and are eligible to take the NCLEX exam. The University offers a Baccalaureate of Nursing program at South Florida, adding to the instability of both industries. The nursing shortage. The nursing shortage decimated the system and challenging the clinical facilities to staff their units.

Nursing Education in the Post-Pandemic Time

BY DR. JULIA CANIPE, DNP, RN, CNE

It is hard to define when the post-pandemic period started or whether we continue to linger in it. The consensus is that we are in transition and are now fully seeing the devastating impact on all aspects of healthcare, exacerbated by the nursing shortage. The nursing shortage had been a rising trend over many decades; however, it became alarmingly acute with the additional burden of the COVID-19 virus, resulting in an imbalance of supply and demand. Nurses earned their respect by becoming the front heroes in the early days and continuing to do so every day. Unfortunately, the consequence of this tireless commitment is exhaustion resulting in higher nurse attrition rates stressing the system and challenging the clinical facilities to staff their units.

Nursing academia has been experiencing a shortage of educators, and the convergence of the pandemic events only added to the instability of both industries. A nursing program at South University offers a Baccalaureate of Science in Nursing degree on an accelerated schedule, accepting cohorts twice a year. Once in the professional phase of the program, students complete the nursing curriculum in as little as 20 months and are eligible to take the NCLEX exam.

While clinical facilities faced insur-

Healthcare Construction & Facility Planning

Boca Raton Regional Hospital Plans Major Construction and Renovation Projects

ASBY DANIEL CASCIA

Earlier this year, Boca Raton Regional Hospital broke ground on its new Gloria Drummond Patient Tower. When completed in 2025, the seven-story facility will be the centerpiece of a “historic transformation” of the hospital’s campus, according to Lincoln Mendez, the hospital’s chief executive officer. The tower is being named by Elaine J. Wold and the Bay Branch Foundation in memory of Boca Raton Regional Hospital’s founder, Gloria Drummond. Wold was a close and lifelong friend of Drummond.

She previously donated $10 million to construct the Hospital’s 37,500 square foot, state-of-the-art Gloria Drummond Physical Rehabilitation Institute, also named in memory of her friend. Prior to that, Wold donated the funds to expand and modernize the Hospital’s Emergency Department, creating the Wold Family Center for Emergency Medicine, which treats more than 50,000 patients annually.

“The Gloria Drummond Patient Tower is going to be a magnificent structure,” according to Mendez. “The facility will contain private rooms, critical care beds, and new operating room suites. A lot of this construction is also being done to modernize the campus. Through the new patient tower, we want to be able to provide private rooms for all the patients along with improved digital technology. Once that is complete, we will see patients in the new tower, and we will be ready to open the doors to the public.”

New Vision at Holy Cross Health

BY ELIZABETH CURRAN

New Vision at Holy Cross Health offers medical detoxification services to help people overcome withdrawal symptoms from drug and alcohol addictions. The New Vision service treats adults with a medically supervised hospital stay for inpatient stabilization, which usually lasts three to five days. Patients are able to detox from a substance in a safe, medically supervised environment.

The service provides treatment for substances including opioids (including heroin and fentanyl); alcohol; benzodiazepines (like Valium, Xanax); methamphetamine; cocaine; and prescription medications and combined substances. New Vision at Holy Cross Health treats the physical signs and symptoms associated with withdrawal from opioids, alcohol and other substances. It is a medical service, so there is no behavioral component, or counseling or therapy. The goal of the service is to medically manage the patient through the acute withdrawal phase so they will be more successful when starting a substance abuse treatment program.

“We know that excessive alcohol consumption can damage the liver, pancreas, heart and increase the risk of several types of cancer,” said Holy Cross Health President and CEO Mark Doyle. “Likewise illicit drugs can cause or worsen multiple health problems. Holy Cross Health has partnered with New Vision to help..."
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Charles Felix

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Turns Over A New Leaf

Cannabis is a rapidly evolving space, and regulations change daily. Laws are different at the federal and state level, and new legislation is introduced almost every session that affects everyone in the cannabis arena, including growers, manufacturers, dispensers, legal and banking entities and more. Keeping pace with growing industry demand is challenging enough, let alone maintaining professional expansion goals.

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When it comes to medical malpractice policies, what you don’t know can hurt you. While many doctors think that they are covered for most everything through a typical malpractice policy, there are a number of quite common items that are not included.

“There are three big categories that keep me up at night worrying about doctors having claims and not realizing that they have absolutely no coverage for them,” said Matt Gracey, managing director, Risk Strategies / Danna-Gracey. “While they may be licensed to take part in certain business enterprises—including medical directorships, independent medical examinations (IMEs) and expert witness work—these are not covered through typical malpractice insurance.”

With more and more physicians being asked to become medical directors of medi-spas, cosmetic clinics, sleep study institutes and more, it’s important that they have the proper coverage.

“I advise doctors to first look to the group that’s asking them to be a medical director to get the coverage from their insurer; that’s the cleanest way to do it,” said Gracey. “If that comes back as a ‘no,’ they can find a stand-alone policy to cover them.”

Gracey notes that the one exception to coverage is if a doctor is the medical director of his or her own practice or lab or in-office surgical suite, in which case they often would be covered through their own malpractice insurance policy.

Doctors who perform independent medical examinations or who serve as expert witnesses in court also need to have additional protection.

“While doctors are licensed to perform independent medical exams, which they often do at their own practice locations, they are not covered for these procedures through standard medical malpractice insurance,” said Gracey, noting that IMEs are mostly performed as a corporate demand.

“For example, if a person has a car accident, and there is a dispute about the patient’s condition, a doctor will be brought in to perform and complete an independent medical exam,” he added. “They give that report to whomever is paying for it, often an insurance company. And while a lot of doctors are doing these and it’s a nice source of income, they aren’t considering that they are often not covered through their normal malpractice insurance.”

As more doctors are asked to serve as expert witnesses, it’s important that they—and the practices for which they work—are also aware of the risks.

“I’ve watched this category grow immensely in my 25 years of helping doctors, and for the most part, doctors are doing it on the side, even when they are involved with bigger group practices,” said Gracey. “They may assume that they are covered through that practice’s malpractice insurance, but God forbid there is a claim, and they realize that there is no coverage.

“As an insurance expert, I always tell group administrators to let their doctors know in no uncertain terms that if they are moonlighting or doing work on the side, that they are not covered by their group policy and need to seek coverage elsewhere,” he added.

If a facility or group will not provide coverage for these activities, there are stand-alone policies that doctors can purchase to make sure that they are protected.

“Because there’s fairly low-risk in these three categories, stand-alone policies are not terribly expensive,” said Gracey, noting that most of these policies are written in the ‘excess and surplus lines’ sector of the insurance world, which is not governed or regulated by the Department of Insurance in each state as heavily as typical malpractice insurance.

“It’s a common gap in insurance, and it just takes some communication with your agent or broker to make sure that there’s no gap there,” said Gracey.

For more information, contact Matt Gracey at (800) 966-2120 or visit www.dannagracey.com.
As Kids Return to Practice, Watch for Signs of Heat Exhaustion, Heatstroke

BY VANESSA ORR

With so many areas facing heat warnings across the country, it’s important to know the signs of heatstroke and ways to avoid succumbing to this deadly condition. This is especially important for kids who are heading back to sports practice now that school is back in session.

“In general terms, heatstroke is a severe case of the body overheating,” explained Vincent Sparber, M.D., KIDZ Medical Services’ director of pediatric emergency services and chairman, Department of Pediatrics, Bethesda Hospital East. “It is defined as a body temperature higher than 40°C (104°F) associated with neurologic dysfunction.”

Symptoms of heatstroke include a fast heart rate, palpitations, headache, confusion, vomiting, excessive body temperature, difficulty breathing, weakness, and hot, dry skin. Tell-tale signs of heatstroke include an altered mental status, excessive vomiting, severe weakness and the cessation of sweating. While a lack of sweating may denote heatstroke, this is not always the case; an individual with heatstroke may sweat until it is so severe that those mechanisms stop.

Heatstroke can be deadly; when the body’s temperature is so high and its ability to self-regulate its temperature is overwhelmed, the body starts shutting down and the vital organs start failing,” said Dr. Sparber. “The aim is to cool the body as fast as possible to stop that process from happening.”

The best way to deal with a person with suspected heatstroke is:

• Call 911
• Get them out of the heat into a cool and shaded area
• Remove any excessive clothing
• Cover with cool wet towels, preferably soaked in ice water; apply ice packs to the groin and the back of the neck and armpits; spray the person with cool water
• DO NOT GIVE THEM ANYTHING TO DRINK, as the person could aspirate the liquid if they are in an altered mental state.

Heat exhaustion can be life-threatening if it is not noticed and progresses to heatstroke. Encouraging fluid intake is beneficial (as long as there is no risk of aspiration) as are ice packs, cool, wet towels and the removal of wet clothing.

One other concern at this time of year is sun poisoning, which usually shows up as a rash hours to days after sun exposure and persists for several days before subsiding.

“Individuals can also get severe sunburns from UV light exposure, and experience severe pain and skin redness, blistering and peeling of the skin, and nausea, along with vomiting, chills, dehydration, headaches and confusion,” said Dr. Sparber. “It can be a serious condition due to severe dehydration and possible infection from damaged skin.”

Heat related illness can be avoided by preparation:

• Know the weather: pay attention to heat and humidity levels.
• Control your activity level. Pace yourself and take breaks.
• Hydrate ... hydrate ... hydrate. Drink water or Gatorade. Avoid caffeine, soda and liquor.
• Know your limits based on your fitness level, age, obesity, and underlying medical conditions.
• Wear loose-fitting clothing, hats and sunscreen.
• Try to do activities early in the morning and late in the afternoon to avoid the hottest times of the day.

Vincent Sparber, M.D., is KIDZ Medical Services’ director of pediatric emergency services and chairman, Department of Pediatrics, Bethesda Hospital East.

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Recruiting in an “Employee” Market

BY BETSY JOHNSON

In real estate you have either a Sellers or Buyers’ market. In the staffing world, we are experiencing an “employee’s” market. Currently it is difficult to recruit and retain staff and COVID has drastically shifted the workforce mindset over the past 2+ years. Healthcare specifically has seen a very large drop in both frontline workers and data and technology specialists as home life demands and work priorities and responsibilities have shifted.

For healthcare companies in today’s age, it is becoming critical to find and retain quality staff. It is of utmost importance that we encourage our youth to pursue careers that serve our communities as a nurse, physician, hospital tech, data management expert or working in different departments in our hospitals nationwide. We already have a shortage of staff and more than ever the employees are looking for more than a certain salary or stability. There are endless options nationwide for people to relocate or change fields and work “behind the scenes” or try a new position. It is rare for people to stay in the same position for most of their career – with the internet and availability of jobs nationwide people have more choices than ever.

Employees are searching for a value-based proposition, they want to feel part of the team and be heard – not just be an employee number. Of the team and be heard – not just be an employee number.

Communication between leaders and staff is key, never underestimate the power of a thank you or great job as it goes a long way in creating a healthy work environment and employees feeling fulfilled and appreciated.

Creating healthy work environments with a strong benefit package, work from home benefits and/or a flexible schedule are the new normal in hiring and retaining the top talent in your field. At HIMpros we specialize in recruiting before a position becomes available, so you have a strong pipeline of candidates, and you have options of potential staff to hire. Recruiting and retention in this challenging environment is of utmost importance to maintain and hire for hospitals and healthcare specialties nationwide. Being open to negotiation and listening to potential new hires’ work/life balance needs are a requirement in finding and hiring the best person for the job and retaining them over time.

Flexibility, retention and resilience as well as speed to market for offers will facilitate the best results for employers and employees in an “employees’” market. The bottom line is we are in a staffing crisis and finding ways to recruit and retain top talent in the healthcare space has never been more critical. Luckily this is our focus at HIMpros!

Betsy Johnson is the Founder and CEO of HIMpros. For more information, call (813) 798-2133, or visit www.thelimpros.com.

When It Comes to Patient Care, Eliminate Distractions

BY JAY JUFFRE

I know they are streaming everywhere, and my friends and family have tons of recommendations, but I simply do not have the time to watch multiple episodic shows. If I can, I usually pick out one series and then try and carve out some time to meander through it. I am more of the History or Discovery Channel type. Teach me everything I need to know about the moon landing in an hour, and my television bug is satisfied. I particularly like the (fill in the noun) That Built America’ series. It’s fascinating to me to learn how frozen food originated or the Bug 3 automakers came to be. No matter the subject, there seems to be a common theme that runs through all the episodes. The most successful people or companies always seem obsessed by one thing, and they became great at it. They also viewed anything other than their primary focus as an unnecessary distraction which needed to be completely ignored.

