Larkin Community Hospital Plans to Open Charter Middle School as Part of Medical Campus

BY DANIEL CASCIATO

Retaining talent has become a top priority for many South Florida healthcare organizations. This is especially an issue among medical school graduates, notes Jack Michel, M.D., president and chairman of the board at Larkin Community Hospital in South Miami. One of the reasons Dr. Michel believes graduates are leaving the area is because a majority are not originally from South Florida.

“As we began to explore ways to keep more graduates from leaving the area, we felt it was important that they have roots here,” he says.

As a result, Larkin Community Hospital decided last fall to explore the viability of starting a new charter school that would cater to mid-Continued on page 21

Jackson Health System’s Miracle Building Bond Program Opening Doors to Local SBEs

BY VANESSA ORR

Breaking into the healthcare construction sector as a small business enterprise construction (SBE-C) firm can be difficult—to even be considered, firms have to have experience, but that experience can only be gained by having worked on healthcare projects. Understanding this dilemma, Jackson Health System has created a mentor/provige program that provides local small businesses with the opportunity to shadow expert construction-management firms as they work on six major service contracts as part of its Miracle Building Bond initiative.

“The bond initiative was started internally in 2012, when our different business entities that had capital needs came together and compiled a ‘wish list’ of what capital improvements would be needed, three, five, even 10 years into the future,” explained David Clark, associate vice president, Facilities Construction and Design Department, Jackson Health System. “An initiative was put before voters in

Continued on page 22
Publisher’s Note

Florida Hurricane Humor:
#1 Buy enough food and bottled water to last your family for at least 3 days;
#2 Put these supplies in your car; and
#3 Drive to Montana and remain there until October 30th.

But seriously, Carol asked me one of her typical trick questions over the weekend. “How long will it take to get our hurricane shutters out of the braces on the garage wall and ready for installation when, not if, the weather forecasters roll up their sleeves and announce the big one is coming this year?”

And (like I always do) I attempted to answer without first weighing the downsides, potholes, etc. in my response. What’s the old saying, “Fool me once, shame on you. Fool me twice, shame on me.” Needless to say in my case, it’s a matter of “Fool me one million times ….” But I digress – my guesstimate was about 30 minutes. After all, how long does it take to unscrew 3 braces, especially when you have your choice of 7 power screwdrivers? But what I failed to take into account were the tons of boxes, 3 kids’ power wheels, portable generator, portable air conditioner, 4 folding tables, and the 4 never-used bicycles hanging from the ceiling—all of which manage to make the Great Wall of China look like child’s play. Can you guess how I spent my Memorial Day Weekend?

After all in addition to the usual garage stuff, we also had to make room for contingencies like all the possible projectiles aka movable objects like the grill and patio furniture, not to mention the new giant rubber duck residing in our pool that we’d have to store.

Well reorganizing the garage for the upcoming Hurricane Season was only the tip of the iceberg and I was definitely the Titanic. Everywhere I turned, Carol created more work. Our annual trip to Costco and Wal-Mart for hurricane necessities was endless. Our 2 dozen cans of Spaghetti O’s and tuna fish, nestled nicely next to the mound of ‘C’ and ‘D’ batteries needed to power our home entertainment center (aka our 12” battery operated TV). And this necessitated cleaning out the existing supplies from our hurricane closet. When you live with someone who believes expiration dates are the Holy Grail, you can never risk any carryover. (Between you and me, she will never convince me that bottled water can expire.) We even had to get an extra cart for some bleach — despite the fact neither one of us has any idea what to do with it.

But seriously, the hurricane season is upon us and we think we're ready. We even cleaned out our safe closet (no exterior walls), although Carol did mention that I might need to drop a few pounds since our wonder dog Gabby needs to be comfortable too. Are you ready for Hurricane Season 2016?

You can reach Charles Felix at Charles@southfloridahospitalnews.com
The simply stunning advances in our understanding of the molecular basis of human disease are providing revolutionary changes in the management of multiple illnesses. It is well recognized that cancer has been at the leading edge of this paradigm change through the demonstration of the clinical utility associated with knowledge of the unique genomic profile present within an individual patient's malignancy. Not surprisingly, the past and current major focus of using molecular testing has been in the treatment of an established malignancy, and in examining for the presence of particular mutations, rearrangements, or amplifications of specific genes that may suggest the delivery of a particular antineoplastic agent targeted to that abnormality.

Patients with cancer and their oncology teams are witness to increasingly relevant advances in this arena in multiple clinical settings. Another critically important and highly clinically relevant issue - one that is less frequently discussed among oncologists - concerns the implications of knowing the germline genetic background for individuals with known cancer or who are at a higher risk for developing a malignancy. Cancers of the colon, breast, and ovary are excellent examples where germline testing has been shown to be of value and where prophylactic interventions in specific clinical settings have been documented to be of substantial utility.

However, there is a particular issue when a search is undertaken to discover unique normal polymorphisms or actual mutations that may be present in the germline - versus a sole focus on molecular abnormalities within the cancer itself - that requires particularly careful consideration and discussion. When cancer is present, what is specifically being explored are differences between the individual's germline versus the cancer, with the goal of finding a target for therapy. In essence, the germline itself is purposefully ignored since there is no intent to target the normal genome. But when the normal germline is examined to define cancer risk, evaluate genetically influenced probability of treatment-related toxicity, or for other purposes such as assisting in the determination of prognosis, there is the realistic potential that what might be found would include incidental genetically relevant markers associated with illnesses completely unrelated to the intent of the specific search.

Should individuals undergoing genomic testing be asked if they would like to receive this information if it is discovered? This request could be made prior to obtaining the testing or after the results are available and a laboratory reports the presence of such incidental information. This is a complex and controversial issue, with considerable ongoing debate. Included in the discussion are questions of whether the individual or her/his family would be able to take any action following notification of the results that may lead to a decreased risk of a suggested negative outcome, or conversely whether the information would solely be anxiety-provoking with no current potential to be actionable. Hopefully, as the cancer research community develops effective screening strategies to discover early-stage cancers such as CT scanning for lung cancer and prophylactic approaches to prevent the development of malignant disease as is the case with bilateral salpingo-oophorectomy for ovarian cancer in the presence of a BRCA mutation, the conclusion that nothing actionable is possible will become an increasingly rare statement.

Dr. Maurie Markman is the editor-in-chief of OncologyLive magazine (www.OncLive.com), where this article originally appeared. He also is president of Medicine & Science at Cancer Treatment Centers of America, and clinical professor of Medicine, Drexel University College of Medicine. He can be reached at maurie.markman@ctca-hope.com. See more information at http://global.onclive.com/publications/Oncology-live/2016/Vol-17-No-10/germline-genetic-testing-raises-thorny-ethical-questions#sthash.qJCOdcOO.dpuf.

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A message from our interim President

Excitement at the Association

This is one of the times when the Association’s staff kicks into high gear as we head into our largest educational event — the 10th Annual SFHHA Educational Summit! Yes, the Summit is just a week away.

The Summit has grown from its humble beginnings ten years ago to now being one of the most important healthcare educational events in South Florida. This year’s Summit will begin on June 9 at the Signature Grand in Davie. Registration and lunch will start at 11:00 a.m. Exhibitors will have their booths set up and you will have an opportunity to cruise through the exhibits and talk to exhibitors. This year’s complement of exhibitors might be one of our best.

This year’s Summit kicks off with keynotes from leaders in our healthcare arena. Next, a session entitled, “Population Health.” We have the pleasure of having Pedro ‘Joe’ Greer, MD, as presenter and moderator. Also on the discussion panel will be Ozzie Delgado, COO, Cleveland Clinic, Marie Florent-Carre, DO, MPH, Nova Southeastern University, and Luther Brewster, Ph.D., Florida International University. This topic continues to draw interest from across the healthcare spectrum. (ACHE members 1.5 Face-to-Face credits). This session will be followed by a networking event sponsored by our Board.

The first session allows you to see the possible national health care platforms for the Democratic and Republican parties. In a session entitled, “How Will the U.S. Election Results Impact Healthcare?” we will hear from former U.S. Senator George LeMieux as he discusses possible plans for the Republican Party, if their candidate is elected. As of this writing, we do not know for confirmation for our Democratic speakers.

Next, a session entitled, “Disaster Preparedness & Response: Here, There and Everywhere” will run simultaneously.

The second set of morning breakout sessions includes “Part III – CJR & Bundled Payment Models: Post Acute Providers.” This session will explore the impact of mandatory bundled payment programs on post acute providers. National experts will be presenting information representing a host of post acute providers. (ACHE members 1.5 Face-to-Face credits). The second session during this time slot is entitled, “ACO, HMO, PSHP: What’s the best practice for integrator/coordinator of care.” This session will look at the blurring of lines between insurers and providers.

Now is the time for you to register for the 2016 Summit. We have a few more sponsorship opportunities available and you can also register your team and, or individual registrations, on our website, www.sfhha.com.
During its recent session, the Florida Legislature enacted and the Governor signed the Barbara Lumpkin Prescribing Act, HB 423 (the “Act”). The Act authorizes ARNPs and PAs to prescribe and dispense Schedule II, Schedule III, and Schedule IV drugs. Setting aside the clinical impact that will result from these healthcare professionals having this authority, the implementation of the Act should provide a reminder for hospitals, medical practices and other healthcare providers that dispense controlled substances to review their policies and procedures and make sure that there has not been any unaccounted for dispensing of these drugs. ARNPs and PAs who engage in prescribing and dispensing controlled substances will be subject to the same requirements as physicians. They will need to be licensed to engage in these activities. They also will be required to complete a patient’s medical history and physical examination and document it in his or her medical history, along with justification for prescribing a controlled substance. In addition, these healthcare professionals will be expected to see a patient on a regular basis for whom a controlled substance is prescribed and healthcare practitioners who dispense controlled substances will need to ensure that the drugs are stored in the appropriate environment that is not accessible to unauthorized parties. They also need to regularly take an inventory of these drugs in order to prevent any of them from being dispensed without appropriate authorization.

The Department of Health, AHCA, the Drug Enforcement Agency, as well as other agencies that regulate the healthcare industry are all aware that the more people who have access to prescribed drugs, the greater the likelihood that some of those drugs will be misused. Every hospital, practicing and other healthcare provider that dispenses controlled substances needs to understand that, from the government’s perspective, they are responsible for any errors or wrongdoing on the part of their staff.

Stephen H. Siegel, Esq., Of Counsel, Broad and Cassel, can be reached at ssiegel@broadandcassel.com.

Why Doctors and Hospitals Need an Incident Response Plan?

You’ve been breached. Now what? Perhaps valuable patient data has been stolen. Maybe hackers are asking for ransom in exchange for your own data that is now under their control. Hackers work 24x7 planning breaches and attacks to get your valuable patient health information—and they have a high rate of success. The breach or the attack itself is not the biggest problem—being unprepared for it is!

