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# Hospital News<sup>™</sup> and HEALTHCARE REPORT

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September 2021

THE REGION'S MONTHLY NEWSPAPER FOR HEALTHCARE PROFESSIONALS & PHYSICIANS

OUR 18TH YEAR SERVING THE HEALTHCARE COMMUNITY!

## COVID-19



Carlos Migoya

### Jackson Health System Mandates COVID-19 Vaccines for Staff

BY DANIEL CASCIATO

On August 23, Jackson Health System began new COVID-19 vaccine rules for all employees, physicians, students, and on-site vendors, with several restrictions for anyone who isn't vaccinated.

"We were looking at the numbers growing and the challenges that we had—which are different from last year where we didn't have the vaccine as an option," explains Jackson CEO Carlos Migoya. "We felt that everybody has civil rights, including patients, in the health-care business. But we have to live to a different and higher standard, because the number one thing that we have to do is protect our patients, and having our employees vaccinated is important for us to protect our patients."

As an incentive, eligible employees who are fully vaccinated by September 30th, will receive a \$150 one-time bonus.

"People who got vaccinated last December would also get the \$150 bonus," says Migoya. "I believe that this bonus is a good motivator to get others vaccinated."

These are the restrictions that unvaccinated employees face:

- An N95 respirator mask must be worn at all times inside of all Jackson facilities, including clinical buildings and non-clinical areas, such as Jackson

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### Danna-Gracey to Expand Coverages, Access to Specialists Through Risk Strategies Merger

BY VANESSA ORR

For the past 20 years, Danna-Gracey, the largest independent medical malpractice insurance agency in Florida, has dedicated itself to providing insurance coverage placement for doctors and other health care providers. As a result of its recent merger with Risk Strategies, a leading national specialty insurance brokerage and risk management firm, the company now gains a nationwide platform through which its experts can provide medical professional liability coverage for physicians, surgeons, nurses and other health care professionals, as well as hospitals, ASCs, facilities, and long-term care, in addition to personal and commercial lines as well as employee benefits.

"My team and I are really excited about the merger, because it enables us to offer a vast array of solutions for the more complex risks that medical practices are encountering as they grow," said Matt Gracey, president, Danna-Gracey. "Most medical practices are expanding—some quite quickly—and we felt that to keep up with our clients and our prospects, we needed more horsepower on our side."

Business Insurance News ranked Risk Strategies, based out of Boston, MA, as the 16th largest U.S. broker and 6th fastest growing firm on its Top Insurance Brokers

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Matt Gracey

## COVID-19



Wayne Brackin

### Is COVID-19 Different than Smallpox or Polio? It Shouldn't Be.

BY WAYNE BRACKIN

If you are over 40, we likely have something in common, namely a small, faded scar on our upper arm, a relic of the war on smallpox. Our children haven't had to face this menace because we grew up in a society that trusted science and our leaders to guide us toward the elimination of crippling diseases. There were lamentable exceptions such as the Tuskegee Study. And yet, many childhood diseases including measles, diphtheria and rubella were eradicated. Even polio's twisted limbs are part of the past, not our future.

Today, we relive the tragic scenes of a surge, the anguish and the exhaustion of healthcare workers. Both adult and pediatric cases are at an alarmingly high volume, and infants with COVID-19 are filling our NICUs. Too many of us have been influenced by the unending bombardment of health misinformation on the internet. The Surgeon General of the United States, Vivek Murthy, M.D., had to issue a report titled "Confronting Health Misinformation." Given this reality, I find that a core of people in every organization are in decision paralysis about the COVID-19 vaccine. Among the oft-repeated comments are these, "If my job requires it, as they do the flu

Continued on page 8

## Alzheimer's Care

### Patients With Alzheimer's/Dementia Can Age in Place With Hospice Care

BY ILEANA LEYVA, MD

When clinicians and family caregivers recognize ongoing signs of decline in a patient or loved one with Alzheimer's disease/dementia, they often arrive at a difficult decision point: Should we place Mom or Dad in a nursing home or memory care facility, and how will we know it's time?

To those of us who specialize in hospice and palliative care, the questions should be expanded to:

- When are patients with Alzheimer's/dementia eligible for hospice care?
- What kind of care will cause the least amount of disruption to a patient who struggles to make sense of what's happening in their world?
- What kind of care honors the wishes of an Alzheimer's patient who prefers to be cared for and die at home?

#### Hospice supports aging in place

"Aging in place" is a well-accepted concept in the long-term and residential-care industry. Hospice accommodates aging in place through supportive care teams who deliver expert end-of-life care, equipment, medications, and supplies to patients and their families.

Patients with Alzheimer's/dementia can receive hospice care from specially trained teams in the places they already call home: their own homes, nursing homes, assisted

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Dr. Ileana Leyva

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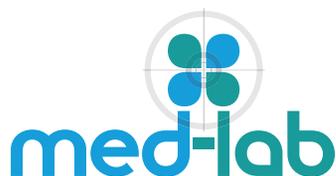


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**Publisher's Note**  
**JUST DO IT!**



At the risk of repeating myself, PLEASE GET VACCINATED. Don't wait for the horse to leave the barn and rely on monoclonal antibodies AFTER you've already gotten COVID (and potentially spread it to friends and family.) Don't take that chance – the life you save may be your own, your families, your friends and co-workers.

I understand we're all tired of COVID but none more so than the thousands of healthcare professionals in our Florida communities. They are bone tired. They are depressed and at risk both physically and mentally. And our emergency response must be support and compliance by getting our vaccines, our boosters AND wearing masks. Don't leave home without them.

Charles Felix



*You can reach Charles Felix at  
[Charles@southfloridahospitalnews.com](mailto:Charles@southfloridahospitalnews.com)*

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## Malpractice Insurance EXPERT ADVICE

# Updated OSHA COVID Regulations Mean Changes for Healthcare Employers

BY VANESSA ORR

Each day there is more breaking news on the COVID front, and with the release of the Occupational Safety and Health Administration's (OSHA) new guidelines for the healthcare industry on June 21, 2021, it's important that those working in hospitals, medical practices, long-term care facilities and other healthcare operations be made aware of these changes.

According to Medical Malpractice and Workers Compensation Specialist Tom Murphy at Danna-Gracey, the largest independent medical malpractice insurance agency in Florida, OSHA's Emergency Temporary Standard (ETS) has 15 key requirements designed to help employers use multiple overlapping controls in a layered approach to protect workers. Though a number of labor groups have recommended that these same requirements be extended to those in other high-risk employment fields such as manufacturing and retail, the current ETS only applies to the healthcare industry.

One of the requirements of the updated ETS is that healthcare facilities with 10 or more employees must conduct a hazard assessment and create a safety plan in writing.

"Employers are required to assess the risk in their healthcare facilities for COVID and to create a safety plan that spells out what steps they'll take to counter any exposure or risk," said Murphy. "The ETS sets forth rules for when to require masking, distancing and physical barrier requirements, and also addresses other personal protection equipment (PPE), health screenings, ventilation, employee training, vaccinations, record-keeping and paying quarantined employees."

The new regulations require employers to provide workers with paid time off to get vaccinated as well as time to recover from any vaccine side effects. Covered employees who have COVID must work remotely or be separated from other workers or be given paid time off up to \$1,400 per week.

In addition to brick-and-mortar locations, the standards also apply to employees who work in ambulatory care settings and to emergency responders who treat suspected or confirmed coronavirus patients.

While the new regulations may seem onerous to employers suffering from shifting COVID rules, there is a bright



Tom Murphy

side. "One of the benefits of this is that most healthcare practices with less than 500 employees can expect to receive tax credits from the American Rescue Plan," said Murphy, adding that OSHA expects the ETS to protect roughly 10 million healthcare workers.

### Vaccinated or Unvaccinated?

While the ETS does provide for some exemptions from the guidelines for fully vaccinated employees, as COVID continues to spread, these exceptions may change as well.

"Before the Delta variant started spreading, the CDC (Centers for Disease Control) was saying that if people were vaccinated, they could go anywhere without a mask," said Murphy. "But because COVID cases are increasing, they are now recommending that vaccinated people in enclosed places like restaurants and bars should wear masks. These guidelines may continue to change as new variations appear."

The ETS does include guidance for working with unvaccinated employees in high-risk settings, including the use of physical barriers and working off-hours.

In terms of compliance, Murphy said that any healthcare employers who have not yet followed the new ETS regulations are out of compliance, which could put their businesses at risk.

"Anybody in a healthcare management position needs to continually monitor the OSHA website and the ETS guidelines," he said, warning of upcoming fines and penalties for noncompliance. "Right now, OSHA is trying to get people aware of the new guidelines and get them motivated to do what they need to do, but the website also says that the Department of Labor is in the process of determining what kinds of fines and penalties will be assessed. Any employee could go online to see what is required, and if their company is not complying, report them to OSHA."

He adds that things may continue to change over the next days or weeks, which is why it's important to remain vigilant.

"These rules are a moving target because of what's going on with the Delta variant, so healthcare leaders have to stay up-to-date on the latest changes," he said.

To read the full ETS, visit [www.osha.gov](http://www.osha.gov). To contact Danna-Gracey, call Tom Murphy or Matt Gracey at (800) 966-2120 or visit [www.dannagracey.com](http://www.dannagracey.com).

E-mail Your News to [editorial@southfloridahospitalnews.com](mailto:editorial@southfloridahospitalnews.com)

# What Is the Process to Get Privileges Inside a Hospital?



BY BEN ASSAD MIRZA, ESQ., LLM, CPA, MPHA, CHC

At some point in their careers, physicians will wonder how to go in-house to work for a large sized system, and how to get privileges inside a hospital. Here is what to expect:

The process to apply for privileges in a hospital is as follows:

**1. Request** - Send the medical staff office (MSO) for the facility a letter, along with a CV, requesting an application packet for your specialty.

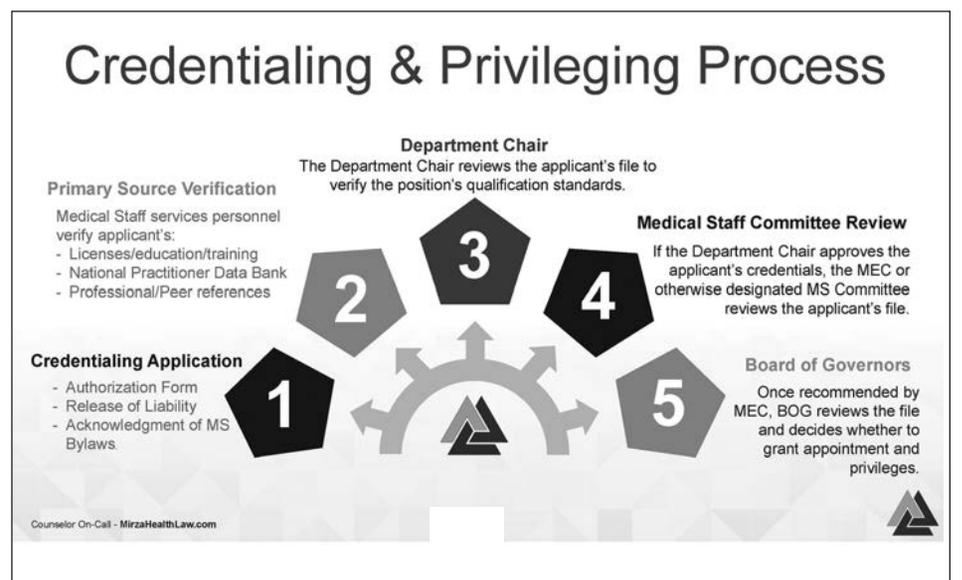
**2. Application** - The medical staff office will then send you an application packet with instructions and forms, including an application, a conflict of interest form, a release of information form, a form where you agree to abide by the hospitals rules and regulations, maybe even a confidentiality agreement, and there will be questions about your license(s) such as: the specialty certification, DEA #, Tax ID, Board Certifications, professional liability

insurance.

**3. Full and Complete Information is Required** - Next you will complete the requested information. Important: if you have issues in your history, such as a: prior law suit, licensing complaints, a potential conflict of interest, a pending law suit or a pending complaint, or any other certification or licensing issue like something that shows up on the National Provider Data Bank (NPDB), or issues where your privileges were reduced or revoked due to behavior or competency issues; you should probably consult an attorney to help you frame the application truthfully and accurately, and to help you maximize your chances of getting approved. Remember, if this information is not accurate, it means that the institution can terminate your privileges at any time. You will likely have to attach a copy of your graduation certificates and licenses with the application.

**4. Application Verification** - Your application will then be verified by the medical staff office, all licenses, certifications, and prior work history will be checked. The MSO will inquire into your state license, National Practitioners' Data Bank, Medicare/Medicaid Fraud and Abuse Lists, and all sources where a physician's disciplinary actions and claims are reported.

**5. Department Chair Review** - Next your application will go to the Department Chair for review of the file to see if it meets the qualification standards. Important: The approval or disapproval at this step is key. Most applications that are denied are denied at this stage, and the reason stated is "incomplete record or file"; however, if the application proceeds to the next level and is then denied it is a reportable event that you were "denied privileges". So be very deliberate and careful in the application process. If the application goes bad, it will likely have other professional ramifications.



**6. Medical Staff Committee or Credentialing Committee or the Medical Executive Committee will then review your application for its approval.**

**7. Board of Governors or Board of Trustees or the presiding governing body of the hospital system will then have the last opportunity to review the file and decide whether to grant the appointment and privileges.**

If and once you are approved, you will receive a written confirmation letter, and you may be placed on the "Call" schedule; you may also be asked to serve on a medical staff committee. Roughly every 2 years after this appointment, you will likely have to go through a similar disclosure and verification process.

If you would like to find out more about what the power, role, and obligations of a Medical Executive Committee are, or if you would like to find out more about how the peer review process works, please visit [www.MirzaHealthLaw.com](http://www.MirzaHealthLaw.com).

If you have questions or issues you need answered by an attorney, please reach out to your select healthcare hospital attorney who has experience in handling these issues; if you don't, then feel free to call us for we have the experience to guide you through this process.

*If you have a unique scenario, email Ben Assad Mirza, Esq., Healthcare Law Partners, LLC, at [BAM@MirzaHealthLaw.com](mailto:BAM@MirzaHealthLaw.com).*

## The CMS Price Transparency Rule

In July 2020, CMS unveiled the Outpatient Prospective Payment System proposed rule for 2022. It addressed the Price Transparency rule which became effective on January 1, 2021 and has proposed sanctions for hospitals that remain non-compliant with the federal mandate. The rule requires hospitals to post a machine-readable file with the negotiated rates for all items and services and display the prices of 300 shoppable services in a consumer - friendly format on their websites.



BY RICHARD WALKER

resource and time constraints required to implement the rule for their organizations.

### Ramifications for Non-Compliance

For hospitals that violate the rule, CMS will request a corrective action plan. If a hospital remains non-compliant after submitting an action plan, further penalties will be assessed which may include the assessment of civil monetary penalty of up to \$300 per day. They may also publicize the penalty on a CMS website. CMS has said the penalty and publicization is likely to occur if the hospital fails to respond to its request to submit a corrective action plan. To boost compliance, CMS proposed increasing the minimum fine for price transparency violations to up to \$2m per year.

Hospitals with more than 30 beds in violation of the rule would pay \$10 per day for each bed, up to \$5,500 per day. Hospitals with 30 beds or fewer would continue to pay up to \$300 per day. This would make the annual penalty at least \$109,500, or as high as \$2M a year for large hospitals that fail to make prices public.

CMS will consider a hospital as having met the requirement of posting a consumer-friendly list of standard charges if the hospital has an online price estimator tool that provides out-of-pocket cost estimates in real time.

Most hospitals are still not fully compliant with the federal mandate. Some have opted to pay the maximum \$300 per day noncompliance fee rather than face the potential costs of price disclosure. Some have made attempts to comply but are not in full compliance. Several hospitals, particularly critical access providers, are not in compliance because of the tremendous amount of

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- Converting your data into a machine-readable form.
- Assisting in identifying CMS-mandated services and hospital specific shoppable services.
- Posting all standard negotiated charges for each service including gross charges, payer specific negotiated charges and discounted prices.

*If you'd like to learn more, please contact Richard Walker at [rwalker@bdo.com](mailto:rwalker@bdo.com).*

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# Best in Class Ultrasound System Helps Reduce Risk of Work-Related Musculoskeletal Disorders

BY DANIEL CASCIATO

Work-Related Musculoskeletal Disorders (WRMSDs) are painful injuries affecting the muscles, nerves, ligaments, and tendons of up to 90% of sonographers and other users of diagnostic medical sonography, according to the Society of Diagnostic Medical Sonography.

