.4 million,” he said, “but we have the potential to save $54 million.”

Several physician board members and owners spoke about their personal commitments to and experiences with the ACO and provided a menu of tips for providing the right care to the right patient at the right time. Presentations were made by Lenny Sukenick, D.O., Chairman of the Board; Irma Lopez, M.D., Finance Chair; Rohit Dandiya, M.D.; David Milbauer, M.D.; Kenneth Jaffe, M.D.; Sharab Mohamed, M.D.; Raj Bansal, M.D., chairman of the executive committee; and Z. Farel Abad, who is a member of the South Florida ACO. Saeed Khan, M.D., a SFACO board member, also participated. Other PBACO Board members include Manuel Borma, M.D., and Jerry Ballin, who serves as the Medicare advocate.

Participating via teleconference was Terri L. Postma, M.D., a trained neurologist who serves as the medical officer and advisor, performance-based payment policy staff for CMS in Baltimore, MD. She discussed the move toward physician payments based on quality and cost.

“Our focus is on value-based purchasing initiatives,” she said. “The concept of the ACO grew out of extensive research with a physician group practice model, which demonstrated quality improvement and savings.”

“Organizations like yours,” she added, “are helping us reinvent care for the modern age. We have to let go of today’s very fragmented health care system that has little thought toward connecting the pieces. We believe the Medicare Shared Savings Program brings together the pieces to form patient-centered care.”

Out of the existing 220 ACOs in the country, 30 percent are physician led like PBACO. According to Dr. Postma, physicians are the key to making a real positive difference in the health care delivery system. “Providers are the ones who make the difference,” she said. “They have the patient relationships and know which patients need the most coordination and where the opportunities exist for making the most improvements.”

The event culminated with physicians breaking up into small work groups to share cost savings and quality patient care ideas.
Delray Medical Center Welcomes Trey Abshier, FACHE, as New Chief Operations Officer

Delray Medical Center’s commitment to the highest level of patient care continues with the appointment of Trey Abshier, FACHE, as the new Chief Operations Officer (COO).

Abshier has extensive experience as a health care executive. For the last three years, he served as the COO of a hospital in San Jose, CA. He earned a master’s degree in Health Care Administration from Trinity University and a bachelor’s degree in Human Resource Development from Louisiana State University.

Catholic Hospice Names Melinda Diaz Senior Director of Operations

Catholic Hospice names Melinda Diaz, RN, BS, CHPN, LHRM, CHPCA, Senior Director of Operations. Diaz comes to Catholic Hospice with over 30 years nursing experience and 12 years of Hospice experience. She started her hospice career as a Director of Education and Quality for Hospice at Home in St. Joseph, MI. Melinda then moved to Florida where she worked with HospiceCare of Southeast Florida as the Chief Compliance Officer.

Melinda is a graduate of Western Michigan University with a Bachelor of Science in Healthcare Administration. She also holds her Florida license as a Risk manager as well as a Registered Nurse. She is a certified hospice nurse, a certified hospice administrator as well as a HPNA trainer.

Palm Beach Gardens Medical Center Appoints Dianne Pfau as Director of Business Development and Associate Administrator

Specializing in business development, program expansion and community relations, Dianne Pfau joins the executive leadership team at Palm Beach Gardens Medical Center. Prior to joining Palm Beach Gardens Medical Center, Pfau served as the Associate Administrator and Director of Business Development at Lakewood Regional Medical Center in Lakewood, CA. Her role at the 172-bed acute-care hospital and medical campus strengthened executive-level relationships with physician groups and drove incremental volume growth. Pfau earned her Master’s of Business Administration from California Lutheran University in Thousand Oaks, CA.

Lower Keys Medical Center Appoints Brenda Sponsler as Chief Nurse Executive

Brenda Sponsler, CNE has re-joined Lower Keys Medical Center as its new Chief Nurse Executive (CNE). Brenda has been in healthcare for 25 years and comes back to Key West from another Health Management facility, Bartow Regional Medical Center in Bartow, FL where she was their CNE. She has been employed by Health Management since 1999.

Broward Health North Appoints New Nurse Manager of Inpatient Rehabilitation Floor

Donna Bagley, RN, MSN, CRBN, CNML, has been named nurse manager of the inpatient rehabilitation floor at Broward Health North (BHN).

Prior to joining BHN, Bagley served as the clinical educator at Memorial Regional Hospital for one year and as the assistant nurse manager of rehab at Holy Cross Hospital for 13 years. She is the president-elect of the Florida State Association of Rehab Nurses. Last year, she won the Nurse Manager of the Year award by the Florida State Association of Rehabilitation Nurses. Bagley has a bachelor’s degree in Nursing and a master’s degree in Nursing Administration from Florida Atlantic University.

Sandra P. Greenblatt, MBA/HA, J.D. Joins Lubell / Rosen Law Firm as Partner

Steven L. Lubell, Esq. and Mark L. Rosen, Esq., founders of the preeminent medical malpractice defense law firm Lubell / Rosen, are pleased to announce that Sandra P. Greenblatt, MBA/HA, J.D., board certified expert in transactional Health Law, has joined the firm as a partner at its new Coral Gables location.

Greenblatt has more than 25 years of experience representing physician groups and physicians, dentists, practice management companies, payors, TPAs, pharmacies, hospitals, long term care facilities, mental health centers and other health care providers and businesses. Greenblatt has served as a registered lobbyist, is a member of the American Health Lawyers’ Association’s Alternative Dispute Resolution Service and mediates and arbitrates health law-related disputes. She was previously associated with the prominent law firms Greenberg Traurig and McDermott Will & Emery and for the past 10 years was president of the boutique health law firm of Sandra Greenblatt, PA. in Miami.

E-mail Your Administrative and Staff Appointments to sfahospitalnews@aol.com
Lower Keys Medical Center Welcomes Randy Wade to Its Leadership Team

Randy Wade has joined Lower Keys Medical Center as its new Director of Materials Management. Randy has been in healthcare for 25 years and is a certified worker’s compensation professional and is a trainer in Breath Alcohol and Drug Urine testing. He has been with Health Management for the past 5 years, starting as the Director of Materials Management and transferring into occupational health as the Director of WorkMed and Health Management Physician Practices.

New Nursing Instructor Named at Florida Career College Lauderdale Lakes Campus

Chandra Bhramdat has been named Nursing Instructor at Florida Career College (FCC) – Lauderdale Lakes. In her new position, Bhramdat is responsible for promoting and nurturing student education by planning course curriculum, assisting with academic efforts and providing students with an environment conducive to learning. She also works part-time as a nurse at Northwest Medical Center in Margate. Prior to joining FCC, Bhramdat worked as a full-time nurse and part-time instructor in New York.

Dwight Denny Begins Tenure as Chairman of Martin Health System Board of Directors

Dwight Denny was recently named Chairman of the Martin Health System Board of Directors. Denny is a graduate of the Kenan-Flagler Business School at the University of North Carolina, Chapel Hill. After graduating college, Denny was selected for the United States Naval Officers Candidate School. Upon graduation, he served three years active duty as a commissioned officer during the Vietnam era, including two years afloat as supply officer of USS Cascade. Denny began his business career at Ryder System, a FORTUNE 500 commercial transportation, logistics and supply-chain management company. Starting as a management trainee, he was promoted through the ranks. He was a member of the company’s Executive Committee and served as President of Ryder Commercial Vehicle Services.

Eris Thomas Promoted to CEO of Coral Gables Executive Physicians

Coral Gables Executive Physicians (CGEP), is pleased to announce that Eris Thomas, MBA, has been promoted to CEO. Eris Thomas previously served as president of CGEP. Eris’ business savvy is the result of years of management and accounting experience at Deloitte & Touche LLP in Miami where she worked from 2001-07. Eris serves on Boys & Girls Clubs of Miami-Dade’s Board of Directors, and sits on various committees for the organization, including the annual “Wild About Kids” gala benefit and “Claws for Kids” yearly fundraiser at Joe’s Stone Crab. Additionally, she serves on the board of the Baptist Hospital Foundation in Miami and is a member of the Beacon Council. She is also a member of the Coral Gables Chamber of Commerce.

Peter Anderson Appointed to Broward Health Foundation Board

Peter Anderson MBA, a Wealth Adviser at United Capital Financial Advisors, LLC, has recently been appointed to the Board of Directors of the Broward Health Foundation. This is an incredible opportunity to improve the health of the community by supporting, and providing resources to, the programs and initiatives of Broward Health.

Modern Healthcare Names FIU Healthcare MBA to List of Nation’s Top Business Programs for Physicians

Florida International University’s Healthcare MBA program has been ranked by Modern Healthcare in its 2013 listing of Top Business Graduate Schools for Physician-Executives. It is the first time that the College of Business program has been ranked in this widely-read healthcare industry publication.

Criteria for the Modern Healthcare listing include length of program, number of days on campus, cost of program, age of program and total graduates. FIU’s program was ranked 34th out of 37 programs listed.

Students in FIU’s Healthcare MBA program include internationally-trained physicians seeking administrative roles in the U.S. healthcare market, as well as physicians, pharmacists, nurses, physical and occupational therapists, and other clinicians seeking to fully engage in decision-making roles within healthcare settings. The Saturday-only, 18-month hybrid program brings practical application of theories and concepts to industry professionals. In addition to classes at FIU Downtown on Brickell in Miami and FIU’s Broward Center in Miramar, the program is now offered ONLINE, starting Fall 2013.

St. Mary’s Medical Center’s Pediatric Oncology Nurse Inducted into the Tenet Heroes Hall of Fame

St. Mary’s Medical Center’s pediatric oncology nurse, Mary Prokop, is inducted into the Tenet Heroes Hall of Fame, Tenet Healthcare Corporation’s highest honor for employees. When Prokop’s daughter was diagnosed with leukemia and was treated by the pediatric oncologists at our hospital, Prokop’s life was changed forever. The care that both she and her daughter received touched and inspired her more than she could believe. One instance that she remembers vividly is when a nurse gave her daughter a teddy bear the day she was diagnosed. After her daughter fully recovered, Prokop returned to school to become a registered nurse and work at the same hospital and on the same unit where her daughter received care.

Turn good intentions into greater actions.

I’m here to help you plan for the future so you can continue all the good you do in your life.

Life Insurance, Retirement, Long-Term Care.

Keep Good Going.

South Florida Hospital News

JUNE 2013 11

sunfloridahospitalnews.com
Discover a New Approach for Business Continuity for Healthcare Providers in South Florida

Volico, a leading provider of managed hosting, colocation, and cloud computing services, has announced the opening of its newest 12,000 sq. ft. Tier IV data center facility in Deerfield, Florida. This data center marks the company’s second wholly owned facility in the South Florida market. Volico currently operates in the Miami, Chicago, and San Jose data center markets.

Business continuity approach for South Florida’s healthcare industry

Every healthcare business should have a business continuity plan to ensure that business can take place through a disaster and continue on. Providers and facilities can no longer afford to ignore the demands of business continuity planning. Whether a natural disaster or man-made event, today’s caregivers must be prepared to deal with potential threats of service interruptions. Business continuity involves more than disaster recovery; it’s about disaster prevention too. If a segment of your business suddenly goes down or an unexpected event occurs, your business can suffer an interruption that can lead to its bottom line.

Volico’s Business Continuity Services help healthcare providers prepare, recover and continue their critical information systems and business functions in the event of an unplanned disruption (for example virus epidemic, fire, flood, electrical outage, sabotage, equipment failure and others).

Volico’s facilities offer geographic redundancy while providing a secure environment for recovery.

- Offsite storage of backups for disaster recovery purposes
- Backups can be restored to any server in your environment quickly
- Hardware and connectivity redundancy for 100% up-time
- Security of Volico’s world-class Data Centers

Business continuity is vital to business success

How do you determine the continuity and recovery requirements of your business to protect against a disaster? How do you identify your priorities and find suitable protection? Where do you start?

