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Publisher’s Note

After Fifty-One Years of Marriage, You Would Think I’d Learn …

There is no such thing as a Sunday free lunch in the Felix household — not when Carol is around. Our marriage “made in Brooklyn” in October 1971 is the perfect combination of opposites … I want to spend Sunday afternoon watching stupid movies (or as Carol characterizes them “idiot” movies) and Carol either has a household project planned or reads the Sunday New York Times cover to cover, including doing the entire crossword puzzle. I think you get the picture.

But seriously, that was last Sunday. We actually had an empty house and nothing scheduled — it was just the two of us. This for anyone familiar with the Felix revolving door was pretty much a miracle. No kids in temporary residence, no grandkids for me to spoil, no early snowbirds seeking a little fun in the sun … just Carol and me.

But after a satisfying Palm Beach Bagel breakfast (albeit Keto-friendly) and enough coffee to sink a ship, I slumped on the couch and found one of my ultimate stupid movies — the infamous Waterworld (probably second only to Ishtar in terms of epic failures.) So with my penchant for bad movies, Carol knew I was settling in for a two-hour marathon of Mad Max action, starvation (the characters not me!) and watery dialogue. And that’s when she struck … and I realized I’d been had.

First, she’d encouraged me to really treat myself with an artery-clogging breakfast, and then watched mutely as I settled in for a long stretch on the couch. And no sooner had I gotten hooked on the whole Waterworld plot once again (or lack of plot), she mentioned this little project on the agenda that day. Of course, she said there was no hurry, and it could certainly wait until after my movie — that was the dead giveaway. I knew this little job had to involve something much bigger. And I fell for it … hook, line and ladder. According to her, bleaching ceiling water stains in 3 different rooms was no big deal.

So can you blame me — when Kevin Costner called for help to defeat the Smokers, I actually yelled out to volunteer! But Kevin didn’t answer, and Carol was suddenly sitting nearby watching me watching the movie. Some will accuse me of being clueless, but even I, got the picture. Yes I was done for, done for the day, done for the movie and all because I was seduced by a big breakfast and a “man dream.” That one “little job” turned out to be not so little, the domino effect coming into play — namely getting the ladder, laying the tarp, donning my slicker and goggles, and by the time I was done, so was my back. Nothing more for me to do than curl up with 2 Advil and a heating pad to watch a real man defeat his enemy. (There are no ceiling water stains in the ocean.)

Charles Felix

You can reach Charles Felix at Charles@southfloridahospitalnews.com

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Doctors are feeling overwhelmed. With both family and work responsibilities, with the speed of decision-making and the complexities that are experienced while treating patients in an emergency room, in a hospital, or even at the medical office, the effects that we are still experiencing as a result of the pandemic and other daily situations that affect our mental health. As a result of all this, doctors experience situations that lead them to suffer certain conflicts that alter their mental state.

Behavioral issues can manifest in numerous ways, affecting the person both emotionally and physically. The symptoms can interfere in the person’s normal day-to-day activities and overall functioning. Symptoms can include feelings of sadness, tearfulness, angry outbursts, irritability or frustration, even over insignificant matters. There can be a loss of interest or pleasure in most or all normal activities, such as sex, hobbies, or sports. Sleep disturbances are common. Lack of energy, changes in appetite, and anxiety can all be present. Challenges with attention and concentration can develop as well as trouble thinking. Physical symptoms can also develop such as back pain or headaches.

They can also feel burnout, and those symptoms can manifest as physical and mental overwhelm and fatigue, moodiness and irritability, inability to make decisions, loss of motivation, suicidal thoughts, withdrawing from support systems, hopelessness, feelings of shame, excessive use of substances, including alcohol, drugs, and prescription drugs.

It is also important to teach physicians how to deal with or manage post-traumatic stress disorder (PTSD). PTSD is under-recognized in and by physicians, even though it may be more prevalent in physicians than in the general population in the United States. There are five types of physicians who appear to be particularly prone to developing PTSD: (1) Emergency physicians; (2) Physicians practicing in underserved and remote areas; (3) Physicians in training; (4) Physicians involved in malpractice litigation; and (5) Physicians who are “secondary victims” in the sense that they are indirectly exposed to trauma. In addition to experiencing trauma, the cumulative stress of practice may also cause PTSD.

In order to manage those symptoms and maintain a good mental health state what steps should healthcare professionals follow to prevent behavioral issues? Healthcare professionals should practice self-care and make sure they: 1) exercise regularly; 2) cut back on social media time; 3) build strong relationships; 4) set limits; 5) reduce stress by meditating and mindfulness; 6) get plenty of sleep; 7) practice healthy eating; and 8) reduce alcohol and drug use.

How is the Dade County Medical Association (DCMA) supporting physicians dealing with stressful situations? The DCMA is taking an active role to help physicians in our community improve their mental health. We have mental health professionals available to help physicians with anxiety, stress, and help to decrease burnout and improve their quality of life thru our new LifeBridge: Physician Wellness Program. This program is mindful of privacy and confidentiality and available 24/7 to help those physicians in need. The Physician Wellness Program can be reached via (888) 948-9355.

For more urgent needs, please dial 911 or the National Suicide Prevention Lifeline 988 or 1-800-273-8255.

Dr. Rafael J. Fernandez, Jr., is President, Dade County Medical Association.
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Tampa General Hospital continues to lead the state — and the nation — with the power of academic medicine. TGH has recently been named to the 2022 Fortune/Merative (formerly IBM Watson Health) 100 Top Hospitals’ list, singled out among thousands as one of the top 15 in the nation and Florida’s only major teaching hospital to be awarded.

This distinction highlights TGH’s commitment to academic medicine and excellence in patient care, including better survival rates, fewer patient complications, fewer health care associated infections and better ratings from patients. We’re honored by this recognition and proud of the dedication, quality and commitment to best-in-class care our team provides every day.

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Malpractice Insurance

EXPERT ADVICE

Prior Acts (Retrospective) Coverage Key with Medical Professional Liability Policies

BY VANESSA ORR

Medical malpractice insurance is not just about protecting your claim. It’s about protecting your career.

In Florida, a two-year statute of limitations for medical professional liability claims and lawsuits, but we also have the Statute of Repose, which can extend the original statute another two years,” explained Tom Murphy, senior vice president, National Healthcare Practice, Dunnage Gracey, a Division of Risk Strategies.

“This is so that, if a medical liability issue is found that may not have been discovered in the previous two years, the plaintiff can still file a claim or lawsuit against the physician or the facility responsible,” Murphy gives the example of a patient who begins experiencing pain and discomfort more than two years after a surgical procedure and finds that the surgeon left a sponge in their body.

In essence, doctors should just think of the statute of limitations as four years in Florida for patients 18 and older; for children, however, the statute covers them up until their eighth birthday if they are young, or up to the statute of limitations, whichever is longer,” said Murphy.

“Physicians and OB/Gyns have a longer statute of limitations than those doctors who don’t see children, so it’s important that doctors know what limitations pertain to them because of their patient base,” he added.

In Florida, the vast majority of professional liability policies are “claims-made policies,” which is the trigger that gets companies started on defending doctors based on when the claim is reported.

“For example, Dr Smith may see a patient in 2016, but the patient doesn’t file a claim until two years later, when they realize that something is wrong. The insurance company looks at the claim and reviews if the doctor has retroactive coverage to when the surgery took place,” said Murphy, adding that this type of coverage is also known as ‘prior acts coverage’.

This coverage is important not only for doctors, but for other medical professionals as well.

“Other healthcare professionals, like radiologists, should also hold claims-made policies, as they may miss a spot on an X-ray that later turns into cancer,” Murphy. “A patient could come back and say that the radiologist should have recognized the cancer earlier.”

Retrospective Coverage vs. Tail Coverage

While many physicians think that retrospective coverage and tail coverage are the same thing, they are actually two separate types of policies. Tail coverage is designed for professionals who cancel a claims-made policy, but still need protection for past actions.

“If a doctor moves from Florida to California and cancels the claims-made policy he’s had since 2010, he’s now going bare, unless he purchases a tail policy,” said Murphy. “He still needs protection in case someone makes a claim from Florida from the past four years or longer in the case of a minor.

Some physicians will cancel their policies and not purchase tail coverage, throwing caution to the wind in hopes that there were no adverse events,” he added. “While it’s understandable because tail policies are expensive, it’s taking a real risk. A tail policy can cost an average of 200 percent of a current claims-made policy, meaning that if a physician held a claims-made policy for $10,000, it may cost them $30,000 for the tail policy.”

“A lot of doctors don’t think about this when they decide to leave a group and go elsewhere or start their own practice,” Murphy added. “When they get a tail quote, they get sticker shock.”

“This is why we advise practices who have a new physician joining their group to include information on tail policies—including the typical cost of obtaining one—in writing.”

Murphy added that medical groups should also review tail details with their carriers and prospective physician-hires to make sure that everyone is on the same page and fully aware of each party’s responsibility. Dunnage Gracey is always happy to review tail details and provide guidance.

For more information, call Tom Murphy or Matt Gracey at (800) 966-2120 or visit www.dannagracey.com.

Healthcare Real Estate Check-Up

A look at the current state of the healthcare real estate sector

BY IAN SHAPIRO

After the initial impacts of the coronavirus pandemic on the healthcare industry’s job market and hospital occupancy rates, there began to be signs of recovery. However, jobs that were cut during the pandemic returned and occupancy rates leveled off. But when it comes to healthcare and real estate, continued labor challenges and rising inflation and interest rates are now creating financial challenges. While these factors continue to challenge the industry, they also contain opportunities. Let’s take a look at how the market has changed and what could lie ahead.

Responding to the industry’s current challenges

With the Federal Reserve’s attempts to rein in inflation by increasing short-term interest rates, borrowing costs for investments into the healthcare sector have become more expensive. Even when investors aren’t priced out, many lessors have been able to leverage the lack of demand to avoid triple net leases and opt for contracts that are less beneficial to landlords.

Furthermore, many healthcare facilities, such as hospitals, face nursing labor shortages and employee burnout. From January 2020 to February 2022, 1.5 million healthcare workers left the industry, according to the Department of Health and Human Services. While a portion of those jobs have since been filled, stressful work environments have resulted in higher levels of burnout among nursing staff, contributing to even more resignations. Competition for nurses has led to higher labor and recruiting costs for healthcare sector businesses, particularly for long-term healthcare facilities, putting pressure on healthcare companies’ financials.

To combat high labor costs, some healthcare providers are looking to locate outside of traditional healthcare real estate sites. Some are looking to retail-like clinics, often referred to as medical, and ambulatory surgical centers (ASCs) rather than the large, hospital-anchored medical campuses that have historically dominated healthcare real estate and which focus on accessibility.

The higher supply of properties that can accommodate medail and ASCs means lower lease rates; prices are achievable. Furthermore, employing demographic and other data to understand the patient composition of the market means physicians can determine where to buy and what services may be needed. Medical spaces can also provide tailored services for their patients, bring clinics with services that are in demand to communities that need them and make those services more accessible.

Going forward

Real estate investors have been quick to identify pitfalls to avoid throughout the current inflationary environment, but smart investors have looked past challenges to the opportunities emerging from the changing healthcare real estate landscape. For example, as baby boomers age, investing in healthcare real estate investment trusts (REITs) will become increasingly profitable own more than 2,500 senior housing properties including both assisted living and independent living communities, according to NAREIT data.

Private equity groups and institutional investors are also zeroing in on healthcare real estate opportunities. About $2.5 billion will be invested into healthcare real estate, a steep increase from last year’s $1 billion, according to a CBRE report. Grillo highlights that healthcare real estate, for example, is expected to continue despite medical office transactions falling year over year this past summer with more landlords embracing a medical office real estate model.

Additionally, the rise in medail and ASCs has helped investors find tenants that are well-funded and sign longer leases, making them safer investments. Those opportunities are likely to grow, as medail and ASC markets rise. The U.S. retail clinics market is projected to grow to $2.2 billion by 2029, with the ASC market growing by $21.9 billion by 2028, according to Fortune Business Insights. This, coupled with healthcare’s generally recession-resistant asset class, could make ASCs and medical attractive investments for years to come.

Finding opportunity in adversity

The nature of healthcare real estate investment has been changed by the pandemic, labor shortage and inflationary environment, but where there is change, there is opportunity for investment. By looking at the challenges the industry is facing and the solutions emerging to combat them, creative investors can find opportunities to not just weather the industry’s challenges but thrive through them.

Curious about what opportunities lie ahead for real estate investment? Visit our website at www.bdo.com/industries/real-estate-construction/overview to learn more.

Ian Shapiro, BDO Real Estate & Construction Co-Leader, can be reached at ishapiro@bdo.com or (305) 420-8006 / acepero@bdo.com

Contact: Alfredo Cepero, Managing Partner (305) 420-8006 / acepero@bdo.com

Angelo Pirrozi, Partner (646) 520-2870 / apirrozi@bdo.com

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UHealth Breaks Ground on New North Miami Location  
UHealth at SoLé Mia to open early 2025

After a pause due to the COVID-19 pandemic, UHealth – University of Miami Health System took major steps toward its planned future, breaking ground on a world-class medical center at SoLé Mia, the 184-acre mixed-use development in North Miami, a joint venture between highly respected real estate developers LeFrak and Turnberry.

A groundbreaking ceremony on September 9 included various guests from UHealth’s Board of Trustees and medical leadership team, the LeFrak family, Jackie Soffer of Turnberry, Miami-Dade County Mayor Daniella Levine Cava, and City of North Miami Mayor Philippine Bien-Aime.

The medical center will offer the communities of North Miami, Aventura, and the surrounding areas access to academic medicine focused on healing, wellness, and prevention, delivered by some of the brightest minds in medicine.

The seven-story, 363,000-square-foot medical center will include cancer specialty programs; and specialties such as surgery programs; and specialties such as urological treatments from the Desai Sethi Institute, advanced vision care from the No. 1 ranked eye hospital in the state, and lagoon that will enhance the experience for patients receiving extended services.

UHealth at SoLé Mia will set the standard for top-flight health care in this community,” added Dipen J. Parekh, M.D., chief operating officer of UHealth, founding director of the Desai Sethi Urology Institute, and executive director of clinical affairs at the University of Miami Miller School of Medicine. “Building this iconic facility will improve access to health care for everyone in this region, which is in line with our mission of advancing medicine and serving more patients.”

UHealth at SoLé Mia is scheduled to open in early 2025. At that time, more than $1.2 billion will have been invested in infrastructure and development in SoLé Mia, creating thousands of jobs in the North Miami community.

“I’m extremely positive about the growth of South Florida and North Miami which will impact and accelerate the development of SoLé Mia, contributing to the economy of the county and the region,” said Richard LeFrak, chair and CEO of LeFrak. “UHealth at SoLé Mia is an important addition to our master planned community that will also include state-of-the-art residences, shopping, dining, open space. Now, our residents will have access to the highest quality health care.”

Mayor Levine Cava praised the project and its community-based design. Her previous professional experience made her “profoundly aware of the critical need for quality health care, and for that care to be accessible to all,” she said.

“This visionary space, this gem in the making demonstrates a commitment to a community that is all about healthy lifestyle, and one now anchored by a world-class health institution.”