When I speak to customers, most will tell me that their number one goal is patient care, usually followed by staff engagement, and some of them absolutely mean it. These all align, enable and execute with minimum distractions. They realize simply taking great care of the patients and their people will naturally drive other key areas like revenues, efficiency, safety, etc. Others talk a good game and are sincere in their desire to drive certain outcomes, but ultimately their teams become distracted. Here is a good test for any organization, large or small. Write down the number one goal on a piece of paper. First ask yourself how much time you devote each day to driving it. Think about how much time your team devotes. Then if you want to have some fun, ask each member of your team, one, if they even know what the top priority of the organization is and secondly, what they are doing each day to help achieve it. The answers could surprise you.

Jay Juffre is Executive Vice President, ImageFIRST. For more information on ImageFIRST, call 1-800-932-7472 or visit www.imagefirst.com.
Eight Ways to Get the Most Out of Your EHR System

Are you struggling with your EHR system? You’re not alone.

EHR systems present healthcare organizations with the opportunity to improve workflows, enhance the patient experience and generate better clinical outcomes. Unfortunately, EHR systems aren’t always optimized, which can cause more work and greater headaches for both your clinicians and patients.

If you’re looking to get the most value out of your system, below are eight steps to ensure you’re taking full advantage of all the benefits your EHR system has to offer.

1. Foster a partnership with IT.
To get the most value out of your EHR system, IT and Operations need to be working in tandem. An Informatics leader can act as a crucial bridge between the two departments to ensure everyone is speaking the same language.

2. Create an EHR Leadership Advisory Council.
This council should be prepared to advise on matters of quality of care, cost of care, clinician adoption of technology and future enhancements from the EHR.

3. Check your benchmarks.
If you’re in a particularly competitive market, you should be benchmarking yourself against your peers to identify opportunities for improvement in areas like patient satisfaction and readmission rates. Then, explore how your EHR system can support your plans to address these gaps.

4. Redesign your workflows.
Your workflows should be tailored to maximize the value of your EHR system. Identify if there’s any misalignment between your existing workflows and your EHR system and make adjustments accordingly.

5. Bring your system up to date.
Check with your vendor to see if you’re behind on any system updates. If so, upgrade your software as soon as possible so you can take advantage of new capabilities and optimization opportunities.

6. Revisit your communication plan.
Your EHR system shouldn’t be static — it should be constantly evolving, which means you need a proactive, flexible and consistent communication plan to keep everyone in the loop.

7. Train your workers.
Use role-based training to help users learn how the EHR system fits into their responsibilities.

8. Put your data to work.
If your EHR system is properly implemented and optimized, you should be gathering high-quality data, which can be used to generate predictive insights related to KPIs like no-show risk and days-in-hospital. To get the right insights, make sure you’re consistently measuring what you want to impact.

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Let the Disputes Begin!
Implementation of No Surprises Act Hits High Gear

The American Medical Association and associations at all levels of organized medicine have been actively involved in addressing the implementation of the Federal No Surprises Act which provides surprise billing protections for patients and has the potential for significant network disruption. One of the most hotly debated components of the Act was the Independent Dispute Resolution (IDR) process given the potential for the administration of the process to have a significant impact on contractual negotiations and network development at the local level.

Failure to implement the IDR process fairly will have major ramifications on care delivery.

On August 19th, the Departments of Health and Human Services (HHS), Labor, and the Treasury (the Departments) released the first update on the volume of disputes that have been filed since the launch of the IDR. For the four-month period from April to August, over 46,000 disputes were filed which according to the Departments were “substantially more than the Departments initially estimated would be submitted for a full year.”

While the volume of disputes is attention catching, the hidden headline is that the certified IDR entities rendered a payment determination in more than 1,200 disputes during this four-month period. For physicians concerned about how the No Surprises Act will change insurance company behavior in terms of contracting and potential reductions in out-of-network payment, the trends and details of these 1,200 decisions are critically important, although not yet available as far as I am aware.

There are several resources available for physicians to follow the implementation of the IDR process. The Departments have launched a comprehensive webpage entitled “Common mistakes and helpful tips for parties initiating an IDR dispute” which includes a link to the portal where disputes can be filed. The AMA has also created a tool to guide physicians on the implementation of the No Surprises Act.

The DCMA will continue to update our physician members as more details emerge on dispute resolution trends and determinations from the certified entities.

Dr. Rafael J. Fernandez, Jr., is President, Dade County Medical Association.
The Association of Community Cancer Centers (ACCC) announced Baptist Health’s Miami Cancer Institute a recipient of a 2022 ACCC Innovator Award. The award recognizes Miami Cancer Institute’s use of technology to improve patient oral oncolytic consent compliance.

“It’s common for cancer programs and practices to struggle with timely treatment education, consent gathering, and adherence tracking, especially when an oral oncolytic is prescribed. These challenges are due in part to older solutions that are no longer benefiting all patients equally. Problems like this have persisted in oncology despite health care’s fast-paced innovations and there is no one-size-fits-all fix.

To meet the needs of the cancer care team and their patients, Miami Cancer Institute leadership knew that a same-day solution was needed, and technology was the answer. The team turned to technology-based solutions that were already in use by Baptist Health South Florida at large, a technology already familiar to nurses and patients who had previously been a patient with the system. For example, Access Passport and DocuSign were implemented in the oncology service line to complete patient consent—the first for in-person appointments and the latter for the virtual setting. Therefore, Miami Cancer Institute staff are providing high-quality cancer care without having to dip deeper into their operating budget.

“We are dedicated to continuing to serve our community and those who travel to our facility, with the highest level of quality cancer care. The pandemic has allowed us the opportunity to rethink our innovative approach to care and we are deeply humbled to be recognized by the ACCC,” shared Dr. Mark Davis, COO of Baptist Health’s Miami Cancer Institute.

“There was always the danger that the patient would take that paper prescription, go fill it at a specialty pharmacy, get that medication delivered, and start taking it beforehand,” said Morgan Nestegis, director of intake and navigation at Miami Cancer Institute. “For us, the opportunity was to do these steps all in real time without any additional support.”

Nestegis will speak at the ACCC 39th National Oncology Conference about the successes and challenges she and her team experienced with identifying and implementing technology to address treatment education, consent gathering, and adherence tracking within their oral oncolytic workflow, including how optimizing these tasks have led to an improved patient experience and employee satisfaction. Learn more about this innovation on the ACCCBuzz blog and CANCER BUZZ podcast, then register to attend the ACCC National Oncology Conference this October 12-14th in West Palm Beach, FL.

Subsequent page:

Cover Story: UM Family of Physicians Establish Endowed Chair to Further Health Equity Initiative

Dr. Mark Davis

Continued from page 1

“The foresight, leadership, and dedication of Dr. Chris Chen and his family will propel the University forward in our pursuit of health equity,” said University of Miami President Julio Frenk. “We are incredibly appreciative of their generosity and partnership.”

The Chen Family Endowed Chair to Advance Primary Care and Health Equity Research will enable the Miller School’s Department of Medicine to recruit a leader with extensive experience in primary care and population health that will allow UM to become the leader in primary care and medicine among academic institutions. Once aboard, that expert will work closely with teams tasked with improving the way primary care, and health equity, is delivered throughout South Florida.

“The opportunity to have Dr. Chris Chen’s expertise as a partner and are excited about the establishment of this new chair, which will enhance the way we look at primary care and how we can make it accessible to all members of our community developing new models of compassionate delivery,” said Roy E. Miller, M.D., Ph.D., the first chair of the Department of Medicine, the Rabbi Morris I. Esformes Endowed Chair in Medicine and Endocrinology, the Kenneth and Stanley Glaser Distinguished Chair, and chief medical officer for ambulatory services for UHealth. “We are proud to be partnering on such an important health initiative that will ultimately impact populations throughout our community and beyond.”

In a way, the Miller School is like an extension of the Chen family. In addition to his father, Dr. Juming Chen, Ph.D., M.D. ’81, and younger brother, Gordon Chen M.D. ’03, Chris Chen, M.D. ’00, has other relatives who are Miller School leaders. Uncle Peter Chang M.D. ’79, and Uncle Kenneth Lo M.D. ’82, sister-in-law (Gordon’s wife) Jessica Lane Chen M.D. ’06; and Dr. Chris Chen’s roommate and Dr. Gordon Chen’s brother-in-law, Jason Lane, M.D. ’01.

The Chen family’s mission to reduce health disparities is based on their Christian faith to serve and help others. That mission was intensified in 2003 after their struggle with the health care system. Chen’s father, Jen-ling, was diagnosed with cancer and given only two months to live. He and his family say they experienced what it was like to be on the receiving end of fragmented and unsympathetic health care at a cancer center in another state where the multiple specialists involved in his care did not collaborate, appointments had to be booked weeks in advance, and compassion seemed lacking.

Miraculously, Chen’s father recovered and soon delved into a new mission: developing a model of delivering medical services that provided a superior level of care and positively impacted patients’ lives, particularly in underserved communities.

“When we began building out ChenMed, we were very much aware of what the delivery system felt like from the other side of the glass,” said Chris Chen, the C.E.O of ChenMed. “That drives many of our decisions: What would we want if we were in the patient’s shoes? Our goal was to deliver superior patient outcomes and a positive patient experience to a typically underserved population during the most vulnerable time of their lives.”

The result is ChenMed, a concierge-style health care practice that strives to be America’s leading primary care provider, transforming the care of the neediest populations. It operates more than 100 primary care medical practices in 15 states, and with its emphasis on preventative care, the organization’s hospital admission rates are 30 to 50 percent lower than the national average.

“This is why we are investing in the University of Miami,” Dr. Chen said. “The unique opportunity to have the Miller School’s commitment to health equity and the opportunity to bring a like-minded partner into the home office to one of the most diverse populations in the nation, the medical school is committed to treating patients respectfully across distinct cultures and ethnicities and furthering its mission to improve health equity.

Innovative community-based programs, many run by medical student-volunteers, provide thousands of South Florida residents with access to comprehensive care and services. And the Miller School’s innovative NextGenMD curriculum is teaching pilots and general practitioners to go beyond traditional medical care and become specialists in preventative care, precision medicine, and personalized health care for those with diverse medical needs.

“We have prioritized creating an optimal learning environment for students of all backgrounds because we believe diversity in the classroom produces doctors who are better equipped to serve the patients who need them,” said Henn R. Ford, M.D., M.H.A., dean and chief academic officer of the Miller School.

“Health equity is one of the pillars of education that we teach at the Miller School and establishing this chair will help further that goal.”

Dr. Chen credits that community focus with preparing him for his career. As a medical student, he and his classmates gained valuable training serving a much more heterogeneous demographic than they would encounter at other schools.

“Doctors who come out of programs with a strong urban presence, such as UM, do a great job of making people better,” Dr. Chen said. “They have discovered that 85 percent of health care is about what lies outside the clinic —a person’s genetic code, where they live, and their lifestyles and behaviors. We saw that daily at UM when dealing with patient challenges that have nothing to do with pills, procedures, specialists, and tests.”
A message from our President

Where Are We?

Wow, a lot has happened over the last several months. COVID-19 has temporarily been displaced by Monkey Pox, the brutal heat of summer continues, we are in the heart of hurricane season, and the economy, shocked by international and national events, has displayed tendencies that concern us all.

As the president of a hospital and healthcare association, I try to keep well informed. One of the sources that I rely on is the Atlanta Federal Reserve (FED). Healthcare organizations are concerned about our financial stability and, thus, I rely on the FED to give me some perspectives. So, here is what they say in their most recent report.

Let’s be honest, the last two years have been tough! For the next few years, I will continue to believe that “so goes the price of fuel, so goes our economy.” I might change that belief when the majority of cars on our roadways are quiet and non-polluting, but that is a few years off.

Continuing supply chain issues, more cars and trucks on the road, and the invasion of Ukraine have led to the increased cost of fuel, which then impacts manufacturing, etc., etc. Add to that result the fact that some producers chose to increase prices with the intent of getting back some of the earnings they lost in 2020/2021 and you have the perfect recipe for inflation. Unfortunately, what small steps we made in improving wages over the last two years will likely in the short run, be eaten up by inflation.