All of these questions are part of developing a business continuity strategy. Business continuity is not as simple as picking a solution, paying for a service and signing a check. It is a process, like many other security measures that a business must undertake. To simplify the process, we have narrowed it down to four steps:

1. Analysis
2. Planning
3. Implement
4. Test

Today, business continuity is no longer a luxury; it is quickly becoming a core requirement to operate your business.

Volico’s new data center in Deerfield features unprecedented 2N+X redundant UPS Smart-Grid infrastructure and a 2N+X redundant generator Smart-Grid Paralleling Technology providing the highest levels of redundancy and flexibility. “Unlike traditional data centers utilizing multiple generators working towards individually geared loads lacking the ability to parallel more than two units, New Smart-Grid Paralleling Technologies allows the usage of multiple floating generators forming a protected power-grid with X+N capabilities geared towards the highest Tier IV Data Center Availability Standards,” said Gadi Hus, Senior Data Center Engineer of Volico. These engineering methods allow Volico to provide emergency power under a green and minimal carbon footprint by balancing load as necessary for fuel conservation.

In addition to focusing on redundancy, Volico’s new data center offers 24x7x365 on-site security and carrier-neutral connectivity. Volico also offers eoMPLS connectivity. Volico’s redundant cross-connectivity transport to Terremark’s 160 plus providers over Volico’s redundant and diversified private MPLS ring.

Utilizing Emerson Liebert Computer Room Air-Conditioning (CRAC) units, Volico’s facility is engineered to handle 300-watt/sq. ft. of 2N+X redundant cooling for tomorrow’s high-density computing applications. The initial phase of the data center is 12,000 sq. ft. with the ability to expand to an unprecedented 140,000 sq. ft. to support customer growth and demand. Located outside of the 500-year FEMA floodplain, Volico’s newly constructed facility is category 5 hurricane resistant, which makes it able to withstand the most treacherous storms and floods in South Florida.

Founded in 2000, Volico is a HIPAA, SSAE, SOC, and NIST Compliant Enterprise-Class Data Center solutions provider, specializing in colocation, enterprise dedicated server hosting, disaster recovery, business continuity, backup services, private cloud computing, public cloud computing, and Cloud (In Cloud) IAAS computing. The company currently operates multiple data centers servicing clients in Miami-Dade, Broward and Palm Beach Counties.

Volico offers true peace of mind colocation, dedicated servers and business continuity solutions to keep your business running smoothly. Don’t risk your technology, your data, or your business to catastrophe. Our Miami and Deerfield Data Center based business continuity services keep your company secure and provide peace of mind that your data is safe.

For more information on Volico, visit http://www.volico.com or contact Mario Shirley, Strategic Sales Director at 1-888-865-4261 ext. 708.
Preparing for the 2013 Hurricane Season

Sometimes, even the best pre-planning may overlook unanticipated events during the passage of severe weather such as tornadoes and hurricanes. For instance, upon examining Super Storm Sandy’s impact to the New York landscape, both saltwater and freshwater intrusion had an adverse effect on critical utility systems within the Manhattan VA Medical Center. This intrusion, along with its associated aftermath at the facility, presents a perfect opportunity to highlight the necessity and prominence of Continuity of Operations Plan (COOP) planning and detailed critical utility risk assessments.

When the Manhattan VA Medical Center’s leadership team examined the adverse risk possibilities to their infrastructure, along with the potential impact to their mission essential functions, they did the right thing in deciding to evacuate prior to the storm. While ensuring that the facility was shut down and properly secured before the storm, they were also planning, and had every intention, to reoccupy and continue patient care and other mission essential functions as soon as the storm was over.

Despite the efforts of crucial staffs who may stay at the facility during the hurricane, serious damage to the critical utility infrastructures may occur which can result in the loss of ability for staffs to perform their essential mission functions for many months. Severe flooding can engulf the lower levels of a facility, thereby damaging such systems as the physical plant, fostering an environment for extensive mold growth, and damaging or destroying medical equipment and supplies.

A well developed and thought-out COOP provides the strategies that should allow for the continuation of the mission’s essential functions such as patient and staff safety and well-being, communications, and supporting the community. The COOP should also detail how the facility’s emergency management committee will continue, over a protracted time, to make sure that their patients (and future post storm patients) are taken care of, processes implemented so that employees can get back to work, and the rebuilding of the damaged facility. All of these issues will need to be addressed by the Leadership Team while they are in the midst of a situation where communication and coordination are difficult at best.

COOP preparedness can also lessen the hardships and difficulties associated with recovery and resumption of normal operations. This planning should be accomplished by the healthcare facility leadership in conjunction with the facility’s emergency management committee. This planning should not be conducted in a vacuum, however, since the facility is an important asset and resource for the community. As such, the local or county emergency management agency and other stakeholders should be consulted and involved.

The issues of COOP and critical utility systems are not standalone areas of focus; they are intertwined. Critical utility systems risk assessment, contingency identification, and evaluation is of paramount importance in addressing COOP preparedness and implementation in the present instead of in the midst of the disaster. In order to conduct the critical utility systems risk assessment, the emergency management committee, facility engineering and other facility stakeholders (environmental services department, respiratory, etc.) need to develop an assessment tool as their guide.

This is similar to the facility’s Hazard Vulnerability Analysis (HVA). Where this assessment tool will deviate from the HVA is in its focus on the impact caused by damage, or loss of, one or more of the system’s components. Once the risk assessment is complete, the assessment workgroup will be able to identify crucial areas that may require mitigation efforts. This type of risk assessment is a crucial part of COOP as it directly affects, and may be the predictor, of whether the facility can fully function after a severe weather event.

Remember, sometimes, even the best pre-planning may overlook unanticipated events during the passage of severe weather such as tornadoes and hurricanes. Readiness should not be taken for granted; readiness is a state of risk assessment, careful planning, and plan exercise.

T. Michael Self, Emergency Manager, West Palm Beach VA Medical Center, can be reached at (561) 422-5496.

Robins & Morton is proud of the success at Wellington Regional Medical Center, a true LEAN healthcare project. By utilizing LEAN methodologies, this 103,000 SF 80-Bed Tower Addition was completed early and under budget allowing for earlier patient occupancy.

Robins & Morton is located in Birmingham, Charlotte, Dallas, Huntsville, Nashville, Orlando, Raleigh-Durham, and has completed projects throughout the United States and Canada.

www.robinsmorton.com

T. Michael Self, Emergency Manager, West Palm Beach VA Medical Center, can be reached at (561) 422-5496.
In what has become an annual rite of spring, Martin Health System recently completed an annual exercise designed to test the organization’s hospital incident command system.

External contractors Hinnant Solutions and HMTX Solutions assisted Martin Health in designing and facilitating a hazardous materials exercise based upon a scenario with a realistic probability of occurrence.

Various community partners, including personnel from local health departments, emergency management, fire-rescue, sheriff and police departments participated in the exercise as players, and fire-rescue personnel provided evaluators for the exercise.

One of Martin Health’s primary goals was to develop an exercise scenario that represented conditions that hospitals could face on any given day. To this end, HMTX identified relevant threats, both internal and external to hospitals, that could result in a hazardous materials incident presenting at each of three Martin Health facilities, for which no public safely hazardous materials response had been initiated.

In the first scenario, the hospital, which is located in a county with significant agricultural activity, was presented with a number of self-transport victims who had been exposed to organophosphate pesticides. The second scenario involved a leak of spent xylene within the hospital facility, and the third scenario had numerous victims self-present to the hospital with chemical burns due to an industrial accident.

The exercise was structured to present the three hazardous materials scenarios concurrently at three Martin Health facilities located in two adjacent counties.

The exercise followed Homeland Security Exercise Evaluation Program guidelines in design, delivery, evaluation and follow-up. The objectives for the exercise focused on incident management and command, interoperable communications, responder safety and health, hazardous response and decontamination operations, medical surge operations, evacuation/shelter-in-place and continuity of operations.

At the conclusion of the 2.5-hour exercise, hot washes were held at each exercise location to identify strengths and areas for improvement.

Martin Health has continued to hold hospital incident command exercises through the years in an effort to continually discover ways to enhance its preparation. At the same time, collaborating with community agencies in the drills has developed valuable relationships that will be necessary if a real-world incident takes place.

Clearly, no one wants to see disasters or emergencies take place at their hospital or in their community. However, there is no substitute for being prepared if one does occur. Trainings like the one Martin Health recently performed are invaluable to prepare for an incident everyone hopes never occurs.

Steven H. Wolfberg, Director of Safety, Security and Transportation, Martin Health System, can be reached at steve.wolfberg@martinhealth.org.

---

The American Red Cross South Florida Region is proud to announce that its longtime volunteer and Chair of its Disaster Committee, Dr. Shel Seidman, received the 2013 Governor’s Hurricane Conference American Red Cross Award.

“Dr. Seidman’s vision, dedication and leadership are unsurpassed,” wrote LtCol Tony Colmenares USMC (Ret), Director of Emergency Services at the South Florida Region American Red Cross, in nominating Seidman for the award. “From single family disasters to major disasters, he is quick to respond and to lead in whatever role or function he is needed. His untiring support of the staff and volunteers within the South Florida Region motivates other volunteers to lead and inspires the staff to succeed.”

In his capacity as Chair of the Disaster Committee for the South Florida Region of the American Red Cross, Dr. Seidman has coordinated preparedness activities with partner emergency management agencies, identifying high risk areas and preparing mitigation plans for each area.

He has led the staff and volunteer team of the South Florida Region in determining resources and resource allocation distribution while personally taking the lead in surveying over 100 evacuation shelters in a six month period.

---

Volico’s Business Continuity services help healthcare providers prepare, recover and continue their critical business functions.

Enterprise Hosting Solutions
Tier IV Carrier Neutral Data Center
Private and Hybrid Cloud Solutions
Managed Services and Infrastructure

Save time & money, Complete a BC/DR consultation and receive three free months of colocation.

500 NW 48th St.
Deerfield, FL 33064
sales@Volico.com
www.Volico.com
1-888-865-4261

Does Critical Care Require Critical Uptime?

---

Putting Hospital Incident Command to the Test

Shel Seidman Receives Red Cross Award at Florida Governor’s Hurricane Conference

---

Dr. Shel Seidman

Steven H. Wolfberg

BY STEVEN H. WOLFBERG

---

---

---
Good Samaritan Medical Center and Midtown Imaging Celebrate Ribbon-cutting at Comprehensive Breast Care Center

It was all about the “Girls” and “Love Your Girls” as girlfriends, mothers, daughters and sisters, learned about the new Women’s Services at Midtown Imaging in Royal Palm Beach. Good Samaritan Medical Center and Midtown Imaging cut the ribbon on the Women’s Services and Comprehensive Breast Care Center with tours of the advanced diagnostic imaging technology. The community also learned about the comprehensive, patient focused care on-site by board-certified radiologists on staff at the medical campus. The educational event’s focal point included educating local women on the center’s resources, long-term-follow-up, information about biopsies and the importance of timely breast cancer screenings. The Central Palm Beach Chamber of Commerce, hospital board members, local community leaders, Susan G. Komen and hundreds of women from the local West Palm Beach community were at the event.

North Shore Medical Center’s Director of Facility Management and Safety Officer Receives Hospital President’s Award

North Shore Medical Center Chief Executive Officer Manny Linares recently recognized Jaime Alfayate, the hospital’s director of facility management and safety officer, as the 2012 recipient of the hospital’s annual President’s Award for his outstanding work and accomplishments throughout the year.

In his leadership role at North Shore Medical Center as director of facility management and safety officer, Alfayate is responsible for the management of construction projects, the bio medical department, as well as the overall maintenance and security of the facility. Alfayate, who has been with North Shore for nearly 11 years, is also a licensed Healthcare Risk Manager as well as a Certified Healthcare Safety Professional.