Recently, multiple hospitals have been in the news for being victims of ransomware attacks in which their computer systems and/or data were locked down and would only be returned if a ransom was paid. Patients and treatments were impacted and the hospitals practically came to a standstill, losing revenue and impacting their reputations. In more than one case, ransoms were paid to return to normalcy. If clear incident response plans had been in place and current, these issues could have been addressed with different outcomes.

The underground black market has become a thriving scene for private health data. Medical records fetch the highest premium, these issues could have been addressed with different outcomes.

Rema Deo is a Managing Director at 24By7Security, Inc. which focuses on compliance and security issues for healthcare and other industries and provides services such as HIPAA security risk assessment, breach/ incident response, HIPAA policies and procedures, and more. To learn more, visit www.24by7security.com or reach Rema directly at remadeo@24by7security.com.
During the last decade, many of my friends and clients have made the decision to abandon their own practices and move to the employment model. Some have gone to academic settings while others have opted to join hospitals, larger independent groups, or corporations. The driving factors compelling these actions include declining reimbursement rates, increasing regulatory requirements, and administrative pressures. Some remain in their new settings and others have opted out and either returned to independent practice, made another alternative practice change, or retired. Guess it is not always greener or the other side, with new demons replacing the old.

Each and every move involves a plethora of moving parts, including contract terms and conditions, personal asset planning, billing issues, insurance considerations, and lifestyle changes. This article will focus on many of the matters presented during the transition with regard to professional liability (medical malpractice) insurance coverage.

Most independent physicians are in a position to evaluate their professional liability coverage on a yearly basis, taking into consideration components such as the insurer’s reputation and financial stability, cost, defense success, policy terms and limits, and regulatory and cyber protection. This allows the physician to maintain the flexibility and continuity of their own policy to protect their personal assets and reputation. Unfortunately, this “luxury” is not available to many employed physicians. Employed physicians may not be in a position to have significant control and input when they are included in an action that could lead to avoidable reporting to the National Practitioners Data Bank (NPDB), State Data Bank, and State Medical Board.

Thus, it is extremely important for the physician contemplating employment to be diligent in asking questions regarding their transition from independent to employed with respect to their professional liability coverage. Below is a compilation of questions gathered from various healthcare attorneys, CPAs, and insurance specialists. Although this is by no means a complete list, it can provide guidance in due diligence of this important issue.

- Will I be able to maintain my existing coverage?
- Will new coverage be provided through an admitted/rated insurer or by an alternate risk vehicle, such as a captive or risk retention group (RRG)?
- Will new coverage be fully retroactive? If not, who is responsible for the existing policy’s “tail”?
- Will I have separate limits?
- Is my new coverage limited to practice at my employer?
- What are the “tail” provisions should I leave, become disabled, retire, or die?
- Is the new coverage portable?
- Will I be covered for regulatory and cyber issues?
- Are there any deductibles and who is financially responsible for their payment?
- What say will I have in any claim activity (consent to settle, allocation of payment)?
- Am I entitled to my own defense counsel? Who pays?
- Are all others who practice with me covered for their actions?
- Do I have coverage for my medical administration duties?

The questions and issues above are only the tip of the iceberg when considering alternate practice opportunities and you would be well served to enlist experienced healthcare advisors in your quest. Good luck!
Community Meeting Seeks Answers to Infant Mortality

BY LOIS THOMSON

The Florida Department of Health is hosting a community meeting June 17 to discuss results of an analysis conducted on infant mortality. Karen Weller, Director of the Office of Community Health and Planning, explained the motivation behind the meeting. “Actually it’s a directive from our state health office,” she said, “and what they had been noticing was that there were problems with the infant mortality rate statewide.”

Weller said that while the rate is low in Miami-Dade County, it is more of a problem in other areas throughout Florida. “Our former state surgeon general had originally put out the request that we study it. So as a result of that, we developed the Florida Healthy Babies Initiative, and they are requesting that all 67 counties do an assessment of their infant mortality rate.”

Infant mortality is considered to be the death of a child that occurs in the first year of life, and the Florida Healthy Babies Initiative is providing funding to conduct an enhanced data analysis on the subject. Recent data shows that Miami-Dade County’s rate is 4.6 per 100,000 individuals, a figure that has been decreasing over the past 10 years.

Weller talked about some of the factors that can play a part in infants dying so young. She said some of the problems can be caused by congenital anomalies, or because of chronic disease – particularly if the mother has a chronic disease. As examples, she mentioned such issues as hypertension, asthma, any kind of cardiovascular disease, or diabetes.

“These conditions can definitely have an effect on the babies as they are born,” she said. “Another thing we’re noticing, too, is that some women are waiting a little longer, so they’re a little bit older when they are having their first baby; and that can correlate with the chronic disease component. We’re also finding that we have women who may have sexually transmitted diseases, and those definitely will have an impact on the mortality rate, in addition to our HIV rates, or if there’s any substance abuse that occurs. So those are the specific things we are looking at and the different causes of the problems.”

As for the meeting, Weller said what they are hoping to achieve is to look at the data and see exactly where in the county the problems exist, and what the specific causes of death are. “After we finish doing that, we want to develop an action plan to see how we’re going to tackle some of these causes, like the heart failure and the chronic respiratory diseases, and we’re also going to be looking at babies that are born prematurely. We’re going to review all of the different data sets to see if there’s any correlation, and then, based on what we find, we’ll determine what action plan we can do to help our rates get even better.”

In addition, Weller said the group wants to stress healthier well and eating healthy meals. “You know, we have areas in the county where those types of meals are not easily accessible. That can have a definite impact on a woman who is pregnant and not able to sustain herself or provide the nutrients the baby needs. So those are the types of areas we want to review, and we want to look at the environment as well as the actual disease.”

Weller said the meeting is open to the professionals in the community – nurses, doctors, social workers, nutritionists – anybody who is involved with infants and children and is interested in the topic. “Those are the people we are going to be sharing the data with, and once shared, we will develop an action plan in hopes of meeting with community residents who will develop an action plan in hopes of meeting with community residents who want to look at the environment as well as the actual disease.”

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The Florida Healthy Babies Community Meeting will be Friday, June 17 from 8:30 a.m. – 3:30 p.m. at 5-Star Conference Center, 7415 Corporate Center Drive, Suite 100, Miami. For more information, call (305) 278-0442 or visit www.flhealth.gov.

When It Comes to Patient Care, Have Someone OWN It

O ver the past few years, life has been a dramatic increase in the number of folks whose job it is to absolutely OWN all aspects of patient care. No matter if you call them Customer Experience Officers (CXO) or Patient Care Managers, the role in the healthcare community is definitely increasing. Four years ago only 11% of organizations claimed to have anyone in such a position. Three years ago it jumped to 22%. Last year it again doubled to 44%. Most believe it will continue to increase until just about everyone will have a person who eats, breathes and sleeps helping the organization increase patient care.

These folks also never lose sight that the quality of care is extremely important as well. By constantly balancing the two aspects making sure neither one is neglected. I was recently speaking to the Director of Patient Care for a large health system. I was amazed at not only her knowledge of the elements which can impact patient care, but also the importance of providing high quality care. Her day and week is literally filled with activities that involve training, studying, reinforcing and basically living out the mission of the health system as it relates to high quality patient / family centered care.

For those of you thinking, ‘well that is a big Health System, we are much smaller’. I was also recently speaking to a CXO of a stand-alone Lasik surgery center. Like her counterpart, she is also looking at every aspect of the care and experience the patient receives from booking their initial consultation all the way to post op. The doctors at this practice recognize that to survive, they need their clients to have a remarkable experience so they will tell others that this is the place to go to get laser surgery. No matter if you are a large health system or a single office, make sure there is someone in your organization that owns patient care for you!

Jay Juffre is Vice President, South East Region / National Service Director. ImageFIRST. For more information on ImageFIRST, call 1-800-932-7472 or visit www.imagefirst.com.
In 1854, John Snow helped solve a public health problem by concluding that the cause of cholera in London was primarily from people drinking water from the pump on Broad Street which had the bacterium that caused cholera. He interviewed people, drew a map with black marks for each death and concluded that the center of the affected area was the Broad Street pump. The brewery workers across the street from the pump were by and large fine as they drank the liquor provided by their employer and generally did not drink water from the pump.

What does John Snow have to do with Population Health, particularly today? Well, his finding of epidemiology as a field of modern sciences used data analytics. Dr. Snow did not know about Big Data, Data Analytics, Precision or Personalized Medicine, and Predictive Analytics. He did not have a personal computer, a laptop, or even a smart phone. He painstakingly interviewed people, drew a map, and tested his theories.

Much of Dr. Snow’s work is relevant to the Population Health of today. Data Analytics, and Predictive Analytics. Dr. Snow was concerned with the health of the population. He used a form of data analytics to determine the cause of cholera for the individuals who contracted it. He was able to predict who would get cholera.

Although Population Health today may be much more sophisticated because we have access to much more data and we have sophisticated computing power, it has many roots in Dr. Snow’s work and Public Health. Population Health is moving to center stage today as we see the shift from fee-for-service medicine to payment for quality and cost-effectiveness.

Entities need to understand their populations by studying the data about their health. They should focus on patients and the management of their care, also on preventive care. They should use predictive analytics to determine which interventions should be implemented to reduce the chances of an individual getting a particular malady or its severity. They should employ precision and personalized medicine techniques to focus on the health of specific individuals.

There needs to be a focus on pharmacy, comparative data sets for drugs administered, types of persons and dosages, medication adherence, severity of malady, comorbidities, varying types of drugs an individual might be taking. Many of these concepts are interrelated and can make it quite difficult to develop a personalized plan for an individual.

Population Health today can still involve qualitative research as in the days of Dr. Snow where extensive interviews were conducted. However, today, we have electronic health records (EHRs) and personal health records (PHRs), coupled with clinical decision support systems (CDSS) and computerized physician order entry (CPOE) which make it possible to have significant amounts of data about a patient available and to aggregate the data from numerous individuals. Thus, care of a patient can be better personalized.

Technology may make it much easier to sift through the data we have, but there is much more data to consider and ensuring that it is clean and comparable is no easy task. Data Analytics and the concepts of Population Health will be key to this transition to payment for quality and cost-effectiveness.

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Data Analytics and Population Health – Keys to the Transition to Payment for Quality and Cost Effectiveness

BY PAUL R. DEMURO,
CPA, MBA, MBI, JD, PHD, CHC, FACMPE, FHFMA

E-mail Your Editorial Submissions to editorial@southfloridahospitalnews.com
The Health of Your Wealth
Your personal financial guide for what they never taught you in Nursing School

Learn How to Build Financial Teams Around Your Money

The foundation of the Health of your Wealth is that financial success is not achieved alone. There are examples where people achieved wealth and lost it, because they thought they had the expertise to manage their own money or trusted the wrong people. On the other hand, there are numerous examples where people with middle class income built wealth. The difference was often times, the financial team they built.