Seasonally adjusted real GDP growth, in a purely mathematical model, was estimated to have declined to 1.6 percent from 1.8 percent (after the release of the most recent report on retail sales). The pumping of the brakes by the FED is having an effect. The survey of market participants expects the FED to increase the federal funds rate by another 30 to 75 basis points to continue to cool the economy. To you and I this means that the price for us to borrow money (interest) will continue to rise and may delay our decisions to buy that new car, house, or major appliance. There will be similar valuations made by businesses to determine if they are going to expand, replace worn-out equipment, or develop that new product or drug using more expensive money (their estimated rate of return for these investments might no longer make sense when compared to higher interest rates).

In reading the minutes from the most recent Federal Open Market Committee meeting, it appears that the consensus is that there will be moderation in inflation. Shockingly, that this decline is tied to falling commodity prices for many things but, most notably, oil! The feeling was that the reduction in the rate of inflation would be even greater in 2023. I think we can also credit the commodity markets returning to normal for this improved result.

If we are looking for a positive aspect, we can certainly point to reduced inflation and the fact that the unemployment rate has stayed relatively the same from March to April. This is consistent with what we are seeing every day, we are in a tight labor market. It seems like the FED acted earlier than most other economically developed countries where their central banks are just now applying the brakes (except Japan). What I take from this report is that it is going to be another tough year where the healthcare community will need to rely on the wise use of its existing resources and technology while the economy continues to adjust. I hope that by the time we get to this time next year, the situation will have stabilized, and we will see the inflation rate back at the 2 percent target.

Just hold on folks, it is going to be another wild ride.

Around the Region… Around

Doug Spies Joins Gresham Smith to Lead Healthcare Advisory Services Practice

Gresham Smith is proud to announce that Doug Spies, AIA, MHA, LEED AP, has joined the firm as Senior Vice President and Advisory Services Program Director in the firm’s Healthcare market. Using his 23 years of experience, he will lead the firm’s team of professionals dedicated to providing strategic planning services for health systems, helping define projects and establish the broad direction of capital improvement programs.

Doug joins Gresham Smith from the University of Pittsburgh Medical Center (UPMC), where he advised the Executive Management Team on strategic planning, operational improvements and campus development across the health system’s 40 hospitals and 800 clinical locations for the past 10 years. He provided oversight and direction to all architecture and engineering firms working on UPMC projects systemswide.

Doug has shared his insights on healthcare planning on a national scale, presenting to the Center for Health Design and the Hospital Services Support Foundation. He’s also served on leadership committees with the American College of Healthcare Architects, the Academy of Architecture for Health, the Facility Guidelines Institute, and the American Institute of Architects Pittsburgh chapter. Spies is a graduate of Walden University where he earned a Master of Healthcare Administration, as well as the University of Illinois – Chicago where he earned a Bachelor of Architecture.

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Jaime Caldwell
mountable challenges during the pandemic, nursing academia had to also adjust to lockdowns and limitations and find a way to continue nursing education in a new modality of virtual learning. Traditionally, nursing is grounded in face-to-face interactions and hands-on learning, consequently, the inability to provide clinical experiences severely affects the student’s capacity to develop the necessary nursing skills. Together with clinical community partners, the nursing leaders and educators at South University, West Palm Beach discuss how to better prepare the nursing students for the realities of today’s practice. Our clinical partners provide insight into the preparedness of the post-pandemic newly graduated nurse. One of the concerns is that students restricted in their practicum exposure are not ready to enter the nursing field and lack the skills to overcome the challenges effectively, leading to new graduate burnout quickly, with some leaving the profession. In addition, restricting clinical experiences, with the best intention of providing a safe environment, inadvertently places a student at a disadvantage of practicing the skill repetitively under the instructor’s supervision. For example, students in our program work with nurses in many infectious disease environments where they practice putting the personal protective equipment on after they learn the skill in the laboratory. The real-life practice will acclimate future nurses to the realities of practice and arm them with the skill to protect themselves. Instilling and practicing infection control principles early on will allow new nurses to guard their health and provide safe patient care. In collaboration with our clinical partners, we strive to prepare future nurses and translate newly learned lessons into meaningful clinical experiences that will provide our graduates the opportunity to thrive in the new post-pandemic world.

Dr. Julia Canipe is Program Director, Bachelor of Science in Nursing (BSN) Program, at South University. Accredited by the Commission on Collegiate Nursing Education (CCNE) The Bachelor of Science in Nursing, Master of Science in Nursing, Doctor of Nursing Practice, and Post-Graduate APRN Certificate Programs at South University are accredited by the Commission on Collegiate Nursing Education (http://www.ccneaccreditation.org). 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 Road, Royal Palm Beach, FL 33411. ©2022 South University.

**Enrique E. Serrano RT(N), MBA, Regional Administrative Director, Imaging, Cleveland Clinic Florida**

BY VANESSA ORR

Enrique E. Serrano RT(N), MBA, originally planned to study business after graduating from high school. But a part-time job in an imaging facility led him on a different path, piquing his interest in healthcare while building his leadership skills. “I was working as a tech assistant at an imaging facility, and I found myself really loving what I was doing,” he explained. “When the opportunity presented itself for me to earn a two-year degree and become a nuclear medicine technologist, I decided to convert to health care.”

Serrano worked his way through the ranks at the imaging facility and was soon taking on a leadership role. “I met the owner of the center while doing clinicals, he was in the X-ray program and I was in the nuclear medicine program,” said Serrano. “He was starting to offer nuclear medicine services to the public and I was given the opportunity of opening his first nuclear medicine lab in Miami Lakes.”

“We grew together and opened up multiple facilities,” he added of the eight years he spent with the company. “After building out an entire independent diagnostic center in Sunrise, I realized that to grow, I needed more formal training, so I went to Florida International University to earn my MBA in Healthcare and Healthcare Management. Later, other opportunities in the community at Memorial Healthcare System arose to expand and fine-tune my skill set, and I’ve been serving in hospital-based practices since then.”

Now the regional administrative director of imaging at Cleveland Clinic Florida, Serrano appreciates both the technological and human side of his job. “In my role, I have the ability to influence the quality of healthcare that gets provided; the decisions I make affect everyone down the line,” he said. “This keeps me inspired to motivate and grow my caregivers. When they flourish, it makes a positive impact on patients.”

“Acquiring and managing the latest technology is also good for the bottom line of the organization and its patients,” he added. “When they thrive, we thrive.”

While a student in the master’s program at FIU, Serrano got involved in a case competition and later attended one sponsored by ACHE. As a student member of the organization, he appreciated the networking opportunities and educational offerings—something he still takes advantage of to this day.

“ACHE enables me to check in with everything going on in the healthcare community,” he said. “While we don’t work in silos, working in radiology is a very specific field, and my ACHE of South Florida membership allows me to broaden my scope outside of the day-to-day.”

Serrano serves as ACHE of South Florida’s sponsorship chair, which gives him the opportunity to expand beyond his field as well. “Being the sponsorship chair provides a unique opportunity to network with the community,” he said. “While we don’t work in silos, working in radiology is a very specific field, and my ACHE of South Florida membership allows me to broaden my scope outside of the day-to-day.”

As for why healthcare executives and other professionals should join ACHE, Serrano notes its importance in South Florida and beyond. “I recommend ACHE to others because it is the standard for healthcare leadership in terms of pursuing a fellowship, and it adds credibility to your name as a professional,” he said. “When you look at the top leaders in industry, most have FACHE by their name. That’s not by accident.”
As the nationwide nursing shortage persists, the Health Foundation of South Florida, the region’s largest philanthropic organization focused on achieving health equity in underserved communities, announced a $1 million investment to fund expanded enrollment, scholarships and other support services for nursing and health sciences students at two local public colleges—Miami Dade College and Broward College.

With the funding, the Health Foundation not only seeks to bolster South Florida’s aging health care workforce (which includes medical assistants and techs as well as licensed practical nurses, for example) but also increase access to well-paying, in-demand jobs for students from the region’s underserved, Black and Hispanic communities.

“We understand there are no quick or simple solutions to our region’s shortage of nursing and healthcare workers. But we also believe the crisis presents an opportunity for us to help pave the way to good, steady, well-paying jobs for more people in our community,” said Loreen Chant, CEO of the Health Foundation of South Florida. “We care about this deeply because we know that improving the health and well-being of our region is impossible without making economic opportunity and mobility more accessible.”

The grants will be used by both colleges to attract more minority, first-generation and low-income students to their respective health sciences and nursing programs. They will offer scholarships and create retention and support initiatives to help ensure the students graduate successfully and are ultimately connected to health system jobs. Many students who enroll face significant challenges, such as family responsibilities, financial obligations and other structural or motivational barriers that often impede them from completing certificate or degree programs.

Miami Dade College—which received a $500,000 grant from the Health Foundation that was matched by an additional $500,000 from the Mitchell Wolfson Family Foundation—will use the funds to expand its recently launched certification program for licensed practical nurses, or LPNs. In addition, they will use the grant to increase the number of students earning two-year Associate Degrees in nursing and to provide scholarships, extra academic prep classes and workshops for students in need.

Broward College, which also received a $500,000 grant, will use the funds to launch an initiative to support health sciences students who have unmet personal and economic needs. The college plans to hire two full-time “retention specialists” whose jobs it will be help vulnerable students access the support they need so they can graduate successfully. The school also plans to leverage the Health Foundation’s grant to secure an additional $700,000 to fund the efforts.
Recovery from substance use is a challenging journey. It takes resilience, courage, and strength to break the habit that leads to addiction. Many use substances to cope with emotional pain, which is where addiction comes in. Substance promises an easy escape because emotions are too painful or difficult to handle. Negative feelings and thoughts affect the choices someone makes, and the behavior becomes addictive. People suffering from addiction are most likely struggling with managing emotions and thoughts. Poor mental health and addiction are mutually reinforcing. When you feel bad, you may feel more inclined to abuse substances.

Addiction is a loss of control over one’s behavior; it is a short-lived, temporary cure for the pain, but it’s not a long-term solution. The addiction may seem, on the surface, like the problem, but it is not. The addiction is, in reality, a helpful distraction to develop positive processing and healthy coping methods. During therapy, individuals learn to avoid situations that trigger cravings and to develop positive coping strategies. New Vision at Holy Cross Health does not need a referral from a doctor in order to be admitted. Each patient is assessed to ensure that they meet the medical criteria required for inpatient detoxification.

New Vision offers scheduled medication tapering, according to evidence-based practices, published by the American Society of Addiction Medicine (ASAM). Additionally, New Vision offers various medications to accommodate breakthrough withdrawal symptoms, promoting comfort and preserving dignity. New Vision staff work with each patient during their hospital stay to coordinate a personalized discharge plan for continuing care with treatment providers in the community, to best suit their needs for ongoing recovery.

We're able to support patients by alleviating the most intense symptoms of withdrawal that often present as an obstacle to treatment once a person has made the decision to seek help in an addiction treatment setting. Nutting elaborated. “There is no additional treatment or therapy provided during the hospital stay beyond the detoxification process. New Vision encourages patients to be well enough to begin treatment/therapy immediately after they are stabilized.

Patients seeking treatment with New Vision at Holy Cross Health do not need a referral from a doctor in order to be admitted. Each patient is assessed to ensure that they meet the medical criteria required for inpatient detoxification.

Nutting adds, “New Vision patients are on a regular hospital floor and can have visitors during visiting hours like any other patient; they aren’t in a locked ward or otherwise treated differently. Once the patient has been admitted to Holy Cross Health, we all work collaboratively. New Vision staff, nursing, case management, and other support staff members, to address the patients’ pain, symptoms, and as a team, we work to alleviate those symptoms with the use of medications. Medication is individualized based on the type of withdrawal a person is experiencing.

For more information about New Vision at Holy Cross Health, please call our psychiatrists at (954) 542-4890 or visit us online at www.holy-cross.com/newvision.
Addiction & Mental Health
Consortium for a Healthier Miami-Dade Mental Health Virtual Summit

The Consortium for a Healthier Miami-Dade will be hosting the Mental Health Virtual Summit on Friday, September 16 from 9 am to 12:45 pm. This half-day event is in part being sponsored by all Consortium for a Healthier Miami-Dade committees.

This year the Consortium for a Healthier Miami-Dade is hosting this event to address the recent community issues related to mental health, stress, and coping with the current situations we as a community have experienced together. At this event we will have a keynote speaker and breakout rooms with subject-matter expert presenters who will present on key topics related to mental health supported by all the Consortium committees.