When It Comes to Patient Care, Spend the Extra Penny

I don’t stay in as many hotels as I used to, but occasionally, business, or personal travel calls for it. Usually when I check in, either the person behind the front desk is kind enough to offer me a bottle of water or there is a complimentary bottle sitting in my room waiting for me. Regardless, my usual routine is to put it in the fridge to let it get cold for the next day. Recently I noticed an interesting new feature on the mini fridge where I was staying at — a timer. That’s right. There was a two-hour timer which essentially cooled the appliance temporarily before it would shut off. If you did not want your water to return to room temperature, you had to reset the timer. Now this was not an inexpensive hotel, but this tweak certainly made me feel that way. No doubt someone at their corporate office probably figured they could save a few pennies by having the unit switch off, but the impact on guests far outweighed any benefit. The same is true when it comes to patient care.

With the inflationary headwinds we have been seeing, everyone is looking for creative ways to cut costs where they can. However, we should also think twice if our actions will hurt patient’s perceptions (or reality) when it comes to their care. Smart organizations are finding the balance.

Some are even looking for ways to spend a little more on the things that will help drive better patient care because they know it will help drive revenue through referrals, recommendations, or reimbursements while at the same time looking for ways to save money in areas that don’t negatively affect the patient or their staffs. Be strategic in your thinking and those pennies you spend will lead to dollars quickly.

Jay Juffre is Executive Vice President, ImageFIRST. For more information on ImageFIRST, call 1-800-932-7472 or visit www.imagefirst.com.
Let’s Connect: 
ACHE of South Florida Spotlight

ACHE Member Spotlight: 
Niurka (Nikki) Diaz, MBA, BSIE

BY VANESSA ORR

As the IT controller at Health Choice Network (HCN), a nationwide collaboration of Community Health Centers (CHCs) and partners that provides community health services to 44 safety-net provider organizations, Niurka (Nikki) Diaz, MBA, BSIE, is responsible for overseeing all the financial aspects of IT, including accounting and purchasing. As the first funded health center-controlled network (HCCH), HCN serves more than 2.6 million patients in 16 states and territories.

While she enjoys her role in supporting the company’s financial infrastructure, Diaz said that what matters most to her is how CHCs can be cost-effective as a result of the services pricing provided by HCN.

“I like that as a not-for-profit, HCN helps CHCs serving underserved patients by leveraging technology to lower their day-to-day costs,” she said, noting that the company was a pioneer in transitioning all of the centers to the cloud and in implementing Epic (EHR) throughout the network. “If you have good technology, you are able to make ever-greater advances, and I enjoy finding ways that we can accommodate their budgets to embrace the latest technology.”

Diaz’ role is to maintain HCN’s IT financial, and to reduce operating costs without jeopardizing the services’ quality in order to facilitate CHC’s cost-effectiveness. “It is so rewarding to see how these CHCs are growing, despite the fact that most institutions offer is 12 weeks, and most women physicians don’t even take the full 12 weeks. I think there are things we can do to make this better.”

The specialty is in a good position to start making changes, as women are increasingly being elected to key leadership roles, according to Dr. Abreu.

“We’re going to have a woman American Society for Gastrointestinal Endoscopy president, Jennifer A. Christie, M.D., from Emory School of Medicine, in 2023. I’m going to be the AGA president in 2024, and the same year Amy S. Oxentenko, M.D., of the Mayo Clinic in Scottsdale, will be president of the American College of Gastroenterology,” Dr. Abreu said.

Having female role models is important and inspiring to the women who have decided to make GI a career.

The University of Miami Miller School of Medicine Division of Digestive Health and Liver Diseases offers not only for its commitment to patient care and published research, but also as a beacon for advancing the careers of female physicians. The division celebrated the latter during September, which was the American Medical Association’s National Women in Medicine Month.

“The Division of Digestive Health and Liver Diseases has a female gastrointestinal (GI) fellowship director and assistant director; its chief fellows in 2022 are all female; six of the 14 faculty are women; and the director of the Crohn’s and Colitis Center and vice chair of research for the Department of Medicine is poised to assume the presidency of one of the world’s largest professional associations, the American Gastroenterological Association (AGA), in 2024.”

Dr. Maria Abreu and 2021 GI fellows at the Scrubs & Heels 2022 Summit

Morgan Allyn Sendziuchew Shane, M.D., has been working her way up the ranks of the specialty since graduating as a GI fellow from the Miller School. Today, Dr. Shane is assistant clinical professor of the division and program director of the GI Fellowship Program. “When I was a medical student applying for fellowship, we maybe had one woman per year. In 2020, four out of the 14 graduating fellows were women,” Dr. Shane said. “While the number fluctuates from year to year, our fellows are generally about 50% female, which is really impressive considering that doesn’t reflect the professional landscape.”

Things are looking up for women in the specialty. Today, the percentage of female division chiefs in GI is about 17%, according to Maria T. Abreu, M.D., professor of medicine and microbiology and immunology and director of UHealth – University of Miami Health System Crohn’s and Colitis Center.

Paving the way for the future in GI

Dr. Abreu is the fifth woman and first Latina vice president of the AGA and is in line to be president of the 16,000-member association. She spoke at the Scrubs & Heels 2022 Summit, a meeting focused on empowering women in GI, about an informal Twitter poll she had taken asking women in the specialty how they envisioned GI’s future.

“I asked women: Did they want to close the gender gap in pay? Did they want to see more women leaders in gastroenterology? Do they want more flexible schedules, or do they want more family benefits?” Dr. Abreu said during an interview with Healio.com. “It turned out [the most important among the options to women were] having more women leaders and closing the gender gap in pay.”

Knowing what women in GI want is important to the profession and for patient care, according to Dr. Abreu.

“For the gender gap in GI to close, the specialty and employers have to acknowledge that we have to make this a great workplace for women,” Dr. Abreu said. “In particular, I think about things like maternity leave. The average amount of maternity leave that most institutions offer is 12 weeks, and most women physicians don’t even take the full 12 weeks. I think there are things we can do to make this better.”

The specialty is in a good position to start making changes, as women are increasingly being elected to key leadership roles, according to Dr. Abreu.

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Having female role models is important and inspiring to the women who have decided to make GI a career.
Cleveland Clinic Men’s Health Survey Reveals Top Areas of Concern as They Age

National MENtion It campaign explores common misconceptions and concerns surrounding men’s health

Cleveland Clinic’s new national survey, MENtion It, reveals the health issues that men are most concerned with as they age, and highlights the frequent misconceptions and myths impacting awareness for men’s health and treatment across every generation.

"Unfortunately, this survey has shown that most men are not as proactive as they should be when it comes to their health and knowing their family’s health history," said Dr. Matthew Goldman, family medicine physician with Cleveland Clinic’s Weston hospital. “This year, our goal was to not only better grasp the most pressing health concerns, but to educate men on how important it is to prioritize their health and treatment every generation.

Dr. Matthew Goldman

The key to catching many conditions while they are still in the treatable and curable stages is early detection, preventative health screenings, and routine checkups for prompt diagnosis,” said Dr. Goldman. He emphasized that the longer people go without regular checkups or medical care, the more likely they are to be unaware of symptoms indicative of underlying health issues that can become serious or even life-threatening if left unidentified and untreated.

OF the top four health concerns applicable to men as they age, Cleveland Clinic’s MENtion It survey found that 38% of men are concerned about cancer, including prostate, bladder, and testicular, closely followed by 32% who are concerned with their sexual health, a notable percentage in comparison to the cancer concerns. Pertainning to sexual health, 44% of men surveyed cited erectile dysfunction as their top concern, followed by declining sex drive (39%) and low testosterone (36%). Despite these worries, many men are ill-informed as to the underlying cause behind issues like erectile dysfunction, with 38% incorrectly believing that low testosterone is its most common cause. Especially relevant, the survey also showed that 71% of men experiencing sexual health issues have been diagnosed with cardiovascular disease or diabetes.

With over half of men surveyed already going without regular health screenings, the majority also do not know their complete family health history, and notable gaps present themselves particularly with urological issues (77%) and various types of cancer (64%). A third of men claim to have never been screened for prostate cancer (33%), bladder cancer (36%) or testicular cancer (37%).

Since prostate cancer is the second most common cancer in American men behind skin cancer, Cleveland Clinic’s MENtion It campaign highlights the cruciality in encouraging greater awareness of this condition, as well as diabetes and heart disease to create a heightened sense of urgency for preventative health screenings and check-ups for these major health risks, especially around those that disproportionately affect men of color.

Particularly in the case of prostate cancer, the disease tends to grow slowly, so when detected early and before it spreads outside of the prostate, those diagnosed can have a more favorable prognosis than those who delay screenings. Screening for this type of cancer can include a digital rectal exam, a prostate-specific antigen blood test, or a biopsy.

Apart from regular check-ups, men can minimize risk of prostate cancer and other diseases by opting in for the applicable health screenings recommended by their doctor, maintaining a healthy weight, exercising regularly, eating a nutritious diet, and quitting smoking.

To learn more about Cleveland Clinic Florida, visit my.clevelandclinic.org/florida.

E-mail Your Editorial Submissions to editorial@southfloridahospitalnews.com

RECOGNIZING THE BEST OF THE BEST IN THE HEALTH CARE COMMUNITY

The Greater Miami Chamber of Commerce is now accepting nominations for the 2023 Health Care Heroes® Awards Program; deadline is December 19. The 24th Annual Health Care Heroes® Awards Luncheon will take place in May 2023.

WHO IS A HEALTH CARE HERO?

An individual, organization, professional, student, volunteer or program, who, through their individual or collective actions have made an extraordinary impact in the South Florida health care community. Their acts of heroism represent a display of dedication to excellence in their area of expertise beyond the scope of their jobs. Through their commitment to their profession and community, they serve as an inspiration to others in an effort to improve the quality of health care and discover new ways to assist those in need.

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Contact: Tania Valenzuela at tvalenzuela@miamicommerce.com or 305-577-5491 or visit www.MiamiChamber.com

South Florida Hospital News

October 2022

9
Meet the South Florida HIMSS (SFHIMSS) Chapter Board of Directors at the Fitz Bar on Thursday, October 13, 2022

The best ideas in healthcare are still to come and South Florida HIMSS Chapter is here to provide a platform for Health IT Professionals to discuss and disseminate thought leadership in our community.

The SFHIMSS Chapter is a diverse organization. Our board of directors is a group of 22 people from diverse professional backgrounds. We have board members in many sectors of the economy. SFHIMSS Chapter board members are professionals with backgrounds in the medical insurance/managed care industry, college professors, health care providers, physicians, nurses, information technologists and clinical informatics, and health technology vendors, etc.

The South Florida HIMSS Chapter was awarded Medium Chapter of the year in 2020.

The SFHIMSS Chapter is proud to announce our membership is growing and we are now close to 2,000 members. Please visit the chapter website at himsschapter.org to learn more about your chapter and its activities.

The SFHIMSS Chapter represents members in the Broward, Collier, Dade, Hendry, Lee, Monroe, and Palm Beach Counties of Florida. The HIMSS South Florida Chapter provides a place for HIMSS members who want to play an active role in improving the future of the health care industry and to connect, collaborate and learn.

For our Annual Conference “IntegraTe” – mark your calendars to participate November 17, 2022, at Alan Levan Center of Innovation on Nova Southeastern University campus.

Kendall Brown is Chapter President, SFHIMSS.

Cover Story: Redefining Cardiac & Vascular Care

Continued from page 1 quicker recovery, and reduced risk of infection and complications, is especially promising for high-risk patients who otherwise have limited surgical treatments. These excellent patient outcomes have been recognized with maximum star ratings by the Society of Thoracic Surgeons.

For patients with irregular heartbeats, the Center for Atrial Fibrillation offers leading-edge personalized care and innovative diagnostic tools and treatments that are only available at UHealth. Chief of the cardiovascular division, Jeffrey Goldberger, M.D., M.B.A., is the principal investigator of a National Institutes of Health-funded clinical trial that examines the role of epicardial fat on heart function and disease.

Dr. Goldberger, a renowned electrophysiologist, also developed “4D” MRI, an innovative approach to accurately measure the velocity of blood flow in the heart. Known for its comprehensive treatment options and risk modification programs, UHealth’s expert cardiology team delivers in-depth and comprehensive care to each patient. “We are committed to improving the health and well-being of every AFIb patient,” said Dr. Goldberger. “Our center will continue to be at the forefront of advancing care for this progressive disease.”

Luanda Graziata, M.D., M.P.H., FACC, professor of medicine at the Miller School of Medicine, is the chief of the cardiovascular division. The Heart Failure team recently earned the AHA’s Get With The Guidelines® - Heart Failure Bronze Award for providing continued optimal care leading to improved outcomes for patients with heart failure. This is a voluntary, hospital-based quality improvement initiative, and the goal is to make sure that every patient who is admitted with heart failure leaves with the therapies that they should have, based on their symptoms and presentation and what is supported in the evidence to be beneficial and effective,” said Dr. Graziata.

Through the cardiovascular division’s Preventive Cardiovascular Medicine Program, UHealth offers specialized care to patients with lipid disorders, high cholesterol or high triglycerides and other conditions that carry high risks for major vascular disease complications. Led by Carl E. Orringer, M.D., a top lipid expert and associate professor of medicine, the program incorporates genetic testing to better diagnose and treat patients and their family members.

Adding to UHealth’s stellar cardiovascular and cardiac surgery programs, vascular surgeons, led by Jorge Rey, M.D., are experts in peripheral artery disease (PAD) and treat all types of aortic and vascular disease – saving the lives of even complex PAD cases through advanced minimally invasive and hybrid surgical approaches, as well as traditional open surgery methods. “What sets us apart is that we also have access to the latest clinical trials that involve new devices or investigational cellular treatments,” said Dr. Rey. “These are not yet available on the market, but are here in the context of our partnering with industry for clinical trials.”

Local Healthcare Practitioner Is Finalist in National Business Accelerator

A local nurse practitioner is one of just 10 finalists nationwide in the American Heart Association’s Empowered to Serve Business Accelerator. Through the program, she has a chance to receive a grant of up to $50,000 to help her grow her health clinic.

Jingo Oglesby-Brihm, DNP, APRN, ANP-C, is a long-time healthcare practitioner, with a background as a nurse practitioner working with heart transplant patients.

The Business Accelerator is a 6-week business training program for entrepreneurs helping to address a social determinant of health. It will culminate in a virtual finale Oct. 20, where each finalist will present their business idea, and three will receive grants toward their business.

“Fan favorite” voting on finalists will begin October 6, and the fan favorite finalist will receive a $5,000 grant for their business. The No. 1 and No. 2 finalists as determined by the judges will receive a $50,000 and $25,000 grant, respectively.

Learn more and vote at Heart.org/EmpoweredToServe.

Jingo Oglesby-Brihm opened her own practice, Empower Healthcare, Inc., on Saturday, September 10. It serves Pahokee and Glades residents, who otherwise have limited access to healthcare.

Oglesby-Brihm has been practicing medical care in The Glades through house calls for more than 8 years. Her practice, located at 491 E Main Street in Pahokee, FL 33476, is a primary healthcare center and women’s health provider for the community. Until the opening of her practice, female residents had to drive at least 20 miles to reach a women’s health clinic.