Managing your wealth is much like how elite athletes manage their health. An elite athlete usually has a nutritionist, a strength coach, a flexibility coach, and a team of physicians, all working together to maintain the peak performance of the athlete. The same is true if you want to ensure healthy wealth.

This book is about how to assemble your financial team. Why a team? Because one person cannot manage all of the strategies needed to keep your wealth healthy. In this book you will discover the types of advisors you need on your team, the roles they play, and why it is important to have these roles on your team.

Creating team and teamwork to manage the health of your wealth is not a new concept.

Please visit us at the MetLife Premier Client Group booth at the SFHHA Exhibit Hall. Book signing will take place at our booth during Trade Show hours.

Founded by Howard Wolkowitz, Financial Services Representative provides, contact him at (954) 331-5100 ext. 7163, howard.s.wolkowitz@metlife.com, or www.HowardWolkowitz.com.

FINALLY SOME HELP FOR HOSPITALS WITH COMPENSATION CLAIMS!

Most of us have watched enough Law & Order to know that all we have certain basic rights. We have the right to remain silent. We have the right to an attorney... well, sort of, unless we're dealing with a worker's compensation claim and then... well, not so much.

Over the last decade, Florida's Legislature responded to charges of skyrocketing worker’s compensation costs by enacting sweeping reforms. One of the critical changes was to restrict claimant's attorney’s fees to a schedule that at times amounted to $1.53 per hour. While this may have helped reduce worker’s compensation claims and claimants' access to legal representation, it just didn’t make sense. And the insurers knew it – which is why they warned about how you think about your money and creating wealth. I invite you to read the premises set forth in this book with an open mind so you can have a richer life and benefit from the power of team and teamwork in creating and maintaining wealth.

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People + Process = A Healthier Hospital

Julio S. Reyes is Director of Environmental Services at Holy Cross Hospital in Fort Lauderdale. He may be reached at (954) 492-5785 or julio-reyes@holy-cross.com.

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ROBINS & MORTON - Building Forward in South Florida

Since the opening of the Miami office in June 2015, Robins & Morton has achieved great success with local clients as well as repeat clients totaling more than $355 million in construction and preconstruction projects.

Robins & Morton is currently completing the expansion of a critical care bed tower at Nicklaus Children’s Hospital, and providing preconstruction services for a future expansion to the East Wing, Surgery and the Central Sterile relocation totaling more than 38,000 sf of new space and more than 92,000 sf in renovations.

Robins & Morton also began working at Memorial Regional Hospital in April 2016 with the renovation of approximately 11,000 sf. This project is a phased renovation to the existing operating suite which will improve patient flow, efficiency and enlarge the existing operating rooms to provide state-of-the-art technology.

Robins & Morton is currently completing a 4th floor renovation at Jackson South Community Hospital. Upon completion of this renovation, Robins & Morton will continue working on several additional renovations within the existing facility as well as a new pediatric emergency department and trauma expansion. In addition to its work at Jackson South Community Hospital, Robins & Morton was recently awarded the new Jackson West Campus project. This project is located in Doral on a 26-acre site and will include a free-standing adult and pediatric emergency department as well as a children’s outpatient center.

Robins & Morton also is currently completing the Miami Cancer Institute at Baptist Health South Florida as well as a new Parking Deck and Early Learning Center at West Kendall Baptist Hospital.

For more information on Robins & Morton and its projects and services, visit www.robinsmorton.com.
Using Sound Masking to Improve the Patient Experience

High quality acoustics are an important factor for improving hospital and healthcare facilities, leading to improved service, a better patient experience, and a better financial bottom line. A key element of the patient experience includes protecting the speech privacy of patients in admitting areas, emergency rooms and in-patient rooms, anywhere that patients interact verbally with healthcare service providers. Patients will feel more confident in their healthcare provider when they are receiving and giving personal information in a setting that affords a sense of privacy. Also, speech privacy is required to comply with HIPAA rules.

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule protects all "individually identifiable health information" held or transmitted by a covered entity (provider) in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "protected health information" (PHI). (45 C.F.R. § 160.103). PHI can include the individual's physical or mental health or condition, the provision of health care, or payment. According to these regulations, a provider must have in place appropriate administrative, technical, and physical safeguards to protect the privacy of PHI from any intentional or unintentional use or disclosure. (45 C.F.R. § 164.30).

Clearly, if a discussion with or about a patient or their family may be overheard or understood by others, then that patient's privacy has not been protected, and the provider is not in compliance with the Privacy Rule.

The Privacy rule applies to a wide variety of functional spaces in a healthcare facility, including open plan areas such as admitting, waiting rooms, emergency rooms and billing offices, and closed spaces such as examination and patient rooms. The acoustical solutions for patient privacy in a facility can include sound absorption, isolation partitions and sound masking.

Sound masking is a system by which low level random noise in the speech frequency range is injected into the space using small loudspeakers, sometimes called "emitters". This low level noise can interrupt, or mask, the hearing and comprehension of speech between others at a certain distance. The "privacy distance" will depend on factors such as the physical layout of the room, the acoustical interventions in place, and the level and spectrum of the masking sound. At the facility design stage, acoustical modeling can be done to achieve an adequate Privacy Index (PI).

For existing facilities, on-site acoustical testing can be combined with modeling and design evaluation to develop speech privacy solutions.

In addition to enhancing speech privacy, a sound masking system, along with other physical and administrative solutions, can provide a better sleep experience for patients. There is evidence that a well-designed, installed and commissioned (tuned) sound masking system can reduce noise disturbance awakenings in patient wings. This will result in better patient outcomes, higher survey scores and improved financial performance for the provider.

The acoustical quality of a facility is a vital part of the total facility improvement plan. A good start is to conduct an audit to assess the existing acoustical conditions. Then, include acoustical design upgrades in facility maintenance and capital improvement plans. The results will be rewarding.

Bennett Brooks is President, Brooks Acoustics Corporation. For more information, visit www.brooksacoustics.com or call (754) 229-1450.

Baptist Health Primary Care Opens New Office in Cutler Bay

Baptist Health Primary Care has expanded with a new office in Cutler Bay in the East Ridge community. This new location is open to all Cutler Bay residents, along with East Ridge residents. The Cutler Bay community is now able to make an appointment with primary care physician Rozan Razzouk, M.D., in this convenient new location, for all their healthcare needs.

Baptist Health Primary Care makes healthcare convenient, with extended hours, minimal wait times and same-day or next-day appointments with an available physician or advanced practitioner. Patients can renew prescriptions, get test results and communicate with their care team online. And with an on-site lab, dietitian and licensed clinical social worker, it’s easy to take care of all primary care services in one visit.

Florida Medical Center Opens Surgical Patient Recovery Suites

Florida Medical Center is proud to unveil The Specialty Surgical Suites, designed for post-surgery patients to return to good health. Located on the 5th floor of the hospital, the 31-bed unit will provide more space and greater privacy for patients and family members. The suites aim to deliver a VIP experience, offering private rooms and bathrooms, 32” flat screen TVs, family rooms, and quiet hours to promote rest and healing. Patients will have 24-hour access to the physical layout of the room, the acoustical interventions in place, and the level and spectrum of the masking sound. At the facility design stage, acoustical modeling can be done to achieve an adequate Privacy Index (PI).

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Regional Cancer Center Expanding

Planning is underway for the expansion of Lee Memorial Health System’s Regional Cancer Center, with the recent approval by the Board of Directors to begin contract negotiations with Skanska-Gates as construction manager at risk and HDR for architectural design services. Plans call for the addition of 24,000 square feet to the existing RCC, located near Interstate 75 and Colonial Blvd., to accommodate a growth in services, including expansion of the pharmacy, palliative care, genetic counseling and survivorship programs.

“The RCC has seen double digit growth every year since it opened in 2008,” says Sharon MacDonald, Chief Administrative Officer of Oncology and Home Health Services for Lee Memorial Health System. “Our multidisciplinary team offers a comprehensive approach to care and having these services provided all under the same roof makes a world of difference. In recent years, we’ve added genetics services and greatly enhanced care coordination through nurse navigators, requiring some of our services to move to another building nearby. Centralizing all services in one place again will be an invaluable convenience for those in our care. We anticipate growth in many of our services, and we are preparing for the future to best serve our patients.”

The RCC is a unique collaboration between Lee Memorial Health System, 21st Century Oncology and Florida Cancer Specialists and Research Institute - offering treatment for nearly every aspect of cancer care, all under one roof.

In addition to comprehensive, evidence-based care that is convenient, accessible and personalized, the RCC offers a healing garden, meditation room, deli and Cookie’s Place, a special boutique dedicated to men and women diagnosed with cancer, undergoing treatment or caring for a loved one. The shop boasts a huge variety, from high quality wigs and post-surgical and mastectomy forms and garments to essential oils, jewelry, soaps and other specialty items.

For more information or to be contacted when the school begins accepting applications, visit http://larkin.org/charter/charter-school/request-enrollment-information.

Cover Story: Larkin Community Hospital Plans to Open Charter Middle School as Part of Medical Campus

Continued from page 1

dle school students. The school would prepare students for degrees in health sciences and offer mentorships in the field. The hope is to turn homegrown talent into the next generation of healthcare professionals to serve the community’s healthcare needs.

In March, the Application Review Committee (ARC) of the Miami Dade County Public Schools voted to approve the Larkin Middle School for the Health Sciences. The ARC will now make a recommendation of approval of the charter school application to the Superintendent of Schools. The new middle school (grades 6th through 8th) will open August 2017 and be tuition-free for Miami-Dade County residents.

“We want to work closely with local hospitals,” he says. “If you are a healthcare employee in the area who has middle age children, we encourage you to consider our charter middle school.”

Dr. Michel adds that they plan to work with Miami-Dade College as well so high school graduates can earn their bachelor’s in a healthcare field. “A student would be able to do all of this in a 30-mile radius which is rather unique. There will be nothing like this program in the country as far as a healthcare provider with this level of involvement and participation. It will also be the first school in the nation to provide middle school students with a curriculum, mentoring and experiential learning in the health sciences.”

The school will be built at the hospital’s Health Sciences Campus, a 48-acre Campus located in Naranja Lakes. The campus will cover 55,000 square feet and be equipped with 30 classrooms, science labs, art room, music room, media center and a cafeteria/auditorium. The existing Larkin School of Nursing, College of Biomedical Sciences, and College of Health Sciences will also relocate to the campus in the future. Campus amenities will include college student housing, a library/media center, 100,000 square feet of medical/professional office space, and related support buildings.