The keynote speaker for this event will be Kevin C. Andrews, M.A., M.S.W., Executive Vice President, Integrated Outpatient Clinical Operations of Banyan Health Systems. He will be discussing the importance of eliminating the stigma surrounding mental health care through healthcare system integration.

During this event there will be a total of three concurrent breakout room sessions. The topic sessions with the subject-matter expert have been included below:

• “The Role of Adverse Childhood Experiences (ACES) and Mental Health”
  Dr. Nicole Fava, PhD, MSW, Assistant Professor, Robert Stempel College of Public Health & Social Work Center for Children and Families, Florida International University

• “Social Isolation in Older Adults and Its Impacts on Mental Health”
  Dr. Caroline Onwudiran, Medicare Medical Director at Santias Medical Centers

• “How Urban Design Shapes Our Mental Health”
  Joanna Lombard, AIA, UMSOA

• “Substance Abuse and Tobacco Use and Its Impacts on Mental Health”
  Dr. Jonathan Foulds, Professor of Public Health Sciences & Psychiatry, Penn State University, College of Medicine

• “The Influence of Media on Mental Health”
  Dr. Elliot Montgomery Sklar, Ph.D., M.S., Associate Professor, Dr. Pallavi Patel College of Health Care Sciences, Nova Southeastern University

• “Suicide Prevention and Awareness to Be Able to Recognize the Signs and Symptoms”
  Rev. Lisa LeSueur, Suicide Prevention Coordinator for NAMI Miami-Dade

The event is free and open to the community. For additional information on the event, please contact (305) 278-0442.

Helpful Mental Health Resources
National Domestic Violence Hotline: Call 1-800-799-7233 or Text LOVEIS to 22522
National Suicide Prevention Lifeline: 1-800-273-TALK (1-800-273-8255)
Crisis Text Line: Text SIGNS to 741741 for 24/7, anonymous, free crisis counseling
Disaster Distress Helpline: Call or Text 1-800-985-5990 (press 2 for Spanish)
Veteran’s Crisis Line: 1-800-273-8255
CDC Stress and Coping Resources: https://www.cdc.gov/mentalhealth/tools-resources/index.htm

My Psychiatrist Boca Raton partnered with South Florida Hospital News & Healthcare Report and hosted a networking event for members of the community.

My Psychiatrist Boca Raton is dedicated to serving all patients in the community in need of mental health assistance. My Psychiatrist’s multi-disciplinary providers are skilled in treating a myriad of mental health issues including depression, anxiety, ADHD, bipolar disorder, mood disorders, substance abuse, traumatic brain injury, PTSD, autism spectrum disorder, OCD, panic attacks, eating disorders and schizophrenia. The practice also provides care in grief counseling, stress management and dementia. “It is important for our patients to know that we are here for them, to help with their emotional needs and improve their quality of life,” said Dr. Humberto Caro, CMO.

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If you build it, they will park. Visitors want to get to their destination quickly and easily, without confusion, particularly in a hospital setting. All too often, erecting a parking garage can become a costly afterthought. The right planning and design expertise from the beginning is key in constructing an aesthetically attractive, highly functional, cost-effective parking garage.

Here’s what to consider when planning a parking garage for a hospital or medical facility:

Choose a fully integrated design-build company: A vertically integrated company that offers in-house design, manufacturing and construction services can lower overall construction costs while ensuring that the parking garage is both functional and aesthetically attractive, highly consistently functional, cost-effective parking garage.

Here’s what to consider when planning a parking garage for a hospital or medical facility:

Choose a fully integrated design-build company: A vertically integrated company that offers in-house design, manufacturing and construction services can lower overall construction costs while ensuring that the parking garage is both functional and aesthetic. Companies who routinely design and build parking garages understand the process and often have years of experience allowing them to identify what works and what doesn’t to ensure a durable, low-maintenance structure with reduced lifecycle costs. At FINFROCK, the largest design-builders of parking garages, we have erected more than 300 precast parking structures across the country, and we have a team that intricately understands how to create a cost-effective hospital parking structure that offers the best function for the available space and budget.

Select an expert that works well with other contractors: Companies that have a strong expertise in building parking garages know how to work well with on-site general contractors and architects. Hiring a company to focus solely on the parking allows other design and construction teams to focus on the main construction event, such as building a hospital.

Get a guaranteed price up front: In working with a company that specializes in delivering functional and economical hospital parking structures, pricing is often guaranteed before the completion of the design documents, which means construction schedules can be accurately predicted, costly change orders are avoided and the need for time-consuming redesign periods are eliminated.

Plan for minimal disruption of your parking: Effective integration of parking into long-term hospital and medical facility planning creates an environment that provides for superior customer service and satisfaction. Planning parking as an integral part of any hospital system and building a structure that relies on the newest technologies to guide visitors to parking spaces with ease is advisable. Parking guidance systems and sensors that can track and indicate the number of spaces available ensure drivers will park safely and conveniently. Additional technology requirements might also include access control, security, revenue collection, charging stations and photovoltaic panels. Implementing these technologies can generate additional revenue for the venue and create a better user experience.

Design with flexibility for the future: With the increase in demand for more flexible and personalized commercial and institutional spaces, the need for multi-use facilities has risen across the country. Designing a well-planned system with flexibility is critical. This process will help identify elements such as acceptable walking distances, handi-cap accessibility, the willingness to use rideshare hubs and access to off-site parking, and the need for enhanced wayfinding in parking garage systems.

Experienced design-build companies have a vast range of capabilities to create structures that seamlessly blend with the surrounding buildings, integrate mixed-uses and meet architectural requirements to disguise the parking elements of the structure.

Think about sustainability: Parking facilities that include sustainable and green options promote cost-savings and long-term value and longevity. Precast/prestressed concrete building systems offer a resilient solution that results in added cost-effectiveness. In addition, the type of material chosen for a parking garage is crucial to the lifecycle and maintenance costs of the building. Precast/prestressed concrete building systems offer a resilient solution that results in added value and longevity.

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HEALTHCARE REAL ESTATE, CONSTRUCTION, DESIGN & FACILITY PLANNING

South Florida Is Changing, and So Is Healthcare Construction

BY CAROL NEWMAN

As people flock to South Florida, demand is rising for new construction in housing, transportation and healthcare. But in the face of supply chain challenges, escalating prices and a tight labor market, experts in the field believe the success of new projects hinges more than ever on timely decisions and collaboration.

“There’s been a 180-degree shift over the past few years,” says Operations Manager Johnathan Peavy at Robins & Morton’s Miami office. “In the early days of the pandemic, supplies, material and even labor were readily available. We anticipated some supply chain issues due to the pandemic, but no one anticipated the ‘Texas Freeze,’ which compounded the supply chain woes. Along with secondary shutdowns to heavy manufacturing markets, these have created a tidal wave of supply chain issues.”

Staggered factory shutdowns have left lingering backlogs of construction supplies, from electrical components to building materials. The problems are compounded by the ongoing supply chain issues and a very tight construction labor market, with cost escalations increasing budget volatility.

At Robins & Morton, supporting clients in a changing market is a top priority – and that process starts on day one with a commitment to transparency and collaboration.

“We want to be available to help every step of the way; not only in building, but in budgeting, scheduling, procurement and approval,” says Peavy. “Making smart choices about which materials to use and when to order them. Or helping the client plan for volatility in the market – for example, carrying over a percentage of the budget each month to be ready for inflation or price hikes.”

The firm’s collaborative approach serves as an essential strategy when the company faces uniquely challenging projects – such as rebuilding Baptist Health Fishermen’s Community Hospital in Marathon. That same strong communication is key to overcoming market challenges at Robins & Morton’s projects across South Florida, including Jupiter Medical Center’s Surgical Institute Expansion, BHSF Boca Raton Regional Hospital and University of Miami Health System.

“There’s no one-size-fits-all solution,” adds Senior Project Manager Edwige Clark. “It’s about looking at the data you have and trying to spot risks and potential pitfalls before they happen – but the more you can communicate, the more effective all parties can be. We’re navigating this together.”

Those close partnerships help future-proof healthcare facilities. Often, that starts with designs that can significantly reduce the environmental footprint and utility costs. For tropical and coastal environments like South Florida, structures need to withstand humid environments, heavy winds, and potential flooding, and hospitals must remain operational to serve patients during hurricanes or other natural disasters.

“At the end of the day, we’re doing more than meeting parameters. We’re building for people: for healthcare workers, for expecting parents, for folks recovering from illness or injury,” says Clark. “When the construction is finished; it’s in the choices we made that will impact those people for a long time.”

As flexibility in work and transportation allows people to move “where they want to live” and not only “where they need to live,” South Florida is a key destination. An influx of new residents will fuel growth and new developments, which will include healthcare facilities to serve the growing population.

If so, South Florida will be ready, says Peavy. “Over the next three to five years, it’s likely the region will continue to grow – and with it, the cycle of new construction. But we’re rising to meet that demand with strong partnerships, new talent and strategies that will help our clients adapt in the years ahead.”

Rendering of Jupiter Medical Center Surgical Institute’s future expansion

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“At the end of the day, we’re doing more than meeting parameters. We’re building for people: for healthcare workers, for expecting parents, for folks recovering from illness or injury,” says Clark. “When the construction is finished; it’s in the choices we made that will impact those people for a long time.”

As flexibility in work and transportation allows people to move “where they want to live” and not only “where they need to live,” South Florida is a key destination. An influx of new residents will fuel growth and new developments, which will include healthcare facilities to serve the growing population.

If so, South Florida will be ready, says Peavy. “Over the next three to five years, it’s likely the region will continue to grow – and with it, the cycle of new construction. But we’re rising to meet that demand with strong partnerships, new talent and strategies that will help our clients adapt in the years ahead.”
Delray Medical Center's new EP and Cardiac Suite is now open and will be able to conduct minimally invasive procedures using the Azurion image guided therapy system to treat arrhythmias including atrial fibrillation. These catheter-based procedures reduce the risks and recovery time found in traditional surgical approaches. The benefits of catheter-based interventions include shorter hospital stays, reduced recovery time without the pain of a large incision, and less visible surgical scarring. Azurion, with its ergonomic design, optimizes workflow enabling physicians and clinicians to perform both routine and complex procedures. The system is designed to help clinicians work efficiently by reducing preparation and procedure time, enabling more patients to be diagnosed and treated. Azurion provides high quality imaging, with excellent visibility at low x-ray dose levels for patients of all sizes. The new lab also features the Indiglo UV disinfection lighting system, to further enhance patient safety and reduce complications.

Radial lounges are specifically oriented, and only remain in recovery for 4 to 6 hours. This new lounge, combined with the new state of the art technology in the EP and Cardiac Suite, are yet another example of Delray Medical Center prioritizing the needs of our patients and our community and investing into the future of healthcare.

Delray Medical Center Unveils Its New EP and Cardiac Suite Expansion and Renovation

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Cover Story: Boca Raton Regional Hospital Plans Major Construction and Renovation Projects

我们正在处理的不仅仅是各种项目。将所有这些项目连接起来的是一项重要的工作，因为它将使我们能够为整个医疗领域提供电力。"Robins & Morton将监督这项工作，而HKS Architects and Urban Design Studio of South Florida are working together on the project's design.

但健康系统不是停止的地方。还有其他项目正在开展，比如将所有现有400个房间的手术中心、门诊、会议室和外科手术室、医生办公室和Eleanor Baldwin Green Lobby的计划，以及对所有单位的总体安全性、肿瘤学和矫形外科的需求。

An expansion of the Marcus Neuroscience Institute is currently underway as well as the Toby & Lea Cooperman Medical Arts Pavilion with outpatient surgery center, endoscopy suites, physician offices and the adjacent Baldwin Parking Garage.

"Right now, we are in the midst of a significant master facility plan that will transform Boca Raton Regional Hospital and enhance the landscape of healthcare throughout this area," says Mendez. "It really started in February of 2020 when construction of the Schmidt Family Parking Facility was completed. That was an important step because we're going to be tying up some of the surface parking with these various projects."

The Schmidt Family Parking Facility will be connected to the Marcus Neuroscience Institute once the new tower construction is complete. A new 39,700-square-foot Central Energy Plant that will reduce costs and improve efficiencies is also in the works. This will allow Boca Regional to become self-sufficient, with enough fuel to last several weeks.

"The plant will contain four generators that will be able to provide electricity to the whole medical campus," says Mendez. "This is an important piece of the overall puzzle."

