



Legislation - State

Interim Committee Week Begins - Jan 14, 2011

By: [Sarah Byrd](#) (sarahb@fha.org)

This week marked the first round of interim committee meetings for the Florida Legislature. The Senate has made it known that it will release the first draft of legislation on Medicaid managed care during the next committee week, which will begin on January 25. FHA will continue to provide updates on Senate and House draft legislation as it becomes available.

Over the next several weeks it is vital that we begin to set up in-person meetings with our Legislators by inviting them to visit our hospitals. FHA's grassroots toolkits were mailed this week and include our priorities for the upcoming session, speaking points as well as information on how to plan a legislative visit. Our program goal is to have each member hospital schedule meetings with your legislators locally, and in Tallahassee. These meetings provide an opportunity to educate lawmakers on the impact Medicaid reform will have on your hospital and your patients. As always, FHA staff are available to assist with any planning or information gathering you may need as you carry out these meetings.

An electronic version of the toolkit has been uploaded to the FHA state advocacy site [here](#). A talk sheet on the Medicaid Waiver and Low Income Pool was added to the materials section this week.

News

Register today for the American Hospital Association Annual Meeting, April 10 - 13

- Jan 14, 2011

By: [Sarah Byrd](#) (sarahb@fha.org)

Join your colleagues April 10-13 in Washington, D.C., at the 2011 AHA Annual Membership Meeting to hear the latest on reforming health care, and to take hospitals' message to Capitol Hill. The meeting agenda includes prominent keynote speakers, executive briefings on important health reform topics to help prepare your organization for coming changes.

To register today, please click [here](#).

Information on FHA sponsored events will be forthcoming.

Florida Sterling Council Announces 2010-2011 Team Showcase Competition - Jan 14, 2011

By: [Sarah Byrd](#) (sarahb@fha.org)

The Florida Sterling Council is searching for teams to present quality improvement success stories at upcoming regional showcases. Participation in the Team Showcase provides a forum to recognize your team for their outstanding efforts in providing quality care to the people of Florida. Winners from each region compete at the annual Sterling Conference in May and will have the opportunity to receive top honors as the prestigious designation of "Team Showcase Champion."

Applications of Intent are due by February 1, with an application due date of March 15. For further information on this competition, or to contact regional showcase coordinators, click [here](#) or contact Steve Lacy at steve_lacy@dcf.state.fl.us.

Patient's Right to Visitation - Jan 14, 2011

By: [Sarah Byrd](#) (sarahb@fha.org)

The Centers for Medicare and Medicaid (CMS) has revised the hospital conditions of participation to add a new patient right. Effective January 18, 2011, patients (or their support person) will have the right to choose who may and may not visit regardless of whether the visitor meets the traditional definition of family member. CMS makes it clear that the new rule is intended to include domestic partners (including same-sex partners) and friends of the patient.

In the event the patient is unable to designate who can visit, the patient's support person is authorized to do so. CMS defines "support person" broadly and states it may be a "family member, friend or other individual who supports the patient during his or her hospital stay and may exercise the patient's visitation rights on his or her behalf."

The new rule will require all Medicare participating hospitals to have written policies and procedures regarding visitation rights. Under the rule hospitals must:

- inform patients (or their support person) of their right to have visitors regardless of their legal relationship to the patient and of any restrictions or limitations to those rights;
- inform patients (or their support person) of the right to receive or refuse visitors;
- not restrict or limit visiting privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability; and
- ensure that all visitors enjoy full and equal visitation privileges.

As with other patient rights, patients (or their support person) must be provided written notice of the visitation rights before the start of care whenever possible.

However, the right to visitation is not unlimited and whenever clinically appropriate and reasonably necessary, hospitals may still restrict or limit visitors. But, CMS strongly encourages hospitals to be sensitive to the needs of patients' and states that hospital policies should be flexible enough to balance the dual needs

of ensuring patient safety and ensuring patient access to loved ones.

Article provided by: Patricia S. Calhoun, Carlton Fields, Attorneys at Law

Finance

Favorable Decision in Revenue Code 450/451 Litigation - Jan 14, 2011

By: [Kathy Reep](mailto:kathyr@fha.org) (kathyr@fha.org)

This article submitted by Joanne B. Erde, PA, Partner with Duane Morris in Miami. Joanne can be reached at (jerde@duanemorris.com) or (305)960-2218.

On December 28, 2010, the Division of Administrative Hearings (ealtHearHHDOAH) issued final orders resolving the litigation regarding the proper billing and payment for services rendered to Medicaid patients in hospital emergency departments. This litigation was initiated in response to a Medicaid Fraud Control Unit (MFCU) investigation that was brought against a number of Florida hospitals. The results of this litigation, however, impact all Florida hospitals.

What Did the Final Orders Provide?

These final orders provide, as follows:

1. AHCA's practice of reimbursing providers \$24.00 when they bill Revenue Code 451 is unadopted, non-rule policy. As such, it is invalid.
2. The provisions of the Handbook that state that AHCA does not reimburse for "non-emergency services beyond the medical screening exam required by EMTALA" are invalid.
3. The requirement to use CPT Code 99281 with Revenue Code 451 is invalid.

Going Forward

As a result of these decisions, billing and payment for hospital emergency room services for fee for service Medicaid patients should be as follows:

1. Revenue Code 451 is the proper code when following the EMTALA screening when no further emergency room service care is necessary. AHCA is prohibited from reimbursing providers \$24.00 when they bill Revenue Code 451; AHCA must pay the hospital's line item charge.
2. Services provided in a hospital emergency department are covered regardless of whether the EMTALA screening determines that the patient has an emergency medical condition or not. The Handbook provides that Revenue Code 450 is the proper code where Medicaid "recipients require emergency room care beyond the EMTALA emergency medical screening services."
3. Providers should use the proper CPT Code consistently across all payer classes.

Rule to Implement Hospital Inpatient VBP Program Proposed by CMS - Jan 14, 2011

By: [Kathy Reep](mailto:kathyr@fha.org) (kathyr@fha.org)

The Centers for Medicare & Medicaid Services (CMS) has released its proposed rule to implement the Medicare hospital inpatient value-based purchasing (VBP) program established by the Affordable Care Act (ACA) of 2010. CMS' proposed rule begins the process of implementing, beginning in federal fiscal year (FY) 2013, a pay-for-performance program that links Medicare inpatient payment to quality performance for acute care hospitals paid under the inpatient prospective payment systems (IPPS). The proposal draws heavily from CMS' 2007 Report to Congress: Plan to Implement a Medicare Hospital VBP Program.

As required by the ACA, the hospital VBP program will be budget-neutral, with all funds distributed in the same year they are collected. A pool of funds to be redistributed to hospitals based on quality-performance will be funded through an across-the-board reduction to the IPPS standardized amount. The reduction is scheduled to be 1.0 percent in FY2013, increasing by 0.25 percent each year until the reduction reaches 2.0 percent for FY2017 and subsequent years.

