Healthcare Real Estate, Construction

'Speed to Market' New Trend in Healthcare Construction

BY LOIS THOMSON

"Speed to Market" is a constant in healthcare construction. Frank Vilar, President of OHL-Arellano, a Florida healthcare leader, does not see this trend going away soon. "Our clients have an immediate demand for space. Owners are in a hurry to get their projects completed to get their patients in." Establishing healthcare brands in a particular territory is very competitive, and clients rely on OHL-Arellano for "Speed to Market."

Arellano Construction Co., a local healthcare construction leader, was founded in 1974, and entered into an alliance with OHL – a leading, global healthcare firm – in 2008. Vilar has been associated with the company for more than 30 years, is quite familiar with the industry, and does not believe the speed-to-market concept is going to slow down.

"I see a substantial increase in the planning and construction of senior living facilities, ambulatory centers and medical office building projects. Studies show that through 2029, 8,000 people daily will turn 65 in the United States. This statistic, coupled with advanced medicine prolonging life, creates no doubt that senior living is a viable, competitive, and clients rely on OHL-Arellano for "Speed to Market."

The night of terror, the grueling aftermath and the long road to rebuilding as the hospital's president gave me first-hand experience in preparing for the next natural disaster. The onset of this year's hurricane season is sufficient reason that all medical centers in Florida should plan for such an emergency.

If that isn't enough of an incentive, a new federal rule should plan for such an emergency. It's been 25 years since Hurricane Andrew's 165-mph winds pummeled and broke apart Homestead Hospital, just 30 miles south of Miami.

The night of terror, the grueling aftermath and the long road to rebuilding as the hospital's president gave me first-hand experience in preparing for the next natural disaster. The onset of this year's hurricane season is sufficient reason that all medical centers in Florida should plan for such an emergency. If that isn't enough of an incentive, a new federal rule should plan for such an emergency.

If that isn't enough of an incentive, a new federal rule will go into effect in November that requires hospitals participating in Medicare and Medicaid to have an emergency preparedness plan in place – or else their certification will be in jeopardy. And yet on a personal level, nothing could have prepared Homestead Hospital's medical staff and administrators in 1992 for what they would experience with Hurricane Andrew.

Most Homestead Hospital employees owned homes in the booming South Dade bedroom community served by the 100-bed hospital. It was three-quarters full that day, but...
living with a dinosaur (Carol) who is a true skeptic when it comes to the applications of social media. While she completely understands and appreciates the finer points of networking (my forte) and its benefits, she’s remains very uncomfortable and reluctant with the personal side of it. I think she has “privacy” tattooed on her brain. But anyway during one of our innumerable discussions last week, she asked me to envision the following … someone (me) trying to make friends outside of Facebook while applying the same principles.

Every day I would walk down the street and tell passersby what I had eaten, how I felt at the moment, what I did the night before, and what I’ll do later and with whom.

I would give out pictures of my family, the dog, of me taking things apart in the garage, watering the lawn, standing in front of landmarks, driving round town, having lunch, and doing what anybody and everybody does every day. Heck, I could even include photos of me thinking about nothing.

I would listen in on conversations, give others a “thumbs up” and reassure them repeatedly I “really” like them.

And finally if it worked just like Facebook, I would have people following me. Of course according to Carol, these followers would be several police officers, a private investigator, and at least one psychiatrist, (I think it’s time to block her from my Facebook page!)
A financial plan is a snapshot of your current financial situation. It’s a compilation of what information you give your advisor, what information your advisor decides to put in the plan, and how his specific software generates the information you will review together.

Planning can be difficult and time-consuming. It requires you to gather information, learn new concepts, place your trust in third parties, and weigh options you may not feel qualified to consider. But with your financial health at stake, engagement with the planning process is critical. Good advisors will make your planning journey easier and even pleasant.

The foundation of a great plan starts with, “How would I live my life if money was not a concern?” The major components of planning are: discovery of your current financial situation and concerns, gathering financial and non-financial information and establishing priorities, and creating a strategy and action plan. Your advisors will suggest goals and assist you with managing those goals.

The key cornerstones of planning are:

1. Identifying risk.
2. Developing a strategy to manage and mitigate that risk.
3. Implementing solutions to manage and mitigate that risk.
4. Monitoring results and breakdowns and taking actions to correct those breakdowns.

Planning is not about the destination but about the journey. The journey requires a collaborative planning process between you and your trusted advisors. Without a plan, you won’t know what your problems are and how to solve them. Without a meaningful plan, you may work on the wrong projects or move in the wrong direction, losing precious time and resources. Take responsibility for understanding and approving the plan so it becomes your plan and not your advisors.

The question to ask your team is, “how will this planning process solve my problems?” Smart planning is about mitigating risk. Smart planning addresses risk in proportion equal to reward. Wealthy doctors tend to expect the best and prepare for the worst. Wealthy doctors tend to make fewer mistakes than less prosperous doctors. Wealthy doctors tend to understand the difference between immediate and delayed gratification. Why is it that some doctors can make ten million dollars over the course of their professional careers and still not be able to retire comfortably, while other doctors make much less and retire in comfort?

A younger doctor once asked an older doctor, “How do I become a millionaire?” The older doctor said immediately, “That’s easy. Make two million dollars and only lose a million.”

In medicine, physicians use SOAP (Subjective, Objective, Assessment, and Plan) notes to document and communicate information with peers and patients. Use this same process to manage your financial and family life.

(1) Create inspiring goals or objectives.
(2) Formulate specific strategies for achieving them.
(3) Arrange or create the means required.
(4) Implement, direct, and monitor all steps in the proper order.

In our next article, we’ll discuss risk management - when bad things happen to good people.

For more information contact Howard Wolkowitz, Financial Advisor, at HWolkowitz@FinancialGuide.com or (954) 625-1517.

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Technology Trap: When EMR Software Does So Much It Begins to Resemble Fraud

Electronic Medical Records (EMR) software functions have very practical benefits and are increasingly required for reimbursement purposes. The purpose of technology is to create efficiency and software aids a physician by ensuring a note is complete for treatment purposes and contains all the information required to make a claim valid and payable. However, a side effect of the efficiency of such software is that it can generate records so similar from visit to visit and patient to patient that the records can appear fabricated. A typed clean looking note looks more professional and avoids errors in handwriting, can carry an authenticity interpretation; however, in some ways a more professional and avoids errors in typing showing the differences and the situation showing the differences and the needs of the patient for each visit or encounter. Simply changing the date on the medical record must contain documentation of one code over another by reinforcing the rationale for treatment on a given visit and, for billing purposes, justify the use of one code over another by reinforcing the complexity of the interaction. However, this becomes a problem when the copied information is virtually all that appears in a note. CMS, in addressing this issue, has indicated “The medical record must contain documentation showing the differences and the needs of the patient for each visit or encounter. Simply changing the date on the EHR without reflecting what occurred during the actual visit is not acceptable.” Beginning in 2013, the U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG) indicated that due to the growing problem of cloning, its staff would be paying close attention to EHR cloning. In 2016, a cardiologist group in New Jersey settled false claims allegations with CMS for $422,000 which included an allegation of cloning of patient encounter notes. Another issue involves templates, EMR software uses templates to create the form and structure of a medical record. With respect to SOAP notes, templates can fill in portions of a note using terms that are commonly used in diagnosis and treatment. In practices that are specialized or treat specific types of medical conditions; the notes, spread across not only the patient file but all of the practice records, begin to look very familiar, and at times, suspicious. The Medicare Program Integrity Manual specifically addresses templates, and cautions physicians, “Some templates provide limited options and/or space for the collection of information such as by using ‘check boxes,’ predefined answers, limited space to enter information, etc. CMS discourages the use of such templates.”

The recording of patient notes and charting is one of the less enjoyable parts of practicing. Particularly in hospitals, harried physicians fall behind. In Florida, at a recent Board of Medicine meeting, a physician was disciplined after being reported to the Board by his own employer, a hospital, for chronic failure to keep up with records. Software, with the efficiencies created by copy and paste and fill in templates, makes life much easier in that regard but physicians should be cognizant of when the software is too efficient and the notes start to look very repetitive. Charted patient encounters should have some originality to make sure the world can tell the physician was actually there that day.

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plaza health network aligns with jackson health system to treat complex patients

plaza health network (phin) and jackson health system have collaborated to provide clinically complex patients with an option for sub-acute care recovery.phin's seven skilled nursing centers can all receive and treat clinically complex patients as part of this arrangement. patients who require extra care and observation but do not have to be in a hospital setting can continue their recovery at one of plaza health network's seven rehabilitation and skilled nursing facilities. the relationship commenced between jackson memorial hospital (jmh) and the miami transplant institute (mti) with plaza health network's two facilities in the miami health district, university plaza and jackson plaza. these two facilities are in close proximity to the hospitals, providing jmnh and mti doctors and nurses ease of visitation if necessary to monitor their patients. left ventricular assist device (lvad) patients are among the first to benefit from this unique arrangement. a team of phn nurse practitioners and nurse navigators visit qualifying patients to assess their conditions and meet with their families in order to agree to implement the transfer. this personalized level of service allows both patients and their families to become more engaged in the recovery process.

plaza health network provides ease in continuity of care by being equipped with all the necessary technology and equipment to treat these patients, including a telehealth program that provides rapid, real-time remote monitoring of patients. this innovative technology allows patients to receive collaborative virtual care from their team of doctors, nurses and medical specialists resulting in quicker evaluations, enhanced outcomes, and reduced hospital readmissions. in addition to the benefits patients will receive, this arrangement also provides a tremendous cost savings to the hospitals, insurers and patients as the average cost per day to stay in a hospital can exceed $2,000, which is substantially higher than the cost at a skilled nursing facility. this initiative will now allow for hospital beds to be released and become available for other sicker patients who require a more intensive level of care.

"we have been aggressive and focused on recognizing the changes in the health care sector," said elaine bloom, president and ceo of plaza health network. "by proactively responding to the need for higher levels of sub-acute care, plaza health network has been able to establish this strategic collaboration with jackson health system and the miami transplant institute with the goal of getting patients back to their normal daily living activities at an optimal level of health."
When It Comes to Patient Care
“Walk the Talk”

Recently I was having lunch with a Healthcare executive for whom, over the years, I have developed a great deal of respect. Although we only see each other every 4-6 months, I always appreciate his insights on the industry especially as it relates to patient care. At one of the facilities he visits, there is a small Cuban coffee shop near a patient waiting area. Whenever he is there, he stops by to order a “Cafe Americano Decaf” (Picture the person taking the order doing a triple take as they try to recall the location of the decaffeinated coffee…) Regardless, whenever he is there, he takes the time to say hello to any patients and their families who happen to be sitting in the area. This guy always walks the talk when it comes to patient care make sure your team always walks the talk, by taking time to say a simple, “Hello”, “Good morning”, or “How are you today?” That simple gesture puts patients and families at ease and will help build the culture where patient care is always in balance with quality and outcomes.

Quick gut check. How are you and your team doing? Whenever I visit a hospital, doctor’s office or surgery center it is always amazing how wide the gap is between organizations where staff members go out of their way to make people feel welcome and those who simply do not. You can watch as countless staff and receptionists go about their work (or worse yet walk right by) without even a simple acknowledgement they are there. There is an old saying, ‘never prioritize tasks over people’ and yet some in the medical community do it every day. When it comes to patient care make sure your team always walks the talk, by taking time to say a simple, “Hello”, “Good morning”, or “How are you today?” That simple gesture puts patients and families at ease and will help build the culture where patient care is always in balance with quality and outcomes.