All of these projects are made possible by commitments from Baptist Health South Florida and funds raised by Boca Raton Regional Hospital Foundation’s $250 million “Keeping the Promise” capital campaign. "We're keeping the promise to the community to make sure that we provide the highest quality of care to our community," notes Mendez. "We've seen a tremendous amount of growth here in the community as more people move into Boca Raton. These projects are going to be able to help us keep up with the services they will need for decades to come."

For more information, visit donate.brrh.com.

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Metaverse, Medicine, and the Future of Healthcare Design

Those of us who listen to conversations about the Metaverse and how people are buying houses, art, or John Lennon’s guitar in the virtual world often think “what in the world are people doing to waste their time on this?” Beyond the quirkiness, this is an example of the transformational change where we will interact through virtual reality. And no doubt, some of the most groundbreaking changes will occur in medicine.

You are certainly familiar with telemedicine. But telemedicine is checkers compared to 3-dimensional chess when comparing telemedicine to the metaverse. The metaverse applied to medicine is a simulated digital environment that uses augmented reality along with blockchain technology and concepts from social media to create an environment for user interaction mimicking the ideal world.

The technological requirements of digital information transfer can be discussed in another forum. However, from a medical perspective, everything from mental health, chronic pain, dentistry, personalized health, physical therapy, oncology, etc., will eventually be treated in augmented reality, remotely. The use of wearable technology, sensors, artificial intelligence (AI), and biometric feedback will become the norm in the not-too-distant future for medical treatment. It can be a win-win for healthcare systems and the public. Technology and artificial intelligence can allow healthcare systems to do more with less, less budget and healthcare workers.

Virtual reality will expand access, interaction, and patient engagement. The treatments provided can be more accurate and personalized while eventually lowering overhead costs and improve ROIs.

Virtual reality will allow surgeons to see inside a patient and practice a procedure before even touching that patient. Virtual reality can stimulate and enhance any physical therapy session by curating unique and interesting environments for people to experience while in therapy. Instead of a skilled nursing halfway, a patient using VR goggles will be walking a city street or a path in the Amazon. Occupational therapy will create the appropriate environment without the need to “physically” construct the space.

Mental health and virtual reality is another incredible medical opportunity to enhance treatment. Many virtual opportunities exist. What if anxiety and fear-related disorders could be treated more effectively by placing the patient and therapist in the virtual world to allow patients to regain control over the stressful situations through safe reengagement?

Bringing the conversation back to architecture, by virtue of this technology, how do we reimagine our medical facilities design in the next decade, and where? We are speaking about decentralized health-care anywhere and at any time; from primary care to significantly chronic treatments. Separate from what will be occurring in healthcare facilities, there will be many medical options where using virtual reality will enable a patient to remain at home.

In addition, community medical buildings will eventually include virtual reality spaces — open rooms where patients wear goggles and move around, not much different from a gaming facility. The ability to bring quality healthcare to a patient and provide the appropriate healthcare to rural and underserved communities through technology is an exciting medical future just on the horizon.

Charles Michelson is President of Saltz Michelson Architects. For more information, visit www.saltzmichelson.com.
Broward Health North Leads the Way With Alzheimer’s Treatment and Caregiver Support

Considering approximately 380,000 Floridians aged 65 and older currently living with Alzheimer’s disease and that the Alzheimer’s Association predicts that number will grow, Broward Health provides a diverse range of memory disorder support services. Broward Health North’s Memory Disorder Center treats patients with Alzheimer’s and related dementias using a personalized, multidisciplinary approach. The Memory Disorder Center team includes neurologists, neuropsychologists, social workers and nurses who conduct diagnostic evaluations and neurocognitive testing to determine the cause of memory impairment. They then collaborate on individualized treatment plans to help patients and their caregivers navigate the challenges associated with these progressive diseases.

"Alzheimer’s disease can cause changes in personality and behavior, including getting upset, angry or worried more easily," said Hazel Wiley, D.O., medical director of the Memory Disorder Center. “Those with Alzheimer’s may suffer from depression as well. And some can have difficulty with new things or changes in routine. Our approach holds great promise for patients and caregivers struggling to manage the many challenges.”

To address some of those challenges, the Memory Disorder Center offers a Care Assistance Program (CAP) that provides free services including counseling, education, community referrals, and weekly in-person support groups for spouses and children of those with Alzheimer’s disease and memory disorders. Both day and evening CAP meetings are available.

The center also offers complimentary and confidential memory screenings. Early detection of changes in memory and thinking skills can provide access to treatments that may mitigate slow changes.

“It takes extraordinary commitment and understanding to manage the personality changes and unusual behaviors so often associated with memory loss, and it is our mission to provide the essential tools and knowledge that patients, families and caregivers need,” said Memory Disorder Center Coordinator Antoinette Buckham-Charles. To register for one of Broward Health North’s Care Assistance Programs (CAP) or for additional information, call 954-786-7392 or visit the website BrowardHealth.org/MemoryLoss.

The Memory Disorder Center is a Joint Commission-certified Alzheimer’s disease program. The Joint Commission Gold Seal of approval validates that stringent national standards for care of Alzheimer’s patients are consistently met.

Broward Health Home to Revolutionary Alzheimer’s Clinical Trial

Early this summer, Broward Health announced an unprecedented partnership with University of Florida Health and Insightec, becoming one of the first health systems in the state announced to participate in a clinical trial for a potentially groundbreaking new therapy for Alzheimer’s.

The unique technique being tested in the clinical trial is non-invasive and does not involve pharmaceuticals. Instead, it uses MRI-guided focused low-frequency ultrasound to temporarily create an opening in the blood-brain barrier, allowing plaque to clear from the brain.

This medical innovation – focused ultrasound – is being studied to see if it can control the disease earlier, giving the medical community, patients and their families, both here in Florida and around the world, the hope of treatment of this debilitating disease.

“We are incredibly excited about the potential of this study and hope a true reversal and cure for Alzheimer’s is on the horizon,” said Shaye Moskowitz, M.D., Ph.D., a neurosurgeon with Broward Health Physician Group who is the primary investigator for the clinical trial. “I’m proud to be part of Broward Health as we embark on this critical step forward.”

Interested Alzheimer’s patients or their family members should speak to their physician for more information or a referral into this study.

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A new study led by researchers from Florida International University (FIU) reveals a mechanism linking the pesticide DDT to Alzheimer’s disease. Published in Environmental Health Perspectives, the study shows how the persistent environmental pollutant DDT causes increased amounts of toxic amyloid beta, which form the characteristic amyloid plaques found in the brains of those with Alzheimer’s disease.

According to Jason Richardson, professor at FIU’s Robert Stempel College of Public Health & Social Work and corresponding author, the study further demonstrates that DDT is an environmental risk factor for Alzheimer’s disease. In 2014, he led a team of scientists at Rutgers University, Emory University, and UT Southwestern Medical School who presented evidence linking DDT to the disease. Now, they have data demonstrating a mechanism that may explain the association.

“The vast majority of research on the disease has been on genetics—and genetics are very important—but the genes that actually cause the disease are very rare,” Richardson says. “Environmental risk factors like exposure to DDT are modifiable. So, if we understand how DDT affects the brain, then perhaps we could target those mechanisms and help the people who have been highly exposed.”

DDT was extensively used between the 1940s and 1970s to combat insect-borne diseases like malaria and treat crop and livestock production. People highly exposed to DDT back then are now beginning or already in the range of ages with a higher risk for developing Alzheimer’s disease. Although banned in the U.S., DDT exposure is likely possible today from legacy contamination or imported foods.

The study focused on sodium channels, which the nervous system uses to communicate between brain cells (neurons), as the potential mechanism. DDT causes these channels to remain open, leading to increased firing of neurons and increased release of amyloid-beta peptides.

In the study, researchers demonstrate that if neurons are treated with tetrodotoxin, a compound that blocks sodium channels in the brain, the increased production of the amyloid precursor protein and toxic amyloid-beta species is prevented.

“This finding could potentially provide a roadmap to future therapies for people highly exposed to DDT,” Richardson says. The study was done in collaboration with Rutgers University.

Researchers used cultured cells, transgenic flies, and mice models to demonstrate DDT’s effect on the amyloid pathway, a hallmark of Alzheimer’s disease.

By exposing all the models to DDT— in the range of what people were exposed to decades ago—researchers observed an increase in the production of the amyloid precursor protein, as well as elevated levels of toxic amyloid species, such as amyloid-beta peptides, and plaques.

“We found that if we block sodium channels with the compound tetrodotoxin and then dose neurons with DDT, then they don’t increase the amyloid precursor protein and don’t secrete excess amyloid-beta,” Richardson says.

The next step for the researchers will be to test therapeutic drugs using the information they now know. Richardson shares that there are already several drugs that target sodium channels.

“We are in the process of doing those studies to see if we can take an already FDA-approved drug and see if it reduces toxic amyloid accumulation,” he adds.
University of Miami Researchers on the Forefront of Alzheimer's and Dementia Research

BY JOEY GARCIA AND JOSH BAXT

From investigating dementia with Lewy bodies (DLB) and developing new tools to better screen patients to innovative genetic research, physician scientists with the University of Miami Miller School of Medicine continue to advance research for Alzheimer's disease and dementia. The Comprehensive Center for Brain Health and the Evelyn F. McKnight Brain Institute are among the major pillars of Alzheimer's research at the Miller School and maintain a wide range of impactful studies that provide the local community and beyond with access to the most cutting-edge clinical trials and population health studies. Dr. James Galvin, a nationally renowned Miller School neurologist who studies Alzheimer's disease and DLB, is currently co-leading a $29 million National Institutes of Health grant to test whether a new drug, CT1812, is safe and effective for patients with DLB. The drug, called CT1812, is being developed by Dr. Galvin's collaborators Cognition Therapeutics to treat both DLB and Alzheimer's disease. “When CT1812 was developed as a small molecule that modulates a receptor in the brain called sigma-2, they found it prevents the binding of the amyloid protein responsible for the major pathology in the brains of people with Alzheimer's disease and blocks its toxic effects,” said Dr. Galvin, professor of neurology and director of UM’s Comprehensive Center for Brain Health. “But they also found CT1812 has a similar effect on alpha-synuclein protein, the building block for Lewy bodies depositing in the brains of people with DLB.” According to the Lewy Body Dementia Association, there are around 1.4 million people in the United States with DLB, making it the second-most prevalent cause of dementia after Alzheimer's. Unfortunately, there are no approved drugs for the disease, forcing clinicians to prescribe off-label treatments to manage symptoms.

The NIH grant, one of the largest ever awarded to investigate DLB, will fund a multi-center phase 2 clinical trial in 120 DLB patients, which will primarily investigate whether CT1812 is safe. If the drug succeeds in phase 2, it could proceed to a larger phase 3 trial, which will focus on efficacy in a larger sample to determine if it’s suitable for approval by the Food and Drug Administration.

Researchers at the Miller School's Evelyn F. McKnight Brain Institute have also joined several top-tier institutions in the Precision Aging Network (PAN). The collaborative project aims to better understand the neural mechanisms that account for optimal brain performance in older-age adults and those that underlie age-related cognitive impairment and disorders such as Alzheimer's disease. “We will bring our expertise in recruiting underserved populations to enhance the applicability of the aging network results across diverse subjects,” said Dr. Ralph L. Sacco, professor and chairman of neurology, executive director of the Evelyn F. McKnight Brain Institute, and director of the Miami Clinical and Translational Science Institute.

As part of the study, information will be collected from a diverse population of American adults of different ages, ethnicities, and backgrounds by using the MindCrowd research project. The goal is to better understand human memory and risk factors for Alzheimer's disease and recruit large numbers of participants online. “This five-year program Precision Aging Network (PAN): Closing the Gap Between Cognitive Healthspan and Human Lifespans will significantly advance our scientific knowledge of precision medicine concepts to predict individual brain health risks and provide personalized solutions to maximize cognitive health span,” said Dr. Tatjana Rundek, professor of neurology and Evelyn F. McKnight Endowed Chair for Learning and Memory in Aging and a principal investigator of the PAN Miami site. “It is an extremely exciting and novel program that will extend our collaborations with the University of Arizona and other partners.”

Recruiting participants from such diverse regions of the country will ensure large numbers of Hispanic, Black, and other racial and ethnic minorities are represented — an essential goal of the study since those populations have been historically underrepresented in aging literature.

