There is no reason why hospitals should not have accessible websites. 'Accessible,' in this instance, is referring to sites being available to those who are blind or visually impaired, and the speaker is Virginia Jacko, president and CEO of Miami Lighthouse for the Blind. Jacko, who herself is blind, understands the issues people have if they are not able to navigate a company’s website because of vision difficulties, and she likened it to those who are confined to a wheelchair. “In the past, people who were in wheelchairs were not able to get into the buildings of a business – into a hospital, for example – because there were only stairs. Then the law changed and ramps were put in.”

She then equated websites that aren’t accessible to “stairs for the wheelchair community.” However, with the assistance of Miami Lighthouse, businesses will be able to comply with regulations that require accessibility. “The Americans with Disabilities Act (ADA) was passed in 1990, and one segment is Title III, which requires accessibility in terms of public accommodations; and as Jacko explained, websites are extensions of places of public accommodation,” says Jose R. Diaz, owner of DSignage. “They are also nearly impossible to keep up to date and it takes people’s time and money to print the material and physically go to the bulletin board to update them.

That’s not the only disadvantage to outdated marketing material, he notes. They are also nearly impossible to keep up-to-date. “Not to mention the ink and paper that needs to be used,” Diaz adds. “Our approach is to provide a complete turnkey solution—we call it ‘white glove services,’” says Diaz. “They are cluttered all over the place and not many people read them.”

“Not to mention the ink and paper that needs to be used,” Diaz adds. “We are excited about this significant step in the journey we embarked on in 2017. The agreement was enthusiastically endorsed by a unanimous vote of our Board, and we are looking forward to continuing with Baptist Health on the path toward elevating the healthcare we provide for our communities,” said Jerry Fedele, President and CEO of Boca Raton Regional Hospital. “Our organizations share similar missions with a long history of compassion and commitment to the communities they serve.

Both Boca Raton Regional Hospital and Baptist Health are not-for-profit organizations with a long history of compassion and commitment to the communities they serve.

“We are excited about this significant step in the journey we embarked on in 2017. The agreement was enthusiastically endorsed by a unanimous vote of our Board, and we are looking forward to continuing with Baptist Health on the path toward elevating the healthcare we provide for our communities,” said Jerry Fedele, President and CEO of Boca Raton Regional Hospital. “Our organizations share similar missions with a long history of compassion and commitment to the communities they serve.

The financial world is also under constant attack by cyber criminals, but most banks and financial institutions have taken the proper steps to combat cyber theft because they deal with money (SEC) every day,” says Tom Murphy with Danna-Gracey, one of the largest independent brokers of insurance coverage for the healthcare sector.

Despite many warnings, Murphy points out that there are still many smaller and mid-sized medical practices and healthcare organizations that have not taken any action. Or if they have taken any action, it’s dated, weak and unable to protect them adequately from cyber exploits.

“Not to mention the ink and paper that needs to be used,” Diaz adds.

Digital signage will enhance your internal communications in many ways. “Our approach is to provide a complete turnkey solution—we call it ‘white glove services,’” says Diaz. “We start with our consulting services by defining with clients their overall objectives, pain points and priorities; then we focus on deciding where the screens need to be installed and what size or orientation

“The financial world is also under constant attack by cyber criminals, but most banks and financial institutions have taken the proper steps to combat cyber theft because they deal with money (SEC) every day,” says Tom Murphy with Danna-Gracey, one of the largest independent brokers of insurance coverage for the healthcare sector.

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A Special Thank You to the May 2019 Hosts of the South Florida Healthcare Networking Group

Publisher’s Note

Ready or Not ...

Hurricane season in Florida runs June through November — and ask any Floridian, it’s an extremely long 6 months. Weather reports seem endless and every forecast of a white blob hundreds of miles away seems to stress 2 things: 1. Don’t panic; and 2. Panic! The blob is definitely coming for you and its arrival won’t be good.

In the Felix house, June 1st usually means Carol gets out her magnifying glass to check the expiration dates on soup and fruit cocktail and even batteries. So, while others are grilling baked beans on Memorial Day, Carol and I are cleaning out the back closet, tossing old supplies and throwing cans of those dangerous baked beans out. Carol’s the type who wears safety gloves when handling expired food, so needless to say we don’t have much carryover. But at least this year, instead of tossing the expired water we used it to water the plants.

Luckily in South Florida, last year was pretty quiet. We had a couple of false alarms but nothing like the Panhandle. Of course, this didn’t stop Carol from uttering the one question she asks each year, “How long will it take to get our hurricane shutters out of the braces on the garage wall and installed?” I’m convinced she’s decided that as I get older, the time will increase. (One more thing she’s probably right about …)

But you know me, when life gives me lemons (or hurricane predictions), it’s time to buy some lemonade. Or in this case, shop for the hurricane supplies I can’t live without this season. I’ve already decided it’s time to upgrade my gasoline pumping system for our generator, so investing in a bigger and better battery-operated pump is definitely in my future. And no doubt, while Carol is out shopping for more canned tuna fish and Spaghetti O’s, I’ll be browsing the aisles of Best Buy and surfing on Amazon for more hurricane gadgets we CAN’T live without.

You can reach Charles Felix at Charles@southfloridahospitalnews.com

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Charles Felix
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Medical Director Brings Skills and ‘Heart’ to Palmetto
Expertise, Research, Empathy in Top Heart Surgeon

BY BARBARA R. FALLON

Antonio Laudito, M.D., recently appointed Medical Director of the Heart Institute at Palmetto General Hospital (PGH) stands out from the stereotypical caricature of skilled surgeons whose talents are on display in the OR but whose passion for patient care remains hidden behind the surgical mask. “If you talk with patients through your eyes, they will see you have your heart in your hands and they will have no hesitation putting their heart in yours,” Dr. Laudito explained. “It is vital to be in touch with patients and their families to channel quality care,” he continued.

Having built his career from the East Coast to the West and in Italy, he has returned to Southern Florida because he was “deeply intrigued” with the vision of Ana Mederos, CEO PGH, to shape a multi-disciplinary expertise in heart care that provides the best potential for improved patient outcomes more effectively than as individuals,” he explained.

“My role is to serve as a servant leader who is the glue among cardio-thoracic surgeons, cardiologists, echocardiography, pulmonary and thoracic experts, ER specialists and all ancillary staff to build a team where the patient never feels like a ping pong ball among clinicians. As a team we can investigate, debate and champion a care plan that provides the best potential for improved patient outcomes,” he explained. “If I can provide the heat, we will all dance in rhythm.”

And while his strategy exudes infectious enthusiasm and open round-the-clock communication, he admits it involves significant time and effort. For a diverse team to improve patient outcomes, there must be a foundation of demonstrated clinical preparation, experience and knowledge on display. A firm believer that clinicians speak louder than words, Dr. Laudito endeavors to lead by example and also encourages new ideas to challenge the status quo.

“When someone calls me I will respond… when someone has an alternate option I will listen, and conversely if I have a question or concern, I will ask directly and try to avidly absorb expert advice from colleagues for the benefit of our patients,” he pledged.

According to Dr. Laudito, probing discussions will strengthen clinical relationships and provide opportunities for all to excel. Quality patient outcomes may include minimally invasive surgery, traditional surgery, or non-surgical options and the ultimate decision will bubble up from individuals who feel recognized for their contributions and act together as a team.

Along with years of experience in the full range of cardiothoracic surgery and recognition by distinguished peer professional associations, Dr. Laudito has kept abreast of innovative trends toward minimally invasive surgery often recommended for higher risk patients whose heart disease has progressed or is complicated by other health ailments. He is skilled in minimally invasive surgical techniques for valve reconstructive surgery, bilateral mammary artery revascularization, atrial fibrillation ablation and transcatheter valve therapy.

However, he warns that heart surgeons need not be slaves to technological trends. A heart specialist needs to consider all options and then conduct safe, effective surgical or non-surgical interventions that are best for the individual patient, not just the current trend. Improved outcomes with fewer risks is the ultimate goal in a quality care plan.

Finally, while his career promises to be busy in the foreseeable future, his personal life will also be eventful. The 50-something year old bachelor is enhancing his home life with wedding plans in the near future.


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Malpractice insurance policies are not one size fits all.

It is hard to make this stuff up. I was reading through a trade publication and the headline to an article actually read: Family upset, when ‘robot’ doctor tells grandfather he does not have long to live.

To protect the names of the not-so-innocent, I will not mention the prominent Health System that thought it would increase patient care and satisfaction by having a robot with a computer monitor go room to room with a video link to the doctor. Someone somewhere thought it would increase communication levels between doctors and patients, and to that extent, they were correct. The big miss was that when a doctor has really, really bad news, nothing beats an actual face to face conversation. What is next? Texting terminal test results?? What seemed like a cool, almost futuristic idea blew up in the organization’s face because nobody bothered to develop protocols around the new technology. Listen, we all get it, technology is everywhere and can provide a huge benefit to patient experience and cost reductions, but we must balance it with common sense.

BY JAY JUFFRE

Isn’t it time for an independent expert opinion on your malpractice insurance coverage?

Not all policies are created equally. There are many factors to consider when shopping for your malpractice insurance – proper liability limits, tails, triggers, retroactive coverage, regulatory and cyber protection, purchasing programs… the options are daunting, and the wrong fit can be disastrous to your practice.

As independent agents specializing in malpractice insurance placement, we are strong advocates for finding an insurance policy. Your practice is worth it.

When It Comes to Patient Care, Be Careful with Technology

BY JAY JUFFRE

Many love the ability to book appointments online, receive text/email reminders, and don’t mind viewing their lab results on a smartphone, however some still like to be able to pick up the phone and talk to someone. It is similar with patient interaction. Things like this robot doctor, virtual nurse, and fingerprint ID registration are exciting, but we let it interfere with the personal connection we ALWAYS need to have. Unless you are dealing with a greedy nurse, when asked what things are most important to them, almost everyone will respond with health, family and happiness near the top of the list. Never forget that as we continue to embark into a new era of technology and innovation. We risk a ton of bad press and more importantly letting a patient and their family down if we don’t.

Jay Juffre is Executive Vice President, ImageFIRST. For more information on ImageFIRST, call 1 (855) 852-7747 or visit www.imagefirst.com.
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A message from our President
13th Annual SFHHA Healthcare Summit on June 12 and 13 - Signature Grand

It’s hard to believe it, but we are in the 13th year of our Healthcare Summit. At this annual event we invite presenters with the timeliest knowledge about our selected Summit theme to share with our members and friends. The theme for the 2019 Summit is “Healthcare Innovations and Market Disruptors.”

We are pleased to have Nutanix as our Healthcare Summit partner. With technology playing such a significant role in healthcare innovation and disruption, Nutanix brings significant expertise to this year’s Summit. Nutanix software and cloud services unify IT operations and bring frictionless application mobility across different cloud environments. We are excited that Nutanix also will have an interactive demonstration to showcase their IoT functionality!

The Healthcare Summit will start off on June 12 with a keynote by Farzanna Haffizulla, M.D., FACGP, FAMWA, of Nova Southeastern’s Dr. Kiran C. Patel College of Allopathic Medicine. Dr. Haffizulla will set the stage for the Summit with her presentation entitled, “A Regional Look at Disruptive Innovation in Healthcare Delivery.” We will then adjourn and enjoy a networking event with our exhibitors to be followed by an invitation-only dinner immediately after.

The June 13 session will open with an overview of Florida’s healthcare agenda. We are very close to announcing our speaker, but, until it is confirmed, suffice it to say, it will be a great opening session. This will be followed by breakout sessions – Health Information Technology: Innovative and Disruptive Technology; Nurse Innovation: The Future (RN CEUs); Financial Innovations: Innovation in Alternative Payment Models; and our CEO Exchange (by invitation only) that will explore the challenges of leading during times of significant change moderated by Dr. Kathryn McCollister, Associate Professor and Health Economist in the Department of Public Health Sciences, University of Miami Miller School of Medicine.

Finally, just before lunch, attendees will hear from Andy Shin, JD, MPH, Chief Operating Officer for the American Hospital Association’s Center for Health Innovation. Andy will gaze toward the future and talk about, “What’s Ahead for Innovation and Disruption in Healthcare.”

If you want to get a sense for what healthcare might look like in the future, this is a conference that you can’t miss! We still have a limited number of sponsorships available, call (954) 964-1660 today and see which one might work for you.

If you want to register to attend, please go to our website and register for you.

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See you at the Summit!

Events
June 7
Educational Roundtable (Participant Only Event)
June 12 & 13
Annual Healthcare Summit
July 9
New Member Breakfast
July 10
4:00 - 6:30 pm
Provider Spotlight
July 24
12:00 - 2:00 pm
Academic Talks
August 9
Educational Roundtable (Participant Only Event)
August 14
HIT Educational Event
September 4
5:30 - 7:30 pm
Networking Event
September 11
4:00 - 6:30 pm
Provider Spotlight
September 25
12:00 - 2:00 pm
Academic Talks
November 4
27th Annual Golf Tournament
November 7
4:00 - 6:30 pm
Provider Spotlight
November 20
12:00 - 2:00 pm
Academic Talks
December 5
5:30 – 8:30 pm
Annual Meeting & Dinner

SFHHA Committees
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Membership Committee
Quality and Patient Safety Committee
Safety and Security Committee

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See you at the Summit!
Health Choice Network: A Quarter Century and Counting

BY BARBARA R. FALLON

A quarter century ago, some of us wondered what this thing called ‘the web’ even was. Many decided to ignore what they couldn’t understand. Luckily, some South Florida health executives recognized they needed to organize around their perceived weakness - Information Technology (IT) - in order to take advantage of its potential strength. They took the plunge and dove head-first into the unknown.

Those initial inquisitive four progressive thinkers pooled $15,000 each seed money, hired a CEO, Betsey K. Cooke, and this collective innovation eventually was awarded government grants to grow IT and to coordinate managed care and finances. Within a few years the Health Resources and Services Administration (HRSA), the primary federal agency for improving health care to people who are geographically isolated, economically or medically vulnerable, offered an annual grant to support Health Choice Network.

“HCN has evolved into a nationwide collective. It’s the secret sauce,” Romillo revealed. “We are lean so we can go fast and we don’t hide outcomes if we fail fast. Our dashboards are red or green - no yellow. We have learned that to succeed you expect some wrong turns but immediately realign and reset the path to move forward to succeed. Empowering our staff to be daringly innovative and recognizing their knowledge and contributions is what keeps us challenged and dedicated,” he explained.

The Board has also held true to its initial ‘boot-strap’, introspective mentality. All board members have a stake in area health care and are committed to sharing similar practices and disparities to increase efficiency, access and quality care to patients. “We purposely review, share and learn from our wins and our missteps and that’s what some of us call the secret sauce,” Romillo revealed.

Over the years the Health Choice Network has grown nationwide but close to home there are 31 members in Florida caring for 3.4 million South Florida residents in need of a medical home. Nevertheless, from coast to coast, the common thread is the mission … Giving up for the greater good. The Board and the majority of administrative and professional team members have been recruited from participating hospitals, and as such, wear their commitment on their sleeves.

Decades ago, Florida was a pilot state for the introduction of HMOs and testing value-based care. HCN was a pioneer dragging one of the largest business lines (health care) into the digital world. According to Romillo, during the first decade of its existence HCN concentrated on digitizing paper records which was a pain point for most providers. However, initial reluctance to change turned into acceptance and finally enthusiastic support when efficiencies, cost savings, and reduction in medical errors was proven.

“We let the data speak for itself,” Romillo explained. “We are a leader in implementing the electronic health record, oral health record and soon the behavioral health record. Our expertise in technology enables health care providers to document, communicate and track medical information, providing patients with faster service, reduced errors and safer transmission of information among labs, pharmacies, hospitals and physicians keeping data security constantly top-of-mind.”

Since its modest beginnings HCN has earned a reputation for leadership in the integration of health info technology among members. Services include education, hosting turnkey HIS systems, providing strategy and planning, network design and support, volume pricing and purchasing, contract negotiations and vendor management.

State-of-the-art health information systems capture, analyze and leverage data to improve quality and access to care. In fact, over the past five years, HCN achieved enviable status as the only not for profit and only U.S. finalist for the Citrix award for innovation, (the Oscars of technology). While the network has successfully built a firm foundation on technology, in recent history there has been a deliberate pivot to the next phase - patient centered quality and value-based initiatives.

Expanded services integrate clinical engagement in quality initiatives and tracking new options in targeted treatment protocols.

Whether the playing field is artificial intelligence, clinical engagement, revenue cycle management, managed care contracting or provider credentialing, the HCN team is competitive and plays to win. “We willingly share promising practices and failures in order to benefit as a group rather than confine ourselves to traditional silo environments which curb many health care organizations,” Romillo concluded.