Martinez expects telehealth to become more important in today’s pediatric healthcare environment. One reason is that nationally, there is a shortage of pediatric specialists across the country. “There’s just not enough specialists going around,” says Martinez. “There are many pediatricians but very few pediatric specialists, especially in certain fields such as cardiology, neurology, and pulmonology. Those specialists are hard to find.”

Through telehealth services, a patient could have exposure to pediatric specialists across the state—or even across the country—and limit travel.

A lot of parents will travel to Miami from Palm Beach, Jacksonville, Tallahassee, and Tampa Bay because we have excellent specialists,” says Martinez. “That travel is an inconvenience to the parents, especially in our initial visit because you’re trying to determine whether that child really needs to be at Miami Children’s or they can be taken care of at home with a pediatrician.

In the past, with MCH Anywhere, MCHS would use their telehealth platform that was already connected at the closest provider facility, and consult and diagnose the patient there. That limited some of the travel. With the Tyto Care Home Monitoring Kit, patients won’t have to leave their home at all. By providing telehealth services, Martinez says that it can change the way the U.S. has looked at medicine for many years.

“The secret of medical care is good health and preventive medicine is good medicine,” says Martinez. “Tyto Care Home Monitoring Kit is really the beginning of a new era of devices for both home and the clinical space. It’s already FDA approved but this is only the tip of the iceberg. The home-sized device will be affordable, provides quality, can be integrated into other existing telehealth programs, or stand alone. Through telehealth, we can intervene before a child becomes super sick, and keep them healthy, understanding that would reduce cost, improve quality, and obviously make it better for everybody.”

Cover Story: Miami Children’s Health System and Tyto Care Expand Telehealth Services

Continued from page 1 and follow-up visits for post-operative patients, patients with complex medical needs, and those who require care for more acute conditions. Tyto Care can also be used to obtain an expert consult or second opinion and provide medical expertise to schools, remote clinics and other entities MCHS serves.

One limitation of MCHS, current telehealth system, MCH Anywhere, is that the technology is very bulky and expensive to implement at home, according to Edward Martinez, Senior Vice President and Chief Information Officer of MCHS: “It runs anywhere between $20,000 to $40,000. So while it was very effective, it was only available provider-to-provider because of the costs.”

Martinez adds, “But we wanted to bring this technology to home consumers. We believe that a telehealth consult between a physician and a patient can’t just be about me talking to you and saying, ‘I have an earache or I have a fever.’ There has to be a way for a clinician to actually determine what your conditions are. We can’t just prescribe medication based on your symptoms. We have to diagnose the symptoms to understand what it is.”

Through MCH Anywhere, clinicians can diagnose symptoms—they are able to listen to a heartbeat or lungs, conduct an ultrasound, and provide other diagnostic technology services from anywhere in the world. “But we couldn’t do it at home because it was cost prohibitive,” says Martinez. “So we started looking at building our own product. We looked at where we could find an engineering company that would build what we were envisioning and found that company in Tyto Care. We partnered with them to further develop their product and take it to another level, which was live streaming video and audio.”

Through this partnership, MCHS and Tyto Care will work together to integrate the live remote examination capabilities of the Tyto Care platform with the health system’s MCH Anywhere platform to expand capabilities to deliver virtual medical specialist consultations. Collaborating with Tyto Care allows MCHS physicians to provide ongoing care at the highest level, while giving patients easier access and more convenience when it comes to their health from their homes or elsewhere.

Delray Medical Center Performs First Incisionless Surgery to Treat Heartburn

Surgery without an incision is now a possibility. The new Transoral Incisionless Fundoplication procedure, or TIF, using the innovative EsophyX® device for the treatment of gastroesophageal reflux disease (GERD) is now available at Delray Medical Center. The TIF procedure is based on established principles of surgical repair of the anti-reflux barrier, except that it is “surgery from within” performed transorally (through the mouth). The procedure can reduce hiatal hernia and can re-establish the high pressure zone between the stomach and esophagus, restoring the normal, physiological anatomy to prevent gastroesophageal reflux. Because the procedure is incisionless, there is reduced pain, reduced recovery and no visible scar.
Employers pay about 20% of all health care expenses in the United States, and as of 2015, employer health care expenditures were $638 Billion.¹ Most of those expenditures are for insurance premiums and the care provided under self-funded plans. In 2016, employer sponsored insurance premiums were, on average, $6,435 for the individual employee and $18,142 for a family, an increase of 3% over 2015.² Employers paid, on average, 82% of individual premiums and 71% of family premiums, while 83% of employers with 200 or more employees fully or partially self-funded their health care benefits program.²

With employers bearing such significant financial responsibility for insurance premiums and overall employee health care costs, they have much to gain by health care cost savings initiatives. One notable shift driven by employers is that these plans result in higher out of pocket health care costs for them. That high utilizers of health care, however, often find that these plans result in higher out of pocket health care costs for them. ¹

Employers have a shared interest in reducing health care costs and optimizing overall health and wellness, and among the ways employers are leading this effort is by offering health and wellness services. It remains questionable as to the extent that generalized wellness programs provide health care savings, but programs focused on managing chronic disease and reducing unnecessary utilization among the highest health care utilizers have been shown to save money for employers and employees. This is not surprising since 50% of people are responsible for only 2.8% of health care costs, while over 50% of health care expenditures are consumed by just 5% of the population. The top 1% of utilizers consume 22.8% of the health care costs.³ A ten year study of seven Fortune 100 employers demonstrated that while general lifestyle management programs cost more than the direct health cost reduction that resulted, the disease management programs brought savings with an impressive ROI of 3.8.⁴

There are likely additional less quantifiable benefits for an employer offering lifestyle management programs (including gym memberships and dietary coaching for all) such as enhanced employee perceptions of the employer and greater loyalty, but for the most immediate health care cost savings, investing in programs that specifically help employees with chronic diseases better manage their conditions will bring the greatest savings for employers and employees alike.

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Cancer Treatment Centers of America® Appoints Head of Precision Medicine

Boca Raton-based Cancer Treatment Centers of America® Global, Inc. (CTCA) announced the appointment of Ankur R. Parikh, D.O., as Medical Director of Precision Medicine. Board certified in medical oncology, hematology and internal medicine, Dr. Parikh earned an osteopathic medical degree from Kirksville College of Osteopathic Medicine in Kirksville, Missouri. He completed an internal medicine residency at Riverside Methodist Hospital in Columbus, Ohio, followed by a hematology-oncology fellowship at the National Heart, Lung and Blood Institute of the National Institutes of Health in Bethesda, Maryland. He has served as a principal and associate investigator for clinical research protocols involving targeted therapies, immunotherapy, myelodysplastic syndrome and aplastic anemia.

2017 Prendergast Child Advocate of the Year: John Ritrosky, Jr., M.D.

Golisano Children’s Hospital of Southwest Florida has awarded John Ritrosky, Jr., M.D., a pediatrician with Physician’s Primary Care, the 2017 Prendergast Family Child Advocacy Award. This award recognizes his passion and commitment to keeping children safe through many years of service in the care of children in Southwest Florida.

Dr. Ritrosky made Southwest Florida his home in 1967. He has been instrumental in creating and maintaining many programs designed to protect children in the region. He helped establish the Children’s Medical Services Child Protection Team in Lee County, was the co-director from 1984-2000, and has served as the medical director since 2007. Children’s Medical Services establishes a medical home for children with special and complex medical needs, and through this program, Dr. Ritrosky has led the clinical palate team. He has served on the board of the Island Coast Primary Care Project for many years.

Luis E. Raez, M.D., Appointed Vice President of Florida Society of Clinical Oncology

Luis E. Raez, M.D., the Chief of Hematology/Oncology and Medical Director of Memorial Cancer Institute at Memorial Healthcare System, has been appointed as Vice President of the Florida Society of Clinical Oncology (FLASCO). He has been appointed for 2017-18 and he is the President Elect for 2018-2019. Dr. Raez has been a longtime member serving in a variety of leadership roles including Chairman of the Program Committee, Member of the Executive Committee and Member of the Board of Directors.

Dr. Raez acquired his medical degree at Cayetano Heredia Peruvian University. He completed his Internal Medicine Residency and Hematology/Oncology Fellowship at Jackson Memorial Hospital and University of Miami/Sylvester Comprehensive Cancer Center. Dr. Raez is board certified in Medical Oncology and Internal Medicine. He is a fellow of the American Physicians (FACP) and the American College of Chest Physicians (FCCP).

Prasad Named Chief Medical Officer of Lee Physician Group

Lee Health is proud to welcome Venkat Prasad, M.D., MBA/MHA, FAAFP, chief medical officer of Lee Physician Group. Prior to joining Lee Health and Lee Physician Group, Dr. Prasad served UNC Physicians Network in Morrisville, NC, as medical director, associate quality assurance medical director and, most recently, senior medical director. As senior medical director, Dr. Prasad was responsible for overseeing the clinical functions of employed providers and their practice sites and services. Focused on quality and empowering leaders, Dr. Prasad founded the UNC Physicians Network for Physician Leaders to help develop physicians and advanced providers into stronger leaders. Dr. Prasad has also served as the physician and medical director at Rex Family Practice in Wakefield, NC, as well as medical director with Tri-County Network for Physician Leaders to help develop physicians and advanced providers into stronger leaders.

Dr. Saurabh Sanon

Structural heart disease expert Saurabh Sanon, M.D., FACC, an interventional cardiologist, has joined Tenet Florida Cardiovascular Care (TFCC) and opened an office in Palm Beach Gardens. Dr. Sanon is the Medical Director of Structural Heart Transcatheter Therapies at Palm Beach Gardens Medical Center and is on staff at Delray Medical Center. Dr. Sanon is certified in internal medicine, cardiovascular disease and interventional cardiology by the American Board of Internal Medicine and in nuclear cardiology by the Certification Board of Nuclear Cardiology.

Prior to joining TFCC, Dr. Sanon provided interventional cardiology and structural heart disease care specializing in advanced structural and coronary interventions as an attending physician at the Baptist Heart and Vascular Institute in Pensacola, FL. He also worked as a consultant and proctor educating the medical community on transcatheter heart valves and as a speaker on transcatheter aortic valve replacement and transcatheter mitral valve repair.

Plastic and reconstructive surgeon Miguel A. Medina III, M.D., has joined the team of cancer specialists at Miami Cancer Institute, a part of Baptist Health South Florida. Dr. Medina will serve as the Institute’s director of microsurgery.

Prior to joining Miami Cancer Institute at the Baptist Hospital campus, Dr. Medina specialized in craniofacial and reconstructive microsurgery at Cleveland Clinic in Weston. He is an innovator in his field, with numerous invited national and international presentations, instructional courses and lectures. He also is an experienced clinical educator, serving as clinical assistant professor of surgery at Cleveland Clinic Lerner College of Medicine of Case Western Reserve University in Cleveland. Dr. Medina has authored numerous peer-reviewed articles and book chapters and serves as a reviewer for three scientific journals, including the Journal of Plastic, Reconstructive, and Aesthetic Surgery.

Palm Beach Gardens Medical Center Appoints New Medical Director for Structural Heart Transcatheter Therapies Program

Structural heart disease expert Saurabh Sanon, M.D., FACC, an interventional cardiologist, has joined Tenet Florida Cardiovascular Care (TFCC) and opened an office in Palm Beach Gardens. Dr. Sanon is the Medical Director of Structural Heart Transcatheter Therapies at Palm Beach Gardens Medical Center and is on staff at Delray Medical Center. Dr. Sanon is certified in internal medicine, cardiovascular disease and interventional cardiology by the American Board of Internal Medicine and in nuclear cardiology by the Certification Board of Nuclear Cardiology.