Baptist Health Miami Neuroscience Institute and Florida International University's Herbert Wertheim College of Medicine are collaborating to offer a new clinical trial for patients with Alzheimer's disease. The study uses low-intensity focused ultrasound to disrupt brain changes that lead to the neuron damage that causes memory and cognition problems in patients. The investigational study, called ExAblate Blood-Brain Barrier (BBB) Disruption for the Treatment of Alzheimer's Disease, could revolutionize care for those suffering from Alzheimer's, said co-principal investigator Michael McDermott, M.D., neurosurgeon and chief medical executive of Miami Neuroscience Institute and professor and chief of the Division of Neurosurgery at the Herbert Wertheim College of Medicine.

“The technology is very exciting, especially because there is no cure for Alzheimer's and only a few drug treatments that temporarily treat symptoms,” Dr. McDermott said. “It’s non-invasive for patients and we hope it will lead to cognitive improvement.”

The FDA-approved clinical trial, currently enrolling patients, is part of Florida’s Brain State initiative, which funds and brings together hospitals, state universities and institutions in Florida. The high intensity ultrasound technology, developed by Insightec, has already proven to be a game changer for patients who cannot perform common tasks such as holding a cup of water without spilling, shaving safely or writing legibly as holding a cup of water without spilling.

“Essential tremor, high-intensity focused ultrasound (HiFU) waves are targeted to hit the area of abnormal circuitry in the brain. In one sitting, patients see immediate improvement. Geriatric psychiatrist and Alzheimer's study co-principal investigator Patricia Junquera, M.D., hopes to see similar results with the low-intensity ultrasound. "We expect to see improvement days after the procedure," said the associate professor and vice chair of clinical services for the Department of Psychiatry and Behavioral Health at FIU's College of Medicine. “Any improvement we see is going to be huge because patients with Alzheimer's typically cannot make any new memories or manage functions of daily living.”

To determine if they are eligible for the study, patients must first be referred to Dr. Junquera by their primary care physician, neurologist or psychiatrist. An evaluation at FIU will be performed to determine that a patient’s dementia is caused by Alzheimer's and not due to other issues. The evaluation includes a battery of psychological tests and can take several hours. Caretakers or family members must also be present.

Next, the patient is seen at Baptist Hospital, where Dr. McDermott performs additional medical and imaging tests. If the patient meets study inclusion criteria, study participation begins with the affixing of a stereotactic frame to the scalp under local anesthesia. Using MRI guidance, the ultrasound waves are directed to pre-determined areas of the brain. Patients are observed for several hours and are also seen the next day.

The study involves three treatments, two weeks apart. After each session and at checkpoints along the way, patients will repeat imaging and psychological testing. Dr. Junquera will continue to follow the patients for 5 years after the final treatment.

The Collaborative project aims to better understand the neural mechanisms that account for optimal brain performance in older-age adults and those that underlie age-related cognitive impairment and disorders such as Alzheimer's disease. “We will bring our expertise in recruiting underserved populations to enhance the applicability of the aging network results across diverse subjects,” said Dr. Ralph L. Sacco, professor and chairman of neurology, executive director of the Evelyn F. McKnight Brain Institute, and director of the Miami Clinical and Translational Science Institute.

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Why Hearing Loss May Raise Your Risk of Dementia
Cleveland Clinic Geriatric Medicine Specialist Discusses the Link Between Dementia and Hearing Loss

With age-related hearing loss leading as the third most common chronic condition in seniors, Cleveland Clinic Geriatric Medicine Specialist Dr. Ronan Factora stresses the importance of recognizing the connection between the auditory system and the rest of the brain.

Recent studies have demonstrated how hearing loss increases risk for cognitive issues like dementia, in which up to 8% of cases exhibited hearing loss. While these studies also suggest that hearing loss impacts brain function and changes in structure, they have also addressed the possibility that because hearing loss ends up demanding so much attention and effort to decode the meaning in words and sounds, it takes up the remainder of brain capacity needed to process the meaning of the actual message.

“The cause behind this link is unclear. But one theory is that hearing loss tends to cause some people to withdraw from conversations and participate less in activities,” said Dr. Factora. “As a result, you become less social and less engaged.”

Isolation, especially self-isolation, is hard on older adults not only due to lack of socialization, but also due to lack of stimulation, which can trigger a decrease in growth of necessary neural pathways for carrying out numerous biological processes, memory function, and more. That is why frequent social engagement is often advised in order to protect brain health and mitigate the risk of developing dementia, especially when considering that aging typically triggers a natural decline in cognitive abilities regardless.

Older people suffering from hearing loss tend to either ignore the signs or disregard the gravity, but Dr. Factora urges people to be transparent with their primary care physicians and request an audiology evaluation.

“If you do have hearing loss and your physician offers a solution like hearing aids, try them out,” said Dr. Factora. “If you wait too long and develop memory problems, it will be more difficult for you to learn how to use these devices. It’s best to get used to them while the mind is still sharp so you can improve your quality of life.”

While causation and odds of reversibility are still yet to be determined, Dr. Factora recommends four ways his patients and other seniors can improve their brain health and reduce the severity of decline.

1. **Keeping your mind active**
   A good education is not just important for your social and economic health, but for your physical health as well; studies have shown a lower risk of dementia in people with a high school education or better. “But studies also show that if you can maintain an eighth-grade level of reading or literacy throughout your life, it will help keep your mind active,” said Dr. Factora.
   “You can also engage in hobbies that help keep you learning or challenged.”

2. **Maintaining a social network**
   Maintaining or creating social connections with friends and family helps support a healthy brain.
   “If you’re constantly engaged in a give-and-take conversation and are around a lot of people, that stimulation will have a positive effect on your brain health,” said Dr. Factora.

3. **Exercising regularly**
   Especially if choosing cardiovascular exercise, a regular fitness routine of at least 30 minutes five times a week is a superb way to protect the brain, although any regimen, such as strength training, is a good option.

4. **4. A Mediterranean diet**
   “Evidence suggests that cardiovascular exercise is probably the most helpful of all types of exercise in maintaining brain health,” said Dr. Factora.

To learn more about dementia, Alzheimer’s, and Cleveland Clinic Florida, visit: https://health.clevelandclinic.org/why-hearing-loss-may-raise-your-risk-of-dementia/

Dr. Ronan Mangucang Factora is Staff at the Center for Geriatric Medicine, Medicine Institute, Program Director for the Geriatric Medicine Fellowship, Co-Director of the Aging Brain Clinic, and Associate Professor of Medicine, Cleveland Clinic Lerner College of Medicine of Case Western Reserve University.
Renowned Advanced Heart Failure/Transplant Cardiologist, David Baran, MD, Joins Cleveland Clinic Weston

Cleveland Clinic Weston proudly welcomes David A. Baran, M.D. FACC, FSCAI, as Section Head - Advanced Heart Failure, Transplant and Mechanical Circulatory Support (MCS).

Upon earning his medical degree at the University of South Florida Morsani College of Medicine, Dr. Baran completed an internal medicine residency at Columbia Presbyterian Medical Center in New York City. He went on to complete three fellowships including congestive heart failure clinical research during his subspecialty training at Columbia-Presbyterian Medical Center and in clinical cardiology at Mount Sinai Medical Center. He is board certified in internal medicine, cardiovascular disease and advanced heart failure and transplant medicine.

Prior to joining Cleveland Clinic, Dr. Baran was the System Director, Advanced Heart Failure, Transplant, and Mechanical Circulatory Support at Sentara Heart Hospital in Virginia where he led a team of heart failure and mechanical circulatory support experts. He also served as Director of Heart Failure and Transplant Research at Newark Beth Israel Medical Center for 14 years.

Thoracic Surgeon Luis Marcelo Argote-Greene, MD, Joins Cleveland Clinic Indian River Hospital

Cleveland Clinic Indian River Hospital is proud to welcome Luis Marcelo Argote-Greene, M.D., as Regional Director of Thoracic and Esophageal Surgery.

After completing Thoracic Surgery and Thoracic Oncology Clinical Fellowships at Brigham and Women’s Hospital, Harvard Medical School in Boston, Dr. Argote-Greene returned to National Institute of Health Sciences and Nutrition Salvador Zubiran in Mexico City where he previously trained in General Surgery. He earned his medical degree at Universidad Nacional Autónoma de Mexico. Before returning to Cleveland, Ohio, Dr. Argote-Greene was the Chief of Thoracic Surgery and Professor of the Minimally Invasive Thoracic Surgery Program.

Prior to joining Cleveland Clinic Indian River Hospital, Dr. Argote-Greene was a thoracic surgeon with University Hospitals in Ohio and Clinical Assistant Professor at Case Western Reserve University.

Broward Health Appoints Chief Medical Officer

Broward Health named Joshua Lenchus, D.O., as its new chief medical officer. Dr. Lenchus most recently served as the healthcare system’s interim chief medical officer and will continue providing clinical leadership, direction and cooperation between physicians and Broward Health’s hospitals and ambulatory sites.

Dr. Lenchus joined the system as chief medical officer of Broward Health Medical Center in September 2018 before being named the system’s interim chief medical officer in July 2021.

Before joining Broward Health, Dr. Lenchus served as chief of staff and an internal medicine/hospitalist at Jackson Memorial Hospital. He was also an associate program director for the U Miami-Jackson Internal Medicine Residency Program. In addition, Dr. Lenchus provided clinical services at the Miami Veterans Affairs Medical Center, University of Miami Health System, Sylvester Comprehensive Cancer Center and Jackson Memorial Hospital.

With more than 15 years of experience, Dr. Lenchus serves as a leader for several state and national medical organizations. Earlier this month, he was installed as the 146th president of the Florida Medical Association, making him the first osteopathic physician to lead the organization in its history. He has authored dozens of medical publications and books, and served as the principal investigator on research studies, earning him national acclaim. He is also a sought-after speaker on various topics, most recently, monkeypox, the COVID-19 pandemic, and other public health topics.

Dr. Lenchus earned his Bachelor of Science in Pharmacy from the University of Florida in Gainesville, Florida, and his Doctor of Osteopathic Medicine from Nova Southeastern University in Fort Lauderdale.

Barry University Announces the Formation of the College of Health and Wellness

Barry University’s newly formed College of Health and Wellness leadership team: (l-r) John McFadden, Vice-Provost; Kathy Ludwig, Associate Dean; Tony Umaday, Dean - School of Nursing; Maria Teshan, Interim Dean - School of Social Work; and Sathees Chandra, Associate Dean.

The COVID-19 pandemic and increase in gun violence in the United States have highlighted that health and well-being have physical, mental, social, spiritual, environmental, and global considerations. In response, Barry University announces the formation of the College of Health and Wellness that integrates the School of Social Work with the new School of Nursing, the Department of Health Sciences and the Department of Health Promotion and Clinical Practice. The new formation will prepare and mobilize students by taking a multidimensional approach that advances interprofessional collaboration in education and informs our community’s workforce needs as well as current issues faced by our country.

Dr. John McFadden, Ph.D., CRNA, APRN, has been named Vice Provost for Health and Wellness at Barry University. Dr. McFadden brings nearly 40 years of experience in health care as a clinician, administrator, educator and accreditation expert. He has been a Barry University faculty member since 1988. He became the Dean of the College of Nursing and Health Sciences in 2012.

“The College of Health and Wellness will affirm Barry University’s holistic approach to health. Our students learn that “caring” occurs across the continuum of services, from health promotion and prevention activities to strategies that are regenerative, restorative, and supportive,” says Dr. McFadden.

The College embraces a broad definition of health and wellness. By bringing together these programs, the expanse of mental and physical well-being will be addressed, enabling students to take a more overarching, systemic approach to health. The Department of Health Sciences offers undergraduate and graduate degrees in Clinical Biology and many laboratory specializations, Biomedical Sciences, Health Services Administration, and Public Health. The Department of Health Promotion and Clinical Practice includes the Physician Assistant Program, Occupational Therapy programs, and the comprehensive Sports and Exercise Sciences with undergraduate and graduate degrees in Exercise Physiology, Athletic Training, and Performance Psychology. The School of Social Work offers undergraduate and graduate and doctoral degrees with a clinical lens using a trauma-informed curriculum. Students contribute, early on, to the community by providing significant counseling and mental health services, attending to our most disenfranchised and vulnerable members of society.

This new structure replaces what was known as the College of Nursing and Health Sciences. A new School of Nursing has been launched and will focus on the development of novel approaches to preparing the nursing workforce of the future.