First year enrollment is expected to be up to 330 students with a maximum enrollment of up to 792 students, according to Dr. Michel.

“We want to work closely with local hospitals,” he says. “If you are a healthcare employee in the area who has middle age children, we encourage you to consider our charter middle school.”

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What Is the 40-Year Building Recertification and Is It Required?

The 40-year building recertification is basically a structural and electrical safety inspection. Under Section 8-11(f) of the Building Code, owners of 40-year-or-older commercial buildings in Broward and Miami-Dade Counties must have structural and electrical safety inspections and every 10 years thereafter by a Florida registered professional engineer or architect who has the training and/or experience to do these inspections. The purpose of this safety inspection is to minimize building failure and keep people in and around the building safe. The property appraiser’s office generates and sends out the lists to the building departments in each city and unincorporated Broward and Miami-Dade Counties. Owners then receive a notice in the mail from the building department when the re-certification is due. Owners who maintain their buildings will be in the best shape for this recertification; however, all properties need to be proactive and review the inspection forms internally prior to receiving the notice in the mail, so any repairs can be addressed in advance, which can reduce costs. You can find the forms at www.miamidade.gov and www.broward.org. For any items outside the realm of internal expertise, contact an engineer and/or contractor to assist and provide reports, plans, specifications, and/or budgets.

One of the most commonly asked questions is if this inspection requires that owners bring their buildings up to current building code? The answer is no, given the cost of the repair does not exceed 25% of the assessed value of the system being repaired, i.e. railings, roof, etc. It is also contingent on the engineer and building official.

Once a 40-year safety inspection notice is received, building owners have 90 days to complete their safety inspections. If repairs are needed, then owners have an additional 150 days from the time notification is given in Miami-Dade and 180 days from the time the report is filed in Broward. This time frame can be extended with permits. Miami-Dade charges a $375 fee when the report is submitted. Fees vary from city to city in Broward, and owners/managers should contact their building department to get details.

If building owners do not comply, then a violation notice is given and the case is referred to the Unsafe Structures Unit for the initiation of condemnation proceedings. Daily fines, which can vary from city to city, may be issued along with the liability to pay all enforcement costs. Fines may quickly climb to $5,000 per day in some cities for repeat violations and owners are mandated to appear in front of the magistrate. Additionally, the building may be mandated to be vacated and demolished. If an owner is in default, they need to seek as quickly as possible an engineer with expertise in the 40-year building recertification. An attorney may also be needed.

There are some exemptions which include buildings under 3,500 square feet in Broward County and 2,000 square feet in Miami-Dade County. Miami-Dade also requires an occupant load of 10 or less. One- and two-family dwellings, government-owned buildings and buildings on Indian reservations are also exempt.

Danto Builders is a licensed and insured general contractor, and has completed hundreds of commercial and high-end residential projects in the South Florida area over the last 35 years. They have a separate division which specializes in concrete restoration, painting and waterproofing. Danto Builders also provides a CAM-approved course on “Understanding the 40-Year Building Recertification.”

For more information, contact Danto Builders at (954) 229-2006 or debbie@dantobuilders.com.

Comprehensive Medical Design

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.
As part of the initiative, Jackson Health System pledged to take a designated portion of profits from its annual income and reinvest it back into the hospital, creating a 10-year, $1.4 billion capital spending plan. Working with nationally recognized architects, engineers and designers, six major projects were defined, and in April of 2016, construction managers were competitively selected to begin work on the Christine E. Lynn Rehabilitation Center for the Miami Project to Cure Paralysis at UHealth/Jackson Memorial; a new tower at Jackson Memorial to house the adult emergency department, intensive care units, and the Miami Transplant Institute; the development of the Jackson West medical campus; overhauling the Jackson North and South campuses, and overall modernization of health system facilities.

Construction managers were encouraged to partner with local SBEs in a mentor/protégé relationship in order to provide on-the-job training in healthcare construction-management.

"Traditionally, the county has SBE-Cs on all projects; the percentage involved matches the scope of the work," explained Clark. "But we decided that this was not enough—we wanted to develop new general contractors in the field of healthcare; to help companies overcome the numerous barriers that prevent them from getting into healthcare facility design and construction."

"This was a first for Jackson," he continued, adding that because the health system is an arm of Miami-Dade County, it must remain race and gender neutral and could not request contractors to build in minority partnerships as part of their company profiles. "We did use mentorship language that encouraged contractors to bring on mentees that they would incorporate into their personnel, and we were pleased to see how many of them were excited about it."

Foster Construction of South Florida is one of the SBE firms that benefitted from this approach. An African-American, woman-owned general contracting firm that specializes in publically funded projects, the firm is partnering with Turner Construction, which will act as a mentor to the firm. "We’ve had a relationship with Turner Construction for the past six years, and have partnered with them to pursue large-scale projects in the past; this is the first project that we have landed as a team," said Adrian Foster, president, Foster Construction. "We are really excited to receive an opportunity to pursue a project in the healthcare arena; it will add another notch to our level of expertise."

The contractors will be replacing the current rehabilitation hospital on campus, collaborating from pre-construction to close-out. Said Foster, "Being surrounded by such seasoned superintendents and project managers, the amount of knowledge we will gain is incalculable; and this knowledge will filter back to the rest of the company, enabling us to pursue our own healthcare projects in the future."

"After the project is completed, we hope that these companies will remain sustainable, which will increase the talent pool of those with healthcare construction experience in the area, as well as provide more competition to drive down costs," added Clark of the win-win nature of the training program.

SBE-C protégé firms that were included in the solicitation process included four women-owned businesses, five African-American-owned businesses, and one Hispanic-owned business.

"As a contractor that has been in this community for many years, I really want to applaud Jackson and its team for putting together a program with teeth," said Foster. "They literally sat down and considered all of the possibilities to ensure that companies like Foster who find it so difficult to break into the healthcare market would have a real platform to gain this level of experience. It’s monumental for local contractors, and the community should feel good about how their money is being used to help out local businesses."

For more information about Jackson Health System, visit www.jacksonhealth.org.
Broward Health Coral Springs Kicks Off Hospital Expansion Project

Commissioners, hospital administrators, city officials and staff gathered for a groundbreaking ceremony to celebrate the hospital expansion project at Broward Health Coral Springs (BHCS). Expected to be completed in 2018, the 110,000-square-foot expansion includes four floors of healthcare services that will meet the needs of patients and their families. The ceremony included a showing of an artist's rendering of the new project that will include the following: On the first floor, we will offer labor and delivery, as well as C-section rooms for expectant mothers. On the second floor will be 28 private mother/baby post-partum rooms and a new 10-bed NICU. On the third floor will be 28 private med/surg beds, and on the fourth floor will be shell space for future clinical services.

Broward Health Coral Springs rendering of future expansion.

Delray Medical Center Opens Emergency Center in Lake Worth

Delray Medical Center recently opened the area's first stand-alone Emergency Center in Lake Worth. Designed for minimal wait times in a warm, home-like environment, the Emergency Center is an extension of Delray Medical Center's Emergency Department and offers the same high-quality treatment and diagnostic services in an easy-access location. The Emergency Center is equipped to handle serious conditions, such as lacerations, orthopedic and sports injuries, dehydration, abdominal pain, respiratory problems, head injuries, strokes and heart attacks. Additionally, the center features dedicated rooms for bariatrics, behavioral health, OB/GYN and trauma patients.

Pictured at the ribbon-cutting ceremony are (l-r) Daniel Millstone, Chief of Training, PBC Fire Rescue; Mark Bryan, CEO, Delray Medical Center; Robert Schulbaum, President, Alliance of Delray; Glen Harvie, President, COBWRA; Dr. Hank Wagner, Medical Director of the Emergency Center - Lake Worth.
Hospital Preparedness for the 2016 Hurricane Season

The time to finish mitigation projects and to finalize preparations for the 2016 hurricane season is upon all of us in healthcare. Over ten years have passed since those of us who live in South Florida experienced a hurricane landfall, and we must remain diligent in our resolve to be prepared for such an event. Hurricane preparedness does seem to fall off the radar as time passes by without a landfall and we now have many new healthcare professionals practicing in South Florida who have never experienced such an event. So, how do we, as healthcare professionals, practice our emergency management roles and responsibilities, especially in the realm of The Joint Commission’s Emergency Management Standards? One best practice technique is to have an exercise that examines our capabilities to prepare for, respond to, and recover from a hurricane event. Moreover, by following Homeland Security’s Exercise and Evaluation Program (HSEEP) methodology for exercise design and development, exercise planners have a platform for successful outcomes to an exercise. Hospital emergency managers and hospital planners, clinical and administrative alike, through HSEEP guidance, can find the tools and strategies to successfully navigate through the design for their hurricane exercise. By using this guidance, hospital planners can access a national, systematic, and common methodology for exercise program administration, focused design and development, exercise evaluation guides, compliance based improvement planning, improvement item prioritization, oversight tracking, and exercise program management.

The overall success of a hurricane exercise will be primarily based on the support and direct participation of hospital leadership. This support is important because leadership is responsible for ensuring budgetary assistance, facilitating internal communications to hospital staff, and championing each department’s hurricane exercise activities. Exercise planners need to design and develop their hurricane exercise through the explicit examination of capabilities, goals, and objectives. Such an approach is fundamental, and critical, to a focused examination of the hospital’s capabilities as they relate to resiliency and continuity of operations during and after a hurricane event. Exercise evaluation is fundamental to discovery of areas for improvement. Carefully designed evaluations must be laser focused on the nuances contained in each capability selected by the exercise planners. Ideally, the capability selections must have associated tasks and target areas of operations. Along with this concept of exercise, evaluation is that of training exercise evaluators. Evaluators must be intimately involved throughout the entire exercise planning process in order to be familiar with what they need to be observing and evaluating. They also need to be able to accurately record and analyze their observations and to tie their observations back to policies and plans that delineate or contain the capability being examined.

Lastly, The Joint Commission’s Emergency Management Standards specifically address that compliance to Elements of Performance involves documented improvement planning, prioritization, and tracking. Ideally, this is accomplished through the Emergency Management Committee. It is essential that all activities by the Emergency Management Committee in this regard be reviewed and approved by hospital leadership. An essential factor for a successful hurricane exercise program is the involvement and oversight of not only the hospital leadership and support in the conduct of the exercise program, but also by that of the Emergency Management Committee. This leadership not only is the responsibility of these two groups but also that of hospital Program Administrators, Supervisors and front-line hospital staff. We are all stakeholders in this endeavor. Successful exercise outcomes lead to resiliency. Resiliency leads to essential support for our communities. Support for our communities leads to recovery and a return to normalcy.