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HeartWell LLP Becomes Preferred Cardiac Care Provider for Orange Accountable Care of South Florida

BY VANESSA ORR

Since 2008, HeartWell LLP, a 23-physician cardiology practice in South Miami-Dade County, has been providing its patients with high-quality care. And while its patients certainly appreciate the personal attention and positive outcomes, the practice’s patient-centered focus also caught the attention of Orange Accountable Care of South Florida.

In April, HeartWell was selected as a preferred provider for cardiac care by the Accountable Care Organization (ACO), which was founded in 2014 and has grown from 70 providers to more than 500 participating physicians. The ACO is known for its focus on high-quality, cost-effective outcomes and patient-centered care. Through this relationship, more than 5,000 patients are expected to benefit from extended access to services including clinical, vascular, interventional and electrophysiology at Baptist Hospital, West Kendall Baptist Hospital, South Miami Hospital and Homestead Hospital.

“We’re very pleased to be working with Orange Accountable Care of South Florida, which last year was named one of the top 10 highest-saving ACOs in the nation out of 393 ACOs, with one of the highest quality scores,” said HeartWell COO Jeffrey Kaplan. “There are a lot of benefits to the premier cardiac care group in the Miami market joining forces with the premier ACO in the region.”

Referring physicians know that Orange ACO-selected specialists have proven track records for improving the health of their patients, which gives them the confidence that they are helping to promote better outcomes. Patients will benefit from having an added layer of transparency among their primary-care physicians, cardiologists, and ACO care coordinators to make certain that there are not any gaps in care.

“Working with Orange will enable us to continue ensuring that our patients are receiving the best possible care,” said Kaplan.

“We choose to work with practices that put the patient in the center of care, which is why we’re thrilled that HeartWell – which is made up of extremely well-regarded cardiologists – has become one of our preferred providers,” said Orange’s founder, president and CEO, Lissette Exposito, RN, BSN, MSHA.

HeartWell has already seen the positive synergy that can result when medical professionals band together. The practice was originally created by the merger of six competing cardiology practices in the Miami-Dade area who realized that they could all benefit by taking a team approach to patient care, working with hospitals and managed care while still maintaining a focus on quality.

“Having HeartWell as part of our growing network of preferred providers is great for the community,” said Exposito, adding that the tri-county ACO has the highest patient population in South Miami-Dade County. “They are a great driver for us to maintain our focus on quality versus volume.”

To learn more about HeartWell, LLP visit www.heartwell.com. To learn more about Orange Accountable Care of South Florida, visit www.orangecaregroup.com.

HeartWell LLP becomes preferred cardiac care provider for Orange Accountable Care of South Florida.
Dear Readers:  

South Florida Hospital News & Healthcare Report welcomes you to CannabisNewsFlorida.com, a feature of our print publication, website, and e-newsletters. Its purpose is to provide pertinent educational information from leading authorities about medical and business developments in the medical cannabis industry. We also intend to provide both national and international information which will affect the medical cannabis business in the State of Florida.

Florida Physicians: Medical Marijuana Care Requires Effective “Recommendations” Under Compassionate Use Registry

Until 1942 physicians could write prescriptions for marijuana. Today, 75 years later, that same prescription is illegal under both Florida and Federal Law. With the implementation of Amendment 2, Florida-licensed physicians are permitted to certify qualifying patients for medical marijuana use, yet most physicians are conservatively cautious for fear of legal repercussions. As evidenced by the latest numbers obtained from the Office of Compassionate Use Registry, only 1.3% of Florida physicians are registered to certify and order medical marijuana for patients. In other states, some physicians have taken advantage of the lack of competition; in Oregon, for example, only 24 physicians accounted for 75% of total medical marijuana patient applications since November 8. Physicians have seen an increase in patient curiosity concerning medical marijuana. However, many physicians avoid discussing medical marijuana with patients for fear of losing their DEA licenses or being implicated in aiding, abetting, or conspiring to commit a federal offense. Existing law indicates that it is not as much of a concern as they believe. In Conant v. Walters, the Ninth Circuit held that physicians have a First Amendment right to recommend medical marijuana to their patients and physicians who merely discuss the pros and cons of medical marijuana use cannot have their DEA license revoked. The Ninth Circuit’s decision is persuasive authority for Florida’s Eleventh Circuit jurisdiction. Moreover, the Supreme Court has recognized that physicians’ speech is protected under the First Amendment due to the significance of the doctor-patient relationship and is entitled to ‘the strongest protection our Constitution has to offer.’ Because it is not federally legal, however, ordering medical marijuana for patients on Florida’s Compassionate Use Registry could expose physicians to liability if the order appears, instead, to be a prescription. Currently, the Compassionate Use Registry allows physicians to enter specific instructions for patients concerning their medical marijuana use. The more specific a physician’s comments and instructions are, the more likely their “order” starts to sound like a prescription,” exposing the physician to potential liability. Presently, the Compassionate Use Registry directs physicians creating a patients’ medical marijuana order to input specific information, such as: (i) route of administration; (ii) order notes; (iii) number of days per day; and, (v) the option to authorize the patient to purchase medical marijuana delivery devices. This particular information, if inputted by the ordering physician, could be construed as the physician possessing the specific intent to aid a patient to acquire marijuana, which would constitute a federal offense due to marijuana’s designation as a Schedule I drug under the Controlled Substances Act.

However, based on the significance of the doctor-patient relationship, physicians should not be fearful of exposing themselves to liability by merely recommending and/or discussing medical marijuana with their patients. It is vitally important to note the subtle, yet distinct difference between a “prescription” for the medical use of marijuana which is illegal and carries significant penalties, and a “recommendation” for the same. By contrast, a “recommendation” that a patient has a certain condition and could benefit from medical marijuana is permissible and will not implicate malpractice. It is equally important to note that any discussion of medical marijuana with patients should include the following points:

• Effectiveness of marijuana as treatment;
• Potential risks and side effects of marijuana;
• Current state of marijuana knowledge in the medical community;
• Medically acceptable alternatives to marijuana;
• Possible addictive properties of marijuana;
• The risks of smoking marijuana;
• Possible termination from employment for marijuana use;
• Possible lack of coverage or denial of claims from Insurance companies;
• Locations and delivery capabilities of the seven licensed dispensaries; and
• The Compassionate Use Registry is accessible to law enforcement agencies.

Physicians interested in becoming more involved in the medical marijuana space should turn to the literature to better understand cannabinoid physiology, the neurochemical effects of marijuana and its pharmacological interactions. Additionally, they should dedicate themselves to learning the effects of the various chemical compounds found in marijuana, complete the 8-hour CME course offered by the Florida Medical Association or the Florida Osteopathic Medical Association, cultivate 90-day physician-patient relationships; wait until the “July 3rd” deadline by which the Florida Department of Health is scheduled to release rules within the parameters of Amendment 2; familiarize themselves with sample templates for patient treatment plans, stay up-to-date with Office of Compassionate Use Bi-Weekly updates, look into acquiring medical marijuana malpractice insurance, and update their procedure and patient disclosure forms.

For questions or more information about the possible legal implications of implementing medical marijuana to your healthcare practice, contact Vijay S. Choksi, Esq. at vchoksi@klkaw.com or (561) 324-8348, Regulated Substances Practice Group Attorney at Kelley Kronenberg, PA.
to invest in the bank further by opening our new headquarters in Fort Lauderdale and continuing our plans for expansion here in South Florida."

While there are a number of banks throughout the region, First GREEN Bank is distinguished by its environmental and social mission. The bank is a member of the Global Alliance for Banking on Values (GABV) and is the founding member of the North American Chapter of the organization. According to its website, Global Alliance for Banking on Values is "an independent network of banks using finance to deliver sustainable economic, social and environmental development." It is comprised of banking leaders from around the world which are committed to advancing positive change in the banking sector. Only 36 banks in the world are members of GABV.

“These banks all must take a pledge to have a triple bottom line: People, Planet, Profit,” explains Costello. All of the banks that are members of this alliance have to meet certain criteria in all three categories in order to continue to be a member. This is a big differentiator in today’s banking environment because unfortunately, we see so many banks that are really being bad actors in terms of their ethics.

As part of its mission, First GREEN Bank has integrated a program called Mission Specialist into its office culture. Through this unique internal program, each First GREEN Bank employee takes part in a training program where they learn the different ways that individuals and companies can recycle and conserve energy.

“We train everyone about the advantages of solar power and about new practices that help build energy efficient buildings,” Costello says. “As a result, when we talk to anyone interested in a loan, we encourage them to use those types of buildings. For instance, if a potential client is constructing a new building, we’ll ask them if they have considered using solar power, or if they have considered using LEED-design to become more energy efficient.”

After Amendment 2 – the ballot initiative approved by over 71 percent of Florida voters in November passed allowing non-euphoric cannabis use for a select group of patients – First GREEN Bank decided to become more involved in the medical marijuana industry. One of the main reasons for their involvement is because the bank’s founder and board chairman, Kenneth LaRoe, has a personal interest. He has family members who are using medical marijuana to relieve seizures and has seen firsthand how they have benefited from the use of medical marijuana prescriptions.

Costello says that they met with regulatory agencies, the FDIC, the Federal Reserve, and the Office of Financial Regulation in Tallahassee to develop procedures and policies. He states, “We have spent a lot of time working with the regulators and we found them to be quite interested and willing to work with us. There are numerous risks to having this money outside of the banking system. There can be criminal activity or robberies involved, and since there is no way to trace the money, money laundering becomes a risk as well. These agencies have an interest in ensuring that this money entering the banking system is safe, sound and well-regulated.”

First GREEN Bank executives spoke with executives at banks around the country that were involved in the medical marijuana industry and then developed their own set of policies and procedures. Costello says that this group speaks with regulators every month and updates them regularly on what they’re doing.

“We’re constantly in dialogue with them and I think that’s key,” Costello says. “If you’re going to do something like this, it’s important to make sure that the regulators know exactly what you’re doing and that you’re working hand-in-hand with them.”

To learn more about First GREEN Bank, visit www.firstgreenbank.com.
West Boca Medical Center Welcomes New Governing Board Member

West Boca Medical Center appoints Rosie Inguzano-Martin, president and CEO of Allegiance Home Health, as one of the hospital’s new Governing Board members. In her current position, Rosie founded Allegiance Home Health after her mother was in need of home health services. Prior to becoming President and CEO of Allegiance in 2005 she was the Administrator at Martin Physical Therapy. During her tenure she helped distinguish Martin Physical Therapy as one of the preeminent rehab facilities in Palm Beach County.

Martin Health System Welcomes Board Members

Martin Health System is very pleased to welcome these new members to the board of directors for Martin Health System and Martin Medical Center. Michael Brown, Jr., executive vice president and chief lending officer at Harbor Community Bank; Joseph Gage, M.D., board certified cardiologist at Stuart Cardiology Group; Dennis S. Hudson, III, Chief Executive Officer of Seacoast Banking Corporation of Florida; Frederic Salerno, retired telecommunications executive; Wynne S. Lee-Nunez, M.D., Physician to Women; George E. McLain, M.D., anesthesiology; and Nancyann Taylor, president of the Martin Health Auxiliary.