Miami Dade College-Medical Campus Celebrates the Physician Assistant Profession

Happy Physician Assistant Week

I am Dr. Avril Nimblett-Clarke, Director of the Physician Assistant Program at Miami Dade College. As I reflect, it has been 28 years since I became a physician assistant and what a journey it has been.

This profession has provided the opportunity for a great work life balance, stability, and versatility to me and to other PA students.

I have practiced in Pediatrics, Telemedicine, Neurosurgery, Sickle Cell Research, as a faculty member, and now a Program Director. So, to prospective students, I would say the “sky is the limit.”

A core value of this profession is the services we provide. We continue to serve our purpose which is to increase access to care. Though the total number of physician assistants (PAs) are increasing, there is work to be done to bolster the number of underrepresented minority PAs to support our underserved communities.

The Bureau of Labor and statistics projects a 28% increase in the next 10 years. This level of growth must include a platform to educate and train a diverse population of physician assistants.

The past two years have been amazing as we saw several PAs move into major leadership positions and watched a unification of our major organizations — the Physician Assistant Education Association (PAEA), the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), American Academy of Physician Assistant (AAPA), and the National Commission on Certification of Physician Assistants (NCCPA) — as they created platforms to address Diversity, Equity, and Inclusion.

The Miami Dade College Physician Assistant Program is already on the cutting edge to address the workforce needs in Miami Dade County and around the world.

Miami Dade College’ School of Health Sciences is preparing students to become highly skilled healthcare professionals, while improving their quality of life and allowing them to become an integral part of healthcare teams. Miami Dade College continues to meet its mission by graduating physician assistants who return to serve the community.

The program participates in a migrant program and other community service projects to train the next generation of healthcare providers, the School of Health Sciences turns health care career dreams into reality for thousands of students every year.

As the new Program Director, I commit to continuing to produce high quality physician assistants to become community servant leaders.

For more information, visit www.mdc.edu/health-sciences or call (305) 237-4261.

Jingo Oglesby-Brihm

For more information, visit www.mdc.edu/health-sciences or call (305) 237-4261.

BY DR. AVRIL NIMBLETT-CLARKE
A new partnership between the University of Miami Miller School of Medicine and Miami Dade College (MDC) will further expand opportunities for underrepresented students who are interested in becoming physicians.

The cooperative agreement will allocate guaranteed positions in the Miller School’s Medical Scholars Program, a summer program that helps minority students prepare for and apply to medical school, to qualifying MDC students.

“In taking these steps, we better serve and reflect the fabric of our own community, allowing those who might not think they have the foundation to pursue a career in the medical field to now dare to dream and realize a vibrant future serving others,” said University of Miami President Julio Frenk, M.D., M.P.H., Ph.D.

The partnership was formalized with a memorandum of understanding signed by President Frenk and Madeline Pumariega, president of MDC, on September 8. Administered by the Miller School’s Office of Diversity, Inclusion, and Community Engagement, the Medical Scholars Program is free to participants and includes MCAT preparation, individual mentoring, portfolio review and development, mock interviews, clinical shadowing, and more. Students who attend in person also receive housing, meal, and transportation stipends.

“Support is crucial in the challenging journey to becoming a physician,” said Henri Ford, M.D., M.H.A., dean and chief academic officer of the Miller School. “It is even more vital for underrepresented minority students, who face countless barriers to entering the world of medicine. While so much of what we do at the Miller School serves people all over the world, this program helps students in our own community and changes the lives of many here in South Florida.”

Regional health care leaders have determined that the nursing shortage has reached an all-time high and it is placing a strain on the Florida health-care infrastructure. Barry University has responded by launching the Barry School of Nursing, formed from the foundation of the former College of Nursing and Health Sciences and the Nursing Program, originally created in 1953. The establishment of the School, led by a new dean, will accelerate the development of novel approaches to preparing the nursing workforce of the future. It will also unlock potentials for students and faculty to meet the demand and supply of entry-level professional nurses; nurses engaged in advanced practice; and nurse scientists and educators. The School will be housed in the newly structured College of Health and Wellness with the School of Social Work and all other health-related programs.

Tony Umahay, Ph.D., CRNA, APRN, has been named Dean of the School of Nursing. Dr. Umahay brings nearly thirty years of experience to the position, having served as a clinican, hospital manager, and educator. He has deep connections and strong affiliations with South Florida community health leaders and hospital organizations. He joined the Barry faculty in 2006 and recently served as associate dean of academic affairs. As associate dean, Dr. Umahay expanded the use of simulation and online pedagogies in both undergraduate and graduate programs. He earned the rank of professor of anesthesia and teaches across disciplines, bringing his expertise to a wide range of students. Dr. Umahay is recognized nationally and internationally as a leader in his field as evidenced by grant awards, elections, and appointments by nursing professional groups, and achievement awards.

“As a nurse who migrated to fill critical U.S. workforce gaps in the 1990’s, I am once again humbled by the opportunity to serve during this pivotal transition phase of the 2020 pandemic.” A native of the Philippines, Dean Umahay is the first person of color to lead nursing at Barry University and the first known Filipino American male named dean of a school of nursing in the U.S.

The School of Nursing, complemented by other health-related programs in the College, will be well equipped to overcome the many barriers to educating more nurses: increasing support to faculty, providing more technology resources, building stronger clinical partnerships, and furnishing additional support to a diverse nursing student body.

“I am very pleased that Dr. Umahay will be leading our newly launched School of Nursing at such an important time in our profession. I look forward to working with him to advance our programs and serve our community,” said Vice Provost of Health and Wellness, John McFadden.

Barry University, School of Nursing is home to nationally recognized undergraduate (BSN), graduate (MSN), and doctoral programs (DNP, PhD). For more information, visit www.barry.edu/nursing.
What does hospice have to do with our nation’s heroes? More than you may think. One organization, in particular, is committed to honoring veterans and all they have done to preserve our freedom. As many of our local nursing facilities are home to members of this brave group, in August, VITAS® Healthcare unveiled two more veteran walls, honoring the resident heroes of Indian River Center and West Melbourne Health and Rehabilitation Center.

Installing veteran honor walls is one of the many ways VITAS shows appreciation for the sacrifices these service members have made for our country. Most veteran walls are adorned with photos of the veteran residents who call the nursing facility home. Once a wall has been completed, the nursing facility will hold a ceremony to reveal them. These ceremonies include the presentation of honors including:

- Thank You certificates
- Challenge coins
- Stars from American flags with a poem
- American flag pins

VITAS proudly serves the communities of Brevard County through our offices in Melbourne, Barefoot Bay, and Titusville. Representatives from the Melbourne office have spent months planning the installation of veteran honor walls and coordinating the ceremonies for their unveiling.

Indian River Center has many residents who have served in the United States Armed Forces. One of those residents is Army Veteran Randall Busby. Due to the nature of his condition, Randall is unable to get out of bed and has been unwilling to do so for over a year.

On August 5th, family members, VITAS staff, and the veteran residents of Indian River Center gathered to celebrate a veteran wall in honor of those who have served. Randall Busby chose to join them for the ceremony, an extraordinary sight for his caregivers who have attended to him from his bedside for over a year. His presence resonated with pride as he was presented with honors for having served. When the ceremony concluded, the gravity of Randall Busby’s decision to be recognized for his service was palpable to those in attendance.

Another veteran wall was unveiled on August 18th at West Melbourne Health and Rehabilitation Center. The ceremony opened with the singing of The Star-Spangled Banner, a touching moment for those being honored as they reflected on their dedication to the preservation of freedom. As American Flag pins were affixed to their lapels, Robert Thomas, a World War II Navy Veteran, said “It feels good to not be forgotten.” VITAS staff and family members were touched by this moment because Robert distilled the main purpose behind the veteran walls into such a simple, eloquent, and heartfelt statement.

“It feels good to not be forgotten.”

The actions of patients like Randall Busby and Robert Thomas are reminders of why it is so important to revere the commitment of our Armed Service heroes. These reminders motivate VITAS staff to proudly create moments of deep meaning and significance to our veterans and their families.

To date, VITAS veteran honor walls have been installed at 14 locations throughout Brevard County, including Titusville Towers, Addington Place, Life Care Center of Melbourne, Avante, Cedar Creek, Bedrock Nursing and Rehabilitation Center, Atlantic Shores, The Palms, Consulate of Melbourne, Brookshire, Viera Del Mar, VITAS Inpatient Unit in Rockledge, Indian River Center, and West Melbourne Health and Rehabilitation.

VITAS staff at Indian River Center

Robert Thomas and his daughter, Denise Chandler, at West Melbourne Health and Rehabilitation Center

Paul Kolarik is the general manager for VITAS in Brevard County, Florida. For more information about end-of-life care services, call VITAS Healthcare at (321) 339-2893 or visit VITAS.com.
Experienced Breast Surgeon Joins the Palm Beach Health Network in Royal Palm Beach and at Good Samaritan Medical Center

Donna H. Kleban, M.D., FACS, a highly experienced breast surgeon with expertise in breast cancer treatment and care recently joined the Palm Beach Health Network Physician Group (PBHNPG) and Good Samaritan Medical Center in West Palm Beach, FL.

Prior to joining PBHNPG and since 1990, Dr. Kleban worked as a breast surgeon in Palm Beach County. Most recently, Dr. Kleban worked as a breast surgeon at 21st Century Oncology/Genesis Care in Wellington, FL, and prior to that in private practice as a breast and general surgeon in both Wellington and Belle Glade, FL. Dr. Kleban has been practicing medicine since 1979. For her education and training, Dr. Kleban completed her general surgery residency, and held the distinction of Chief Resident in Surgery as well as instructor at Beth Israel Medical Center, located in New York, NY. Dr. Kleban graduated with a Medical Degree with Honors from the University of Brussels Medical School, Brussels, Belgium. Dr. Kleban also graduated with a Bachelor's Degree in Science from Brooklyn College, Brooklyn, NY.

Neurologist Joins the Palm Beach Neuroscience Institute

Palm Beach Health Network Physician Group (PBHNPG) is pleased to announce Sujai “Ron” Nath, M.D., a neurologist who has joined the Palm Beach Neuroscience Institute (PBNI) practice in West Palm Beach, FL.

Prior to joining PBNI, Dr. Nath worked as Director of the Neurohospitalist Program at the Medical University of South Carolina (MUSC) located in Charleston, SC. Dr. Nath also served as an assistant professor at MUSC. Additionally, Dr. Nath has extensive experience in intraoperative monitoring, a process involving a board-certified neurophysiologist monitoring a patient’s brain, spinal cord and nerves at risk during surgery as well as performing tests to measure central nervous system function during a procedure. Dr. Nath’s previous work experience also includes as a neurologist in both the multi-specialty physician group and hospital setting.

For his education and training, Dr. Nath completed a fellowship in medical informatics, residency in neurology and internal medicine internship from Yale University in New Haven, CT. Dr. Nath graduated medical school from the University of Minnesota and also holds a bachelor’s of science in Biomedical Engineering from Northwestern University.

General Surgeon Fellowship-Trained in Endocrine Surgery Joins Palm Beach Surgical

Palm Beach Health Network Physician Group (PBHNPG) is pleased to announce Zahra F. Khan, M.D., a board-certified general surgeon fellowship-trained in endocrine surgery at Palm Beach Surgical, a general surgery practice with an office in Delray Beach.

For her education and training, Dr. Khan completed a fellowship in endocrine surgery, served as Chief Administrative Resident and completed her general surgery residency at Jackson Memorial Hospital. University of Miami Health System located in Miami, FL. Dr. Khan graduated medical school from the University of Miami School of Medicine. Prior to joining PBHNPG, Dr. Khan worked as an instructor at the University of Miami School of Medicine. In addition, Dr. Khan has presented her medical research at regional, national and international general surgery meetings. Dr. Khan is a member of the American Association of Endocrine Surgeons and American College of Surgeons.

Holy Cross Health Adds New Physicians

Ian D. Singer, D.O., JD, and Melaine Lanza, M.D., have joined Holy Cross Medical Group.

Dr. Singer is a primary care physician who joins Holy Cross Health from Broward Health where he was a Chief Resident of the Broward Health Family Medicine Residency Program. Dr. Singer sits on the Board of Trustees of the Florida Society of the ACOFP, is an adjunct faculty instructor of medical jurisprudence at Nova Southeastern University College of Osteopathic Medicine and is a Fellow of the American College of Legal Medicine. He graduated cum laude with a B.A. in Political Science from University of Miami, earned his J.D. from St. Thomas University School of Law, and a D.O. from Nova Southeastern University College of Osteopathic Medicine.

Dr. Lanza received her Bachelor of Science from University of Miami and post baccalaureate from Florida Atlantic University. She completed a fellowship in pulmonology and critical care at Cleveland Clinic Florida. Gastroenterologist Evgeny Idrisov, M.D., and Endocrinologist Maria del Mar Morales Hernandez, M.D., have also joined Holy Cross Medical Group.

Dr. Idrisov joins Holy Cross Health from the University of Oklahoma Health Sciences Center, where he completed a Fellowship in Gastroenterology. Dr. Idrisov graduated with a bachelor’s degree in biological chemistry from Florida Atlantic University. Harriet L. Wilkes Honors College and received his medical degree from Florida State University College of Medicine. He completed ACGME residency in Internal Medicine at Advent Health Orlando and served as a Chief Resident at Florida State University College of Medicine at Sarasota Memorial Hospital. Dr. Morales is an internist who specializes in disorders of the endocrine glands, diabetes, and metabolism. Dr. Morales graduated Magna Cum Laude from Florida State University College of Medicine. She completed her internal medicine residency at the University of Florida College of Medicine in Jacksonville and an Endocrinology, Diabetes and Metabolism Fellowship at the University of Florida in Gainesville.

Neuro Endovascular Surgeon Ryan Dahlgren, MD, Joins Cleveland Clinic Indian River Hospital

Cleveland Clinic Indian River Hospital welcomes Ryan Dahlgren, M.D., as Medical Director of Neuro Endovascular Surgery.

Under the Section of Cerebrovascular and Endovascular Neurosurgery, Dr. Dahlgren completed his Neuro Endovascular Surgical Fellowship at Cleveland Clinic in Cleveland, Ohio. Prior to joining Cleveland Clinic Indian River Hospital, Dr. Dahlgren was at Mount Sinai Medical Center in Miami Beach. Dr. Dahlgren is an expert in endovascular treatment for acute stroke intervention, occlusive cerebrovascular disease, cerebral aneurysms, arteriovenous malformations, gamma knife radiosurgery and other extra- and intra-cranial cerebrovascular diseases. In addition to cerebrovascular disorders, he has extensive experience in the management of skull base lesions (pre-operative embolization and test balloon occlusions), as well as functional testing (WADA testing), treatment of cranial facial vascular malformations, intra-arterial chemotherapy administration and percutaneous therapeutic surgical procedures.

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I beat cancer

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BROWARD HEALTH

Birthdays, anniversaries, holidays. These are dates ingrained in our brains never to be forgotten. Well, earlier this year, a new date made a mark for me, March 16, 2022, the day I heard the three words no one ever wants to hear … “You have cancer.” At 43 years old, in excellent physical condition, and someone who not only lives a healthy lifestyle herself but teaches others how to as well as a certified health coach, it came as quite a surprise. I didn’t understand how this was possible, especially considering that I’m usually the one helping others and coaching them on how to live their healthiest and happiest life.