FOR LEASE
1,440 SF MEDICAL OFFICE
800 EAST CYPRESS CREEK ROAD | FT. LAUDERDALE

• Ideal location with immediate access to I-95 at the Cypress Creek Road exit
• Prominent monument signage opportunity
• Less than a mile from Imperial Point Medical Center and Holy Cross Healthplex
• Completely renovated medical space with high end stone floor
• Free covered garage parking available and abundant surface parking
• Convenient hotel steps from the building

Please call for rental rate information

CBRE, Inc. | Licensed Real Estate Broker
Bascom Palmer Eye Institute, part of the University of Miami's Leonard M. Miller School of Medicine, has been ranked for the last nine years by U.S. News & World Report as the top eye hospital in the United States. Now, Bascom Palmer is focusing on a major expansion of its presence in the Naples community.

In February, Bascom Palmer began preparing to build a $9-million facility on a 1.5-acre site at the northeast corner of U.S. 41 and Park Shore Boulevard in North Naples. Clinical services offered in the new complex, slated to open in 2015, will include comprehensive eye care as well as specialized treatments for conditions of the retina and cornea, and greater access to the latest clinical trials in these areas. Gradually, full-time physicians will be added to the roster to also offer services such as refractive surgery, glaucoma care, pediatric ophthalmology, and oculoplastic surgery.

Since 2004, Bascom Palmer Eye Institute has been serving the Gulf Coast from a leased 3,000-square-foot space at NCH Medical Plaza in downtown Naples which will remain open during the construction of the new center. Patient visits have more than quadrupled since the Naples center opened and now number more than 12,000 annually.

Bascom Palmer’s expanded regional presence, projected to encompass more than 20,000 square feet, will contain clinics for the treatment of eye diseases, as well as space dedicated to diagnostic imaging, laser vision correction, vision research, education, and an ambulatory surgery center.

Bascom Palmer clinical and research teams have invented many new ophthalmic treatments and surgeries now used worldwide, including the first pars plana vitrectomy and the first use of Avastin to treat age-related macular degeneration and other blinding diseases.

Three Bascom Palmer physicians, including Naples medical director Dr. Stephen Schwartz, currently serve the Naples area full time, and seven additional physicians travel here from Bascom Palmer’s Miami center each month. Physician numbers are projected to double by the opening of the new center, which will also employ more than 30 support staff.

Bascom Palmer Eye Institute’s new North Naples flagship is widely seen as a key asset in the region’s evolution as a worldwide medical destination, which could well deliver significant contributions to Collier County’s future economic growth. In the meantime, one fact is crystal clear: All of us who cherish the beauty of Florida’s magnificent Gulf Coast will now have full access to an impressive array of world-class eye care services—without leaving town.

For more information about Bascom Palmer Eye Institute, call (305) 243-2020 or visit www.bascompalmer.org.

A Valued Partner and A Trusted Adviser

Unified Physician Management (“UPM”), including Florida Women Care, has entered into an agreement with Flagler Investment Property Group (“FIPG”) to assist UPM and FWC’s 400 physicians, with comprehensive real estate tenant representation and consulting services.

For all your tenant representation needs, please call

Herve Puyplat
561-704 5232

FLAGLER INVESTMENT PROPERTY GROUP
www.flaglerinvestment.com

PRIVATE EQUITY. BROKERAGE. CONSULTING. ASSET MANAGEMENT
Tips and Suggestions for Successful Relocation

Mink & Mink, Inc., a boutique commercial real estate company, specializes in sales, leasing, management and acquisition of office, medical office, retail, industrial, multifamily properties and land.

For many years Debra Kay (D.K.) Mink, RPA, CIPS, managing broker/president of the firm has sold, managed and leased millions of square feet of office, retail and warehouse space.

Since 1986 Mink & Mink, Inc. associates have been representing the physicians in leasing the medical office space around Holy Cross and Imperial Point Hospitals as well as the entire North and Central Broward County areas.

In tenant representation role, we help the doctors to find an ideal medical office space, negotiating the best lease terms on their behalf. We guide the doctors through the whole process, assist with ensuring that their rights are protected. We can provide them with the valuable information regarding rapidly changing market, locate the property, deal with the zoning and parking issues and negotiate the transaction.

As the Commercial Real Estate experts, we've put together a relocation checklist to have all the necessary information and the key points at your fingertips when you meet with your Commercial Real Estate Professional.

Relocation Checklist for Physicians:
- Timeframe: Start planning 3 to 6 months ahead
- Property Type: Determine which building serves your needs better:
  - Free-standing medical building
  - Multi-tenant medical building
- Location: Specify the North/South, West/East boundaries of the area you wish to move your office to
- Size of the Space in Sq. Ft.
- Layout of the Space:
  - Number of Exam Rooms
  - Number of Doctor's Offices
  - Reception and Administration Area (Y/N)
  - Waiting Room (Y/N)
  - File Room (Y/N)
  - Break Room (Y/N)
- Parking: Number of parking spaces
- Tenant Improvements at Landlord's expense (Y/N)
- Rent Abatement (Y/N)
- HIPAA Compliance: Check HIPAA standards specific to your specialty to meet the requirements
- Free Market Surveys provided by Mink & Mink, Inc.

For free Market Surveys and assistance, contact DK Mink at (954) 771-1717 or dkmink@minkandmink.com or visit www.minkandmink.com.

Unified Physician Management Enters Into Agreement with Flagler Investment Property Group

Unified Physician Management ("UPM") including Florida Women Care, has entered into an agreement with Flagler Investment Property Group ("FIPG") to assist UPM and FWC's 400 physicians, with comprehensive real estate tenant representation and consulting services. UPM is the physician practice management company to Florida's largest Obstetrics & Gynecology group practice with over 400 providers and UWH with more than 40 providers in Georgia and surrounding states.

Flagler Investment Property Group is a privately held commercial real estate group specializing in private equity, asset management, consulting and brokerage services. FIPG's Healthcare Division is comprised of an investment vehicle that specializes in the acquisition and development of medical office buildings and other specialty medical facilities that are essential to providing quality healthcare; as well as, a management and consulting entity that exclusively provides third party services such as Tenant Representation, Landlord Representation, Strategic Advisory, and Property Management to Medical Centers, Large Physicians Organizations and Institutional Owners of medical assets.

For any additional information on FIPG, contact Herve Puyplat, Partner, at (561) 704-5232 or hpuyplat@flaglerinvestment.com.

Your LINK to Building a Stronger Future!

Since our inception in 2001, our healthcare division has successfully performed various renovations for hospital & healthcare facilities in Dade and Broward County, as well as new construction. Each of our projects contracted receive attention, care and top executive involvement. This approach has been instrumental in creating positive relationships with each of our clients.

We are building relationships and delivering top quality results.

7033 N. Waterway Drive Suite 218 | Miami, FL 33195 | tel 305.865.9626 fax 305.865.9851 | www.linkconstructiongroup.net
Miami Jewish Health Systems Opens Third Independent Living Facility for Low Income Seniors

Miami Jewish Health Systems recently hosted a Ribbon Cutting ceremony and Open House for the newly constructed Douglas Gardens North III building in Pembroke Pines. This 75 apartment building was constructed through a $10.5 million grant received from the U.S. Department of Housing and Urban Development (HUD) specifically designated for low-income seniors.

“In conjunction with our mission of delivering high quality healthcare, our goal is to provide affordable housing for those who are in need, particularly our low-income seniors in our community. Douglas Gardens North provides safe, affordable homes. In addition, we are pleased to expand our presence in Broward County with this new project,” stated Jeffrey Freimark, President and CEO for Miami Jewish Health Systems.

Douglas Gardens North resides on a 25 plus acre campus in Pembroke Pines where three low-rise buildings will provide spacious, one-bedroom apartments and an active senior community center for the independent elderly living on a limited income.

The new building is LEED (Leadership in Energy & Environmental Design) certified as it was constructed under the principles of a green building certification system that employs strategies to improve environmental performance. “We are satisfied that this project was truly ‘Going Green’ because it did have less of an impact on the environment. We implemented a series of environmentally-sustainable features throughout the entire construction phase. For example, excess drywall, concrete wash-off, metal and underbrush were all specially collected and distributed to various recycle centers in the area that specialize in putting these materials back into products to be used once again,” said William R. Holmes, Director of Douglas Gardens Senior Housing.

To enjoy the standard of living that this modern apartment building offers, at least one member of the family needs to be 62 years or older. Eligibility according to income is determined each year. For more information about Douglas Gardens North, call (954) 704-3464.

Miami Jewish Health Systems hired C.C. Hodgson Architectural Group to design the building and Coral Gables, Florida-based Beauchamp Construction Company served as general contractor.
Delray Medical Center Expands Cardiac Services

Delray Medical Center expands its Heart Center and Cardiovascular Services to feature beautiful new private rooms designed with the comfort of post-operative open heart surgery patients and their families in mind. Care for these patients is provided by the highly specialized cardiovascular team and the redesign of the Cardiac Services line brings together various levels of cardiac care in one area of the hospital.

Delray Medical Center's Heart Center offers a wide range of services and treatments, including diagnostic testing, heart catheterization and stent placement, open-heart surgery, minimally invasive valve repair, and general cardiovascular care. The comprehensive cardiovascular program includes three levels of specialized inpatient care for patients with cardiac and vascular diagnoses. Delray Medical Center is proud to provide coordinated emergency care in the Accredited Chest Pain Center for patients having a heart attack.

Also available is an on-site Heart Valve Clinic; offering concierge style service for same day diagnosis and treatment plan for patients with heart valve problems. The Valve Clinic is staffed by board-certified specially trained professionals who perform innovative valve procedures to replace or repair heart valves.

Delray Medical Center's Cardiac Electrophysiology Lab is used to treat a wide range of arrhythmia disorders, including atrial fibrillation, a leading cause of stroke. With three Interventional cardiac catheterization labs, the Heart Center offers advanced peripheral vascular interventions, angioplasty and open-heart surgery including coronary artery bypass. Many high-tech heart care options including minimally invasive valve repair and replacement, atherectomies, non-invasive cardiac diagnostic services and treatment of heart failure, are just part of the comprehensive heart care offered at the Heart Center.

Memorial Cancer Center
Hollywood, FL

Our goal in medical facilities design includes developing spaces that convey warmth and confidence, reflect healthcare advances and provide for ease of maintenance and flexibility for the future.

On March 27th, Palms West Hospital held a grand opening celebration with a formal ribbon cutting of the 4th floor East Tower.

In 1981, it was announced that a hospital was being built to serve the Western Communities. Palm West Hospital's groundbreaking was celebrated in 1984 and two years later, the hospital opened with 117 beds. In 2002, Palm West's Pediatrics and the PICU Departments received a 23-bed expansion, bringing the hospital to 140 beds. Fast forward to today, and Palms West Hospital is pleased to announce another milestone. On April 2nd, the 4th floor East Tower, a 32-bed telemetry unit opened and another Palms West expansion was completed which included increased capacity to Pediatric department and Pediatric ICU, Adult Medical/Surgical Department, Adult ICU, and the Laboratory. With 204 operational beds, Palms West Hospital takes pleasure in serving families from all around and providing the excellence in healthcare they deserve.

Delray Medical Center Upgrades Cardiac Services

Delray Medical Center
expands its Heart Center and Cardiovascular Services to feature beautiful new private rooms designed with the comfort of post-operative open heart surgery patients and their families in mind. Care for these patients is provided by the highly special-
ized cardiovascular team and the redesign of the Cardiac Services line brings together various levels of cardiac care in one area of the hospital.

Delray Medical Center’s Heart Center offers a wide range of services and treatments, including diagnostic testing, heart catheterization and stent placement, open-heart surgery, minimally invasive valve repair, and general cardiovascular care. The comprehensive cardiovascular program includes three levels of specialized inpatient care for patients with cardiac and vascular diagnoses. Delray Medical Center is proud to provide coordinated emergency care in the Accredited Chest Pain Center for patients having a heart attack.