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The COVID-19 pandemic and increase in gun violence in the United States have highlighted that health and well-being have physical, mental, social, spiritual, environmental, and global considerations. In response, Barry University announces the formation of the College of Health and Wellness that integrates the School of Social Work with the new School of Nursing, the Department of Health Sciences and the Department of Health Promotion and Clinical Practice. The new formation will prepare and mobilize students by taking a multidimensional approach that advances interprofessional collaboration in education and informs our community’s workforce needs as well as current issues faced by our country.

Dr. John McFadden, Ph.D., CRNA, APRN, has been named Vice Provost for Health and Wellness at Barry University. Dr. McFadden brings nearly 40 years of experience in health care as a clinician, administrator, educator and accreditation expert. He has been a Barry University faculty member since 1988. He became the Dean of the College of Nursing and Health Sciences in 2012.

“The College of Health and Wellness will affirm Barry University’s holistic approach to health. Our students learn that “caring” occurs across the continuum of services, from health promotion and prevention activities to strategies that are regenerative, restorative, and supportive,” says Dr. McFadden.

The College embraces a broad definition of health and wellness. By bringing together these programs, the expanse of mental and physical well-being will be addressed, enabling students to take a more overarching, systemic approach to health. The Department of Health Sciences offers undergraduate and graduate degrees in Clinical Biology and many laboratory specializations, Biomedical Sciences, Health Services Administration, and Public Health. The Department of Health Promotion and Clinical Practice includes the Physician Assistant Program, Occupational Therapy programs, and the comprehensive Sports and Exercise Sciences with undergraduate and graduate degrees in Exercise Physiology, Athletic Training, and Performance Psychology. The School of Social Work offers undergraduate and graduate and doctoral degrees with a clinical lens using a trauma-informed curriculum. Students contribute, early on, to the community by providing significant counseling and mental health services, attending to our most disenfranchised and vulnerable members of society.

This new structure replaces what was known as the College of Nursing and Health Sciences. A new School of Nursing has been launched and will focus on the development of novel approaches to preparing the nursing workforce of the future.

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Delray Medical Center to Offer Aquablation Therapy for Patients with an Enlarged Prostate

With the acquisition of the AquaBeam Robotic System, Delray Medical Center becomes the first hospital to offer aquablation therapy in Palm Beach and Broward Counties. Aquablation therapy is used for the treatment of lower urinary tract symptoms (LUTS) due to benign prostatic hyperplasia (BPH).

Aquablation therapy is an advanced, minimally invasive treatment for BPH that uses the power of water delivered with robotic precision to provide best-in-class and long-lasting symptom relief with low rates of irreversible complications, regardless of prostate size or shape.

Aquablation therapy is performed by the AquaBeam Robotic System, the first FDA-cleared, surgical robot utilizing automated tissue resection or the treatment of LUTS due to BPH. It combines real-time, multidimensional imaging, automated robotic technology, and heat-free waterjet ablation technology for targeted, controlled, and immediate removal of prostate tissue. Aquablation therapy is designed to offer predictable and reproducible outcomes, independent of prostate anatomy, prostate size, or surgeon experience.

In clinical studies, aquablation therapy has been shown to provide both best-in-class and durable symptom relief with low rates of irreversible complications.

HCA Florida University Hospital Completes First Cranietomy

HCA Florida University Hospital recently completed its first surgery for blood clot in the brain.

The patient, 95-year-old Ohshuta Pena, underwent a burr hole drainage, a surgical procedure involving a small incision, then drilling a small hole within the skull to release pressure on the brain. The procedure was performed by top board-certified and fellowship-trained, Dr. Steven Vanni, a top neurosurgeon with nearly 30 years of experience.

“In this case, the patient suffered an injury that led to a build-up of pressure in the brain,” said Dr. Steven Vanni. “The patient was experiencing confusion, lethargy, and weakness, but previously was a healthy, independent woman. Hopefully, this minimally invasive procedure will help her return to her normal, independent lifestyle.”

HCA Florida University Hospital’s dedicated surgical floor includes seven state-of-the-art surgical suites for performing both traditional and minimally invasive procedures. The facility’s highly trained surgeons are able to utilize the latest robotic technologies and techniques to perform complex operations with smaller incisions. Surgical patients prepare and recovery from surgical procedures in one of the hospital’s 18 private pre and post operation recovery rooms, located just steps away from the operating rooms.

“We’re continuing to lay the groundwork to expand our neuroscience and spine program to include many areas of neurosurgery not yet available at University Hospital,” said HCA Florida University Hospital CEO Madeline Nava. “Neurologic injuries and conditions are among the most complex to treat, and we offer our patients a comprehensive multidisciplinary approach in a state-of-the-art hospital.”

Lakeside Medical Center and Palm Beach State College Partner to Support Healthcare Workforce and Educational Needs in the Glades

The Health Care District of Palm Beach County’s acute care teaching hospital, Lakeside Medical Center, is partnering with Palm Beach State College (PBSC) to support healthcare workforce needs and provide continuing education to hospital staff in the underserved, rural region known as the Glades. The hospital, which this year was named the most racially inclusive hospital in the country by the Lown Institute, is proud of this innovative partnership with the Palm Beach State College Belle Glade campus,” said Janet Moreland, APRN, MSN, LHRM, the hospital’s Associate Vice President.

“We look forward to showing students the hospital’s many rewarding career opportunities so they’ll consider joining our healthcare team to serve the Glades communities following graduation. This win-win collaboration also affords our hospital staff opportunities to advance their skills through continuing education courses at the college.”

“We are excited to collaborate with Lakeside Medical Center and believe this strategic partnership will greatly benefit both organizations,” said Dr. LaTanya McNeal, executive dean of the PBSC Belle Glade campus. “Our students will now get the opportunity to learn about the many great career opportunities at Lakeside through a tour of the hospital and their ambassador program. The partnership will also bring hospital staff to the Belle Glade campus as we jointly plan a series of lunch and learn workshops on health-related topics, develop career seminars and panels on health-related fields for students.”

The partnership will increase students’ exposure to health care through onsite internships in areas like nursing, pharmacy, radiology, phlebotomy, respiratory, information technology, and business services. In turn, the collaboration will also create a pipeline for PBSC graduates to fill hospital vacancies.

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Trulieve Partners With Khalifa Kush

BY DANIEL CASCIATO

Trulieve, a leading and top-performing cannabis company in Florida, announced this year a partnership with multi-platinum-selling, GRAMMY® Award and Golden Globe® Award-nominated recording artist Wiz Khalifa’s brand, Khalifa Kush.

Through the agreement, Trulieve becomes the producer, processor and retailer of Khalifa Kush branded products in Florida and other northeast markets.

The Khalifa Kush (KK) strain was developed for Wiz back in the early 2010’s, tailored specifically for his personal tastes and held closely within his private stashes in Los Angeles. After years of keeping KK to himself, he chose to share this strain with the world in 2014. A two year long journey led to the first Khalifa Kush flower sales in 2016. “Ten or twelve years ago, I found the one—not the two, and that’s KK, Khalifa Kush,” says Khalifa. “We’re excited to share this strain with the world in years of keeping KK to himself, he chose to share this strain with the world in 2014. A two year long journey led to the first Khalifa Kush flower sales in 2016. The KK team focuses on quality and growing exclusive genetics with the best growers, he notes. “Even though we are working on a much larger scale, we still grow in smaller rooms and give the plants the love they need.”

Trulieve proudly expanded the partnership with Khalifa Kush in Arizona earlier this year due to the premium brand’s quality and exclusive genetics. Maryland and Pennsylvania launches are planned for later this year. KK’s next strain, Khalifa Mints, will be available early next year.

“Trulieve continually seeks partnerships with respected and diverse brands to better serve our patient and consumers’ needs. Khalifa Kush is known as a coveted brand, and we look forward to offering Khalifa Kush products in our Florida dispensaries,” adds Kristin Robertson, Trulieve’s Executive Director of Marketing in Florida.

KK products were first commercialized in the U.S. in 2015 by Khalifa. The company was founded to grow and sell products by proprietary genetics. There are several key benefits to the brand, according to its founder.

“KK really just makes you feel relaxed and doesn’t give you paranoia and those things, or the tiredness that some strains give you,” says Khalifa.

Trulieve will celebrate the launch of KK at select locations throughout Florida on Friday, September 30. Stay tuned to their social channels for information on when and where these celebrations will take place.

Back Cover Story: How Cannabis Helped ‘Survivor’ Winner, Survive Cancer

Continued from back cover

“I wanted to be able to help others out there and share my experience because cannabis helped me,” he says. “It helped me fall asleep at night and it helped me eat better. It also eased my pain and helped with my nausea. While I couldn’t eliminate all the synthetic pills by any means, it did help me reduce the frequency and dosage.”

When Zohn ran the Boston Marathon this past spring, he used Momenta, a line of cannabis wellness products from Trulieve, a cannabis company that he is now a partner with. Through this partnership, Zohn is the official ambassador of Momenta.

“As a brand ambassador, I’m excited because I get to share my story and help educate others on cannabis use,” he says. “It’s all about erasing stigma and little mini-increments of changing the perception on cannabis.”

Zohn, a new resident of Florida, where Trulieve is headquartered, will be documenting and sharing his holistic cannabis wellness journey and how he incorporates cannabis into his daily routine. The partnership includes local and national educational outreach, keynote speaking, philanthropic opportunities and social media collaborations. The former professional soccer player will also wear Momenta apparel during his future athletic endeavors.

One piece of advice that Zohn has for others who may be trying cannabis for the first time is to go “low and slow.”

“There also are many online resources that can help you,” he says. “I found a cannabis concierge who helped guide me and gave me an education on pretty much everything. No matter which state you are in, there are also many people experienced in cannabis who can talk to you.”

For more information, visit www.ethanzohn.com and www.trulieve.com.brands/Momenta.

For registration information, contact charles@cannabisnewsflorida.com

E-mail your Cannabis news to: carol@cannabisnewsflorida.com
Rolly Receipts Makes Smokeable Receipts Available

BY LOIS THOMSON

According to owner and founder Marcus Brisco, Rolly Receipts LLC started with a conversation, moved to being a concept, and then became a full-fledged business in all 50 states. As he explained, he was sitting around with some friends, and one of the dads said he had gone to a dispensary. “The comment he made was, ‘I’ve been buying cannabis for 40 years and I’ve never gotten a receipt.’ And my buddy said, ‘That would be crazy if you could smoke out of that receipt.’”

“When I heard that,” Brisco continued, “and realized no one in the United States was doing it and no one in the world was doing it – when you come up with an idea that no one else is doing, it does not hurt to pursue it. So I jumped in headfirst; it took a while to make it go, but here we are.”

“Here” is Rolly Receipts LLC, a company that produces smokeable receipt paper that is dispensed at ATM machines. Brisco said the ATMs are located in cannabis stores, smoke shops, and hemp shops, as well as in some kava bars.

He went on, “For the customer, it just looks like a regular ATM, other than having our custom signage on it. The person can go up and get their normal cash, and if they get a receipt, it’s going to be one that is also a rolling paper – basically giving them a free rolling paper with their cash. A lot of customers like this if they’re in a dispensary and just buying flower, because they now have a rolling paper to use later with that flower.”

The receipt is lab tested and approved for human consumption, but if the customer doesn’t want the receipt and just throws it away – that has a benefit as well: “It’s incredibly environmentally friendly, it’s not like normal receipt paper that has cancer-causing chemicals, such as BPA and BPS, which is also skin soluble. So not only are they not handling those receipts, but they also are not putting those chemicals into the waste stream.”

Brisco developed a concern for the environment when studying chemistry at the University of Hawaii. Through his educational research, he became aware of the toxic composition of thermal receipts currently used, and decided he wanted to apply his knowledge to a product that would have a positive impact on the environment. He founded his company in 2018 and the result was these smokeable receipts, along with EcoThermal concentrations while embracing the state’s unique culture. Green Sentry expects to launch the Sunburn Cannabis, a brand based on the true story of Green Sentry’s history, but if the Sunburn is a Florida-focused brand living at the intersection of top-shelf flower and concentrates while embracing the state’s unique culture. Green Sentry expects to launch the Sunburn Cannabis brand in the fourth quarter of 2022.

“As a team, we are beyond excited to re-enter the Florida market, where we have built a presence and a reputation for honoring the plant,” said Brady Cobb, CEO and Founder of Green Sentry. “It’s humbling to see my executive and operational teams stay together to close this transaction and launch Sunburn Cannabis. I’m incredibly proud to launch Sunburn and share my family’s passion and knowledge for the plant with people in Florida. Sunburn is a brand for Floridians by Floridians. I am also thrilled to add some key team members, including our Chairman and my good friend Danny Moses, as well as all of the MedMen employees who have joined our family. We have proven to the market previously that a Florida-focused company can produce the highest quality flower and concentrates, and now we are bringing our products to consumers via 14 of the best retail sites in Florida.”