A few weeks prior my doctor had felt two small lumps in my left breast on a routine exam, she told me not to worry, so I didn’t. Eight out of ten lumps turn out to be noncancerous so there was no reason to freak out yet. I went the following week for a mammogram and ultrasound. Ironically, the mammogram was read as clear, but the ultrasound confirmed that there were two suspicious masses. The following week I went in for a breast biopsy and the next day received that dreaded phone call.

The following day we were scheduled to head out on a family ski trip for the kids’ spring break and I was determined not to let this ruin that for them, or even for me. So my husband and I decided that we would still go but not tell the kids about my diagnosis just yet.

Every morning on that vacation I was up hours before anyone else and I would get on my computer and have a visit with “Dr. Google” while I cried! My husband, who is a real doctor, always reminds people that Google is not a doctor, but I couldn’t help it. But by the time everyone else woke up, I was all smiles and ready for the day! In all honesty, getting away that first week was a blessing. I was able to escape my reality (somewhat) and that first week was a blessing. I was able to escape my reality (somewhat) and gather my thoughts while I enjoyed my vacation. In all honesty, getting away that first week was a blessing.

As soon as we got home though reality smacked me right in the face. It was doctor’s appointment after doctor’s appointment. In one week, I think I saw nine different doctors — oncologists, breast surgeons, plastic surgeons, genetic counselors, radiologists, etc. This was honestly the hardest part of it all … making the decisions on what my treatment plan was going to be and who was going to be my team for this journey.

After a few weeks of mental agony, I finally decided to move forward with a bilateral mastectomy and reconstruction and who my surgeons were going to be. Once I did that I felt as though a weight had been lifted! I had a plan and as a type A personality, I needed that.

April 19th was my surgery, and everything went well. My first post-op appointment was three days later and I actually walked to it! Luckily my reconstruction surgeon is just a few minutes from my house, and honestly walking was easier than getting in and out of a car. By day 10 post-op I was out taking walks every day.

Before my surgery it looked as though we had caught this in a very early stage, and doctors were optimistic that the mastectomy was hopefully all that I would need. But we would not know for sure until all of my breast tissue was sent out for further testing and final pathology was completed.

About a month later I was feeling great and recovering from my surgery well, and then I got more bad news. Final pathology showed that my chance of recurrence was a little too high and therefore chemotherapy was recommended. Once again the tears flowed because this was not what I expected. Being told that I had cancer was like getting punched in the face, and then being told I needed chemo was like getting punched in the gut right afterwards.

After numerous delays and setbacks, including a severe anaphylactic reaction at my first chemo treatment to one of the medications, I finally started chemo in early July. I had four treatments total, one every three weeks. And guess what?? I conquered chemo! It would knock me down for about 2-3 days after each treatment, but nothing I couldn’t handle, and by day five post treatment, I would pop right back up and get back to my regular routine.

I pretty much maintained my normal lifestyle during chemo, getting up to watch the sunrise each day (my free therapy), workouts, walks and my mom duties. I truly believe that going into this healthy and strong helped me get through it so much better. So, this is your reminder to ALWAYS make your health a priority and NEVER take it for granted!

For more information and to follow Deidre Ferenc’s journey, go to www.DLFWellness.com or @deidreferenc.
Don’t Wait, Get Your Mammogram With Memorial

As someone with a family history of breast cancer, and as a member of the South Broward Hospital District Board of Commissioners that oversees Memorial Healthcare System, I am typically busy in October — National Breast Cancer Awareness Month — helping to spread the word about breast cancer and the importance of breast self-awareness and getting screened.

Early detection is as important as ever. As the pandemic continues, I encourage you to be vigilant. Your mammogram should not wait. Screenings are safe at Memorial Healthcare System, and extended early morning, evening and weekend hours are now offered for imaging appointments.

Each year, more than 300,000 women — one in eight in the U.S. — will be diagnosed with breast cancer, and nearly 3,000 men will, too. The good news for all of us in South Florida is that Memorial Healthcare System and Memorial Cancer Institute offer screening and diagnostic mammograms that make early detection of breast cancer easier.

Coming in fall 2023 is a new freestanding Cancer Institute on the campus of Memorial Hospital West. We will have an entire floor exclusively devoted to breast oncology and will offer patients all the services they need under one roof, from diagnosis through treatment to survivorship. This approach works together with the wide range of rehabilitation and supportive care Memorial provides to help patients be stronger against breast cancer.

Our leading-edge 3D mammography technology and our “one-stop shop,” 3D Stereotactic Tomosynthesis Breast biopsy system mean that patients no longer need to schedule follow-ups and wait days for results. Our highly experienced team of specialized radiologists is dedicated to reading only mammograms and breast imaging. Our outstanding team of medical, surgical and radiation oncologists helps identify individualized treatment options for each patient. Through our Office of Human Research, Memorial strives to offer each patient who would like it the opportunity to participate in a research study or clinical trial.

And it’s all here in South Florida. Thanks to the resources of Memorial Healthcare System, you don’t need to go anywhere else to access outstanding breast cancer diagnosis, treatment, and support and survivorship services. It’s safe and it’s in our own backyard.

To schedule a 3D screening mammogram, call 954-276-5595 or visit MHS.net/Mammogram. For more information on Memorial Cancer Institute, visit MHS.net/Cancer.

LAURA RAYBIN MILLER
Commissioner
South Broward Hospital District d.b.a.
Memorial Healthcare System
Breast Cancer Awareness Month and Beyond

We all know of someone who has been diagnosed with breast cancer. National Breast Cancer Awareness Month in October serves as a reminder that screenings are crucial because early detection saves lives.

We’ve come a long way. While breast cancer remains the second leading cause of death in women, deaths from breast cancer have declined over time according to the Centers for Disease Control and Prevention. That is due to the advancements we have made in diagnosis and treatment.

Treatment: One size does not fit all when it comes to treatment. At Holy Cross Health, our multi-disciplinary team provides an individualized treatment plan to optimize a patient’s best outcomes.

Partners in Breast Health" is designed to facilitate access to breast health care for women who don't have other resources. More than 50% of patients in our community, including those who are non-white and women who are older or have other medical conditions, are referrals to the program. Ignoring signs of breast health issues and delaying care could, and many times does, lead to a worse prognosis.

Encouragement: I encourage patients to ask questions. We have so much information at our fingertips, but “Dr. Google” won’t give you the personalized answer. Talk to your physician, be proactive and be preventive.

Education and awareness: That is particularly important in under-served communities and vital to better medical outcomes. I am proud to say that since 2011, the Holy Cross Health Partners in Breast Health program has provided outreach education, clinical breast exams, screening mammograms and diagnostic procedures to lower-income and minority women age 40 and older who lack access to healthcare services. The program also provides services to symptomatic women who are younger than 40. Compared to the overall population, studies show that African American and Hispanic women are more likely to die from breast cancer due to lack of screenings, late-stage diagnoses and differences in tumor biology.

Dr. Jessica L. Burgers is a Specialist in Breast Surgical Oncology at the Bienes Cancer Center at Holy Cross Health.

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FAU’s College of Nursing is accredited by the CCNE. It is the only university in the U.S. to have all its degree programs endorsed by the American Holistic Nursing Credentialing Center.
Some patients may feel anxious about a personalized and thorough exam scheduled for clinical services can expect someone who goes to the clinic: Patients need and to achieve the best possible outcomes.

"The goal is to meet the patient’s medical needs and to achieve the best possible outcomes."

Dr. Abdulla explained the process for someone who goes to the clinic: Patients scheduled for clinical services can expect a personalized and thorough exam. "Some patients may feel anxious about the visit, so our team strives to make the environment and experience warm and welcoming. The exam includes a breast surgeon evaluating the patient. During the visit, prior imaging reports are reviewed by a breast surgeon or breast radiologist and then the patient undergoes an imaging test." She said that as a breast surgical oncologist, she understands the amount of anxiety that can surround the imaging results. With that in mind, the patient's studies are reviewed with them immediately by a breast surgeon or breast radiologist. If a biopsy is needed, they try to schedule it the same day, or as soon as possible.

Because genetics can heighten cancer risks, the clinic also offers genetic risk evaluations. "If a patient or one of their family members has a specific gene mutation known to influence cancer risk, they may be eligible for risk-reducing surgeries or therapies prior to developing cancer," Dr. Abdulla said. "Gene mutations can also affect the options offered in the active treatment of cancer."

Patients who have been diagnosed with cancer are guided through their treatment process, which can include surgery, chemotherapy and radiation. Dr. Abdulla said the patients who could most benefit from the clinical services include: Anyone with a significant family history of cancer (either breast or other kinds); anyone with a genetic mutation that puts them at higher risk of cancer; or anyone with increased risk factors of breast cancer. Those who are interested in scheduling an appointment can either request a referral from their physician or place a call themselves to be evaluated.

The High-Risk Breast Cancer Screening and Genetics Clinic at Broward Health is focused on providing high-quality and individualized care for patients, but that doesn't mean there aren't challenges. However, Dr. Abdulla stated, "As a physician, I love being able to guide, educate, and treat my patients facing medical challenges and uncertainty. It is great when a patient can say 'I beat cancer' with our team's help. This makes all the challenges worth it.”

**You’ve done your research. We have too.**

When you’re faced with cancer, it’s important to know all your options. Cleveland Clinic Florida is not only a leader in cancer care – we’re also a leader in cancer research. Our renowned specialists at the Maroone Cancer Center provide patients with the most advanced treatments and therapies thanks to the wide array of clinical trials happening right in our facility. From state-of-the-art screenings to comprehensive cancer support services, trust the #1 ranked hospital in South Florida.

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ClevelandClinicFlorida.org/Cancer

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**Broward Breast Cancer Clinic Provides Greater Screening for Patients**

**BY LOIS THOMSON**

Two years ago, Broward Health established the High-Risk Breast Cancer Screening and Genetics Clinic with the purpose of providing breast cancer screening and genetic risk evaluation for individuals who are at a greater risk.

"The clinic is important to help identify and educate those who are at higher risk of developing breast cancer in their lifetime," said Dr. Alia Abdulla, DO, FACS, with Broward Health Physician Group.

Dr. Abdulla is a fellowship-trained surgical oncologist who has practiced medicine since 2007 and specializes in treating breast cancer. She is also widely trained in the role of genetics in breast cancer and is one of the clinic’s founders.

"The most important life-saving determinants when it comes to cancer are early diagnosis and early treatment," she said. "This clinic serves to identify these patients so that if they develop cancer, it will be detected early enough that it will be in a treatable form."

Dr. Abdulla explained that the clinic, held weekly at the Lillian S. Wells Women’s Health Center at Broward Health Medical Center, serves those patients who are at an increased risk of developing breast cancer. Dr. Abdulla pointed out that although physicians who perform services in the clinic are trained in the specialized area of breast surgical oncology and breast radiology, they are also tested and then educated about the genetic changes they may have, and how that will affect their risk of cancers, including breast, colon, pancreatic, ovarian, and other types.

She went on to say that when a patient is diagnosed with cancer, a team is created that includes a medical oncologist, a radiation oncologist, a surgical oncologist, and a reconstructive surgeon to coordinate care and develop a personalized and comprehensive treatment plan.

"The goal is to meet the patient’s medical needs and to achieve the best possible outcomes."

Dr. Abdulla explained the process for someone who goes to the clinic: Patients scheduled for clinical services can expect a personalized and thorough exam. "Some patients may feel anxious about the visit, so our team strives to make the environment and experience warm and welcoming. The exam includes a breast surgeon evaluating the patient. During the visit, prior imaging reports are reviewed by a breast surgeon or breast radiologist and then the patient undergoes an imaging test."

She said that as a breast surgical oncologist, she understands the amount of anxiety that can surround the imaging results. With that in mind, the patient’s studies are reviewed with them immediately by a breast surgeon or breast radiologist. If a biopsy is needed, they try to schedule it the same day, or as soon as possible.

Because genetics can heighten cancer risks, the clinic also offers genetic risk evaluations. "If a patient or one of their family members has a specific gene mutation known to influence cancer risk, they may be eligible for risk-reducing surgeries or therapies prior to developing cancer," Dr. Abdulla said. "Gene mutations can also affect the options offered in the active treatment of cancer."

Patients who have been diagnosed with cancer are guided through their treatment process, which can include surgery, chemotherapy and radiation. Dr. Abdulla said the patients who could most benefit from the clinical services include: Anyone with a significant family history of cancer (either breast or other kinds); anyone with a genetic mutation that puts them at higher risk of cancer; or anyone with increased risk factors of breast cancer. Those who are interested in scheduling an appointment can either request a referral from their physician or place a call themselves to be evaluated.

The High-Risk Breast Cancer Screening and Genetics Clinic at Broward Health is focused on providing high-quality and individualized care for patients, but that doesn't mean there aren't challenges. However, Dr. Abdulla stated, "As a physician, I love being able to guide, educate, and treat my patients facing medical challenges and uncertainty. It is great when a patient can say 'I beat cancer' with our team's help. This makes all the challenges worth it.”

**For more information, call (954) 355-4917 or visit BrowardHealth.org.**

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Partner with Us to Treat Underserved Women with Cancer in South Florida

This is a real and meaningful victory. Recently, a Promise Fund patient had to make 25 road trips to Tampa and back for radiation treatments with one of our patient navigators, because that was the location of the only hospital in our region that would fund her care.

Now, we look forward to developing similar partnerships with additional medical care partners here in South Florida. We need hospitals, health care systems, physicians, and anyone with a heart for health equity to offer these deserving women much-needed support.

Currently, uninsured women who annually earn more than $13,940 and less than $27,180 are not eligible for specialty benefits through the Health Care District of Palm Beach County. Palm Beach County has some of the worst health disparities for women, especially women with cancer.

Women without adequate insurance or a medical home are left to seek help as best they can. This means delays in treatment and — at worst — no treatment at all. Many women drop out after being diagnosed. They are walking around with the cancer advancing, unable to get the help they need.

As they suffer and their cancer spreads, the cost to treat them rises. For a patient with Stage 1 breast cancer, the average treatment costs $43,530; for a patient at Stage 4, that amount jumps to $223,568. The need for chemotherapy also impacts the expense of care. For breast cancer patients not receiving chemotherapy, the overall healthcare cost within two years of diagnosis averages $80,870; for those who receive chemotherapy, that figure rises to $200,045.

But the survival rate is what really matters. For a patient diagnosed at Stage 1, the 5-year survival rate is 99 percent. When the diagnosis shows cancer at Stage 4, the survival rate is 22 percent. By screening women regularly, we save money, but much more importantly we save lives.

The Promise Fund is helping to navigate the complexities of the health care system for women who need it, ensuring health equality and better outcomes. Diseases that are 99 and 95 percent curable shouldn't be resulting in so many deaths.

The Promise Fund won't rest until no woman dies from late-stage breast or cervical cancer. In the past year, Promise Fund supported more than 18,000 uninsured and underinsured women in navigating the complexities of the healthcare system.

We look to double our impact each year, with the goal of reaching all 80,000 uninsured women in our community by 2024. With additional local partnerships, we will not only save lives, but we will also craft a model of care equity that can be replicated around the nation.