Also available is an on-site Heart Valve Clinic; offering concierge style service for same day diagnosis and treatment plan for patients with heart valve problems. The Valve Clinic is staffed by board-certified specially trained professionals who perform innovative valve procedures to replace or repair heart valves.

Delray Medical Center’s Cardiac Electrophysiology Lab is used to treat a wide range of arrhythmia disorders, including atrial fibrillation, a leading cause of stroke. With three Interventional cardiac catheterization labs, the Heart Center offers advanced peripheral vascular interventions, angioplasty and open-heart surgery including coronary artery bypass. Many high-tech heart care options including minimally invasive valve repair and replacement, atherectomies, non-invasive cardiac diagnostic services and treatment of heart failure, are just part of the comprehensive heart care offered at the Heart Center.

Palms West Hospital Celebrates 32-Bed Expansion Project

Palms West Hospital Celebrates 32-Bed Expansion Project

On March 27th, Palms West Hospital held a grand opening celebration with a formal ribbon cutting of the 4th floor East Tower.

In 1981, it was announced that a hospital was being built to service the Western Communities. Palm West Hospital's groundbreaking was celebrated in 1984 and two years later, the hospital opened with 117 beds. In 2002, Palm West's Pediatrics and the PICU Departments received a 23-bed expansion, bringing the hospital to 140 beds. Fast forward to today, and Palms West Hospital is pleased to announce another milestone. On April 2nd, the 4th floor East Tower, a 32-bed telemetry unit opened and another Palms West expansion was completed which included increased capacity to Pediatric department and Pediatric ICU, Adult Medical/Surgical Department, Adult ICU, and the Laboratory. With 204 operational beds, Palms West Hospital takes pleasure in serving families from all around and providing the excellence in healthcare they deserve.

Comprehensive Medical Design
HEALTHCARE REAL ESTATE, CONSTRUCTION, DESIGN & FACILITY PLANNING

Cover Story: OHL – Arellano Provides Experience + Service

Continued from page 1

It’s our practice to genuinely care about yours.

At Danna-Gracey, we do much more than just negotiate the best rates available. We are an independent insurance agency with a statewide team of specialists dedicated solely to insurance coverage placement for Florida’s doctors and healthcare providers.

We shop widely for the best coverage and price to fit the unique needs of your practice, covering all of your insurance needs. Our range of products includes medical malpractice, health, life, disability, medical facilities’ workers’ compensation coverage, physician and employee benefits, and PEO (Professional Employer Organization) services.

Call us today to see what we can do for you.

Danna-Gracey
The Healthcare Providers’ Insurance Specialists

Delray Beach • Jacksonville • Miami • Orlando • Pensacola
800.966.2120 • info@dannagracey.com • www.dannagracey.com

Baptist Cardiac & Vascular Institute

A further project will create the Marcus Neuroscience Institute as an addition on Boca Raton Regional Hospital’s main campus. The 52,000 sq. ft. addition will serve as a state-of-the-art care center for neurological and neuurosurgical patients, and house 22 neuroscience intensive care and step-down beds. All rooms will be equipped with special monitoring capabilities that provide vital information on the patient’s neurological and cardiovascular functions. Two neuroscience operating rooms are planned, as well as several CEP mechanical and electrical upgrades, and expansion of emergency gear.

These projects are additional opportunities for OHL – Arellano to showcase its experience and provide services to pleased customers.

For more information call (305) 994-9901 or visit www.arellanogc.com.
Baptist Hospital of Miami launched a $90 million construction project with a groundbreaking ceremony to expand Baptist Cardiac & Vascular Institute and Baptist Hospital’s Surgery Center. The expansion will be built onto the southeast corner of the Institute, adjacent to the Surgery Center. The new facility is expected to open in 2016.

The investment reflects Baptist Health’s commitment to bringing the latest medical advances to the community. Among new programs planned by the Institute is a National Center for Aneurysm Therapy, Center for Advanced Endovascular Therapy, and a Center for Structural Heart Therapy. Some areas of the existing facility will be renovated and four advanced endovascular procedure suites will be added. Plans designed by HKS Architects call for a 60,000-square-foot addition and a 40,000-square-feet renovation.

The expansion project also includes the enlargement of Baptist Hospital’s Surgery Center with six large operating rooms dedicated to neuroscience, cardiac and robotic surgery. An intraoperative MRI – a technology not currently available south of Orlando – will move between two dedicated operating rooms for specialists at the Baptist Health Neuroscience Center to use in intricate surgeries involving the brain and spine.

MyClinic Approved to Construct a Free Primary Medical Care and Urgent Dental Clinic in Jupiter

MyClinic, formerly known as Jupiter Community Health Services, Inc., has gained approval by the Palm Beach County Board of County Commissioners to lease County owned land for the purpose of constructing a free primary medical care and urgent dental clinic that will serve low-income, uninsured individuals. The agreement between MyClinic, an independent, not-for-profit 501(c)3 corporation, and Palm Beach County also provides a Temporary Construction Easement which will allow MyClinic to place a temporary, modular clinic building on the site to begin operations before the permanent construction is complete. MyClinic will be co-located with the existing Palm Beach County Health Department, Jupiter Auxiliary Health Center in Jupiter.
Florida Atlantic University’s Louis and Anne Green Memory and Wellness Center recently broke ground on a 5,000-square-foot extension to the Center on the Boca Raton campus. The extension, which will be connected to the current Center via a covered walkway, is expected to be completed in late 2013.

Louis and Anne Green announced a commitment to support the expansion of the Center in December 2012.

The addition will house a large multipurpose room for Center activities and community education as well as a kitchen, an art studio, nurse and case manager offices and treatment rooms. The increased capacity will enable the Center to serve more individuals in the community who suffer from memory loss and their caregivers.

The Center averages 16,000 visits per year and offers a wide range of services and programs to individuals with mild to moderate memory disorders, including Alzheimer’s disease and related dementia. Visits begin with a comprehensive memory evaluation. The evaluation results often help diagnose a memory disorder and develop a treatment plan in cooperation with a patient’s physicians.

The Center provides an active and secure place for families to bring spouses or parents who are experiencing memory loss, and the caregiver support programs have a positive impact on life at home. In January 2013, the Center was named a “Specialized Alzheimer’s Services Center” by Florida’s Agency for Health Care Administration’s Division of Health Quality Assurance. The dementia-specific adult day center was the first to receive the designation.

Coral Gables Hospital recently unveiled the newly renovated endoscopy suites, which allows physicians in the hospital the capability to perform procedures in three rooms simultaneously. Prior to the renovation, the hospital featured two endoscopy suites. The endoscopy suites are used for both inpatient and outpatient procedures including colonoscopy, a highly effective test used to screen patients for colon cancer, and gastroscopy. The new suites were designed with maximum privacy in mind.

E-mail Your News Items to sflahospitalnews@aol.com
Our healthcare MBA program provides you the opportunity to gain the new knowledge and skill sets necessary to lead tomorrow’s health services organizations. Explore the complexity of the US healthcare industry and discover new ways how we can address the system’s challenges as we move through this era of reform.

**Available Programs:**

- HealthCare MBA - at FIU Campus and NOW Fully Online
- Masters of Science in Health Informatics & Management Systems
- Masters of Science in Health Informatics & Management Systems
- ICD – 10 for New/Existing Coding Professionals

**Available Certificates:**

- Graduate Certificate in Healthcare Management - At FIU Campus and NOW Fully Online.
- Pre-Licensing Healthcare Risk Management Certification

Enrollment Now Open!

For More Information:

Visit: business.fiu.edu/hm
Call: 305-779-7900

Florida International University Online Copyright © 2013. All rights reserved worldwide.
Maribeth Schmidt, RN, BS, CPHQ, LHRM, CPHRM

Maribeth Schmidt, R.N., B.S., CPHQ, LHRM, CPHRM, is the Risk Manager for Broward Health Coral Springs. She is responsible for maintaining the comprehensive risk management and patient safety program. Schmidt works with patients and their families as well as hospital staff to maintain safe quality care. A Broward Health employee for over 36 years, Schmidt began her career at Broward Health as a staff nurse and patient care coordinator at Broward Health Imperial Point. Prior to her time at BHS, Schmidt served as regional manager of Quality Management at Broward Health North. Schmidt is a Past Member, Board of Directors, for the Florida Association for Healthcare Quality, and is a member of such organizations as the National Association for Healthcare Quality, the Florida Society for HealthCare Risk Management; and the National Patient Safety Foundation.

BROWARD HEALTH REGIONAL

Sandra Baysinger, RN, MHM, LHRM

Sandra Baysinger, RN, MHM, LHRM, has served as Regional Risk Manager at Broward Health Weston (BHW) since 2008. A licensed Healthcare Risk Manager in the State of Florida, Baysinger also serves community health sites for Broward Health, CDT(C) (Children’s Diagnostic and Treatment Center) and Broward Health Physicians Group (66 employed physicians of all specialties). Additionally, she serves as Patient Safety Officer and Privacy and Security Officer. After beginning her career as a registered nurse, Baysinger decided to pursue risk management. She served for 17 years as a Clinical Healthcare Risk Management Consultant, providing services to acute care hospitals, clinics and ambulatory care, mental health facilities, long term care, physician practice groups, home health, managed care and insurers across the country. She credits her nursing background as a basis for her success as a risk manager. She earned her undergraduate degree in nursing from the State University of Iowa in Iowa City and her master's in healthcare management from St. Thomas University in Miami, Florida.

BROWARD HEALTH NORTH

Eileen Daly, RN, MS, LHRM

Eileen Daly is the regional manager of Risk Management at Broward Health North. Daly and her team assess opportunities where BHN can minimize and prevent risks to patients and visitors. They work closely with nursing staff to answer questions about Do Not Resuscitate requests (DNRs), advanced directives, patients’ rights to refuse treatments, and more. She has been the risk manager at Broward Health North since October 2000. Before that she served as risk manager at Mount Sinai for eight years and at Catholic Health Services for six years. Daly earned her B.A. from Jackson Memorial Hospital School of Nursing in Miami and her bachelor's degree in Nursing from Coe College in Cedar Rapids Iowa and her master's degree in Human Resource Management from Nova Southeastern University.

Licensed (RN) Healthcare RISK MANAGER

* Assessment Of Physician Office Quality/Risk Management Programs
* Responses/Plans Of Correction (POC) To AHCA/DOH/CMS & Other Agencies
* DOH/AHCA Compliance For Office Based & ASC Surgery Risk Management Programs
* Preparation For AAHC Survey - Initial Or Renewal Accreditation
* Representation Of Health Care Professionals Before Licensing Boards
* Consultation With Experienced Health Law Attorney Located In Fort Lauderdale
* Consultation With Experienced Healthcare Risk Manager

WENDY DELVECCHIO, ESQ.
954-405-9008
Wendy A. Delvecchio PA.
www.delvecchiolaw.com

Leilani Kicklighter, RN, ARM, MBA, CHSP, CPHRM, LHRM
954-294-8821
The Kicklighter Group, LLC
www.kickrisk.net

Health Law ATTORNEY

WEST PALM BEACH VA MEDICAL CENTER

Linda Huffman, RNBC, MSN, LHRM

Linda Huffman has been a Registered Nurse for 30 years. She holds a Bachelor's Degree in Nursing (BSN) and a Masters in Nursing (MSN) with a concentration in Organizational Leadership. Linda is board certified by the American Nurses Credentialing Center as a Psychiatric-Mental Health Nurse and is a member of Sigma Theta Tau International, the Honor Society of Nursing. She has been a Licensed Healthcare Risk Manager since 1998. In 2006, Linda began her VA career for a few months as a staff nurse and then as a Quality Management Specialist. She has been the Medical Center's Risk Manager since 2008. At the West Palm Beach VA Medical Center, the Risk Management (RM) Program is aimed at identifying, analyzing, prioritizing, and addressing the risks and opportunities that will improve the quality of patient care and patient safety.