Aside from the lasting personal toll, sonographer injury intensifies workforce shortages, which can cause unexpected operational and financial challenges for an ultrasound department. An injured sonographer's direct and indirect costs have been estimated at \$771,500 for employers, which includes worker's compensation, the average cost of medical expenses, lost revenue and recruiting a new or temporary sonographer.

An injured sonographer can be detrimental to institutions and clinics facing financial strain and lack of workforce readiness due to COVID-19, notes Jennifer Diaz, an Account Executive in the Equipment Sales Department of Med-Lab, an Advanced Partner of Siemens Healthineers in South Florida.

One of the biggest causes of WRMSD is patient obesity. It is the most significant barrier to practicing ergonomic scanning techniques according to a recent publication on the ergonomic scanning techniques for sonographers. Although equipment position changes and modifications of work postures can reduce injury risk, one factor in which sonographers have no control over is patient body habitus. Sonographers often need to exert excessive transducer pressure while scanning to provide diagnostic-quality images of obese patients.

"A main key trend in ultrasound

technology is a lack of diagnostic imaging quality for obese patients," says Diaz. "This is due to a lack of depth in transducers, and it is leading to another key trend - high occurrence of injury for sonographers. Due to lack of depth, sonographers need to apply extra pressure to the abdominal area of obese patients, which leads to a high incidence of shoulder, hand, and wrist pain."

Throughout a sonographer's career, the additional force required by traditional transducers will have a cumulative negative impact on the arm and shoulder muscles. When this force is added to the muscle firing required to maintain arm abduction or excessive reach to the patient, the injury risk increases significantly.

"When speaking with ultrasound experts, we hear time and time again that as patients get larger, they are challenged to get reliable and diagnostic images in an ergonomic and economic way," says Diaz. "The deeper the ultrasound signal needs to penetrate; the more attenuation occurs resulting in image quality degradation and sometimes results in an inconclusive image or repeat exams, sometimes in another modality."

The ACUSON Sequoia, the flagship ultrasound system from Siemens Healthineers, is able to address this challenge.

"The ACUSON Sequoia seeks to solve this problem by powering the patented and industry exclusive Deep Abdominal Transducer (DAX), enabling unprecedented imaging of 40 cm depth through an advanced form of Multi-D beam formation," says Diaz. "This level of penetration is a 30 percent improvement compared to conventional ultrasound. This novel



Jennifer Diaz

approach enables the DAX to obtain clinically relevant information on high body mass index (BMI) patients when conventional transducer technology fails."

In an ergonomic assessment by Sound Ergonomics, an analog pull-push force gauge by M&A Instruments, Inc., was used to provide a quantitative estimation of the amount of transducer pressure exerted while scanning. The DAX transducer required approximately 70 percent less force than the conventional transducer on a large model patient. Using the ACUSON Sequoia with DAX transducer can help to reduce the transducer pressure and decrease muscle strain when scanning high BMI patients compared to conventional transducer technology.

A patient's varied physical characteristics and user dependent variabilities can negatively impact a clinician's ability to deliver an accurate diagnosis.

"With the ACUSON Sequoia, Siemens Healthineers provides users with a solution to confidently image varying patient types, including those with high BMI," notes Diaz. "In addition, it enables powerful automation in

each major mode to reduce user variability and deliver high quality imaging with no user interaction. In order to address these challenges, ACUSON Sequoia was built from the ground up with a new architecture called Bio-Acoustic imaging technology; designed to deliver more image clarity and penetration than the conventional ultrasound system."

The ACUSON Sequoia is also equipped with AutoDoppler technology. Immediately upon freeze, AutoDoppler will automatically optimize relevant Doppler parameters with no user interaction and all those parameters, including the scale, can be adjusted in post-processing.

Finally, the ACUSON Sequoia also has the advantage of being early in its product lifecycle. According to Diaz, this helps to maximize return on investment as there will be a pathway of sustained innovation and upgradability for years to come.

"It's about confident imaging in the most challenging cases," Diaz says. "Our DAX transducer is just one example of how the ACUSON Sequoia can help deliver diagnostic confidence often limited by conventional technology. Another major focus is on reducing ultrasound variability. Powerful automation helps to reduce variability amongst users and improve image quality with no user interaction. Remember, ease of use not only pertains to the control panel, buttons and probe placement; but also, the ease and ergonomics of acquiring the image. ACUSON Sequoia ushers in a new era in 'ultrasound ergonomics'."

For more information, visit [med-lab.com](http://med-lab.com).

E-mail Your Editorial Submissions to [editorial@southfloridahospitalnews.com](mailto:editorial@southfloridahospitalnews.com)

## Behavioral Health Networking Group



**DATE** Tuesday, September 28

**TIME** On-line Networking begins at 12:00 noon Eastern Time (US & Canada)

For registration information, contact [charles@southfloridahospitalnews.com](mailto:charles@southfloridahospitalnews.com)

## What's Next?

[www.bdo.com/healthcare](http://www.bdo.com/healthcare)

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## When It Comes To Patient Care, Reorient Your Team

No matter if a member of your team has been with you for a decade or just started ten months ago, they have something in common. Both have been working through the COVID-19 pandemic and therefore have needed to alter their approach to patient care.

A recent *Harvard Business Review* article on this subject speaks about the incredible change that has occurred in the workplace for both new and veteran employees. The fundamentals which organizations took for granted as part of the culture (and the way business was done) in many areas has eroded.

This is very true when it comes to patient care. It is nobody's fault, but let's face it, when folks needed even routine medical care over the past 18 months, the atmosphere was just plain different. Between the masks, the temperature checks, the questionnaires, the social distancing, and everything else, even a trip to the dentist for a routine cleaning felt more like going in for a root canal.

There is a big need to get back to basics when it comes to how we approach patients and their families. Our people either have trouble remembering a time before COVID-19 or were not even part of the team when it started. When you add the stress that they (and everyone) have been under, clearly there is an opportunity to reset things. So, meet as a team.

This is nobody's fault but gain agreement on the path forward as it relates to creating alignment on the ground rules. What will be the plan to get everyone in a great place when it comes to execution and consistency? How can we get everybody trained (or retrained) the right way? The organization and health systems that deliver the best patient experience complimented by high staff engagement will win. Others will struggle or worse so make a commitment today to execute the fundamentals. Your patients and teams will thank you.

Jay Juffre is Executive Vice President, ImageFIRST. For more information on ImageFIRST, call 1-800-932-7472 or visit [www.imagefirst.com](http://www.imagefirst.com).



BY JAY JUFFRE

## The Battle Over Transparency in Health Care Continues

There is ample evidence to suggest the battle for health care transparency for consumers is going to be a long struggle. The Federal Government under the previous administration passed a series of regulations designed to make hospital and insurance carrier prices transparent to the public. The current administration is moving forward with implementation. As health care consumers and patient advocates, we need to continue to support their efforts.

The *New York Times* had a piece in August that discussed the data being made public for the first time as hospitals comply with the Federal Regulations. That data illustrates the wide variation in the price of services that insurance companies have been able to negotiate with hospitals for patients receiving the same services. The headline of the story was their inability to negotiate favorable rates with some hospitals and health systems that leave patients "getting prices that are higher than they would if they pretended to have no coverage at all".

Given patients are footing the bill for a much larger percentage of the overall cost of care through increasing co-payments, consumers deserve to know how much they have to pay for health care services and whether their insurance company is negotiating favorable terms on their behalf or not.

Yet compliance with the hospital transparency rule that took effect in January has been extremely low and efforts remain afoot to prevent this sort of data from ever seeing the light of day.

*Bloomberg Law* reported that 94.4% of hospitals haven't met one or more of the requirements since the hospital transparency rule took effect January 1, 2021, according to a survey conducted by Patient Rights Advocate.

The *Wall Street Journal* also recently reported that "the U.S. Chamber of Commerce and the Pharmaceutical Care Management Association have filed separate lawsuits to block portions of a federal rule mandating that insurers and employers disclose prices they pay for health care services, the newest legal challenges to the health care price transparency rule."

The significant impact of health care debt on American families is well documented. We should no longer tolerate the veil of secrecy that surrounds the price of health care services. A transparent marketplace will enhance competition, drive up quality, and lower costs for all to benefit.

Fraser Cobbe, Executive Director, Dade County Medical Association, can be reached at [fcobbe@miamimed.com](mailto:fcobbe@miamimed.com).



BY FRASER COBBE

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## Cover Story: Is COVID-19 Different Than Smallpox or Polio? It Shouldn't Be.

Continued from page 1

shot, then I'll get it."

You see, in healthcare, rules and procedures keep the patients and us safe. Any wishy-washy language is a red flag. Unfortunately, market interests have an impact here, too. What healthcare executives and lay leaders are most worried about is losing employees during a time of staffing shortages and burn-out brought on by COVID-19-related exhaustion. That could compromise the fundamental mission of care.

Furthermore, in south Florida, hospitals and medical practices compete for nurses, doctors, technologists, and social workers. The pandemic disruption has also created demand for medical assistants, environmental service techs, and patient transporters. These support workers are opting for jobs in the hospitality and food service industries, which have been compelled to escalate starting salaries.

This human resource shortage has created a pervasive fear that mandating vaccines will cause an exodus of staff to healthcare organizations that don't require them. Yet there is a huge corollary risk of the unvaccinated healthcare staff falling acutely ill and exacerbating both the staffing and capacity problems, which is already happening in Louisiana and other states. In addition, hospital care and elective procedures are already

limited due to bed and staff shortages.

KIDZ Medical Services, which serves children in seven South Florida counties, implemented a mandatory vaccine policy in August. We believe this decision reflects our commitment to our patients, respect for our dedicated – and stressed – caregivers, and our role in protecting the public health. We join several local healthcare organizations and renowned institutions such as Yale-New Haven, Mayo Clinic, Children's Hospital of Philadelphia and St. Jude in adopting this mandatory COVID-19 vaccine.

There is a saying, often attributed to Winston Churchill, that describes how we as a culture behave, "Americans can always be counted on to do the right thing, after they have exhausted all other possibilities." Antibacterial wipes, extended social isolation, masks, etc. We breathed a collective sigh of relief when the vaccines were created and proven effective without compromising safety. The fix was in – until it wasn't.

We had – and have – a pathway to take the power away from this virus. As with most types of combat, allies win together. If we do not lead, the community will not have an example to follow. We need the whole healthcare village engaged and vaccinated to win the war on COVID-19.

Wayne Brackin is President and CEO of KIDZ Medical.

## UM Researchers Reveal that the Flu Shot Protects Against Severe Effects of COVID-19

In a newly published study physician-scientists at the University of Miami Miller School of Medicine have shown that the flu vaccine may provide vital protection against COVID-19.

The study, titled "Examining the potential benefits of the influenza vaccine against SARS-CoV-2: A retrospective cohort analysis of 74,754 patients," was published in the peer-reviewed scientific journal PLoS One. This was the largest study of its kind and analyzed deidentified patient records from around the world strongly suggesting that the annual flu shot reduces the risks of stroke, sepsis, and DVT in patients with COVID-19. Patients with COVID-19 who had been vaccinated against the flu were also significantly less likely to visit the emergency department and be admitted to the intensive care unit.

The study was conducted using patient records from countries including the U.S., U.K., Germany, Italy, Israel and Singapore. The team screened de-identified electronic health records on the TriNetX research database for more than 70 million patients to identify two groups of 37,377 patients. The two patient groups were then matched for factors that could influence their risk of susceptibility to severe COVID-19, including but not limited to age, gender, ethnicity, smoking, and health problems such as diabetes, obesity, and chronic obstructive pulmonary disease.

Members of the first study group had received the flu vaccine two weeks and six months prior to being diagnosed with COVID-19. Those in the second group also had a positive COVID-19 diagnosis but were not vaccinated against the flu. The incidence of 15 adverse outcomes (sepsis; strokes; deep vein thrombosis or DVT; pulmonary embolism; acute respiratory failure; acute respiratory distress syndrome; arthralgia or joint pain; renal failure; anorexia; heart attack; pneumonia; emergency department visits; hospital admission; ICU admission; and death) within 30, 60, 90 and 120 days of testing positive for COVID-19 were then compared between the two groups.

The analysis revealed that those who had not had the flu shot were significantly more likely (up to 20 percent more likely) to have been admitted to the ICU. They were also significantly more likely to visit the emergency department (up to 58 percent more likely), to develop sepsis (up to 45 percent more likely), to have a stroke (up to 58 percent more likely) and a DVT (up to 40 percent more likely). The risk of death was not reduced.

The investigators were also able to calculate how many COVID-19-positive patients would need to receive an influenza vaccine in order to avoid one adverse outcome.

Notably, they found that only 176 patients needed to have received a flu vaccine in order to prevent one ED visit within 120 days of testing positively for COVID-19. Additionally, only 286 patients needed to have received their flu vaccine to prevent one case of sepsis, which is known to be the most expensive condition to treat in the U.S. healthcare system. Lastly, for every 440 patients who were up-to-date on their flu shot, one ICU admission was prevented.

Although it isn't exactly known yet how the flu vaccine provides protection against COVID-19, most theories speculate that the flu shot may boost the innate immune system – general defenses we are born with that are not specialized to protect against any one specific illness.

The results, said study authors, strongly suggest that the flu vaccine may protect against several severe effects of COVID-19. However, they strongly recommend that people receive COVID-19 vaccines as well their annual influenza vaccine. They add that more research, in the form of prospective randomized control trials, is needed to prove and better understand the possible link but, in the future, the flu shot could be used to help provide increased protection in countries where the COVID-19 vaccine is in short supply or even aid in the ongoing struggle against breakthrough cases in those individuals already vaccinated against COVID-19.

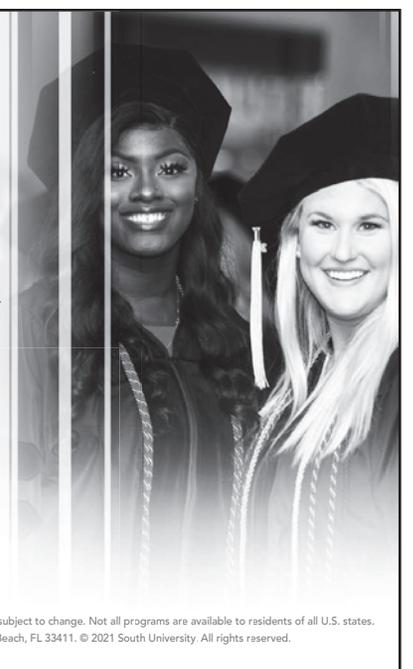


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# The Imperative to Increase COVID-19 Vaccinations

Our brave frontline healthcare heroes continue to courageously respond to this significant surge in COVID patients in our hospitals. It is indescribable the level of stress and strain they have been under for more than 17 months and the heartbreaking losses they have experienced. Between increasing numbers of COVID patients and unusually high patient volume of extremely ill non-COVID



BY MARY MAYHEW

patients, our hospitals are working to maximize their available staff and beds, including the use of conference rooms and cafeterias. Many hospitals across the state currently sit at or above their previous peak in COVID cases, sometimes caring for two to three times the number of COVID patients served during the July 2020 previous peak.

As our hospitals fight to save every life possible, one thing about this current peak in the pandemic is absolutely clear, this is a pandemic of the unvaccinated.

Florida effectively prioritized the vaccination of our senior citizens and those most vulnerable when the vaccines first arrived for the public. More than 80% of our seniors are vaccinated. Now the same urgency we demonstrated in protecting the most vulnerable must be shown for vaccinating every eligible Floridian.

While some Floridians cannot yet get vaccinated, too many of those who are eligible are opting out. This must change.

Like polio and smallpox before it, COVID-19 is now a vaccine-preventable disease. While no vaccine is 100 percent effective at preventing illness, the COVID-19 vaccines have proven to be remarkably effective at preventing serious illness, hospitalizations, and deaths. Nearly 100 percent of fully vaccinated individuals (99.99 percent) have not had a severe breakthrough case of COVID-19, according to the Centers for Disease Control and Prevention.

Unfortunately, today, our hospitals and physicians, nurses, and other health care professionals are experiencing the all-too-familiar tragedy, stress, and strain of caring for an exponentially growing number of patients with COVID-19. As of August 15, more than 15,600 Floridians were hospitalized with COVID-19; our previous highest peak in

July 2020 of confirmed COVID hospitalizations was slightly more than 10,000. Of those hospitalized today, many are younger than 55. Almost all are unvaccinated.

Unlike last year when COVID-19 disproportionately affected the elderly and those with chronic conditions, the current peak is affecting younger, healthy people who are at greatest risk not only of

contracting COVID-19 but also of being hospitalized with severe illness. More than 78 percent of those age 60 and older are fully vaccinated, but among those age 30 and younger, the rates hover around 42 percent.