Learn more about our mission at www.promisefundofflorida.org. Nancy G. Brinker is co-founder of the Promise Fund of Florida.
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Advancements in artificial intelligence (AI) are moving quickly and that’s great news for the healthcare industry. One example is the first Varian Ethos™ Adaptive Intelligence system, which is an AI-driven holistic approach that provides advanced radiotherapy cancer treatment.

At Holy Cross Health, we have been treating patients for disease throughout the body including the abdomen, pelvis and extremities with the Ethos system. The machine allows us to see changes in the anatomy during the course of treatment. Because of that we can target the tumor with a higher dose, and less dose to other organs, which also results in less side effects.

Healthcare systems will come to rely on AI more in the future, and in the case of ethos therapy, here is why healthcare systems can benefit.

Better outcomes: The Ethos system is a game-changer. Patients get an individualized plan that is 100% correct for their anatomy. In doing so, we can do a much better job of treating the tumor with less risk to organs surrounding the tumor. Because the procedure takes 10 to 12 minutes in the machine, unlike a MRI machine, patients are more comfortable during treatment.

Minimizing side effects: By identifying and administering the targeted radiation to the tumor in real time, the treatment has less effect on healthy tissue, particularly in cases where the tumors are close to the bladder, bones, bowel and other critical structures. We can cure the disease with minimal risk to those organs and minimize side effects.

Convenience and efficiency: The Ethos system allows for adaptive planning in a rapid fashion. That means less down time, which is great for the patient, but it is also efficient for hospitals. By increasing the capability, flexibility and efficiency of radiotherapy, we can treat more patients than before.

The technology: We all want to have happy, comfortable, healthy patients. To do that we have a standard of care based on evidence and data. Advancements in technology continue so it is up to all of us to embrace it, particularly since technology is available in all areas of medicine.

Education and awareness: Patients want to be treated close to home. They don’t want to travel out of state to get their treatments if they can get the highest quality care and access to state-of-the-art technology right here. Because of the advancements and investments and healthcare systems like Holy Cross Health are making in technology and treatment, patients don’t need to go out of the area or the state to get the services they need.

This is a transformational moment for cancer care. Adaptive therapy is the future of personalized radiation therapy and a significant win for patients and hospitals.

Dr. Vivek Patel, radiation oncologist, is Medical Director at the Bienes Comprehensive Cancer Center at Holy Cross Health. For more information, visit holy-cross.com.

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**Why Healthcare Systems Should Invest in Varian Ethos™ Therapy**

BY VIVEK PATEL, MD

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**Save the Date**

**November 17, 2022**

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**FREE MED MAL EXPERT REVIEW**

How healthy is your Med Mal policy?

It’s no longer just a matter of signs hinting at a hardening market. Indisputable evidence is now at the forefront. Malpractice rates are going up across the board. Weaker malpractice carriers are being placed into receivership or sold. Juries in Florida are making shockingly high awards. And this is only the beginning.

Isn’t it time your Med Mal policy got a checkup?

Risk Strategies will perform a no-obligation comprehensive review of your current malpractice coverage. Few doctors and administrators have an in-depth knowledge of their coverage or insurer and may not be asking all the right questions. For instance, do you know the following about your coverage:

- Are the policy exclusions outlined and clearly defined?
- Do you have full or just limited rights to consent to any lawsuit settlement?
- Is defense coverage offered outside or inside the limits of liability?
- What are the “tail” provisions upon termination of the policy?
- How is your corporation, professional association or other entity covered?

These are just a few of the questions you should be asking in this volatile market. It’s not too late to have a no-obligation medical malpractice insurance review, just contact Risk Strategies at 800.966.2120 or matt@dannagracey.com.

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New Office Enables KIDZ Medical to Expand Pediatric Hematology Oncology Care

BY VANESSA ORR

The Children’s Oncology Hematology Clinic (COHC) in West Palm Beach, a division of KIDZ Medical Services, recently inaugurated a new, expansive office on the campus of Palm Beach Children’s Hospital/St. Mary’s Medical Center to treat its growing patient population. KIDZ Medical is the largest regional provider of care to pediatric cancer patients in South Florida. And its new office is poised to further enhance the services offered to residents of Palm Beach County and the Treasure Coast.

“The growth of the community, we needed to expand our capacity to see more patients and offer more advanced care closer to home,” said pediatric hematologist oncologist Matthew D. Ramirez, M.D., noting that patients initially seen at other children’s hospitals are then referred to KIDZ specialists.

“The KIDZ hematology oncology practice in West Palm Beach has grown significantly in the last several years,” agreed Albert Tano, M.D., co-founder of KIDZ Medical. “Our strong partnership with St. Mary’s is at Palm Beach Children’s Hospital, and their support of the practice—along with the quality and collaboration of the KIDZ physicians—has created significant benefits for our patients.”

Within the new office, the practice will be providing specialized care for children and teens being treated for brain tumors, leukemia and lymphoma, sickle cell disease and other blood disorders, bone marrow transplants, solid tumors, and other pediatric cancers and related diseases.

“Our new office gives us space for further expansion, including adding subspecialists who see patients here,” said Dr. Ramirez. “For example, when the bone marrow transplant team from Miami comes to see our patients, they will now have dedicated facilities.”

The new office also contains an infusion center that enables patients needing chemotherapy or other drugs to avoid a hospital or emergency room environment.

A Tradition of Innovation in Patient Care

Nearly 40 years ago, Dr. Narayana Gowda began practicing as the area’s first pediatric hematologist oncologist. In addition to seeing KIDZ patients, Dr. Gowda currently serves as principal investigator for studies conducted through the world’s leading pediatric research organization, the Children’s Oncology Group (COG).

“No many people know this, but the oldest pediatric hematology oncology floor in the county is at Palm Beach Children’s Hospital,” said Dr. Tano. “The hospital has been an excellent partner for KIDZ’ hematology oncology specialists and has done everything required to treat pediatric cancer patients.”

“To run a pediatric oncology program, you have to have many pediatric specialists available 24/7, including pediatric infectious disease specialists and hospitalists, plus you need an emergency room geared toward treating these patients,” he continued. “St. Mary’s follows Children’s Oncology Group protocols, and is one of only 200 COG-accredited institutions in the world.”

Advancements in hematology oncology have helped to increase patient survivorship, and range from new medications that help to limit the side effects of sickle cell disease to long-acting factors that can be given subcutaneously for the treatment of hemophilia.

“From an oncology standpoint, we continue to push for more targeted therapies through genetic testing to determine if adult oncologic medicines can help pediatric patients who do not respond to upfront therapy,” said Dr. Ramirez. “CAR T-cell therapy, which is now FDA-approved, is being used to help patients’ own immune systems fight against cancer. Family-related bone marrow transplants are helping win the battle against sickle cell disease, and the West Palm Beach practice is integrated with the more established bone marrow transplant program in Miami. “Approximately 85 percent of children with a cancer diagnosis are now surviving annually, and that number is only going to grow over time,” said Dr. Ramirez, who specializes in survivorship care, which includes monitoring patients for late-occurring side effects from previous cancer therapies. “We were the first to bring survivorship care to South Florida, and now other hospitals are developing their own programs.

“Those improving numbers show that something is working,” he added. “We are moving the dial as far as survivorship is concerned.”

Children’s Oncology Hematology Clinic is located at 927 45th Street, Suite 201, West Palm Beach, Florida 33407.

To learn more, visit www.kidzmedical.com/pediatric-services/hematology-oncology.

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You may not know who certified tumor registrars are, or what they do. Many of us have been touched by cancer, either personally or by a family member, friend, or colleague. Perhaps you know someone who is currently battling cancer or has had cancer in the past. Certified tumor registrars, or CTRs, are a special group of professionals who “collect the data that provides essential information to researchers, healthcare providers, and public health officials to better monitor and advance cancer treatments, conduct research, and improve cancer prevention and screening programs” (National Cancer Registrars Association, 2022).

Did you know: The first hospital-based cancer registry “was established at Yale-New Haven Hospital in New Haven, CT, in 1926. In 1971, the National Cancer Act budgeted money for the National Cancer Institute, for research, detection, and the treatment of cancer. In 1973, the Surveillance, Epidemiology and End Results (SEER) Program of NCI established the first national cancer registry” (NCRA, 2022).

A hospital cancer registry is responsible for ascertaining cancer cases for all patients that present to the facility with cancer diagnoses. Cases are identified via the case finding process or review of pathology reports, disease indices, and imaging reports; to name a few. Reportable cancer cases are entered into a database suspense file. The fields are collected and coded according to guidelines set forth by various standard setters, including the Commission on Cancer, SEER, and NAACCR. What does this mean, you ask? It means that for every patient who presents to a hospital with a cancer diagnosis, the cancer registry must review, interpret and document who, what, where, when and why. Demographics, tumor characteristics, cancer treatments, cancer status and continued annual follow-up data all must be documented. The data are used in statistical analyses to improve cancer research, screenings, treatments, and outcomes.

I interviewed a CTR, Georgette, and presented itself to learn the role of a cancer registrar. She became passionate about the cancer registry. Cancer registries are the baseline of the data, – it starts with us. “We gather all the information to help improve cancer care and outcomes, which is extremely important and intriguing. This data drives the future of cancer care, improving research, screenings, treatments and overall outcomes for cancer patients. Seeing the change and feeling that you are making a difference in the long term of patient care is so rewarding.”

Cancer registry data may be used to identify cancer clusters – “is cancer prevalent in a particular county or state, and can the cause be identified? Why or what could be the cause?” Public health programs are identified and piloted using the data when disparities are identified in targeted populations and communities.

The fight for the cure of cancer is an ongoing battle, and CTRs wage this war daily by collecting data and helping future populations receive the best treatment available based on statistical analyses and documented outcomes. As October is widely known for breast cancer awareness, and everyone wears pink, don’t forget the CTRs who collect this data and work every day to document the data and work toward the cure.

If you are interested in learning more about becoming a CTR, please visit the National Cancer Registry Association website at www.ncra-usa.org.

Betsy Johnson is Founder & CEO, HIMpros. For more information, visit www.thehimpros.com.
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Broward Health North

Alexis Luria, BSN, RN, CEN, TNCC
Emergency Department Nurse

As a trauma nurse in the Broward Health North Emergency Department, Alexis Luria, BSN, RN, CEN, TNCC, is nearly always in motion. “My primary role is to be ready to meet critically injured patients and quickly join the multidisciplinary team in caring for them,” she said.

The trauma team at the Deerfield Beach hospital is composed of skilled physicians, nurses, respiratory therapists and paramedics who work together to resuscitate and stabilize patients with traumatic injuries. Luria has been a nurse for 10 years and with Broward Health since 2017. She is a senior nurse in the trauma department and assists with the management of patients. She is also a resource for her colleagues. For those considering emergency care, Luria stressed that the positives outweigh the challenges, such as long hours and stressful situations. “This profession isn’t all glory,” she said. “I can say at the end of the day, it is very rewarding.” “I love what I do, and I love having the expertise to be able to care for people in their time of need,” Luria said.

Jill Brunjes, RN, CEN, TNCC
Emergency Department Nurse

Jill Brunjes, RN, CEN, TNCC, was a child when she realized she wanted to be a nurse. “Growing up, my grandmother was in and out of the hospital. The nurses and doctors who cared for her and her family provided a perfect example of how to care for patients and their families,” she said.

Brunjes is part of the trauma team in Broward Health North’s Emergency Department. She also helps instruct and train Emergency Department nurses. “What I like most about emergency care is the fast-paced environment, being able to help critically injured patients and their families, and seeing patients’ rapid improvement after the interventions we provide.”

Brunjes has been a nurse with Broward Health for nearly seven years.

For those considering the profession, Brunjes said: “Nursing is about constantly learning.” “It’s very rewarding when a critically injured patient whom you thought wouldn’t make it is able to walk out of the hospital,” Brunjes said. “To think that I played a role in their care is humbling.”

Broward Health Imperial Point

Teresa Mancuso, RN, CEN
Assistant Nurse Manager, Critical Care

Teresa Mancuso, RN, CEN, began her Emergency Department nursing career in 2006. She is an assistant nurse manager at Broward Health Imperial Point, managing day-to-day operations in the Emergency Department and meeting with staff and patients regularly. She also runs the hospital’s STEMI heart attack and sepsis programs. Mancuso loves how mentally challenging the job can be and the importance of the service emergency care nurses provide. She is passionate about connecting with the patients in her care. “Working in the Emergency Department is a privilege,” Mancuso said. “There are very few other professions in which you help people at their most vulnerable. We have a tremendous impact on their lives. It’s incredibly rewarding.” The Miami native is a certified emergency nurse and currently pursuing a master’s degree in nursing leadership from Chamberlain University.

Patrick Dyer, RN
Emergency Department Nurse

Patrick Dyer, RN, is a charge nurse in the Emergency Department at Broward Health Imperial Point where he has worked since 2008. In his role, he ensures patients receive the quality of care they deserve. His priorities are to ensure that patients are quickly placed in the correct beds, protocols are being followed and patient issues are attended to. In addition, he has enjoyed precepting several nurses new to emergency nursing. Dyer previously worked in the behavioral health unit in the Emergency Department at Broward Health Medical Center where he took advantage of an opportunity to be cross-trained. He grew to love the Emergency Department for the pace, the acuity of the patients and the teamwork. “Nursing is a very humbling and knowledge-rich profession. It has provided me the rewarding opportunity to serve our community and its members in a way that no other profession can,” Dyer said.

Broward Health Medical Center

Carol Obas, BSN, RN
Emergency Department Nurse

Carol Obas, BSN, RN, an Emergency Department nurse with Broward Health Medical Center, was inspired to pursue a career in nursing after her experience when her grandmother was diagnosed with liver cancer. Her grandmother spoke Haitian Creole with limited English understanding, and Obas felt that a language barrier impacted her care. “My primary focus in is on cultural diversity, patient education, and making sure I’m offering compassion and education to all my patients,” Obas said. “I don’t want any patient or family member under my care to ever feel lost or alone.”

Obas has worked for Broward Health Medical Center for the past five years, starting in hematology-oncology and expanding to hospital and palliative care. She currently provides critical care in the hospital’s Emergency Department.

A Florida native, Obas was born en route to the hospital where she currently works.

Chris Gandy, BSN, RN
Assistant Nurse Manager, Emergency Department

Chris Gandy, BSN, RN, serves as a night-shift assistant nurse manager at Broward Health Medical Center, responsible for managing staffing, patient care and environmental services. A Mississippi native, Gandy became a nurse 29 years ago. He was inspired by his mother’s stories about her experiences as an ambulance and Emergency Department nurse.

Gandy served as a travel nurse and finally settled down in Fort Lauderdale in 2014. He stresses that compassion is key to being a good nurse and that money is not the most important priority for a happy career.

“Find a place where you feel comfortable and fit in, and you will never regret a day of work,” Gandy said. “My co-workers and I work together to create an environment that we all enjoy and do what we do best. We look forward to spending time together. We are truly a family outside of our homes.”

Broward Health Coral Springs

Laura Pluskis, RN, BSN, ACLS, PALS
Emergency Department Nurse

Laura Pluskis, RN, BSN, ACLS, PALS, is a passionate pediatric nurse at Broward Health Coral Springs’ Emergency Department. Pluskis started her career in sports medicine as a licensed and certified athletic trainer in an orthopaedic clinic. A few years later, she decided to go back to school and earned her master’s with an emphasis on cardiac and pulmonary rehabilitation. “I fell in love with nursing and wished I had done it earlier,” said Pluskis.