BY MICHAEL SELF

Hurricane Preparedness:
Red Cross Issues Safety Steps for 2016 Hurricane Season

With hurricane season fast approaching, the American Red Cross has steps people should take now to get ready for hurricane season which runs from June 1 to November 30. Hurricanes cause problems for people in coastal areas. But these storms can also cause damage hundreds of miles inland. “These are dangerous storms that can affect people living here in South Florida,” said Carlos Castillo, Regional Disaster Officer at the American Red Cross South Florida Region. “It’s time to get ready now, before a storm threatens.”

Get Ready Now

It’s the best way to be prepared for these dangerous storms. People should:
• Build an emergency kit with a gallon of water per person, per day, non-perishable food, a flashlight, battery-powered radio, first aid kit, medications, supplies for an infant if applicable, a multi-purpose tool, personal hygiene items, copies of important papers, cell phone chargers, extra cash, blankets, maps of the area and emergency contact information. Many of these items are available through the Red Cross Store at redcrosstore.org.
• Talk with household members and create an evacuation plan. Practicing the plan minimizes confusion and fear during the event.
• Be informed. Learn about the community’s hurricane response plan. Plan routes to local shelters, register family members with special medical needs as required and make plans for pets.
• People should also download the free Red Cross Emergency App to select up to 35 different severe weather and emergency alerts on their mobile device. The content includes expert guidance on what to do before, during and after different emergencies or disasters from home fires to hurricanes. All Red Cross apps can be found in smartphone app stores by searching for American Red Cross or by going to redcross.org/apps.

If someone already has a disaster kit, now is the time make sure the food and water is still okay to consume and that copies of important documents are up to date. If they already have an emergency plan for their household, they should talk about it again with family members so everyone knows what to do if an emergency occurs.

Help For Businesses, Schools, Organizations

The Red Cross Ready Rating™ program helps businesses, schools and other organizations prepare for emergencies that can disrupt daily operations. Ready Rating™ offers specific steps that organizations can take to be better prepared. It includes a planning tool to help their employees or members know what their roles are in the early hours of an emergency, what their next steps are, and a resource center with tools that help businesses, employees and students develop and practice preparedness plans. More information about this valuable program can be found at readyrating.org.

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BATTING THE ZIKA VIRUS

BY DANIEL CASCIATO

With mosquito season now under way, that also means mosquitoes that could potentially transmit the Zika virus. People usually don’t get sick enough to go to the hospital, and they very rarely die of Zika. However, pregnant women — and those who are trying to get pregnant — face the biggest danger with Zika since the virus can cause brain damage in a fetus. If you’re not pregnant, the disease affects you differently. Typically, you would see mild symptoms such as aches and fever (often low grade), rash, joint pains, “pink” eyes, or redness of eyes. “About one in five people infected with Zika virus are symptomatic,” says Abdul M. Memon, M.D., Chief Medical Officer for Disaster & Emergency Preparedness at Jackson Health System. “They can also get generalized aches and pains, headache, pain behind the eyes and/ or getting the eye red.” The way we know if somebody is infected is to suspect the infection, based on the travel history and/or presenting symptoms, and then do the appropriate laboratory test for Zika Virus Disease, after consultation with Health Department.”

In February, the World Health Organization declared the mosquito-borne illness a public health emergency of international concern. According to entomologist Chalmers Vasquez, who is also the Miami-Dade County Solid Waste Management Department, Aedes aegypti, the main vector of the Zika virus, is a mosquito species that has been associated with human habitation for thousands of years.

“This mosquito completes its life cycle in water-holding containers - manmade and natural - found in and around residences,” Vasquez explains. “The mosquito lays her eggs on the walls of the containers and the eggs hatch into larvae within hours after getting flooded by rainfall or irrigation.” This mosquito completes the larval and pupal stage in approximately one week, and two days later emerges as an adult. Adult mosquitoes actively fly for a short time at dawn and dusk and harbor in dark areas outside and inside homes.

“Aedes aegypti mosquitoes have a flight range of approximately two city blocks and show a strong preference for biting humans,” says Vasquez. “Aedes aegypti easily adapts to an environmental change and is distributed in tropical areas around the world.”

Jackson Health System has decided to tackle this concerning health issue head on by creating a Zika work group. This work group developed the Health System Protocol for Zika Virus Infection which is updated every two weeks based on the guidance that comes out of Centers for Disease Control and Prevention/ Federal Department of Health. This group has a representation from Obstetrics, Pediatrics, Infectious Disease, Infection Control, Emergency Department, Ambulatory Care/Primary Care Clinics, Laboratory, Occupational Health, Health Department, Public Relations, Disaster & Emergency Preparedness, selected hospital leadership and others.

The biggest concern regarding the virus, notes Dr. Memon, is the adverse pregnancy and birth outcomes most notably microcephaly (small head and small brain) and other serious brain abnormalities, other nervous system abnormalities, developmental abnormalities in the babies including seizures, visual and hearing abnormalities and intrauterine fetal death. There is also the risk of sexual transmission from male to female and from male to male from vaginal, anal or oral sex. Guillain-Barre Syndrome (weakness of arms and legs and in some cases weakness of muscles of face, weakness or limitation of eye movements, weakness of swallowing and breathing muscles etc) is very likely triggered by Zika in a small proportion of infection much as it is triggered by and after a variety of other infections, he adds.

Miami-Dade County has launched an aggressive trilingual “Drain and Cover” initiative to increase public awareness of simple steps that residents can take to prevent mosquito breeding and mosquito bites. The campaign includes radio, television and newspaper ads; outdoor and transit advertising; social media messaging through Facebook and Twitter; online display ads and search engine marketing, and production and distribution of “Drain and Cover” door hangers and information cards through County personnel, the Health Department and the Healthy Start Coalition - a state-funded agency providing health services to pregnant women and their family members.

“The public involvement is critical to our efforts to prevent mosquito breeding,” says Gayle R. Love, Division Director for Solid Waste Management’s Public Information and Outreach Division. “Residents should inspect their property at least once each week to drain any sources of standing water no matter how small.” This includes planters, kiddie pools, bird baths, buckets, pails, boat tarpas, and BBQ grills. Residents should pay special attention to bromelads and other container plants by flushing them weekly to prevent mosquito breeding.

“Be sure to apply mosquito repellent and cover skin with long-sleeved shirts and pants while outdoors to prevent mosquito bites,” says Love.

If you plan to travel out of the country this year to areas where the virus is already prevalent, Dr. Memon recommends adhering to the CDC’s travel advisories: www.cdc.gov/zika/prevention or wwwnc.cdc.gov/travel/page/zika-travel-information.

“CDC recommends that travelers to Zika areas, even if they do not get sick during travel, should avoid mosquito bites after returning to the U.S. for three weeks so they can avoid transmission, by mosquito bites, to others in this country,” says Dr. Memon. The CDC also recommends that women who have the Zika virus should wait at least eight weeks after symptom onset to attempt conception. Men with the Zika virus should wait at least six months after symptom onset to attempt conception.

“Potentially infected men with pregnant partners should either abstain from sex or use condoms consistently and correctly during intercourse for the duration of pregnancy,” says Dr. Memon. “Potentially infected women in any trimester should postpone travel to Zika risk areas, even if they do not get sick during travel, should avoid mosquito bites after returning to the U.S. for three weeks so they can avoid transmission, by mosquito bites, to others in this country,” says Dr. Memon. The CDC also recommends that women who have the Zika virus should wait at least eight weeks after symptom onset to attempt conception. Men with the Zika virus should wait at least six months after symptom onset to attempt conception.

In addition, men and women with possible exposure to the Zika virus - who are not experiencing the signs and symptoms of the Zika virus - should wait at least eight weeks after exposure to attempt conception.

“Healthcare providers should ensure that women who want to delay or avoid pregnancy have access to safe and effective contraceptive methods that best meet their needs,” adds Dr. Memon. “All pregnant or potentially pregnant women should let their healthcare provider know if they have travelled to a Zika area, or had unprotected sex with somebody who may have travelled to a Zika area or are having any one or more symptoms of Zika virus disease so that appropriate lab tests, and other tests as needed to evaluate status of pregnancy, and fetus, can be performed.”
Health Care District’s Trauma System Marks 25 Years of Saving Lives in Palm Beach County

Over the past 25 years, Palm Beach County’s Trauma System, which is funded and overseen by the Health Care District of Palm Beach County, has treated more than 64,000 traumatically-injured patients. Through an integrated system of dedicated professionals, many of those patients have been returned back home to live and work in their communities.

In April 1990, the Health Care District’s Board launched the Aeromedical Program when it approved the purchase of the first of two Trauma Hawk helicopters. In May of 1991, the coordinated Trauma System began providing lifesaving care to the first critically-injured patients at the two local trauma centers at St. Mary’s Medical Center and Delray Medical Center.

The Trauma System has since matured into a nationally-recognized system, featuring an efficient and integrated model of care. In 2015, the Trauma System treated more than 3,700 Palm Beach County residents and visitors.

This coordinated emergency-response system includes: employees with the District’s Aeromedical Program, which features two Sikorsky S76-C+ Trauma Hawk air ambulances; the county’s enhanced 911 communications and dispatch system; the county’s EMS providers, who support the Trauma System’s pre-hospital component; the trauma physicians, nurses and staff at the county’s two privately-operated Level 1 Trauma Centers and their rehabilitation facilities; and staff of the Trauma Agency, who daily oversee a system-wide quality management program and provide injury prevention outreach and education.

Since the Trauma System took flight in May of 1991, more than 14,500 patients have received safe, efficient air transport services and care through the District’s Aeromedical Program. The highly-skilled and experienced flight crew includes airline transport-rated pilots, a nurse who also is a state-certified paramedic, and an additional state-certified flight paramedic. The medical team members are Palm Beach County Fire Rescue personnel.
I joined ACHE as an active member in 2007 after graduating from the Masters of Health Service Administration program at the University of Michigan. During the course of my healthcare administration career, I have had the blessing and pleasure of serving in the local chapters in the areas in which I have worked–Knoxville, Cincinnati and now, South Florida. I have benefitted personally and professionally as a member of this premier organization.

Professionally, the organization provides a great opportunity to network with knowledgeable and influential healthcare leaders. These opportunities include attending local educational and networking events; attending the national conference; and most importantly, working with others in the capacity of committee members or even as a volunteer. These interactions, not only allow me to receive, but it ignites my passion to serve in the same capacity to today’s early careerists and students. Personally, I have simply made great life-long friends.

As part of my continual professional growth, membership in ACHE provides access to unparallel resources related to the diverse, dynamic and current affairs of the healthcare industry. In addition, it provides resources for career development including one-on-one mentorship; development of leadership skills; and preparation tools to attain fellow status – a highly regarded and premier credential for healthcare management. Currently, I am the principal of FUNMI Healthcare Consulting which focuses on physician practice management – operations, finance and business development, ambulatory care management, project management and strategic planning. Prior to that I served as the director of physician surgical operations, operations project manager, regional planning specialist and performance excellence project leader for multidisciplinary hospital operation and quality improvement team, and as a management fellow with responsibility for day-to-day ambulatory clinical and business operations of a health system. Prior to my career in healthcare administration, I served a project manager for a clinical research organization and before then, as a research associate in the field of breast surgical oncology in an academic medical center during which I published a research article in the American Journal of Surgery.