Under the CMS proposal, hospitals will earn points toward a VBP score, and will receive the higher of an achievement or improvement score for each quality measure that is used for the program. A total VBP score for each hospital is calculated and it is the total score that determines a hospital's gain or loss under the VBP program.

Comments on the proposed rule are due to CMS by Tuesday, March 8. The FHA will be revising the current VBP reports that are distributed quarterly to address any changes from the proposed rule and these will be distributed within the next couple of weeks.

Highlights of the proposed rule include:

VBP Pool Pay-Out: For FY2013, CMS is proposing to determine each hospital's VBP incentive payment using a "linear exchange function" that starts at zero. This means all hospitals with a score above zero will receive a portion of what they paid into the VBP pool. According to CMS, this provides the same marginal incentives to both lower- and higher-performing hospitals. While all hospitals with a VBP score above zero will receive funds from the VBP pool, hospitals with lower scores will receive less than the 1.0 percent IPPS rate carve-out, while higher-scoring hospitals could receive more than the carve-out.

Quality Measures: CMS is proposing to use 17 clinical process of care measures and eight patient satisfaction measures for the FY2013 hospital VBP program. These measures reflect a subset of measures currently reported under the Hospital Inpatient Quality Reporting (IQR) program. Excluded are measures that have not been publicly reported on the Hospital Compare Web site for at least one year, measures deemed by CMS in the proposed rule to be "topped out," and retired measures.

The following represents the proposed initial VBP measures for FY2013:

Clinical Process of Care Measures

Acute Myocardial Infarction (AMI)	
AMI-2	Aspirin Prescribed at Discharge

AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
AMI-8a	Primary Percutaneous Coronary Intervention (PCI) Received Within 90 Minutes of Hospital Arrival
Heart Failure (HF)	
HF-1	Discharge Instructions
HF-2	Evaluation of Left Ventricular Systolic (LVS) Function
HF-3	ACE Inhibitor or ARB for LVS Dysfunction
Pneumonia (PN)	
PN-2	Pneumococcal Vaccination
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital
PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient
PN-7	Influenza Vaccination
Surgeries (as measured by Surgical Care Improvement (SCIP) measures)	
SCIP-Card-2	Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period
SCIP-VTE-1	Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered
SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery
Healthcare-Associated Infections (as measured by SCIP measures)	
SCIP-Inf-1	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients
SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time
SCIP-Inf-4	Cardiac Surgery Patients with Controlled 6 AM Postoperative Serum Glucose

Patient Satisfaction Measures

Patient Satisfaction Survey	
Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)	<p>Eight Domains:</p> <ul style="list-style-type: none"> • Communication with Nurses • Communication with Doctors • Responsiveness of Hospital Staff • Pain Management • Communication About Medicines • Cleanliness and Quietness of Hospital Environment • Discharge Information • Overall Rating of Hospital

CMS is proposing to add outcome measures to the hospital VBP program beginning in FY2014, including three mortality measures, eight Hospital Acquired Condition (HAC) measures, and nine Agency for Healthcare Research and Quality (AHRQ) measures.

CMS is proposing to implement a process to expedite the timeline for adding measures to the hospital VBP program beginning with the FY2013 program. Under this process, CMS will add any measure to the hospital VBP program if that measure is adopted under the Hospital IQR program and has been included on the Hospital Compare Web site for at least one year.

National Benchmarks/Thresholds and Base/Performance Periods Used to Calculate VBP Achievement and Improvement Scores: Generally, under the hospital VBP program, CMS is proposing to calculate an achievement score from 0 to 10 points for each hospital, for each measure, when performance during a period falls between the proposed national achievement threshold (median of hospital performance—50th percentile) and national benchmark (mean of the top decile of hospital performance). CMS is proposing to calculate an improvement score from 0 to 9 points for each hospital, for each measure, based on how much a hospital's performance on a measure during a performance period improved from the performance during a base period.

Hospitals will receive the higher of the achievement or improvement score for each measure. To calculate these scores, CMS is proposing to analyze quality data from two periods, a base period, and a performance period.

Base Period: For FY2013, CMS is proposing a base period comprised of measures reported by hospitals from July 1, 2009 through March 31, 2010. This data reflects a subset of the most recently available data made public on the Hospital Compare Web site.

The base period data will be used to set the VBP achievement performance standards and to measure hospital quality improvement. The ACA requires that CMS publish the VBP achievement performance standards at least 60-days prior to the start of the performance period. In the proposed rule, for example purposes only, CMS issued performance standards based on an incomplete analysis and will finalize these values in the final rule.

Performance Period: For FY2013, CMS is proposing a performance period comprised of measures reported by hospitals from July 1, 2011 through March 31, 2012. This data will be used to determine hospitals' achievement scores. CMS anticipates using a full year as the base and performance period in future years of the hospital VBP program.

Determining an Overall VBP Score: By law, CMS must assign weights to categories of measures used under the hospital VBP program. For FY2013, CMS is proposing to include scores for quality measures from two categories (domains): clinical process of care and patient satisfaction (HCAHPS). CMS is proposing to assign a weight of 70 percent to the clinical process of care domain and a weight of 30 percent to the HCAHPS domain.

Minimum Requirements/Exclusions: CMS is proposing to exclude any measure with fewer than 10 cases from a hospital's total performance score calculation. Additionally, CMS is proposing to exclude from the hospital VBP program:

- Critical Access Hospitals – as required by the ACA;
- Hospitals cited by the Secretary for deficiencies during the performance period that pose immediate jeopardy to the health or safety of patient – as required by the ACA;
- Hospitals subject to the 2.0 percent market basket penalty under the Hospital IQR program;
- Hospitals with data for less than 4 of the 17 proposed clinical process of care measures;
- Hospitals that do not report a minimum of 100 HCAHPS surveys during the performance period; and
- Hospitals with insufficient data to calculate either a clinical process of care score or a HCAHPS score.

Resources: The VBP proposed rule will be published in the January 13, 2011 *Federal Register*. A display copy of the proposed rule is available at: <http://www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1>, under the heading "Centers for Medicare & Medicaid Services."

A fact sheet on the proposed rule is available on the CMS web site at:

http://www.cms.hhs.gov/apps/media/fact_sheets.asp.

Regulations

Regulations - Jan 14, 2011

By: [Bill Bell](mailto:billb@fha.org) (billb@fha.org)

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Notice of Meeting/Workshop Hearing

AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid

The Agency for Health Care Administrations Drug Utilization Review Board and Prescribing Pattern Review Panel announces a public meeting to which all persons are invited.

DATE AND TIME: Saturday, February 12, 2011, 8:00 a.m. – 2:30 p.m.

PLACE: Tampa Airport Marriott, Tampa International Airport, Tampa, Florida 33607

GENERAL SUBJECT MATTER TO BE CONSIDERED: This meeting will consist of: Review and approve drug use criteria and standards for both prospective and retrospective drug use reviews, apply these criteria and standards in the application of the DUR activities, review and report the results of drug use reviews, and recommend and evaluate educational intervention programs.