Pluskis now has 13 years of experience as a registered nurse and six years with Broward Health. “My favorite part of my job is educating our patients and their families,” she said. “I love helping people and playing a small part in their recovery.” Pluskis has been recognized twice for her outstanding work as a nurse in 2017 and 2021. She earned both her Bachelor of Science in kinesiology and a Master of Science in clinical exercise physiology at Indiana University.

Bradley Petitdos, RN
Charge Nurse, Emergency Department Nurse

Bradley Petitdos, RN, is a charge nurse at Broward Health Coral Springs’ Emergency Department. He started working as a health technician at the hospital and was quickly inspired by the team to grow in the medical field. “I was inspired by the healthcare team of professionals that I now work with to keep rising,” Petitdos said. “As a nurse, I’m never alone in a difficult situation, I am part of an amazing team.”

Pending has been working for Broward Health for nearly 15 years. This year, he received the 2022 Nurse Recognition Award at the First There First Care & Gathering of Eagles conference for his patient care, volunteer work with Swim for Nick and his rapport with EMS. He oversees incoming patients and helps with Swim for Nick and his rapport with EMS. He oversees incoming patients based on their level of injury and illness, conducts health assessments, administers medications, and provides and reinforces education to patients and their family members.

Petitdos earned his associate degree in nursing at Miami-Dade College and is currently pursuing his bachelor’s.
A message from our President

SFHHA 2022-2023 Focus: Workforce and Education

The South Florida Hospital & Healthcare Association (SFHHA) supports operating councils that are advisory to our Board of Directors. One of those Councils is our Workforce and Education Council.

The SFHHA Workforce and Education Councils charter makes clear that the Council is responsibility for making recommendations to the Board on issues associated with the overall healthcare workforce. It is also tasked with assisting in the preparation for the future business continuity, business growth, and business agility. This preparation shall also include issues of diversity and inclusion.

We are proud to share with our readers that one of this Council’s Co-Chairs is Dr. Bryan Stewart who currently serves as President of Miami-Dade College’s Medical Campus. He is a respected leader in academic affairs with more than 32 years in the industry.

Dr. Stewart holds a Bachelor’s Degree in Mathematics from Tarleton State University. He also holds a Master’s in Mathematics and a Ph.D. in College and University Teaching with a minor in Mathematics, both from the University of North Texas.

This council will be embarking on their journey in light of significant workforce and education challenges that lie before the healthcare community.

One of the reports that the Council will be considering, prepared quarterly by the American Hospital Association (AHA) and their partner Prolucent, is titled the Health Care Jobs Report. This report analyzes and evaluates healthcare job posting from across the United States with additional drilldown capabilities for each of the AHA’s regions. We are located in AHA Region 4 which includes Tennessee, Georgia, Mississippi, Alabama, and Florida.

According to the most recent report that looks at the second quarter of 2022, healthcare job postings have declined slightly since the prior quarter by 1.4%. Florida had almost 36,000 listings, well surpassing the other states in our region. To put this into perspective, this percentage decline in Florida amounted to about 275 fewer listings. When you look at these listings by role for the same period, listings for allied health and therapy professionals increased while the listings for nursing declined a modest two percent.

Further, looking at only those job postings for all types of nurses, they declined by 2.1 percent, which amounts to about 532 listings out of a total of about 25,500 listings. Florida saw increases in the number of listings for Med-Surg, Critical Care, and OR/Surgery while also seeing fewer listings for Emergency and Step-Down nurses.

Another slightly improved metric is that the average time to fill one of these positions has declined from 52 days to 49 days. This result is not earthshaking, but it is movement in the right direction.

Trying to match the educational process for health professionals, the supply, to the healthcare provider demand for trained and educated labor will be the focus of our Council. If you think that you are a stakeholder in this discussion, please feel free to let us know. We will be setting up dates, times, and places for our Council to meet over the next couple of weeks and your participation will be appreciated.

Cover Story: Cleveland Clinic Weston Hospital: Providing World Class Care in South Florida

Continued from page 1

opened in 2001. Previously, he served as Chief of Staff for Weston Hospital. In this role, he led the Office of Professional Staff Affairs, provided medical staff appointment, credentialing and review and compensation oversight. Dr. Blandon also previously served as the Chair of the Department of Imaging at Cleveland Clinic Weston for 18 years.

“I’ve had the privilege of growing with this medical system,” he says. “When the opportunity came about for the role of president, I decided to jump at the opportunity so that I could combine my business training with my medical expertise to help continue to grow this facility.”

Dr. Blandon graduated from the University of South Florida Morsani College of Medicine. He completed his radiology residency at Allegheny General Hospital in Pittsburgh, PA and a fellowship in vascular/interventional radiology at Alexandria Hospital/George Washington University in Alexandria, VA. He also completed a general surgery internship at the Medical College of Pennsylvania in Philadelphia. Dr. Blandon also holds a master’s degree in business administration from University of Florida.

When asked about his biggest accomplishment, Dr. Blandon mentions leading the hospital through the COVID pandemic.

“At a time when there was a lot of fear and a lot of uncertainty, we prepared our hospital and our clinics to deal with the unknown,” he recalls. “This was a new pandemic that none of us had seen in our lifetime. We were able to rally our teams to get ready for the unknown.”

As he looks ahead, one of Dr. Blandon’s short-term goals is to expand Cleveland Clinic’s Weston Hospital.

“We have a reputation of being the number one hospital in South Florida by U.S. News and World Report for the last five years,” he says. “We’re getting a reputation for providing complex care for patients who have a challenging situation. Right now, my short-term goal is to open up a new wing by December that will add 30 additional beds in the intensive care unit. Our community in south Florida continues to grow rapidly as compared to other states. As a result, we are already beginning to have discussions about a new hospital tower so that we can provide better access to the community.”

What makes his hospital different from other systems is simple according to Dr. Blandon—the type of care that they provide.

“What separates us is our desire to be a top healthcare system. Our main goals are to have top quality, safety, and patient experience metrics for our patients,” he says. “That’s what our reputation across the Cleveland Clinic has been for 101 years. What also makes us a little bit different is our caregiver team at the Cleveland Clinic has specialized training, so that they’re not only good at what they do, but they also provide care in a very empathetic way. The best part of my job is reviewing all those letters that we get about the great experiences patients have with our caregivers. We continuously train our caregivers to provide the best patient experience and to truly treat patients like family. I think that’s what sets us apart.”

Since healthcare is constantly evolving, Dr. Blandon stresses the importance of being able to be flexible and to adapt to those changes. “We have to be able to adapt to situations quickly. Adaptability is the key to survive and thrive in the healthcare environment.”
What's New... What's New...

Palm Beach Gardens Medical Center Acquires Two Mako SmartRobotics™

Palm Beach Gardens Medical Center advances its orthopedic program as the only and first hospital in Palm Beach County to acquire two Mako SmartRobotics™. The first case at the hospital using the Mako SmartRobotics™ was recently completed by Dr. Robert Avino, orthopedic surgeon.

Mako SmartRobotics™ offers a more precise and consistent result for partial knee replacement, and total knee and hip replacements. Mako SmartRobotics™ patients may experience a shorter hospital stay, quicker recovery and a smaller incision as compared to surgery completed without the robotic-arm assisted technology. In addition, many return to an active lifestyle within weeks of the procedure. Mako SmartRobotics™ partial knee replacements can be performed on either the inner, top, or outer compartment of the knee. It can also be performed as a bicondylar procedure on both the inner and top portions of the knee.

Mako SmartRobotics™ allows patients with osteoarthritis to be treated at earlier stages and with greater precision. Because it is less invasive, and in some cases, more of the patient’s natural joint remains, the goal is for patients to have more natural knee or hip motion post-operatively.

Through its innovative use of technology, Mako SmartRobotics™ takes partial knee replacement to a new level of precision. When performing Mako SmartRobotics™ surgery at the Palm Beach Gardens Medical Center utilize a tactile robotic arm, and a 3-D virtual patient-specific visualization system.

Baptist Health’s Miami Cardiac & Vascular Institute Successfully Treats Its First Cardiac Patients with New 3D Philips Intracardiac Echocardiography Catheter

Royal Philips announced that Baptist Health’s Miami Cardiac & Vascular Institute has successfully started treating patients with VeriSight Pro, Philips’ real-time 3D Intracardiac Echocardiography (ICE) catheter, during minimally-invasive image-guided procedures for structural heart disease. Offering superior 2D and 3D live imaging, VeriSight Pro allows interventionists to navigate procedures with ease, provide superior care, and optimize performance of the interventional suite to benefit more heart patients. With Philips’ intracardiac echocardiography (ICE) catheter, VeriSight Pro, additional groups of patients can now be treated, such as those who can be treated with a catheter that is not suitable for transesophageal echocardiography (TEE) [1], which typically requires heavy sedation or general anesthesia.

Dr. Ramon Quesada and Dr. Bernardo Lopez-Sanabria are the first two interventional cardiologists to use this technology for Baptist Health.

“VeriSight Pro’s technology is a game changer, allowing us to give people who need this procedure a chance for a smoother and safer recovery,” said Dr. Ramon Quesada, interventional cardiologist with Miami Cardiac & Vascular Institute. “As physicians, we are always exploring new ways to care for our patients and provide them with the best treatment options for their long-term future. This device allows our physicians to capture the very best possible live images and enable our team to deliver quality outcomes for our cardiac patients, so they can get back to their daily routines,” said Dr. Bernardo Lopez-Sanabria, interventional cardiologist with Miami Cardiac & Vascular Institute. “I am honored to be the first physician in South Florida to use this new technology and bring it to our community.”

Children receiving care at the Palm Beach Children’s Hospital at St. Mary’s Medical Center can now enjoy a musical paradise in the hospital’s DinoSOAR garden. The St. Mary’s Medical Center Foundation received a generous $10,000 donation from the Black Dragon Investment Firm to add large, colorful instruments to the prehistoric garden. The instruments are intended to bring joy and comfort to all pediatric patients who come to visit.

“As on behalf of all the staff, pediatric patients and their families at the Palm Beach Children’s Hospital, we want to thank Black Dragon Investment Firm for their generosity and dedication to the health and wellness of our youngest community members,” said Chief Executive Officer of St. Mary’s Medical Center and the Palm Beach Children’s Hospital, Cynthia McCasley. “The DinoSOAR garden is place for hospitalized children to take a break from their illnesses and enjoy the sights, and now sounds, of this interactive magical oasis!”

Health Care District Expands Mangonia Park Clinic to Help Meet the Need for Outpatient Addiction Care

As John M. toured the newly-expanded Mangonia Park clinic, he reflected on how far he has come since a heroin overdose four years ago led him to the Health Care District of Palm Beach County’s outpatient addiction treatment program.

“I had nothing. I was living on the streets. I had lost my family, my kids,” John shared in front of a packed room of community leaders and partners attending the clinic’s open house on August 24th. “Today I am so super happy to be on this Medication Assisted Treatment (M.A.T.) program, you have no idea. Just the little things like having a driver’s license, a bank account. I have the love of my beautiful family back. I thank you guys so very much.”

The Mangonia Park clinic is now located at 2031 45th Street, Suite 300 in medical building A and is triple the size of its prior office. The modern clinic features five exam rooms, three therapy rooms, a conference room for group therapy, a private “Chill Room” for patients to shower and relax before receiving treatment, and a pharmacy where patients, many of whom lack transportation, can pick up their medication.

The “one-stop-shop” approach includes primary and psychiatric care, individual and group mental health counseling, substance use disorder (SUD) treatment and pharmacy services, all under one roof.

“The goal is that we treat addiction no different than any other illness,” said Belma Andric, M.D., MPH, VP and Chief Medical Officer. “At the same time, we eliminate any barriers like a lack of insurance. Everyone is treated here regardless of their ability to pay.”

The clinic is located on the same campus as HCA Florida JFK North Hospital’s Addiction Stabilization Unit (ASU). A patient can enter the program through the ASUs ER once they’re treated for the most acute stage of their illness, or as a walk-in with no appointment needed. Before patients are discharged from the ASU following the most acute stage of their illness, Health Care District recovery coaches are there to guide them to the Mangonia Park clinic and stay by their side for their outpatient treatment. This continuum of care gives patients access to quality outpatient addiction treatment on an ongoing basis for as long as it’s needed.

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Delray Medical Center opened 24 new patient rooms, alongside a new operating room upgraded with the latest technology. Located on the 2nd floor of the surgical tower, the new additions include a dedicated surgical ortho, surgical stepdown and surgical inpatient units, designed to ensure a safe and comfortable experience for patients.

The expansion welcomes in enhanced robotic capabilities, including the DaVinci XI and Aquabeam system. The fourth generation DaVinci robot assists physicians performing minimally invasive procedures across a wide range of procedures, while maximizing efficiency. The Aquabeam provides Aquablation therapy, which delivers minimally invasive benign prostatic hyperplasia (BPH) surgery to treat lower urinary tract symptoms. It’s the first and only heat free, image guided treatment for BPH.

On top of all the enhancements surrounding patient care, there is a newly renovated family waiting area. The hospital continues to grow, allowing it to treat more patients using the advanced technology to provide for the best possible patient outcomes as it continues to invest in the future of healthcare.

Sylvester Comprehensive Cancer Center at the University of Miami Miller School of Medicine’s Game Changer vehicles, which bring health education and free screenings for many cancer types to South Florida communities in need, are for the first time offering prostate-specific antigen (PSA) screening for prostate cancer.

“When we catch prostate cancer in the early stages, there is a 95% chance that we can cure it. But when you catch prostate cancer when it has spread beyond the prostate, there is only a 25% to 30% chance of survival at five years,” said Brandon Mahal, M.D., assistant professor of radiation oncology at Sylvester. “The PSA is the best screening test that we have in terms of being able to catch cancer early and being able to cure it.” Black men are at especially high risk for prostate cancer, which makes PSA testing via Sylvester’s mobile units in communities like Little Haiti even more important, according to Dr. Mahal.

The PSA is a simple blood test. Men who get their PSA screenings on the Game Changer will usually have their results within 24 hours. They will not be charged for Game Changer PSA screenings, and those whose results indicate further care will be counseled and referred to locations where they will have access to care, Dr. Mahal said.

On September 22, 2022, the My Psychiatrist office in Boca Raton had its official opening with a Ribbon Cutting ceremony. The event was at their offices located at 7200 W. Camino Real, Suite 201, Boca Raton, FL 33433.

My Psychiatrist is a multi-disciplinary group of board-certified psychiatrists and medical professionals with a range of backgrounds and specialties, providing high-quality mental and behavioral health support to patients who may be struggling with mental and behavioral health issues. My Psychiatrist has locations in Broward, Palm Beach, and Miami-Dade Counties, all of which offer a full complement of Behavioral Health services including TMS psychiatric treatment. My Psychiatrist is a full-service psychiatric clinic offering expert consultation, evaluation, and treatment of mental health disorders.