The positive experience with ACHE has allowed me to remain a loyal member and even inspired me to give back to the professional community. Thus, I am very proud to serve as board member for the South Florida Chapter - South Florida Health Executive Forum (SFHEF). I strongly encourage all in positions of service in any capacity–integrally or remotely, in the healthcare industry, to join this prestigious network.

Until next time, I’m Bukky Ogunrinde … Let’s Connect!

Bukky Ogunrinde, 2016 Sponsorship Chair-elect, can be reached at funmhc@gmail.com. For more information about SFHEF, visit www.sfhef.org.
IRMC Welcomes Sarah Mondano as Director of Musculoskeletal Services

Indian River Medical Center (IRMC) welcomes Sarah Mondano, B.S.N., as the new Director of Musculoskeletal Services. Mondano most recently worked at the Visiting Nurse Association of the Treasure Coast as Vice President of Business Development and Sales. She earned her BSN at Duke University School of Nursing in Durham, NC, and brings more than 25 years of nursing and administrative experience to IRMC.

Tenet Florida Physician Services Names Heather Woolf New Chief Operating Officer

Tenet Florida Physician Services (TFPS) announced Heather Woolf, R.N., has been named Chief Operating Officer of the multi-specialty physician practice. Heather Woolf joined TFPS in 2013 as the Chief Development Officer responsible for the growth of the various specialty practices. Prior to joining Tenet Florida Physician Services, Woolf served as the Associate Administrator – Director of Business Development at Good Samaritan Medical Center. Woolf is a licensed Registered Nurse with over 15 years of clinical experience in both acute care and outpatient settings.

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Robert Lee Appointed CEO of Plantation General Hospital

HCA East Florida announces the appointment of Robert Lee as CEO of Plantation General Hospital (PGH). Lee will start his new position at PGH on June 1, 2016. Lee has been with HCA's East Florida Division since 1992 holding various leadership roles in Broward, Palm Beach and the Treasure Coast. Lee comes to PGH from his most recent position as CEO at Raulerson Hospital in Okeechobee, Florida. As CEO of Plantation General Hospital, Lee will oversee the operations of the 264 bed facility which has nearly 10,000 admissions per year and more than 66,000 emergency room visits annually.

Prior to moving to Florida and joining HCA in 1992, Lee started his career in healthcare as a Licensed Radiologic Technologist in New York where he worked at Mount Sinai Astoria General Hospital and Long Island Jewish Hillside Medical Center. He earned his Bachelor of Business Administration from City University of New York, Baruch and MBA from New York Institute of Technology.

Martin Health Welcomes New Board Members

New members were recently welcomed to the board of directors of Martin Health System, Martin Medical Center and Martin Health Foundation.

Joining the Martin Health System board of directors are John Fedorek, CPA, and Theora “Bunny” Webb. Community members who have joined the Martin Medical Center board of directors are Michael Brown, Jr., John Doody, Jeffrey Glickman, M.D., and Howard Robbins, M.D.

Joining the Martin Health Foundation board of directors are Merle Ginsburg, Peter Grimm, and James Mondello.

West Boca Medical Center Appoints New Chief Operating Officer

West Boca Medical Center welcomes Ryan Lee as its new chief operating officer.

Coming from South Carolina, Lee began his tenure at Tenet Healthcare in 2013 as the director of physician services at Coastal Carolina Hospital. From there, he was promoted to associate administrator where he made a noteworthy impact in several key areas. He was involved with a number of crucial growth and development projects, including the expansion of the Women’s Pavilion, the addition of the MRI suite and the renovation of the Operating Room. Lee also played a lead role in the construction of the hospital’s new Observation Suite and Cardiac Rehabilitation Unit.

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addressing all of the challenges we face. We have a process in place to ensure that we are in compliance with our contracting procedures. In addition, from a financial standpoint we need to make sure that we are financially viable and we’re making some significant progress there.

In addition to addressing these challenges, Grant says above all, they need to continue to provide quality care to the residents of Broward County.

“Our biggest challenge is to make sure that every single day, we do that and we do that well,” she says. “We have to make sure that we keep our patients safe and that the patient experience is an outstanding and exceptional one. That means we have to listen attentively to our residents and the patients that we serve. As the needs change, we try to meet those needs.”

For example, Grant points to six new operating rooms and a new 52-bed emergency room being built at Broward Health North that will open by the end of summer. In addition, Broward Health Coral Springs announced its hospital expansion project this past spring. Expected to be completed in 2018, the 110,000-square-foot expansion includes four floors of healthcare services that will meet the needs of patients and their families. The new project includes the following: labor and delivery, as well as C-section rooms for expectant mothers, 28 private medical/surgical beds, and shell space for future clinical services.

Projects like these are all aimed at providing greater access to quality, patient-centered care to residents in western Broward County, according to Grant. “This is a way to show our commitment to the community to meet the increasing needs of the populations we serve.”

What makes Broward Health different, notes Grant, is that not only do they provide an array of services to the community that covers all specialties and all areas of healthcare, but they are also a safety net for the community.

“We provide services to any patient or resident of Broward County who is uninsured or under-insured through our network of clinics in the community as well as in our hospitals,” she says.

Another way Broward Health serves the uninsured is through its Healthcare for the Homeless Program which offers an on-site Health Care Unit to provide physical examinations and evaluates the additional health concerns of each program participant.

Having been in healthcare for all of her working life, what’s most rewarding for Grant is simply knowing that everything that they do is to make a difference in someone’s life, whether it’s a patient or an employee.

“What I find most rewarding is to be able to coach and mentor those who I am responsible for and help them to develop into outstanding leaders,” she says. “I feel that is the most significant thing I can do—help those I am responsible for become better than I am.”

Grant is looking forward to leading Broward Health into the future. Broward is in the midst of developing its strategic initiative for the next 6 months, 12 months, and 3 years.

“This will serve as a roadmap for the future of Broward Health,” she says. “And it’s a future that holds much promise because of the great nucleus of physicians and employees we have. That is what makes us great—our entire team who is here every day providing tireless care for every single patient. We will be here years from now doing great things because we employ outstanding people and physicians. I see a bright and positive future for Broward Health.”

For more information, visit www.browardhealth.org.

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Lee Memorial Health System to Be Known as Lee Health

Lee Memorial Health System will officially mark its 100th anniversary on October 3, and begin a new century of caring as Lee Health. The new name and graphic logo, approved by the Board of Directors, will more accurately reflect the future direction of health care delivery, while retaining elements of its rich history. Like the national health care environment, the local health care system is positioned for the future, transforming from a provider of episodic health care to partnering with the community and individuals to live a healthy life.

The new identity is simple and familiar, yet modern and vibrant – reflecting the health system’s commitment of shaping, supporting and inspiring our community’s health and well-being. The graphic element represents the unity of all system entities, and suggests continued growth in response to community need.

The legal name of the organization will remain the same, as well as individual facilities within the system, including all hospitals and existing outpatient facilities, however, plans are to incorporate Lee Health and the new graphic into existing signage and collateral throughout the health care system.
Cover Story: Aurelio Fernandez Promoted to CEO of Memorial Healthcare System

Continued from page 1

years - to become the safest healthcare delivery system in the United States, putting the patient first and being able to become a destination site for a variety of services whether it’s cardiology, oncology, neurosciences, pediatrics, or rehabilitation services.

“Our mission is simple - to heal the body, mind and spirit of those we touch,” says Fernandez. “Everyone in this organization knows the meaning of that mission.”

Fernandez takes over for former CEO Frank Sacco who retired after a more than 40-year career. Fernandez, who was born in Havana, Cuba and a resident of South Florida for the past 55 years, has been a healthcare professional for over 40 years in the Tri-County market. Nine years ago he joined Memorial Hospital Miramar as CEO. He was promoted to Executive Vice President and Chief Operating Officer for the Memorial Healthcare System in 2012.

Prior to joining Memorial Healthcare System, Fernandez spent 11 years in a variety of positions with Tenet Healthcare, including CEO at Hialeah Hospital and Florida Medical Center as well as Executive Director for Tenet Network Management. During the 1990’s, Fernandez was CEO of Palm Med Health Services specializing in physician ventures as well as actively participating in organizing physician hospital organizations.

One of Fernandez’s goals moving forward is to continue to shape and mold Memorial into a regional healthcare destination. Fernandez believes that there is no reason for anyone in South Florida to leave the region to address their healthcare needs.

“We want this to be a place where patients seek our services because of the safety and quality of the care that is being provided,” says Fernandez. “Differentiating ourselves as the safest healthcare delivery system is one of my main objectives. We do that by engaging our staff - 12,000 employees and 2,000 physicians - by creating educational opportunities, as well as investing significant dollars in technology to assure the care that is being provided is as safe as possible.”

What distinguishes Memorial from other healthcare systems statewide and nationally, according to Fernandez, is the culture that permeates throughout the organization. He points to its low turn-over rate.

“We have a huge retention percentage of our employees,” he says. “That’s because our investment is in our people, our most valuable resource. We invest a lot in people and their education so we can enhance their ability to better themselves. When you invest in your people, it pays off by creating an environment where people look forward to coming to work and caring for those who seek our services. When you have a happy workforce, you tend to provide a different type of care — a more compassionate and meaningful level of care.”

Another factor that distinguishes Memorial in the healthcare field, notes Fernandez, is its Patient-Family Center of Care philosophy within the organization where family members are encouraged to be with the patient at all times.

“Who knows that patient better than a family member or a spouse, grandmother, sister or brother? You will never hear at our hospitals that visiting hours are over,” says Fernandez. “We encourage family members to stay with the patients for the duration of their admission. We encourage them to be with the patient preoperatively or even stay with them after the surgery in the recovery room.”

As one of his first and many initiatives, Fernandez hopes to continue to attract talented physicians to the area. In fact, Memorial plans to open a graduate medical education program for physicians next summer.

“Medical students will be able to do their medical residency and rotations through our system. By providing that kind of environment, the South Florida market should benefit by having more physicians stay in the area where they are trained,” Fernandez says. “Through this approach, we can train physicians to put the patient first and how to communicate with the patient.”

For more information, visit www.mhs.net.