PALS WEST HOSPITAL

Duana Stabile

Duana Stabile is the Director of Risk Management at Palms West Hospital. As an outstanding leader, her work and consistent contributions are translated throughout the facility to continuously reduce risk and preserve the physical facility, data, records, physical assets – and patient health and safety. After experience as a CNO and COO at an acute care facility, as well as Director Professional Services at Home Care Agency, Duana attended The Risk Management Institute in 2000. She became the Director Risk Management at St. Lucie Medical Center and was later promoted to Director of Quality & Risk Management. In 2008, she was Director of Continuous Quality Improvement, also supervising Risk Management & Infection Control at Palm Beach Gardens Medical Center. In 2010, Duana joined Palms West Hospital. Her certifications include BSN from SUNY Binghamton Decker School of Nursing; MHSA from FIU; Certification as Health Care Risk Manager from AHA; and Certification as HealthCare Quality Professional from NAHQ.

Palm Beach Gardens Medical Center

Teri Hughes

As a Risk Manager at Palm Beach Gardens Medical Center, Teri Hughes wears many hats. Hughes’ focus is on improving patient safety, whether she is meeting with a patient and their family or collaborating with the nursing staff. She enjoys working at Palm Beach Gardens Medical Center because of the working environment, which promotes understanding and innovative thinking. Hughes is responsible for implementing risk management models in quality, nursing, patient safety, environment of care and infection control together to prospectively and retrospectively address concerns. Hughes’ background in RN Legal Consultant is complemented with certifications as a licensed Health Care Risk Manager (LHRM) and Certified Professional Hospital Risk Manager (CPHRM). Hughes earned her Bachelor of Arts in psychology from Brockport State University College in New York and a Bachelor of Science in Nursing from Adelphi University in Garden City, New York. She also received her Masters of Public Administration in health management and finance from New York University.

Holy Cross Hospital

Georgianna Barley

As director of risk management, Georgianna Barley is responsible for monitoring risk exposures, implementing plans to reduce risk while promoting patient safety; meeting regulatory guidelines for Holy Cross Hospital, Holy Cross Medical Group, Holy Cross Home Health, and the Holy Cross Physician Outpatient Surgical Center; and effective administration and operation of the organizations’ risk management and insurance programs and lawsuits and litigation management. Prior to joining Holy Cross in 2006, she served as director of risk management and patient safety officer for Florida Medical Center. Barley is a registered nurse in Florida and a licensed healthcare risk manager. She is a member of the American Society for Healthcare Risk Management; Sigma Theta Tau, International Honor Society of Nursing; and the National Association of Rehabilitation Nurses. Barley received a master's degree in science nursing from the University of Phoenix and a bachelor's degree in science nursing from Florida International University.
Sharon Beiser MSN, RNC, LHRM

Sharon has been with Martin Health System for more than 25 years and a risk manager for the past three years, originally starting her career as an RN in Labor and Delivery. Sharon is responsible for managing a systematic process to identify, evaluate, and mitigate actual and potential exposure to loss through root cause analysis and universal protocol. She analyzes reports of variance, medical error, grievance and claim data to develop, enhance and implement risk control, patient safety and risk modification plans for Martin Hospital South.

“My nursing philosophy is to provide safe, compassionate and the highest quality of care to every patient at Martin Health System,” Beiser said. “With the changes that are constantly occurring in health care, I am committed to promoting positive change that increases efficiency and improves the quality of patient care. It’s the most rewarding part of the job.”

Chris Friedman, RN, CPHRM, LHRM

Chris is a certified risk manager who has been with Martin Health System for 15 years and in the medical field for 23 years, originally starting her career in Albany, NY. Chris uses root-cause analysis, trending data and content management systems to constantly analyze patient risks at Martin Medical Center. She believes in treating the underlying cause of patient risks by meeting with clinical coordinators to determine any system changes that need to take place to prevent occurrences from happening.

“No two days are the same,” Friedman said. “We can’t fix everything, but I greatly appreciate the opportunity to help resolve issues with the ultimate goal of patient safety.”

Elizabeth DeLuca

As a risk manager at Good Samaritan Medical Center, Elizabeth DeLuca finds it very satisfying to help create and monitor plans to improve patient safety and quality outcomes. Preferring the title of Patient Safety Officer, DeLuca oversees processes that keep patients safe and informed of their healthcare choices. She maintains an excellent rapport with patients and clinical staff alike. At Good Samaritan Medical Center, DeLuca appreciates the open door policy of the administrative team that allows for an open discussion of ideas. She also keeps a strong tie to every department within the hospital, contributing to most hospital based committees including those that have staff participation. She believes it is a perfect forum to share ideas and strategize.

DeLuca earned her undergraduate nursing degree from University of Miami, a MBA from Nova Southeastern University and a MSN from Florida Atlantic University. In addition, she is currently pursuing a Doctorate in Nursing Practice from Florida Atlantic University.

Mayuri Gupta, MD – Gastroenterology

Dr. Mayuri Gupta is one of the few physicians in South Florida who is fellowship-trained in endoscopic ultrasound (EUS).

- Stones in the bile duct or gallbladder, or tumors found in the liver, bile duct or gallbladder
- Studying the muscles of the lower rectum and anal canal in evaluating reasons for fecal incontinence
- Studying submucosal lesions such as nodules or bumps that may be hiding in the intestinal wall covered by normal appearing lining of the intestinal tract

Dr. Gupta sees patients, especially women, with acute and chronic gastrointestinal problems and those with complaints of reflux, acute or chronic abdominal pain and common gastrointestinal issues like:

- Diarrhea
- Constipation
- Nausea
- Vomiting
- Bloating

E-mail your submissions to sflahospitalnews@aol.com
Joseph G. Gerasci

Seen as a patient advocate, educator and safety officer, Joseph Gerasci serves as the Director of Risk Management at Delray Medical Center. With 23 years of clinical nursing experience, Gerasci decided to transition into the risk management field to better evaluate and improve the quality of patient safety. He ensures that Delray Medical Center patients receive safe, quality care. Gerasci achieves this by spending quality time with the patients and their families. He enjoys working with the diverse patient population at Delray Medical Center who come from all walks of life, offering opportunities to learn from and educate them as well. Working closely with hospital departments and staff, Gerasci acts as an advisor, reviewer, mentor, and educator to help with any issue that may come up in their areas. To back his 10 years of experience, Gerasci has an Associate degree in nursing and a Baccalaureate degree in healthcare administration and attends risk management education seminars to continually enhance his knowledge and skill set.

Regina Vianna

After having spent many years working as a registered nurse, Regina Vianna looked forward to a change in her career and found her true passion when she began to pursue a career in risk management. In her current role as risk manager at Hialeah Hospital, Vianna is committed to maintaining a high level of patient safety and quality care for all patients at the hospital. She focuses on working with the entire hospital team on implementing policies that put safety first. She also works closely with hospital staff on patient safety education and also provides support for patients and their family members during their stay at the hospital. Vianna uses the words “dynamic, interesting and challenging” to describe her job as risk manager. Outside of her role as risk manager, Vianna loves to spend her time with family, go to the beach and play tennis.

Are you contemplating dropping your malpractice insurance coverage and going bare? Do you need personal counsel for a pending malpractice action because you have inadequate coverage or because you believe your insurance carrier is not acting in your best interest in the handling of a pending malpractice claim? Then contact Spector Law Offices.

Robert Spector is a AV rated Trial Attorney who has been involved in the defense and prosecution of malpractice cases throughout Florida for more than 34 years. Need advice or representation involving defense of malpractice actions, advice on the ramifications of going without insurance coverage, then contact Spector Law Offices.
Primary Care Physicians Face a Choice: One Doesn’t Have to Be a Lonely Number

“One is the loneliest number . . . ” so the 1960s song says about relationships. But now more than ever, it can apply to solo practitioners, especially those in primary care.

As the hospitals, MSOs, managed care companies and others spend big bucks winning and dining us to join their group practices as employees, it’s worth a look. But the cost of losing our independence and to be beholden to a large system, at the expense of our patients, can be high.

Solo practitioners are free to use the most efficacious imaging, labs, and other services for our patients and to admit them to the hospital that’s best for them (not for the hospital system). However, we face a great deal of uncertainty with the approach of Obamacare and do not have leverage with health insurance companies to receive the best reimbursement for our services.

Why not have it both ways? Independence with the security of a group practice.

There are alternatives for physicians to become hospital employees. Many of the specialties have already done it—formed large group practices to share information, contract with insurance companies, and streamline the business office.

There are about 1,500 primary care physicians in south Miami-Dade County who are wrestling with their decision to join a hospital-owned group practice, MSO, or to remain independent. The costs and benefits of each choice are significant.

Physicians who sell their practices to hospitals, MSOs, etc. will have a level salary and the security of being part of a group, but they may have to radically change the way they have practiced medicine for decades. They will be subject to rules and regulations on running their practices and limit where they can admit their patients when they need hospitalization and where to send their patients for imaging and other tests.

“No is the saddest experience you’ll ever know,” as that Three Dog Night song from the 60s continues. Being told “no” about where to refer patients may not be the best for them—inconvenient and expensive if they do not have insurance or have high-deductible coverage. Insurance companies should be very concerned about increased costs when independent practitioners join a hospital group.

The alternative to working for a hospital group is to join a physician group that allows the physician to continue practicing independently while leaving business matters, such as negotiating contracts, to senior-level business managers. Group members continue referring their patients to specialists, imaging facilities, labs, and hospitals that are best for the patient and cost effective.

PrimeHealth Physicians, LLC is a new 40-member group in south Miami-Dade of primary care physicians who have banded together as an alternative to joining a hospital-owned practice. We hope to grow to 75 members by the end of the year, and there is a great deal of interest from our colleagues. Other groups are doing the same.

PrimeHealth Physicians, LLC is a new 40-member group in south Miami-Dade of primary care physicians who have banded together as an alternative to joining a hospital-owned practice. We hope to grow to 75 members by the end of the year, and there is a great deal of interest from our colleagues. Other groups are doing the same.

Medicine is changing, and we have choices. One doesn’t have to be a lonely number, when we’re able to keep our independence, especially when we don’t have to hear “no” when it comes to what’s best for our patients.

Dr. Karen Raben is a family practitioner in South Miami and a member of PrimeHealth Physicians, LLC.

For more information, visit www.primehealthphysicians.com.
HEALTHCARE LAW FIRM
FANN & PETRUCCHELLI, P.A.
Fann & Petruccelli, P.A. is a law firm comprised of highly experienced trial lawyers, registered nurses, and certified legal assistants as well as other outstanding legal support staff. A multidisciplinary approach combining the talents and strengths of each team member is utilized on every case. The dedicated and focused representation of our esteemed clients has resulted in a high degree of success in the defense of medical malpractice, nursing home, and general liability causes. For more information, call (954) 771-4118 or toll-free (866) 517-6481 or e-mail info@tlawyers.com. Visit www.tlawyers.com.

FLORIDA P.I.P. LAW FIRM
VEGA SMILE STUDIO
Vega Smile Studio specializes in Family and Cosmetic Dentistry in a comfortable modern setting. Services include Crowns/ veneers, Dentures/Partial, Teeth Whitening, Digital Technology, Complimentary Second Opinions and Invisalign Consultations. All private insurance plans are accepted with payment plans available. For more information, contact Vega Smile Studio at (561) 392-6844 or go to www.vegasmilestudio.com.

DADE MEDICAL COLLEGE
HealthCare Law Firm
FLORIDA P.I.P. LAW FIRM
VEGA SMILE STUDIO
Visit our website at dademedical.edu.