The invited speaker for this meeting is:

Almut Winterstein, PhD, Associate Professor, Director of FDA & UF Graduate Program in POP Research, Dept. of Pharmaceutical Outcomes & Policy (POP), College of Pharmacy, University of Florida.

Dr. Winterstein will address optimal use of RSV prophylaxis in Florida Medicaid beneficiaries.

A copy of the agenda may be obtained by contacting: Vern Hamilton at: Vern.Hamilton@ahca.myflorida.com

DEPARTMENT OF FINANCIAL SERVICES
OIR – Insurance Regulation

The **Florida Health Insurance Advisory Board** announces a meeting of its Board of Directors to which all interested persons are invited.

DATE AND TIME: February 1, 2011, 2:00 p.m. – 3:00 p.m.

PLACE: The meeting will be by teleconference. Members of the public who wish to listen in to the conference call are invited to listen in at the Larson Building, 200 East Gaines St., Room 116, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: The 2010 Florida Health Insurance Market Report.

A copy of the agenda may be obtained by contacting: Torre A. Grissom at email: edFHIAB@gmail.com or (919)773-8996. Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: edFHIAB@gmail.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

Miscellaneous

DEPARTMENT OF HEALTH
Board of Nursing

Notice of Emergency Action

On December 28, 2010, Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Demetrius A. Stallworth, L.P.N. License #PN 5192381. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF HEALTH
Board of Nursing

Notice of Emergency Action

On January 4, 2011, Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Antonia Gilliard, C.N.A. License #CNA 101085. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6) Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

Florida Administrative Weekly
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Notice of Development of Rulemaking

AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid

Rule No.: RULE TITLE

59G-4.140: Hospice Services

PURPOSE AND EFFECT: The purpose of the amendment to Rule 59G-4.140, F.A.C., is to incorporate by reference the new Hospice Coverage and Limitations Handbook, October 2010. The handbook has not been updated since 2007 and updates and revisions are needed. Changes to the handbook will include: corrections to fiscal agent contact information; changes necessary to comply with new Federal Regulations regarding Hospice services for children (e.g., Section 1905 (o)(1) of the Social Security Act which allows children on hospice to continue to pursue curative care); changes in policy with respect to how hospice interfaces with HCBS waivers; and implementation of three new revenue codes to begin October 1, 2010. This update also includes a number of policy clarifications based on questions received from Hospice providers and area office staff.

SUBJECT AREA TO BE ADDRESSED: Hospice Services.

SPECIFIC AUTHORITY: **409.919 FS.**

LAW IMPLEMENTED: **409.902, 409.906, 409.908, 409.912, 409.913 FS.**

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

TIME AND DATE: Tuesday, February 1, 2011, 9:00 a.m. – 11:00 a.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Room C, Tallahassee, Florida 32308-5407

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Barbara Hengstebeck at the Bureau of Medicaid Services, (850)412-4250. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Barbara Hengstebeck, Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308-5407, telephone: (850)412-4250, e-mail: barbara.hengstebeck@ahca.myflorida.com

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.140 Hospice Services.

(1) No change.

(2) All hospice services providers enrolled in the Medicaid program must comply with the Florida Medicaid Hospice Services Coverage and Limitations Handbook, October 2010, October 2003, updated January 2005, January 2006, and January 2007, incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, UB-04, incorporated by reference in Rule 59G-4.003, F.A.C. Both handbooks are available from the Medicaid fiscal agent's Web website at www.mymedicaid-florida.com <http://floridamedicaid.acs-inc.com>. Select Public Information for Providers, then Click on Provider Support, and then Provider on Handbooks. Paper copies of the handbooks may be obtained by calling the Provider Contact Center at (800)289-7799 and selecting Option 7. Medicaid fiscal agent at (800)377-8246.

(3) The following forms that are included in the Florida Medicaid Hospice Services Coverage and Limitations Handbook are incorporated by reference: AHCA 5000-20, July 1999, Florida Medicaid Hospice Care Services Referral for Medicaid Eligibility; AHCA 5000-21, July 1999, Florida Medicaid Hospice Care Services Election Statement; AHCA-5000-21S, July 1999, Servicios de Hospice Del Programa – De Medicaid en la Florida Declaracion de Eleccion; AHCA 5000-22, July 1999, Florida Medicaid Hospice Care Services Revocation or Change Statement; AHCA 5000-22S, July 1999, Servicios Hospice – Medicaid de la Florida, Revocacion o Declaracion de Cambio; AHCA 5000-23, July 1999, Notice of Change in Recipient's Hospice Status; AHCA 5000-24, July 1999, Notice of Hospice Election Nursing Facility; AHCA 5000-29, October 2003, Notice of Hospice Election Waiver; AHCA 5000-30, October 2003, Cooperative Agreement for a Hospice and Medicaid Waiver Enrolled Recipient; AHCA 5000-30A, October 2010 2003, Attachment to Cooperative Agreement for a Hospice and Medicaid Waiver Enrolled Recipient. These forms are available from the Medicaid fiscal agent.

Rulemaking Specific Authority 409.919 FS. Law Implemented 409.902, 409.906, 409.908, 409.912, 409.913 FS. History—New 1-1-87, Amended 10-9-90, 5-13-92, 10-8-92, Formerly 10C-7.0533, Amended 2-14-95, 12-27-95, 9-21-99, 8-4-04, 10-2-05, 8-27-06, 12-24-07, _____.

DEPARTMENT OF HEALTH

Vital Statistics

Rule No.: RULE TITLE

[64V-1.0031](#): Birth Certificate Amendments by Adoption

[64V-1.0032](#): Birth Certificate Amendments by Paternity Establishment/Disestablishment; Judicial and Administrative Process

[64V-1.004](#): Change of Paternity; Evidence Required

[64V-1.006](#): Birth Registration; Evidence Required for Births Occurring Outside of a Facility

[64V-1.0131](#): Certifications of Vital Records; Information Required for Release; Applicant Identification Requirements

[64V-1.020](#): Marriage Reporting

[64V-1.021](#): Dissolution of Marriage Reporting

PURPOSE AND EFFECT: To create new form and amend an existing form used in the establishment of paternity process as required by 2009 legislation. To create new form used for preparation of a birth certificate and amend the form used for recording a live birth to be in compliance with national standards. Incorporating in rule the specific safety paper used for statewide certification of vital records, amending affidavits used to allow release of a birth or cause of death information to another person and amending application form used for applying for a birth certification. Incorporating forms used by the Clerks of Court in the transmittal of vital records.

SUBJECT AREA TO BE ADDRESSED: Paternity Establishment, Birth Registration, Certifications of Vital Records, and Transmittal of Marriage Records and Dissolution of Marriage Reports from the Clerks of Court.

SPECIFIC AUTHORITY: [382.003\(7\)](#), (10), (11), [382.0085](#), [382.013](#), [382.015\(6\)](#) FS.