Cover Story: Aurelio Fernandez Promoted to CEO of Memorial Healthcare System

Cover Story: Aurelio Fernandez Promoted to CEO of Memorial Healthcare System
Orthopedic Care Center Welcomes, Frank Buttacavoli, MD

Orthopedic Care Center welcomes Dr. Frank Buttacavoli as its newest orthopedic surgeon. An expert in minimally invasive hip and knee repair and replacement surgery, Dr. Buttacavoli specializes in the treatment of various conditions of clinical interest, such as joint and bone repair, dislocations, sprains, fractures, osteoarthritis and rheumatoid arthritis. Dr. Buttacavoli earned his medical degree in 2009 at the University of Miami Miller School of Medicine. He completed his orthopedic surgery residency in 2014 at the University of Texas Health Science Center. Dr. Buttacavoli also completed an adult reconstruction fellowship in 2015 at Brigham and Women’s Hospital, Harvard School of Medicine, in Boston.

Lee Memorial Health System Welcomes New Rheumatologist

Marilu Colon-Soto, M.D., recently joined the professional staff of Lee Physician Group – Rheumatology.

Dr. Marilu Colon-Soto

Marilu Colon-Soto, M.D., recently joined the professional staff of Lee Physician Group – Rheumatology. She completed her medical degree at the University Central del Caribe, Bayamon, Puerto Rico. She completed an internal medicine residency and an infectious diseases fellowship at VA Caribbean Healthcare System in San Juan, Puerto Rico. and an internship in rheumatology at the University of Puerto Rico, San Juan, Puerto Rico.

Lower Keys Medical Center Welcomes Plastic Surgeon Dr. Jeffrey Weinzweig

Board certified in Plastic Surgery, Jeffrey Weinzweig, M.D., joins the Medical Staff at Lower Keys Medical Center. He brings with him over 14 years of orthopaedic and spine surgery experience to Key West. Dr. Weinzweig comes to Key West from Miami where he was Assistant Professor, Department of Orthopaedics, Division of Spine Surgery and Assistant Professor, Department of Neurologic Surgery at University of Miami School of Medicine. During his time in Miami he achieved the title of Chief of Orthopaedic Surgery at University of Miami Hospitals/Sylvester Cancer Center. He was also awarded the Outstanding Teacher at University of Miami Department of Orthopaedic Surgery. Dr. Weinzweig currently splits his time between Miami and Key West.

Lower Keys Medical Center Welcomes Orthopedic and Spine Surgeon Dr. Jonathan Gottlieb to Its Medical Staff

Board certified in Orthopaedic Surgery, Jonathan R. Gottlieb, M.D., joins the Medical Staff at Lower Keys Medical Center. He brings with him over 14 years of orthopaedic and spine surgery experience to Key West. Dr. Gottlieb comes to Key West from Miami where he was Assistant Professor, Department of Orthopaedics, Division of Spine Surgery and Assistant Professor, Department of Neurologic Surgery at University of Miami School of Medicine. During his time in Miami he achieved the title of Chief of Orthopaedic Surgery at University of Miami Hospitals/Sylvester Cancer Center. He was also awarded the Outstanding Teacher at University of Miami Department of Orthopaedic Surgery. Dr. Gottlieb currently splits his time between Miami and Key West.

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Coral Gables Hospital Honored for Outstanding Contributions to Victims of Crime

In recognition of National Crime Victims’ Rights Week (NCVRW) in April, Coral Gables Hospital received the “Justice for All Award” for its outstanding contributions to victims of crime. Representatives from the Coral Gables Police Department and the Miami-Dade State Attorney’s Office visited the hospital to present the award to the administrative team. Through this year’s theme – Serving Victims. Building Trust. Restoring Hope. – NCVRW aims to inspire the community, raise awareness of victims’ rights and emphasize the importance of early intervention.

Palm Beach Gardens Medical Center Honors Extraordinary Nurses

Palm Beach Gardens Medical Center is proud to recognize and show appreciation for its nursing staff by participating in the DAISY Foundation’s nursing award celebration. During the hospital’s most recent awards ceremony, Kathy Olsen, R.N., was selected as the winner. She has been working in the cardiac rehabilitation department for 18 years and is not only an exceptional nurse, but is extremely thoughtful and genuinely cares about her patients.

Thomas Ellison, Broward Health Regional Manager, Trauma Services, Receives National Recognition

Thomas Ellison recently received national recognition for reaching a significant milestone in the nursing profession. Since 1994 he has consistently maintained CCRN® certification through AACN Certification Corporation. Thomas is one of 1,079 CCRNs being honored this year by the corporation and the American Association of Critical-Care Nurses for 20 years of continuous certification.

Thomas started his nursing career in 1976 after graduating from Mid Trent College of Nursing and Midwifery. Prior to becoming the Regional Manager of Trauma Services at BHN Thomas’s specialty of care was in Trauma Management for the Florida Department of Health. During his 20 years as CCRN, he worked in various roles such as Trauma Director, VP of Trauma Services, and recently for the Department of Health In Tallahassee.
Serving Those Who Served Our Country Requires Specialized Care

Past military service profoundly affects America’s veterans and their families as they age, and creates unique clinical, emotional and spiritual issues as they approach the end of life. VITAS Healthcare, the nation’s leading provider of end-of-life care, understands their special needs and provides many useful services to ensure the best possible end-of-life experience for the men and women who served our country.

Nancy Auster, R.N., personifies this drive to help veterans. After serving in the military herself, and working more than two decades as a nurse for VITAS, Auster jumped at the opportunity to serve as a veteran liaison—a role she finds profoundly affecting.

“During my military service, the women who served our country provided me with an experience that changed me as a person,” Auster said. “Not only is it heartwarming to see how veterans react when they see their memorials, but it’s especially touching to witness their return flight home and find dozens of families, friends and community supporters gathered at the airport’s arrival terminal happy to celebrate their safe return home.”

### Unique Hospice Care Needs

Veterans have unique needs. For many with post-traumatic stress disorder, for example, facing the end of life can bring unresolved issues to the forefront. “If we don’t take the time to help our veteran patients resolve certain issues or fulfill unmet goals, their passing will not be as comfortable as it could be.”

Also, veterans generally do not like to report when they’re in pain, Auster said. “Starting with basic training, military culture encourages soldiers to be stoic. Here they are 50 or 60 years later, and they may need hospice care, but they still are not going to tell you they are in pain.”

VITAS’ specially trained hospice staff understands how to approach and interact with veterans at the end of their lives. “While we are proud to provide excellent individualized care to all hospice-appropriate patients, veterans receive a specialized level of care that meets their specific needs.”

### Bedside Salute

VITAS cares for approximately 450 veterans in South Florida. One of the unique ways VITAS honors them is by coordinating special bedside salute ceremonies to pay tribute and properly acknowledge them for their dedicated service to our country. Auster pins each veteran with an American flag and presents them with a certificate of appreciation and a special patriotic blanket made with love by VITAS volunteers. After reciting a poem and singing patriotic songs, “we all give the veteran a nice big hand salute to show our appreciation for their service.”

One particular bedside salute stands out to Auster. A Vietnam veteran with advanced cancer linked to exposure to Agent Orange remained silent throughout the ceremony. “We said, ‘Thank you for your service,’ and with a Vietnam veteran you always say, ‘Welcome home.’”

“All of a sudden he said, in a faint whisper: ‘I’ve waited 48 years to hear that.’”

### Rewarding Experiences

Auster also met an original member of the Tuskegee Airmen, the first African-American combat pilots in U.S. history that fought in World War II, and Vietnam veterans to Washington, D.C., to visit their war memorials. “Honor Flight is another experience that changed me as a person,” Auster said. “Not only is it heartwarming to see how veterans react when they see their memorials, but it’s especially touching to witness their return flight home and find dozens of families, friends and community supporters gathered at the airport’s arrival terminal happy to celebrate their safe return home.”

### Maximizing Benefits

As a veteran liaison, Auster works with the Veteran Affairs (VA) system—answering questions and providing valuable information about medical, financial and burial benefits. “Sometimes veterans don’t realize they’re eligible for several benefits that could improve their quality of life. I’ve connected hundreds of veterans with services and organizations that made a big difference for them.”

Even though Auster sees up to five veterans each day, there are always more veterans in need. “I wish there was more time in the day that I could devote to helping veterans fulfill their end-of-life wishes.”

For more information about our end-of-life care for veterans, visit http://www.vitas.com/hospice-care-services/caring-for-veterans.
Massive Boomer Increase Is Healthcare Game Changer

For decades, experts predicted an industry-changing impact on healthcare, the result of tens of millions of baby boomers reaching retirement age. In Florida, home to the nation’s largest population of people 65 and older, the effect would be particularly great. Today, the question is not only whether healthcare providers are prepared to meet the enormous demand for care, but what can be done to more effectively treat the chronic health conditions affecting a massive older population?

Since 2014, three million baby boomers, Americans born between 1946 and 1964, have reached retirement age every year. According to the Pew Charitable Trust, nearly 20 percent of Florida’s population is 65 and older, the highest percentage in the country. The trend, which is already being felt here, requires both physicians and healthcare providers to change the way they think about patient care, said Tomas Villanueva, D.O., chief of primary care for Baptist Health Medical Group, part of Baptist Health South Florida. Impending physician shortages, as well as the physical and psychosocial aspects of aging - combined with the numbers - require strategies that not only maintain, but improve patient care.

Team Approach to Care

T
he month of June 2016 is special for RehabXperience: on this month, RehabXperience is celebrating 11 years of exceptional outpatient physical therapy service in South Florida. In June 2005, RehabXperience opened its first outpatient clinic in Sunrise, Florida. Today, RehabXperience is a recognized provider delivering outstanding clinical outcomes and excellent service.

Personalized treatment plans and hands-on care are part of RehabXperience’s success story. RehabXperience is combining best physical therapy practices with the most up-to-date techniques and the latest technology to maximize clinical outcomes. They are working tirelessly to become the market leader and the standard in clinical outcomes, cost-effectiveness, and service.

The 11 years that RehabXperience has practiced physical therapy in South Florida was a time of renewal, growth, and improvement; all of which was accomplished with its talented and dedicated team members. In the past and today, they work as a team to fulfill the main purpose of RehabXperience – improving lives through treatment, education, and service.

RehabXperience is currently employing 11 clinical and administrative professionals. “The drive, experience, and genuine care of our team members are a source of pride to all of us. We truly appreciate their dedication to our patients and loyalty to our endeavor,” says Ofer Amit, Managing Member of RehabXperience.

“I am grateful to the patients who trust their health in our hands and to the many who encourage family members and friends to choose RehabXperience. I am especially thankful to the physicians and our healthcare colleagues who realize the value of our work and care and enthusiastically recommend us,” adds Colette Amit, PT, MSHA, ATP, Chief Clinical Officer of RehabXperience.

Looking forward, RehabXperience is aiming to make its unique approach to outpatient physical therapy available to more patients in South Florida. As a first step, RehabXperience is acquiring additional space to open its Plantation clinic later this year. “We hope that our work contributes to our patients’ overall well-being, success and happiness that permeate to their family, friends and the community as a whole. We hope that our work helps build prosperous communities for years to come,” concludes Colette Amit.