DADE MEDICAL COLLEGE
Master of Public Health Online/ On site
The Accredited Master of Public Health (MPH) degree at Nova Southeastern University requires a minimum of 42 semester hours, including public health field experience and a comprehensive exam. 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 cbblavo@nova.edu. Visit our website at www.nova.edu/ph.

FINANCIAL & INSURANCE
NEW YORK LIFE – Lenny Sklawer
I offer a variety of products that can help you meet a number of insurance and financial needs, including, but not limited to lifetime income strategies, retirement, managing costs for extended periods of care and also college funding. Specializing in advance planning for retirement income, my team within New York Life can work with you to help create your plan. Specialties: Life Insurance, Annuities, Long Term Care Insurance, Disability Insurance, Mutual Funds, 529 Plans, IRA/401k transfers and rollovers, Buy/Sell Agreement Funding and Keyman Insurance.
For more information, contact Lenny Sklawer at (305) 613-1768 or lsklawer@l1.newyorklife.com. Visit www.lennyklawer.com.

HOSPICE
HOSPICE by the Sea
Life is precious, and each day is a gift. This philosophy guides every moment of care we give at Hospice by the Sea. Founded in 1978, we are a not-for-profit provider of skilled, compassionate, and culturally sensitive hospice, palliative care, and home health agency services. We serve patients and families throughout Palm Beach and Broward counties, delivering 90 percent of our care and support in patients’ homes (private residences, assisted living facilities, and skilled nursing homes), and the balance in hospitals and our inpatient care centers in Boca Raton and Hollywood. Our organization is fully licensed, certified by Medicare, Medicaid, and the Palm Beach County Board of Rabbis; and accredited by The Joint Commission. For more information, please call us, 24/7, at (800) 633-5277.

DANNA-GRACEY, INC.
Danna-Gracey works on projects with one-on-one counseling, health risk assessment, and no recovery costs. We also offer free consultations on the new PIP law changes that every hospice administrator needs to know. For more information, call us at 888-848-2144. Visit our website at www.FPLawFirm.com or email us at aibe@fplawfirm.com.

SANDRA GREENBLATT, P.A.
A Florida Bar Board Certified expert in Health Law, Ms. Greenblatt holds the “AW Preeminence” Martindale-Hubbell rating for competence and ethics and was named to “Florida Super Lawyers” 2006-2012. She represents physicians, groups, providers, MCOs, MSOs, IPAs, TPAs and entrepreneurs, in Florida and nationally in mergers and acquisitions, contracts and healthcare regulatory matters. She is a mediator/arbitrator for the American Health Lawyers’ Alternative Dispute Resolution Service and author of “Healthcare Technology Contracting” chapters in Florida Practitioner’s Health Law Handbook. For more information, visit the website www.thehealthlawyer.com or call (305) 577-9995.

VEGA SMILE STUDIO
Vega Smile Studio specializes in Family and Cosmetic Dentistry in a comfortable modern setting. Services include Crowns/veneers, Dentures/Partial, Teeth Whitening, Digital Technology, Complimentary Second Opinions and Invisalign Consultations. All private insurance plans are accepted with payment plans available. For more information, contact Vega Smile Studio at (561) 392-6844 or go to www.vegasmilestudio.com.

If your organization or business is looking for a way to reach more than 30,000 healthcare professionals every month AND enjoy the value-added benefit of a weblink on www.southfloridahospitalnews.com, then our Resource and Business Directory is right for you! Call (561) 368-6950 today!
Dr. Remberto Rodriguez Selected as Medical Director of Primary Care for the Miami VA Healthcare System

The Miami VA Healthcare System has selected Dr. Remberto Rodriguez as Medical Director of Primary Care within Medicine Service. Dr. Rodriguez began his career within the Department of Veteran Affairs, 23 years ago at the East Orange VA in New Jersey. He transferred to the Bruce W. Carter Department of Veterans Affairs Medical Center in 1990, where he has remained ever since.

Dr. Rodriguez received his medical training at Albert Einstein University, University of Dentistry and Medicine - New Jersey in Newark, NJ. He is board-certified in Internal Medicine. Dr. Rodriguez has held a number of positions within the Miami VA Healthcare System including Chief of Emergency Services, Primary Care Firm Chief, and, most recently, as Chief of Primary Care.

As one of the primary care providers within the pilot Patient-Aligned Care Team (PACT) at the Bruce W. Carter VA Medical Center, Dr. Rodriguez was instrumental in launching PACT across the Miami VAHS and currently serves as the Miami VAHS PACT lead and coordinates the initiatives for the Veterans Integrated Service Network.

Good Samaritan Medical Center Celebrates the 37 Year Career of Dr. Richard A. Lynn

Upon Announcement of His Retirement

As a member of the American College of Surgeons, Society of Surgical Oncology, Society of Robotic Surgery and Florida Vascular Society, Richard A. Lynn, M.D., F.A.C.S., is known for his commitment to providing quality care for his patients in the areas of vascular, endovascular, oncology and general surgery. Dr. Lynn will now embark in the field of teaching. He will transition to a full time position at Florida International University College of Medicine to stimulate the future minds of medicine. He is thankful to all of his loyal, devoted patients and wishes everyone peace and good health.

FAU’s Charles E. Schmidt College of Medicine Welcomes New Vice Dean for Research and Graduate Programs and Distinguished Professor as Senior Academic Advisor to the Dean

Florida Atlantic University’s Charles E. Schmidt College of Medicine welcomed John W. Newcomer, M.D., as vice dean for research and graduate programs, and Charles H. Hemelens, M.D., Dr.P.H., the first Sir Richard Doll Professor in FAU’s Charles E. Schmidt College of Medicine, as senior academic advisor to the dean.

Dr. Newcomer has been a principal investigator (PI) on research grants funded through the National Institutes of Health (NIH) for the past 20 years. He has held research leadership positions at Washington University in St. Louis where he was also a faculty member in the School of Medicine for more than 20 years, and at the University of Miami.

Dr. Hemelens is a distinguished researcher, teacher and clinician. He was the leading recipient of investigator-initiated research grants from NIH for many years. From 1995 to 2005, Science Watch ranked Hemelens as the third most widely-cited medical researcher in the world and five of the top 20 were his former trainees and/or fellows.

Marc E. Taub, M.D. joins Holy Cross Medical Group

Marc E. Taub, M.D., a diplomate of the American Board of Urology, has joined the Holy Cross Medical Group. Formerly in private practice in Boca Raton, Dr. Taub was on the Board of Trustees of Boca Raton Communinity Hospital where he served as chief of surgery from 1985-87 and president of its medical staff from 1990-92.

Following graduation from Western Reserve University in Cleveland and Wayne State University School of Medicine in Detroit, Dr. Marc Taub completed his urology residency at the University of Michigan in Ann Arbor.

Dipen J. Parekh, M.D., Receives Urology’s Prestigious Gold Cystoscope Award

Dipen J. Parekh, M.D., professor and Chair of Urology and the Dr. Victor Politano Endowed Chair in Clinical Urology, is the 2013 recipient of the American Urological Association’s prestigious Gold Cystoscope Award. Among the world’s most experienced robotic surgeons for urologic malignancies, Dr. Parekh received the award of excellence for establishing programs in urologic oncology and robotic surgery and for pursuing transformative research that promises to change clinical practice. An expert in the prevention, diagnosis, and treatment of urologic cancer, including tumors of the kidney, bladder, prostate, testis and male genitalia, Dr. Parekh is also an active researcher and author of several scientific papers, abstracts and book chapters.

FoundCare Welcomes New Medical Director

FoundCare, Inc. is pleased to welcome Katina Bonaparte, M.D., M.P.H., to the Health Center team. After engaging in an extensive search process, Dr. Bonaparte was selected based on her depth of knowledge and expertise in her field. The commitment and energy she brings will greatly enhance FoundCare’s efforts to improve the health of the community.

Serving as Medical Director, Dr. Katina Bonaparte is responsible for overseeing all operations of the Health Center. The mission of which is to provide the highest level of primary and preventive health services, with special attention to the needs of Palm Beach County residents and the medically underserved.

Lee Memorial Health System Welcomes New Pulmonologist

Lee Memorial Health System is pleased to announce that Sunil Pammi, M.D., recently joined the professional staff of Lee Physician Group – Pulmonology. Dr. Pammi earned his medical degree from Bangalore Medical College in Kamataka, India. He completed an internal medicine residency at Our Lake of Mercy Hospital in Bronx, NY, as well as a fellowship in pulmonary and critical care medicine at Westchester Medical Center in Valhalla, NY. Dr. Pammi also served as assistant professor of medicine at New York Medical College as part of the Pulmonary and Critical Care Department at Metropolitan Hospital in New York, NY.

Barry S. Berman, M.D., to Serve as Chair of Clinical Practice Committee for FLASCO

Barry S. Berman, M.D., MS, a board certified hematologist/oncologist at Broward Health Medical Center, has been selected by the Florida Association of Clinical Oncology (FLASCO) to serve as chair of the Clinical Practice Committee. Dr. Berman earned his medical degree from University of South Florida in Tampa, where he also complet- ed a residency in internal medicine. He completed his fellow- ship in medical oncology/hematology at the H. Lee Moffitt Cancer Center & Research Institute at the University of South Florida.
Holman Automotive Presenting Sponsor of the Hospice by the Sea Regatta

The Principal Race Officer, aboard the Holman Automotive Group Committee Boat, started the 3rd annual Hospice by the Sea Regatta on Saturday, May 18. This is the second year that Holman Automotive, Presenting Sponsor of the event, gave its full support to the sailor’s efforts to raise awareness of hospice and funds for services. During the day, the competition of forty-three boats was monitored off the shores of Fort Lauderdale Beach. Winners were honored at a post-race celebration that evening.

“Giving back to the community where we live and work has always been important to me and the Holman Family,” said Mindy Holman, President and CEO of the Holman Automotive Group founded in 1924.

The 2013 Hospice by the Sea Regatta was hosted by the Lauderdale Yacht Club, Hillsboro Inlet Sailing Club and the Gulfstream Sailing Club. It is one stop on the National Hospice Regatta Alliance’s racing circuit and the winner of the South Florida race will represent Hospice by the Sea next year in the Hospice Regattas National Championship in St. Petersburg, Florida.

“Hospice by the Sea is grateful to the Holman Automotive family for their sponsorship and their continued support of our mission,” says Paula J. Alderson, President and CEO of the not-for-profit organization that is celebrating its 35th anniversary of providing hospice care, palliative care and home health care as well as caregiver education and support to patients and families in Broward and Palm Beach Counties.

PHOTO CREDIT: CHRISTINE POZNIAK

Benefits of Online Learning and Hybrid Courses

T
these days most people lead very busy lives. With raising a family, providing care of aging parents, working and anything else that life hands you, it’s no wonder most folks put off pursuing a college degree. However, with enough personal dedication and the use of the Internet, you can now pursue a college degree.

Colleges and universities now offer a full line of online and hybrid programs that equal and, in some ways, excel traditional classroom instructions. In most cases, you can earn your degree from an accredited university without ever having to step foot on the actual campus! There are many benefits to taking classes online or in a hybrid setting. Let’s explore some of them.

Distance or online learning courses are classes that are taught completely online by way of the Internet. Once accepted by a university, you will need to enroll and establish an online account. Once enrolled in an online course, you can communicate with your professor by email, chat, or videoconference with him or her. Homework, research assignments, and exams are handled all online.

The luxury of online learning is that it lets you determine when and where you wish to take your courses. You don’t have to worry about work conditions, missing classes because of work or, having to drive long distances to attend classes. In addition, if you have children, you won’t have to worry about finding a babysitter so you can attend classes, and if you don’t have a vehicle, you won’t have to worry about taking public transportation to get to school.