This tragedy is avoidable.

In contrast to the early months of vaccine rollout, the vaccines now are widely available and easily accessible. Most pharmacies, clinics, and other health care sites have vaccines ready to administer. And, the vaccines are free. In addition, while temporary side effects, such as fever, chills, and injection site soreness, are common after vaccination, they do not appear to be long lasting or life threatening. This is in stark contrast to "long COVID," a condition that afflicts a yet-unknown number of people and causes symptoms ranging from fatigue and joint pain to heart and lung damage that linger well after an individual is first infected with the virus that causes COVID-19.

The COVID-19 vaccines are the gold standard of biomedical research, representing collaboration and cooperation among scientists around the world who have worked for years on RNA vaccines (the technology behind the Moderna and Pfizer vaccines) and other types of coronaviruses. The U.S. Food and Administration authorized the vaccines only after rigorous clinical trials.

More than 40,000 Floridians have died of COVID-19. Vaccination can prevent more losses. The end to the pandemic and preventable suffering depends on all of us doing our part, rolling up our sleeves, and getting vaccinated.

Find a vaccine location at [floridahealth-covid19.gov/vaccines/vaccine-locator/](https://floridahealth-covid19.gov/vaccines/vaccine-locator/).

Mary Mayhew is President and CEO of the Florida Hospital Association.

# Cover Story: Danna-Gracey to Expand Coverages, Access to Specialists Through Risk Strategies Merger

Continued from page 1

2020 list. The company has more than 100 locations throughout the nation, as well as a staff of more than 2,500.

"Merging with a company of this size will give us the ability to bring in specialists, as well as all types of different coverages from malpractice insurance to cyber to fine art," said Gracey.

"One of the things that attracted us most was their health care division," he added. "It is extremely well-led, and the team is very well-versed in all of the different complex risks that are now becoming much more commonplace."

Risk Strategies' Health Care Practice, one of the industry's largest, is a fully integrated national specialty team offering all lines of insurance and reinsurance for all types of health care organizations.

Risk Strategies approached Danna-Gracey approximately six months ago about the merger, impressed by its acumen in placing coverage for specific medical specialties and practices, as well as its innovative approach to effective, affordable coverage such as risk purchasing groups, which allow specialists with like risks to collectively negotiate for insurance coverage.

"Medical professional liability insurance and risk management are crucial for physicians and require deep expertise and strong relationships with the best

carriers in the business," said Bob Dubraski, Risk Strategies' chief growth officer and national health care practice leader. "Danna-Gracey has a great team and a well-deserved reputation in this complex specialty. We're excited they have joined Risk Strategies and our national team of dedicated health care industry professionals."

While Danna-Gracey will assume the Risk Strategies' name, clients can rest assured that they will be working with the same insurance professionals that they've trusted for the last two decades.

"Clients will still be working with us, but now when they want more complex types of coverages, we will be able to bring in specialists from the Risk Strategies' team," said Gracey. "Instead of having to go outside of our agency to find those specialists, we will have them on staff, which is much more advantageous for our clients."

"Our specialty focus built our statewide success, and joining a national-scale firm with that same focus on specialist expertise means our business and its people can grow and our clients will have easy access to a wider range of experts and services," he added.

To learn more about Risk Strategies, contact Matt Gracey at (800) 966-2120 or visit [www.dannagracey.com](http://www.dannagracey.com).



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## Endovascular Surgical Neuroradiologist Joins the Palm Beach Neuroscience Institute

Tenet Florida Physician Services (TFPS) is pleased to announce Riz U. Khan, M.D., an endovascular surgical neuroradiologist has joined the Palm Beach Neuroscience Institute (PBNI) practice in West Palm Beach, FL.

Prior to joining PBNI, Dr. Khan worked as an attending neuroendovascular surgeon at Penrose Hospital located in Colorado Springs, CO. In addition, Dr. Khan's previous work experience includes as Director, Neurovascular Surgery at Kettering Hospital in Dayton, OH.

For his education and training, Dr. Khan completed a fellowship in endovascular surgical neuroradiology at the University of Cincinnati Department Of Neurosurgery. Additionally, Dr. Khan finished a neurosurgery residency at Shifa International Hospital in Islamabad, Pakistan. Dr. Khan completed his residency in neurology and an internship in internal medicine at the University of Arkansas for Medical Sciences/Central Arkansas Veterans Healthcare System (UAMS/CAVHS), Little Rock, AR. Dr. Khan graduated medical school from the King Edward Medical University located in Lahore, Pakistan.



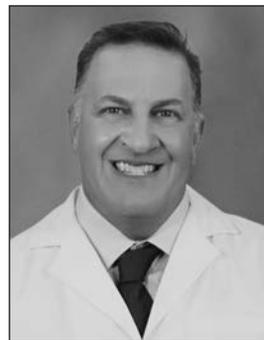
Dr. Riz U. Khan

## Highly-Skilled Surgeon Joins Tenet Florida Physician Services in Boynton Beach

Ralph Breslaw, M.D., FACS, a board-certified and fellowship-trained general surgeon with vast experience in general surgery, laparoscopic surgery and the da Vinci Surgical System for surgical procedures has joined Tenet Florida Physician Services (TFPS) in Boynton Beach.

Prior to joining TFPS, since 1999, Dr. Breslaw worked as a general and laparoscopic surgeon in Boynton Beach, FL, and most recently at Palm Beach Surgical, a general surgery practice also located in Boynton Beach. Dr. Breslaw's experience also includes as Chief of Staff, Vice Chief of Staff, Chairman, Department of Surgery and Chairman Performance Improvement Committee at Bethesda Memorial Hospital in Boynton Beach, FL.

For his education and training, Dr. Breslaw completed a general surgery residency and internship at Georgia Baptist Medical Center in Atlanta. Dr. Breslaw graduated medical school from the University of Miami School of Medicine and undergraduate from the University of Florida.



Dr. Ralph Breslaw

## Cardiovascular Disease Specialist Joins Holy Cross Health

Holy Cross Medical Group announces the addition of Mikhailia Lake, M.D., FACC, who will also lead the hospital's new women's heart program.

Prior to joining Holy Cross, Dr. Lake was a non-invasive cardiologist with Lee Health in Fort Myers, FL where she served as Director of Noninvasive Cardiology for the Hospital System and was lead physician for the Sanctuary Cardiology Group.

Dr. Lake graduated magna cum laude with a degree in chemistry from Florida International University (FIU) in Miami and earned her Doctor of Medicine from Emory University School of Medicine in Atlanta, where she was a multi-scholarship recipient. She completed her residency in Internal Medicine at Johns Hopkins Hospital in Baltimore and a fellowship in Cardiovascular Diseases at the University of Miami's Miller School of Medicine. Dr. Lake has several years of research experience throughout her training at Emory University, Johns Hopkins Hospital and La Plata School of Medicine/Johns Hopkins Hospital in La Plata, Argentina.



Dr. Mikhailia Lake

## Holy Cross Health Names Physician Leader and Medical Director for Agewell Center

Jennifer Capezzuti, D.O., MPH, MBA, has been named Physician Leader and Medical Director of the Holy Cross Health AgeWell Center at the Holy Cross HealthPlex.

Dr. Capezzuti graduated from Nova Southeastern University with a Doctor of Osteopathic Medicine degree and a Masters degree in Public Health. Prior to that, she received an M.B.A. from Lehigh University and her B.S. from Penn State University. Dr. Capezzuti completed her residency in Family Medicine at Broward Health and has been practicing in the community since 2007. A graduate of the Physician Leadership Academy of South Florida, Dr. Capezzuti is also a member of the American Osteopathic Association, American College of Osteopathic Family Physicians, DOCare International and Broward County Medical Association.



Dr. Jennifer Capezzuti

## Obstetrics and Gynecology Specialist George Lee Drake III, DO, Joins Cleveland Clinic Martin Health

Cleveland Clinic Martin Health welcomes board-certified obstetrician and gynecologist George Lee Drake III, D.O.

Dr. Drake completed medical school at Kentucky College of Osteopathic Medicine. He completed the Obstetrics and Gynecology Residency Program at the Charleston Area Medical Center and West Virginia University.

Prior to joining Martin Health, Dr. Drake practiced as a physician, Chairman of the Department of OB/GYN Quality Review Committee and the Director of Citizenship and Professionalism at Cleveland Clinic Akron General in Ohio.



Dr. George Lee Drake III

## Broward Health Imperial Point Welcomes New Chief Medical Officer

Broward Health Imperial Point welcomes Jerry Capote, M.D., as its new chief medical officer (CMO).

Prior to joining Broward Health, Dr. Capote served as the medical director of care at Hialeah Hospital. During his time as director of that hospital, he helped lead notable improvements in intensive care resulting in a 30% decrease of ventilator usage and lower patient mortality rates from 176 to 96 in just one year.

Dr. Capote holds a medical degree from the St. Matthew's University School of Medicine in Grand Cayman and a bachelor's degree in biological sciences from Florida State University. He completed postdoctoral training at Tampa General Hospital, the University of South Florida, Jackson Memorial Hospital, New York Methodist Hospital, and through various fellowships. Dr. Capote also earned board certifications in critical care, pulmonary and internal medicines.



Dr. Jerry Capote



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## A message from our President

### You Still Think This COVID-19 Thing Is a Joke?

Well, the “real” news is that many of the 346 Floridians that died last week from complications associated with COVID-19 infections, died needlessly as most were unvaccinated. Included in this number is one child under the age of 16. Their life ended even before they had a chance to make their mark. Do you really think this is a joke and that you are not susceptible? That your kids aren't susceptible? It is time to change the channel you have been listening to!

Recently, about 75 physicians gathered in Palm Beach County to plead with residents in Palm Beach and the surrounding areas to get vaccinated. What ulterior motive will the internet doctors come up with to mute those physicians' pleas? Here are the Palm Beach County physicians' motives. They are exhausted, their resources are running low, and 90 percent of the COVID-19 patients they are seeing, probably wouldn't be in the hospital at all if they had been vaccinated. The physicians can't understand the stupidity.

You want graphic, "It is impacting the lungs quicker. It's eating away at the lungs. It's causing more problems. These people are dying. It's real, it's happening, and the only way we know to prevent it is to get vaccinated," said Ahmen Elhaddad, the ICU medical director at Jupiter Medical Center. In other articles, this virus is reportedly simultaneously attacking all five lobes in the lung, nothing is spared.

We can add thousands of infusion chairs to administer monoclonal antibody treatments to try and minimize the symptoms of COVID-19, but, that is treatment after the fact. Hasn't the horse already left the barn before we shut the doors? What about preventing or limiting your symptoms by getting vaccinated? It is time to set aside the polarizing politics of medical treatment and listen to the educated and experienced medical community. They are begging you to get vaccinated.

The last-ditch treatment option for COVID-19 patients, when other treatment options fail, is extracorporeal membrane oxygenation (ECMO). This treatment

requires the removal of your blood, cleaning it of carbon dioxide, oxygenating it, and then bringing it up to body temperature before it is added back to your circulatory system. Science is now showing greater success for this treatment if it is started earlier in the disease process.

Sadly, initially seen as a last resort, COVID-19 patients were usually already in deep trouble when a referral was made to begin this treatment. To let you know, as of late August, there were no ECMO machines available in the state of Florida! The ones we have are caring for patients and there are waiting lists for the machines when they become available.

A better decision, because COVID-19 vaccines are plentiful, is to get vaccinated and avoid the desperate search for availability across the U.S. P.S., there aren't any available in the contiguous states of Georgia or Alabama either. Think about this, you mistakenly decide not to get vaccinated or to get your loved ones vaccinated and now they have to be flown thousands of miles away, to another state with no family, to get care. Does that make sense to you? What was your reason again?

The Pfizer vaccine has received full approval by the Food and Drug Administration (FDA). One more common excuse has fallen by the wayside, and it is no longer an excuse. In fact, the FDA stated that they have never had as much data upon which to judge a vaccine's safety. No joke, just the truth!

Please, go and get vaccinated today!



**Jaime Caldwell**

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# Around the Region... Around the Region... Around the Region...

## Baptist Health Medical Group North Names Marcella Gravalese, MBA-HSA, Vice President

Marcella Gravalese, MBA-HSA, has been appointed vice president of Baptist Health Medical Group North.

Gravalese brings more than 20 years of experience in the healthcare industry, most recently serving as assistant vice president of operations at HCA Physician Services Group – East Florida Division. She began her career in Detroit, MI, where she served in various healthcare roles before relocating to South Florida. She possesses extensive experience in healthcare operations settings, including ambulatory care, emergency medicine, urgent care, inpatient, surgical and graduate medical education.

Gravalese earned a master's degree in health services administration from Nova Southeastern University and a bachelor's degree in health promotion and disease prevention from Michigan State University. She also completed the Leadership for Senior Executives program through Harvard Business School.



Marcella Gravalese

## Lee Health's Michael Nacheff Named Vice President of Government Relations

Michael Nacheff has been named vice president of government relations for Lee Health. Before being appointed to his new position, Nacheff served as Lee Health's system director of government relations.

Nacheff has been with Lee Health since 2016 when he joined the organization as director of government relations. Prior to his role at Lee Health, Nacheff spent more than six years working for the State of Florida. He served as a legislative assistant with the Florida Senate.

Nacheff earned a Bachelor of Arts in Political Science from Florida Gulf Coast University. He is a graduate of College Leadership Florida and an active member of the Leadership Florida organization.



Michael Nacheff

## Debra Wilson Appointed as Lee Health's Vice President of Oncology

With more than two decades of extensive and dedicated oncology experience, Debra Wilson, RN, MSN, OCN, has been tapped to serve as Lee Health's vice president of oncology.

Wilson comes to Lee Health from Roper St. Francis Healthcare in Charleston, SC, where she served as system associate vice president of oncology services and chief administrative officer for Roper St. Francis Mt. Pleasant Hospital.

She also worked at Deaconess Health System in Evansville, IN for 19 years, five of which she served as the director of oncology services.

Wilson attended the University of Southern Indiana where she earned her bachelor's degree in Nursing and her master's degree in Nursing Management and Leadership.



Debra Wilson

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## North Broward Hospital District Board of Commissioners Elects Officers

The North Broward Hospital District Board of Commissioners, which oversees Broward Health, elected its 2021-2022 slate of officers at the July board meeting. Stacy Angier was elected Chairwoman, Marie Waugh was elected Vice Chair and Christopher Pernicano was elected Secretary/Treasurer. Former Chair Nancy Gregoire will continue to serve on the board as a commissioner.

Chairwoman Angier replaces former Chair Nancy Gregoire, who led the first all-female slate of officers in the system's history. Angier was appointed by Governor Rick Scott to the North Broward Hospital District Board of Commissioners. The Margate resident and school principal at Abundant Life Christian Academy was appointed to fill a vacant seat and served as Vice Chair in 2021.

Waugh is the past chief human resources officer for APTIM, an engineering and program management corporation specializing in infrastructure, power and environmental services. Prior to her work with APTIM, Waugh served as senior vice president of human resources for SUEZ in North America. Waugh served as Secretary/Treasurer in 2021.

Pernicano has more than 20 years in the FinTech space, with experience in all aspects of small, medium and large company operations, including executive management, technology, operations, human resources and sales. He is the Vice President of Engineering and IT with Netsmart. Previously, he served as Chief Operating Officer of Tellus, LLC.

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## Let's Connect: ACHE of South Florida Spotlight



### ACHE of South Florida Member Spotlight: Kristen Palanza, Vice President, Development Park Shore Drug Inc.



Kristen Palanza

BY VANESSA ORR

Kristen Palanza knows the importance of finding common ground between different groups of healthcare professionals.

As the vice president of development for Park Shore Drug Inc., a privately owned long-term care pharmacy, she straddles the line between internal pharmacy operations and external client affairs. As a board member of the American College of Healthcare Executives (ACHE) for the past nine years, she also understands how interconnected every aspect of the healthcare field is.

"I love working with the team at the pharmacy while also serving as the outward-facing person for nurses and owners of long-term care facilities," she explained. "My job is to make things better and easier for our clients, and in this role, I also serve as a patient advocate."

"The long-term facilities look out for their residents, many of whom can't speak for themselves, and we do, too," she continued, noting that many of the people they serve have intellectual or developmental disabilities. "That's why reducing medication errors is one of our top priorities; everything we do is in the best interest of the residents."

Palanza earned her undergraduate degree in speech pathology at the University of Florida and her master's in Healthcare Administration from Florida Atlantic University.

"I always knew that I wanted to serve in a healthcare capacity but learned through a series of different internships that my skill set was much better suited for an administrative role—my goal is to eliminate obstacles for the internal team in order to enable our best external, patient-centric performance," she said.