Baptist Health Names Leaders to New Positions Within Clinical Enterprise Division

Baptist Health South Florida has named six leaders to new executive positions in its clinical enterprise division. Jonathan Fialkow, M.D., has been named chief medical integration officer. Prior to his new role, he was medical director of the Stress Lab, EKG and Cardiac Rehabilitation, and co-director of the Chest Pain Center at Miami Cardiac & Vascular Institute.

Mark Hauser, M.D., has been named executive vice president of operations and chief medical officer at Baptist Hospital of Miami. Philipp Ludwig has been named corporate vice president and chief operating officer of the new division. Prior to his new role, Ludwig served with Dr. Ziffer, as founding vice president of operations for Baptist Health Medical Group (BHMG), Baptist Health’s physician enterprise, and Baptist Health Quality Network (BHQN). Khurram Nasir, M.D., M.P.H., has been named corporate medical director of the Baptist Health Center for Research. He serves as medical director of Baptist Health’s Center for Healthcare Advancement and Outcomes.

Milly Selgas, R.N., has been named vice president of care coordination and transitions of care. Her most recent post was assistant vice president of nursing at South Miami Hospital.

Lee Health Announces Executive Promotions

Lee Health is proud to announce the promotions of Lisa Sgarlata, DNP, FACHE, to Chief Patient Care Officer; Khurram Nasir, M.D., M.P.H., to corporate medical director of the Clinical Enterprise Division. Prior to his new role, he was medical director of the Pediatric Critical Care Services.

Lisa Sgarlata currently serves as the vice president of the Pediatric Critical Care Services. With more than 25 years of experience in various areas of health care, Sgarlata’s most recent roles include Associate Chief Patient Care Officer of Lee Memorial Hospital. She also has an extensive background in forensic and emergency nursing, and has served previously as director and executive director of Emergency Services and Vice President of Patient Care Services.

Dr. Daneshmand currently serves as System Medical Director of Pediatric Clinical and Quality Services at Golisano Children’s Hospital of Southwest Florida. Since joining the hospital in 2007, Dr. Daneshmand has served as a physician in the pediatric intensive care unit, medical director of the pediatric procedural sedation center, committee member of the oversight system medical staff quality services committee and as chairman of the pediatric medical staff quality committee.

Alex Greenwood currently serves as Orthopedic Service Line Director for Lee Health. He will continue in that role along with his recent promotion to Vice President of Lee Health – Coconut Point. Greenwood has been employed by Lee Health since 2006. In addition to his leadership role with Orthopedics, Greenwood also served as System Director of Operations at Gulf Coast Medical Center and Cape Coral Hospital.
This year marks the 15th Annual Student Case Competition for the South Florida Health Executive Forum (SFHEF). On April 15, students from Health Services Administration programs from universities in the South Florida region convened at Broward Health North to compete in presenting their recommendations for a case study. Case studies typically reflect the latest issues and challenges in our healthcare industry. This year, it focused on the application of the various quality-driven initiatives from Centers for Medicare and Medicaid Services and the Patient Protection and Affordable Care Act as well as the integrating physician alignment strategies to enhance the bottom line of a specified healthcare organization.

The award ceremony took place at the Leadership and Career Education event held at Memorial Regional Hospital on April 20. In the graduate category, Florida International University (FIU) placed first and Barry University won second place with a single digit difference in the earned scores between the teams. In the undergraduate category, Florida Atlantic University (FAU) won first place impressively. Special thanks to the incredible C-suite level healthcare leaders who served as judges.

The SFHEF case competition is quite unique because healthcare leaders and professionals serve as mentors and liaisons to the participating teams for the 3 month preparation period. SFHEF extends special thanks to them for the voluntary dedication of their time and effort to the important mission of developing tomorrow's healthcare leaders.

This year, as part of the mentorship offering, students engaged in a planned insightful visit to the healthcare organizations of their respective mentors. The 2017 chair and board member, Oyinkansola “Bukky” Ogunrinde said “this effort was in keeping with the plan to continue to augment the value of the program to participating students, colleges, healthcare organizations and the healthcare community at large.”

For more information about SFHEF and the case competition program, visit www.sfhef.org.
keeping us busy. Keep informed and let your elected representatives know how you mutually agreed upon solution by early fall, or the process starts again. Look for a that Americans are receiving adequate primary care and wellness counseling. enough and will put us back to caring for medical emergencies rather than ensuring by $43 billion to cover the cost of increased uninsured patients, this won't be nearly that covers fewer needed services.

While the AHCA does increase the disproportionate share payments to hospitals by $43 billion to cover the cost of increased uninsured patients, this won't be nearly enough and will put us back to caring for medical emergencies rather than ensuring that Americans are receiving adequate primary care and wellness counseling. The requirements of budget reconciliation mean that the Congress has to have a mutually agreed upon solution by early fall, or the process starts again. Look for a very active summer with the health care ping pong game between houses of congress keeping us busy. Keep informed and let your elected representatives know how you feel!

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SAFHI/HA 11th Annual Health Care Summit: Chasing the Triple Aim

BY BARBARA FALLON

Memorial Healthcare System’s methodical attention to timeliness, efficiency, safety, and effectiveness results in increased engagement, improved outcomes and reduced waste. The enterprise tracks quality and safety metrics benchmarked against national indices. This includes monitoring of specific metrics such as ER throughput and tracking medical errors to balancing overall utilization of costly, sophisticated high tech diagnostic and therapeutic pathways vs. conventional low tech yet effective care techniques. In terms of per capita costs, the strategic goal is to infuse the highest value within the most cost effective price range rather than to be at rock bottom costs. That means staying ahead of the curve and recognizing financial and quality incentives for utilization of satellite primary care clinics, urgent care centers and ambulatory surgery centers designed to provide high quality minus the overhead of hospital inpatient delivery. Technology planning is an integrated exercise of discerning review by executive staff, medical specialists and information technology experts to plan judicious capital budgets with a forward thinking regimen that optimizes prudent business investment in both clinical and information proficiency. This includes current plans to build significant capacity for in and outpatient care based on predicted community needs and reimbursed methods of quality delivery. The patient journey roadmap is evolutionary with significant efforts to address patient expectations over the past decade. The Joint Replacement patient journey is the prototype we emulate. We collect and analyze data and share information from the orthopedic office visits through the surgery and up to 30 days post-op and rehab. While we model a patient and family centered culture with attention to: caregiver/patient ratios, patient engagement, information outreach with patients and families, on-line appointmentting, and patient call-backs; we continually monitor patient satisfaction because transparency also impacts our overall reimbursement and reputation particularly during a transitional healthcare environment. We empower patients to interact with us and then use observations to continually build an infrastructure for population health management by observing community based health issues.

NEW MEMBER: Super Restoration

SAFHI/HA COMMITTEES

Education Committee Healthcare Finance and Management Committee Health Information Technology Committee Marketing and Public Relations Committee Membership Committee Quality and Patient Safety Committee Safety and Security Committee

Continued on following page
South Florida Hospital News

University of Miami Health System (UHealth)

COO & Chief Clinical Officer –
Office of Palm Beach County (HCD)

health and well-being.

The metrics of the Triple Aim are highly visible in every line of service - a rural, acute care hospital, ten Federally Qualified Health Centers (FQHCs), a nationally-recognized Trauma System, school-based health clinics with a registered nurse in nearly 170 public schools, as well as a 120-bed skilled nursing facility.

We adhere to the Triple Aim tenet of streamlining costs to optimize investments. We maximize net revenue to offset costs through billing of payers, pursuing grants, maximizing the ROI in our investment portfolio, enhancing the revenue function to improve collections, and renegotiating managed care contracts to improve reimbursement. On the expense side, we achieve cost savings through government contracts, competitive bidding, sharing enterprise resources, evaluating in-house versus outsourced services, and governance review of higher level expenditures.

One key strategy is to integrate technology with our clinical mission. Overall, our Health Information System (HIS) has enabled us to achieve improved health outcomes by increasing access to information. This empowers our clinical staff to make informed decisions that enhance efficiencies, maintain safety and quality as well as reduce the cost of care. Info sharing and partner collaboration on continuity of care will allow us to perform population health analyses to identify diagnostic trends. In addition, we are pursuing a telemedicine coalition to provide more efficient delivery of care for specialty services needed in rural communities.

Our FQHCs, the C. L. Brumback Primary Care Clinics, measure patient experience annually to identify the most important areas for improvement to create a patient roadmap. The data includes patient wait times, patient privacy, and ability to connect to a representative by phone. We improve and achieve outcomes and efficiencies by finding solutions and implementing them.

Our skilled nursing facility, the Edward J. Healey Rehabilitation and Nursing Center, sets patient centered goals upon admission and extends them through the care plan process to incorporate the interdisciplinary team all the way through our individualized community re-entry program.

At Lakeside Medical Center, an Advisory Council comprised of former patients, their family members and hospital caregivers motivates patients to take an active part in their care, maximizes patient/staff communications and teamwork, and models new ways to deliver effective, compassionate care. Through our “Point of Care” initiative, hospital leadership and managers round on patients, especially those who are newly-admitted, to inquire about their experience at the hospital and gather feedback on their comfort, their room and if we’re meeting their expectations. The hospital partners with a Hospital Improvement Innovation Network to reduce overall hospital acquired conditions, achieve zero preventable harm and improve the patient safety culture.

COO & Chief Clinical Officer –
University of Miami Health System (UHealth)

Dr. Thinh H. Tran

The current uncertainty of the most significant transformation in health care in the past century impacts every management and clinical decision. The future success of systems across the country will be dependent on our transition from fee-service health care to value-based care, with an emphasis on quality, patient experience and outcomes. In the case of UHealth, the only academic medical center in a market of six million people, an important emphasis is further integrating translational research into our clinical care for improved health and well-being.

Thinh H. Tran, MD, MBA -

Through our pioneering Consent-to-Contact Initiative, we are offering patients a choice to be contacted about future clinical research studies for which they may be eligible. Besides the clear benefits to patients who are connected to a study that addresses their specific disorder, we are gathering data that can lead to new discoveries in public health, increasing our ability to treat the huge number of unique diseases affecting patients.

Streamlining our technology across the health system to create a true enterprise-level electronic medical record will contribute significantly to ensuring the best patient outcomes. Providers will not only have access to all UHealth records, but also to their patient’s health information from other Epic hospitals and clinics outside the UHealth system.

Creating a consistent, harmonious, patient-centric experience across our health system is a priority for UHealth - starting with their first call to make an appointment.

We have created a model for easily accessible, convenient and compassionate care at The Lennar Foundation Medical Center on the University of Miami’s Coral Gables campus. A wide range of medical services are offered under the same roof, and many surgical procedures that in the past involved a stay in the hospital are minimally invasive and performed in Lennar’s outpatient operating rooms.

Come to the Annual Summit on June 14th to hear five area leaders discuss in detail the Triple Aim. For more information, visit www.sfhha.com.
Tradition Medical Center Expanding to Meet Community Needs

Construction crews have been hard at work on the expansion of Tradition Medical Center in Port St. Lucie, with a completion date of the end of this year. The state-of-the-art hospital, which is part of Martin Health System, exceeded projections since opening in December 2013 and is growing to meet demand. When construction is completed later this year, Tradition Medical Center will have doubled in size, with a total of nine stories, 180 inpatient rooms and other service enhancements.

“In keeping with our mission, we are committed to providing the residents of Port St. Lucie with exceptional health care,” said Robert L. Lord, Jr., Martin Health System President and CEO. “We designed Traditional Medical Center to be able to stay in step with the projected growth of this community and offer families high quality medical care close to home.”