For information, visit www.hcnetwork.org or call (305) 599-1015.

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Helping Physicians Maximize Their Shared Savings Through Voluntary Alignment

As Accountable Care Organizations (ACOs) continue to evolve, the Centers for Medicare & Medicaid Services (CMS) continue to encourage physicians to assume financial risk for the patients attributed to their ACO. In fact, the most recent changes by CMS incentivize ACOs to assume greater upside risk by minimizing downside risk.

These models are based on comparing the actual cost of care for a defined population of Medicare fee-for-service beneficiaries with the anticipated cost for delivering care to that same population. If the actual costs are less than the anticipated costs, then the ACO – and its physician members – share in the savings. These ACOs with well-conceived and well-deployed care management programs can often achieve significant savings and earn handsome bonuses. From robust preventive care, to post-discharge follow up, to ensuring medication adherence, successful ACOs produce better health outcomes, prevent hospitalizations, and reduce overall healthcare spending.

For these forward-looking ACOs, the more patients attributed to their organizations, the greater the opportunity to demonstrate savings. Likewise, for the physicians who comprise these ACOs, patient attribution can mean significantly greater income.

**Voluntary Alignment Trumps Claims Data**

Historically, a Medicare fee-for-service beneficiary who elects to participate in an ACO would be aligned with the doctor who provided the most care to that patient over the previous twelve months. Therefore, if a patient’s Medicare claim data shows his or her cardiologist as the doctor who delivered the most care, then the cardiologist would be considered the patient’s “primary physician.” Now, with voluntary alignment, patients can identify their primary physician on their own, independent of claims data. This ensures patients’ primary care doctors – those who likely have the most thorough and holistic understanding of the patient’s health – serve as the “captain” of patients’ care team.

**How Does A Patient Align With A PCP?**

This concept of voluntary alignment makes good sense for patients as well as their physicians. However, as is the case with many Medicare-related enterprises, bureaucracy can make processes challenging. Voluntary alignment is no exception to the rule.

For this reason, at Genuine Health ACO, we’ve created a program specifically focused on voluntary alignment. We do the heavy lifting so our physicians and their office staff don’t have to. As a result, physicians who participate in Genuine Health ACO often benefit from a 20% to 30% increase in Medicare fee-for-service patients attributed to their care.

That can mean tens of thousands of dollars in incremental revenue – not only from shared savings, but also from performance bonuses that Genuine Health ACO pays to its participating physicians when they meet certain criteria. In addition, our participating physicians earn higher reimbursement for their patients attributed to our ACO.

ACOs offer a win-win for Medicare fee-for-service beneficiaries and their primary care providers. However, it’s vital these patients are attributed to the correct doctor. And Genuine Health ACO has created a voluntary alignment program to make certain our participating physicians get the credit and the income for every patient possible.

Learn more how Genuine Health ACO can help streamline the voluntary alignment process for your practice by contacting Gamil Khafrof, Chief Growth Officer for Genuine Health, at (786) 878-5500, or gkhafrof@genuinehealthgroup.com.

Telehealth in Florida; Has Its Day Finally Come?

The 2019 session of the Florida Legislature addressed an issue that has become increasingly problematic for physicians trying to deliver cost effective, quality, and responsive medical services – the growing demand for telehealth. In addition to potential cost and timeliness benefits, the public’s acceptance of and expectation for telehealth services reflects the increasing trend towards consumerism in this industry. Specifically, the tendency to provide health care services in locations that are responsive to consumers’ preferences, while protecting their safety.

The 2019 Florida Legislature tried to address many of the questions surrounding the delivery of professional medical services using telehealth by adopting HB 23, which created § 456.47, Florida Statutes–Use of telehealth to provide services (“Telehealth Act”).

The Florida Legislature elected to use the term “telehealth”, rather than “telemedicine”, to mean “...the use of synchronous or asynchronous telecommunications technology by a telehealth provider to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include audio-only telephone calls, e-mail messages, or facsimile transmissions.” Thus, the Florida Legislature recognized that telehealth may be employed in a wide variety of situations.

The definition of who qualifies as a “telehealth provider”, is surprisingly broad and includes any individual who:

1. provides health care and related services using telehealth and who is licensed or certified under one of a variety of Florida statutory schemes;
2. is licensed under a multi-state health care licensure compact of which Florida is a member state, or
3. is licensed in another state, providing services to a patient in Florida, registered under and complies with the requirements of the applicable Florida board or department, and meets Florida’s financial responsibility requirements.

Historically, the Florida’s boards, particularly the Board of Medicine, have taken the position that in order to provide telehealth services to a patient located in Florida, the rendering physician must be licensed in this state. Clearly, that is no longer the case.

The Telehealth Act also addresses several issues that have arisen as this method of delivering health care services has evolved:

- **Standard of Practice:** A telehealth provider is expected to practice “in a manner consistent with his or her scope of practice ... for a health care professional who provides in-person health care services to patients in this state.” Thus, the standard of care is no different whether treating a patient using telehealth or in-person.
- **Place of Service.** The place of service where a professional telehealth service is rendered is the location where the patient is located at the time services are performed or in their county of residence in Florida. This is likely to prove to be problematic. For example, imagine while driving through Palm Beach County a resident of Miami-Dade County engages in a telehealth consultation with a telehealth provider located in Hillsborough County, who allegedly misreads/misinterprets/fails to adequately explain a test result; would the place of service for any resulting malpractice suit be Palm Beach or Miami-Dade County?

The Telehealth Act represents the first step in clarifying the use of this health care delivery method in Florida. However, it is not as comprehensive as some may have hoped. For one thing, there still are limitations on the services physicians may deliver via telehealth. For example, a qualified ordering physician still may not authorize a qualified patient to obtain or reauthorize that patient’s continued use of medical cannabis.

Probably more disappointing, the Telehealth Act did not clearly address a major hurdle to the development of this delivery modality in Florida – reimbursement. The Act only requires a telehealth provider and payer to develop “mutually acceptable payment rates or payment methodologies for” telehealth services. This, essentially, is what Florida’s physicians have been doing historically. The Act does not require payers to reimburse physicians for providing telehealth services; thus, a payer may elect not to cover these services. The Act also does not require parity or any relationship between what a payer reimburses a physician for an in-person visit and reimbursement for a telehealth visit. Thus, the Legislature failed to address an issue many view as critical to the development of a robust telehealth delivery system.

The good news is the Florida Legislature will be back in 2020, and members will have another opportunity to address the state of telehealth in Florida.

Stephen Siegel, Partner in the Coral Gables office of Lubell/Rosen, can be reached at (305) 298-8640 or ssh@lubellrosen.com.
Tenet Florida Physician Services in Fort Lauderdale. Dr. Laudito, M.D., an award-winning cardiothoracic surgeon, has opened his Tenet Florida Cardiovascular Care (TFCC) practice at Palmetto General Hospital. Dr. Laudito is on staff at Palmetto General Hospital in Hialeah where he is the Medical Director of the Heart Institute at Palmetto General Hospital and is a member of the Tenet Florida Heart & Vascular Network.

Dr. Laudito is certified by the American Board of Surgery and the American Board of Thoracic Surgery. Prior to joining TFPS, Dr. Laudito worked as a cardiothoracic surgeon at St. Joseph Health, located in Tureka, CA.

For his education and training, Dr. Laudito completed a fellowship in pediatric cardiac surgery at the University of California San Francisco and his cardiothoracic surgery residency at the University of Miami-Jackson Memorial Hospital in Miami, FL. In addition, Dr. Laudito served as chief resident in general surgery at the Mount Sinai Hospital in New York City, NY. He completed his medical school at the University of Turin Medical School, located in Turin, Italy.

New Physicians Join Tenet Florida Physician Services in Fort Lauderdale

Cristina Vila, M.D., a general surgeon, and Michael Kindya, M.D., a board-eligible and fellowship-trained orthopaedic surgeon, have opened offices with Tenet Florida Physician Services (TFPS) in Fort Lauderdale.

Dr. Vila specializes in general surgery, hernia repair, minimally invasive surgery and robotic surgery. She is on staff at Florida Medical Center, a campus of North Shore. Prior to joining TFPS, Dr. Vila completed her internship and residency in general surgery at the University of Pittsburgh Medical Center (UPMC) at Mercy Hospital in Pittsburgh, PA. Dr. Vila graduated medical school from the Universidad del Caribe School of Medicine (UCCSOM) in Bayamón, PR.

Dr. Kindya completed a fellowship in sports medicine with the Allegheny Health Network in Pittsburgh, PA, and his internship and residency in orthopaedic surgery at Stony Brook University Hospital located in Stony Brook, NY. Dr. Kindya graduated medical school from the Boston University School of Medicine in Boston, MA.

Dr. Kindya has team coverage experience working with the Major League Baseball team the Pittsburgh Pirates, Team USA Rugby Services – National Team, Pittsburgh Riverhounds of the United Soccer League, Stony Brook University – Varsity Athletic, and Robert Morris University Men’s Hockey team, Stony Brook University Men’s Hockey Club, Elwood School District (NY) High School Football, Peter’s Township (PA) High School Football, Osceola High School (FL) High School Football and Three Rivers Classic NCAA Men’s Hockey Tournament (2016) – Tournament Physician.

Broward Health Welcomes New Physicians

Broward Health continues to experience significant growth in its employed physician group. In the first quarter of 2019, Broward Health Physician Group has added five new physicians to its employed medical staff. With specialties that include hand and upper extremity surgery, hematology and oncology, ophthalmology and retina surgery, transplant surgery and internal medicine, Broward Health Physician Group is well positioned to meet the growing and diverse healthcare needs of Broward County residents.

Broward Health Physician Group, Broward Health Community Health Services and Children’s Diagnostic & Treatment Center welcome:

Edison Franco, M.D., Transplant Surgery
Daniel Gologorsky, M.D., Ophthalmology and Retina Surgery
Jacob Landes, D.O., Hand and Upper Extremity Surgery
Michael Last, M.D., Internal Medicine
Israel Wizinower, M.D., Hematology/Oncology

Highly-skilled Cardiothoracic Surgeon Opens Office at Palmetto General Hospital

Tenet Florida Physician Services (TFPS) is pleased to announce Antonio Laudito, M.D., an award-winning cardiothoracic surgeon, has opened his Tenet Florida Cardiovascular Care (TFCC) practice at Palmetto General Hospital. Dr. Laudito is on staff at Palmetto General Hospital in Hialeah where he is the Medical Director of the Heart Institute at Palmetto General Hospital and is a member of the Tenet Florida Heart & Vascular Network.

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For his education and training, Dr. Laudito completed a fellowship in pediatric cardiac surgery at the University of California San Francisco and his cardiothoracic surgery residency at the University of Miami-Jackson Memorial Hospital in Miami, FL. In addition, Dr. Laudito served as chief resident in general surgery at The Mount Sinai Hospital in New York City, NY. He completed his medical school at the University of Turin Medical School, located in Turin, Italy.

Dr. Thomas Schalcosky joins Cleveland Clinic Indian River Hospital

Cleveland Clinic Indian River Hospital welcomes family medicine physician Thomas V. Schalcosky, D.O., DPM, FAAP. Dr. Schalcosky earned a degree in pediatric medicine at the Ohio College of Podiatric Medicine in Cleveland, OH, and completed a pediatric and surgical residency at the Hunter Holmes McGuire VA Medical Center in Richmond, VA. He earned his doctor of osteopathic medicine degree from the West Virginia School of Osteopathic Medicine in Lewisburg, VA. He completed his internship at Richmond Heights General Hospital in Richmond Heights, OH, and his family practice residency at the University of Virginia at Lynchburg.

Dr. Schalcosky, who will serve as Cleveland Clinic Indian River Hospital’s Director of Primary Care, held several leadership positions while practicing at Cleveland Clinic South Pointe Hospital in Warrensville Heights, OH. He was medical director and co-organizer of the hospital’s Bicycle Safety Program and a member of its Ethics, Infectious Disease and Peer Review Committee. He was an attending preceptor for family medicine residencies at Cleveland Clinic South Pointe Hospital Primary Care and Cleveland Clinic Lakewood Family Health Center.

In addition, Dr. Schalcosky served as clinical assistant professor at Cleveland Clinic Lerner College of Medicine, Case Western Reserve School of Medicine and Lake Erie College of Osteopathic Medicine. He was also clinical assistant professor of family medicine at the Heritage College of Osteopathic Medicine at Ohio University.

Dr. Cristina Vila

Prendergast Family Child Advocacy Award. This award recognizes her passion and commitment to helping and healing the children of Southwest Florida.

Dr. Cristina Vila was named 2019 Prendergast Child Advocate of the Year.

Golisano Children’s Hospital of Southwest Florida has awarded Piedadale Silva, M.D., a pediatrician with Lee Physician Group (LPG), the 2019 Prendergast Family Child Advocacy Award. This award recognizes her passion and commitment to helping and healing the children of Southwest Florida.

Recently, Dr. Silva has been instrumental in making Lee Health facilities more accessible to patients with asthma. In February, four LPG primary care clinics became the first pediatric outpatient offices in the state designated platinum-level “Asthma-Friendly” by the Florida Asthma Coalition (FAC). This is the highest level of recognition the coalition awards and highlights outpatient centers that create a safe and healthy environment for patients with asthma.

Dr. Silva also served on the Board of Directors for the Bonita Springs YMCA for several years and was an active member of the Children’s Medical Services Clinical palate program.
The Importance of Revenue Trends and Underlying Metrics

BY THOMAS RECK

As a member of a consulting firm, we are approached to value various types of entities. In addition to a valuation where we are seeking to determine value at the present day, there are often times whereby we are called upon to review the valuations of others or review prior transactions. It is in the review process that we are reminded of the importance of carefully reviewing the underlying books and records of an entity. This article is intended to remind one of the importance of understanding the revenue composition of the subject company and the basic metrics of an entity.

A basic theory of the income approach in business valuation, is that the income to be capitalized is the expected future income. This means that historical earnings may have little or no bearing on future expectations, yet it is not uncommon to find a weighting of prior year’s results being used as a proxy for future income. If one encounters a weighting of prior years, it is important to understand the reason for it. In addition it behooves the reader to ask questions about future revenue. It is very unusual to find expected future revenue equating to a weighting of prior years’ results.

There are instances where reliance on past results will render an incorrect result. If there has been a fundamental change in an entity’s revenue stream, past results are of little value. For example, if the historical results include revenue from ten physicians, and retirement or attrition has caused there to be eight physicians generating revenue in the foreseeable future, then valuing the practice using the revenue of ten physicians is incorrect. Therefore, it is important to understand the facts and circumstances surrounding the valuation at the valuation date.

It is important to understand the composition of the revenue when performing a valuation. For example, in the valuation of an ambulatory surgery center, knowing the trend in patient count and the number of patient visits is vitally important. It is also important to know the revenue associated with each of the revenue streams, whether it be pain management or orthopedic. It is not enough to just look at the top line revenue. This is because there could be instances where the number of overall cases has dropped but because of a change in the type of service being provided (which yield higher reimbursement amounts) the overall revenue remains essentially unchanged. As a result, someone who did not understand the composition of revenue, could have been lulled into thinking that the practice is relatively unchanged, when in fact the overall case load has declined.

Other metrics to give careful consideration to include net revenue per case, earnings before interest and taxes (EBIT), as well as earnings before interest, taxes depreciation and amortization (EBITDA) margins. For each of these it is helpful to show their respective trends over time, so that there is a clear sense of not only the case or work load, but the margins associated with the entity being analyzed.

Let’s assume that the EBITDA margin was 40% five years ago but there has been a gradual decline in it so that the current percentage is 34%, which equates to a $6,000 decline in EBITDA for every $100,000 of revenue. On patient revenue of $3,000,000 that 6% decline in EBITDA margin equates to a $300,000 decline in funds to distribute or reinvest. It is important to understand the reasons for the EBITDA erosion. Just as it is important to understand the expected revenue trend moving forward, it is also important to understand the anticipated EBITDA margins moving forward as well.

The takeaway from this should be to always keep a close eye on the topline figure of a practice and understand its composition as well as to understand the net profitability as measured by things such as EBITDA.

FAU Joins PROPEL to Build a Community of Compassion Among Next Generation of Physicians

Just how do new doctors “learn” bedside manner, or the compassion necessary to be an empathetic medical provider?

For the students of Florida Atlantic University’s Charles E. Schmidt College of Medicine, the answer is by getting to know the people they may treat one day — face-to-face and right now. This summer, beginning in August, a class of FAU medical students will conduct a Service Learning Project at PROPEL (People Reaching Out to Provide Education & Leadership), which works with local teenagers and pre-teens.