One example of this is a technician

training program that Park Shore recently initiated for employees to ensure appropriate staffing ratios. "Finding the right people with appropriate certifications in this COVID environment is excruciating," said Palanza of the positions that require staff to pay to attend classes to receive certification.

"We decided to eliminate that obstacle by registering our own technicians and offering our own educational program," she added. "Once they graduate, they can file for technician license registration within the state of Florida and work within the full scope of their new license. It's been extremely beneficial."

Palanza joined ACHE while finishing her master's degree and believes that it has helped her excel in her position.

"My ACHE membership is the most valuable thing I've ever done," she said. "For me, it's not about career advancement—it's about learning. My ACHE colleagues make me a better leader."

"When I first joined ACHE, it was more hospital-centric/hospital-driven, so people wondered why a long-term care pharmacy would want to be a part," she added. "But healthcare is more interconnected than it appears—every single facet, from hospitals to home care to acute care settings—depends on each other. So knowing about what other operations are doing is essential to us doing our best job."

She added that being aware of what's happening in the larger healthcare picture can help companies stay ahead of the pack. "One of the things that keeps us on our toes is the intensely competitive landscape in Florida; if you're not on the cusp of technological advancement, customer service and best clinical practices, you stand to lose," she said.

"We are constantly motivated to improve—there is no snooze button at Park Shore," she added. "And working with other dynamic leaders helps keep us at our best."

## Michael Greco Receives AANA's 42nd Annual Helen Lamb Outstanding Educator Award

The American Association of Nurse Anesthesiology (AANA) presented Certified Registered Nurse Anesthetist (CRNA) Michael Greco, PhD, DNP, CRNA, with the 42nd Annual Helen Lamb Outstanding Educator Award during its 2021 Virtual Congress. The Helen Lamb Outstanding Educator Award, established in 1980, is presented to a CRNA who has made a significant contribution to the education of nurse anesthetists. The award recognizes the individual's commitment to the profession of nurse anesthesia and to the advancement of educational standards that further the art and science of anesthesiology and result in high-quality patient care.

Greco is the founding program director at the Hofstra University-Hofstra-Northwell graduate program in nurse anesthesia in Hempstead, NY. In this position, he developed the Doctor of Nursing Practice, Adult-Gerontology Acute Care Nurse Practitioner/Certified Registered Nurse Anesthetist program. It is the first and only program in the United States preparing Doctor of Nursing Practice (DNP) to become dual-certified as CRNAs and Adult-Gerontology Acute Care Nurse Practitioners (AGACNPs), providing the educational background for them to function at the highest level in clinical practice and increasing access to care and cost-saving to healthcare facilities. The inaugural cohort will be starting in September 2021.

Prior to starting that program, he served for many years as program director of the nurse anesthesia graduate program at Columbia University School of Nursing in New York. Greco also is a reviewer for accreditation for CRNA programs through the Council on Accreditation of Nurse Anesthesia Educational Programs, and he chaired the AANA Professional Development Committee from 2018-2020. He practices clinically at Northwell Health in New York, where he is assistant vice president for System Nurse Anesthesia Services.

Greco is a graduate with a PhD in nursing from Barry University in Miami Shores, FL. He earned a Doctor of Nursing Practice from the University of Alabama in Tuscaloosa and completed his master's degree in nurse anesthesia at SUNY Health Science Center in Brooklyn. He received a bachelor's degree in nursing from Niagara University in Niagara Falls, NY.

## Delray Medical Center Is the First Hospital in South Palm Beach County to Use the CORI™ Surgical System for Knee Replacement Surgery

Delray Medical Center is the first hospital in South Palm Beach County to use the CORI™ Surgical System for knee replacement surgery. Dr. Curtis Kephart is the first orthopedic surgeon to use this new technology at the hospital. The CORI™ Surgical System uses handheld robotics-assisted technology that helps the surgeon plan and perform the procedure. It also gives surgeons a three-dimensional view to help finalize and verify the selection of the knee implant and create a plan for surgery without the need for either a CT scan or MRI.

Robotics-assisted knee replacement surgery using the CORI™ Surgical System can lead to the following patient benefits:

- Quicker, smoother recovery
- Regain function faster and return home sooner
- A unique 3D digital model to get a surgical plan customized to the patients' unique anatomy. The surgeon can perform the procedure more accurately than traditional knee replacement surgery.
- A natural fit: Using these technologies patients can keep more of their natural bone and ligaments, including the ACL. 6 That helps maintain more of a natural rhythm and step.
- A wide selection: The surgeon is able to choose from the widest selection of implants available, so implants can be precision-matched to feel more like a patient's own knee.



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## Construction Design Requirements for Healthcare Facilities During COVID-19

Construction for healthcare facilities must be well-thought out and planned, and then executed per the plan. With the advent of COVID-19, it's even more critical to follow strict guidelines when it comes to construction within an existing healthcare facility.

One way to ensure that construction design adheres to the strict policies and needs of a healthcare environment is the use of an infection control risk assessment (ICRA) at the beginning of a project. These types of assessments started over 50 years ago and have become even more important to deal with the challenges of COVID-19.

COVID-19 is most easily transmitted via air droplets, as well as on surfaces. This means a wide range of precautions and steps need to be taken when it comes to construction within existing healthcare facility.

Interventions to prevent disease transmission may include:

- Barriers, such as plexiglass dividers, at building entry points and at various communication points with patients.
- Air filtration systems that address the



BY DEBORAH DEIOMA DANTO, MBA, LEED AP, CGC

airflow in HVAC systems, to capture and eliminate airborne pathogens,

- Isolating/pressurizing specific areas so that untreated air doesn't mix with clean/treated air.

*Health Facilities Management* magazine outlines strict protocols for construction design requirements that includes addressing:

- the number, location, and type of air-

borne infection isolation and protective environment rooms needed

- special HVAC needs
- water and plumbing systems

Other health risks to be addressed during construction include:

- dust and debris (compromising the air quality)
- the circulation of airborne microbes or pathogen through the ventilation system
- water contamination
- waste reservoirs
- dustproof barriers
- the transportation of waste

- contaminated workers

If an ICRA (infection control risk assessment) is created by a healthcare facility, prior to construction work, construction-related requirements need to be specified and included into the contract documents so they can be reviewed, prepared for, and implemented during construction.

Facility protocols outlined by the Facility Guidelines Institute include the following considerations before starting a healthcare construction project:

- Patient placement and relocation plans
- Protection from airborne contaminants and pathogens (protective measures, such as barriers)
- Demolition
- Emergencies (e.g., planned and unplanned utility outages and evacuation).
- Phasing or temporary provisions for construction or modification of HVAC and water systems
- Training for staff, visitors, and construction personnel
- Construction worker procedures and protocols such as:
  - construction worker routes
  - elevator use (personnel and materials)
  - cleanup and debris
  - bathroom and food facility use

CDC Guidelines for the construction industry also include the following protocols:

Wearing cloth face coverings in areas – such as healthcare facilities - where there is significant community-based transmission of COVID-19.

Cleaning and disinfecting frequently touched surfaces, such as shared tools, machines, vehicles and other equipment, as well as handrails, ladders, doorknobs, and portable toilets. Cleaning and disinfecting should occur within shifts as well as:

- at the beginning and end of every shift
- after anyone uses a vehicle, tools, or a workstation

Practicing proper hand hygiene is an important infection control measure for

COVID-19. With the appropriate hand hygiene practices, it's not necessary to wear gloves to protect from COVID-19 infection. When possible, workers should wash their hands regularly with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer containing at least 60% alcohol.

Key times to clean hands include:

- Before and after work shifts and breaks
- After blowing your nose, coughing, or sneezing
- After using the restroom
- Before eating and before and after preparing food
- After touching objects handled by coworkers, such as tools and equipment
- Before putting on and after taking off work gloves
- After putting on, touching, or removing cloth face coverings
- Before putting eye or face protection (safety glasses, goggles, etc.)

Finally, it's important that construction workers don't touch their eyes, nose, or mouth at work, if possible. And that they use tissues when coughing, sneezing, or touching their face, with used tissues thrown in the trash and hands washed or sanitized.

In sum, it's critical that a wide variety of mitigating considerations and procedures take place while doing any construction within a healthcare facility, especially while COVID-19 and its variants are being transmitted in the local area.

*Have a question about construction in the healthcare industry?*

Call (954) 229-2006, email [debbie@dantobuilders.com](mailto:debbie@dantobuilders.com) or visit [www.dantobuilders.com](http://www.dantobuilders.com).

Sources:

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- <https://www.ashe.org/infectionprevention>
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**Photos:** Dialysis Center in FL. Space originally designated as office; repurposed into large dialysis center to serve local community.



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## Building Hospitals That Help Reduce Hurricane Damage

BY DANIEL CASCIATO

Today, hospitals and other healthcare facilities in South Florida are being built to survive the strongest hurricanes.

With the threat of hurricanes, along with the accompanying winds, flooding, and systemic erosion, Charles Michelson, AIA ACHA LEED AP, President of Saltz Michelson Architects in Fort Lauderdale, FL, an architect of both new hospital projects and renovations, stresses that the design community is always prepared to design and engineer the proper solutions in the right locations.

“We are trained professionals prepared to respond to the need and protect the medical facilities within our communities,” he says. “There has been ongoing work for years hardening existing medical facilities to the essential service criteria outlined in the building code. Recent FEMA money availability has reinvigo-



Charles Michelson

rated this effort to protect the buildings through impact windows and doors, structural grills and louvers and the protection of our infrastructure; generators; chiller plants and oxygen tank farms.”

Building according to Florida code will allow hospitals to withstand hurricane strength winds of 185 miles per hour. While hurricanes are a common occurrence in

South Florida, Michelson notes that structural reinforcement is only one part of the protection formula for the protection of medical facilities.

“Protection includes the redundancy of all systems; alternate sources of power before the generators kick on, as well as multiple forms of communication,” he says. “For existing buildings that fall below new flood criteria, there are waterproofing and opening protections that can be added to a building and site to protect against flooding. Many new products are on the market over the past few

years to respond to this need.”

One of the new design/building trends that is playing an important role in building hurricane-resistant buildings is that they are being constructed at a higher elevation to avoid any flooding issues.

“In addition, all infrastructure is constructed well above flood criteria, so that not only is the structure protected, all systems that run the building are elevated; making them safe and secure as well,” adds Michelson. “Part of the site considerations include the access to the hospital since a protected building that the public can’t get to in an emergency won’t provide the necessary services it was designed to provide the public.”

Following devastating hurricane damages, there’s always talk of improving the resiliency of facilities in an effort to protect them from increasingly damaging storms. In the wake of recent hurricanes, this is an issue on the minds of just about everybody who lives in a hurricane-prone area such as South Florida.

Michelson says that some of the lessons learned over time demonstrated the importance of protecting ancillary systems that allow the hospitals to function.

“When the power goes down, hospitals have generators, but when the city utilities go down, how do you run a chiller plan when the city is no longer providing water?” he says. “What’s the plan when the city sewer plan stops for two or three days?”

Since more companies now want to build with resilient design in mind, collaboration with subcontractors and other vendors, who may not have experience with resilient design, becomes even more important.

“Construction is a team activity,” says Michelson. “When new systems are being designed and constructed, designers, contractors, owners, vendors, and industry representatives work together to analyze and respond to each unique situation. No two medical facilities are alike and as such, there are no cookie cutter designs that take care of every unique condition. We remained informed and adaptable to create new and updated solutions to our environmental issues.”

For more information, visit [www.saltzmichelson.com](http://www.saltzmichelson.com).



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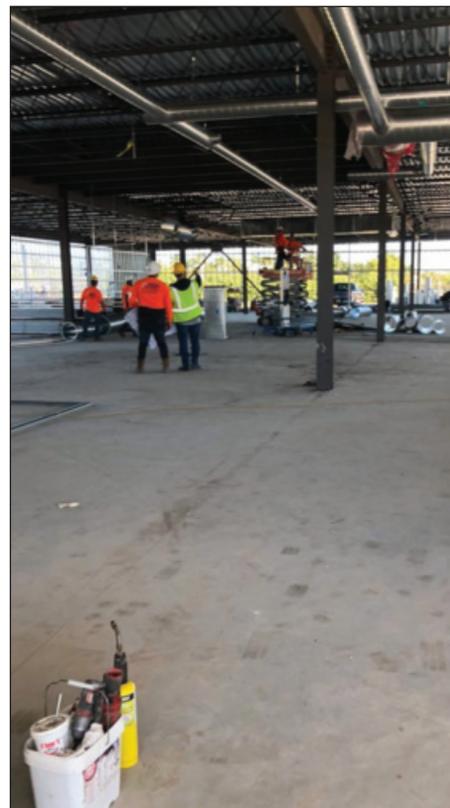
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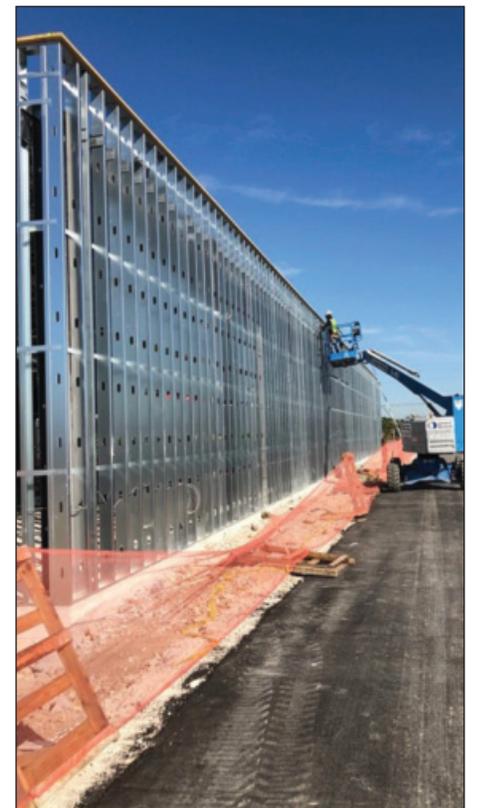
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## Marcus Neuroscience Institute Expands Services in Palm Beach County

Marcus Neuroscience Institute is expanding its services to Boynton Beach, making breakthrough neurological care more accessible for northern and central Palm Beach County patients seeking comprehensive treatment for conditions affecting the brain, spine and peripheral nervous system.

The new location, at 2800 S. Seacrest Boulevard, Suite 160 in Boynton Beach, will offer neurology and neurosurgery services, including inpatient care.

Marcus Neuroscience Institute, based at Boca Raton Regional Hospital, was established with a lead gift of \$25 million from the Marcus Foundation, initiated by Billi and Bernie Marcus, the founder and former CEO of The Home Depot. The Marcus Foundation has committed an additional \$15 million to expand the Institute, which houses four dedicated operating rooms — including one equipped with intraoperative MRI and two with intraoperative CT capability. The hospital is also the first in the nation to feature both the highly sophisticated Siemens ARTIS Icono Biplane imaging equipment and the Corindus CorPath GRX Robotic surgical system in one place.

Using state-of-the-art technology that promises to become tomorrow's standard of care, the Institute recently performed their first robotic-assisted spine surgery using the highly advanced Mazor XT™ Robotic Guidance Platform, which combines 3D pre-operative planning, robotic guidance and intra-operative surgical navigation.



# alzheimer's

## Cover Story: Patients With Alzheimer's/Dementia Can Age in Place With Hospice Care

Continued from page 1

living communities, and more.

Aging-in-place hospice care includes a physician, nurse, and aide who oversee an individualized care plan focused on managing symptoms and pain. The medical team also provides caregiver education so that families feel confident caring for a loved one at home. A hospice social worker, chaplain, and bereavement specialist provide emotional and spiritual support to families and caregivers.

The Medicare hospice benefit covers up to 100% of the costs of care related to a patient's Alzheimer's/dementia diagnosis. It also delivers comfort-focused medications and supplies, including hospital beds, bedside commodes, and over-bed tables, to the patient and family.

With nearly 70% of Americans saying they would prefer to die at home (2017 Kaiser Family Foundation survey), hospice care for Alzheimer's/dementia honors patients' wishes and provides the resources their families and caregivers need to honor those wishes.

### Hospice can have a profound impact

Studies show that hospice for Alzheimer's/dementia patients leads to:

- 50% reduction in hospitalizations; fewer care transitions near the end of life
- Increased satisfaction with care
- Improved pain and symptom management
- Less depression/anxiety and improved overall health for patients' families and caregivers (Mitchell, S., et al. (2009); Shega, J., et al. (2008))

Studies also show that hospice care can prevent costly, unnecessary, or unwanted care transitions in a patient's final months: fewer admissions to the emergency department, intensive care unit, or a skilled-care facility. A 2017 study (Wang, S., et al.) found that 80% of Medicare beneficiaries 66 and older experienced at least one

healthcare transition in the last six months of life; 33% had four or more disruptive transitions.