For more information, call (937) 344-3242 or visit www.rollyreceipts.com.

Florida Medical Marijuana Physicians Group

ZOOM Meetings

Wednesday, September 14
Wednesday, September 28
6:30 PM Eastern Time (US and Canada)

A bimonthly Zoom meeting exclusively for Certified Medical Marijuana Physicians and MMTC Medical Directors in the State of Florida

Purpose: to discuss current medical, legal and business issues facing the Medical Marijuana industry.

Registration in advance is required.

After registering, you will receive a confirmation email containing information to join the Zoom meeting.

For registration information, contact charles@cannabisnewsflorida.com
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### Back Cover Story: Medical Marijuana Use Registry Update – Emergency Ruling

Continued from back cover

The limits are as follows:

<table>
<thead>
<tr>
<th>Route of Administration</th>
<th>Daily Dose Amount</th>
<th>70-Day Supply Limit*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edibles</td>
<td>60 mg THC</td>
<td>4,200 mg THC</td>
</tr>
<tr>
<td>Inhalation (e.g., vaporization)</td>
<td>350 mg THC</td>
<td>24,500 mg THC</td>
</tr>
<tr>
<td>Oral (e.g., capsules, tinctures)</td>
<td>200 mg THC</td>
<td>14,000 mg THC</td>
</tr>
<tr>
<td>Sublingual (e.g., sublingual tinctures)</td>
<td>190 mg THC</td>
<td>13,300 mg THC</td>
</tr>
<tr>
<td>Suppository</td>
<td>195 mg THC</td>
<td>13,650 mg THC</td>
</tr>
<tr>
<td>Topical (e.g., creams)</td>
<td>150 mg THC</td>
<td>10,500 mg THC</td>
</tr>
<tr>
<td>Marijuana in a form for smoking</td>
<td>2.025 grams</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*An aggregate (total) 70-day supply limit of marijuana, other than marijuana in a form smoking, shall not exceed 24,500 mg of THC.

However, pursuant to section 381.986(4)(f)1., FS., a qualified physician may request an exception to the daily dose amount for their qualified patient by electronically submitting the “Request for Exception” form in the Registry. Qualified patients should contact their qualified physician to discuss whether an exception to the limit(s) is right for their treatment.

An active physician certification issued before the effective date of Emergency Rule 64ER22-8 (August 29, 2022) that exceeds the daily dose amount defined by the Rule, and begins within 210 days of the effective date of the Rule, will be valid for the remainder of said physician certification(s). However, should a qualified physician make any modifications to an existing certification after the effective date of this rule that would deem the certification to be in excess of the daily dose amount, the qualified physician will be required to submit the “Request for Exception” form.

Qualified patients may not obtain more than a 70-day supply of marijuana within any 70-day period or more than a 35-day supply of marijuana in a form for smoking within any 35-day period unless there is an approved exception in place. Therefore, prior to the approval of the exception, a qualified patient will only be authorized to obtain the amount determined by the Rule. The 70-day and 35-day limits will be calculated on a rolling basis from the date of each dispensation.

To best assist a patient’s understanding of the update, updated instructional guides on how to Understand the Amount Available Calculation Page and how to View and Understand Orders can be found on the Office of Medical Marijuana Use (OMMU) website: https://KnowTheFactsMMJ.com/Registry/#instructional-guides.
What motivates you to be a part of the cannabis industry?

I enjoy providing the education patients need to begin the process of obtaining their MMJ card and understanding whole plant medicine. Being able to see the relief and quality of life breathed back into them is very motivational. I want to continue to bridge the gap and to rid the stigma that still surrounds this amazing plant medicine. Education is key and it cannot end. Florida was slow to implement what was passed by 71.6% of voters. So, the last 5 years has been a journey. We are getting there, but we need to put the patient first in all that we do.

What field are you in within the cannabis space?

I am the Founder of MMCare of Florida (Medical Marijuana Care of Florida), in Brooksville, FL. I incorporated in 2017 and have not stopped evolving. MMCare is more than just a Cannabis Clinic. I also serve as a Physician Consultant to assist physicians who want to get into the Cannabis Space. We offer internships with our physician and start-up consulting.

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

Floridians can feel comfortable that MMCare of Florida puts patients above profits. We offer in-depth education and are always available for assistance. We care about patient results and, if necessary, will do a plan reset. We are a ‘one and done’ clinic. Our current Physician is a retired General Surgeon whose passion for educating and ensuring patients understand how to begin is unparalleled in the industry. He gets to know his patients and they walk away with a new understanding of their bodies and why Cannabis works. We are comfortable evaluating pediatrics as well. Children deserve access to natural medicine and parents deserve the right to afford natural health care. Veterans are a priority as well. They can benefit with discounts given to them through our clinic.

How did you get started within the cannabis industry?

Interestingly I received a call from a friend, a retired DEA agent, in 2016. He said, “If amendment 2 is passed in Florida I have an opportunity for you if you are interested. I know you are a great business professional, and it would be great to have you onboard.” And so, it began. While this opportunity did not work out, I had a vision and it taught me enough to go at it on my own. I had to educate myself to believe in what I would be doing. I spent hours, nights and weekends doing so. I was a General Manager in retail and worked a very demanding schedule. I was literally working 7 days a week, setting up my life to ensure that I could leave my ‘day job’ I was able to do so in 2019 and have never looked back. My quality of life has improved tremendously. I have built strong relationships with the industry pioneers and others getting started just like me. I obviously had some great help along the way that has led to the success of MMCare, and I remain grateful.

Are you personally a MJ card holder?

Yes. When I left my corporate job, I obtained my card.

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

I believe that Florida will move forward with recreational, and I absolutely support and believe it is the best for our patients. Patients will still need the education to get started and continued guidance if it is for relief of medical conditions. Having a medical card also means the patient will not be required to pay taxes that all recreational states impose on our medicine. Children will always need a recommending physician so there will still be a need for Medical Cannabis. Again, patient first and all else will fall into place. Being deemed essential during the COVID-19 pandemic only furthered our cause. The science is there. The movement is strong.

Continued from back cover

Back Cover Story: Cannabis Spotlight

DR. MICHELLE WEINER
South Florida’s Leading Medical Cannabis Physician

- Integrative Pain Management empowers the patient using personalized medicine considering physical and emotional pain generators.
- Using cannabis and botanical medicine to optimize one’s health and lifestyle promotes neuroplasticity.
- Treats common conditions such as pain inflammation, anxiety, insomnia, and other neurogenerative diseases.

“Healing from the inside is the secret to longevity” - MW

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The inaugural Cannabis in Sports Conference took place in Orlando at the Rosen Hotel on July 29-31, 2022, and did not disappoint! Attendees were treated to contemporary knowledge of how cannabis use, perceptions, and science are impacting the sports world from professionals to amateurs. This 3-day event was filled with networking and personal access to some of the national leaders in the sports cannabis industry.

Without a doubt some of the highlights included hearing the personal stories of professional and Olympic athletes. Kaitlyn Verfuerth, a 4-time Paralympian who has competed in Tokyo (2020), Rio (2016), Beijing (2008), and Athens (2004) shared very candidly her experiences with using cannabis and how it helped her manage her focus and injuries associated with playing wheelchair tennis at the highest level in the world.

Mike James was another highlight of the weekend. James, a former running back in the NFL for the Tampa Bay Buccaneers and Detroit Lions, is known in the cannabis industry for filing the first therapeutic use exemption (TUE) to be allowed to use cannabis for the treatment of his ongoing injuries. James told the audience about how cannabis helped him overcome an addiction to the opioid painkiller medications that he was prescribed for his severe ankle injury.

One of the conference’s main goals was to share the latest science and research surrounding the benefits and risks associated with cannabis intervention. Panelists such as Dr. Derrick DeSilva, Dr. Paul Borsa, Dr. Anthony Ferrari, and Dr. Michael Suk shed light on the trials and tribulations of cannabis research in the athletic population and how the healthcare professionals are challenged with implementing forms of cannabis as a treatment intervention given the lack of regulated and controlled studies that are comprised of sound scientific methodology and that meet the established rigor of research that is necessary to safely reports outcomes.

Many other presentations were delivered to introduce the audience to fascinating topics such as How Medical Cannabis May Revolutionize Western Medicine (Dr. Martha Rosenthal), Policies of Sports Leagues (Amanda Barton), What Athletes Want to Know (Dr. Kevin Morley), Cannabis and Concussion (Dr. Jeff Konin), Pearls from Clinical Practice (Dr. Barry Gordon), The Priority of Future Research (Dr. Denise Vulot), Mechanisms of Major Terpenes and Cannabinoids in Sports Medicine (Dr. Terel Newton), Collective Bargaining Agreements (Michael Minardi), Current Trends in Drug Testing (Dr. Mindy Shelby), and Collegiate Sports Considerations (Steve Walz).

Another special feature was the story shared by Josiah Hesse, author of the best-selling book “Runners High: How a Movement of Cannabis-Fueled Athletes is Changing the Science of Sport”. Josiah’s journey beginning as a non-athlete to his ultra-marathon running days and his investigative reporting of cannabis research was fascinating to learn about.

The conference was made possible by the many sponsors and exhibitors who generously shared their expertise and time with all of those who attended. Stay tuned for the 2023 version which is anticipated to be bigger and better!
How Cannabis Helped ‘Survivor’ Winner, Ethan Zohn, Survive Cancer

BY DANIEL CASCIATO

As a two-time cancer survivor and stem cell transplant recipient, cannabis, CBD and plant-based wellness have played a critical role in legendary “Survivor” winner, Ethan Zohn’s physical and mental recovery.

In April, Zohn ran the 2022 Boston Marathon to celebrate 10 years of being cancer-free. A “Survivor: Africa” winner, former pro soccer player, and recent contestant on “Survivor: 40 Winners At War,” he has been raising funds and awareness for AKTIV Against Cancer, a foundation whose mission is to make physical activity an integral part of cancer treatment.

At 33, the “Survivor” fan favorite (who is now 48) was diagnosed with a rare form of blood cancer called CD20+ Hodgkin’s Lymphoma. In fact, he was diagnosed twice with CD20+ Hodgkin’s Lymphoma, and endured years of aggressive treatment, including two stem cell transplants.

The recent Boston Marathon marked his 10th anniversary of being in remission. Zohn ran to help raise awareness for the health benefits of cannabis that he discovered after facing the harsh side effects of cancer treatments. With monitoring from a licensed medical doctor, he ran the marathon to raise awareness of the beneficial properties of medical cannabis.

“After my diagnosis with cancer, I had a tough experience with all the synthetic pills prescribed to me,” recalls Zohn. “It was a vicious cycle of taking a lot of pills on a daily basis. I was concerned with taking too many pills, so I was looking for some alternative ways help me feel better, such as cannabis.”

At the time, in 2009, there wasn’t much information about medical cannabis as well as few trained oncologists, nurse practitioners, and alternative therapists who were educated in cannabis and cancer. Zohn had to do a lot of research on his own. Access to medical cannabis was also limited. As a result, Zohn was forced to hit the streets of New York City in the search of cannabis.

“I was bald from the chemo and had my mask and gloves on talking to drug dealers,” he says. “Doing an illegal activity, on top of having cancer was a really stressful situation.”

Zohn later beat cancer a second time in 2012. But his cannabis use didn’t stop there. He became a strong advocate for medical marijuana. He experienced physical, mental, and emotional benefits when he incorporated cannabis into his daily wellness routine.

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Medical Marijuana Use Registry Update – Emergency Ruling

Beginning Monday, August 29, 2022, the Medical Marijuana Use Registry (Registry) was updated pursuant to section 381.986(4)(f), Florida Statutes (F.S.), which states, in part, “The department [of Health] shall quantify by rule a daily dose amount with equivalent dose amounts for each allowable form of marijuana dispensed by a medical marijuana treatment center. The department shall use the daily dose amount to calculate a 70-day supply.” In compliance with Florida law, the Department of Health has published Emergency Rule 64ER22-8, Dosing and Supply Limits for Medical Marijuana, to determine daily dose amounts and 70-day supply limits for approved routes of administration of marijuana (excluding low-THC cannabis).

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