LAW IMPLEMENTED: [382.003\(7\)](#), (10),

(11), [382.0085](#), [382.013](#), [382.015\(2\)\(3\)](#), [382.016\(1\)\(b\)](#), [382.021](#), [382.022](#), [382.023](#), [382.025](#), [409.256\(11\)\(d\)](#), [741.01](#), [742.10](#), [742.16](#), [742.18\(8\)](#) FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting: Kevin Wright, Operations Manager, Department of Health, Office of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042; (904)359-6900, ext. 1004. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Kevin Wright, Operations Manager, Department of Health, Office of Vital Statistics, P.O. Box 210, Jacksonville, Florida 32231-0042; (904)359-6900, ext. 1004

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64V-1.0032 Birth Certificate Amendments by Paternity Establishment/Disestablishment; Judicial and Administrative Process.

(1) Any judgment establishing paternity entered by a Florida court pursuant to Section 742.10 or 382.015(2), F.S., or disestablishing paternity by a Florida court pursuant to Section 742.18, F.S., shall be recorded on a Certified Statement of Final Judgment of Paternity, DH Form 673, Jun 2010 Aug. 06, hereby incorporated by reference and available from the Florida Department of Health, State Office of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042. Upon receipt of a Certified Statement of Final Judgment of Paternity, DH Form 673, completed and certified by the clerk of the circuit court entering the paternity judgment, the department shall amend the birth certificate if the child was born in this state.

(2) through (5) No change.

(6) An application for marriage license must allow both parties to the marriage to state under oath in writing if they are the parents of a child(ren) in common, born in this state. An Affirmation of Common Child(ren) Born in Florida, DH 743A, Jun 2010, hereby incorporated by reference and available from the Florida Department of Health, State Office of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042 is created for recording sworn signatures of the couple as well as sufficient information to enable the department to locate the birth certificate(s) of the child(ren).

Rulemaking Specific Authority 382.003(10), (11), 382.015(6), 382.016(1), 382.0255(3) FS. Law Implemented 382.003(7), (11), 382.015(2), (3),

382.016(1)(b), 741.01, 742.10, 742.16, 742.18(8), 409.256(11)(d) FS. History–New 11-11-98, Amended 7-18-00, 2-29-04, 10-19-04, 5-13-08,_____.

64V-1.004 Change of Paternity; Evidence Required.

(1) through (2) No change.

(3) ~~An amendment made pursuant to subsections (1) and (2) of Rule 64V-1.004, F.A.C., may only be made by order of a court of competent jurisdiction following a proceeding where all parties have been provided legally sufficient notice and an opportunity to be heard by the court.~~

(3)(4) A father who was legally married to the mother at the time of the child's birth but was omitted from the record may be added to the birth record upon receipt of an Acknowledgment of Paternity Consenting Affidavit Acknowledging Paternity, DH Form 432 incorporated by reference in subsection (2) of Rule 64V-1.0032, F.A.C., and a certified copy of the marriage record. The Acknowledgment of Paternity Consenting Affidavit Acknowledging Paternity must be signed by both the mother and the man who was her legal husband at the time of the child's birth.

Rulemaking Specific Authority 382.003(10),(11), 382.015(6), 382.016(1) Law Implemented 382.013(2), 382.015(2), 382.016(1)(b) FS. History–New 1-1-77, Formerly 10D-49.17, Amended 10-1-88, 10-1-90, Formerly 10D-49.017, Amended 11-11-98, 7-18-00, 2-29-04,_____.

64V-1.006 Birth Registration; Evidence Required for Births Occurring Outside of a Facility.

(1) All birth records filed in this state pursuant to Section 382.013, F.S., shall be registered electronically on the department's electronic birth registration system or by means specified by the state registrar. A Certificate of Live Birth, DH Form 511, Jan 2011 July-04, hereby incorporated by reference and available from the Florida Department of Health, State Office of Vital Statistics, P.O. Box 210, Jacksonville, Florida 32231-0042 shall be used when an electronic birth certificate cannot be filed. For use in the preparation of a Certificate of Live Birth, a Birth Certificate Worksheet, DH Form 1967, Jan 2011 is hereby incorporated by reference and available from the Florida Department of Health, State Office of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042.

(2) If a birth occurs outside a facility and the child is not taken to a facility within 3 days after delivery, a Certificate of Live Birth, DH Form 511, Jan 2011 July-04, will be accepted for registration by a local registrar and state filing by the Office of Vital Statistics if corroborated by a written statement from a licensed physician or a licensed midwife in attendance during or immediately after the birth.

(3) No change.

Rulemaking Specific Authority 382.003(7), (10), 382.013 FS. Law Implemented 382.003(7), (10), (11), 382.013 FS. History–New 10-1-90, Formerly 10D-49.0194, Amended 11-11-98, 7-18-00, 2-29-04, 10-19-04, 5-13-08,_____.

64V-1.0131 Certifications of Vital Records; Information Required for Release; Applicant Identification Requirements.

(1) Except for Commemorative Birth and Marriage Certificates, all All certifications issued by the Office of Vital Statistics or by any of the county health departments shall be on safety paper, DH Form 1946, Apr 2010 or DH 1947, Aug 04, are hereby incorporated by reference and available from the Florida Department of Health, State Office of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042 designed and approved by the department. Neither plain copy nor uncertified records will be issued except as an approved health study project by the department. Commemorative Birth and Marriage Certificates are not printed on safety paper as described above, are not official certifications and are created only for purposes of display.

(2) All requests for certifications of birth records less than 100 years old must be accompanied with valid photo identification as prescribed in paragraph 64V-1.0131(2)(c), F.A.C. With the exception of a request to file a delayed birth registration, a birth amendment or a Certificate of Foreign Birth, each request shall be submitted in writing or, on a state office Application for Florida Birth Record, DH Form 726, DecMar 2010 Sept.-07, or county office Application for Florida Birth Record, DH Form 1960, July 03, both hereby incorporated by reference and available from the Florida Department of Health, State Office of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042. A request to file a delayed birth registration, an amendment to a birth record, or a Certificate of Foreign Birth, must be requested on application forms previously incorporated by reference in Rules 64V-1.001, 64V-1.002 and 64V-1.0031, F.A.C.

(a) No change.

(b) A copy of valid a photo identification must accompany the applicable application or written request or, if presented in person, department personnel must view the original accompanying photo identification.

(c) Acceptable forms of valid photo identification, which includes other identifying information, are as follows:

1. State Driver's License;
2. Military identification;
3. Passport; or
4. State issued identification card.

(d) If the certification is requested by an attorney representing the registrant or his or her parent identified on the birth certificate or his or her legal guardian, the attorney's bar or license number may be provided in lieu of valid photo identification.

(e) If the requestor is not a person enumerated in subsection 382.025(1)(a), F.S., an Affidavit to Release a Birth Certification Certificate, DH Form 1958, Aug 2010 July-03, hereby incorporated by reference and available from the Florida Department of Health, State Office of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042 department must be completed by the person enumerated in subsection 382.025(1)(a), F.S.