### Look for signs and symptoms of hospice eligibility

Hospice should be considered if a patient spends more than 50% of their time in bed, or if family members are considering ordering a hospital bed at home. Clinically, patients with Alzheimer's or dementia are eligible for hospice if these two factors are present:

- Functional disability in three of six activities of daily living
- Any one of these complications: pneumonia, pyelonephritis/urinary tract infection, sepsis, febrile episode, difficulty eating or swallowing, poor nutritional status, feeding tube decision, pressure sores, hip fracture, delirium at time of hospital discharge, or recurrent hospitalization for disease-related complications.

Clinicians can play an important role in decision-making by initiating advance care planning conversations with patients and their families with a few simple questions early in the disease:

- What do you understand about your loved one's prognosis?
- What does a good day look like?
- What are your/your loved one's preferences for care as the end of life approaches?
- Are you interested in healthcare that meets those goals?

At VITAS Healthcare, our hospice professionals are available 24/7 to facilitate patient-family discussions and to support consultations, admissions, and seamless transitions to hospice care in a patient's preferred setting. To refer a patient or for information, call (800) 93-VITAS (available 24/7/365) or download the VITAS mobile referral app for interactive hospice eligibility guidelines.

*Dr. Ileana Leyva is regional medical director for VITAS® Healthcare, the nation's leading provider of end-of-life care.*

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## Alzheimer's Care Is Interdisciplinary Care by VITAS® Healthcare

A diagnosis of Alzheimer's disease/dementia requires multiple levels of care to address each patient's medical, emotional, behavioral, and lifestyle challenges.

South Florida physicians can provide the best support by referring patients and their families to interdisciplinary hospice care as soon as they are eligible:

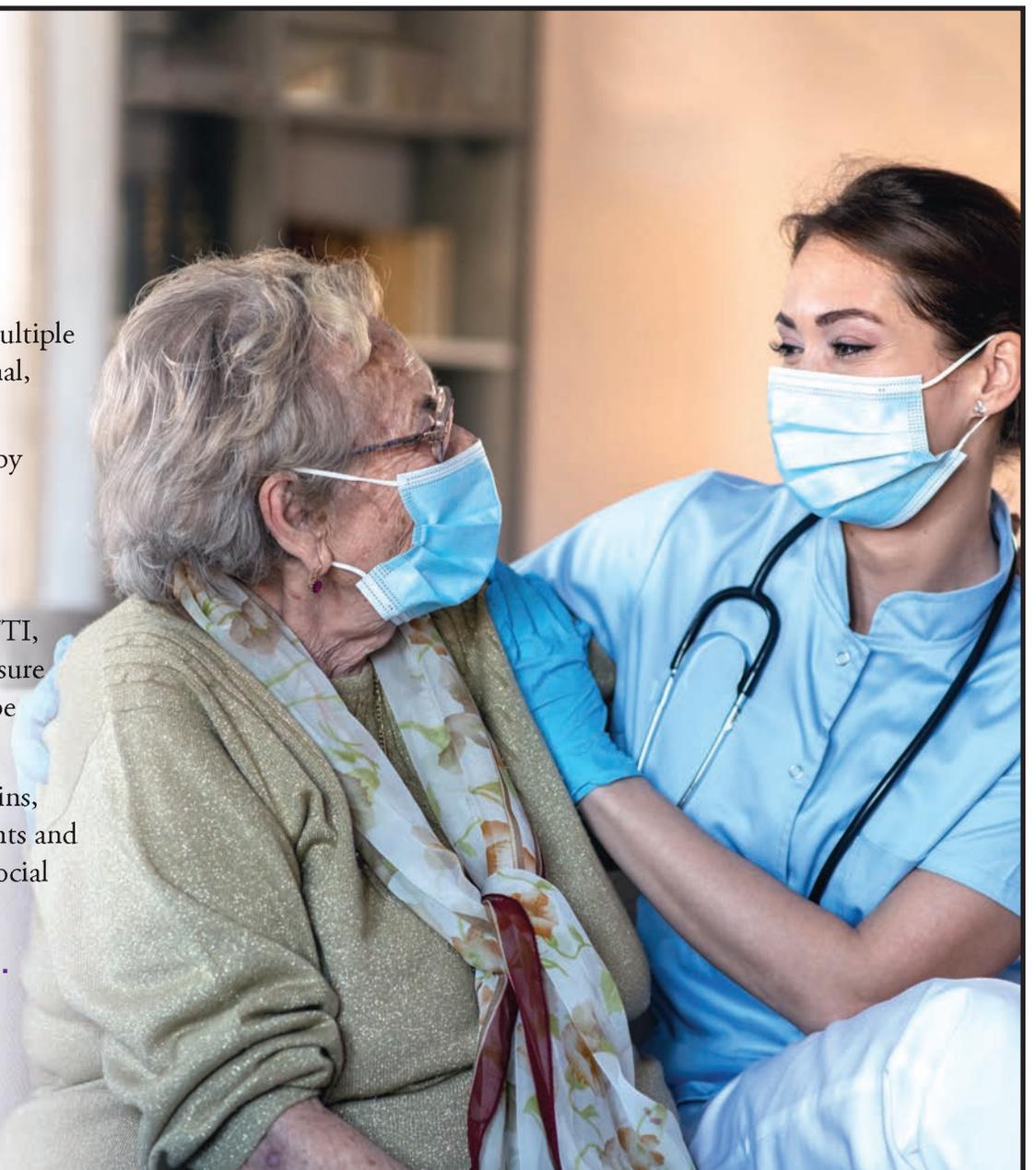
- Dependent in 3 of 6 activities of daily living
- One of these complications: pneumonia, recurrent UTI, sepsis, weight loss >10%, two or more Stage 3-4 pressure ulcers, hip fracture, difficulty swallowing, feeding tube decision, delirium

VITAS physicians, nurses, aides, social workers, chaplains, volunteers, and bereavement specialists surround patients and families with multiple layers of care, expertise, psychosocial support, and education: The VITAS Advantage.

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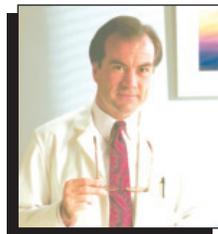


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Admissions to Kindred Hospitals may be recommended by physicians, acute-care hospitals, rehabilitation hospitals, managed care providers, case management companies or by the patient's family. In all cases family tours are encouraged.



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## Five Tips to Find the Right Video Production Company

Video content is now an integral part of brand marketing due to the high number of users who prefer this type of content, along with the high positive responses that it brings. Investing in quality video production is a must to ensure you create powerful and compelling videos.

The good news is, you don't need to hire a video production team in-house because we know that will cost you more money. Instead, you can entrust the task to a reliable video production company.

If it's your first time working with a video production company, don't worry; we can help you navigate this brand-new process for you.

Here's a quick guide on how to find the right video production company to work with.

### 1. Make Sure They Understand the Video's Purpose

The first thing to do is to be clear about the purpose of your video content. Who is it for? What results do you want to get from it? Identify the answers to these questions and discuss them with a potential video production company. From there, you can determine if the company does understand the purpose of your video content.

### 2. Get to Know the Equipment They Use

One of the perks of hiring a video production company is that they have the equipment to support it. However, not all companies have the same equipment. A professional video production company has access to drones, camera people, specialty editors, lighting equipment, audio, and high-quality cameras.

When doing your initial interview, don't hesitate to ask the types of equipment they will use for your project.

### 3. Ask for Their Portfolio

An effective way to determine if the video production company is a good choice is to view their portfolio. Here you will see the brands they've worked with. Consider it a "green" flag when the company has worked with huge brands. That only means they have enough experience to move forward with your project and help you achieve your expected outcome.

### 4. Ask About Their Insurance Coverage

Video production companies need to carry specific insurance policies. At the very least, there needs to be an existing commercial general liability coverage of at least a million dollars. This is crucial, especially when drones are involved. The company's insurance coverage protects you as well.

### 5. Determine If They Have a Physical Studio

A video production company, as much as possible, should have a studio that you can visit. Even if you plan to shoot outdoors for the video, being able to visit the studio or office is great for proper assessment.

### Conclusion

Taking the time to find the right video production company is crucial, especially if it's your first time. It's likely you need a company you can work for on a long-term basis; therefore, it only makes sense to ensure you find the right one for you. Use these tips to help you find the best video company that will suit your needs. The initial consultation is crucial as it will help you understand if the company is the right fit for you.

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For more information, contact Chad Tingle at (305) 794-7201 or chad@crowstreetfilms.com.



BY CHAD TINGLE



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# Miami Dade College Medical Campus 'Figured It Out'

BY LOIS THOMSON

"If a college doesn't change the way they taught a year or two ago, I don't think they're going to make it," stated Dr. Bryan Stewart, president of Miami Dade College's Medical Campus. "We have to reinvent ourselves as a campus and make sure we respond to how our students are learning, and how the world has changed with the pandemic." If that's true, the Medical Campus doesn't have anything to worry about.

A year ago, Dr. Stewart and his staff were making adjustments to place the campus in a good position during the pandemic. He explained they worked on how to get students caught up on clinical rotation. "A year ago, our nursing students were doing everything virtually. The governor of Florida had approved for all their clinicals to be virtual so we purchased a software package that allowed us to do online clinical rotations. It's been really great. But now, the governor's order ended, so all of my nursing students have to be back on campus this fall."

Dr. Stewart said the College also continues using a new teaching modality called MDC Live that started this past year and provides for virtual teaching. He described it as a flexible environment



Dr. Bryan Stewart

where the class is scheduled for a specific time, and the student can either be in the classroom or be virtual with their faculty.

He also talked about two new programs that are starting at the school. One is a surgical technology Associate in Science degree that he said has been in the making for a couple of years. "I've met with leadership at several hospitals and they tell me how desperate they are for surgical technicians. It's a two-year degree and it's going to be one of our most popular programs in the fall." Dr. Stewart said the technician is essential to executing a successful surgery – they maintain a sterile field, and handle all the

equipment, instruments, supplies, medications, and anything else a physician needs during a surgical procedure. "They really play a vital role."

The second program is a one-year certificate to become a central sterile processor, which is a stackable credential for the surgical technician degree. "Those are the individuals who clean the instruments, so they can start as a central sterile processor and work their way up. There's just as much need for that, and some students may want to start in that position and gain confidence before they get into surgical technician," he said.

With all of this in place, Dr. Stewart said not only is the overall application pool up 81%, but even more impressive is that the quality of the pool is also up. In past years, about half of the applications didn't meet qualifications or weren't ready to be taken into the program, whereas this year more than 80% of the pool could be selected. "You can tell we have a really strong group of students who will start here in the fall."

Unfortunately, as is happening everywhere, the College may be facing a new challenge in coming months: the delta variant of the coronavirus. Dr. Stewart said that as part of the planning process, "We're trying to be creative on how to deal with this delta variant. We're still

going to be open 100%, but we're going to be careful to follow the CDC guidelines." In addition, he said that certain hospitals have a policy requiring all students in their clinical rotations to be vaccinated.

Baptist and Jackson Health System have both expressed how valuable the students are. "Both told us that when the pandemic happened, they weren't sure what to do, so they took no students on the hospital campus," Dr. Stewart said. They realized, though, that the students do many things that allow the hospital employees to work in other areas. "The pandemic can be a strategic teaching opportunity, and I think we all learned a lot. I don't think we're going to follow the same traditions that we did with this one, by saying the doors are closed. I think the hospitals have realized how valuable our students can be to support the network of the hospitals."

In summarizing the past year, Dr. Stewart said, "The campus is looking really strong for fall; I think it's an exciting time. People who want to help are able to see the medical field as a great opportunity, and jobs are plentiful."

"I think we figured it out pretty well."

For more information, call (305) 237-4141 or visit [mdc.edu](http://mdc.edu).

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# Nursing Education Today – Benefits of an Education

BY PRISCILLA BARTOLONE, DNS, RN

Nursing education has exploded over the years, and rightfully so – the need is tremendous. Baccalaureate nursing degrees like Bachelor of Science in Nursing (BSN) programs are designed to provide students with a solid educational foundation that prepares individuals for entry into the nursing profession. Graduates are able to incorporate the concepts of caring, communication, critical thinking, professionalism, and holism to provide care for individuals, families and communities. The comprehensive theoretical and clinical practice components aim to allow BSN graduates to make a smooth transition into professional nursing practice. Nursing program graduates are encouraged to continue the educational process and are prepared for the challenges of graduate study (SouthUniversity.edu, 2021).

At South University, West Palm Beach, the BSN degree program is designed for the non-registered nursing student. Students may complete prerequisite courses in as few as six quarters and then apply for admission to the nursing program, which is taught over seven quarters. The program allows highly motivated full-time students to complete the program of study in nursing in a concentrated period of time. After successful completion of the nursing program, the graduate must pass the National Council Licensure Examination Registered Nurse (NCLEX-RN) in order to obtain licensure and begin practice as a registered nurse.

Dr. Priscilla Bartolone has been the South University BSN Program Director for the past twenty years. She has continually witnessed hundreds of nursing graduates with something “special” to offer. The following individuals are two examples of outstanding nursing graduates practicing nursing in Palm Beach County. Coincidentally, both of these nurses opted to follow the career path of their mothers.

Geena Singh, MSN, RN, graduated from the South University, West Palm Beach with a Bachelor of Science in Nursing in 2007 and from the Master of Science in Nursing program in 2013. Geena has worked extensively in hospitals throughout Palm Beach County and credits her education at South University with preparing her to think critically, solve problems, make appropriate clinical decisions and nursing judgements when caring for acutely and critically ill patients. Singh added that her education taught her to integrate caring, cultural sensitivity and to view patients holistically while providing patient-centered care. While working as a staff RN in var-



Bradly Bartlett



Geena Singh

ious hospitals, Geena worked with South University nursing students and realized her passion for teaching. This led to her being hired as Clinical Faculty where she continues to inspire students with her compassion, competence, dedication and professionalism. Geena believes that nursing is a “work of the heart”. She added, “I pride myself on the philosophy that helping my community at the most vulnerable times is a privilege.”

Bradly Bartlett, BSN, RN, graduated from South University, West Palm Beach with a

Bachelor of Science in Nursing in June 2020. Bradly started his career in healthcare as a Paramedic but realized that he wanted to do more. Immediately upon graduation, Brad started to work on a high acuity nursing unit in Palm Beach County. Sharing his perspective of nursing education, Mr. Bartlett said, “Early on in the program the basic pillars of Nursing were pounded in our

heads and built upon to make us the best nurses we could possibly be. The clinical rotations that perfectly coincided with what we were learning in lecture solidified in our minds the skills necessary to care for our patients. As a new grad I consistently get compliments on a daily basis on how great my skills are. I can only attribute this to South University and the ability of their staff to not just teach us to be nurses but for us to critically think on our patient’s behalf. I am forever grateful to South University and its staff for teaching me how to be the best nurse I can be.”

For more information, visit [www.southuniversity.edu](http://www.southuniversity.edu).

*Programs, credential levels, technology, and scheduling options vary by school and are subject to change. Not all programs are available to residents of all U.S. states. South University, West Palm Beach, University Centre, 9801 Belvedere Rd., Royal Palm Beach, FL 33411. © 2021 South University. All rights reserved.*

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# Voluntary Exercise after Spinal Cord Injuries: Equipment and Process that Develops and Sustains Fitness and Health



BY MARK S. NASH,  
PH.D., FACSM, FASIA

Declining health and fitness are commonly known to accompany spinal cord injuries and disorders (SCI/D). Physical deconditioning and weakening of the upper limbs make essential daily activities such as wheelchair propulsion and body transfers more difficult to perform, thus challenging the activity and independence that persons with physical disabilities require throughout their lives. During the past few decades, attention has also focused on so-called cardiometabolic risk factors, including five critical health hazards: overweight/obesity,

insulin resistance, hypertension, and lipid abnormalities. Evidence now suggests that these health risks appear soon after discharge from initial rehabilitation, tend to cluster, and in doing so represent more severe health hazards. They are also more challenging for stakeholders with SCI/D, their caregivers, and health care professionals to manage within the first year of living with a SCI/D and after that throughout their lifespans.

Current health guidelines designed for persons with SCI/D all recommend incorporating physical activity to a level permitted by their ability. Outdoor exercise is an option to fulfill this need. However, it may expose the individual to temperature extremes and uneven rolling surfaces that risk a fall from the wheelchair and ensuing injury. Thus, recent evidence suggests that home-based exercise is preferred for those with SCI. Home-based exercise also circumvents exercise barriers involving transportation, lack of physical access, and exercising in facilities that serve, have staff trained for, and use equipment designed for persons without a disability.