The Service Learning Project will be a ‘win-win’ for both groups. The medical students will learn what issues are affecting the health and well-being of local teenagers, be it stress from school and home to poor nutritional choices or lack of sleep. The students of PROPEL, who range in age from 12 to 19, will learn what it takes to become a doctor or professional caregiver and what kind of dedication is required to achieve success in the medical field.

PROPEL is a nonprofit organization dedicated to helping disadvantaged youth from south Lantana to Boca Raton achieve academic success through leadership training, tutoring and life-skills programs. Located in east Boca Raton, PROPEL successfully works with more than 100 students through its after-school and weekend programs, focusing on literacy enhancement, SAT/ACT Prep, STEM programs, healthy living initiatives and post-secondary career planning.

Since so much of PROPEL’s mission is focused on helping students achieve in the classroom and in life, getting to know other students who are excelling in their field is an important motivator, said PROPEL CEO Gregg Francis.

“This Service Learning Project benefits our kids by giving them access to other young people who are working just as hard as they are, if not harder, to make their goals a reality,” Francis said. “We hope our students learn that one, if they want to be a doctor, then it’s achievable; and two, if they want to be healthier, here’s how.”

For FAU students, connecting to the community they may serve one day is crucial to understanding the factors that affect health and wellness.

To learn more about PROPEL, visit www.propelyourfuture.org or call (561) 955-8553.
Emotions and Divorce

You and your spouse have discussed getting a divorce and have now agreed that one of you will act and hire an attorney. You are speaking civilly to one another and seem to have agreed to split the assets and liabilities fairly. You are not arguing in front of your children and they have no idea that a divorce is imminent. So why do you feel like you are on an emotional roller coaster — feeling sad and dejected one minute, angry and hostile another minute, resigned to the new life you are about to embark on and in control and at peace another minute?

Going through a divorce takes up 90 percent of your energy. Meaning, since you are using up 90 percent of your energy with divorce emotions, you only have 10 percent left to be a productive worker, parent, or friend, to work out, clean the house and run errands and relax. When going through a divorce, your other obligations do not change, only the amount of energy you must put toward those obligations. No wonder you feel like you are on a roller coaster of emotion.

The best thing you can do for yourself during this turbulent time is give yourself a break. Remember that you can only do so much, and the rest will have to wait. Take care of yourself. Find time to take that yoga class you have been meaning to try and begin a new healthy habit. Meditate or nap in the afternoons when you do not have your children to rest and rejuvenate. Most importantly remember that this feeling will not last forever and within a few months, you will start feeling less and less like you are on a roller coaster and can claim your life back.

If you have questions about divorce, and want to discuss these questions with an attorney, call Angela R. Neave, Esquire, at (954) 981-2200 for a free consultation.

Salute to Nursing... Salute to Nursing...

BY ANGELA R. NEAVE, ESQUIRE

Laurie Scarbrough

Laurie Scarbrough began her career in nursing at Holy Cross Hospital in 1994. Over the next 18 years, she served as a bedside nurse, charge nurse, admission nurse and a preceptor/mentor to new nurses on staff. From 2012 to 2017, Scarbrough served as a nurse in the hospital’s cardiovascular intensive care unit before moving to her current nursing role in pre-operation holding and outpatient surgery. She is a member of the American Association of Critical-Care Nurses and holds certification from the organization as critical care registered nurse (CCRN). Over the course of her career at Holy Cross, Scarbrough has been honored with a DAISY Award, Nurse of the Month award, and an Institute of Nursing Excellence Award, which is bestowed upon Holy Cross Hospital Associates who best demonstrate the qualities of compassion, commitment to clinical excellence and genuine intellectual curiosity.

Gina Swan Campenni

Gina Swan Campenni is a full-time radiology nurse specialist in the department of radiology at Holy Cross Hospital, a role she has held since 2013. Previously, she served as a specialist and interventional radiology nurse manager for 10 years in the hospital’s department of interventional radiology. Campenni also served as an emergency room nurse in the hospital’s emergency department from 2002 to 2005, and as a critical care nurse in the hospital’s intensive care unit, critical care unit and cardiovascular intensive care unit from 1998 to 2002. She studied at the Ohio Valley Hospital School of Nursing and the Franciscan University of Steubenville in Ohio prior to starting her nursing career. A licensed and registered nurse in the state of Florida, Campenni’s certifications include advanced cardiovascular life support, pediatric advanced life support and basic cardiac life support.

First Choice Neurology

Now Offers Pediatric Neurology

Neuro Network Partners (NNP) is joining with Miami-based First Choice Neurology, which has locations throughout South Florida and in the Tampa Bay area.

The combined organization becomes the largest private pediatric and adult neurology group in the United States with more than 80 neurologists and 120 support health care staff members. The practice operates out of 41 facilities in six Florida counties and offers coverage in 35 major hospitals.

NNP was founded in 1978 and offers specialized pediatric expertise in such fields as epilepsy, traumatic brain injury, neurocritical care, cerebral palsy, movement and neuromuscular disorders, headaches, autism and neurodevelopmental disorders, neurogenetics, attention and learning problems, sleep disorders, and advanced neurodiagnostic services. NNP neurologists and advanced care providers work as a team to provide quick access and comprehensive care to neonates, children and adolescents with problems affecting the brain.

“The mission of First Choice Neurology is to provide high quality, cost-effective neurology services to the communities we serve,” says Bruce Kohrman, MD, Chair, First Choice Board of Directors. “By combining our resources with NNP, we are now able to offer both adults and children these critical health care options.”

Roberto Tuchman, MD, NNP’s Managing Partner, adds, “We share the First Choice mission of providing strong patient-physician relationships that are so critical in neurology. Together we are able to serve children and families seeking neurological care throughout the lifespan, expand access to care and provide an even better service through our collective ability to support our neurologists and advanced care providers.”

E-mail Your Editorial Submissions to editorial@southfloridahospitalnews.com
Continued from page 1

The Department of Veterans Affairs is pleased to announce the appointment of Kalautie JangDhari, M.S.P.H., as the new Director of the Miami VA Healthcare System. JangDhari is currently serving as the Medical Center Director, West Texas VA Health Care System. He has over 20 years of leadership experience in the VA healthcare system, including serving as the interim Director of the VA Medical Center in Big Spring, TX. JangDhari brings a wealth of experience in veterans' healthcare, including experience in veterans' health care system leadership, business administration, and business and finance operations.

VA Sunshine Healthcare Network Announces New Healthcare System Director

The Department of Veterans Affairs is pleased to announce the appointment of Kalautie JangDhari, M.S.P.H., as the new Director of the Miami VA Healthcare System. JangDhari is currently serving as the Medical Center Director, West Texas VA Health Care System. He has over 20 years of leadership experience in the VA healthcare system, including serving as the interim Director of the VA Medical Center in Big Spring, TX. JangDhari brings a wealth of experience in veterans' healthcare, including experience in veterans' health care system leadership, business administration, and business and finance operations.

Cleveland Clinic Martin Health Announces Chief Operating Officer

Cleveland Clinic Martin Health is pleased to announce that Christopher Soska, MBA, has joined the leadership team as Chief Operating Officer. Soska brings 20 years of Cleveland Clinic leadership experience. He has served as System Executive Director, Hospital and Ambulatory Operations since August 2018. Soska holds a Master of Business Administration from Baldwin Wallace College, and a Bachelor of Arts in Accounting and Finance from Walsh University. He also serves as an executive coach for Cleveland Clinic.

Cleveland Clinic Martin Health Announces Chief Financial Officer

Michael Moehring has been appointed Chief Financial Officer of Cleveland Clinic Martin Health. Moehring joined the Martin Health System finance department in 1993, serving most recently as Assistant Vice President of Finance and Reimbursement since 2013. Moehring holds a Master of Business Administration from Florida Atlantic University and a Bachelor of Arts in Accounting and Finance at Marietta College.

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Marine Organisms Hold Promise for Treating Triple Negative Breast Cancer

The oceans cover more than 70 percent of the earth’s surface and provide a rich source of unique, bioactive natural products. Their chemical diversity and structural complexity represent an untapped supply of potential new drugs, lead compounds for medicinal chemistry and biological probes to better understand diseases. More than 50 percent of cancer drugs currently used have originated from natural products.

Researchers from Florida Atlantic University’s Harbor Branch Oceanographic Institute have received $801,000 from the Florida Department of Health’s Biomedical Research and Development Program to investigate the use of marine natural compounds as potential treatments of triple negative breast cancer.

The objective of the project, “Discovery of Marine Natural Products Active Against Triple Negative Breast Cancers Using 3D-spheroid Cultures; an In Vivo Relevant Assay Platform,” is to discover compounds from the extensive marine natural products library at FAU Harbor Branch that can induce programmed cell death (apoptosis) in triple negative breast cancer cells grown as spheroids. Cells grown as spheroids more closely mimic tumors, and thus compounds identified through this screening effort are expected to be more easily translated to the clinic.

The researchers hope to identify clinically active compounds that will revolutionize treatment regimens and provide more effective treatment options, with less side effects, and greater survival rates. The five-year survival rate for triple negative breast cancer is about 77 percent compared to 93 percent for other breast cancer types.

Around the Region… Around

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Cybersecurity in the Healthcare Industry

Introduction

Valued at trillions of dollars, the U.S. healthcare industry is growing in size each year. Not only does the industry provide invaluable medical and clinical services to American consumers, it is host to extremely sensitive and valuable information, including:

- Personally Identifiable Information (PII)
- Payment Card Information (PCI), and
- Protected Health Information (PHI) via

Electronic Medical Records (EMR)

As a result, the U.S. healthcare industry is an increasingly attractive target of cyber-attacks by:

- Nation-state actors
- Organized cybercriminals
- Hacker groups
- Company insiders

The threat of attack is very real—and the consequences are potentially deadly. According to recent survey data from BDO in partnership with the American Hospital Association, more than half of hospital CEOs predict it is at least somewhat likely that a hospital or health system will suffer a cyber breach that interferes with critical services, and another 44 percent are considering deploying AI solutions, and another 44 percent are considering AI deployment. Meanwhile, almost half (49 percent) of mid-sized healthcare organizations are deploying IoT technology, another 39 percent are considering deploying it. Moreover, according to healthcare cybersecurity firm Cynerio, the number of connected medical devices alone is currently estimated at 10 billion and is expected to reach 50 billion within the next 10 years. While manufacturers are ultimately responsible for identifying and remediation potential cyber vulnerabilities associated with their medical devices, they are only meant to be the first line of defense.

With the proliferation of technology into healthcare, consumers expect care to be available at their fingertips, personalized to their individual needs and preferences. They want digital health solutions. Taking patient needs into account, health organizations must determine what digital initiatives are needed to be competitive in the future—while also employing a threat-based cyber approach to anticipate what type of cyber risks could hinder or even arise from those initiatives. Any disruption, failure or security breach may result in not just monetary loss but the loss of life.

Ten Cybersecurity Best Practices for the Healthcare Industry

1. Prepare for complexity
2. Be ready for the unexpected
3. Take time to review and approve budgets, prioritizing spending based on level of threat
4. Create a cybersecurity culture
5. Develop and test a breach communication plan
6. Implement cybersecurity for medical devices in alignment with FDA post-market guidance
7. Systematize the collection of threat intelligence
8. Provide cybersecurity education and training
9. Perform third-party/vendor cyber risk assessments
10. Conduct timely incident response in accordance with the HIPAA Breach Notification Rule

Summary

Once the sole prerogative of the IT department, cybersecurity is now the shared responsibility of all healthcare professionals. Part and parcel to their commitment to patient safety and quality, every healthcare professional must possess an understanding of the nature of the cyber challenges facing the industry and adopt proven best practices to mitigate cyber risk.

Gregory Garrett is Head of U.S. and International Cybersecurity, BDO.

Contact: Alfredo Cepero, Managing Partner 305-420-8006/ acepero@bdo.com
Angelo Pirozzi, Partner 646-520-2870/ apirozzi@bdo.com

Greater Miami Chamber of Commerce Healthcare Heroes Results

The Annual Greater Miami Chamber of Commerce Healthcare Heroes Awards luncheon was recently held at Jungle Island. The event included more than 420 attendees plus many sponsors and exhibitors.

The winners of the seven awards were Dr. Charles Vogel, AXA Advisors Lifetime Achievement Award; Mario Gonzalez, First Responders Award; Reynald Jean, MD, MPH, MSN, APNP-CNP-BC, Health Care Professional Award; Rolando Rojas, Nurse Recognition Award; and Isabella Allen, Youth Volunteer Recognition Award.

Congratulations and thank you to all the winners and finalists for all you do for healthcare in South Florida.

EDUCATIONAL EVENT

South Florida Healthcare Executive Forum, Inc.

INNOVATIONS & MARKET DISRUPTORS

SFHHA’s 13th Annual Healthcare Summit

3.0 ACHE Face-to-Face Credits

Love it or hate it, the healthcare industry is not immune to disruptive innovators. Our industry is evolving with innovators working within the system to improve operational efficiency, develop new drugs, medical devices, and reimbursement schemes. Disrupters on the other hand, seek to shift the healthcare paradigm by changing the current way we operate and disrupting incumbents. The question is “will innovation and disruption lead to improvements in the quality of care, reduce cost through operational efficiency, and impact population health?” This conference explores innovations and disruptors in our market with the intent to provide our members an opportunity to look past their own ecosystems to anticipate change and evolve.

DATE……………………………………………………June 12-13, 2019
LOCATION…………………………………Signature Grand Davie, Florida
COST……………………………………………ACHE Members $125 (for both days)

REGISTER AT: https://bit.ly/2YGK1K0
With the 2019 Florida Legislative Session officially over, it is time for our organization to reflect on the many accomplishments and challenges we faced in Tallahassee with an eye on how we expand our effectiveness moving forward.

We hope you noticed over the past few months how the DCMA Board of Directors and Staff are intent on renewing our reputation as a force in health care policy on a State and Local level. Leading up to and during this year’s session we held a number of successful events and provided opportunities for our members to engage elected officials. The DCMA PAC hosted and participated in more than 10 fundraisers prior to session. The DCMA Board of Directors travelled to Tallahassee in February to meet the Miami-Dade Legislative Delegation on their turf. The DCMA hosted a Legislative Reception for the delegation. And as a means of keeping our members informed we hosted weekly webinars during session as we actively engaged in important debates in Tallahassee.

While it is impossible to control your destiny in the legislative arena, it is a certainty that if you are not engaged your outcomes will be a lot worse. On our Turf. The DCMA hosted a Legislative Reception for the delegation. And as a means of keeping our members informed we hosted weekly webinars during session as we actively engaged in important debates in Tallahassee.

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The following is a summary of the regulatory bills that have been passed so far this year by the Florida Legislature, and that are of particular interest to hospitals. All bills become effective July 1, 2019, with one exception, which is noted:

The Canadian Prescription Drug Importation Program charges the AHCA to engage with vendors to develop a Wholesale Prescription Drug Importation List, as well as to identify Canadian suppliers that comply with both the federal Drug Quality and Security Act, and Canadian federal and provincial laws and regulations. The Certificate of Need bill repeals CON and revises certain requirements for hospital licensure.

The Telehealth bill permits out-of-state telehealth providers to register in Florida, but only to perform services within the range of their practice. They may also make evaluations via telehealth, and may prescribe controlled substances in certain settings and for certain disorders. Additionally, new language in the state’s health insurance and Medicaid regulations declares that reimbursement contracts are voluntary between providers and insurers, with both sides agreeing to acceptable rates or methods of payment for services.

Non-emergency Transportation Services for Medicaid Enrollees authorizes those receiving Medicaid to be provided non-emergency transportation services by certain transportation network companies or brokers that comply with specific requirements.

Non-optoid Directives instructs the Florida Department of Health to publish an educational pamphlet on its website that focuses on using non-optoid options for treating pain. The bill also requires health care practitioners to: present the pamphlet to patients before treating them with anesthesia, or dispensing or prescribing a schedule II-controlled substance; inform them of alternative treatment methods; and record the suggested alternatives in the patient’s record.

Carrying of Firearms by Tactical Medical Professionals. The bill describes “tactical medical professionals” as physicians or paramedics who have been appointed to provide services to a tactical law enforcement unit, and allows them to carry a firearm in like manner as an officer, while actively supporting a law enforcement operation. Additionally, it provides the same criminal and civil immunity as a law enforcement officer would receive to those acting within their sanctioned range of duties.

Office Surgery Centers, which have been refined into three categories, are banned from performing procedures that require deep sedation with general anesthesia, or spinal, regional, or epidural anesthesia.