Tradition Medical Center opened the first phase of the new construction last fall. This phase included: an interventional lab for cardiac catheterizations, interventional radiology and vascular procedures; an 18-bed observation unit designed to improve the flow of patients who need an extended or overnight stay, but don’t require inpatient admission; and a 12-bed post-anesthesia care unit.

The next three phases of the expansion will include: a new pediatric unit; expansion of the maternity and neonatal intensive care units; and a 12-bed progressive care unit to help patients transition from the ICU to a medical-surgical bed. Other enhancements include a second medical office building to include an outpatient surgery center and an additional CT scanner.

To learn more about the expansion of Tradition Medical Center, visit martinhealth.org/t2.

NAI/Merin Hunter Codman Named #1 Property Management Firm and #4 Commercial Real Estate Firm in Palm Beach County

NAI/Merin Hunter Codman, Inc., Palm Beach County’s leading commercial real estate services firm, has been recognized by the South Florida Business Journal’s 2017 Book of Lists as the #1 Property Management Firm and #4 Commercial Real Estate Brokerage Firm in Palm Beach County. In addition, the firm will be receiving its 12th consecutive Top Leasing and 10th Top Sales Award from CoStar Power Broker Awards. Neil E. Merin, SIOR, CCIM, Chairman of NAI/Merin Hunter Codman, will receive his 13th consecutive Top Leasing Power Broker Award.

NAI/Merin Hunter Codman is the only firm based in Palm Beach County included among the top South Florida firms for both property management and brokerage services. Furthermore, Chairman, Neil E. Merin, CCIM, SIOR has been recognized as a five-time Power Leader in commercial real estate.

NAI/Merin Hunter Codman has also been recognized by CoStar Group, Inc. The top commercial real estate professionals who achieve the highest volume of sales and leases within a particular market are awarded CoStar’s prestigious Power Broker Awards. In 2017, Chairman, Neil E. Merin, CCIM, SIOR received his 13th consecutive Top Leasing Broker Award. NAI/Merin Hunter Codman was awarded their 12th Top Leasing and 10th Top Sales Brokerage Firm Awards. Alongside Mr. Merin, Principal, Jason L. Sundook, SIOR was recognized as a Top Leasing Broker and Director, Bruce Corn a Top Retail Leasing Broker.
The Sound of Patient Experience

Healthcare provider teams strive to provide every patient with a place of healing in order to speed their return to wellness. A key factor in the healing process is the Patient Experience. The acoustical environment at the healthcare facility plays a large part in the efforts to achieve the goal of successful outcomes.

A program to improve the sonic environment for patients requires three pillars: administrative policy, operational practices and facility operations. Are policies in place to reduce noise and to create an acoustical environment of healing? Are caregivers cognizant of the sounds in their area and taking steps to provide quiet where needed? Are facilities as quiet as they can be?

**Administrative Policy**

Improvement in every organization starts at the top. Policies must be created that recognize the importance of the sonic environment to the patient experience, and in turn to better outcomes, which have financial consequences for an organization. The overall mission must be emphasized. An example of a mission statement is, “Recognizing that noise impinges on patient care, the Mission of the ‘Silence is Golden’ Quality of Care Team is to create a quiet environment that enhances both patient safety and optimal healing.”

Priorities must be set that drive practices to meet measurable goals, such as improving “Quiet at night” scores. A critical step toward a great sonic environment, is an assessment of the acoustics in existing areas, with a comprehensive acoustical audit. Then data mining can provide correlations between the acoustical environment, patient outcomes and patient survey results. This will lead to the identification of areas for improvement in care practices and facility operations.

**Operational Practices**

Awareness of the acoustical environment by the front-line caregivers, doctors, nurses and staff, is the key to improving outcomes. Each caregiver must be given the task to support the patient experience mission of a healing sonic environment. Peer group panels can disseminate the mission and the approach. Then the Quality of Care Team can begin to assess the existing environment in each area, provide noise control recommendations for caregiver behaviors, the equipment in use and for other operational procedures, and to verify improvements in patient experience, such as the frequency of awakenings, after the implementation of recommended noise control solutions.

**Facility Improvement**

The ultimate goal of a facility should be achieving the best possible patient experience and outcomes. This objective should be kept in mind when maintaining, building or renovating any facility, major system or process. The acoustic parts of these building components should be planned, designed and implemented in such a way as to enhance the healing process.

Considerations of acoustics are key factors in improving the patient experience, and should be discussed and planned for at each stage of facility maintenance and improvement. These factors include mechanical system (air conditioning/ventilation) noise, sound isolation between spaces, speech privacy where needed (admitting/examination rooms/billing), room reverberation and sound absorption in vital spaces (nurses stations and dining halls), and sleep enhancing quiet in patient wards. It is much easier to create a successful, efficient and productive facility when critical factors are included from the beginning, often at a lower cost.

A commitment to a better sonic environment begins with policy development based on measurable data, and continues with incremental improvements in care practices and facilities as opportunities are identified. The results will be satisfying patient experiences, better patient outcomes and a sense of accomplishment for caregivers. That can be very rewarding for the provider.

We welcome your thoughts on the acoustics of the Patient Experience, and how that relates to your efforts to create an environment of healing.

**BY BENNETT BROOKS, PE, FASA, INCE**

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Palm Beach Gardens Medical Center Opens Renovated Outpatient Rehabilitation Center

The newly renovated outpatient rehabilitation center for Palm Beach Gardens Medical Center recently opened its door for an open house attended by several of the Palm Beach Gardens and North Palm Beach Council Members. The center reconfigured its space for improved patient flow, new flooring, furniture and new equipment. Treatments at the outpatient center include, cardiac, pulmonary, vestibular, and speech and limb movement, women's health, BIG and LOUD program for treatment of Parkinson's.

Palm Beach Gardens Medical Center Opens Senior Care ER

Palm Beach Gardens Medical Center is adapting to accommodate the needs of our aging population by opening a Senior Care Emergency Room. The Senior Care ER at Palm Beach Gardens Medical Center, will focus care for senior patients, and is designed to increase patient comfort, and provide greater aid for those patients with visual and hearing impairments.

Palm Beach Gardens Medical Center is partnering with NICHE (Nurses Improving Care for Healthsystem Elders) which is a national program to improve care for older hospitalized adults. Palm Beach Gardens Medical Center nurses and emergency room physicians underwent specialized training to care for the elderly.

The Senior Care ER unit will be equipped to help increase patient comfort, reduce wait time and provide up-to-the-minute patient status, as well as immediate access to film-based radiological images.

It will have enhanced lighting, larger visible clocks, and freshly painted warm colored walls to make our senior patients feel comfortable while we care for them.

Mount Sinai Medical Center Brings Primary and Specialty Care Services to Skylake

Mount Sinai Medical Center announces the grand opening of its eighth satellite facility in Skylake. Mount Sinai Medical Center’s eighth satellite office will provide expert, comprehensive care in primary care, cardiology and urology.

All eight Mount Sinai Medical Center satellite offices now offer same day or next day appointments for primary care, cardiology and urology services, providing convenient locations and prompt appointments.

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Golisano Children’s Hospital of Southwest Florida Hosts Grand Opening

Pictured: A multi-color ribbon, handmade and presented by local children, was cut by philanthropist Tom Golisano (pink tie), Lola and Leo Grabinski, and Dr. Emad Salman, Medical Director, at the grand opening of Golisano Children’s Hospital of Southwest Florida.

America’s newest children’s hospital, Golisano Children’s Hospital of Southwest Florida, debuted to the community during a grand opening Saturday, April 1. The new, child-friendly facility is located next to HealthPark Medical Center on Bass Road. The building encompasses nearly 300,000 square feet and consolidates into one location the medical and ancillary specialty services required to treat critically ill or injured children in a five-county region. A total of 128 patient beds will be available at the new hospital, with future expansion capabilities up to 160 beds.

A dedicated pediatric emergency department with its own ambulance entrance will be staffed by pediatric emergency physicians 24/7.

Memorial Rehabilitation Institute at Memorial Regional Hospital South Unveils Medically Complex Unit

Memorial Rehabilitation Institute at Memorial Regional Hospital South recently celebrated the grand opening of its new Medically Complex Rehabilitation Unit with telemetry capability. This unique blending of medical and rehabilitation services will allow patients to potentially come to rehabilitation earlier while still being in the best medical setting to optimize their progress and outcomes.

Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), this new 15-bed unit is equipped with private rooms and an 8,000-square-foot gym with specialized equipment and technologies designed to treat patients who are recovering from various complex medical conditions. The Medically Complex Rehabilitation Unit will specialize in treating patients requiring additional and complex medical care including, but not limited to, cancer patients, bariatric patients, cardiac patients, post-transplant patients, and patients with chronic obstructive pulmonary disease (COPD) as well as individuals who have had prolonged hospitalizations. The unit may also admit patients who may require telemetry monitoring while undergoing a comprehensive rehabilitation program.

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Cover Story: ‘Speed to Market’ New Trend in Healthcare Construction

Continued from page 1

and supporting facilities will be in high demand. This ongoing surge for these facilities is where I see the next 10 years going.’

Vilar also sees that the increasing number of urgent care centers being built under the current health care system, is based on patients using emergency rooms as their primary care physicians. “In order for the hospitals to alleviate the congestion in their Emergency Departments for true emergencies, they are building urgent care centers to drive patients with a common cold out of hospital EDs.”

OHL Arellano recently completed the state-of-the-art Lennar Foundation Medical Center, slated to be the “flagship” of outpatient care for UHealth, the UM Health System.

OHL-Arellano has the unique experience to meet the increasing demand for these facilities. Vilar said that his firm has built more than 30 urgent care centers throughout South Florida. Additionally, “We have recently completed two senior living facilities, Institute for Health Living in Jupiter, and East Ridge at Cutler Bay, with another commencing soon in Boca Raton. OHL-Arellano has also shown its presence in the Caribbean (Aruba), where we are completing a replacement hospital and expansion to the existing one.”

Much of the firm’s work is repeat business, with Vilar estimating up to 80 percent in the past 20 years. “We have clients that we have been on their campus for more than 30 years.”

One of the challenges in working with health care facilities is realizing that construction is not the main priority. “When you go to an existing facility you have to remember that patient care is number one, and construction comes second,” Vilar said. “Therefore, many of the challenges entail being flexible with your work and your schedule, and being able to accommodate the client.”

Having been in business for more than 40 years, OHL-Arellano has been quite successful, and Vilar said one of the ways the firm distinguishes itself from competitors is through customer service. “We give clients personal attention. We strive to ensure that every client knows their project is the most important, whether it is a $500,000 expansion or $100 million addition. Our company executives are always accessible. Clients appreciate it when the decision makers are local and readily available.

“Our brand says healthcare and quality, and our team begins with long-standing relationships. Arthur Hoynack, Executive Vice President, and I have been working together for more than 30 years in the same company. The local team has a long, local standing, and clients appreciate the continuity of knowing exactly what seasoned team they are getting for their project.”

For more information, visit www.ohlarellano.com or call (305) 994-9901.

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Board of Commissioners from the South Broward Hospital District, executives and staff from Memorial Healthcare System gathered recently to celebrate a construction milestone that will improve the overall parking experience at Memorial Regional Hospital, the system’s flagship.