Equipment that satisfies the broad health needs of persons with SCI/D is challenging to find. Selected specialized exercise systems have used surface electrical stimulation to initiate the contraction of paralyzed muscles located below the injury level. These muscle contractions can be sequenced under microprocessor control to create purposeful movement such as cycling, although generally with poor motor efficiency and coordination. These electrically stimulated devices often exclude persons with injuries below the T10 spinal level and require special medical clearance and ongoing supplies such as electrodes and wire leads. Those with injuries and disorders that spare their sensation often find the electrical current uncomfortable, if not painful. While generally considered safe for home use, there is a need for electrode placement before each session. Risks of use include lower extremity fracture or bouts of autonomic dysreflexia. Importantly, there is limited transfer of lower extremity electrically stimulated exercise to benefit upper limb conditioning. It has long been clear that voluntary contractions of muscles above the injury level result in higher physical conditioning levels, and better risk reduction for cardiometabolic disease.

The arm crank ergometer has been a longstanding staple of upper extremity exercise for those with SCI/D. Essentially a table or platform mounted arm cycle, the device typically uses a rudimentary forward propulsion motion against resistance, with the upper limbs propelling the device while 180 degrees out of phase with one another. Few arm crank devices allow adjustment of the axis of rotation, meaning there is one set length for motion. Even fewer devices allow reverse propulsion against resistance. The continuous forward cranking imposes imbalanced forces that condition and tightens the anterior shoulder and chest while not similarly benefitting the posterior shoulder. The imbalance of the anterior and posterior shoulder



**“To meet the complex needs of upper extremity conditioning without the hazards imposed by standard arm ergometry, the newly upgraded and technologically advanced Vitaglide better serves as an exercise mode after SCI/D.”**

actions may represent a cause of shoulder pain for persons with SCI/D. As the upper limbs of persons with SCI/D are essential for maintaining daily activities, the pain caused by cycle ergometry may exceed the benefit of physical conditioning.

To meet the complex needs of upper extremity conditioning without the hazards imposed by standard arm ergometry, the newly upgraded and technologically advanced Vitaglide better serves as an exercise mode after SCI/D. The device is a reciprocating ergometer with the arms moving near horizontally instead of in a cyclical pattern. The movement of the limbs are balanced between a forward pushing motion on one side of the body and a pulling action on the other side. In this way, the device maintains the anterior and posterior muscle balance for conditioning of the chest, shoulders, and back. Its features also permit synchronous rowing where both limbs move together in the same forward and backward direction. Unlike a cycling ergometer, the resistance for each arm can be set independently and spans work intensities that will develop both endurance and strength. The side arms allow the user to determine their preferred range of exercise motion instead of the device.

The Miami Project to Cure Paralysis at the University of Miami Health System has used the Vitaglide for several years as part of our comprehensive SCI/D lifestyle program and has been preferred by our program participants, so much so that they seldom use our cycle ergometers. The individualized resistance adjustment permits us to select optimum exercise intensities when the strength and endurance of the arms may be unequal. We have also found it easier to customize exercise programs and maintain records of performance incorporating time and work performed. Our ultimate goal is to encourage health-sustaining physical activity after SCI/D without injury.

*Dr. Mark S. Nash is Associate Scientific Director for Research, Miami Project to Cure Paralysis, University of Miami Miller School of Medicine.*

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# WHAT'S NEW... WHAT'S NEW... WHAT'S NEW...

## Health Care District of Palm Beach County Launches "Connect PBC" and Integrates Epic Electronic Health Record System for Patients

The Health Care District of Palm Beach County has launched a premier Epic electronic health record (EHR) system that now links thousands of primary care clinic and rural hospital patients to a single, shared platform for quality, integrated care. The new "Connect PBC" patient portal ensures patients within the Health Care District's safety net system, many who are underserved, have convenient and secure digital access to their health information.

"Our new Epic-based integrated platform provides best-in-class technology to meet the needs of our patients, many of whom have complex conditions and find it challenging to navigate the healthcare delivery system," said Belma Andri, M.D., MPH, the Health Care District's Chief Medical Officer. "With Epic, our providers now have a more complete picture of their patients' health across the continuum of care right at their fingertips."

After going live on July 1st, 2021, the new software now serves the more than 50,000 unique C. L. Brumback Primary Care Clinics' patients at nine locations in communities of need, as well as over 27,000 patients a year at Lakeside Medical Center, the Health Care District's rural, acute-care teaching hospital in Belle Glade. The Epic system provides medical staff with immediate access to test results, the ability to place orders remotely and seamlessly communicate with other providers and Health Care District departments. The EHR system also helps to promote population health by identifying health trends, which can lead to initiatives that improve the overall health of the community.

"A consolidated patient medical record across clinical areas allows informed decisions to be made more quickly and efficiently," said Karen A. Harris, the Health Care District's VP of Field Operations. "Epic is a scalable system that allows us to effectively manage our volume of patient care across our programs, provide continuity of care, reduce duplication, and improve patient outcomes for years to come."

Hollywood-based Memorial Healthcare System extended its clinical, professional and technical integration to the Health Care District through its strategic Epic Connect program, which extends Epic EHR software with community physicians and other hospitals. The year-long implementation process in the midst of the global COVID-19 pandemic was a monumental achievement. The Epic Community Connect project team worked virtually to design and build applications, conduct testing and training, and roll out the technology on schedule.

"Memorial Healthcare System and the Health Care District of Palm Beach County are committed to maintaining the health and well-being of our communities by empowering physicians and patients with all the resources required to proactively address medical issues in the context of population health through an optimal infrastructure that helps elevate the delivery of care," said Jeff Sturman, Senior Vice President and Chief Digital Officer, Memorial Healthcare System. "A partnership through Epic Connect, which Memorial offers, brings all healthcare providers – hospitals, community physicians and other points of care – into a single, comprehensive longitudinal patient record that stimulates joint collaboration, significantly benefiting the hosting organization, community physicians who are part of the extended network, and especially the patients they serve."



**Janet D. Moreland, ARNP, MSN, LHRM, Assoc. VP, Administrator of Lakeside Medical Center and Jade DeDios, RN, on July 1, 2021, the day the Epic Electronic Health Record System 'Connect PBC' went live.**

## Holy Cross Health Announces OB/GYN Hospitalist Program

To continue bringing consistent care to patients in the hospital, Holy Cross Health in Fort Lauderdale has introduced an OB/GYN hospitalist program, the only hospital in Broward County to have a certified Ob Hospitalist team, partnering with Ob Hospitalist Group, the industry's largest dedicated OB/GYN hospitalist provider.

As part of the program, board certified OB/GYN physicians are immediately available on-site 24 hours a day, 365 days a year to focus on providing consistent care, as well as emergent care to those arriving in labor and delivery. The mission is to elevate the standard of care by ensuring expectant mothers are evaluated and treated by a physician regardless of time of day, complication or circumstance.

The OB-GYN hospitalist program is staffed with an experienced team of board-certified obstetricians and gynecologists on-site at Holy Cross Health 24 hours a day, 7-days a week. The patient's physician will make sure that the OB/GYN hospitalist on-site has all patient medical records.

In the event the patient's physician is unavailable, an OB/GYN hospitalist has access to the patient's medical records and will be there to care for her, address any evolving issues and provide the mother and baby with a safe delivery. The hospitalist team at Holy Cross is highly skilled in a variety of different delivery techniques and are required to maintain high levels of clinical performance and professional standards. They have additional training in neonatal resuscitation, advanced cardiac life support and OB emergency care and are also available for consultations in the hospital and for emergency care in the Emergency Department.

## Broward Health First U.S. Hospital System Using Innovative VirtaMed Laparoscopic Simulator

Broward Health Medical Center, home to the Broward Health Graduate Medical Education Simulation Lab in Fort. Lauderdale, FL, has become the first United States medical institution to receive the VirtaMed LaparoS™ surgical training simulator. This mixed reality laparoscopic simulator provides resident doctors with a simulated environment to prepare for clinical practice safely and efficiently.

Broward Health will use the LaparoS for general surgery training with an emphasis on patient safety.

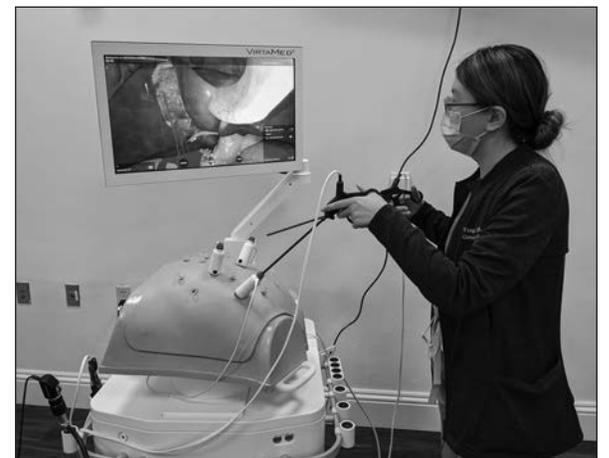
First installed in June 2021, the LaparoS has left an impression on residents and professors alike.

"We chose the LaparoS because it offers our residents a more realistic simulation of what they will encounter in the operating room," said Dr. Ivan Puente, General Surgery Program Director at Broward Health Medical Center. "We feel very strongly that this will not only enhance their skill development and also contribute to patient safety"

The LaparoS training simulator is from VirtaMed, the world leader in medical simulation training. In contrast to other forms of medical training with simulators, LaparoS training modules capture the whole procedural preparation, including positioning of the patient and placement of tools. The simulator offers real-time learning in the form of haptic feedback, complication training and guided procedures.

"Simulation is a great way to enhance medical skills," says Kimberly Mazili, Business Development Manager for VirtaMed. "After years of with success with our orthopaedics simulator the next logical step was for Broward to be the first to get our new LaparoS so they could extend the capacity of their simulation center and their residency programs."

Broward Health has a long history of using simulation to train its next generation of surgeons. Medical students at Broward Health Medical Center have access to a medical skills simulation lab with a variety of simulators, including the VirtaMed ArthroS™ simulator for arthroscopic skills training. The addition of the LaparoS expands the resources available for skills development in a risk-free training environment.



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# Accolades Accolades Accolades Accolades

## Palm Beach Gardens Medical Center Announces Quarterly Employee Awards



**Dr. Baquir Syed**



**David Steinberg**

Palm Beach Gardens Medical Center recently announced its 2nd quarter employee and Physician of the Quarter awards.

Physician of the Quarter was Dr. Baquir Syed who serves as the current Chief of Staff for the hospital. Dr. Syed has been practicing medicine for over 40 years. Members of the hospital laud Dr. Syed as a great doctor with a wonderful bedside manner, and incredible rapport with patients, to go along with a terrific sense of humor.

The Employee of the Quarter was David Steinberg who is an echo sonographer. Steinberg always lends a helping hand, and goes above beyond for all patients at the hospital. Steinberg always makes sure patients are treated with the respect, & kindness they deserve, and is considered the ultimate team player.

## Lee Health Leader Earns Award for Excellence in Home Care

With more than 30 years of healthcare experience, including a decade in home health leadership, Jonathan Hollander has been selected to receive the Home Care Association of Florida's 2021 Excellence in Home Care Award in the category of Outstanding Leader.

Hollander began his career at Lee Health as a registered nurse at Lee Memorial Hospital and earned several promotions before being named clinical director of home health services, a role he's held for the past two years.



**Jonathan Hollander**

## Bascom Palmer Ranks No. 1 for 20th Year While Other Programs Advance in U.S. News Rankings

Bascom Palmer Eye Institute of the University of Miami Health System has been ranked again as the nation's best in ophthalmology by U.S. News & World Report.

This year marks the 20th time, and the 18th consecutive year, that Bascom Palmer has received the No. 1 ranking since the publication began surveying U.S. physicians for its annual "Best Hospitals" rankings 32 years ago.

New this year, neurology/neurosurgery programs rose to No. 35 in the nation, joining the Otolaryngology (ENT) program, ranked No. 44 by U.S. News in that specialty. Sylvester Comprehensive Cancer Center again received "high performing" recognition.

## Cleveland Clinic's Weston Hospital Ranked #1 In Miami-Fort Lauderdale Metro Area by U.S. News & World Report

Cleveland Clinic Florida's Weston Hospital has once again earned the top spot as the No. 1 hospital in the Miami-Fort Lauderdale metro area for 2021-2022, according to the newly released annual ranking of Best Hospitals by U.S. News & World Report. It is the fourth consecutive year Cleveland Clinic Weston Hospital has earned the top ranking, the only hospital to be ranked #1 for four straight years in South Florida.

## U.S. News & World Report Names Holy Cross Health Among Best in South Florida

Holy Cross Health has been recognized as a Best Hospital for 2021-22 by U.S. News & World Report. The non-profit hospital is ranked among the top 10 in South Florida and top 25 in the state and was also recognized as high performing in COPD, heart attack, heart failure, kidney failure, hip replacement, knee replacement and stroke.

## St. Mary's Medical Center Awarded Advanced Stroke Certification from The Joint Commission

St. Mary's Medical Center earns The Joint Commission's Gold Seal of Approval® and the American Stroke Association's Heart-Check mark for the Advanced Stroke Certification.

"This certification recognizes the amazing job our neurosciences team does providing high quality care and treatment, for those coming to our hospital for a stroke," said Cynthia McCauley, chief executive officer for St. Mary's Medical Center & Palm Beach Children's Hospital. "I want to commend our comprehensive stroke center staff for the dedication and hard work they put in to earn this recognition, and more importantly, saving lives in our community."

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# SNAPSHOTS

## West Boca Medical Center Announces New Boca Center for Women's Care

West Boca Medical Center recently unveiled its new Boca Center for Women's Care. The center has a new name, but is still delivering the same quality care expectant moms can count on when getting ready to deliver their new bundle of joy. The hospital also has a new laborist program, which offers in-house physicians, who are specialized obstetricians and gynecologists. They are available 24/7 to care for all maternity, labor and delivery needs. The hospital also has aromatherapy, a celebration breakfast, postpartum snack pack and a Level III Neonatal Intensive Care Unit.



## Dr. Joseph Ricotta, Innovator of Minimally Invasive Treatment for Carotid Artery Disease to Prevent Future Strokes, Completes 200th TCAR Procedure

Joseph J. Ricotta, M.D., MS, DFSVS, FACS, National Medical Director for Vascular Surgery and Endovascular Therapy for Tenet Healthcare recently completed his 200th Transcarotid Artery Revascularization (TCAR) stroke prevention procedure at Delray Medical Center. Dr. Joseph Ricotta was first in the State of Florida to perform the TCAR procedure in 2018. For patients diagnosed with carotid artery disease, the TCAR procedure is a minimally invasive approach compared with traditional surgical procedures such as carotid endarterectomy. The TCAR procedure is suited for patients who are at a higher risk of surgical complications due to age, medical co-morbidities, or anatomical issues.



## Cover Story: Jackson Health System Mandates COVID-19 Vaccines for Staff

*Continued from page 1*

Medical Towers and the Park Plaza West garage on the Jackson Memorial campus. This mandate will continue throughout all risk levels until the end of the pandemic period. Fit-tested N95s will be provided by Jackson.

- In order to avoid the risk of spreading this highly contagious virus when eating or drinking - and potentially passing it on to patients - unvaccinated employees and physicians will not be allowed to eat or drink in any Jackson cafeteria, dining room, or coffee shop, nor will they be able to remove their N95 mask to eat or drink inside of any of its facilities. Meals and snacks may be purchased inside but must be eaten outside of a Jackson facility. Outdoor open-air tents have been added at all campuses.

- Unvaccinated employees and physicians will not be allowed to remove their N95 mask in any area, including employ-

ee and physician break rooms/lounges.

- During all risk levels, unvaccinated employees and physicians will be restricted from attending in-person meetings, other than staff huddles on patient units. All other meetings must be attended virtually via Zoom.

- A mandatory virtual educational course will be required, including an attestation of completion of the course.

To identify which employees are vaccinated, Migoya says their badge will have a sticker that says "COVID-19 Vaccinated."

"As people walk around with their badge, that's easy enough to see if they've been vaccinated or not," he adds.

In addition to the bonus and the restrictions in place, Migoya says that the hospital is planning to educate employees who are still resisting getting a vaccine.

"We're trying to fight a lot of misinfor-

mation around vaccination, and we're discussing all different kinds of alternatives at this point in time," he says.

Nearly 69% of Jackson's 13,000+ employees have been vaccinated so far, according to Migoya. "We think we'll exceed 75%, and hopefully, it goes to 80."

To help increase those numbers, Jackson has been conducting vaccination pop-ups for its employees at all of its main campuses: Jackson Memorial Hospital, Jackson North Medical Center, Jackson South Medical Center, and Jackson West Medical Center, which is the new hospital that opened in the City of Doral.