Electronic Prescribing requires health care practitioners who prescribe medicinal drugs to do so upon licensure renewal, or by July 1, 2021, whichever is earlier. In addition, the bill defines specific conditions when a written prescription is permitted, such as a short-lived technological or electrical failure that the prescribing practitioner cannot reasonably control, and when such failure is documented in the patient record. This bill goes into effect January 1, 2020.

The Stroke Centers Classifications & National Accreditation bill adds a new class, thrombectomy-capable stroke center, to the current law-list. It requires that hospitals be certified by a nationally recognized accrediting organization, and eliminates the authentication-by-affidavit process to verify that a hospital meets the proper requirements.

In addition, the OMNIBUS Healthcare Bill, which also goes into effect July 1, 2019, has highlights that include:

The Ambulatory Surgical Centers 24 Hours bill permits 24-hour patient stays for adults beginning July 1, 2019, and directs AHCA to adopt rules for ambulatory surgical care to children kept past midnight. Once those rules are in place, the law will then allow 24-hour ACS stays for children.

The New Hospital Patient Notice/Information Requirements include several directives, among them:

- New Hospital Quality Patient Information Requirement, obliging hospitals to provide specific data to all patients or their representatives, upon scheduling nonemergency care, either within 24 hours of stabilization or at discharge, whichever is first. The report is to comprise the most recent year’s hospital and statewide average for hospital-acquired infections; the overall rating of the Hospital Consumer Assessment of Healthcare Providers and Survey; and the 13-day readmission rate.

- New Hospital Primary Care Physician/Non-Patient Information Requirement, insisting that hospitals notify a patient’s primary care physician or specialist with 24 hours of the patient’s admission and discharge, and permit the PCP or specialist to have a hand in developing the patient’s plan of care. Hospitals would be required to provide a copy of the discharge summary with seven days.

- New Hospital Patient Notice Requirement re Observation Status, requiring hospitals to immediately provide written notice to patients when they are placed on observation status.

- New Hospital Regulations include two components:
  - Non-Complete Clauses that void such clauses or restricted covenants, and consider them to be unenforceable where one entity employs or enters into contracts with all physicians who practice a particular specialty in one county. The restrictive covenant would continue to be void and unenforceable until three years following the date on which a second entity that employs or contracts with the particularly specialty serves patients in that county. (The language of the bill needs to be clarified as it is not clear if the three-year period commences when the second entity begins to offer services, or when it actually sees its first patient.)
  - Unannounced Site Visits by Pediatric Care Technical Advisory Panel has its authority and duties revised. The AHCA would be authorized to ask panel members to conduct announced or unannounced site visits to any existing pediatric care facility, or a facility seeking such a license, as a way to safeguard regulatory compliance.

Likewise, New Physician and Practitioner Regulations include two components:

- Direct Health Care (Primary Care) Agreements Expansion – direct care agreements are expanded to include not only physicians, but also practitioners (within the limits of their competency and training), chiropractors, advanced practice nurses, physician assistants, dentists, and primary care practice groups.

- Drug Step-Therapy Protocols prohibit insurers, HMOs, and Medicaid managed care plans from requiring step-therapy protocol under the policy, contract, or plan for covered prescription drugs, if the patient has been previously approved to receive the drug by completing a step-therapy protocol. The bill specifies that a health insurer is not required to add a drug to its prescription drug formulary, or to cover one that would not otherwise be covered.
Palliative Care: Ubiquitous Communication and Time-Intensive Involvement

BY BARBARA R. FALLON

Dr. Tracy Romanello

Tracy Romanello, D.O., is a unique hybrid of physician. A dual board-certified family practitioner and palliative care physician, she (like most palliative care providers) experienced a loved one’s journey through a life-threatening illness. She experienced loss at a young age and was inspired to make a difference in how healthcare is rendered.

Palliative care teams provide a much-needed extra layer of support from a clinical and psycho-social aspect when a patient is diagnosed with a life altering – but not terminal disease.

Dr. Romanello is the Medical Director of Catholic Hospice and Catholic Palliative Care Services. Catholic Palliative Care Services is a physician-based practice in partnership with Catholic Hospice at Fort Lauderdale’s Holy Cross Hospital, part of Trinity Health. This group of 8 physicians in conjunction with a full-time team of nurse practitioners, social workers, care navigators, chaplains and allied care professionals has recently teamed with the hospital’s palliative care program to address the clinical and educational needs of patients who might benefit from this type of care either in a hospital, at home, and eventually with plans for an outpatient clinic.

“Our customers” are physicians, patients and their families. We spend time talking to them and listening so patients and their caregivers understand all treatment options and choices. We explore our patients’ personal goals in order to match the most advantageous treatment options and coordinate realistic care plans with all involved,” Dr. Romanello explained.

According to Romanello, the biggest need is a clear understanding of the differences and overlap between hospice and palliative care. Hospic is a subset of palliative care which addresses end-of-life clinical and emotional needs. Hospice patients have a life limiting prognosis of six months or less. Palliative care is designed to provide long term advanced planning and expert symptom management alongside curative care plans. These care plans promote patients and families being in control in defining their goals and making healthcare decisions. They are ultimately designed to prolong and to improve the quality of life for patients with severe and chronic illnesses at any age.

Serious or progressive illnesses such as cancer, congestive heart failure, chronic obstructive pulmonary disease (COPD), dementia, Parkinson’s, hereditary or age-related diseases are often accompanied by pain, depression, shortness of breath, fatigue, constipation, nausea, loss of appetite, difficulty sleeping, anxiety and other symptoms that cause distress. In addition to medical care to lessen or alleviate the symptoms, palliative experts can provide emotional and spiritual resources to enrich the lives of those receiving care.

The palliative team will monitor medications, therapies, nutrition, and social resources (housing, financial, emotional) to address symptoms and help patients gain the strength to carry on and improve the quality of daily life.

Communication and timely intervention are hallmarks of palliative medicine.

“No matter how time-intensive a care plan is, I never look at the clock while talking with my patients,” Dr. Romanello said. “Unfortunately, the luxury of time is not commonplace in the reality of medicine today, but a palliative provider makes the time,” she said.

The objective is to reconcile all involved with care plan goals to support the patient and empower him/her with control over their life.

Early intervention is beneficial to provide optimal care and a calming peace of mind. “As a palliative care provider, we inquire about plan direction in advance of functional, financial or spiritual status changes. We can then have strategies and steps in place before the stress of the actual change is upon them,” Dr. Romanello explained.

Palliative care experts follow patients and their families on a trajectory where choices may be made concerning anything from side effects of medication to de-escalating medical options. Palliative care is available for all ages, treating congenital issues in pediatric patients to age related physical and behavioral health disorders in adults. Significant due to the aging demographics and lifestyles in South Florida, while recognizing the impact on home life in a variety of cultures, patients may live in group homes, assisted living or nursing homes alone or in a multi-generational home setting, a palliative care plan takes the entire environment into consideration.

Patient-centric support is core to Holy Cross Hospital values. “Because we are affiliated with Catholic Health Services, we have referral resources to address many ‘social gaps’ including legal, housing, nutritional, financial, transportation and social services in addition to clinical and spiritual care to impact the quality of life,” Dr. Romanello explained.

No doubt, dealing with all aspects of patient care can be taxing, but personal and professional fulfillment is sparked on a daily basis. “We may help simply by holding a patient’s hand as they face difficulties or by discharging a patient, feeling in control of their future, thanks to a detailed palliative care plan,” Dr. Romanello said.

For more information, visit Catholichospice.org or call (305) 351-7086 for 24/7 referrals.

A Note for a Memory

There are few things in our lives that are universal, one of them is music. Somewhere or somehow, someone around the world is listening to a song that moves and speaks to them. As many have said before, music is a universal language. Death is also universal, which is difficult and heartbreaking, yet it’s a universal affliction everyone will encounter at one point or another.

In Hospice, music and death are combined through Music Therapy.

Music Therapy is an established clinical and evidence-based health profession in which music is used therapeutically to address physical, emotional, cognitive, and social needs of individuals (AMTA, 2019). With hospice in mind, board certified music therapists (MTBC) come to aid in decreasing pain, anxiety, increase relaxation and engagement, as well as improve cognition and speech. Most importantly, music therapy’s main goal is to improve the quality of life for Hospice patients.

Medical professionals tell families that hearing is the last to go. So communication with their loved one is highly encouraged. When a MTBC comes to see a patient and their family, several things occur. Through patient preferred music, communication is strengthened along with the relationships between the patient and family members because everyone is engaging together through song.

Music is a powerful tool that is so universal, that people forget how much it’s a part of their lives until it’s presented in front of them. The song the MTBC sings might make someone think of that summer ‘99 with the Beatles, or that time Jim asked Sue to dance for the first time while “Fly me to the Moon” was playing, or that time mom sang “You are my sunshine” every night as a lullaby. Music may help physically, but it heals the heart and soul just as much.

Laura-Maria Chami is a Music Therapist at Catholic Hospice Inc.

VA Exercise Program Helps Elderly Veterans Get Fit

A new program at the West Palm Beach VA Medical Center is restoring the health and wellness of our Nation’s veterans.

Motivation to Move (MTM) is an exercise program designed to fit the needs of military veterans in the medical center’s Community Living Center (CLC) – the VA version of a nursing home. The MTM program was started in January of this year by Recreation Therapy Assistant Leyna Lloyd and an interdisciplinary workgroup that includes the facility nursing and physical therapy team members.

Lloyd was tapped to develop the program by West Palm Beach VA Medical Center Director Donna Kate-Bahensky in an effort to prevent falls among residents living in the CLC. Lloyd, who has been working at the medical center for eight years, was more than happy to oblige.

“The veterans here in the CLC are like my extended family and I’m always looking for ways to help improve their quality of life,” she explained. “I’ve seen many of them lose their motivation over the years to stay physically active, so I developed a program that could focus on improving their physical as well as their mental health and stability.”

MTM sessions are offered weekly and help veterans focus on improving muscle strength, flexibility, balance and agility; increase energy and stamina; improve mood; and decrease stress, anxiety and depression. The program has been a hit among CLC residents and has even helped some get out of their wheelchairs and onto their feet.

U.S. Air Force veteran Arnold Fliegelman (center) credits the program with helping him to improve his walking ability and transfer to his bed with little to no assistance. Pictured with Fliegelman are Roosevelt Walker, restorative aid and Leyna Lloyd, recreation therapy assistant.

BY LAURA-MARIA CHAMI

MM, MT-BC, NMT

BY BARBARA R. FALLON

VA Exercise Program Helps Elderly Veterans Get Fit

June 2019

South Florida Hospital News

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Researchers have found that loneliness can be just as lethal as smoking 15 cigarettes per day. A recent joint study from Harvard, Stanford and AARP revealed that Medicare spends approximately $134 more for each social isolated senior than it would if the person was connected. As a social determinant of health, this puts loneliness in line with monthly Medicare costs for such chronic conditions as arthritis ($117) and high blood pressure ($163).

Socially isolated individuals were 29% more likely to use skilled nursing care facilities and their monthly SNF costs were $75 higher on average. When admitted to the hospital, his or her Medicare benefits were an average of an additional $81 more than if the person was connected.

The report notes that this might indicate such individuals are sicker when hospitalized or may lack the necessary support to leave the hospital earlier. The lack of a social safety net may also impact readmissions among the elderly.

According to the Florida Department of Elder Affairs, in 2018 more than 110,000 Broward seniors over the age of 60 live alone. South Florida Institute on Aging’s own research shows that Broward seniors face challenges with loneliness and isolation. Sadly, 20% of the seniors we assessed eat most of their meals alone and 58% reported needing total assistance with key life tasks such as preparing meals, shopping and transportation.

Assistance with transportation, affordable housing and meals could all be improved with technology. We also know technology can help alleviate loneliness, yet access to technology is challenging for seniors. A 2018 Pew Survey found that 34% of Americans who did not use the internet were over 65 years of age. In a 2018 study, however, the AARP Foundation found that technology use reduced feelings of loneliness. It also found that older adults use technology to make new friends online that help them build social networks: nearly one-quarter have made at least one friend or acquaintance online and about half met their online friends in person.

The study also found that adults who communicate with friends via email, text or online/video messaging are less likely to say they are lonely than those who rarely or never do. Last year, the South Florida Institute on Aging began offering seniors free-of-charge technology training and, within weeks, had a waiting list of more than 400.

In addition to important digital literacy skills such as effective online searches to access health benefits, navigation of online portals for prescription ordering and the use of the internet to plan routes or order transportation to medical providers, data shows that the classes had a profound impact on their social engagement. Outcomes include:

- 90% increased their access to health resources
- 90% felt more confident in accessing Social Security, VA or Medicaid/care benefits
- 77% felt more connected to friends, family and the community
- 71% reported an increase in their confidence to remain independent

This summer, SoFIA is expanding its offices to create a Tech Lab & Communication Center to offer more courses with graduated skill levels and increase these services to meet the needs of historically underserved populations, such as seniors who are Spanish-speaking, veterans and members of the LGBT community.

On June 21, SoFIA will host the Aging in South Florida Symposium from 8:30 a.m. to 4 p.m. at the Huizenga College of Business at Nova Southeastern University in Davie. The event, sponsored by AARP, includes the exploration of technology as a helpful resource and solution to help us all thrive as we age.

Estimates are that nearly one in four people in South Florida will be at least 65 years old by 2040. Technology is one tool that can be used to increase services and social connections of isolated seniors that foster independence, improve well-being, vitality, functioning and quality of life.

Peter Kaldes is the President and CEO of the South Florida Institute on Aging, a “Think & Act Tank” focused on economic and social research, policy and programs to support South Florida’s aging community. He may be reached at pkaldes@thesofia.org or (954) 484-7117.

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It’s Time to Stop Thinking About Hospice as Short-Term

Utilizing data taken from CMS hospice claims, the latest Facts and Figures report from the National Hospice and Palliative Care Organization (NHPCO) found that while 1.43 Medicare beneficiaries were enrolled in hospice care for one day or more in 2016, 27.9% were enrolled for seven days or fewer. Overall, more than half of the total number of all beneficiaries received hospice services for one month or less.

Typically, hospice is considered when a physician determines that an individual has a life prognosis of six months or less. What kind of true aid and comfort can we as medical providers offer in only one week’s time?

As a teaching facility, MorseLife has integrated an academic approach throughout Palm Beach Hospice and Palliative Care with a mission to contribute to best practices within the industry. Below, I offer five areas in which hospice providers can be of more service to our patients and their loved ones:

- Outreach and education: I doubt that when Dr. Elizabeth Kübler-Ross introduced her concept of the five stages of grief she thought the process of denial, anger, bargaining, depression and acceptance should be completed in seven days or less. Families need to better understand the philosophy behind hospice and the services available to them. Outreach can be made through medical providers, houses of worship, community lectures and symposia.

- Respect the setting: According to the NHPCO report, more days of hospice care were provided in private residences than in acute care hospitals, nursing homes, skilled nursing facilities, assisted living facilities and hospice inpatient facilities combined. As medical providers, we are most practiced and comfortable providing services in a healthcare setting. In hospice, the patients’ comfort level is more important than our own and we must respect that we are being invited into their home where they feel safest and in which their loved ones may continue to reside with memories of this period.

- People managers: Hospice patients and their families have access to an interdisciplinary team (registered nurse, social worker, home health aide, hospice volunteer and chaplain) yet, once again, too often providers stick to a care team hierarchy and bureaucracy. At Palm Beach Hospice and Palliative Care, we have created a model in which registered nurse case managers serve a small number of patients and are an immediate point of contact by phone, email or text.

- Sustaining caring connections: NHPCO found that while the majority of volunteer time was for direct patient care (42.7%) compared against clinical support (29.9%) and non-clinical care (27.4%), that’s on the right track and medical professionals need to provide greeting cards, phone calls, visits and support groups is not enough. If we can expand the hospice care window from a week to six months or more, patients and families will have more time to come to closure and make meaningful memorials. For those patient whose conditions allow, we will be working with them and their families to create lasting tributes.

Hospice offers compassionate care to its patients and has a profound effect on those they leave behind. Hospice providers need to give it their all because there is literally no time to waste.

Keith A. Myers is president and CEO of MorseLife Health System and is the Not-For-Profit Vice President on the Board of Directors of the Florida Health Care Association, Florida’s largest advocacy organization for senior care providers.
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Architects are constantly improving our medical community through design and service. This is no easy task in the health care field as we are continuously asked to reinvent ourselves; weathering the storms of change and trends. This is not only a matter of doing more with less, it's incorporating flexibility and change in our buildings by understanding new technologies and updated processes and procedures which change the patterns of healthcare. Our clients are constantly required to drive down the costs of healthcare while maximizing the quality of healthcare delivered. We need to be informed to respond.