Located on the northwest corner of the grounds, the structure is adding 1,302 spaces to the existing 2,682 spaces on its Hollywood campus nearly doubling the amount of available parking. Once completed, the garage will total 570,330 square feet and seven stories high. The ground floor will include a state-of-the-art conference room, containing an auditorium with a seating capacity of 400 people, a lobby area, a small kitchen, four classrooms with one that can be partitioned into two, and a small retail space for a food vendor to provide food options for visitors and employees. In an effort to follow and promote a high-performing, sustainable garage standards, the project will also feature electric car charging stations and plenty of bicycle racks.

A signing ceremony served as the backdrop to commemorate the construction progress of the $42 million parking garage expansion at Memorial Regional Hospital in Hollywood, FL. Present at the ceremony were executive staff members, commissioners, and construction partners from Joint Venture Team of Stiles Thornton Joint Venture, who signed the spaces around a plaque affixed to a wall on the first floor of the new structure. The area will be covered with a clear protector to preserve the historical marker for years to come.

The parking garage and extension on slated to be fully operational in August 2017.

Hundred Attends Groundbreaking of Lee Health – Coconut Point

Community leaders, board members, executives and staff from Lee Health, and construction partners recently celebrated the groundbreaking and start of construction on Lee Health – Coconut Point. A crowd of about 200 South Lee residents and supporters gathered at the 31-acre site on the corner of Coconut Road and Health Center Boulevard in Estero.

Lee Health – Coconut Point will be a comprehensive health and wellness destination in South Lee County offering a broad array of medical services across the continuum of care. The facility, which will open in fall 2018, will feature a freestanding, 24-hour emergency department; surgery center, diagnostic imaging, laboratory, pharmacy, breast health center, cardiac testing and rehabilitation services. Lee Health – Coconut Point will also include short stay observation and recovery beds, a medical office complex for primary and specialty care physicians, and the Healthy Life Center—which connects residents and visitors to valuable health screenings, lectures, programs and services, and health care providers.

Manning the shovels at the Lee Health Coconut Point groundbreaking (l to r): John DeAngelis, DeAngelis Diamond; Dave Cato, Kris Fay, and Kevin Newingham, Lee Health; Skip Leonard, Lee Health Foundation; Alex Greenwood, Dr. Larry Antonucci and Jim Nathan, Lee Health; Donna Clarke and Therese Eavly, Lee Health Board of Directors; Dave Kistel, Lee Health; Village of Estero Mayor Jim Boesch; Dr. Sanford Cohen, Lee Health Board Chairman; Don Eliott, Estero Council of Community Leaders; Lisa Sgarlata and Suzanne Bradach, Lee Health, and Jeff Rausch, FLAD Architects.
Disaster ... Hurricane Preparedness ... Emergency Medicine ... Disaster... Hurricane Prep

Cover Story: Be Prepared: Lessons Learned From Hurricane Andrew

Continued from page 1 by nightfall, it overflowed with 400 patients seeking shelter, including pregnant women. We did not evacuate because the storm was predicted to hit farther north. The 52-year-old building was stocked with food and water and equipped with emergency generators to ride out the storm's fringes.

The hurricane arrived point-blank with a force I hope never to see again in my lifetime. It shook the building and slammed windows, spewing rain and glass shards. Staff moved patients on makeshift gurneys made of bedsheets and glass shards. Staff moved patients on makeshift gurneys made of bedsheets and glass shards. Staff moved patients on makeshift gurneys made of bedsheets and glass shards. Staff moved patients on makeshift gurneys made of bedsheets and glass shards.

The next morning when calm weather returned, we unchained the hospital doors. I still get emotional when remembering the storm's destruction all around us. Two-thirds of the hospital staff lost their homes that day. Half my home blew us. Two-thirds of the hospital staff lost their homes that day. Half my home blew us. Two-thirds of the hospital staff lost their homes that day. Half my home blew us.

Even so, our staff came to work, desiring to help everyone. Over the next days, and without much sleep, they treated their neighbors and strangers alike. More than four times the usual patients arrived with broken homes, severe gashes and other injuries. Then our staff began to leave. For good. They had nothing to keep them in our broken community. Our hospital, which endured $5 million in damages, began to struggle. Patients were unable to pay and state reimbursements were short in coming.

Homestead Hospital went from a thriving, profitable hospital into financial ruin, losing more than $15 million during the recovery. Three years later Baptist Health South Florida acquired it in a merger.

After much planning, the new Homestead Hospital opened in 2007. Its structure was designed to resist category 5 storms for uninterrupted care to patients. The windows are impact resistant. The first floor is raised to withstand a storm surge. Two diesel generators and two tanks holding 45,000 gallons of diesel gas can keep the hospital running on schedule for seven days.

The Department of Emergency Preparedness at Baptist Health was initiated to coordinate readiness among our seven hospitals and more than 30 outpatient centers. It organizes rigorous drills and training. This includes sending teams of nurses and physicians to the Caribbean to provide disaster relief to island communities for real-time training under adverse conditions. Our emergency plan goes beyond storms to include the outbreak of virulent diseases and man-made disasters, such as bioterrorism.

It’s true that the darkest times can often bring us to the brightest places. But it’s always best to be prepared to ride the storm.

Lessons learned: you can never be prepared enough for the challenges. But here are the basics:

**Organization**
Set up a centralized emergency department to improve efficiency at a time when it’s needed most. It improves communication. It provides stability. It’s important that emergency personnel receive the same information.

**Communication**

**Preparation**

Train and plan year-round to expect the worst. Make provisions to provide shelter to those seeking it, such as pregnant women and dialysis patients. Stockpile a week’s worth of hospital supplies, food, water and emergency fuel for generators. Fully staff trauma centers and emergency departments. Set up hotlines to activate before the storm to convey information about your facility to the public. Understand that should the storm hit, your lives and community will never be the same.

Wayne Broekin is Executive Vice President and Chief Operating Officer, Baptist Health South Florida. For more information, visit www.baptisthealth.net.
Sun Shade Down - A Mass Casualty Simulation at Broward College

Broward College students, faculty and staff joined local anesthesia, emergency medicine and general surgery residencies for a mass-casualty simulation on the A. Hugh Adams Central Campus in Davie. They worked alongside medical, fire rescue and health professionals on the drill, dubbed “Sun Shade Down.”

The exercise was meant to replicate the scenario of a propane tank explosion that would leave more than 40 “victims” made up of high-fidelity mannequins and volunteers. The victims presented a vast array of injuries and complications, from a field leg amputation to smoke inhalation. Students had the opportunity to collaborate with first-responders from Davie Police, Broward County Fire Rescue Agencies, Aventura Hospital and Kendall Regional, among others. In all more than 250 participated, nearly 100 of which were from the College.

Students were anxious to start as they gathered at the Health Sciences Simulation Center, which had been transformed into “Sunny Side Hospital.” Nursing major Peter Coyle, 26, was excited to be a part of it all. His professional goal is to work in the ER after graduation. “This is something that we all want to be prepared for,” said Coyle before the drill started. “I could not ask for a better opportunity in school to prepare me for this kind of environment.”

For the next hour-and-a-half, nurses and other medical personnel rushed to save the lives of as many victims as possible. Despite the commotion a situation like this could generate, students kept their calm and focused on the job at hand. Ambulances kept pulling up to the hospital, bringing victims that needed immediate attention.

As a student journalist, my goal was to find out as soon as possible what was happening. For the drill, I expected it to be extreme chaos. However, I was impressed by how well-trained the students were. This experience was definitely eye-opening.

Coyle was also beyond satisfied when the drill was over. “Clearly, we are learning how to be nurses but also how to interact with others in the hospital in different situations,” he said. “I really wanted to test myself here and do the best job I could. I think we all did.”

Sara Varela is Student and Editor of The Observer, Broward College student newspaper. For more information on the Health Sciences program at Broward College, visit www.broward.edu/academics/programs/healthscience.

Hurricane Season – Be Ready!

As fortunate as we have been over the past several years, we must be prepared to endure the potential of hurricane damage as Hurricane Season once again nears. Our facility preparedness is inextricably intertwined with the process and procedures which are familiar to all of you. Everyone has emergency preparedness drills, extensive training, contingency plans, and special equipment for emergencies.

Leadership at all levels is required for the facilities themselves to continue and improve the commitment of Hurricane hardening. As we review our planning and procedures, we must be diligent with the hardening of our essential service facilities. Healthcare organizations have made great strides in protecting their facilities. Some buildings were hardened, energy plants upgraded, and budgets provided for the improvements to meet all their needs. Unfortunately, after several clean hurricane seasons and ever tightening budget constraints, many facilities have delayed or scrapped plans for additional hurricane hardening. Therefore, there are still medical facilities with partially hardened patient areas, exposed infrastructures, non-impact, non-shuttered windows and doors, and non-reinforced walls that remain vulnerable.

It’s difficult to predict if we will have an active hurricane season this year. While no one enjoys the discussion of probability and statistics, chances are that a hurricane will hit the United States this year; and the odds indicate that Florida is a possible prime location for that to occur.

Throughout the past several years we have witnessed exposed deficiencies in window installation, significant water penetration, numerous unprotected openings, unprotected equipment, unprotected tank farms and chillers, and even walls incapable of protection from high-velocity missile impact (HVMI).

There is much work left to be done. As essential service buildings, our medical facilities require standards of performance in a weather emergency.

For more information, contact Charles A. Michelson, AIA, LEED AP, President, Saltz Michelson Architects, at (954) 266-2700 or cmichelson@saltzmichelson.com or visit www.saltzmichelson.com.
In acknowledgement of Nurse’s Week, Broward Health Coral Springs planned a week of activities to recognize nurses and honor them for their commitment and compassion every day—from a nurse breakfast, hat contests, nursing recognition ceremonies to poster contests and Nightingale Teas.

30 Year Anniversary

Broward Health Coral Springs celebrated its 30 year anniversary and gathered those employees who have been with Broward Health since the beginning.

Thank You to Hospital Volunteers

Broward Health Coral Springs recently held an Appreciation Luncheon to thank their Auxiliary Volunteers. The Luncheon was a “Paris theme” where the volunteers were treated to lunch and live music.

Broward Health North Comprehensive Cancer Center Holds “PaintFest®”

Broward Health North recently partnered with the Foundation For Hospital Art to hold a PaintFest® for cancer patients and their caregivers. A PaintFest® is a unique opportunity for cancer patients to take a break from treatment and participate with other patients, caregivers and staff to complete six-panel pieces of artwork that will be prominently displayed in the Comprehensive Cancer Center. At the event, teams of two, consisting of a cancer patient and either a caregiver or staff member worked together to paint the artwork. “It was wonderful to be a part of this event which allowed patients and caregivers to celebrate together through art,” said Pia Ferro, Comprehensive Cancer Center patient. The completed art panels will be sent back to the Foundation For Hospital Art to be placed together as one work of art. Once completed Broward Health North will hold an unveiling as the pieces of artwork are hung in the Cancer Center.

Fleet Week Visit

As part of Fleet Week, sailors and a marine came to BHCS to greet patients and clinical staff while serenading them with live entertainment.

Pediatric Drowning Prevention Task Force

With child drowning and near drowning incidents on the rise, the Pediatric Drowning Prevention Task Force (PDPTF) is a collaborative effort from Broward Health Coral Springs, the City of Coral Springs and the Florida Health Department. Their mission is to provide education to the residents in and around Coral Springs to protect children from drowning. And to do so, they held April Pools Family Water Safety Day—a fun-filled and educational family event where medical professionals united to teach drowning prevention. Pictured (l-r) Barbara Bolinsky and Maxine Hogan show participants how to perform CPR.