(3) All requests for certifications of death records where cause of death information is requested and the death occurred less than 50 years prior to the request must be accompanied by valid photo identification as prescribed in paragraph 64V-1.0131(4)(c), F.A.C. With the exception of

death amendment requests, and delayed or presumptive death registration, all requests must be submitted in writing or on a state office Application for a Florida Death Record, DH Form 727, Dec 2010 Nov. 04, or county office Application for a Florida Death Record, DH Form 1961, July 03, both hereby incorporated by reference and available from the Florida Department of Health, State Office of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042. A request to file a death amendment request, a delayed death registration or a presumptive death must be requested on application forms previously incorporated by reference in Rules 64V-1.007, 64V-1.008 and 64V-1.0081, F.A.C.

(a) No change.

(b) A copy of a valid photo identification must accompany the applicable application or written request or, if presented in person, department personnel must view the original accompanying photo identification.

(c) through (d) No change.

(e) If the requestor is not a person enumerated in subsection 382.025(2) F.S., an Affidavit to Release Cause of Death Information, DH Form 1959, Aug 2010 July 03, hereby incorporated by reference and available from the Florida Department of Health, State Office of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042 department must be completed by the person enumerated in subsection 382.025(2), F.S.

(4) No change.

(5) All requests for a Department of Health certification of a marriage record must be submitted in writing or on a state office Application for a Marriage Record For Licenses Issued in Florida, DH Form 261, Dec 2010 Sept. 07, hereby incorporated by reference and available from the Florida Department of Health, State Office of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042. If the requestor is named on the marriage record and the Social Security field for that person is also requested, then valid photo identification must accompany the request.

(6) All requests for a Department of Health certification of a Florida divorce or annulment record must be submitted in writing or on a state office Application for Dissolution of Marriage Report (Divorce or Annulment) Granted in Florida, DH Form 260, Dec 2010 Sept. 07, hereby incorporated by reference and available from the Florida Department of Health, State Office of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042.

Rulemaking Specific Authority 382.003(7), (10), 382.025, 382.0085, 382.0255(1)(a), FS. Law Implemented 382.025, 382.0085 FS. History—New 11-11-98, Amended 2-29-04, 12-12-06, 5-13-08,_____.

64V-1.020 Marriage Reporting.

Marriages occurring in Florida shall be recorded on a Marriage Record, DH Form 743, Apr 98, hereby incorporated by reference and available from the Florida Department of Health, State Office of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042 or on an electronic system provided by the Department of Health. A Marriage Monthly Report, DH 133, Sep 2010, hereby incorporated by reference and available from the Florida Department of Health, State Office of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042 shall be submitted to the Department before the 5th day of each month.

Rulemaking Specific Authority 382.003(7), (10) FS. Law Implemented 382.021, 382.22, 382.023 FS. History—New 2-29-04, Amended 5-13-08,_____.

64V-1.021 Dissolution of Marriage Reporting.

Dissolution of Marriages shall be recorded on a Report of Dissolution of Marriage Annulment of Marriage, DH Form 513, Oct. 96, hereby incorporated by reference and available from the Florida Department of Health, State Office of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042, or on an electronic system provided by the Department of Health a Dissolution of Marriage Monthly Report, DH Form 730, Sep 2010, hereby incorporated by reference and available from the Florida Department of Health, State Office of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042 shall be submitted to the Department before the 10th day of each month.

Rulemaking Specific Authority 382.003(7), (10) FS. Law Implemented 382.023 FS. History—New 2-29-04, Amended 5-13-08,_____.

Notice of Meeting/Workshop Hearing

AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid

The Agency for Health Care Administration on behalf of the Low Income Pool Council announces a public meeting to which all persons are invited. DATE AND TIME: January 24, 2011; January 27, 2011, 10:00 a.m. – 4:00 p.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Room A, Tallahassee, FL 32308

GENERAL SUBJECT MATTER TO BE CONSIDERED: Discussion of the LIP program including legislative updates, funding methodology, policies and procedures in accordance with the approved Medicaid Reform Section 1115 Demonstration.

A copy of the agenda may be obtained by contacting: Edwin Stephens at (850)412-4077 or email: edwin.stephens@ahca.myflorida.com with any questions or to obtain an agenda when it is set.

DEPARTMENT OF HEALTH Board of Nursing

The Board of Nursing and Council on Certified Nursing Assistants announces a public meeting to which all persons are invited.

DATE AND TIME: Wednesday, February 2, 2011, 8:30 a.m., CNA Council meets to discuss general business; 2:00 p.m., Credentials Committee; 2:00 p.m., Education Committee; Thursday February 3, 2011, 8:30 a.m., CNA discipline; 1:00 p.m., RN, LPN, ARNP discipline and general business; Friday, February 4, 2011, 8:30 a.m., General business

PLACE: Embassy Suites – USF/Busch Garden, 3705 Spectrum Blvd., Tampa, FL 33612, (813)977-7066

GENERAL SUBJECT MATTER TO BE CONSIDERED: To view the public agenda materials visit: <http://www.doh.state.fl.us/mqa/nur-meeting.html>. A copy of the agenda may be obtained by contacting: Joe Baker, Jr., Florida Board of Nursing, 4052 Bald Cypress Way, Bin #C02, Tallahassee, FL 32399-3252.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: The Board Office at (850)245-4125. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Joe Baker, Jr., Florida Board of Nursing, 4052 Bald Cypress Way, Bin #C02, Tallahassee, FL 32399-3252.

Miscellaneous

AGENCY FOR HEALTH CARE ADMINISTRATION

Certificate of Need

EXEMPTIONS

The Agency for Health Care Administration authorized the following exemptions pursuant to Section 408.036(3), Florida Statutes:

County: Alachua District: 3
ID # E1000016 Decision: A Issue Date: 10/19/2010

Facility/Project: Gainesville Health Care Center

Applicant: Gainesville Council on Aging, Inc.

Project Description: Replacement of Gainesville Health Care Center within three miles of the same site

Proposed Project Cost: \$15,000,000.00

County: Putnam District: 3
ID # E1000017 Decision: A Issue Date: 11/16/2010

Facility/Project: Putnam Community Medical Center

Applicant: Putnam Community Medical Center, LLC

Project Description: Designation of six swing beds

Proposed Project Cost: \$7,500.00

County: Hillsborough District: 6
ID # E1000018 Decision: A Issue Date: 11/8/2010

Facility/Project: Memorial Hospital of Tampa

Applicant: Memorial Hospital of Tampa, LP

Project Description: Add four adult inpatient psychiatric beds

Proposed Project Cost: \$546,000.00

County: Hillsborough District: 6
ID # E1000019 Decision: A Issue Date: 11/16/2010

Facility/Project: St. Joseph's Hospital

Applicant: St. Joseph's Hospital, Inc.