The architecture of change starts with defining the right problem. Responding correctly to surprising and potentially disrupting innovations in medicine can ultimately represent a competitive advantage and provide differentiation between health care providers. A leadership team needs to balance institutional memory, a positive value system, along with being innovation champions in order to succeed. Leaders will embrace change and adapt when problems arise. The ability to adapt to change quickly and effectively by providing changes “speed to market” will represent the leadership of success.

Climate adaptation is another complex issue thrown into the mix that will be acknowledged in our new medical facilities. In South Florida, it’s more than just hurricane protection, it’s having a global environmental understanding of change and responding accordingly. You can be passionate about the environment without understanding what to design to adapt to changes. An example of lessons learned which will never be repeated was New Orleans, where Hurricane Katrina’s problems did not stop at the city’s borders and the lack of flood planning nearly doomed a city. Sea levels rise, extreme weather, and salt water intrusion require our facilities to be constructed in excess of current code requirements and respond to new environmental criteria.

Technology in and of itself will not provide the answers. Technology is a double edged sword since a tool without knowledge and comprehension will not necessarily achieve the right design solutions. What this means to the medical facilities and their design professionals is that a strategic partnership must be formed between the client and architect. Our projects will less and less be isolated commissions void of a big picture narrative for a design solution. Codes provide the boundaries, but knowledgeable professionals will make the difference that will lead the next generation of responsive medical facilities in the future.

Environmental problems for tomorrow are not the next generation’s problem. Designers must respond to all of the critical issues today. These important values must become project considerations as part of a total comprehensive building strategy.

For more information, contact Charles A. Michelson, President, Saltz Michelson Architects, at (954) 266-2700 or cmichelson@saltzmichelson.com or visit www.saltzmichelson.com.

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Keynote Speaker June 12
Farzanna Sherene Haffizulla, M.D., FACP, FAMWA
Assistant Dean for Community & Global Health, Nova Southeastern University,
Dr. Eunice C. Phipps College of Allopathic Medicine (NSU-CP)
Assistant Professor of Medicine, NSU, Dr. Eunice C. Phipps College of Allopathic Medicine (NSU-CP)

Closing Speaker June 13
Andy Shin, JD, MPH
Chief Operating Officer for the AHA Center for Health Innovation

Overview:
The 13th Annual Healthcare Summit of the South Florida Hospital & Healthcare Association will showcase the innovators and Market Disruptors across all lines of business operations for healthcare providers.

Who Should Attend?
- Chief Executive Officers
- Chief Compliance Officers
- Chief Information Officers
- Chief Information Security Officers
- Chief Operating Officers
- Chief Nursing Officers
- Chief Medical Officers
- Chief Financial Officers
- Vice Presidents
- Finance Directors
- Information Technology Directors
- Doctors and Nurses
- Pharmacy Directors
- Directors
- Managers
- Community Leaders

Questions: sponsors@sfha.com

Member: $125 (for both days) SFHHA, SFHMIS, ACHE, DCHMA, BCMA, PBCMS
Non-Member: $200 (for both days)
VIP Dinner Ticket on June 12: $250

START & END TIMES:
June 12 __________ 3:30 pm to 6:45 pm
VIP Dinner (invitation only) 6:45 pm to 8:30 pm
June 13 __________ 7:30 am to 1:00 pm

Love it or hate it, the healthcare industry is not immune to disruptive innovators. Our industry is evolving with innovators working within the existing framework to improve operational efficiency, develop new drugs, medical devices, and reimbursement schemes. Disruptors on the other hand, seek to shift the healthcare paradigm by changing the current way we operate and displacing incumbents. The question is “will innovation and disruption lead to improvements in the quality of care, reduce cost through operational efficiency, and impact population health?” This conference explores innovations and disruptors in our market with the intent to provide our members an opportunity to look past their own ecosystems to anticipate change and evolve.

THANK YOU TO OUR SPONSORS:
Cover Story: DSignage: Bringing Print to LIFE!

Continued from page 1

Once that is done, Diaz and his team will provide the hardware and software that will be used to update content of the screens (back end systems). Next, DSignage provides installation services to make sure that what was designed is implemented properly and helps with the initial content for each of the screens.

“Finally, we provide end user training, ongoing monitoring of all screens, tech and creative support,” he says.

Most companies want to sell either hardware or software, not solutions, says Diaz. “We focus on complete solutions starting with the end in mind. We are software and hardware agnostic, and we work for our clients not for any specific manufacturer.”

It was a sudden demand for digital signage services that caused the company to pivot and go in a new direction in 2003. Back then, according to Diaz, the industry did not even have a specific name yet; it was referred to as ‘Narrowcasting.’ Later, ‘Digital Signage,’ became the default name for the whole industry.

At the time, DSignage was involved with another technology company in the out-of-home advertising space when one of its clients, Philip Morris, asked for help to use TVs at their point of sales to promote their brands.

Later, Burdines (now Macy’s) asked them to help with innovative ideas for the reopening of their flagship store in Dadeland Mall. Kendall Regional Medical Center then asked for help as they wanted to implement an “Employee Channel” for the Human Resources Department.

“After these three events happened within six months, we decided to sell our shares of the other company and start a new business,” recalls Diaz.

Digital Signage Strategies

If you’re interested in developing a digital signage campaign, there are some things your facility needs to consider.

“These projects are traditionally handed over to IT which we believe is a mistake,” says Diaz. “Needless to say, IT needs to be involved but it should not be ‘owned’ by IT. IT should support the project to make sure the digital signage network is designed properly from the beginning, compliant with their network and security protocols.”

However, once all of this is in place, content becomes the driving factor which determines the success of the project, stresses Diaz. For projects to be successful, besides IT, other departments need be involved from the beginning, especially the Executive Corporate Team who has the vision for the organization and the facility.

“HR, Marketing, Foundation, Construction, Food Services, Nursing and even Medical leadership should also be involved to make sure their needs are considered when putting together these complicated solutions,” says Diaz. “Saving a lot of money down the line because we keep the end in mind.”

Diaz says that DSignage acts as the “Magic Glue” or the liaison between all these departments giving them peace of mind that their needs have been considered and incorporated into these expensive implementations.

“If any technical issues occur, we have dedicated personnel to solve these issues in ‘Jimmy Johns’ like response time,” he says.

For more information, visit www.dsignage.net. Be sure to access the YouTube link below to learn more about DSignage.
Holy Cross Hospital opens new healthcare facility in Coral Springs

Holy Cross Hospital has opened the doors of its new Urgent Care and Physician Offices in Coral Springs. “We are committed to bringing our highly rated medical care closer to all of our current and future patients who live and work in the Coral Springs community and surrounding areas,” said Holy Cross Hospital President and CEO Patrick A. Taylor, M.D. “Patients visiting our new Urgent Care and Physician Offices can expect the same high standards of excellence and compassionate care we offer at Holy Cross Hospital. With the busy lives we lead, our walk-in services and same-day appointments now provide residents of northwestern Broward County more convenient options to get the care they need.”

Open seven days a week, the clinic’s services include treatment of minor illnesses such as cold and flu, pink eye, and rashes; the administration of immunizations, vaccines and intravenous fluids; treatment of sprains, lacerations and burns; and care for common medical conditions such as high blood pressure, dizziness and nausea. Other services include annual physicals, digital x-rays, and physical therapy.

The new facility, which features 22 treatment and exam rooms and two X-ray rooms, is the fourth in a series of ambulatory care centers that Holy Cross has opened throughout South Florida.

FoundCare Inc. Awards

SR Construction Services and Saltz Michelson Architects West Palm Beach Project

SR Construction Services LLC and Saltz Michelson Architects have been announced by FoundCare Inc. as the selected construction consortium for their important upcoming project located at 5867 Okeechobee Boulevard in West Palm Beach.

The design build project consists of repurposing an existing structure. Some of the details are to completely remodel the entire 2nd level into much needed office space and converting a portion of the 1st floor into patient care space for those in need of unmet healthcare.

Holy Cross Hospital Opens New Healthcare Facility in Coral Springs
Cover Story: **DSignage: Bringing Print to LIFE!**

Continued from page 22

says. “We become an integral part of the team because we technically are not responsible for the screens having relevant content or continuous content enhancements, but we act like we were responsible. We care about the solutions we deploy for our clients because we really believe in the power of digital and how it can elevate a positive experience inside the hectic and stressful hallways of a hospital.”

Looking Ahead

Digital signs are here to stay, whether people want to accept it or not, says Diaz. “Many people think they are expensive but when you figure out the amount of time and money you save daily, they pay for themselves within two years,” he says.

The screens are getting larger, thinner, lighter and brighter and as a result, it’s making large format screens more accessible from a budgetary point of view. For certain applications, the touch interface makes it easier for people to interact with the screens. People are now used to interacting with screens thanks to mobile phones so it’s very easy for us to develop user interfaces that are easy for people to understand and utilize.

Content is Crucial

“However, at the end of the day, content is what really makes the difference,” says Diaz.

“We strive for ‘smart content’ that is relevant and up to date. Ideally being fed from other systems and sources so the information does not need to be updated by humans. The phone is also playing a key role so people can get the information they see on the screens to their phone so they can take it with them.”

In addition, now with beacons, once linked to the mobile phone, DSignage systems can tie into the location services of the audience (WIFI Permitted) and trigger specific content based on who is standing in front of it. Diaz points out that the company now has an end-to-end mobile solution for the complete patient journey: from making appointments to checking in at doctors’ practice, to outdoor and indoor wayfinding, to medicine reminders and surveys at the end of each process.

“We are here to help the healthcare community improve the efficiency in internal communications while saving money, as well as elevating the experience for patients, visitors and staff to feel a stress-free peaceful environment, helping them forget that they are even in a hospital … and more like a high class resort!”

For more information, visit www.dsignage.net. Be sure to access the YouTube link on page 22 to learn more about DSignage.

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Boca’s Sinai Residences Plans Major Expansion at Jewish Federation Campus

Toby & Leon Cooperman Sinai Residences Boca Raton, the area’s resort-inspired Life Plan Retirement Community, announces additions to its already unparalleled luxury in the way of a $160 million expansion and redevelopment. The project, set to break ground next year, includes the addition of 111 independent living apartments, as well as updates to existing amenities.

“Currently, we have a waiting list of over 70 people, which led to the decision to expand,” said Mel Lowell, COO of the Jewish Federation, which completed the existing community in 2016. “Demand continues to be high and we’re excited to be able to meet it. The future is bright.”

The project is tentatively slated to begin with a groundbreaking sometime in the summer of 2020. Deposits are currently being accepted, and Lowell says they anticipate interest to continue to be strong.

Due to demand for larger apartments, the expansion will allow Sinai Residences to accommodate those who seek bigger living spaces. Meanwhile, smaller, one-bedroom apartments are still available. Additionally, the community’s pool will be renovated to include a poolside bar and lounge, a hot tub and beach side entry. New dining venues will also be added, along with a movie theater, wellness center and cocktail lounge.

The new 240,000-square-foot building will be located to the southeast of the existing community on 4.5 acres. While the expansion will include larger apartments, the look and feel will be similar to that of the original Sinai.

The expansion, which was approved unanimously by the Palm Beach County Zoning Commission, is expected to be completed by the fall of 2022.
Jupiter Medical Center Opens Mastroianni Family Pediatric Emergency Department

The new Mastroianni Family Pediatric Emergency Department at Jupiter Medical Center recently opened. Located adjacent to the hospital’s existing emergency department, the new pediatric ED brings specialized pediatric emergency care closer to home for residents of Jupiter and the surrounding communities. The 6,300-square-foot facility is designed to foster a sense of calm for children and their families. Features include:

- Dedicated family waiting and play areas with child-sized furniture, games and an interactive play area—all designed to reduce the anxiety of being in the emergency room.
- Eight treatment rooms, each of which features child-sized exam and diagnostic equipment, as well as televisions and a mobile game system to help children feel more comfortable and at ease.
- Two triage rooms where pediatric nurses assess patients upon their arrival by evaluating their condition, symptoms and vital signs with the goal of expediting their care and reducing overall wait times.
- An orthopedic room to fast-track the treatment of children with broken bones or other orthopedic complaints.
- Medical equipment designed specifically for pediatric patients.
- An orthopedic room to fast-track the treatment of children with broken bones or other orthopedic complaints.
- Medical equipment designed specifically for pediatric patients.

The Mastroianni Family Pediatric Emergency Department, which provides care for patients up to 18 years of age, operates 24 hours, 7 days a week with a team of physicians staffed by Envision Physician Services and Jupiter Medical Center nurses and paramedics trained in pediatrics. Additional staffing includes a child life specialist whose job includes using play therapy and other techniques to ease anxiety, while helping children understand their medical condition and the care they are receiving. Should the need arise, patients can receive consultations with pediatric specialists in general surgery, orthopedics, gastroenterology, cardiology, otolaryngology (ear, nose and throat), and other areas of specialization.

The new emergency department is made possible through a generous gift of $3 million from the Mastroianni Family Foundation. Members of the Mastroianni family were on hand for the ribbon-cutting and ceremony, including Nick and his children Nicholas III, Anthony and Audrey, along with their spouses and children—including their latest addition, Nicholas Mastroianni IV, born to Nicholas and Jessica earlier this month. “Jupiter is a special place to me and to my family—this hospital is where all my children’s lives have begun. It is truly a gift to work alongside the talented and profoundly dedicated teams at Jupiter Medical Center and Nicklaus Children’s Hospital on our joint mission to enhance the lives of children in our community,” said Nicholas A. Mastroianni III, co-founder of the Mastroianni Family Foundation.

“We are grateful to the Mastroianni family for supporting our mission to provide high-quality pediatric emergency care in a comfortable environment for children and their families,” said Liv Vesely, president of Jupiter Medical Center Foundation.

“Since opening the De George Pediatric Unit in 2016, Jupiter Medical Center has experienced a 30 percent increase in pediatric emergency visits and until now these patients received care in the same space as our adult patients,” said Steven Seeley, interim co-CEO of Jupiter Medical Center.

Patients who visit the Mastroianni Family Pediatric Emergency Department will benefit from Jupiter Medical Center’s ongoing partnership with Nicklaus Children’s Hospital, a trusted leader in pediatric care in South Florida for nearly 70 years. Nicklaus Children’s Hospital continues to share best practices, policies and procedures developed and continuously enhanced over decades of providing care for children and their families. Experts from both institutions are collaborating to provide world-class pediatric emergency care.

“The opening of the new ED marks an important milestone in our collaboration with Jupiter Medical Center,” said Dr. Narendra Kini, CEO of Nicklaus Children’s Health System. “We are pleased to work together with Jupiter Medical Center to benefit the children and families of Palm Beach County—sharing Nicklaus Children’s Hospital’s nearly 70-year legacy of excellence in pediatrics. The emergency department is equipped with a state-of-the-art Mindray patient monitoring system that digitally communicates with the hospital’s electronic medical record. If necessary, patients can be seamlessly admitted to the hospital’s De George Pediatric Unit for inpatient care, which is also operated in partnership with Nicklaus Children’s Hospital. Child-size remote controlled cars are available to make the transfers to the pediatric unit more comfortable and as pleasant as possible.

“We have made extraordinary progress in expanding the pediatric services we are able to provide, and we are just getting started,” said Joanne Miller, interim co-CEO of Jupiter Medical Center. “Later this year, we will open the Level II De George Neonatal Intensive Care Unit (NICU). Having the pediatric emergency department along with a NICU close to home will give parents in our community much-needed peace of mind.”

VITAS® Healthcare Opens New Inpatient Center at Good Samaritan Medical Center

VITAS® Healthcare announces the grand opening of the VITAS Healthcare Inpatient Unit (IPU) at Good Samaritan Medical Center. VITAS staff members and executives were on hand at the grand opening event on Thursday, May 9, by local dignitaries, business and community leaders.

The VITAS IPU at Good Samaritan is the second VITAS inpatient facility in Palm Beach County, featuring eight private rooms in a modern, home-like environment that includes a family room and kitchen. The 6,800-square-foot facility is located on the fifth floor of Good Samaritan Medical Center in West Palm Beach. The IPU accepts 24-hour direct admissions of high-acuity patients referred by doctors and hospitals throughout Palm Beach. The IPU will serve approximately 450 patients each year and has created numerous job opportunities in the area.

"VITAS continues to transform and improve end-of-life care in our community. This unit is a reflection of our ongoing commitment to meeting the need for quality, compassionate care in the Palm Beach area," said VITAS of Palm Beach General Manager Diana Smith. “This IPU will focus on serving local patients who have complex symptom management needs and require highly skilled care around the clock and give greater access to our robust inpatient services in a home-like environment.”