Doctor’s Day Celebration

In celebration of Doctor’s Day, Broward Health Coral Springs honored physicians with a special luncheon Gatsby style. Complete with a roaring 20s photo booth and 20s music, physicians gathered as they were thanked for the heroic efforts that they perform every day. Pictured (l-r): Vania Vasquez, BHCS Physician Services Director; Dr. Brian Bravo; Dr. Lloyd Maliner; Meme Baker-Greene, BHCS Medical Staff Manager.

Broward Health North Comprehensive Cancer Center Holds “PaintFest®”
Holy Cross Hospital Auxiliary Raises More Than $235,000 for Disorders Clinic

The Holy Cross Hospital Auxiliary’s 61st annual fundraiser, Epicurean Escapade: A Food & Wine Experience, honored the legacy of local businessman Phil Smith, who passed away in December from ALS, and raised more than $235,000 for the Phil Smith ALS and Movement Disorders Clinic at the Phil Smith Neuroscience Institute at Holy Cross Hospital. Pictured (l-r) Charlie Myers, Shawn Smith-Myers, Susan Smith and Dr. Patrick Taylor.

Lee Health’s ALS Clinic Receives $5,000 from ALS Association

The ALS Association recently presented a $5,000 check to Lee Health’s ALS Clinic in acknowledgement of the clinic’s status as a Recognized Treatment Center. Pictured (l-r): Andrea Hern and Patricia Stanco from The ALS Association present the check to Carol Emmick, director, Lee Health ALS Clinic; and Cindy Drapal, DNP, Lee Health system director, Neuroscience Institute.

CORRECTIONS

On page 30 of the May issue of South Florida Hospital News and Healthcare Report, the nursing profile of Belkis Dominguez was not run in its entirety. Here is the correct profile.

UNIVERSITY OF MIAMI HEALTH SYSTEM

Belkis Dominguez, RN, BSN

Improving the quality of patients’ lives by enhancing their vision is deeply rewarding for Belkis Dominguez, RN, BSN, an outpatient retina nurse at Bascom Palmer Eye Institute, part of the University of Miami Health System. “I have great passion, integrity and energy for my work,” says Dominguez, whose path to Bascom Palmer included earning Certified Ophthalmic Technician (COT) certification, and certification as a registered nurse in ophthalmology (CRNO). Viviane Leveille-Charles, BSN, MPH, Director of Nursing for Outpatient Services at Bascom Palmer, praises Dominguez’s drive and risk-taking. “She has demonstrated such initiative in her attempts to grow and develop, taking classes on Saturdays to improve her English and volunteering to present to Big Brothers/Big Sisters about the virtues of the nursing profession,” Leveille-Charles says. “She is also very spiritual and humble.” The opportunity to work as a nurse at Bascom Palmer, ranked the Number One eye hospital in the nation 15 times by U.S. News & World Report, proves to Dominguez that “dreams do come true.”

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Plaza Health Network CEO, Elaine Bloom, Honored by Miami Today as Gold Medal Award Winner

The Honorable Elaine Bloom, Plaza Health Network president and CEO and former Florida State Representative, has been recognized as a Gold Medal Award winner by Miami Today. Bloom is among three individuals and three organizations to receive this honor for their outstanding contributions to the community.

Bloom came out of retirement in March of 2015 to assume the role of president and CEO of Plaza Health Network. Bloom has provided leadership to South Florida for over 40 years. In 1974, she was only the 16th woman to be sworn into the Florida House of Representatives since 1845. Five of those sixteen women were sworn in with Bloom. She went on to serve two different tenures in the Florida House of Representatives — the first from 1974-1978, the other from 1986-2000 — and chaired eight different committees and subcommittees including Health Care, and Social and Economic Services. She was the prime sponsor of more than 100 major new laws and was elected Speaker Pro Tempore (1992-1994).

Promise Healthcare CEO Honored with 2016 Excalibur Award

Peter Baronoff, chairman and CEO of Boca Raton-headquartered Promise Healthcare was honored with the Sun Sentinel Media Group’s annual Excalibur Award for Palm Beach Business Leader of the Year. The award recognizes for-profit business leaders in South Florida for their success within the business community and their commitment to the values of innovation, company growth and community contribution. Although much of his time is dedicated to building the recognized and respected Promise Healthcare hospitals, Baronoff also serves on the Board of Trustees with the Boca Raton Regional Hospital and devotes time to several charitable organizations including youth scholarship programs and the Boca Raton Police Foundation.

Forbes Ranks Martin Health System Among the Best Mid-size Employers in the Nation

Martin Health System has been selected by Forbes as one of “America’s Best Mid-size Employers.” “We are thrilled that Martin Health has been recognized as among the best mid-size employers in the country,” said Angie Metcalf, senior vice president and chief resource officer. “As one of the largest employers on the Treasure Coast of Florida, we are able to offer our associates many opportunities to enhance their professional skills and advance their careers.” Martin Health boasts 4,300 associates, 850 volunteers and 400 affiliated physicians who work at 13 different locations throughout Martin and St. Lucie counties.

Good Samaritan Medical Center Names New Winner of DAISY Award for Extraordinary Nurses

Good Samaritan Medical Center congratulates this quarter’s DAISY Award recipient, Carina Neddo-Iraheta. Carina is a nurse in the hospital’s emergency department, and she is loved by patients and staff alike. She is a true asset to the nursing profession and displays extraordinary compassion and skilled clinical care in every situation, regardless of circumstances. Carina undoubtedly makes a difference in her patients’ lives and is truly deserving of this award. In the letter that was written for her nomination, this is what one nurse wrote: “It is an honor to work with nurses of the caliber and commitment as Carina.”

Broward Health Coral Springs Daisy Award Winner for April 2017

Broward Health Coral Springs is pleased to announce that Laura Rojas, R.N., Labor & Delivery was selected as the April DAISY Nurse. Laura’s patient and husband were present for the surprise recognition on her unit. They talked about how outstanding Laura and the L&D team were in providing such compassionate care during their difficult and sad time. Laura went well above and beyond for this family. BCHS is truly blessed to have such a humanitarian and extraordinary nurse on its’ staff. What a fine role model for others to follow.

North Shore Medical Center Recognized For Outstanding Improvement in Patient Satisfaction

North Shore Medical Center was honored with the “Outstanding Improvement in Patient Satisfaction” award during Tenet’s Hospital Strategy Conference Awards Ceremony on Sunday, May 14. This award recognizes hospitals that achieved the greatest percentage improvement in their total Patient Satisfaction Score, which represents a weighting of inpatient, outpatient and ED patient satisfaction. “Part of our ability to improve the patient experience at North Shore is a committed teamwork approach and that all of our employees are fully engaged in providing service excellence to our patients,” said Manny Linares, chief executive officer. North Shore has a Service Excellence Department that oversees the entire patient experience for every patient on a daily basis.

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Broward Health Coral Springs’s Center for Wound Care & Hyperbaric Medicine Named Center of Distinction and Center of Excellence

BHCS Wound Care and Hyperbaric Medicine earned the Center of Distinction (8th year in a row) and Robert A. Warriner III, M.D. Center of Excellence Award (6th year in a row) awards. These were given in recognition of the hospital’s wound care center meeting or exceeding benchmarks in: Healing Outcomes, Patient Satisfaction, Outlier Management and Days to Heal.

To earn the honor of Center of Distinction, a Center must achieve outstanding clinical outcomes for 12 consecutive months, including patient satisfaction higher than 92 percent, and a wound healing rate of at least 91 percent in less than 31 median days.

To earn the honor of Center of Excellence, a Center must achieve outstanding clinical outcomes for 24 consecutive months, including patient satisfaction rates higher than 92 percent and a healing rate of at least 91 percent in less than 31 median days.

Florida Medical Center Offers New Hope for High-Risk Heart Failure Patients

Florida Medical Center is now utilizing the Impella heart pump devices for elective and urgent high-risk percutaneous coronary intervention (PCI) patients. The Impella makes a protected PCI procedure possible. It pulls blood from the left ventricle of the heart through an inlet area near the tip and expels blood from the catheter into the ascending aorta. The Impella allows for percutaneous insertion and increased blood flow, particularly important for high-risk heart failure patients. The device is designed to help move blood from the heart to the aorta, mimicking the natural function of the heart and keeping blood circulating. “The addition of these Impella devices to our cardiovascular program at Florida Medical Center is a great benefit for patients who have severe heart disease” said Dr. Mohamed Osman, medical director of the Cardiac Cath Lab at Florida Medical Center. “For them, the traditional angioplasty treatment that cardiologists perform would perform to open a blocked artery may be too risky, and they may not be a good candidate for open-heart surgery.” In addition to being used for high-risk or protected PCI, the heart pumps are also approved for the treatment of ongoing cardiogenic shock following AMI (heart attack) or heart surgery.

Palm Beach Gardens Medical Center Expands Valve Center

Palm Beach Gardens Medical Center is pleased to announce more services within the Valve Center. The Valve Center allows Palm Beach Gardens Medical Center to better serve the community by uniting interventional cardiologists and cardiovascular surgeons to evaluate and treat structural heart disease, and complex heart valve disorders through a multidisciplinary approach all in one place.

The Valve Center evaluates the extent of heart valve disease and recommends options for treatment. These options may include minimally invasive procedures which may reduce pain and recovery time, allowing patients to get back to their lives sooner.

The Valve Center sees a variety of patients including those with heart murmurs, narrowed or leaking cardiac valves, and patients with disorders affecting cardiac chamber structure or function. Patients may experience symptoms differently depending on severity and the type of heart valve disease, but they can include: chest pain, irregular heartbeat, fatigue, dizziness, low or high blood pressure, swelling in the ankles or shortness of breath. A doctor’s diagnosis is essential because heart valve disease may masquerade as another medical conditions.

Gastro Health Acquires Gastroenterology Consultants, PA Practice

Gastro Health, LLC has entered into a definitive agreement to acquire the practice of Gastroenterology Consultants, PA which serves patients in two locations in Hollywood and Cooper City. As part of the acquisition, Gastro Health will also secure the practice’s anesthesia ancillary service, GCPA Anesthesia Services, LLC.

Gastroenterology Consultants, PA is comprised of nine full-time physicians, one anesthesiologist, one physician assistant, two nurse practitioners and three certified registered nurse anesthetists making it Gastro Health’s largest practice acquisition to date. The office will become Gastro Health’s 25th South Florida location and the company’s second Broward County location once it goes live in August, 2017. Led by David S. Weiss, M.D., providers for this practice include Barry Migicovsky, M.D., Jeffrey B. Kaner, M.D., Alex Lanoue, M.D., Leon S. Maratchi, M.D., Baza Mishiev, M.D., Enrique G. Molina, M.D., Joel Z. Stengel, M.D., Adam C. Lessne, M.D.

Moffitt Cancer Center to Provide Cancer Services at Memorial Healthcare System in South Florida

Moffitt Cancer Center and Memorial Healthcare System (MHS) have entered into a clinical partnership that will enhance the care of leukemia and lymphoma and establish a comprehensive Blood and Marrow Transplant Cellular Therapy Program for South Florida residents starting July 1. With both institutions recognized nationally and internationally as leaders in cancer care, this collaboration provides major benefits to patients seeking highly specialized cancer care close to home.