My Psychiatrist physicians and allied health professionals are dedicated to providing highly individualized, one-on-one care at its Broward, Palm Beach and Miami-Dade County locations. They focus on each patient’s unique needs and address them with treatment options which are tailored to their specific goals. At My Psychiatrist, the mission is to help patients with their mental health needs, providing them with the tools they need to live life to the fullest. For information about the Boca Raton location, call 561-677-3997.

Sylvester Game Changer Vehicle Among First in Nation to Offer Mobile Prostate Cancer Screening

Delray Beach Mayor Shelly Petrolia cutting the ribbon, celebrating the hospital expansion

From left to right, Delray Medical Center Chief Operating Officer Maria Morales Menendez, Delray Beach Mayor Shelly Petrolia and Delray Medical Center CEO Daniel Listi

Ribbon Cutting At My Psychiatrist

Sylvester Game Changer Vehicle Among First in Nation to Offer Mobile Prostate Cancer Screening

Delray Medical Center Expands Surgical Tower, Opening 24 New Private Patient Rooms, Technology Upgrades

Brain vs Brawn

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Sheree Thomas is one of South Florida’s Health & Fitness Experts who holds a 1st Degree Black Belt in Taekwon Do. Sheree brings her years of experience to women, teaching them the simplistic and easy to remember self defense moves. Her program is suitable for all ages from 15 to 105.

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Cover Story: Ged Lawyers: How Healthcare Providers in Florida Can Recover Millions of Dollars in PIP Benefits

If a medical provider deems that PIP coverage should apply to medical services provided to the injured patient, the provider has to notify the insurance carrier. Under the No-Fault Law, they have 30 days to pay the provider. But what happens if they, or the insurance company, don’t pay?

If you are a healthcare provider who has treated a patient who was injured in a car accident, you may be wondering how to collect the PIP benefits to which you are entitled.

Glen Ged, founding partner of Boca Raton, FL-based Ged Lawyers, LLP, which specializes in handling PIP claims, notes that these claims often represent the worst-performing revenue stream for hospitals. “This is an area of law where we have expertise and we are here to help our clients every step of the way,” he says. “We’ve been doing this for more than 30 years. If you are a hospital or medical practice struggling to collect PIP benefits, contact us. It won’t cost you anything.

There are very rare times when you get a lawyer for free. We can collect a lot of money that the insurance company didn’t pay you.”

Ged adds that they can help you get the money you are owed so that you can focus on providing quality patient care.

The firm educates providers on their role in the PIP process and what they need to do to ensure they are being paid correctly. They review provider bills and help appeal any denials. They can also help providers review the intake forms to ensure the provider is capturing all necessary information.

Conducting Retrospective Audits of Unpaid PIP Claims

In addition to recovering this lost revenue for current claims, Ged says they can also help with the recovery of forgotten PIP receivable accounts through a retrospective audit.

“Under the Florida statute, we can go back five years and audit these unpaid bills because the claim is based on a breach of contract,” says Ged. “Sometimes, we can go in and find millions of dollars for clients.”

This retrospective audit is relatively simple. The healthcare provider authorizes access to the Ged Lawyers’ audit team for their PIP billing cases. If the records have not been electronically provided, then the audit team will have the files delivered to the law firm’s ofisite facility and deploy mobile scanner vehicles to scan the files.

The audit process begins by indexing each case and applying its internal algorithm. Through this process, they can identify overdue benefits under the No-Fault Law. At this point, in the process, the Statutory Demand letter is sent to the insurance carrier.

If necessary, Ged says they will file a lawsuit to collect overdue benefits and litigate through final judgment.

“Our system is seamless,” says Ged. “You sign an authority letter for us to represent you. You don’t pay anything. We quietly do our work and end up giving you money that you are owed. You’re treating these accident victims and you should get paid.”

For more information, visit www.gedlawyers.com.

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American Heart Association Palm Beach County Announces 2022-2023 Board of Directors

The American Heart Association’s Palm Beach County office is proud to announce its board chair and board president for the 2022-2023 fiscal year: Grasford W. Smith and Fontaine Timmer, DNP.

The board also has two new officers: Shana Peterson-Sheptak, who is the Southeast Florida Market Manager with PNC, and Gina Melby, CEO of HCA Florida JFK Hospital.

This will be Smith’s first term as board chair and his third year on the board. He is a litigation partner with Akerman, LLP, and has practiced law for 17 years.

Board President Fontaine Timmer, DNP, is also in her first year of her role and her third year on the board. Timmer has served in the health care field for 30 years, and is the Director of the Palm Beach Atlantic Volunteer Nursing Corps.

Jeannette Torres Appointed New CEO to Lead Healthy Start Coalition of Miami-Dade

Jeannette Torres, MS, MHC, has been named the CEO of Healthy Start Coalition of Miami-Dade that serves as part of a statewide network of community-based organizations aimed at reducing Florida’s poor birth outcomes (premature births, low birth weight, and infant mortality) and improve the lives of pregnant women, infants, and their families.

Her appointment follows a 19-year career in child and family services as well as years of experience serving with the founding CEO, Manuel “Manny” Ferrin who passed away earlier this year. Due to her experience in the field of child and family services administration, Torres has had multiple leadership roles during the past 13 years progressing from Supervisor to Manager, Director to Chief of Staff and now CEO.

Torres is the author of the book, Ser Mama: Como encontrar el balance… ¡sin perder la cabeza! Her newest addition, released in April 2019, offers support to mothers who just like her, are constantly performing a balancing act between home and work. Since 2008, Torres has authored the column "SER MAMA" published in People En Español.

Torres was appointed as the official ambassador of television network Discovery Familia for three years.

Torres earned her Bachelor of Science degree in Psychology from Florida International University and two years later earned a Master of Science degree in Mental Health Counseling from Nova Southeastern University, graduating with honors from both institutions.

Around the Region... Around the
The ABCs of Medical Marijuana and Senior Care

There are 749,604 qualified patients with active medical marijuana ID cards in Florida as of the September 9th weekly update from Florida’s Department of Health, Office of Medical Marijuana Use. While that department does not release statistics, the 2020 National Survey of Drug Use and Health reported that the proportion of adults 65 or older who reported recent cannabis use jumped by 18 percent.

In 2019, MorseLife Health System became the only senior living provider authorized by the State of Florida to offer cannabinoid-based therapies for its residents in a variety of care settings including independent living, assisted living, short term rehab, memory care and hospice. It offers the following overview of current trends and issues.

Access

Florida rule 64-4.011, F.A.C. requires all patients and caregivers to have a Medical Marijuana Use Registry identification card. Patients must be recertified every 210 days and renew their ID card annually. Elderly caregivers of another

must also be approved and a patient wishing to serve as a caregiver must apply separately for a caregiver card and a patient card.

This can create hurdles for seniors who are not active or living independently. Many of those do not have the necessary valid driver’s license or photo ID listing their current address to successfully apply.

The largest barrier to access for elders in assisted living or depending on caregivers is that medical marijuana is still illegal according to the Federal Government and has not been cleared by the Food and Drug Administration. Therefore, it cannot be offered as any part of care subsidized by Medicare and Medicaid.

Boomers

There has been a large uptick in the number of baby boomers utilizing cannabis products for medical purposes. In fact, an April survey of Medicare recipients by Medicare Plans reported that one in five currently use medical marijuana. Given the access barriers discussed above, there is an age divide with younger boomers and older patients.

Conditions

When cannabinoid therapy works it does a very good job and people want to continue. Many of our patients who started with us are still utilizing it while some who stopped have resumed noting its health benefits.

In Florida, conditions that qualify are cancer, epilepsy, glaucoma, HIV/AIDS, PTSD, ALS, Crohn’s disease, Parkinson’s disease, MS, anxiety, a terminal condition, and chronic nonmalignant pain arising from and extending beyond one of these conditions.

While we don’t have the typical double-blind research studies to rely upon, millions of data points are giving us a much better understanding of how to use cannabinoid treatments.

We are seeing a shift from conditions such as Parkinson’s to lifestyle usage for anxiety and sleep disorders. Patients in memory care receiving cannabinoid therapies appear to be calmer with reduced sundowning. Encouragingly, our data points are revealing at least a 50% reduction in use of other medications that patients were taking for their conditions.

Health Care District of Palm Beach County Offers Training to Prevent Falls

The Health Care District of Palm Beach County’s Trauma Agency is reminding senior adults, their families and friends about the simple steps that can prevent injuries and even death caused by falls.

To educate the community about the ways to prevent falls, the Health Care District invites senior groups, nursing homes, and adult communities to request free training by completing the online Dosa- tion form at www.hcdpbc.org/resources/community-event-request.

“The Health Care District’s Trauma Agency plays an important role educating the community about fall prevention,” said Belma Andri , MD, MPH, the Health Care District’s Chief Medical Officer. “We encourage the community to take advantage of our no-cost, in-person training for seniors and their families.”

Between 2000 and 2020, nearly 3,800 people died in Florida as the result of a fall. In Palm Beach County, Florida, patients who fall account for 46% of all traumatic injuries treated within the county’s Trauma System. Over the past 12 months, over 1,700 of those patients were 65 years or older. According to the CDC, each year more than 800,000 older people in the U.S. are hospitalized because of a fall injury, most often because of a head injury or hip fracture.

Falling once doubles the chances of falling again. “As we age, gravity is not our friend,” said David A. Summers, RN, CNRN, EMT-P, Trauma Nurse Outreach Coordinator with the Health Care District of Palm Beach County. “Many factors can lead to a fall, such as loss of vision, being off-balance and not lifting your feet. The use of blood thinners can worsen the outcome of a fall. Many people who fall, even if they’re not injured, become afraid of falling. That leads to less activity, becoming weaker and ultimately, more prone to falling again and having a more serious outcome.”

Summers recommends seniors and their family members work together to ensure there is adequate lighting and eliminate any trip hazards in the home, like area rugs or power cords. Seniors should have their hearing and vision checked annually and glasses should be updated. Assistive devices, like walkers, are helpful. So are the installation of grab bars, especially in bathrooms and showers. Proper footwear like flat, rubber-soled shoes are advised. Families should frequently review medications to make sure physician orders are properly followed.

The biggest benefit to prevent falling is to remain physically active. Flexibility, strength-training and balance are key. Seniors can benefit from taking yoga, tai chi and other exercise classes with friends and family. Family members should also ask their loved one’s provider about checking for Vitamin D deficiency and advise the physician of any recent falls as seniors often withhold that information from their doctor.

For more information, visit www.traumahawk.org.

Dosing

I have added D – dosing – to my ABC’s as it may be the greatest difference between the older population and younger users. Seniors are very uncomfortable with self-medicating and want to control what and how much they take.

Doctors cannot prescribe medical marijuana and health practitioners at dispensaries are not physicians. Seniors are faced with a wide variety of products with different potencies and delivery systems from old-fashioned joints to vape cartridges, topi- cal, edible and oral options. While many older patients prefer CBD products or a ratio of CBD to THC, these products are not widely available.

Every patient’s experience will be different and, more often than not, patients are left to experiment on their own to find the optimum dosage and product.

Practitioners must continue to educate themselves. Like any specialty, there is a learning curve regarding products, providers, what helps people and what to avoid. Medical marijuana has tremendous power to help seniors but needs to be ordered with a provider’s guidance.

Dr. Melanie Bone directs the Living Learning Lab at MorseLife Health System in West Palm Beach.
SALUTE TO CASE MANAGERS...  SALUTE TO CASE MANAGERS...  SALUTE TO CASE MANAGERS...

BROWARD HEALTH CORAL SPRINGS

Hortense Chai, RN
Case Manager, Acute Care

For Hortense Chai, RN, case management allows her to feed her passion for helping others. “I have been a case manager for four years and am honored to help ensure a smooth and safe transition from the hospital for our patients,” said Chai, who is a case manager in acute care at Broward Health Coral Springs.

Chai, who was born in Jamaica, has been with Broward Health since 2020. She is primarily responsible for participating in interdisciplinary rounds on the units and coordinating with clinicians, physicians, and patients and their families to facilitate a safe and effective discharge plan.

“My main focus is to ensure our patients and their families are satisfied with their hospital stay and discharge plans,” Chai said. “A career in case management is rewarding and challenging,” she said. “Being in this field will help develop your critical thinking skills and give you multiple opportunities to think outside the box.”

Prior to joining Broward Health, Chai was a case management director and director of health information management. She is pursuing her bachelor’s degree at Broward College.

Robyn Kutun, RN, BSN
Case Manager

Robyn Kutun, RN, BSN, didn’t start out in case management. For 20 years, she provided bedside care.

“I was looking to try something new, and 15 years later, I am still enjoying providing case management care,” said Kutun, who joined Broward Health seven years ago and works at Broward Health Coral Springs.

“As a case manager, we work in conjunction with the interdisciplinary team to ensure safe outcomes for patients upon discharge, whether a patient needs home health care or rehabilitation services and sometimes even hospice services,” she said.

For those considering this profession, Kutun stressed that there is a world of opportunity. “In nursing, there are so many avenues to explore, and your day is never dull.”

BROWARD HEALTH IMPERIAL POINT

Cassandra D. Stephens-Jackson, RN, BSN, MSN, CCM
Senior Case Manager

For 24 years, Cassandra D. Stephens-Jackson has worked at Broward Health Medical Center assisting patients with their overall care as the senior case manager.

“I get the joy of not only seeing the patients improve medically but also assisting them after their hospital admission,” said Stephens-Jackson, RN, BSN, MSN, CCM. “I help them on their lifetime journey to recovery.”

Stephens-Jackson is responsible for providing clinical resources and training to case management employees. She also collaborates with other departments to ensure the hospital continues to provide the highest quality of care to patients and their families.

“My daily inspiration comes from the trust that patients place in Broward Health,” she said. “It is a humbling experience to impact our patients’ lives beyond their medical necessities.”

The Fort Lauderdale native, who has nearly 30 years of experience, earned her Bachelor of Science and Master of Science in Nursing from Nova Southeastern University in Davie.

Kim Newiger, RN, CCM
Regional Manager of Case Management and Social Services

Kim Newiger, RN, is a certified case manager (CCM) who has worked in the field for 16 years. She joined Broward Health in 2013 and serves as regional manager of case management and social services at Broward Health Imperial Point.

She enjoys working with an incredible team of case managers and social workers, assessing patients for medical necessity and determining their discharge needs. Her team also works closely with insurance companies to facilitate timely payments.

“Case management offers an opportunity to work closely with patients and families while ensuring proper utilization of hospital services,” Newiger said. “The most inspiring part of my job is helping patients and their families transition home with community resources.”

Before transitioning to a case manager career, she worked as a nurse in the areas of telemetry, ICU and wound care.

Crystal Fricano, MSN, RN
Case Manager

Crystal Fricano, MSN, RN, a case manager at Broward Health Medical Center, knew from an early age that she wanted to be in the healthcare field. She was inspired by the medical staff who cared for her father during his frequent visits to the hospital.

“The beautiful thing about nursing is that you can explore so many different avenues. I have found my passion in trauma case management,” Fricano said.

Fricano, who has been with Broward Health for eight years, enjoys comforting and guiding patients through the discharge process and showing them the next steps of their journey.

For Fricano, the care she provides is also personal. She lost both her brother and sister in separate tragic incidents. “People always remember the face and voice of who helped them through their most difficult times in life,” Fricano said. “I love my job. It is my passion and purpose in life.”