VITAS representatives showcased specialty services available at the IPU during the grand opening, including music, massage and respiratory therapies, volunteer and bereavement services and veterans services.

“VITAS represents the philosophy of always putting the needs of our patients first is closely aligned with VITAS' patient-driven mission,” said CEO of Good Samaritan Medical Center Tara McCoy. “We are pleased to be able to work together to provide this much-needed service to members of the community.”

The new IPU is staffed by VITAS’ interdisciplinary teams of physicians, nurses, hospice aides, social workers, chaplains, volunteers and bereavement support staff members that attend to the medical, emotional, social and spiritual needs of patients and their families.
Gulfstream Petroleum Services Prepared for ‘Power Outages’

When June approaches, the thoughts of people in South Florida can’t help but turn to hurricane season, and what might be pending in the coming months. But Mark Watson doesn’t believe the term “hurricane” covers it all. Watson, owner of Gulfstream Petroleum Services (GPS), said, “We use ‘hurricane’ as a generic term, because what we’re actually preparing for is a power outage.”

He said it’s not just hurricanes that can cause power outages, although they are probably the greatest cause, “but any body who lives in South Florida knows we get thunderstorms all throughout the year.” For that reason, it’s imperative that businesses properly maintain their fuel tanks and make sure they have sufficient fuel capacity.

As Watson said, few regulations had been in place until Hurricane Katrina hit and people understood that generators could fail. Regulations for hospitals increased after Katrina, but when Hurricane Irma came along, they realized it wasn’t just hospitals that needed guidelines. “Some of the rules and regulations that were initially geared toward hospitals have been extended out to other health care facilities, like nursing homes and rehab centers.”

“They used to just focus on people who were on ventilators or medical-dependent equipment. But then they figured you might have a nursing home where nobody is on a ventilator, but you do have elderly people who are bedridden or ones who aren’t mobile, and you don’t have AC for three or four days in August in South Florida – and all of a sudden people realized a lot of different things go into being in a healthy environment.”

These situations initiated many facilities being required to increase their back-up generator situations and their fuel storage situations. Some facilities needed to increase the generator size, which required more fuel, while some had sufficient generator size but didn’t have an adequate quantity of fuel storage to last for the extended amount of time now required.

GPS can make sure everything is in place and that businesses are compliant with the new regulations, but Watson clarified, “We aren’t the ones to say you need a certain size of tank for your facility; our area of expertise isn’t determining how long you have to have fuel for. A customer doesn’t come to us and ask, ‘what do we need,’ the customer comes and says ‘I need this,’ and we provide it.”

Because it is a full-service company, GPS handles everything associated with fuel tanks, including installation, removal, repairs, cleaning, and inspections. Watson said, “We can help in many ways, we’re a turnkey fuel storage solution. Not only can we polish your fuel and have it tested by a third-party lab, but we can also do installation of the whole fueling system. So we know your tanks, we know your pipes, we know your pumps, we know your fuel, what you use fuel for, how much you use. We know the whole system from A to Z, which gives us an advantage when it comes time to clean the system because we know how it works.”

Watson said probably their biggest advantage to the customer is their overall knowledge of the customer’s fueling systems. “It’s not that we come out to clean your fuel but don’t know much about the tanks, the pumps, the price. You can take care of everything with one company, or piecemeal it with other companies.”

Watson said more and more businesses are realizing how vital it is to manage their fuel needs, and the industry as a whole doesn’t need as much education as it previously did. He said he used to call on a facility and they would say I don’t need to do that, my fuel’s never been bad. “I’m not worried about it.” Lately you don’t get the flat-out refusal or the denial that the service is needed. So that’s a good change in the industry, and I think you see that on a lot of different levels, not just health care, but in every industry. There’s a lot more education available at people’s fingertips.”

He added, “That’s good for us, because we don’t have to focus so much on trying to convince people of what they have to do; we are able to concentrate more on providing the service that they know they need. So we switched gears from trying to educate people, to providing good service and compliance, and making sure everybody is happy.”

For more information, call (305) 281-7240 or visit www.GPSfuel.com.
VITAS® Healthcare Is Prepared to Care for Patients
When Disaster Strikes … and Every Day

Florida sustains more direct hits from hurricanes than any other state, according to the National Oceanic and Atmospheric Administration. From 1851 to 2018, the Sunshine State sustained 121 hurricanes.

As healthcare professionals know, providing healthcare during and immediately after hurricanes and other natural disasters can present a myriad of short-term obstacles and long-term challenges.

VITAS® Healthcare, the nation’s leading hospice care provider, was founded in Miami and cares for an average of 9,628 patients every day in 13 locations throughout Florida. In 2019, VITAS enters its fourth decade of providing compassionate end-of-life care throughout South Florida.

Severe weather and natural disasters in Florida

As recently as 2017, when massive hurricanes Harvey and Irma impacted the Sunshine State, VITAS demonstrated its ability to deliver consistent, high-quality end-of-life care during trying, natural disasters.

When a disaster looms, VITAS executes an emergency plan. The core components: communication. Pre-event, during and post-event, continuous phone and text communications among VITAS leaders, senior management, program managers, medical directors, corporate departments and field staff ensure that all aspects of disaster planning are covered. Throughout any weather event or emergency, decisions are made based on internal needs and information from federal, state and local agencies.

When staff members in the field are unable to drive or travel safely, or when roads are impassable, VITAS’ highly trained, 24/7 Telecare staff members monitor VITAS hospice patients and families by phone until team members can resume home visits. Additionally, the VITAS digital communications teams update phone systems and online resources to keep South Florida patients, families and employees informed.

Once the disaster has passed, recovery efforts kick into high gear, often supported by VITAS team members who can be deployed from programs in other states.

Responding with calm, dignity and values

VITAS’ daily focus on bringing calm and dignity to anxious, uncertain patients and families who are facing the challenges of a life-limiting illness carries over into our disaster planning and response.

Guided by two of our company’s values—“Patients and families come first” and “We take care of each other”—teams have proven time and time again they are willing to do what it takes to resume patient care as soon and as safely as possible, and they are willing to go above and beyond to make it happen.

After Hurricane Harvey’s historic flooding in Houston, for example, VITAS employees needed help caring for their own families. Spared much of the storm’s damage, VITAS colleagues from offices in Fort Worth, Dallas and San Antonio voluntarily relocated temporarily to Houston to ensure uninterrupted care for Houston-area hospice patients and their families, a gesture that gave Houston-based employees time to recuperate, recover and return to work.

The VITAS national management team stepped in as well. VITAS’ fleet trucks from our Home Medical Equipment division—usually filled with durable medical equipment like hospital beds and oxygen tanks for patients—were stocked instead with water, food and personal hygiene products and deployed directly to employees and patients.

Even before Houston had recovered, Florida and Georgia were preparing for Hurricane Irma’s arrival. When Irma left a trail of damaged buildings, flooding and millions without power, VITAS team members were right behind, ready to make a difference.

VITAS hospice teams from Miami to Jacksonville maintained care for existing patients and brought new patients on service. VITAS assisted Florida employees with critical and emergent needs, including food, water, medical aid and even gasoline.

VITAS remains steadfast in its commitment to provide comfort and support to patients, their families and its employees at the time it is needed most—even when that time includes hurricanes, severe storms, fires and other natural disasters.

Guided by its core values, VITAS remains focused on overcoming any challenge in order to make a difference in the lives of others.

Grace Fernandez is Senior National Patient Care Administrator for VITAS Healthcare, the nation’s leading provider of end-of-life care. For more information, call VITAS at (866) 759-6695 or visit VITAS.com.

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BY GRACE FERNANDEZ
Stroke Survivor Reunites with Palm Beach Fire-Rescue Personnel and the Jupiter Medical Center Stroke Team that Saved his Life

It’s rare for people to get to thank the emergency medical personnel who provided their lifesaving care, but that’s what happened for 73-year-old Leonard Bechtold of Jupiter Farms. He returned to Jupiter Medical Center on Friday, May 17, to meet the paramedics and the hospital’s stroke team members whose quick response and expertise were instrumental in his survival and recovery.

Bechtold suffered a massive stroke at his home on March 15. His wife, Sharon, recognized the droop on the side of his face and his distorted speech and immediately called 911. A five-member Palm Beach County Fire-Rescue team responded and rushed him to Jupiter Medical Center, where Dr. Jeffrey Miller, co-medical director of the Comprehensive Stroke Center, removed a blood clot from his brain in a procedure known as a thrombectomy. Within two weeks of surgery, Bechtold was back home with his wife and singing the praises of his medical team.

“The connection between the paramedics and the emergency room—and the stroke team being ready so quickly—is what saved my life,” he said. “This success story that we have in your success story, and I’m incredibly thankful. We are very lucky to have a comprehensive stroke center in Jupiter.”

Palm Beach County Fire Rescue protocols require that ambulances take stroke patients to a comprehensive stroke center for treatment. If Bechtold had had his stroke just six months earlier, EMS would have transported him from Jupiter Farms all the way to West Palm Beach, at that time the closest city with a comprehensive stroke center. A $5 million gift from an anonymous donor enabled Jupiter Medical Center to acquire the technology and recruit the medical experts necessary to gain designation as a comprehensive stroke center in January 2019. The typical patient could lose up to 2 million brain cells every minute that a stroke is left untreated. Having a comprehensive stroke center closer to home gives stroke patients a greater chance for survival and recovery.

“The advanced capabilities we have today at Jupiter Medical Center gives patients in northern Palm Beach County and southern Martin County the best possible chance for a full recovery,” said Joanne Miller, interim co-CEO of Jupiter Medical Center. “Statistics show we are making a difference. From January to April 2019, EMS has transported 76 stroke cases to our medical center.”

Awarded by the Florida Agency for Health Care Administration (AHCA), the comprehensive stroke center designation ensures that Jupiter Medical Center has the most advanced facilities, technology and specially trained physicians to improve patient outcomes in the most complex stroke cases. Jupiter Medical Center is the only hospital in northern Palm Beach County and in Martin County to achieve designation as a comprehensive stroke center.

Returning to Jupiter Medical Center was a gratifying experience for Bechtold and his family. During the reunion, which took place in the hospital’s Calcagnini Center for Mindfulness, Bechtold joined Jupiter Medical Center in recognizing his emergency medical team, including Paramedic David Lincoln; Captain John Bradley, IV; Paramedic Edward Bauries; Lieutenant Vicki Donechis; and Driver/operator Vincent Depascale. Dr. Jeffrey Miller, co-medical director of the Comprehensive Stroke Center; Dr. Jennifer Buczyner, co-medical director of the Comprehensive Stroke Center; and Lisa Hanusin, stroke coordinator, were also recognized. The hospital also paid tribute to Bechtold’s wife, Sharon, for her quick, decisive action in calling 911.

Joanne Miller, interim co-CEO of Jupiter Medical Center, presents a bouquet of flowers to Sharon Bechtold.

“We are celebrating you for knowing the signs of stroke,” Miller said before presenting Sharon Bechtold with a bouquet of flowers. “Your quick action made the difference in your husband’s survival and his quality of life.”

Patient Logistics Critical to Emergency Preparedness

In preparation for hurricane season, Broward Health put its Patient Logistics Center to the test with a scenario that included a direct hit by a storm.

Emergency Management recently held a 90-minute drill with Broward Health Medical Center and Broward Health Imperial Point to prepare for the upcoming hurricane season. Engaging system and hospital leadership, representatives from county emergency management and law enforcement officials, participants responded in real-time to a disaster scenario during the exercise.

“This evacuation drill showed our community partners that we have a solid incident command structure and evacuation process,” said Kelly Keys, manager of emergency management, Broward Health. “It also showed us that we are ready and prepared, but as always have some opportunities to improve what we are already doing.”

Noteworthy was the use of the Patients Logistic Center to relocate patients. The Center uses teletracking to manage patient flow throughout the system to help ensure patients move through the cycle of care as efficiently as possible. The hospital partnered with local EMS, Emergency Management, Florida Department of Health, MCT Express Ambulance Service and neighboring healthcare systems to conduct the drill.

“Teletracking enables us to know at all times where our patients are located,” said Paul Taber, director of centralized patient logistics at Broward Health. “In emergency scenarios, healthcare organizations may be faced with evacuations—both within and outside of your hospital. This drill reinforced that Teletracking and the patient logistics center are in place to ensure safe transfer and continual patient tracking.”
Florida Department of Health in Broward County Prepares for Hurricane Season

BY SALLIE JAMES

Evacuating elderly residents from a flooded nursing home and finding a generator for a sweltering assisted living facility were some of the challenges the Florida Department of Health in Broward County faced during a recent hurricane preparedness exercise.

Although every scenario associated with the mock “Hurricane Smith” was fictitious, the focus and intensity of the May 9th exercise at the county’s Emergency Operations Center (EOC) was not. More than 200 emergency responders had to think on their feet during the four-hour drill that included an unplanned computer glitch that affected the ability to transmit electronic messages and forced employees from 25 agencies to revert to the use of paper messages and talk face-to-face to arrange services and find solutions to help people in need.

Hurricane Season 2019 begins June 1st and ends November 30th.

Did you know that the DOH is responsible for staffing the county’s special needs shelters and coordinating the delivery of medical care in an emergency? During an emergency, the DOH works side by side with first responders to coordinate health and medical services in response to a disaster, emergency, or incident that may lead to a public health, medical, behavioral, or human service emergency.

Exercises like the Hurricane Smith scenario provide an opportunity for emergency responders to practice what they know and learn to ask when they don’t know the answer so they can be prepared when a real event occurs, Sudden said.

“Our job is to exercise those plans and make sure they work and tweak them if they don’t work,” Sudden noted. “It’s a training exercise to test how resourceful someone can be. You basically do whatever you need to do to be responsive to whatever the need is. It’s also about relationships so you get to know the people at other tables. It gives familiarity as to where everybody is located at the EOC.”

Tracy Jackson, Director of Broward County’s Emergency Management Division, said the hurricane exercise allowed participants to practice their responses and then evaluate them with no adverse consequences.

“We get the opportunity without the stress of a real incident to practice the skills we need,” Jackson said at the end of the exercise. “It gives us the chance to troubleshoot things that work and things that don’t work as well. It also gives us a chance to get input from our partners.”

The May 9th exercise centered around the fictitious “Hurricane Smith,” a made-up storm that made landfall as a Category 3 hurricane in Tampa Bay on May 6th, per the exercise outline. Under the narrative, Broward’s EOC was activated at 8 a.m. on May 9th due to heavy rain and high winds that caused widespread flooding and damage to the South Florida area.

The storm spawned several tornados, caused a breach in the dike surrounding Lake Okeechobee, and required the opening of several shelters. Emergency responders had to figure out what to do, when to do it and how to get it done. Jackson opened the exercise by emphasizing the importance of teamwork.

“We can’t over-emphasize how important it is for us to be unified,” Jackson said. “More than 1.9 million people outside this room are depending on the decisions you are going to make.”

Jackson told participants they would have to make decisions even though they might not have enough information and warned there would be no guarantee of success. He urged them to soldier on.

“Our confidence is high in you and in us,” Jackson said.

Participants from across the county sat in chairs at long tables equipped with phones and computers. Drill monitors walked the room, wearing vests that bore names like “evaluator” (they record how projects were accomplished) and “controller” (they provided “injects” or scenarios for the exercise and made sure it maintained its pace).

Participants were instructed to do their best to resolve whatever problems they were given. They made phone-calls, consulted with representatives from other cities and agencies and figured out solutions for complicated problems.

DOH employee James Turchetta, Cities Readiness Coordinator, served as a controller during the exercise and kept his team busy with an array of jarring incidents. His team members were resourceful and determined. They found answers.

“I think overall it went great,” Turchetta said. Jackson’s assessment was similar.

“We are happy with the information we gained, the observations we made and the opportunity to improve,” Jackson said.

For more information about how you can be better prepared for emergencies, visit http://broward.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/personal-and-family-preparedness/index.html

SUGGESTED BASIC DISASTER SUPPLY KIT ITEMS

Water – You will need water for drinking, cooking and sanitation purposes. Pack/store a minimum of 1 gallon daily per person for 7 days.

Food – You will need enough for a minimum of 7 days:
• Non-perishable packaged or canned food and juices
• Manual can opener
• Foods for individuals with dietary restrictions (i.e. infants, elderly, etc.)
• Snack foods
• Cooking tools and fuel
• Paper plates and plastic utensils

Flashlight and Extra Batteries

Pillows, Blankets and/or Sleeping Bags

Clothing – Include a complete change of clothes. Be sure to include sturdy shoes to protect you from debris or other sharp objects you may encounter outdoors post-storm.