The big challenges that Jackson faces, along with other hospital systems in South Florida, were several-fold, notes Migoya.

"One was the fear of losing nurses and doctors who would go to another health system that would not be mandating the

vaccine," he says. "Obviously, we're short-staffed at this point, so that's an issue. But I would tell you that my decision was based on this—if I had to lose 10 employees to another health system versus losing a life because people are vaccinated, I choose a life."

Another challenge was employees who wanted to wait until the FDA formally approves the vaccination, which took place August 23.

"My answer to that is, we've already vaccinated 1.7 billion people in the world, and there hasn't been any real negative outcomes from anything, or otherwise the media would have already taken care of that," Migoya says. "I think we have enough formal approval of the vaccination by having that number of people vaccinated in the world."

*For more information, visit [jacksonhealth.org](http://jacksonhealth.org).*

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# HEALTHCARE CANNABISNEWS™ FLORIDA

## Verano Opens 36th MÜV Florida Medical Cannabis Dispensary In Tampa

Verano Holdings Corp., a leading multi-state cannabis company, announced the opening of a new MÜV Florida dispensary located at 2617 West Kennedy Boulevard in Tampa. MÜV Tampa—West Kennedy.

Verano's 36th MÜV Florida dispensary, located in downtown Tampa, is within walking distance to the city's acclaimed Hyde Park restaurant and shopping scene, and is just minutes away from the newly-renovated Tampa Riverwalk. Committed to providing a convenient and reliable experience for Florida patients, MÜV dispensaries feature online menus for effortless browsing of their extensive, award-winning product selection. Patients can, based on preference, order ahead at [muvfl.com](http://muvfl.com) for express pickup in-store, or take advantage of home delivery service that is available across the state.

"We're very pleased to continue expanding access to premium medical cannabis for Florida patients," said John Tipton, President of Verano. "As always, we're grateful for the opportunity to serve our patients, and build upon our presence in a wonderful community here in Tampa."

MÜV offers one-on-one consultations, both in-store and virtually, at no cost to patients. MÜV's comprehensive product selection includes MÜV Wana™ Soft Chew edibles, chocolates and lozenges, flower, pre-rolls, an array of vaporizer pens, concen-



trates, metered-dose inhalers, topicals, and oral sprays, along with patented encapsulation formulations in its EnCaps™ capsules, tinctures, 72-hour transdermal patches and transdermal gels.

For more information about the new ADA-compliant MÜV Tampa—West Kennedy medical cannabis dispensary, including hours and available MÜV products, visit [muvfl.com](http://muvfl.com).

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# HEALTHCARE CANNABISNEWS<sup>TM</sup> FLORIDA

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## Cannabis Spotlight

**Joshua Hoffman**  
Chief Education Officer, PūrWell

**What benefits do you see for patients throughout Florida within this space?**

The benefits I see for patients throughout Florida is having access to adjunct or alternative therapies to address common symptoms of anxiety, depression, chronic pain, and insomnia vs. constantly relying on prescription meds that have a host of undesirable side effects when used over time. Opioid/Fentanyl addiction has shattered families across our country, but with cannabis-derived products, especially those that are derived from hemp, there are no psychoactive effects, and the potential for addictions practically non-existent.

**What motivates you to be a part of the cannabis industry?**

There are different aspects of this industry that motivate me. For one, all the misinformation out there motivates me because we have the awesome responsibility of properly educating the public and our customers about the truths of Cannabis Sativa L. When a person knows the real story and history of cannabis (marijuana and hemp) in the United States, the support and acceptance for the plants are overwhelming.

**What field are you in within the cannabis space?**

PūrWell is a vertically integrated hemp company that works with healthcare professionals to formulate products that address symptoms of specific disease states, and we market our products exclusively through healthcare and medical professionals, which allows them to introduce their patients to premium organic products that

many are already using, while providing practitioners with another way to build revenue in their practices.

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

Our products are designed to help people address symptoms related to the four main physical/emotional conditions: 1) Chronic Pain 2) Anxiety 3) Insomnia and 4) Depression, so if they are experiencing any of these or other types of symptoms, there is the potential that our product may help to alleviate and reduce some of those symptoms. Moreover, people who may be looking for the benefits of marijuana without the "high" can confidently use our products with no psychoactive effects (unless it is P r8, our Delta-8 THC branded products.) Also, people are becoming more concerned about products made with GMOs, artificial sugars, and coloring etc ... but at PūrWell, we use all natural ingredients. Our products are manufactured in GMP certified labs from USDA certified organic industrial hemp. Our products are non-GMO, Gluten-Free, Vegan, Kosher certified, and all our products are 3rd party lab-tested for potency and safety.



*Joshua Hoffman*

**How did you get started within the cannabis industry?**

I learned about CBD from a friend of mine that uses marijuana regularly. I had been asymptomatic for 17 years all the while having spinal stenosis and herniated/bulging discs in my spine. One day about 7 years ago, the symptoms presented themselves for the first time and it was AWFUL. I was in so much pain I quickly realized how people can get hooked on pain pills and other detrimental substances. My friend who uses marijuana regularly suggested I try "CBD." I said to him, "what the heck is CBD?" and his answer is the reason I am where I am today. He said, "it is part of the marijuana plant, but it doesn't get you high." That one statement intrigued me so much I responded and said, "how does it NOT get you high?!" and his brilliant response was "Just Google it!" So, I did, and the rest is history!

**Are you personally a MJ card holder?**

Yes, I have been a proud card holder for 2 years.

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

I see Florida and the entire country moving forward with recreational cannabis laws, and I think it will only make our hemp business and our Sales Consultants more relevant and valuable because people are going to be exposed to marijuana around every other corner and they are going to want to get accurate information and answers about what the difference between marijuana and hemp is and what products would benefit them most.

I honestly think most of the senior citizens will lean toward hemp-derived products over medical marijuana, and PūrWell will be ready to educate medical professionals and the public about the beneficial properties of cannabis (marijuana and hemp).



**Florida Medical  
Marijuana  
Physicians Group**

**ZOOM Meetings** ▶ **Wednesday, September 8 & Wednesday, September 22**  
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A bimonthly Zoom meeting exclusively for Certified Medical Marijuana Physicians and MMTC Medical Directors in the State of Florida

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## Legislative Priority Statement

*Talking Points for the Provisions of the FMMPG Compassionate Care Clarification Bill Which Amends s. 381.986 Medical Use of Marijuana*

### 1. Defining “Telehealth”

The definition proposed in the bill is consistent with the statutory definition in s. 456.47, with the addition of allowing audio-only telephone calls if audiovisual technology has been attempted and fails, which can happen for technical reasons with any patient, and because of a lack of technological knowledge with senior citizens. There was an unsuccessful attempt to amend 456.47 (SB 700) which would have lowered the standard for telehealth technology by allowing e-mails and FAXs to be considered “telehealth”. Florida medical cannabis specialists feel that a higher standard of communications—real-time two-way communication between a physician and patient—is needed for effective doctor-patient communications and want to maintain that standard for medical cannabis recertification visits, which is why it is being codified in s. 381.986.

### 2. Adding an additional Qualifying Medical Condition: “A chronic medical condition for which the patient has taken opioids or benzodiazepines”

Opiates (prescribed for pain) and benzodiazepines (prescribed for anxiety and insomnia) both reduce a person’s drive to breathe. That’s why overdoses of these substances can result in death. Cannabis does not reduce the drive to breathe, which is why no one has ever died from a cannabis overdose. In addition, these medications cause a physical addiction. Cannabis used in medical doses does not.

Florida, as well as rest of the country, is working to reduce the legal and illegal use of these substances. Cannabis is very effective for pain, anxiety and insomnia, and even for helping patients decrease, and in many cases completely discontinue using these medications to which they have become addicted. A review article published in July 2020 which looked at the results of nine studies showed “There was a 64-75% reduction in opioid dosage when used in combination with medical cannabis.” Florida’s medical cannabis specialists’ practices have also seen a reduction in opioid dosage, with many patients being able to discontinue opioids completely. Florida’s opioid dispensing rate per 100 in 2016 (before the medical marijuana program was established) was 66.6. It went down to 45.4 in 2019 (the most recent year for which the CDC published data).

### 3. Requiring qualified physicians to provide clinical education about medical marijuana to patients for whom they issue a certification

Currently, physicians in Florida who

are approved to certify patients to use medical marijuana are not required to have any clinical knowledge of cannabis medicine, nor are they required to educate the patients they certify about how to use medical cannabis properly. The only requirement is that a qualified physician have knowledge of the administrative rules of the statute, which is the subject matter in the mandated course and test which physicians are required to complete to become qualified to certify patients for medical marijuana use.

Most patients have either no knowledge or experience with medical cannabis use, or only recreational knowledge or experience. How are they to know how to properly use cannabis for medical treatment if they are not educated, especially if the physician certifying them to use medical cannabis may not possess that knowledge. Medical Marijuana Treatment Centers are not required to have certified medical cannabis educators or to provide education.

For a physician to certify a patient to use medical marijuana without providing education about the proper dose, means of administration, and frequency of administration, would be like a physician certifying that a patient has diabetes and leaving it to the patient to figure out if they should use insulin or tablets or both, and what strength, and how often to administer the medication. That is not acceptable medical practice and certifying patients to use medical marijuana without education about how to use it properly, and possibly not even having the knowledge to do so, is not acceptable medical practice either.

### 4. Permitting a telehealth encounter for recertification of a physician’s existing patient

Telehealth has been a means to provide and receive healthcare for decades. Its use increased exponentially as a result of the COVID-19 pandemic. It proved to be an effective and efficient means to provide and receive medical care for many medical conditions, including during the 15 months it was used for recertification evaluations of medical marijuana patients, which focuses primarily on the patient’s history rather than on their physical examination. However, the authority to perform and receive medical marijuana recertification evaluations via telehealth expired with the expiration of the Governor’s Executive Order 20-52 on June 26, 2021.

Medicare and almost all private insurers have recognized the value of telehealth and continue to permit it as a means to provide and receive medical care. No payors, including the state of Florida, pay for medical cannabis services, therefore payment authorization for telehealth recertification visits is not at issue. Because the vast majority of other patients are permitted to receive their

healthcare via telehealth, so should medical cannabis patients who require recertification. And especially since a significant number of medical cannabis patients have mobility issues due to severe pain, Multiple Sclerosis, Parkinson’s Disease, Amyotrophic Lateral Sclerosis or other physically debilitating conditions, or may be immunosuppressed and at risk of infection due to cancer or may have severe anxiety when they have to leave their home due to PTSD, it is even more important that medical marijuana patients be able to receive their recertification evaluations via telehealth.

The eligibility criteria for medical marijuana recertification via telehealth is exactly the same as those established by the state Surgeon General in Emergency Order DOH No. 20-002: Telehealth may be used for recertification visits only (not for initial certification visits), and may only be used if the patient has previously been certified (seen in person) by the qualified physician.

### 5. Waiving the fee for issuance and renewal of Registry identification cards for honorably discharged military veterans

Most military veterans who seek medical cannabis certification are doing so for debilitating physical or emotional injuries they sustained in the line of duty. Even if their medical condition is not service-related, they have served our country and made sacrifices that very few other Floridians have. Certain other state initial and renewal fees are waived by the state of Florida for honorably discharged veterans by the Florida Department of Agriculture and Consumer Services. Out of state tuition fees are waived at state universities, colleges and career centers. Military veterans who have served our country honorably also deserve to have the \$75 annual fee waived for the issuance and renewal of their OMMU Registry identification card.

### 6. Establishing employment protection parity for medical marijuana patients with patients taking other prescription medications

When taken medically, medical

cannabis causes less sedation than opiates such as Vicodin or Percocet, less than benzodiazepines such as Ativan or Xanax, and even less than over the counter antihistamines such as Benadryl. If employees are permitted to take those medications, they should be permitted to take medical cannabis. The employment protection provisions would still protect employers who could lose a monetary or licensing-related benefit under federal law or federal regulations. It also does not restrict an employer from taking adverse employment action against an employee who is impaired by marijuana on the job, just as they are able to take adverse employment action against an employee who is impaired by any prescription medication, alcohol or any other substance.

### 7. Establishing reciprocity for visiting out of state qualifying patients and caregivers

Medical marijuana is medication. For many people it is the only medication they take. Florida attracted over 130 million tourists in 2019. In addition, a lot of people come to Florida to visit relatives. These people need to be able to get their medication. And if they can’t, they are less likely to visit Florida.

At least 7 other states recognize medical cannabis certifications issued by other states and permit these patients to purchase medical cannabis products in their state. Florida statute has a provision for people from out of state who reside in Florida for 31 consecutive days (Seasonal Residents) to become certified to obtain medical cannabis, but not for people who visit for 30 days or less.

The proposed reciprocity provision would utilize the current procedure of patients being entered into the OMMU Registry by a qualified physician. Having an unexpired medical cannabis certification from another state would be their qualifying condition for Florida. This could be done in advance of their visit via telehealth so that the OMMU could process their application before the visitor arrives in Florida. The visiting qualifying patient would be subject to the same dosing limit as Florida residents, prorated for their 30-day visiting patient certification period.

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## Back Cover Story: Sanuvox Products Kill Airborne Pathogens

Continued from page 36

According to Pietrangelo, GrowSaver products can eliminate up to 99.9 percent of airborne powdery mildew every hour, and reduce fungicide use by up to 90 percent. The units also reduce labor costs related to the use of fungicides, help enrich terpenes and enhance aromas, and improve microbiological state testing compliance.

“Not only do growers save a lot of money by not having botrytis grow on plants, but they’re also making sure that there are no other biological contaminants in the building,” said Pietrangelo, noting that the same products that eliminate fungi also eliminate the COVID virus, which is spread through airborne aerosols that can stay suspended in the air for more than 16 hours.

“This is the exact same product that we use in hospital operating rooms to keep patients safe,” he added. “The same product that protects patients protects plants.”

Not only are the units useful for growers, but dispensaries can benefit from their installation as well. In addition to removing airborne contaminants, Sanuvox’s products also provide odor removal, drastically reducing cannabis odors from leaving grow buildings or dispensaries.

“We just did an installation at Aurora Cannabis’ 212,000 sq. ft. grow room in Canada, eliminating smells with the GrowSaver Odor Wall,” said Pietrangelo, noting that the local airport was complaining of the smell three miles away.

### Return on Investment

The units are relatively easy to install; after cutting a rectangular hole in the ductwork, the UVC devices are placed inside and turned on. Freestanding units can also be mounted on walls.

“Then you just plug and play,” said Pietrangelo, adding that lamps need to be



PHOTO CREDIT: UF/IFAS, Mengzi Zhang

replaced every two years.

The units themselves are custom-designed, based upon the volume of air being moved and a facility’s square footage. “We do not do cookie-cutter installations; one size doesn’t fit all,” said Pietrangelo. “The units have to be calculated properly to work; otherwise you’re just losing money.”

Units can be built into existing building management systems, and can be designed for any type of facility from cultivation centers to medical offices. Sanuvox products are used extensively in Canada and the U.S. Midwest, though this is the company’s first foray into the Florida market.

“Our products are 99.999 percent effective and are designed for first-pass efficiency, destroying everything in the airstream,” said Pietrangelo, adding that air changes occur 12 to 20 times an hour in grow facilities.

“As for return on investment, the first harvest will probably pay for it in increased yield, increased terpene strength, and decreased use of fungicide,” he added. “That’s in addition to the health savings that occur when people aren’t getting sick from airborne contaminants.”

To learn more about Sanuvox’s medical and grower product lines, visit [www.sanuvox.com](http://www.sanuvox.com).

## ACOG District XII Meeting Offers a Breakout Session on Cannabis and OB/GYN

American College of Obstetrics and Gynecology held its ACOG District XII meeting August 13-15 in virtual format. One of the breakout sessions was about Medical Cannabis Updates for Ob/Gyns. Dr. Melanie Bone, a board-certified OB/GYN and medical cannabis provider spoke about this topic. She highlighted current attitudes about using medical cannabis in women’s health. Given the current state of research on the topic, she advised practitioners to follow ACOG guidelines which suggest that there is no acceptable use for cannabis in pregnant women. This follows the current guidelines on alcohol and other illicit substances. Dr. Bone did mention that there are groups of women who are using cannabinoids, both CBD and THC, to self-manage hyperemesis gravidarum, the nausea and vomiting that accompany pregnancy. Their use cannot be condoned at this time, although these women could and should be followed prospectively to look for data to analyze that might give better insight into cannabis and its impact on pregnancy.