Project Description: Add 10 child/adolescent inpatient psychiatric beds

Proposed Project Cost: \$1,950,000.00

County: Volusia District: 4
ID # E1000021 Decision: A Issue Date: 12/13/2010

Facility/Project: Carlton Shores Health and Rehabilitation Center

Applicant: Carlton Shores NH LLC

Project Description: Transfer 30 NH beds from Ridgecrest NH, L.L.C. d/b/a Ridgecrest Nursing and Rehabilitation Center to Carlton Shores NH, LLC d/b/a Carlton Shores Health and Rehabilitation Center

Proposed Project Cost: \$4,000,000.00

DEPARTMENT OF HEALTH
Board of Osteopathic Medicine

Notice of Emergency Action

On December 20, 2010, Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Debra Kay Roggow, D.O. License # OS 6278. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF HEALTH
Board of Respiratory Care

Notice of Emergency Action

On December 21, 2010, Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Linda Couture, C.R.T. License # TT 10506. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF HEALTH
Board of Medicine

Notice of Emergency Action

On December 21, 2010, Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Stephen John Kaskie, M.D. License # ME 38600. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF HEALTH
Board of Nursing

Notice of Emergency Action

On December 21, 2010, Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Tyronda Sherrell Stokes, C.N.A. License # CNA 133039. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF HEALTH
Board of Nursing

Notice of Emergency Action

On December 22, 2010, Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Missy L. Horton, C.N.A. License # CNA 123089. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF HEALTH
Board of Nursing

Notice of Emergency Action

On December 21, 2010, Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Edna Katherine Hirsch, L.P.N. License # PN 1186541. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

Miscellaneous

DEPARTMENT OF HEALTH
Board of Nursing

Notice of Emergency Action

On December 15, 2010, Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Shkeela Renae Hall, L.P.N., License #PN 5162406. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF HEALTH
Board of Nursing

Notice of Emergency Action

On December 15, 2010, Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of William R. Booker, R.N., License #RN 2048772. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF HEALTH
Board of Nursing

Notice of Emergency Action

On December 16, 2010, Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Bobbie Lynn Watson, R.N., License #RN 1627882. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF HEALTH
Board of Nursing

Notice of Emergency Action

On December 17, 2010, Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Vicki Jo Phelan, L.P.N., License #PN 5170700. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

Florida Administrative Weekly
Volume 36, Number 51, December 23, 2010

Notice of Development of Rulemaking

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

Rule No.: RULE TITLE

59A-7.034: Alternate-Site Testing

PURPOSE AND EFFECT: The agency is proposing to amend the rule that specifies the types of tests that can be performed at alternate test sites within hospitals.

SUBJECT AREA TO BE ADDRESSED: Revisions to regulations that describe the type of clinical laboratory testing performed at hospital alternate sites including revisions to what is required to be considered in the approval of alternate site tests.

SPECIFIC AUTHORITY: 483.051 FS.

LAW IMPLEMENTED: 483.051, 483.106, 483.181, 483.201, 483.221, 483.23 FS.

A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: January 20, 2011, 2:00 p.m.

PLACE: Agency for Health Care Administration, Building 3, Conference Room C, 2727 Mahan Drive, Tallahassee, Florida. Call in number: (888)808-6959 code: 8509227761

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this

workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Karen Rivera, Laboratory Unit, 2727 Mahan Drive, Building 1, Mail Stop 32, Tallahassee, Florida 32308, (850)412-4500. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Karen Rivera, Laboratory Unit, 2727 Mahan Drive, Building 1, Mail Stop 32, Tallahassee, Florida 32308, (850)412-4500

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

Rule No.: RULE TITLE

[59G-4.250](#): Prescribed Drug Services

PURPOSE AND EFFECT: The purpose of the amendment to Rule 59G-4.250, F.A.C., is to incorporate by reference the revised Florida Medicaid Prescribed Drugs Coverage, Limitations, and Reimbursement Handbook, October 2010. The amendment clarifies existing policy, updates forms, and updates fiscal agent information.

SUBJECT AREA TO BE ADDRESSED: Prescribed Drug Services.

SPECIFIC AUTHORITY: [409.919 FS](#).

LAW IMPLEMENTED: [409.906\(20\)](#), [409.908](#), [409.912 FS](#).

A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: Thursday, January 13, 2011, 10:00 a.m. – 11:00 a.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Room C, Tallahassee, Florida 32308

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Marie Donnelly at the Bureau of Medicaid Pharmacy Services, (850)412-4166. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Marie Donnelly at donnellm@ahca.myflorida.com

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT NO CHARGE FROM THE CONTACT PERSON LISTED ABOVE.

DEPARTMENT OF HEALTH

Board of Nursing

Rule No.: RULE TITLE

[64B9-8.001](#): The Probable Cause Panel

PURPOSE AND EFFECT: The Board proposes this amendment to take out the geographic assignments.

SUBJECT AREA TO BE ADDRESSED: The Probable Cause Panel.

SPECIFIC AUTHORITY: [456.073\(1\)](#), (3), [464.006 FS](#).

LAW IMPLEMENTED: [456.073\(4\) FS](#).

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Joe Baker, Jr., Executive Director, Board of Nursing, 4052 Bald Cypress Way, Bin #C02, Tallahassee, Florida 32399

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT NO CHARGE FROM THE CONTACT PERSON LISTED ABOVE.

DEPARTMENT OF HEALTH

Board of Nursing

The Florida Board of Nursing, North Probable Cause Panel announces a telephone conference call to which all persons are invited.

DATE AND TIME: January 11, 2011, 10:00 a.m. – 12:00 Noon

PLACE: Department of Health, Tallahassee at Meet Me Number: 1(888)808-6959, Conference Code: 2454640#

GENERAL SUBJECT MATTER TO BE CONSIDERED: For cases previously heard by the panel.

A copy of the agenda may be obtained by contacting: Joe Baker, Jr., Executive Director, 4052 Bald Cypress Way, Bin #C02, Tallahassee, FL 32399-3257.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: The Board Office. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice). If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

Miscellaneous

AGENCY FOR HEALTH CARE ADMINISTRATION

Certificate of Need**DECISIONS ON BATCHED APPLICATIONS**

The Agency for Health Care Administration made the following decisions on Certificate of Need applications for Hospital Beds and Facilities batching cycle with an application due date of September 8, 2010:

County: Hernando Service District: 3

CON # 10094 Decision Date: 12/10/2010 Decision: D

Facility/Project: Haven Behavioral Services of Florida, LLC

Applicant: Haven Behavioral Services of Florida, LLC

Project Description: Establish a 24-bed adult inpatient psychiatric hospital

Approved Cost: \$0

County: Lake Service District: 3

CON # 10095 Decision Date: 12/10/2010 Decision: D

Facility/Project: Haven Behavioral Services of Florida, LLC

Applicant: Haven Behavioral Services of Florida, LLC

Project Description: Establish a 26-bed adult inpatient psychiatric hospital

Approved Cost: \$0

County: Marion Service District: 3

CON # 10097 Decision Date: 12/10/2010 Decision: A

Facility/Project: HealthSouth Rehabilitation Hospital of Marion County, LLC

Applicant: HealthSouth Rehabilitation Hospital of Marion County, LLC

Project Description: Establish a 40-bed comprehensive medical rehabilitation hospital

Approved Cost: \$21,079,443.00

County: Marion Service District: 3

CON # 10098 Decision Date: 12/10/2010 Decision: D

Facility/Project: West Marion Community Hospital

Applicant: Marion Community Hospital, Inc.