Fricano holds a master’s degree in nursing from Cardinal Stritch University. She also earned a certificate in extremities and biologics.

Claudia Wenger, BSN, RN
Case Manager, Acute Care

Claudia Wenger, BSN, RN, enjoyed a 16-year nursing career, working in a variety of healthcare settings, before becoming a case manager at Broward Health Imperial Point in 2006 to experience a different role with patients and families.

In her current role, she assists patients and family members in the hospital setting, guiding them through discharge planning and referring them to community resources as needed. She also participates in utilization reviews, employs investigative nursing skills to review medical records and provides relevant clinic information to hospital patients’ insurance companies.

Wenger advises others considering a career in case management to gain experience in the field first. “Hands-on nursing is a good foundation, and you can explore case management when you want a new experience,” Wenger said.

Wenger is a native Floridian born at Broward General, now known as Broward Health Medical Center.

BROWARD HEALTH MEDICAL CENTER

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Wenger is a native Floridian born at Broward General, now known as Broward Health Medical Center.

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OPAL BURKE-JACKSON, CHSM, MSW
Opal Burke-Jackson serves Palm Beach County seniors and their families who participate in MorseLife PACE (Programs of All-Inclusive Care for the Elderly) which offers comprehensive home and community-based care to support senior independence. Her responsibilities include initial and monthly assessments, reviewing and approving care plans, daily team meetings and meeting clients and their families. In addition to coordinating PACE services for clients such as physical and occupational therapy, dietician guidance, nursing and medical services and participation in engaging activities, Opal ensures they receive essential services such as transportation to medical appointments. Opal joined MorseLife last year after relocating from New Jersey where she received her bachelor’s degree in sociology at Jersey City University and her master’s degree at Rutgers University. She is a Certified Homeland Security Manager.

SARA ZENLEA, LCSW
Sara Zenlea serves as care coordinator and counselor for MorseLife’s NOW for Holocaust Survivors initiative, helping those Survivors living in poverty throughout Palm Beach County. She assists Survivors, their spouses and children access services with a goal of enabling Survivors to live independently. Her responsibilities include assessing clients’ mental, physical and emotional needs, arranging for MorseLife home care, food and other services as well as helping Survivors access additional resources if needed. In addition, Sara trains caregivers and others who interact with Survivors in Patient-Centered Trauma-Informed care to understand the unique needs of older adults who have a history of trauma. Sara joined MorseLife this year and has worked with Survivors for 15 years. Licensed in Florida, she received her undergraduate degree from Framingham State University in Massachusetts and her master’s degree from Florida Atlantic University in Boca Raton.

MORSELIFE HEALTH SYSTEM

BROWARD HEALTH NORTH

Freddly Menard, RN
Freddly Menard, RN, is part of a team helping to ensure that the care provided to Broward Health North’s patients is at the appropriate level based on their medical necessities. “Also, I assess our patients for transition needs, safe discharges and to help prevent avoidable readmissions,” she said.

Menard, who has been a nurse for 14 years and with Broward Health for five years, is also studying to obtain a Certified Case Manager credential. “I love my Broward Health family,” she said. For anyone considering the case management profession, Menard has this advice: “Put on your skates! This position is fast-paced,” she said. “You must listen, delegate and see the situations from the viewpoint of a patient and a healthcare professional, and then meet in the middle to find the best solutions.”

KATELYNN TORRES, MSW, LCSW
Katelynn Torres, MSW, LCSW, works in case management at Broward Health North in Deerfield Beach where she helps to manage patients’ care to ensure they have a safe transition out of the hospital. “I also facilitate services and placement for our patients who need extra help or care upon discharge based on their individual needs and preferences,” she said. “To meet our patient’s needs, I collaborate with multiple other caregivers such as physicians, consultants, nurses, wound care specialists, and physical and occupational therapists.” Torres has been with Broward Health North for four years and loves the ‘fast-paced nature of social work and case management in a hospital setting.” “It is very challenging, and every day is different from the last,” Torres said. “I strive to be a support to our patients and their families, and to be a calming force to assist them in navigating their post-acute needs.”

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MORSELIFE HEALTH SYSTEM

Opal Burke-Jackson, CHSM, MSW
Opal Burke-Jackson serves Palm Beach County seniors and their families who participate in MorseLife PACE (Programs of All-Inclusive Care for the Elderly) which offers comprehensive home and community-based care to support senior independence. Her responsibilities include initial and monthly assessments, reviewing and approving care plans, daily team meetings and meeting clients and their families. In addition to coordinating PACE services for clients such as physical and occupational therapy, dietician guidance, nursing and medical services and participation in engaging activities, Opal ensures they receive essential services such as transportation to medical appointments. Opal joined MorseLife last year after relocating from New Jersey where she received her bachelor’s degree in sociology at Jersey City University and her master’s degree at Rutgers University. She is a Certified Homeland Security Manager.

Sara Zenlea, LCSW
Sara Zenlea serves as care coordinator and counselor for MorseLife’s NOW for Holocaust Survivors initiative, helping those Survivors living in poverty throughout Palm Beach County. She assists Survivors, their spouses and children access services with a goal of enabling Survivors to live independently. Her responsibilities include assessing clients’ mental, physical and emotional needs, arranging for MorseLife home care, food and other services as well as helping Survivors access additional resources if needed. In addition, Sara trains caregivers and others who interact with Survivors in Patient-Centered Trauma-Informed care to understand the unique needs of older adults who have a history of trauma. Sara joined MorseLife this year and has worked with Survivors for 15 years. Licensed in Florida, she received her undergraduate degree from Framingham State University in Massachusetts and her master’s degree from Florida Atlantic University in Boca Raton.
Looking Beyond “Non-Compliance”

“49-year-old male with Hypertension, Diabetes, and chronic kidney disease. Patient has been non-compliant with health recommendations and prescribed medications.”

Using the word “non-compliant” (“failing to act in accordance with a wish or command”) in a medical context sounds paternalistic and inappropriately simplifies the clinical situation. It seems like the medical community placing patients in labeled boxes rather than looking at the underlying reasons why someone doesn’t follow a treatment plan.

Keep in mind, for some patients, just making and keeping a doctor’s appointment presents a variety of challenges:
- Wait months for the visit
- Get time off from work
- Find childcare
- Find transportation
- Have money for the co-pay and prescription(s)
- Wait hours for the doctor

As a healthcare community, we must understand that visiting a doctor and following all post-visit instructions can be especially daunting for those facing daily life challenges. We have to help providers and care teams identify patients that require assistance, stop labeling them with loaded terms, and connect them with the help they need.

Social Determinants of Health

Electronic Health Record (EHR) systems have helped us build tools to identify those who may have a harder time keeping appointments or following a care plan. Known as the “Social Determinants of Health (SDoH),” it accounts for those who don’t have access to healthy, affordable food, stable housing, caregivers, transportation, and more. These challenges impact communities of color more than others, which has roots in structural and political determinants beyond the scope of this article. Nevertheless, it’s imperative for healthcare systems and providers to seek additional resources for those in need.

As a physician leader, I’ve worked with IT to make the EHR more relevant and easier for providers to navigate. Our collaboration has expanded the health maintenance section and clinical dashboards, ensuring our teams know where gaps exist, making wellness visits and advanced care planning conversations more intuitive and effective. We’ve elevated telehealth and the ambulatory tools we’ve included help our primary care group succeed in value-based care. The approach has been leveraged by others using our version of EPIC.

The Social Determinants of Health (SDoH) wheel in EPIC is where staff can document a patient’s struggles with food insecurity, housing, transportation, etc. This “problem list,” combined with the patient’s active, chronic conditions, helps coordinate care across the healthcare continuum and between systems, enabling any clinician to get a complete picture at a glance.

Taking it a step further, the Best Practice Advisory alerts providers in primary care when a patient screens positive for a Social Determinant of Health, automatically adding it as a diagnosis on the problem list and signaling the care team the individual needs assistance. We’ve also added reminders that trigger staff to re-evaluate these important measures of health outcomes at least annually.

Thinking Differently

Going back to the earlier example, imagine if that patient’s chart had a problem list that included: “Hypertension, Diabetes, kidney disease, food insecurity, housing insecurity, and caregiver fatigue.” Would care teams interact and communicate with that person differently? Would a surgeon view the scheduling of elective surgery and the post-op rehab/care the patient requires from a different perspective? Would it impact the team’s outreach after the visit? As importantly, would we be so quick to label patients as “non-compliant” if they aren’t able to follow all the instructions?

Having devoted my career to community medicine and as an advocate for the marginalized, my hope is that we can change our thinking regarding the often unfairly-labeled “non-compliant” patient and modernize our record-keeping processes. Within Memorial Healthcare System, we’ve already seen how the approach improves outcomes and makes healthcare more equitable.

Dr. Jennifer Goldman is a board-certified family physician and the chief of Memorial Primary Care for the Hollywood-based Memorial Healthcare System (www.mhs.net).

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Continued from page 1

or psychologically. Primary care does have a wide range of patients and illnesses that the doctors deal with.

Dehaut started her nursing career as an LPN in 1995. “Growing up, I was surrounded by a lot of family and friends who were in health care, and listening to them discuss different aspects of care. I began to love the fact that I could help people in any way. I got my bachelors in 1999; since then I’ve been an R.N., and now I’m a case manager.”

To further assist their case managers, Memorial has added an innovation to each patient’s electronic medical record that accounts for social determinants of health (SDoH): economic and social conditions that influence individual and group differences and health status. “Everything about the patient affects the patient’s care – medical factors, non-medical, safe housing, non-violent situations, access to food, access to physical activity, language, literacy support, providing additional support when it’s needed.” Dehaut reviews the social aspects, asking patients if they socialize on a daily basis, how they pay rent, do you belong to any groups, do you engage in physical activity, is it hard to pay rent, are you able to get to a doctor’s appointment. She can then gather information to connect them to resources. “We definitely use SDoH to assist patients with resources they need.”

Dehaut focuses her work on primary care, but case managers perform in other areas as well. Michelle Martinez, R.N., B.S.N., works in cancer patients at Memorial Cancer Institute. Her title is patient and family navigator, but her responsibilities are much the same as Dehaut’s – providing support for patients. Martinez said she reviews the patients’ information and assists them with collecting necessary records or material. “Usually in the first interaction I start to evaluate if there are any barriers to care – which could be transportation or financial difficulties – so we can start the process of getting the patient that kind of help.

“At the cancer center,” she continued, “we offer an abundance of different support services; some of those would be nutrition, psychologists on staff, an integrative medicine department, as well as social workers, pain management, spiritual care. There are a lot of different resources that are available to the patient.”

Martinez began her nursing career nearly seven years ago at Memorial Regional Hospital as a floor nurse in the oncology unit, but was looking for a change and found the navigation position on the company website. “I did not know what a navigator was, but I did research and liked what I saw. I am still able to work with oncology patients and provide them a type of support, while still using my knowledge and experience that I gained on the floor.”

Martinez works in the cancer center but pointed out, “There are thirteen navigators within the center and we are each divided within specific cancer diagnosis. I’m currently working with hematologic malignancy, so that could be patients with lymphoma, leukemia, multiple myelomas, any blood-related disorders, or those who are in need of bone marrow or stem cell transplants.”

She said the navigation position has grown tremendously since she has been working in it the past three years. She now sees navigator roles in labor and delivery, cardiology, and neurology, among others, and believes it makes the hospital better. “It can help reduce the risk of other things developing, or help decrease visits to the emergency room by assisting the patient – advising them that they have the full support of professionals within our department.”

For more information, call (954) 987-2000 or visit www.mhs.net.
Global Center of Excellence in the Fight Against Antimicrobial Resistance

The microbiology and research lab at Tampa General Hospital was recently named a Global Center of Excellence by bioMérieux, a leader in the field of in vitro diagnostics (IVD). The award recognizes achievements in managing antimicrobial resistance (AMR) and advancing those initiatives. bioMérieux considered 33 variables before making its selection, including communication, originating breakthroughs in best practices and research.

“We know that the work we do in the lab is a key part of the continuum of care our patients receive at TGH,” said Angela Lauster, senior administrative laboratory director at Tampa General. “Especially, during this time of a global pandemic, it is an honor to have our hard work recognized in this way by a trusted partner like bioMérieux.”

The multidisciplinary team addressing AMR at Tampa General is made up of infectious disease physicians and pharmacists, microbiology, infection prevention, information technologies and hospital staff. By using the latest equipment and software, potentially dangerous organisms can be identified in minutes and, when necessary, even sequenced to determine their molecular makeup, virulence and antibiotic resistance. From there, an appropriate medical course of action is recommended which translates into a faster, targeted treatment and better recovery for the patient and containment of spread.

“Our program excels because we actually make sure we have the appropriate tools to analyze the test results and apply that information to maximize patient outcomes versus just running tests. We also identify genetic-related antimicrobial resistant organisms to control their spread,” said Dr. Suzane Silbert, scientific director of esoteric testing, research and development and microbiology laboratories at Tampa General. “These results make a real difference inside and outside the hospital and as technology improves, the outcomes will only continue to improve.”

The Centers for Disease Control and Prevention (CDC) estimates more than 3 million Americans acquire an antimicrobial-resistant infection each year and up to 50,000 of those victims will die. AMR occurs when bacteria, viruses, fungi and parasites change over time and no longer respond to medication, making infections more difficult or even impossible to treat. Misuse and overuse of antimicrobials are the main drivers in the development of these drug-resistant pathogens.

For the infection prevention team at Tampa General, early detection of a potentially dangerous or contagious contaminant is key to minimizing the spread and protecting patients and team members. “Our lab produces results so quickly. It gives our team a huge advantage over other facilities,” said Kim Atrubin, director of infection prevention at Tampa General Hospital. “Once we know certain bacteria is present in the hospital, we can move the affected patient into isolation and enact our standard infection prevention protocols to keep other patients and team members safe.”

Health Care District’s Primary Care Clinics Receive Health Center Quality Recognition

For the fourth year in a row, the Health Resources and Services Administration (HRSA) has awarded a gold-level “Health Center Quality Leader” to the Health Care District of Palm Beach County’s C. L. Brumback Primary Care Clinics. This recognition means the clinics are ranked among the top 10% of health centers nationally for best overall clinical quality measure (CQM). HRSA also awarded the clinics, which last year served nearly 35,000 patients, badges in the following categories:

Access Enhancer: Recognizes health centers that have increased the total number of patients and the number of patients who receive at least one comprehensive service (mental health, substance abuse, vision, dental, and/or enabling) by at least 5%

Health Disparities Reducer: Recognizes health centers that demonstrate at least a 10 percentage point improvement in low birth weight, hypertension control, and/or uncontrolled diabetes CQMs during consecutive Uniform Data System (UDS) reporting years (2020 and 2021 UDS) for at least one racial/ethnic group, while maintaining or improving the health center’s overall CQM performance from the previous reporting year; or meets established benchmarks for all racial/ethnic groups served within the most recent UDS reporting year.

Advancing Health Information Technology for Quality: Recognizes health centers that meet all criteria to optimize HIT services that advance telehealth, patient engagement, interoperability, and collection of social determinants of health data to increase access to care and advance quality of care.

Patient-Centered Medical Home: Recognizes health centers that provide health care that is relationship-based with an orientation toward the whole person.

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