If you like the convenience of taking classes online, but still like the idea of “having to go to class,” you may want to enroll in a hybrid class. Hybrid instruction, or hybrid courses, refers to courses in which there is a mixture of both traditional classroom instruction and online learning activities. In other words, hybrid classes combine the best elements of a traditional classroom and online instruction. Students are capable of establishing an expressive link with both their teachers, and other students, and yet they are no longer required to travel to campus everyday in order to attend classes because most of the coursework can be completed on the Internet.

However, you must realize that although there are a lot of conveniences to online and hybrid courses, both types of modalities demand more discipline and time management skills from the students than traditional on campus classes.

In closing, online or hybrid courses offer the convenience of being able to earn your degree on your time while providing you with the flexibility of taking care of your family and work commitments.

BY LUIGI VALDIVIESO, M.S.

covered from page 1

Continued from page 1

patients hid under blankets to keep warm during cold snaps.

In coming decades, the hospital bought three blocks around the original structure, allowing room for expansion. Today, the 716-bed facility offers a broad array of primary, surgical and tertiary services and a full range of women’s and children’s services, including the Chris Evert Children’s Hospital.

“We provide complex and sophisticated services,” Glidewell noted. “Two years ago, we received approval for a liver transplant program, and will begin a kidney transplant program this summer. We’ve built a ‘hybrid’ room that brings together imaging services, a cardiac catheter laboratory and surgical suite in a single room, allowing us to do new kinds of cardiovascular procedures. This summer, we will open a new state-of-the-art orthopedic building that offers joint and hip replacements, active sports medicine and a wellness center.”

Other notable “firsts” in the hospital’s history include:

• The first electrocardiogram machine in Broward (50s)
• The first in the nation to hire emergency room physicians (60s)
• The first cardiac catheterization lab (70s)
• The first in Broward to use nuclear medicine as a diagnostic tool (70s)
• The first Magnetic Resonance Imaging (MRI) machine in the country in the 1980s.

As the Affordable Care Act (ACA) converts hospitals from a pay-for-procedure to a pay-for-performance reimbursement system, BHMC is working even more closely with its physician partners to develop new kinds of arrangements – not just to care for hospitalized patients, but also to address their needs for pre- and post-hospital stays.

“Our job is to look after the health of the population we serve,” said Glidewell. “We understand and relish our role as a major healthcare resource for the community. While we are dedicated to innovative, technological leadership, we are making sure that we never lose touch with the needs of individual patients when they come to the hospital!”

He added that in the next 75 years, BHMC will make sure it engineers its systems to provide for more chronic, as well as acute, care as the population ages into the ‘80s and ‘90s.

“We will collaborate with our physicians and hospital staff to continually reinvent ourselves in the changing healthcare environment,” he said. “We want to make sure we are at the forefront so we can be the kind of hospital system that people want to access for years to come.”

For more information about Broward Health Medical Center, call (954) 355-4400 or visit www.browardhealth.org.

PHOTO CREDIT: CHRISTINE POZNIAK

Copyright © 2013 Community Hospital News, Inc. All rights reserved.

Cover Story: BHMC Celebrates 75th Anniversary, Looks Ahead to Future

President and CEO of the not-for-profit organization that is celebrating its 35th anniversary again this year and their continuing support of our mission,” says Paula J. Alderson, Ch...
June 12
FNU to Host MBA Orientation

On Wednesday, June 12, Florida National University (FNU) will be hosting an MBA Orientation in FNU’s Hialeah Campus located at 4423 W. 20th Ave., Miami. Attendees to the Orientation will learn how an MBA can help them advance their careers. FNU’s MBA offers five areas of concentration a student can focus on. These areas are Health Services Administration, Management, Finance, Marketing and Public Management & Leadership. In addition, attendees will learn about FNU’s MBA program and admissions process. Please RSVP by Monday, June 10 by calling (305) 821-3333 ext. 1016.

June 13
Polynesian Getaway

Catholic Hospice invites you to participate in a Polynesian Getaway fundraiser event benefiting the Wishes Granted Program. The “Wishes Granted” program is available to hospice patients that have a significant situation or wish. The event will take place on Thursday, June 13 at 5:00 p.m. at Mai-Kai Restaurant, 3599 North Federal Highway, Ft. Lauderdale. For more information, please call Jessie Aguirre at (305) 351-7065.

June 13-14
SFHHA Annual Healthcare Summit

The South Florida Hospital & Healthcare Association’s 2013 Annual Healthcare Summit will be held June 13-14 at Greater Fort Lauderdale - Broward County Convention Center. For more information, call Kirby Anderson at (954) 964-1660 or email kandersson@sfhha.com.

June 14-15
Project Reach Out

On Friday, June 14, from 2 -5 p.m. and Saturday, June 15, from 9 a.m. to 1 p.m., Project Access is hosting another Project Reach Out, an event open to the public to help people find out if they qualify for a health insurance program. The events will be held at 3540 Forest Hill Blvd., Suite 101, West Palm Beach. The events are free and people do not need to pre-register, but patients must live in Palm Beach County. Call (561) 433-3940 or visit www.pbcms.org for more information.

St. Mary’s Medical Center Celebrates 75th Anniversary

South Florida’s oldest faith based hospital, St. Mary’s Medical Center, celebrated its 75th anniversary in April. Founded in 1938 by the Franciscan Sisters of Allegany, NY, St. Mary’s was originally a 50-bed facility. Seventy-five years later, St. Mary’s Medical Center is now an award winning 464-bed acute care hospital and tertiary care center for the region with more than 1,800 employees, 530 physicians and over 200 volunteers. St. Mary’s is also home to the Palm Beach Children’s Hospital, the only dedicated pediatric hospital between Orlando and Ft. Lauderdale.

Health Professions Division Communications Director Wins Top Writing Award

Scott Colton, B.A., APR, director of medical communications and public relations for Nova Southeastern University’s Health Professions Division, received a Best Feature Story or Article Award in the AACOM Communications Awards Competition held during the American Association of Colleges of Osteopathic Medicine (AACOM) Annual Meeting. Colton was honored for his summer 2012 COM Outlook article entitled “Senior Students Make Their Latent Dreams Come True.” He also was named as chair of AACOM’s Marketing and Communications Advisory Council, which is responsible for tasks such as furthering the efforts of the promotion of osteopathic medical schools and the osteopathic profession to the general public, media, legislators, and all other individuals/entities that would benefit from knowledge of osteopathic medicine.

June 25
Shaping Policy and Strengthening Nursing’s Influence

Tuesday, June 25 from 9:00 to 11:00 a.m. at Holy Cross HealthPlex Women’s Center, 1000 NE 50th St., Ft. Lauderdale. Pre-registration is required by visiting www.nursingconsortium.us.

June 29
Critical Next Steps: Your Practice, ACOs and ACA

Health care professionals are invited to attend this fast-paced seminar designed to help physicians decide on the best direction for their practices, from joining new hospitals and insurance-based groups to ACOs and MSOs. The seminar will be held on Saturday, June 29, at the Sheraton Fort Lauderdale Airport Hotel, 1825 Griffin Road Dania Beach. To register, visit www.bcma.com or email cpeterson@bcma.com. For more information, call BCMA at (954) 714-9477.

September 19
SFHEF Educational Program

ACOs: Accountability for the Care We Provide on September 19 at Jackson North. For more information, call (954) 894-9405.

September 20
Optimizing Nursing Practice Environments

Learn how to optimize the practice environment, move beyond incivility, successfully clear the technology hurdle, recognize and address compassion fatigue, and more. September 20 from 8:00 a.m. to 4:30 p.m. at Signature Grand, Davie. Register at www.nursingconsortium.us.

October 4
Broad and Cassel Health Forum

Get the most up-to-date health care information for physicians and health care executives from national and local experts in the industry at the 3rd Annual Broad and Cassel Health Forum. The event will take place on Friday, October 4 from 12:00 to 5:30 p.m. at the Seminole Hard Rock Hotel & Casino, 1 Seminole Way, Hollywood. For more information, please contact Elizabeth Levine at elevine@broadandcassel.com or (407) 839-4229.

E-mail your Submissions to sflahospitalnews@aol.com
ElderCare Update in South Florida...

Cover Story: Study Seeks Earlier Detection of Alzheimer's Disease

Continued from page 1

involves the application of an experimental ointment to their eye. The following day we use a special kind of camera to take an image of their eye, and then we follow that up several weeks later with a PET scan for comparison.”

However, the operative words are “if they qualify,” because Dr. Agronin said that one of the main hurdles he is facing is “finding volunteers whose eyes are eligible. Because cataracts are so common later in life, a lot of people are automatically disqualified. For this stage of the testing, we need individuals who have healthy eyes.”

The study began a few months ago and will run until the middle of this year. Dr. Agronin said Cognoptix is compiling results but it’s too early to draw any conclusions. He said the company will release the official results and he is not in a position to comment, but added, “We’re very optimistic that this might be a relatively non-invasive way to detect the presence of Alzheimer’s disease.”

The importance of such studies is to allow researchers to identify the presence of beta amyloid protein in people at very early stages of disease, and get them involved in research studies. “There is no treatment on the market that can target the protein,” Dr. Agronin said, “it’s all research. But in order to target it, you have to know if it’s there. That’s the new stage in the battle against Alzheimer’s disease, being able to identify these people so we can develop treatment that not only slows the disease, but actually prevents it.”

One of the reasons MJHS was chosen for the study was the extensive work Dr. Agronin and his team have done in this field. “We’ve been conducting clinical trials in Alzheimer’s disease for the past 13 years,” he said. “We’ve built up a national reputation as a research center, so people in the industry approached us to see if we’d be interested. We have a well-trained team of geriatric experts here, and people know that we’re exceptionally dedicated to working with older individuals with Alzheimer’s disease and other late-life mental health issues. That certainly helps to attract not only patients and research subjects, but also pharmaceutical and medical device companies that are conducting research in this field.” Dr. Agronin has also done considerable speaking and writing on the topic, including his latest book, How We Age: A Doctor’s Journey into the Heart of Growing Old, published in 2011 by Da Capo Press.

He became interested in the subject in medical school when he was working with older patients. “When I decided to go into psychiatry it was a natural fit, putting together geriatrics and psychiatry. And when you go into the field of geriatric psychiatry, Alzheimer’s disease is certainly the most common diagnosis you end up working with.”

The Cognoptix-sponsored study of the new eye test is the first of its kind, and Dr. Agronin said that when he first started his work, “We hoped there would be a way to do earlier detection. The conventional wisdom has always been that the only way to make a 100 percent diagnosis of Alzheimer’s disease is to actually look at a piece of brain tissue. Obviously that’s not a very practical test to do. We still can’t make a 100 percent accurate diagnosis without that, but we’re getting closer. The scans are really beginning to change the whole landscape of how we think about and approach the management of Alzheimer’s disease.”

For more information about the study or to consider volunteering to be a participant in other Alzheimer’s studies, call the research hotline at Miami Jewish Health Systems at (305) 514-8710.

Florida’s Senior Medicare Patrol in Action

Many articles are published about Medicare fraud schemes such as the supposedly “new Medicare card”, bogus telemarketers offering better plans and prices, even individuals impersonating Medicare representatives, etc. However, many times these articles neglect to inform the reader how and where to report Medicare fraud.

There is a program called the Senior Medicare Patrol (SMP) in Florida to help beneficiaries, caregivers and health care professionals report Medicare Fraud. It is a federally funded, volunteer based program that provides education on how to protect, detect and report Medicare Fraud. The SMP program relies on more than 230 volunteers throughout Florida. These individuals protect seniors and fight health care fraud. In Florida the volunteers have educated more than 30,000 Medicare beneficiaries about how to avoid becoming victims of health care fraud. They also assist Medicare beneficiaries with reporting abuse or fraud.