Dr. Melanie Bone

Dr. Bone spoke about the use of cannabinoids in gynecological conditions as well. She pointed out that cannabinoids can be used in conjunction with allopathic medicines to manage complaints including dysmenorrhea, PMS/PMDD, endometriosis and other causes of pelvic pain, as well as menopause. “At this time, we lack data to justify eschewing allopathic medicine in favor of cannabis, but more and more observational data support utilization of an integration of cannabis with traditional approaches to these common ailments,” she said. “This is a case where the science is slowly catching up to the grass roots practice.” Dr. Bone reports a great deal of success using cannabis to treat anxiety, pain, insomnia, and sexual health, all of which are highly correlated with diseases such as endometriosis and are part and parcel of menopause for a high percentage of women.

For more information, contact Dr. Melanie Bone at [me@drmelaniebone.com](mailto:me@drmelaniebone.com).

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## Back Cover Story: Compliance Is Crucial

Continued from page 36

5500s? The IRS and DOI are going to be looking for ways to recoup some of the costs of these subsidies. It is always important for a business to have a competent CPA and HR attorney and that is especially true this year with these complicated subsidies.

The penalty chart below is provided by our partners at Medcom.

We are also approaching open enrollment, the time businesses will begin shopping rates for their employee benefits packages. Make sure a compliance package is included!

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<b>Form 5500 Reporting</b>	<ul style="list-style-type: none"> <li>Up to <b>\$2,259</b>/day per plan for failure to file</li> <li><b>\$110</b>/day per affected person for failure to distribute SAR</li> </ul>
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<b>Required Notices</b>	<ul style="list-style-type: none"> <li>SBC - <b>\$1,190</b> per willful failure to provide to participants</li> <li>CHIPRA - <b>\$120</b>/day for failure to provide notice</li> <li>COBRA - \$100 to \$110/day per affected person</li> </ul>
<b>HIPAA Privacy</b>	<ul style="list-style-type: none"> <li><b>\$119 - \$59,522</b> per violation if breach not resolved (up to <b>\$1,785,651</b> max)</li> </ul>
<b>GINA</b>	<ul style="list-style-type: none"> <li><b>\$120</b>/day per affected person</li> </ul>
<b>ACA</b>	<ul style="list-style-type: none"> <li>"Pay or Play" penalties for no offer of coverage, unaffordable coverage, etc.</li> <li>\$270 per form for failure to provide to employees on time &amp; \$270 per form for failure to timely file with IRS (incorrect forms may incur penalties)</li> </ul>

Bold numbers are adjusted annually for inflation

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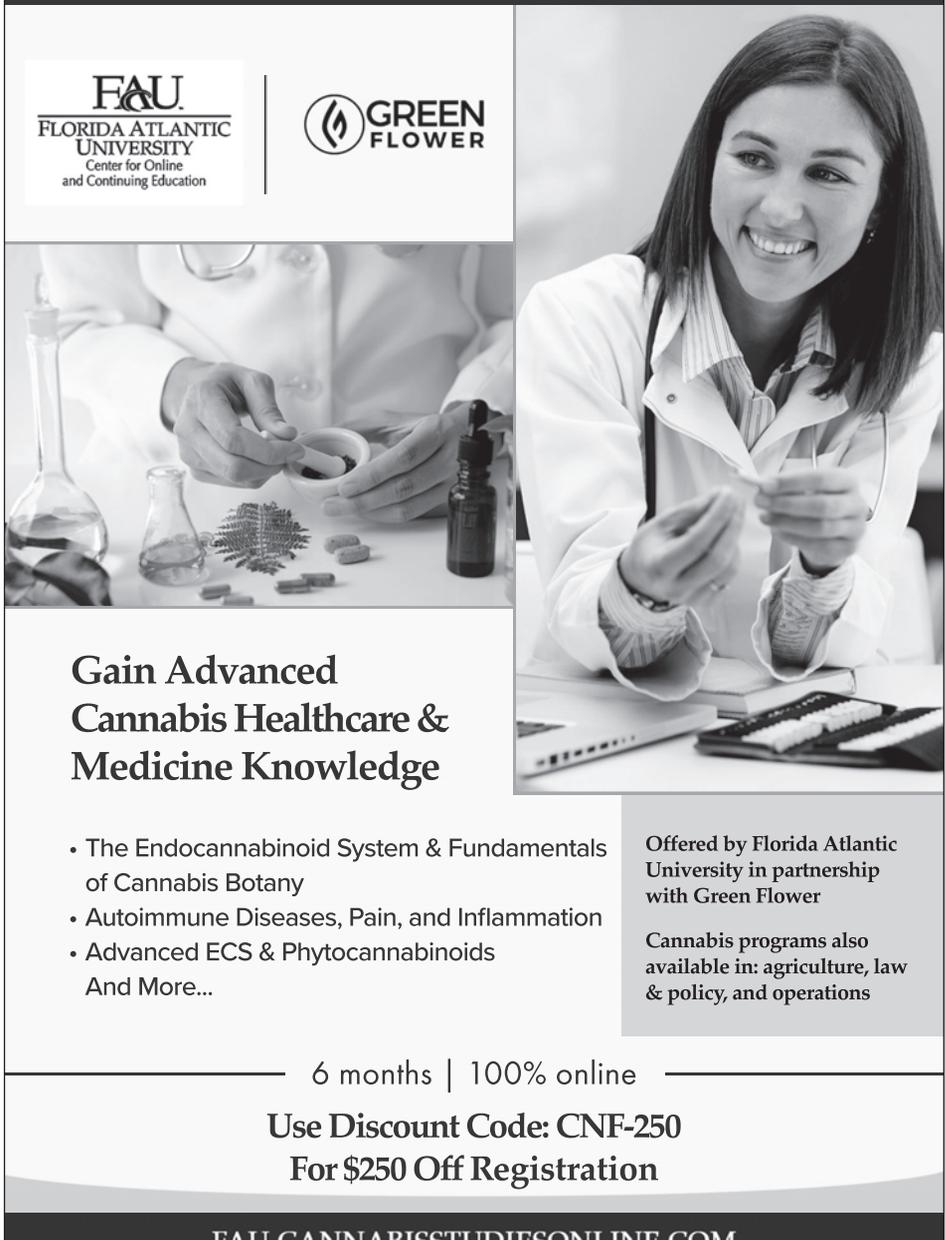
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## Hemp Flowering Behavior Research Provides Further Guidance for Florida Growers

New UF/IFAS research suggests Florida growers must carefully select hemp varieties and factor the length of a given day when scheduling when to plant.

Understanding hemp flowering behavior, or how it responds to light and varying daylengths in tropical and subtropical climates has a boost thanks to new research from UF/IFAS published in *Frontiers in Plant Science*.

Hemp needs sufficient time for vegetative growth to take place before the photoperiod hits, causing the plant to flower. Planting a hemp crop too late or planting a variety that is incompatible with the day length of the region could cause the plants to flower too soon and lead to an unsuccessful crop.

Some plants, including hemp, are highly sensitive to the amount of day length they receive. Modern hemp cultivars tend to originate from temperate regions where the longest day length is around 15.5 hours. In Apopka, average daylength is

closer to 14 hours. Key Largo only gets 13.5 hours on the longest day.

“Identifying cultivars that can tolerate Florida’s environmental conditions is key to optimizing the performance of hemp,” said Brian Pearson, UF/IFAS assistant professor of crop management. “Florida’s short day lengths are one of the greatest challenges to hemp success and we wanted to dig deeper to better understand how to grow hemp successfully here since a large amount of our hemp acreage is outdoors.”

Hemp has shown to have optimal photoperiods ranging from 12 hours to 18 hours dependent upon the variety, leaving more questions than answers regarding optimal photoperiod.

“Hemp grown in Florida faces a lot of challenges,” Zachary Brym, agronomy assistant professor said. “From pest and disease pressure to the high temperatures and humidity, there are a lot of factors that can make growing hemp here difficult. The short daylengths present one of the

greatest challenges that this research helped address.”

The research team studied 15 cultivars of essential oil hemp and 12 fiber/grain cultivars grown in controlled growth chambers. The goals were to identify critical photoperiod needed to induce flowering, compare photoperiod thresholds to flowering dates within a subtropical outdoor environment, and quantify how hemp cultivars respond under different photoperiods.

Most of the essential oil cultivars and some of the fiber or grain cultivars were found to be suitable for Florida’s daylight hours, but some were sensitive enough that just 15 minutes made a difference in their productivity. So, planting date becomes a critical factor for cultivation outdoors.

The study also found that hemp is very sensitive to low levels of light. Light available just prior to sunrise and just after sunset, also known as civil twilight, is influen-

tial to the flowering of hemp. Thus, daylength estimations should include the civil twilight period when determining the photoperiod of a location.

Despite great diversity observed in photoperiod response, the study identified several essential oil, fiber, and grain hemp varieties that responded favorably to daylengths experienced throughout Florida.

“Careful variety selection is extremely important for Florida growers,” Brym said. “It will be important that Florida growers select hemp varieties from southern latitudes and avoid those from the north. Growers should also consider day neutral or “autoflower” hemp that can withstand the heat and humidity of Florida.”

*For more information on UF/IFAS hemp research, visit the hemp resources site at <https://programs.ifas.ufl.edu/hemp/resources/>.*



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## Back Cover Story: Cannabis Healthcare and Medicine Certificate Provides Advanced Knowledge

Continued from page 36

cannabis agriculture and horticulture, law and policy and industry and operations. Each program is fully online and takes six months to complete. The online programs are divided into three eight-week courses, which students can complete on a flexible schedule through weekly modules. Participants will complete a portfolio project that allows them to demonstrate their sector-specific knowledge.

“The Center for Online and Continuing Education at Florida Atlantic University is proud of the partnership with Green Flower to offer quality workforce training in the emerging cannabis field. These certificate programs are targeted to meet the needs of our community to provide training for in-demand jobs in Florida, fill the high volume labor market demand in this emerging industry, expand career opportunities with industry specific knowledge and credentials, provide a flexible learning format to fit the students’ lifestyle, and improve the students’ marketability and open career pathways,” says Jill Rosen, Associate Executive Director of Finance and Continuing Education, at Florida Atlantic University-COCE.

Those interested in learning more or enrolling for these programs can visit [fau.cannabisstudiesonline.com](http://fau.cannabisstudiesonline.com). Start dates occur six times each year and October 18, 2021 will be the final start date for 2021.

## Ayr Wellness Adds to Florida Retail Footprint, Opens New Dispensary in Boynton Beach

Ayr Wellness Inc. (CSE: AYR.A, OTC: AYRWF) (“Ayr” or the “Company”), a leading vertically integrated cannabis multi-state operator, announced today the opening of Liberty Health Sciences Boynton Beach, the Company’s 40th operating dispensary in Florida.

The Boynton Beach dispensary is located at 1865 W Woolbright Road, Boynton Beach, Florida, 33426. The 1,600 sq. ft. retail store sits within a shopping center with approximately 60 parking spaces and is a 10-minute drive from some of South Florida’s most popular beaches.

The new location features LHS’s expanded selection of offerings, in addition to the Company’s recently launched Orign concentrates and Big Pete’s Cookies.

Jonathan Sandelman, CEO of Ayr, said, “With 40 open stores in Florida, we now have the second largest retail footprint in the state, with more set to open during the rest of the year. Our plan in Florida is working. Our improved cultivation facility is allowing us to open new stores at a rapid clip and is helping to greatly expand our presence in what is quickly becoming one of the largest marijuana markets in the U.S. As we continue to improve our product mix, Ayr will increasingly become a force to be reckoned with in the Florida market.”



Jonathan Sandelman

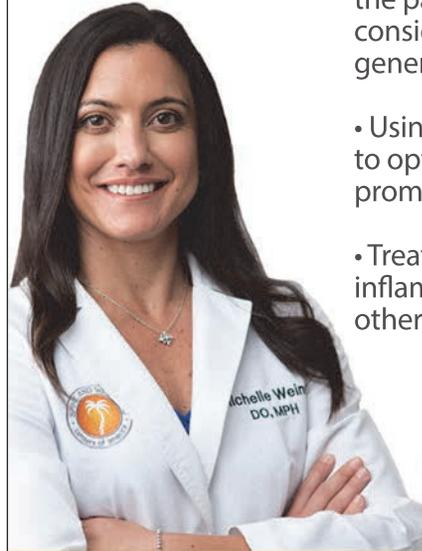


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Bob Pietrangelo

## Sanuvox Products Kill Airborne Pathogens, Protect People and Plants

BY VANESSA ORR

As we've all become aware over the past couple of years, airborne contaminants can cause irreparable harm. This is something that medical cannabis growers have long known, as one of the most difficult parts of keeping plants healthy is preventing the spread of powdery mildew, botrytis, penicillium and other fungi that can be spread through the air as well as ventilation systems.

While some growers have attempted to use ozone to deal with these contaminants, it unfortunately depletes terpene strength. The secret, according to Bob Pietrangelo, vice president, Southeast United States, Sanuvox, is to use UVC radiation instead.

"Using UV radiation in the C band produces zero ozone, and at the proper intensity, can destroy any biological contaminant," he explained. "It can eliminate powdery mildew, botrytis and more, while at the same time allowing terpenes to maintain maximum strength."

By utilizing Sanuvox's GrowSaver™ products in their ventilation systems, growers can eliminate the need for fungicides as well. Freestanding units are also available, and all of the units are custom-designed to fit the space involved.

Continued on page 32

## Compliance Is Crucial

BY SUMMER WESTERBUR

On March 11, 2021, The Biden Administration passed the American Rescue Plan Act (ARPA) to address the economic impacts of COVID-19. ARPA provides a 100% subsidy if the employee's work reduction or termination was involuntary. Those subsidies end September 30, 2021. This is an important time for business owners to consider compliance.

Business owners should consider working with their COBRA administrator to ensure employees pay their insurance premium October 1st. There are notification deadlines business owners are responsible for sending out. Employees who do not want to pay the premiums will need to be terminated from the plan. This is the employer's responsibility. Most carriers will not allow you to remove them at a future date. This is the year businesses should really consider a third-party administrator. It is the employer's responsibility to sign up and pay for these services. These companies typically offer compliance for ACA reporting, ERISA, COBRA, HIPAA, and SPD.

Businesses that do not remain in compliance risk facing penalties. For each of the seven years of ACA employer reporting, the IRS granted an automatic extension and provided a "Good Faith" understanding. This means that as long as employers could show they were acting in the best interest of their employees, the IRS would acknowledge that any errors represented in reporting were made in good faith, reducing penalties and fines. We are anxiously waiting for an announcement from the IRS. It is still possible that we will have another automatic extension, but "Good Faith" is in jeopardy. As reporting continues in 2021 and 2022, we must all make an effort to remain in compliance and be 100% accurate with IRS filing and reporting.

This is also a good time to focus on other compliance services. Are you sending out

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Summer Westerbur



## Cannabis Healthcare and Medicine Certificate Provides Advanced Knowledge

BY CAROL NEWMAN

Cannabis medicine is a rapidly growing sector of the healthcare industry, yet trusted and credible information is hard to come by. For healthcare professionals seeking a career in cannabis medicine, or looking to add cannabis expertise to their existing practice, Florida Atlantic University's Center for Online and Continuing Education offers advanced cannabis knowledge and skills training in partnership with Green Flower, the world's leading education provider for cannabis. This program offers expert, in-depth instruction on the medical properties of cannabis.

The Cannabis Healthcare and Medicine certificate is fully online, six-months long and goes deep into topics such as: the endocannabinoid system and fundamentals of cannabis botany, autoimmune diseases, pain, and inflammation, standard care in cannabis medicine, strain selection, dosing, and titration, advanced ECS and phytocannabinoids, as well as geriatrics, addiction, and cancer care.

In addition to healthcare and medicine, programs are also available in

Continued on page 35

## Trulieve Appoints New Chief Technology Officer

Trulieve Cannabis Corp. announced it has named Nilyum Jhala to serve as its Chief Technology Officer (CTO). Jhala, who previously served as Vice President of Global and Digital Technology at Hallmark Cards, Inc., brings more than two decades of experience in technology leadership and digital transformation results in multinational retail and wholesale environments.

Prior to joining Hallmark, Nilyum served as Division Vice President for Family Dollar, a subsidiary of Dollar Tree, Inc. Previously, he has also led IT transformation and roadmap initiatives for both Lowe's and Office Depot.

Jhala, who will be based in Tallahassee and report to the CEO, holds a Bachelor of Engineering in Electronics and Communications with Honors from Barkatullah University, India and a Master of Science in Computer and Information Systems from the University of South Alabama, where he was named graduate student of the year. He currently serves on the Board of Directors of the National Association of Asian American Professionals and has shared his expertise as a Faculty Member at Strayer University since 2009, teaching software engineering and data warehousing.



Nilyum Jhala