Project Description: Establish a 20-bed comprehensive medical rehabilitation unit

Approved Cost: \$0

County: Sumter Service District: 3

CON # 10099 Decision Date: 12/10/2010 Decision: D

Facility/Project: Wildwood Medical Center, Inc.

Applicant: Wildwood Medical Center, Inc.

Project Description: Establish an 84-bed acute care hospital in zip code 34785

Approved Cost: \$0

County: Sumter Service District: 3

CON # 10100 Decision Date: 12/10/2010 Decision: A

Facility/Project: The Villages Tri-County Medical Center, Inc.

Applicant: The Villages Tri-County Medical Center, Inc.

Project Description: Establish an 80-bed acute care hospital in Zip Code 34785

Approved Cost: \$.00

County: Volusia Service District: 4

CON # 10101 Decision Date: 12/10/2010 Decision: D

Facility/Project: Halifax Health Medical Center

Applicant: Halifax Hospital Medical Center

Project Description: Establish a 40-bed comprehensive medical rehabilitation unit

Approved Cost: \$0

County: Volusia Service District: 4

CON # 10102 Decision Date: 12/10/2010 Decision: D

Facility/Project: Haven Behavioral Services of Florida, LLC

Applicant: Haven Behavioral Services of Florida, LLC

Project Description: Establish a 29-bed adult inpatient psychiatric hospital

Approved Cost: \$0

County: Pinellas Service District: 5

CON # 10103 Decision Date: 12/10/2010 Decision: D

Facility/Project: Haven Behavioral Services of Florida, LLC

Applicant: Haven Behavioral Services of Florida, LLC

Project Description: Establish a 40-bed adult inpatient psychiatric hospital

Approved Cost: \$0

A request for administrative hearing, if any, must be made in writing and must be actually received by this department within 21 days of the first day of publication of this notice in the Florida Administrative Weekly pursuant to Chapter 120, Florida Statutes, and Chapter 59C-1, Florida Administrative Code.

Miscellaneous

DEPARTMENT OF HEALTH Board of Chiropractic

Notice of Emergency Action

On December 9, 2010, Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Kimberly M. Shields Alters, D.C., A.R.N.P., License #CH 5200, ARNP 1670952. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF HEALTH Board of Nursing

Notice of Emergency Action

On December 8, 2010, Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Karyn Leigh Bevis, R.N., License #RN 2896982. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF HEALTH Board of Nursing

Notice of Emergency Action

On December 7, 2010, Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Amber Lynn Herman, L.P.N., License #PN 5174873. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF HEALTH Board of Nursing

Notice of Emergency Action

On December 9, 2010, Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Kimberly M. Shields Alters, D.C., A.R.N.P., License #CH 5200, ARNP 1670952. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF HEALTH
Board of Nursing

Notice of Emergency Action

On December 13, 2010, Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Margie Suzette Kiesner, L.P.N., License #PN 1041041. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF HEALTH
Board of Nursing

Notice of Emergency Action

On December 10, 2010 Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General, issued an Order of Emergency Restriction Order with regard to the license of Katherine Jane Brown, L.P.N., License #LPN 1346531. This Emergency Restriction Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8), and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public. For additional information, contact the Department of Health, Agency Clerk's Office.

DEPARTMENT OF HEALTH
Board of Nursing

Notice of Emergency Action

On December 13, 2010, Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Patricia A. Verri, R.N., License #RN 9293739. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF HEALTH
Board of Nursing

Notice of Emergency Action

On December 13, 2010, Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Kathleen A. Michalsen, R.N. License #RN 9276934. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF HEALTH
Board of Nursing

Notice of Emergency Action

On December 10, 2010, Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General, issued an Order of Emergency Suspension Order with regard to the license of Jennifer Lynn Miller Fazaa, R.N., License #RN 1952152. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

PR/Marketing

RxPRN - Jan 14, 2011

By: [Sarah Byrd](mailto:sarahb@fha.org) (sarahb@fha.org)

[News](#)



Press Releases from Around the State

Think Tank Unveils Research, Considers Role of Simulation Technology in Nursing Workforce

Addressing nursing workforce issues is critical to ensure a healthy Florida. On January 10 and 11, 2011, an elite team of leaders and experts meet to review the critical questions of: Why and how should we maximize the use of simulation technology to address the nursing shortage and promote high quality nursing care? The think tank, Simulation, Nursing & Healthy Florida Communities: An Imperative for Change provides an opportunity for review of months of research, due diligence, and collaboration.

Simulation is an educational practice, process, or strategy designed to imitate the workplace or clinical environment. Experiences are designed for the learner to demonstrate knowledge, skills, decision making, and critical thinking. Simulation often incorporates technology and devices developed for these various purposes, such as a computer enhanced mannequin. Nursing students can learn and develop competencies with this technology in preparation for interactions with actual patients. Simulation is often used in hospital settings to promote team work in emergency situations and as a part of the process to implement new procedures. Already a mainstay in military and aeronautical training, this technology has been rapidly developed over the past few years in the health care industry.

This team of leaders convenes for the think tank with the understanding that significant ramifications loom if Florida's pending nursing shortage is realized. The Florida Center for Nursing projects a shortfall of 56,000 registered nurses by 2025. Since 2009, a focused project advisory panel has helped guide and execute regional and state research considering best practices, trends, and the role of simulation technology in nursing workforce issues, with support from a project team led by the Florida Center for Nursing. This work has been funded by a grant from The Blue Foundation for a Healthy Florida, the philanthropic affiliate of Blue Cross and Blue Shield of Florida and the national Partners Investing in Nursing's Future initiative.

Electronic polling will be used throughout the think tank. This technology provides immediate on-screen view of participant feedback as the team works through review of research, response to national expert participants, and consideration of emerging issues around the overarching think tank question. Additional details and the think tank agenda are available at www.FLCenterForNursing.org.