The Healthcare Fraud Prevention and Enforcement Action Team, a joint effort between HHS and the Department of Justice to fight health care fraud, recovered $4.2 billion in taxpayer dollars in fiscal year 2012. The SMP Program (a national program) is an integral part of HHS/CMS campaign to combat health care fraud. Since 1997, more than 3.5 million beneficiaries have learned how to recognize and fight fraud and abuse, and more than 7,000 referrals have been made to the Centers for Medeco & Medicaid Services (CMS) and the Office of the Inspector General for investigation. Florida SMP is always looking for help. If you’d like to report a case involving fraud or become a volunteer, contact SMP at 1-888-337-0627. More information about SMPs and health care fraud is available at the national SMP website www.smpresource.org.
Important Life Choices Need to be Made Sooner Not Later

The miracle of a long life today is often accompanied by an incremental decline involving a series of crises followed by progressively shorter health plateaus. Recent statistics illustrate that the length of the “golden years” has extended over the past decades and today Americans can expect to live into their 80s. According to the CDC, the two fastest growing age groups in this country are individuals over the age of 65 and those over the age of 100. The effect of longer life and an increased focus on maintenance of health, is clearly reflected in the “new normal” trajectory of death.

Societal changes have compounded the plight of the elderly and impacted medical practice.

- The elderly’s children are more likely to have dual career households, spread across the country and less able to give support or assist in care.
- Families have limited experience with death and dying. Many have never directly experienced loss due to death.
- The experiences of patients and families with chronic illness make recognition and acceptance of terminal status difficult.

Overarching a complex set of medical issues, are the difficult discussions and decisions when patients are no longer able to speak for themselves. Decisions to approve or forgo heroic measures can be filled with emotion and anxiety for decision makers who are not certain of the choices of their loved ones. In the absence of a living will or clear communication and documentation of desires from patient to decision maker, there is not clear directive of patient choice.

So, how do we begin the important work of clarifying end-of-life healthcare choices? Begin with yourself and your loved ones. If you haven’t completed an advance directive, start the process today!

Remember the most important facts:
- Living Will
  a. Allows you to document your healthcare choices in the event that you are not able to speak for yourself
  b. No special form is required. It can be even written on a regular piece of paper
- Healthcare Surrogate
  a. A legal document that allows you to choose another competent adult to make healthcare decisions for you when you are not able to speak for yourself
  b. Both Living Will and Health Care Surrogate
    a. Must be written and signed by the person executing it
    b. Must be signed by two competent adult witnesses
  c. At least one witness should not be a spouse or blood relative
  d. May be cancelled at any time by destroying the document or by verbally telling your healthcare provider you want to cancel or revoke it
- Durable Power of Attorney for Healthcare
    a. Commonly includes designating certain financial rights as well as rights for healthcare decisions
    b. It is recommended that you obtain the services of an attorney to complete
- Physician Orders for Life Sustaining Treatments
- Holding discussions about end of life care

Mary Richt, Sr. Director of Clinical Excellence, Chair of the Hospice by the Sea Bioethics Committee, can be reached at mricht@hbts.org

Important Life Choices Need to be Made Sooner Not Later

The Florida Assisted Living Coalition is an organization whose mission is to provide education to seniors and the disabled.

We also bring vibrant, informative programs, seminars and conferences to enrich and empower healthcare professionals.

Be assured that a large majority of patients and close family members are interested in discussing end-of-life issues in advance. Good communication and well prepared advance directives can facilitate the development of a comprehensive treatment plan that is in accord with the patient’s wishes and values. The greatest gift a person can give themselves and their family is to consider, document, and communicate healthcare wishes in advance.

There are a variety of excellent resources available online.

- The Other Talk, a book by Tim Proch. Guidelines for completion of advance directives:
  - www.floridahospices.org/hospice-palliative-care/advance-directives
  - http://www.agingwithdignity.org/five-wishes.php
  - Physician Orders for Life Sustaining Treatments
  - www.polst.org
  - Holding discussions about end of life care
  - www.theconversationproject.org
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 (LTACH’s).

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.

Care of the Elderly – What Should We Do?

Care of the elderly has reached a virtual “perfect storm” of concern in the ongoing healthcare debate. Multiple forces have converged to sharpen our collective focus on this issue. First of all, the “baby boom” generation is approaching their elder years in an age of great medical advances. During the 20th century, the average lifespan in the United States increased by more than 30 years, of which 25 years can be attributed to advances in public health. Elderly persons represent the fastest growing segment of the population. It is projected that the number of citizens older than 75 years will quadruple in the next 50 years.

Greeting this aging population is a remarkable advance in medical technology, and nowhere is this more apparent than in the field of heart disease, which despite a progressive decline in mortality rate, has remained the leading killer of men and women in this country for the past half century.

Nearly 40% of octogenarians have symptomatic cardiovascular disease, which accounts for more than half of the mortality in this age group. Cardiac surgery which 25 years ago was reported to carry a mortality approaching 30% in octogenarian patients, has been more recently reported to carry a mortality a fraction of that and comparable to that of the younger population. Technology has facilitated the evolution of minimally invasive less morbid surgical approaches. Innovative interventional techniques which can be performed without surgical incisions or anesthesia, using catheters inserted from the leg or arm, have replaced the need for surgery in many instances.

Most recently, this catheter-based approach has been successfully applied to the replacement of intracardiac valves in selected patients, obviating the need for an open heart surgical procedure. These advances, along with an acceleration of knowledge in the most appropriate care of critically ill patients has broadened the indications for which medical interventions can and should be applied.

All of this demographic shift and medical advance brings us to the third millennium which accounts for more than half of the mortality in this age group. Cardiac surgery which 25 years ago was reported to carry a mortality approaching 30% in octogenarian patients, has been more recently reported to carry a mortality a fraction of that and comparable to that of the younger population. Technology has facilitated the evolution of minimally invasive less morbid surgical approaches. Innovative interventional techniques which can be performed without surgical incisions or anesthesia, using catheters inserted from the leg or arm, have replaced the need for surgery in many instances.

Most recently, this catheter-based approach has been successfully applied to the replacement of intracardiac valves in selected patients, obviating the need for an open heart surgical procedure. These advances, along with an acceleration of knowledge in the most appropriate care of critically ill patients has broadened the indications for which medical interventions can and should be applied.

All of this demographic shift and medical advance brings us to the third element compelling our attention - cost. Medicare, the health insurance program for the elderly, spends nearly 30 percent of its budget on beneficiaries in their final year of life. Moreover, Medicare and Medicaid represent a growing proportion of an increasingly challenged federal budget. Medicine of the twentieth century was the medicine of the possible - the driving question was, what can we do? Medicine of the twenty-first century, of necessity, needs to be more sober medicine of the appropriate. No longer is the question what can we do, but rather, what should we do? These decisions are difficult and require a societal consensus. Certainly, at present, no such consensus exists. However, it is the role of institutions such as the Florida Heart Research Institute, which has made major contributions to our understanding of the care of the elderly, to provide the critical research which will help to inform the debate. What are the short and long-term outcomes of various therapeutic options? What are the most appropriate metrics for this population? (Longevity may be much less of an issue for an octogenarian than the quality of his remaining years.) Are there selection criteria which need to emerge specifically tailored for this elderly population? Recent research has focused on “frailty” as a risk factor for poor outcomes after various interventions.

Originally described by Linda P. Fried in the 1980’s after years of observing and working with older patients, frailty in people 65 and older was defined by the presence of three or more of the following five criteria: weight loss of 10 pounds or more in the past year, self-reported exhaustion, weakness as measured by grip strength, slow walking speed and low physical activity. The presence of one or two of those criteria would identify a person as “pre-frail.” Although not universally accepted within the field, Fried’s work has helped to focus research and clinical decision-making, and elements of her criteria have even crept into surgical risk models.

However, the debate regarding healthcare financing unfolds, it is clear that 1) care of the elderly will be a major point of discussion; and 2) emerging research is critical in order to inform the debate in a meaningful and productive manner.

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
Long-Term Care: The Second Career That Benefits Our Healthcare System

The demographic changes affecting our country are inescapable and our healthcare system is feeling the strain. The CDC reports:

- 13% of the population is over the age of 65 and will increase to 19% by 2030.
- In the same time period, the number of people over the age of 85 will grow from 3.8 million to 8.7 million.

As legislators attempt to stretch available dollars to cover the costs of care for our aging population, there is more news:

- About 80% of older adults have one chronic condition, and 50% have at least two. Infectious diseases (such as influenza and pneumococcal disease) and injuries also take a disproportionate toll on older adults. (CDC)
- 45.3% of adults have two or more of nine selected chronic conditions, which include heart disease, hypertension, diabetes and cancer; these conditions are among the top five contributors for home health care utilization by Medicare beneficiaries. (CDC)
- The National Academy on an Aging Society projects that by 2040, the number of people in the U.S. with chronic conditions will increase by 50%.

It’s important to keep in mind that our aging population increasingly requires two types of care: skilled care, such as nursing or rehabilitative therapy; and personal care which entails assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). These acronyms represent activities we take for granted: bathing and grooming, preparing meals and eating, using the bathroom or the telephone, and ambulating independently and safely in and out of the home. Skilled care is provided in a hospital or nursing facility, but can also be carried out by licensed professionals in the patient’s home at a fraction of the cost. The National Association for Home Care and Hospice (NAHC) adds to the case for home care by pointing out the 4000% cost difference between one hospital day and a home health care visit.

Uncertain economic times and dwindling retirement accounts sometimes lure individuals to pursue entrepreneurial ventures. The motivations range from wanting to exert more control over one’s future and finances as well as serving people in need to the challenge of delivering high quality health care while lowering overall system costs. Whatever the allure, various structures exist to meet the urge to be self-employed in Florida:

- Home health agencies providing skilled care – these are generally accredited and Medicare-certified organizations that provide nursing care and rehabilitative therapy. A new agency can take a year to become operational.
- Home health agencies providing non-skilled care - these organizations (which are sometimes called private duty agencies) provide assistance with personal care and activities of daily living, such as bathing, dressing, eating, toileting and ambulating. Florida requires these agencies to be accredited, which translates to approximately an eight to 10-month start-up period.

Nurse registries – these companies can provide nursing care as well as personal care services, but cannot provide therapy services or bill Medicare for services. Generally speaking, these organizations have lower capital requirements and can be operational in less than six months.

Homemaker/Companion services – these organizations meet the least number of regulations and provide home-making services such as cleaning and laundry, as well as companion care. This type of business can be operational in about six weeks.

Home health care has gone from an afterthought of the health care industry to its rightful place as a solid vehicle to lower healthcare costs, reduce re-admissions, improve patient care and preserve the independence of our country’s elderly.

Clark Parker, Coleman Consulting Group, Inc., can be reached at clark.parker@askCCG.com or visit www.askCCG.com.
FORSEEING

if your cash flow is as effective as your treatments.

Cash Flow Insight™ | for the achiever in you*
Introducing Cash Flow Insight powered by PNC CFO — a suite of user-friendly online tools that can help you understand and project your practice’s cash flow, so you can turn insight into action. Try it at no cost today. Call the Cash Flow Insight Center at 855-762-2361, stop by any PNC branch or go to pnc.com/cashflowinsight

*Offer requires a PNC Business Checking account and enrollment in PNC Online Banking. Offer valid during your current statement cycle and two additional statement cycles, which constitutes your free trial period. One free trial per customer based on the enrollment date of the first account you enroll in Cash Flow Insight. Your free trial period for all accounts in Cash Flow Insight ends at the same time. At the end of your free trial, you will remain enrolled in Cash Flow Insight and be charged a fee of $10/month. If you do not want to continue with Cash Flow Insight, you may opt out of the service on your Preferences page within Cash Flow Insight. Beyond the trial period, certain account types have Cash Flow Insight for no additional monthly fee, including Business Enterprise Checking, Industry Solutions Checking and Retail Business Checking. Cash Flow Insight and CFO Cash Flow Options are service marks of The PNC Financial Services Group, Inc. ©2019 The PNC Financial Services Group, Inc. All rights reserved. PNC Bank, National Association, Member FDIC.