The Future Is Now

While his patients range in age, Dr. Villanueva says, he is already seeing a shift. “Our primary care physicians are seeing a lot more boomer patients than they were before. Last week the youngest patient I saw in my practice was actually 89 years old,” Dr. Villanueva says. “The fastest growing population in our nation is actually octogenarians.”

Many boomers live active lives, continuing to work and travel, and cannot imagine life in a nursing home or assisted living facility. In 2012, more than 26 million Americans suffered from diabetes, Dr. Villanueva said, the traditional healthcare model was reactive, leaving healthcare management and follow-up in the hands of patients so that “what happens no matter how sick you are is entirely up to you.” With the team approach, depending on the number of health conditions a patient has, a case manager follows up to help ensure that the patient is taking medications and following the doctor’s instructions. Virtual visits will also allow doctors to come into patients’ homes to check their health and well-being and make sure they are taking prescribed medications.

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South Florida Hospital News
N ow more than ever, the complexities of eldercare benefit from diverse perspectives.

Having spent most of my career in a major hospital system, bioethics committees were a given within the hospital management structure. These committees play an increasingly important role in decision-making as medical advances, new technologies and health reform present new opportunities and challenges for clinicians and administrators.

So it was surprising to me to learn that in the long-term care sector bioethics committees are not the norm. Eldercare and end-of-life care often involve complex and nuanced decision-making that it seemed to me bioethics committees would be of great value. I was inspired to establish a bioethics committee for the long-term care sector to consider the long-term care sector bioethics committee for review.

Now all hospitals have a bioethics committee required by accreditation, but in long-term care it’s not so prevalent. Ethical issues are an inherent part of long-term care. Strong bioethics committees can serve an educational function for staff, as a supportive resource for administrators, clinicians, family members and others involved in the caregiving process.

It’s important bioethics committees include diverse perspectives. In structuring our committee, we reached out to doctors, nurses, social workers, clergy, patient representatives, and other healthcare professionals. Diversity of experience and expertise proves valuable especially when you think about the many types of situations that can come before a long-term care bioethics committee for review.

Diverse Situations

The rise of bioethics committees, especially in acute care settings, can be attributed in part, to the tremendous media attention sparked by high profile end-of-life controversies: Karen Ann Quinlan in the 1970s and more recently Terry Schiavo are two examples. Such cases demonstrate the need for including multiple perspectives and expert opinions when making care decisions.

It’s important bioethics committees can serve an educational function for staff, as a supportive resource for administrators, clinicians, family members and others involved in the caregiving process.

If you are unable to attend, sign up for an upcoming Webinar
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Dr. Ann-Lynn Denker, Chief Clinical Officer, Plaza Health Network, can be reached at (305) 917-0400.
Tips for Talking to Your Loved Ones about Home Health Care

BY VANESSA ORR

One of the most difficult things to face in life is realizing that our loved ones, who have always been able to live independently, may no longer be able to take care of themselves. No matter how positive a relationship you have with your parents or senior family members, it’s still a very difficult discussion to have, and one that is emotionally taxing for all involved.

According to Joe Martin and Rosie Inguanzo-Martin, cofounders of Allegiance Home Health & Rehab, there are ways to approach the subject that can result in a more constructive conversation. “When you discuss these types of issues, the chances are very high that your parent or loved one will not see things the same way you do,” explained Joe. “You believe that they need additional support; they may think that you’re taking away their independence. But you need to have a heart-to-heart and tell them about the things that you’re noticing.”

“One of the best ways to do this is to remove the emotional aspect from the conversation—to avoid personal judgments,” added Rosie. “For example, instead of saying, ‘Last Wednesday, I walked in and the house was a mess,’ say something like, ‘I notice the laundry has built up—do you need help?’ Base your conversation on facts instead of emotions.”

While it’s easier for those who live near their loved ones to monitor what’s going on—to see expired food in the refrigerator or that mail is not being picked up, for example—people who live farther away may have a more difficult time discerning if the person needs help. For this reason, Joe suggests asking open-ended questions during phone calls, which requires them to provide more complete responses instead of yes or no answers.

During the conversation, it is likely that your loved one will have a number of objections, the most common of which is that they are fine and don’t need help. Another is that they are worried that by having someone come into their home to help, they are losing their independence. “The truth is, when they have someone to go to the store to get them fresh, healthy food, or to do their laundry so that they have clean clothes, they are able to remain independent longer,” said Rosie.

“Without this kind of support, they may not make it to doctors’ appointments, or out to socialize with friends, or to the store to run errands,” she added. “When they’ve got a caregiver to help with dressing, hygiene and driving, among other things, they are able to get out into community and maintain their social independence. They remain healthier as a result of having a caregiver who will remind them to take their medication—who makes them healthy meals and takes them out for physical activity. And having someone checking in on them daily, or weekly, keeps them safe.”

Depending on a client’s needs, Allegiance can provide both non-medical and medical services. Medical services include skilled nursing, physical therapy, occupational therapy, speech therapy, nutritional counseling and social services provided by licensed clinicians. Non-medical services include personal care assistance such as bathing and dressing, homemaking—including meal preparation and light housekeeping—and companionship and transportation.

Because many older adults are wary of allowing strangers in their homes, Allegiance employees are fully vetted. “Most families who have a loved one in needfigure out a way to make it work, and we try to make it as easy as possible for them.”

To learn more about Allegiance Home Health & Rehab, visit www.AHHRehab.com or call 561-367-0711.

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When It’s Time for Hospice, Check Your Apple Watch

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Joe Martin and Rosie Inguanzo-Martin, cofounders of Allegiance Home Health & Rehab
Overtime Rule for Home Care Workers is a Mixed Blessing for Consumers and Caregivers

On January 1, 2016, the Department of Labor rule extending federal wage protections to the nation’s home health care workers under the Fair Labor Standards Act was fully enforced after a period of discretionary enforcement that began October 12. Home care workers now are entitled to the federal minimum wage and time-and-a-half pay for overtime beyond 40 hours per week.

These new government protections are positive for several important reasons, the first of which is that they recognize home health care as professional work that should be held to high standards and compensated fairly. The wage requirements provide income security to caregivers, most of whom locally are women and many of whom immigrated to America in search of a livable wage. In addition, it is an important first step in preparing for the reality that with 76 million “Baby Boomers” born between 1946 and 1964, there will be a need in the years to come for more home health caregivers than ever before. Fair wage protections will make it easier to recruit and retain good workers.

However, these regulations also have some worrisome consequences for both clients and caregivers, the most troubling of which is the impact on continuity of care. Continuity, which is so important for patients with Alzheimer’s and other disorders related to old age, is now a privilege for only those who can afford it. It now costs 50 percent more to have the same caregiver work in a client’s home beyond 40 hours per week, an increase steep enough to force all but the wealthiest clients to avoid overtime rates by hiring consecutive caregivers limited to 40 hours each. The ramifications are most dramatic for clients who need around-the-clock care.

In the past, it was not unusual for some caregivers to stay beyond 40 hours, after the weeks hardest work was done, and be a companion for someone who otherwise would be spending the hours alone. Overtime rules have eliminated that opportunity for many, forcing them to get additional work as independent contractors with other providers. The result is that they are working harder than before to make the same amount of money, which raises concern for their wellbeing and consequently for client care.

Since the new regulations were approved in October 2015, our agency has received many calls from wealth managers, attorneys and families who help manage the lives of elderly clients and want to make sure they are working with a home healthcare agency that operates lawfully and provides only W-2 employees.

Most providers in the state utilize independent contractors, not employees. Florida is one of only a handful of states that allows the nurse registry model for home care in which caregivers are independent contractors, meaning they are not supervised, insured, bonded, and in many instances, not paid overtime for hours worked over 40 per pay period. This model of care puts the consumer at risk of being responsible for payroll taxes, overtime pay, and of being liable for a work place injury or covering the costs of missing items. Alternative Home Care Health maintains an employee model and only provides W-2 employees to ensure our clients and their homes are fully protected.

There are many reasons why employee-based models are best for clients and caregivers. Having full-time employees on the payroll gives the home care agency more control over service delivery. We are responsible for payroll taxes, overtime pay, and worker’s compensation insurance, in addition to providing benefits such as major medical insurance and a 401k. Unlike nurse registries, we have the ability to address client’s concerns and provide supervision and direction to our caregivers.

In the home health industry, happy caregivers mean happy clients. Agencies, caregivers and clients currently are trying to adapt to the new regulations and protect the aging population from any sort of deficient care. The transition is challenging, but we remain hopeful that it will be positive for everyone in the long run.

Zachary Desmond is executive administrator of Alternative Home Health Care. He can be reached at ZachDesmond@alternativehomehealth.com or (954) 622-0588.
June 9-10
SFHHA Healthcare Summit
The 2016 SFHHA 10th Annual Healthcare Summit will be held June 9-10 at the Signature Grand, 6900 State Road 84, Davie. For more information, Dana Seckel at (954) 964-1660 or dseckel@sfhha.com. To register, visit www.sfhha.com.

June 17
Infant Mortality Community Meeting
The Florida Department of Health in Miami-Dade County is pleased to announce it will be hosting a community meeting to discuss Florida Healthy Babies on Friday, June 17 from 8:30 a.m. - 3:30 p.m. at Signature Grand, 6900 State Road 84, Davie. For more information, call (305) 278-0442 or visit www.flhealth.gov.

June 23
South Florida Healthcare Networking Group Meeting
You are invited to the monthly meeting of the South Florida Healthcare Networking Group (SFHNG) hosted by Broward Health North on Thursday, June 23 from 7:45 to 10 a.m. Please Download the reservation form at the website www.southfloridahospitalnews.com or call (561) 368-6950.

June 24-26
Baptist Health South Florida’s Primary Care Focus Annual Symposium
“One of the best primary care CME meetings I have attended!” That’s what attendees say about Baptist Health South Florida’s Primary Care Focus Annual Symposium. Join us Friday - Sunday, June 24 - 26, at the Marco Island Marriott Beach Resort – Florida. Topics include healthy living, allergies, endocrinological disorders, women’s health, heart attack prevention, mental health update, evaluating the pain patient, sleep disorders, surgical options and more. Details at PrimaryCareFocus.BaptistHealth.net. Group discounts for three or more physicians registering together.

September 7
Broad and Cassel Health Forum
The Sixth Annual Broad and Cassel Health Forum will take place Wednesday, September 7 from 12 – 6 p.m. at the Seminole Hard Rock Hotel & Casino, 1 Seminole Way, Hollywood. Get the most up-to-date health care information for physicians and health care executives from national and local experts in the industry. For more information, contact Elizabeth Levine at (407) 839-4229 or elevine@broadandcassel.com.
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