First Aid Kit, Prescription Medication and Other Medicines

Medical Cannabis

Radio – Battery operated and NOAA weather radio

Toiletries

Cleaning Supplies – Include garbage bags, moisture wipes and other items you may need to sanitize your home or surrounding post-disaster.

Special Items – Assess all family member needs. Consider other items needed for infants, elderly and individuals with access and functional needs (i.e. medical items, baby bottles, etc.)

Cash – Banks and ATMs may not be open or available for extended periods following a disaster.

Important Documents – Consider storing all critical documents in a waterproof container, as well as, saving them electronically. These items can include but are not limited to insurance, medical records, bank account numbers, Social Security card, etc.

Tools

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• Above Ground and Below Ground Fuel Systems
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• General Maintenance Services
• Day Tank Installations
• Remote Fill Installations

South Florida Hospital News

June 2019
In its 17th year, the South Florida Healthcare Executive Forum (SFHEF) Healthcare Leader Development Case Competition delivered yet another success.

The case competition took place at Holy Cross Hospital, Ft. Lauderdale on Friday, April 12, 2019. This year featured 7 teams with a total of about 29 students from undergraduate and graduate health management and administration programs in 5 local South Florida universities facilitated by the support from their respective program advisors. These universities are members of the American College of Healthcare Executives (ACHE) Higher Education Network (HEN).

Ashley Vertuno, FACHE, the Chief Operating Officer of Westside Regional Medical Center- HCA, the ACHE Regent for Florida – Eastern, and who also served as one of the mentors to one of the participating teams said “I couldn’t be more proud of all the teams. This competition really shows the next generation of leaders and has me excited for their future and ours in the healthcare profession.”

The award ceremony was held on April 18, 2019 at Memorial Regional Hospital, Hollywood-Memorial Healthcare System (MHS). In the graduate division, the 1st, 2nd, 3rd place winners and 3rd runner-up are Florida International University Healthcare MBA program: Brian Luis, Stephanie Silva and Shayan Amirzadeh-Shams; Florida Atlantic University Health Administration program: Tyler Friedman, Eric Isaacson, Kimberly Leon, Hussein Dawad and Brianna Taggart; Barry University Health Services Administration & Public Health program: Oladapo Durojaye, Ibrahim Asiri, Natalie Arnejo, Xiance Holas and Nortrhivaill Hill; and in its inaugural year, University of Miami Health Management and Policy program: Lauren Outcault, Jenna Kaminsky, Jamie Pugh, Annama Devore and Paola Trujillo, respectively.

In the undergraduate division, 1st, 2nd, 3rd place winners are the University of Miami Health Management and Policy program: Lucas Outcault, Jenna Kaminsky, Jamie Pugh, Annama Devore and Paola Trujillo, respectively.

The ceremony was part of SFHEF's monthly educational program. The educational event, titled “Mapping Your Career,” included a panel of healthcare organization leaders: Caitlin Beck Stella, MPH, CEO, Joe Dimaggio Children’s Hospital, MHS; Jonathan Watkins, CEO, Broward Health Imperial Point; Madison Workman, COO, Coral Gables Hospital and Ralph Russo, FACHE, Vice President, Professional Services, Baptist Health South Florida. The event was a great complement to the theme of healthcare professional and leadership development reflected by participation in the case competition.

Oyinkansa “Bukky” Ogunrinde, MHS, Chief Practice Transformation Officer of FUNMI Healthcare Consulting and the 2019 Student Services chair of the SFHEF board of directors said “It is amazing to work with the administration and impact the case competition events have had over the years. The participants develop and enhance valuable skills such as critical and analytical thinking, strategic planning, accountability, teamwork, resourcefulness, problem-solving and leadership. Also, I am grateful for the unwavering support of the 2019 SFHEF board of directors and the organization’s sponsors.”

The case competition allows students to work together in teams over the course of 3 months, every spring, on a specified case study. The topic changes each year to reflect the latest issues and challenges confronting the healthcare industry. This year, the focus was a case study about Aetna and the transformation of healthcare. The students were charged with developing substantive and effective recommendations to the important considerations given the foreseeable acquisition of Aetna by CVS. They were judged by the following subject matter expert judges: Amadeo Cabral MD MBA FACSHCQM, Board - certified Surgical Oncologist & Robotic surgeon and Chief Strategy Officer/Senior Vice President at Orange Care Group (ACG), Monica Puga, ARNP, Vice President, Population Health at MHS; and Paul Bruning, DHA, Executive Director for Orthopedics & Gastrointestinal Health at Holy Cross Hospital.

The student teams are partnered with liaisons and mentors who are executives from various healthcare organizations - a distinguishing format of the program both ACHE and the Association of University Public Health Administration (AUPHA). This year, there were 7 liaisons, 4 mentors and a committee of 7 people to help facilitate the case competition.

Charles Felix, the 2019 SFHEF president said “We look forward to the 18th annual case competition and appreciate the support from the community of healthcare organizations and leaders through active membership participation in SFHEF, and by way of specific support of the SFHEF Foundation.” The foundation, a 501c3 entity of the chapter, was established for the purpose of continuing to develop the healthcare leaders of tomorrow through educational events and programs like the SFHEF Healthcare Leader Development Case Competition.

To learn more about SFHEF and the case competition, visit www.sfhef.org.
Palm Beach Gardens Medical Center Honors Employees for Their Commitment to Care

By Sallie James

Palm Beach Gardens Medical Center recently recognized the following employees for their dedication to serving and treating patients at the hospital:

- **MVP of the Quarter**
  - **Employee of the first quarter**
  - Chris Bishop is a patient care technician who is described as honest, friendly and focuses on patient experience. One patient said of Chris, “He helped me through a rough day. His attitude is so positive that it brought my mood up.”

- **Physician of the Quarter – Q1**
  - Dr. Arthur Katz is a cardiothoracic surgeon who is noted by colleagues and staff alike as someone who sincerely cares about his patients and always has their best interest at heart. Dr. Katz is known as a wonderful educator and takes the time to invest in the nursing staff. He is also known as the “rock doctor” because he gives his patients heart shaped rocks.

- **Daisy Award – Q1**
  - Nurse Melanie Holley is recognized as skilled, and compassionate. Melanie was nominated by a patient for having a positive attitude, being attentive and anticipating the patient’s needs. The patient claimed it is Melanie’s little acts of kindness that made her care above and beyond. The Daisy Award was established by the family of J. Patrick Barnes after he died from complications of an auto-immune disease in 1999. Since then his family wanted to recognize nurses for their hard work and care towards patients.

West Palm VA Awarded for Sustainability Efforts

A national nonprofit organization focused on environmental stewardship has recently awarded the West Palm Beach VA Medical Center for their efforts to create a greener workplace. Practice Greenhealth recognized the West Palm Beach VA Medical Center for its achievements in waste and energy use reduction with the 2019 Practice Greenhealth Partner Recognition Award. The award is one of the Environmental Excellence Awards given each year to honor environmental achievements in the health care sector.

Boca Raton Regional Hospital Physicians Recognized As Top Doctors

For the seventh year in a row, Boca Raton Regional Hospital has had the most primary-affiliated physicians of any hospital in Palm Beach County recognized as “Top Doctors” by Castle Connolly Medical Ltd. and surpassed all other institutions combined. The research firm specializes in providing consumers with information about the nation’s best doctors and hospitals. “While Boca Regional’s entire medical staff is known for its clinical excellence and commitment to improving the lives of our patients, we salutate these particular physicians on such a notable accolade,” said Jerry Fedele, President and CEO of Boca Raton Regional Hospital.

St. Mary’s Medical Center and Palm Beach Children’s Hospital Earn Three-Year CARF Accreditation

CARF International (Commission on Accreditation of Rehabilitation Facilities) awards St. Mary’s Medical Center and the Palm Beach Children’s Hospital accreditation for a period of three years for its comprehensive integrated inpatient rehabilitation program for adults, comprehensive integrated inpatient rehabilitation program for children and adolescents, brain injury specialty program and stroke specialty program. “This accreditation represents the highest level that can be given to an organization, and shows our hospital’s substantial conformance to the CARF standards,” said St. Mary’s Medical Center & Palm Beach Children’s Hospital CEO, Gabrielle Finley-Hazle.

South Florida Hospital News

June 2019

31
Cover Story: Boca Raton Regional Hospital and Baptist Health South Florida Sign Definitive Agreement to Finalize Affiliation

Continued from page 1

Danna-Gracey Offers Free Employee Cyber Testing Program to Help Reel In Threats of Cyber Attacks

Continued from page 1

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CENTURY AMBULANCE SERVICE

Century Ambulance Service, now operating in Broward County, is the largest provider of emergency transport and patient logistics services provider or visit http://www.medicalliner.com provides medical patient care and customer service in the North Florida, Panhandle and South Florida regions. Century’s reliable, comprehensive services extend high-quality care from the hospital through the transport process while increasing efficiency for its healthcare partners. Century Ambulance employs highly trained professionals and utilizes innovative solutions to ensure service quality. Whether Century is providing an non-emergent ambulance transport, administering critical care, or implementing custom logistics services to enhance hospital processes, patients and customers can count on Century for the highest level of service. For more information, contact Fran Mimina, Jr. at francis.mimina@centuryamb.com or please call (954) 625-6148.

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South Florida Hospital News

June 2019

33
Colowell America
Grand Opening
Tampa – May 28

(l-r) Dr. Shiraz Farooq cutting the ribbon of Colowell America, with his parents Farooq Salim Nazmi and Nargis Farooq, and Colowell associates Sydney Millett and Johanna Ortiz

Cannabis News Florida’s Andrew Felix and Dr. Shiraz Farooq of Colowell America, Tampa

AltMed Grow Facility, Apollo Beach

AltMed (MUV) Grow Facility, Apollo Beach as photographed by Andrew Felix during his guided tour

Cannabis Physicians Symposium - May 4

On Saturday, May 4, the Broward County Medical Association and Cannabis News Florida presented the first South Florida Cannabis Physicians Symposium at the Signature Grand in Davie. Attended by more than 150 physicians and healthcare professionals, the Symposium featured various speakers, seminars and exhibits to educate and update the attendees on Medical Cannabis in Florida.
Florida’s new “Hemp Bill” (SB 1020, pending signature by the Governor) purports to create a state hemp program in order to fall in line with the Federal Government’s legalization of “Industrial Hemp” for commercialization pursuant to the Agriculture Improvement Act of 2018 (otherwise known as the “Farm Act of 2018”). The Hemp Bill goes into effect on July 1, 2019, and requires that anyone intending to cultivate hemp apply for a license, which at a minimum requires a background check and certification that the applicant has not been convicted of a felony relating to a controlled substance under state or federal law, in which case a Hemp cultivation license cannot be issued for up to ten years following the date of conviction. The bill provides that the Department is to adopt and implement rules by August 1, 2019. Most notably, the Hemp Bill resolves state level controversy of the legality of hemp byproducts including extracted Cannabidiol (“CBD”) by amending Florida’s definition of Cannabis to exclude hemp as defined in Fla. Stat. Sec. 581.217 or industrial hemp as defined in Fla. Stat. Sec. 1004.4473. The foregoing definitions are stated as material which contains a “total delta-9 tetrahydrocannabinol concentration that does not exceed 0.3 percent on a dry-weight basis” which has been the threshold established by the Federal Government under the 2014 and 2018 Farm Acts. The Hemp Bill does not require registration or oversight for someone who processes or retails the cultivated hemp (unlike some other current hemp regulated states). As CBD expands as the rage in health and wellness circles, questions will remain as to adulterants and methods of production related to what people may put in or on their bodies. Is this something the Department of Health will try to address? In regard to sourcing initial material, the Hemp Bill sets forth that a licensee may only use hemp seeds and cultivars certified by a certifying agency under Fla. Stat. Sec. 578.011 or one of the Florida Pilot Program Universities. A certifying agency under Fla. Stat. Sec. 578.011 is “An agency authorized under the laws of a state, territory, or possession of the United States to officially certify seed and which has standards and procedures approved by the United States Secretary of Agriculture to assure the genetic purity and identity of the seed certified.” For years, the Hemp space has been plagued by unfulfilled promises resulting in failed business dealings. One prime example is in the Hemp seed market which often uses brokers and middlemen. Florida’s first time farmers will face these issues as they seek to get off the ground and should tread cautiously. It is important to recall that Florida flirted with Hemp already under its previously enacted Pilot Program (a bizarre legislatively enacted framework). One thing is clear, and that is the Legislature’s intent to harmonize the state Hemp Pilot Program with the Hemp Bill by further amending parts of section 1004.4473, and striking out portions of the Hemp Pilot Program which required that commercialization be conducted only after the hemp pilot project had been in place for two (2) years. With regard to the distribution and sale of Hemp, the Hemp Bill sets forth: 1. that the seller or distributor ensure that the extract sold has been tested by an independent laboratory that does not derive a direct or indirect benefit from the product being sold, and that the laboratory has provided a certificate of analysis (“COA”) stating that a) the hemp extract is the product of a batch that has been tested and that b.) the same batch contains a total delta-tetrahydrocannabinol concentration (the “THC” component) that does not exceed 0.3 percent on a dry-weight basis based on a random sampling of the batch, c.) that the batch does not contain contaminants unsafe for human consumption; and d.) that the packaging of the product being distributed or sold meets certain minimum labeling requirements. The next few months should be interesting as the Department of Agriculture takes the limited framework given to them and enacts rules. Will the department be swayed by political and lobbying influence much like many argue the legislature and Department of Health have been in the medical cannabis arena? Will the Department tap into the available knowledge base when it comes to Hemp and its consumable byproducts or chart their own course as Florida seems to do time after time? We shall see … David Kotler, Esq. is a partner in Cohen Kotler and is Of Counsel to Hoban Law Group. He has worked in the Cannabis and Hemp arena in Florida in several other states and countries for over 5 years. Michelle K. Suarez, Esq. is the owner and founder of Florida Entrepreneur Law, PA, a law firm that works with Startups and Entrepreneurs in emerging industries and has been involved in the CBD space following the passage of Amendment 2 in Florida.

**Clinical Answers: Can Cannabis Help Victims of PTSD?**

Researchers have just completed the world’s first FDA approved clinical trial evaluating smoked marijuana and how it affects those suffering from PTSD.

**Dr. Sue Sisley**

The never-ending debate on cannabis and its legitimacy continues. For the first time ever, psychiatry is attempting to explore how this plant may offer relief towards psychiatric symptoms. The focus for this article is PTSD, especially concerning military veterans.

**What is PTSD exactly?**

Posttraumatic stress disorder (PTSD) is a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist attack, war/combat, rape or other violent personal assault. Survivors of PTSD experience symptoms after the trauma has taken place. Often, these symptoms are debilitating. Symptoms can include, recurring memories or nightmares of the event, anger, irritability, feeling on guard, loss of interest, numbness, etc.

Physician Sue Sisley, M.D., designed an FDA approved study, to observe cannabis and PTSD in military veterans. While Sisley has treated patients who suffered from PTSD and reaped desired effects from using cannabis, she has experienced a difficult journey trying to gain support for her study.

First, Dr. Sisley was terminated from the University of Arizona after becoming the principal investigator for the cannabis study. She then began a back and forth with the U.S. government for years, trying to begin her research. Sisley finally received the okay in 2017 to begin her quest and has since been on the hunt to attain answers.

The study is funded by a grant from the University of Colorado called The California-based Multidisciplinary Association for Psychedelic Studies. They are a nonprofit and will be providing $2.15 million dollars in efforts to understand how cannabis may help these survivors. The study is the first controlled clinical trial in the world that evaluates smoked medical marijuana and how it affects those suffering from PTSD.

A triple-blinded experiment, neither the participants, researchers, and evaluators would know the potency of marijuana received. The study included 76 military veterans who suffered from PTSD who were each given 1.8 grams of marijuana per day in varying potencies. The participants chose how much marijuana to smoke and were asked to keep a daily journal. Approved marijuana was supplied by the government for the study, but in order to continue into different phases of the experiment, supplies will have to be restored. During Barack Obama’s presidency, the DEA agreed to license more growers to produce marijuana for research. Years later, no efforts have been made to solidify or execute the original plan.

It seems that since the birth of this idea and any executions, there have been consistent and repeated obstacles to hinder any results. This realization does not bode well within the scientific community.

One might argue, as to why the politics of a nation are dictating and hindering potentially helpful scientific discovery? The potential knowledge gained might be able to mollify those who served our country at its most vulnerable.