Moffitt has a lasting commitment to the prevention and cure of cancer, through patient care, scientific discovery and education. That includes bringing these components to areas outside the Tampa region. MHS has been a leader in providing high-quality health care services to South Florida with a caring philosophy to treat the whole patient – physically, emotionally and psychologically – through an integrated treatment approach that includes services from pain and symptom management to social services and support groups.

Through the partnership, Moffitt will provide services of blood and marrow transplant and malignant hematology as well as those related to molecular diagnostics, personalized medicine and hemopathology. Moffitt will employ the physicians and advanced practice professionals to staff the new program at MHS.

FAU Approved for Psychiatry Residency Program

Florida Atlantic University’s Charles E. Schmidt College of Medicine has received initial accreditation from the national Accreditation Council for Graduate Medical Education (ACGME) for a University-sponsored residency program in psychiatry, in collaboration with its member teaching hospitals in the FAU College of Medicine Graduate Medical Education (GME) Consortium.

This new program brings a total of four residency programs to FAU: internal medicine (launched in 2014); general surgery (launched in 2016); emergency medicine (launches this July); and psychiatry (launches in 2018).

The four-year psychiatry residency program is based at Tenet HealthCare system’s Delray Medical Center, the primary site for the program, South County Mental Health Center in Delray Beach and Boca Raton Regional Hospital. The program has been approved for 16 positions and will participate in the National Resident Matching Program to welcome its inaugural class on July 1, 2018.

FAU’s psychiatry curriculum will include clinical neuroscience, psychotherapy, psychopathology and somatic therapies. The psychiatry residency is led by program director John W. Newcomer, M.D., a leading neuroscientist and psychiatrist, and a professor of integrated medical science in FAU’s College of Medicine.
Reflections of a Nursing Graduate on Candlelight Ceremony Day

You could say nursing has always been a part of my life; my mother was a nurse in Jamaica. Now, after overcoming so many obstacles, I finally get to follow in her footsteps. I recently received my Associate of Science in Nursing from Broward College. Yet, it didn’t hit me how much I’ve overcome until our recent candlelight ceremony.

As a teenager, I worked with my father on cigarette boats dispensing and disposing of chemicals, which is where I developed leukemia. No matter how weak or sick I felt, the nurses gave me the encouragement and motivation to stay strong. It was while sitting in the hospital bed, as I waited to receive a life-saving bone marrow transplant from my sister, where I made a promise to myself. I thought, “if I survive the procedure, I will pay it forward and become a nurse so that I can help others and make my mother proud.”

When I was in remission, I dedicated myself fully to my studies. More than 20 years after making that promise I have reached the culmination of all my hard work at age 46.

Holding the candle in my hand, I felt as though the torch of Florence Nightingale had been personally passed on to me. The candlelight tradition may be old, but its deep meaning remains strong for us new nurses. I do not take the responsibility to care for another lightly because I know the importance of a nurse’s role firsthand.

I’m thankful to my family, friends, professors and everyone who supported me along the way, but I am especially thankful to my inspiration – the nurses from the Moffitt Cancer Center in Tampa for saving my life back in 1995. This moment could not have been possible without those nurses who inspired me to pursue what would become a dream fulfilled.

Patrick Myton is an Associate of Science in Nursing Graduate, Broward College. For more information on the nursing program at Broward College, visit broward.edu/nursing.
June 6
South Florida Healthcare Networking Group Meeting
You are invited to the monthly meeting of the South Florida Healthcare Networking Group (SFHNG) hosted by HealthSouth Rehabilitation Hospital of Miami on Tuesday, June 6 from 7:45 to 10 a.m. Download the reservation form at www.southfloridahospitalnews.com or please call (561) 368-6930.

June 8
SFHEF Educational Event
South Florida Healthcare Executive Forum, Inc. presents IBM Watson in Healthcare on Thursday, June 8 at Jupiter Medical Center. For more information, visit www.sfhef.org.

June 14
SFHHA Summit
The South Florida Hospital & Healthcare Association Summit: Achieving the Triple Aim, The Future of Healthcare Financing, will be held on Wednesday, June 14 from 8 a.m. to 6:30 p.m. at the Signature Grand Davie. For more information, visit www.sfhha.com.

June 22
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 22 from 7:45 to 10 a.m. Download the reservation form at the website www.southfloridahospitalnews.com or call (561) 368-6950.

June 30 – July 2
16th Annual Primary Care Focus Symposium
Baptist Health South Florida presents the 16th Annual Primary Care Focus Symposium June 30 - July 2 at JW Marco Island Marriott Resort. For more information, visit the website PrimaryCareFocus.BaptistHealth.net or email juliee@baptisthealth.net or call (786) 596-2398.

October 11
Broad and Cassel Health Forum
Broad and Cassel LLP and The Advisory Board Company are hosting the Seventh Annual Health Forum on Wednesday, October 11, 2017 at the Signature Grand in Davie, FL. Registration will begin at 11:30 a.m. followed by presentations and discussions with some of the industry's top professionals knowledgeable about today's rapidly changing health care landscape. For more information, please contact Elizabeth Levine at elevine@broadandcassel.com or (407) 839-4229.

E-mail Your Events to editorial@southfloridahospitalnews.com
Diagnosing and Treating Alzheimer’s, Dementia at Home Could be Key for Rural, Low-income Populations

Rural, older Floridians encounter a multitude of factors that put them at higher risk for developing Alzheimer’s disease (AD) such as limited education, decreased health literacy, low income, increased heart disease, lack of insurance, and limited access to health care. Minorities face an additional risk – African-Americans are nearly twice as likely and Hispanics are 1.8 times more likely than Whites to develop AD.

These disparities are especially prevalent in the culturally diverse, rural community of Belle Glade located in south central Florida in Palm Beach County, which has a higher percentage of residents over the age 65 (26.5 percent compared with the national average of 18 percent). More than one-third of the residents live below the poverty level. Belle Glade is designated as a Medically Underserved Area and a Health Professional Shortage Area for primary and specialty care.

With only two local physicians and two public primary care health clinics in the area, patients have to wait hours to see a health practitioner and cannot make appointments in advance. For older patients, this is a major barrier to seeking health care. Even if these rural older adults are aware of the need for cognitive assessment, there are insufficient providers to screen, diagnose, and treat the illness. These facilities are overwhelmed with waiting lists of patients needing appointments, and there are no urgent-care facilities available in the area. Consequently, residents treat the emergency room as the clinic.

Researchers from the Christine E. Lynn College of Nursing at Florida Atlantic University have received a $95,133 grant from the Ed and Ethel Moore Alzheimer’s Disease Research Program of the Florida Department of Health to test a novel mechanism in Belle Glade for early detection, diagnosis and treatment of AD in the home setting to reduce AD-related costs in underserved communities. The long-term goal of the study is to create a model for increasing early detection and treatment of AD that can be replicated in other underserved communities in Florida. A key outcome of this study is to delay earlier transitions to skilled nursing facilities, which could decrease health care costs by up to 30 percent for people with AD. Prior studies have shown that Medicaid can provide home care based services to three people for the cost of caring for one person in a long-term care institution.

Plaza Health Network Advanced Rehabilitative Care Gets Elderly Patients Home Quicker

Plaza Health Network’s award-winning skilled nursing and rehabilitation centers have a strategic focus on helping elder patients restore the function they need to resume their daily activities at home. Whether a patient is transitioning from hospital to rehab to home following a surgery, or recovering from a stroke, Plaza Health’s centers customize the most effective, personalized treatment plans that offer the latest advances in rehabilitative care.

When it comes to physical rehabilitation, Plaza Health utilizes the latest technological advances to help patients maximize their recovery. It can be difficult for patients to feel the contraction of a muscle internally or envision if they are swallowing correctly. Through the use of audio/visual equipment, patients are provided real-time biofeedback with visual reinforcement. This takes place when an electrical signal travels from the electrode attached to the patient to a monitor where it produces a particular image. This biofeedback gives a visual cue that the patient is moving muscles in a desired way. Patients who are recovering from a life-altering event such as a stroke or heart attack and may have issues with non-symmetrical walking or trouble swallowing greatly benefit from this technology.

In addition, all Plaza Health centers incorporate a telemedicine program into patient treatment plans which fosters a collaborative care approach between patients, physicians, advanced registered nurse practitioners, nursing staff and remote medical specialists. The technology can collect this data such as vital signs, conditions and clinical information as needed to reassure the patient of his/her progress and inform the clinical team. This results in a greater level of care, quicker evaluations, reduced hospital admissions and enhanced outcomes.

Lastly, Plaza Health centers offer restorative rehab for seniors such as fall prevention and balance therapy programs. These customized programs help to reduce risk of injury by screening the patient to determine if they are at risk of falling and designing a personalized exercise plan that enables the patient to increase mobility and independence.

No two patients have the same needs; therefore, no two treatment plans should be the same. Through the use of technology coupled by addressing each patient’s unique needs, Plaza Health Network centers are redefining rehabilitative elder care, enabling patients to remain independent as long as possible.

What’s the Prognosis?

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• Declining health despite maximal medical therapies
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• Increased difficulty swallowing
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• Oxygen dependence
• Progressive weight loss
• Progressive renal insufficiency
• Frequent infections
• Frequent hospitalizations and ED visits
• Bedbound
• Profound weakness, fatigue
• Recent ICU stay

What does a hospice-eligible patient look like?

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• Offers one-touch referral capability
• No referral paperwork
• Puts you in immediate contact with VITAS admissions

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South Florida Hospital News
SFHHA 11th annual HEALTHCARE SUMMIT
CHASING THE TRIPLE AIM
June 14, 2017
8:00 am - 6:30 pm
Signature Grand
6900 State Road 84
Davie, FL 33317

Join us on June 14 as we gather the stakeholders from across the healthcare continuum who impact, influence, and affect the delivery of healthcare to shape direction, solve problems, and offer sound advice.

AGENDA
7:30 am - 8:45 am  Registration and Breakfast
8:45 am - 9:00 am  Opening Welcome
9:00 am - 10:30 am  Keynote Session: The Future of Healthcare in South Florida
10:30 am - 11:00 am  Break / Networking / Exhibit Hall Open
11:00 am - 12:30 pm  Breakfast Sessions
  Strategic Approaches to Financing the Triple Aim (ACHE 1.5 Face to Face)
  Telehealth Innovation: Cost, Care, and Patient Experience
12:30 pm - 2:00 pm  Lunch / Networking / Exhibit Hall Open
2:00 pm - 3:30 pm  Breakfast Sessions
  Driving Success in the Triple Aim with Quality and Data Utilization (ACHE 1.5 Face to Face)
  Patient Experience: Components to Getting It Right
3:30 pm - 4:00 pm  Break / Networking / Exhibit Hall Open
4:00 pm - 5:00 pm  Florida Healthcare: Current State of Affairs
5:00 pm - 6:30 pm  Reception in Exhibit Hall

Member Fee ..............................................................$105
(ACHE, HIMSS, HPMA, BCMA, DCCMA, PBCM)
Non-Members .............................................................$145

KEYNOTE SPEAKERS
Waad K. Barsoum, MD
President, Cleveland Clinic Florida

Darcy J. Davis
Chief Executive Officer
Health Care District of Palm Beach County

Thanh H. Tran, MD, MBA
Chief Operating and Chief Clinical Officer
University of Miami Health System (UHealth)

Wayne Brackin
Chief Operating Officer and Executive Vice President, Baptist Health South Florida

C. Kennon Hettage, FACHE
Executive Vice President West Operations Memorial Healthcare System

Nick Westfall
CEO, Vitas Healthcare

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