They are the ones who need our help the most due to the inevitable scars of such battles. It seems that further scientific exploration and implementation of such novel ideas needs to take place and be met with upmost support, not resistance.

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**By Peter Sessa**

**By David Kotler, Esq. and Michelle K. Suarez, Esq.**

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**Florida’s New Hemp Bill**
What benefits do you see for patients throughout Florida within this space?

There are so many benefits I don't even know where to start. We can now medicate in our own homes without fear of law enforcement or feeling like criminals. There is a variety of safe, tested medicines available so that we are not forced to go to the black market and trust the word of somebody on the street. And dispensaries are providing an enormous amount of education to the general public on cannabis, which is a huge benefit to not just current patients, but future patients. We are signing up patients to the program at a rate of 10,000 every month. And if you think you don't qualify, think again.

What motivates you to be a part of the Cannabis Industry?

I was born on 4/20 so a lot of people tell me I was born for this industry. All kidding aside, Cannabis has been a big part of my life for a very long time. I didn't really understand why fully until about five years ago. Until then I had probably been what you would call a sideline activist. Kind of paying attention… kind of spreading the word… kind of, but not really. When I had the opportunity to start the Florida Cannabis Coalition in 2014, things started to become clear. I learned more about the science behind the plant and I learned more about how it was helping people. But most importantly, I met the children who had terrible afflictions that could be helped with cannabis, but it was not available to them. That became a central motivator for me and since then seeing all the good cannabis is bringing to peoples’ lives has made this the most fulfilling career move, I could've possibly made.

What field are you in within the Cannabis space?

Florida Cannabis Coalition’s central purpose is education and connection. But not in the sense that we hold classes or do any kind of classical teaching. What we do is reach the masses, the uneducated, the people who don’t know the benefits of cannabis, the people still stuck in the propaganda of the 20th century. One of the ways we do this is by hosting events across the state. The big one we have coming up is in Miami on June 21-23 called the Marijuana, Hemp and Health Expo. I’m super excited about this one because it’s going to be our biggest ever. We are inviting not only cannabis companies but health and wellness companies from across Florida and the country to come and exhibit and interact with people from all walks of life.

How can people in Florida benefit from the company you represent?

If you follow our social media and attend our events, which are free for patients and for veterans, you can benefit from the Florida Cannabis Coalition. You can connect with the community at our green carpet events that we host twice a month, in a different city every other week across the state. You can come to our larger events also and meet people like Dr. Sue Sisley who will be at the Miami event in June. Dr. Sisley just completed the first FDA-approved study on cannabis for PTSD and veterans. Watch our videos, subscribe to her YouTube channel, visit our website, and join us to support spreading good information about cannabis. And if you’re looking to be a part of the industry, there is simply no better way than attending one of our events. I talk to someone almost every week who tells me they got their start in the cannabis industry by attending a Florida Cannabis Coalition event.

How did you get started within the cannabis industry?

I had left a career in marketing and was looking for something more for fulfilling so I could sleep better at night after my day at work. I met Tom Quigley who was in the process of entering the cannabis space back in 2014. After a two-hour meeting at Starbucks we started the Florida Cannabis Coalition and have not looked back since. The first thing we did was attend every cannabis event that we possibly could. We traveled to California, Las Vegas, Seattle, Colorado, Boston, Arizona… multiple, multiple times, attending many different events. That’s one of the things we’ve tried to bring to the state of Florida.

Are you personally a MJ card holder?

Yes, and as far as I know I am the only Florida medical marijuana patient whose card says 420 which is my birthday and 710 which is the expiration date.

Do you see Florida moving forward with recreational Marijuana/Cannabis and how will that affect your business?

I see the United States moving forward with adult use cannabis or removing it from the controlled substances list within the next year and a half. Florida needs to get ahead of this. Regulations must be created for when it happens or it’s going to be left up to the legislators to dictate what the regulations are for adult use cannabis in the state. That’s the big reason we support the Regulate Florida initiative which has a lot of protections for the people built into it that the legislature would not be able to supersede. For example, the ability to grow six plants per adult per household. If we do not have something like Regulate Florida in place by the time the federal government removes cannabis from the controlled substances list, the state legislature could tell us that we cannot grow our own. Regulate Florida would protect that right. As far as how that will affect our business, we’re probably going to need a bigger office.

Cannabis Spotlight

Peter Sessa
Florida Cannabis Coalition

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year), it is not always easy to get one. “It depends on the attitude and interpretation of the law by physicians; I’m personally comfortable admitting a person into the Florida program if their card is from another state—I mean, how couldn’t you?” said Dr. Gordon. “As an advocate and doctor, my role is to educate these patients on the safe and effective use of cannabis; to not serve them isn’t right or moral, and in my opinion, violates the Hippocratic Oath.”

Dr. Gordon is especially concerned that patients who are turned away from Florida’s program have no recourse when it comes to getting the care they need. “They can’t cross state lines with the product, and even if they could, many of them who may be here for six months or more don’t have the money to pay for that much medication at once,” he said.

Another concern is that patients may try to substitute alcohol or other drugs to deal with conditions ranging from PTSD to chronic pain. “The products themselves aren’t on the streets; people can’t get lab-tested strains with higher CBD to lower THC counts that can be delivered topically or through a tincture; these don’t exist on the black market,” he explained, adding that turning to other options is even more dangerous.

“As a 32-year emergency room doctor, I’ve seen the social consequences of abusing opiates and alcohol,” he said. “And cannabis is at the bottom of the list in terms of any long-term damage to the heart, liver or brain; it can’t kill you the way that these other substances can.”

While Dr. Gordon had no intention of becoming such an outspoken proponent of medical cannabis use, he wants other doctors to feel confident to interpret the way the law is written to benefit their patients. “This is the battleground I’ve chosen—to push for access and education for patients,” he said. “When a person comes in with anxiety, there’s no reason why they shouldn’t be able to use a safe, plant-based product to help, especially if they already have a card from another state. Why wouldn’t they be able to immediately qualify or to walk into a dispensary?”

Approximately one-third of Compassionate Cannabis Clinic’s patients have never used cannabis before in any form, one-third have used it in the past, usually recreationally, but are not currently using it; and one-third are current users. According to Dr. Gordon, they all have questions and concerns.

“Don’t discriminate, educate,” said Dr. Gordon. “All three groups deserve respect, whether they’re concerned about introducing THC into their lives or are curious about CBD or other cannabinoids. None of this is about getting high; it’s about finding the right medicine to meet the 11 qualifying conditions.

“To make these patients criminals is a tragedy,” he continued, adding that he sees a lot of older veterans who have used cannabis for years to treat chronic pain and are coming into the clinic to make it legal. “Doctors need to do the right thing.”

To learn more, visit www.Venicecare.com or follow CompassionateCannabisClinicofVenice on Facebook.
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U.S. Cannabis network is one of the best Cannabis training universities located in United States. Our university has high- ly experienced mentors for guiding the students about cannabis business. We teach our students about the various income streams of the cannabis business such as flowers, oils, edibles, flipping Cannabis products (brokering), opening your own collective or dispensary, distribution and produc- tion, and much more. We also conduct many seminars which will help people to know more about the cannabis business and how to earn money from it easily.
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Coastal Wellness Centers is a private Medical Practice special- izing in Comprehensive Medical Marijuana Treatment. Our patients are evaluated by state approved, certified physi- cians Dr. Alynn Benenez D.O. and Dr. Joseph Rosado M.D., both of whom are qualified to determine whether you, the patient, will benefit from the use of Medical Marijuana-partic- ularly when other treatment options have been tried and failed. Our goal is to provide a compassionate approach that is non-invasive, with minimal to no side effects. Patients with qualifying conditions, who are approved for a recommenda- tion, will be closely monitored as they are guided through the process of obtaining a registry ID card. Afterwards, our doc- tors will design an individualized regimen that takes into account product selection, dosage, and potential drug inter- actions. Coastal Wellness Centers also offers free phone consultations.
http://coastal4mjm.com
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Our products are sourced responsibly from industry leaders focused on clean, eco-friendly practices. Our edibles are made with the highest-quality ingredients with a complete balance of medicinal benefits and delicious flavors. Our 99%-+ pure CBD Isolate is grown from proprietary strains of hemp, all the way from seed to its final isolate form. Our edi- bles are meticulously crafted by award-winning chefs who source only the finest all-natural, organic and non-GMO products.
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Our main goal is to educate everyone on the magical powers of CBD! We are very passionate about an all natural lifestyle and are strong believers about incorporating CBD into our everyday lives!
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Back Cover Story: Curaleaf Hemp: Helping People Live Life Well

Continued from Back Page

the science behind CBD.”

Once consumers familiarize themselves with CBD, the next step is helping them to figure out what brands they can trust. There are many CBD products on the market, but there isn’t an industry standard for testing.

“Curaleaf is open and transparent about how our hemp is grown and extracted and how our products are tested,” explains Lynch. “We also make our testing information available to the public. Curaleaf Hemp users can feel comfortable knowing what ingredients go into our products and that they are tested across the manufacturing process for consistency and reliability.”

All Curaleaf Hemp products are derived from 100 percent U.S. farmed hemp, and include only natural, nonintoxicating ingredients which are infused with beneficial essential oils.

“We utilize CO2 extraction processes and every CBD batch is tested for cannabinoid concentration as well as microbiological, pesticide, residual solvent, and trace metals,” says Lynch. “Finished products are tested again in order to meet the strictest quality standards. To ensure total transparency, we provide test results upon request. Our product line currently includes CBD oils, lotions and transdermal patches. We also offer a line of Bido branded pet products that include oil drops and soft baked bites.”

According to Lynch, what makes Curaleaf Hemp’s products unique is that consumers can trust Curaleaf Hemp.

“We have developed effective hemp-based CBD products that meet the strictest quality standards in the industry based on years of extracting, formulating, and manufacturing products with various cannabinoids,” she says.

Lynch points out that the CBD market is still new and consumers are still learning about how these products can positively support their wellness.

“We encourage consumers to turn to our experienced team at Curaleaf Hemp with any questions,” she says. “Our social channels are a fast, effective and easy way to connect with use and ask questions.”

To reach Curaleaf Hemp on social media, visit: Twitter: https://twitter.com/curaleafhemp
Facebook: https://www.facebook.com/Curaleaf-Hemp-223607555117620
Instagram: http://instagram.com/curaleafhemp

For more information, visit curaleafhemp.com.

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For more information contact Jessica Hoehn of Danna-Gracey at 888.496.0059.

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Danna-Gracey is the leading independent medical malpractice insurance agency in Florida, and the top agency for several of the leading insurers in Florida. For more information contact Jessica Hoehn of Danna-Gracey at 888.496.0059.
Back Cover Story: Nation’s Largest CBD Expo Provides Opportunity to Share Knowledge, Showcase Products

To this end, Hyman established Hempagenix™ to develop products that would appeal to the marijuana, CBD and hemp markets, as well as mainstream America. Cannanumb™ is an FDA-registered, over-the-counter drug that optimizes hemp seed oil, maximum strength lidocaine, menthol, arnica, glucosamine and Boswellia Serrata Extract to target aches and pains by deeply penetrating the body to soothe aggravated nerves.

"Cannanumb™ is in the same class as Icy Hot, Tylenol and Motrin," said Hyman of the unique hemp-based formula that doesn’t contain either THC or CBD. “We’re very excited to introduce it for our first time at the USA CBD Expo.”

The Expo, which is open to farmers and growers, e-Commerce stores, wholesale distributors, vape and smoke shops, CBD retailers and manufacturers and more, will be held in the Miami Beach Convention Center from Aug. 2-4. There will be special business hours each day, and the event is also open to the public on Aug. 3 from 3-7 p.m. and Aug. 4 from noon to 6 p.m.

For more information, visit www.usacbdexpo.com.

Continued from Back Page

the industry the opportunity to band together, and to show that their products are beneficial to consumers and manufactured in a safe way. It also coincides perfectly with the recent passage of the hemp bill.

“Having so many industry leaders and so many great speakers in one place gives people the chance to hear from experts in this ever-evolving industry, which can be incredibly helpful. And there haven’t been many events like this in the U.S.—especially on this large a scale.”

The Expo will also give participants and visitors the chance to learn more about the latest hemp and CBD products. Hyman will be showcasing a range of products, including Hempagenixx’s™ newest, Cannanumb, which was launched in late May.

“While I was doing my research, I realized that the hemp plant had great potential to have other medicinal benefits outside the scope of CBD and THC products,” he explained. “I’ve been an entrepreneur my entire life, and I knew that because hemp had numerous benefits from a medical standpoint, it would eventually become a booming industry.”

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SAVE THE DATE

The “Lift the Banned” Tour
Presented by Trulieve Is Coming to Gulf County in the Panhandle in June!

This special Cannabis education event is the 5th stop in our journey across the State of Florida to cities that have BANNED medical cannabis dispensaries. Join us and learn the importance of allowing all Floridians convenient access to legal medical cannabis. For more information, visit our website www.cannabisnewsflorida.com, follow us on Facebook, or @CannabisFl. Medical cannabis professionals and other experts will be on hand to speak about Cannabis 101 and answer all questions. Much like Carmen Sandiego, where in North Florida will the Tour and the Cannabis News Florida Hummer land? Stay tuned …

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The Cannabis News Florida Hummer visits VidaCann, Port Charlotte

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LIFESTYLE MEDICINE

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FREE admission for Florida MMJ Patients, Veterans & First Responders
Curaleaf Hemp: Helping People Live Life Well

BY DANIEL CASCIATO

Hemp CBD has become one of the fastest-growing industries with sales projected to reach into the billions. In fact, a recent study by Cowen Research forecasted the CBD market to reach $16 billion by 2025. It’s a rapidly growing industry with significant opportunities.

Florida differs slightly from other states because its population skews older, notes Kate Lynch, VP of Marketing and Business Development at Curaleaf Hemp. “CBD has been shown to be a useful treatment for inflammation, a condition people increasingly suffer from as they age.”

As a leading vertically integrated cannabis operator, Curaleaf Hemp’s team has years of experience in cultivation, cannabinoid extraction and formulation, and currently operates 44 dispensaries, 12 cultivation sites and 11 processing centers across 12 states. You can also find many of its products now available in select CVS retail stores.

Lynch says that her company is strongly committed to proactively engaging with state and federal regulatory agencies to address regulatory changes.

“We leveraged our extensive research and development capabilities to expand into the hemp derived CBD business offering a full line of the highest quality CBD products,” she says. “Curaleaf Hemp supports overall wellness. Because of our deep history in medical cannabis, working within one of the most regulated industries, we are also a brand consumers can trust.”

The biggest challenge for Curaleaf Hemp is the lack of awareness around CBD products, the benefits of CBD products and how to choose the best products based on quality, testing and overall safety. People are still unfamiliar with CBD and its uses, notes Lynch.

“We devote significant resources to educating consumers, not just about our products, but hemp-based CBD in general,” she says. “Our website is home to many resources that discuss... Continued on page 39

Nation’s Largest CBD Expo Provides Opportunity to Share Knowledge, Showcase Products

BY VANESSA ORR

Knowledge is power, and no one knows this better than Seth Hyman, who spent years researching alternative medical treatment options for his daughter, Rebecca, who suffers from a severe genetic disorder that causes multiple seizures daily.

His quest led him not only to champion the legalization of medical marijuana in Florida, but to become an expert in navigating the legal and regulatory demands placed on cannabis operators and those who use medical marijuana, CBD or hemp-based products. Now he is helping to spread that knowledge through his support as a sponsor of the USA CBD Expo, coming to Miami Beach, FL from Aug. 2-4.

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Seasonal Residents Don’t Find Reciprocity in Florida’s Medical Cannabis Program

BY VANESSA ORR

Each year, approximately 900,000 to 1 million seasonal residents move to Florida to escape colder climates. And many of those people belong to medical marijuana programs in their home states. Unfortunately for them, Florida does not have reciprocity with other states, meaning that these temporary visitors must either try to become enrolled in Florida’s program, or go without the medication they need.

“People come to Florida for months at a time, and despite the fact that they have achieved legal adult responsibility to use medical marijuana products in Canada, Maine, Michigan or Pennsylvania, they have to meet a different set of qualifying conditions here,” explained Barry Gordon, M.D., of the Compassionate Cannabis Clinic. “It is critical that doctors realize that these people will experience a certain level of anxiety if they can’t get their medication while they’re in this state.”

Just because a person has a license in a state with a medical marijuana program doesn’t mean that they necessarily qualify in Florida. While the law does allow for the certification of seasonal residents with debilitating illnesses (who must reside within the state of Florida for at least 31 consecutive days each calendar... Continued on page 39