DOCTORS, NURSES AND HAITIAN PATIENTS REUNITE ON ONE YEAR ANNIVERSARY OF EARTHQUAKE

- WHAT:** On the first anniversary of the devastating earthquake in Haiti, Haitian patients who were treated at Miami Children's Hospital (MCH) reunite with the doctors and nurses who treated them.
- WHO:** Medical volunteers who traveled to Haiti post-earthquake and set up a pediatric makeshift hospital; victims of the earthquake who were transported to MCH; doctors and nurses who cared for Haitian patients at MCH.
- WHEN:** 9:30 a.m., Wednesday, January 12, 2011
- WHERE:** Miami Children's Hospital- Research Building
3100 SW 62nd Avenue
Miami, Florida 33155
- CONTACT:** Cristene Martinez-Paez
305-666-6511, ext. 3035
305-286-4370 (pager)
Cristene.Martinez@mch.com

Dr. Alicia Campbell joins Community Hospice as Associate Medical Director

JACKSONVILLE—Community Hospice of Northeast Florida has named Alicia Campbell, M.D., as associate medical director. Dr. Campbell is a board-certified internist with nearly two decades of experience in the clinical setting, and as a physician leader and regulatory reviewer. She joined the organization in June.

In her role as associate medical director, Dr. Campbell serves as a resource and liaison to physicians in the community to assure a smooth admissions process for hospice patients. She also supports the training and education effort for Community Hospice clinical staff and community healthcare providers regarding admissions criteria.



Before joining Community Hospice, Dr. Campbell worked as a medical director for Physicians Medical Centers, Concentra and Solantic urgent care clinics in Jacksonville. She was a physician reviewer and interim medical director for C2C Solutions Inc., a federally certified Qualified Independent Contractor that processes Medicare claims appeals decisions. Also, she worked as a principal investigator and sub-investigator with the Jacksonville Center for Clinical Research, where she oversaw pharmaceutical and device research trials. She also has worked as an emergency physician, infection control medical director and hospitalist for groups in Jacksonville, Orange Park and Fernandina Beach.



Dr. Campbell earned her medical degree from the Northeastern Ohio Universities College of Medicine. She completed her internal medicine residency through the University of Florida's Health Science Center in Jacksonville.

Along with her work at Community Hospice, Dr. Campbell is vice chairman of the Duval County Medical Society's Bioterrorism, Disaster Preparedness and Homeland Security Committee. She also sits on the Department of Homeland Security's Metropolitan Medical Response System Pharmaceutical Committee. Dr. Campbell is certified by the American Board of Internal Medicine and has served as a past president of the Nassau County Medical Society.

Jacksonville Jaguars' Deji Karim Has Surgery At JOI

Jacksonville, FL- Jacksonville Jaguars running back Deji Karim underwent successful hand surgery at Jacksonville Orthopaedic Institute (JOI) on Friday, January 7, 2011. The outpatient procedure took place at the JOI San Marco location in the Baptist Outpatient Center.

"The surgery was to repair a ruptured ligament of Deji's right thumb," stated Dan Edwards, senior vice president of communications and media for the Jacksonville Jaguars. "Deji had previously undergone surgery for his left thumb in the preseason. After rehabilitation, he is expected to have a full recovery."

Florida Hospital to Host Coronary Health Improvement Project

Make a resolution to lose more than weight, decrease blood pressure, reverse diabetes, and lower cholesterol

WHAT: January is the time for New Year's resolutions and losing weight or adding exercise are consistently in the top 10 most popular resolutions. While losing extra pounds and getting the heart pumping are good, the real measure of good health is inside our bodies; blood pressure, cholesterol, and blood sugar. That's why Florida Hospital Orlando is inviting the community to be a part of CHIP, Coronary Health Improvement Project. CHIP is designed to help people substantially lower the risk of heart disease, diabetes, and hypertension with the bonus of losing excess weight.

"CHIP is based on the foundation that 75 percent of Western diseases are 'lifestyle-related', said Eileen Krauss, CHIP director. "They relate to our rich diet; lack of exercise; use of cigarettes, alcohol, and caffeine; level of stress; and the quality of our support."

Many CHIP participants experience an improved emotional outlook, better sleep, a reduction in heartburn and improved exercise tolerance. CHIP can also help facilitate the reversal of clogged arteries and even help some reduce or eliminate the amount of blood pressure and diabetes medications they need to remain healthy.

BKGD: The program includes 16 courses, two health screenings, lab work, books, tote bag and food sampling. The next session begins Jan. 23 and runs each Monday and Wednesday through March 14. There is a cost associated with CHIP to pay for program expenses.

VISUALS: Hear how CHIP is changing the lives of people in Central Florida and putting them on the path to live a Healthy 100.

Find out why good health goes much deeper than just a number on the scale.

NOTE: *To do an advance story before the next session begins, visuals and interviews of the previous CHIP class are available upon request.*

CONTACT: For more information or to request the video, contact Florida Hospital Media Relations at 407-303-8217.

Health Fair at the Wellness Center of Cape Coral on Jan. 19

Mark your calendars now for a Health Fair to be held at The Wellness Center of Cape Coral, 609 SE 13th Court, on Wednesday, Jan. 19 from 9 a.m. until 1 p.m.

The Health Fair is free and open to the public and will provide education on common chronic illnesses such as: diabetes, cardiovascular disease, balance disorders, COPD, depression, dementia, and breast cancer.

Free blood pressure and balance screenings will be available.

Also at the health fair, we'll be highlighting services available to help you or a loved one manage these illnesses, to allow you to talk to physicians and other health care providers; and to visit the Wellness Center to learn about the fitness programs available as well as personal training and aquatic programs.

For more information, you may call 239-573-4800.

Groundbreaking Study conducted at Mount Sinai Medical Center

(January 7, 2010 - Miami Beach, FL) The Annals of Thoracic Surgery (*January, 2011*) has just published a first of its kind study conducted at Mount Sinai Medical Center of Miami Beach reporting the outcomes of minimally invasive valve surgery versus traditional median sternotomy in patients 75 years of age or older. Minimally invasive valve surgery at Mount Sinai is performed through a small, 2-inch incision on the right side of the chest, and this was compared with the same kind of valve surgery done through a breastbone splitting approach. The investigators hypothesized that in elderly patients, a smaller, less traumatic surgery would lead to better results. Minimally invasive valve surgery in elderly patients increased survival, reduced postoperative complications, and shortened length of hospital stay when compared with traditional median sternotomy surgery.

"The implications of this study are huge. Basically, at Mount Sinai, we can now prolong life expectancy in a population that, otherwise, was not given the interventional care they need because they were labeled as high-risk patients. The elderly with heart disease, and their adult children, need to know that they *do* have options for surgical intervention," said Dr. Joseph Lamelas, chief of cardiac surgery at Mount Sinai and one of the principal investigators in this study.

One out of every eight individuals over the age of 75 has moderate to severe valvular disease. This is a potential population of 4.2 to 5.6 million at present. This number is expected to double by 2030, as our population ages. Many elderly patients, however, are denied intervention by surgical centers and excluded from studies due to old age. Mount Sinai's study examined a population older than any other previously published study that investigated minimally invasive heart surgeries, making it the first to report findings that can be of significant importance in the health of the elderly population.

The study was conducted by Joseph Lamelas, M.D. (*Chief of Cardiac Surgery at Mount Sinai Medical Center*), Gervasio Lamas, M.D. (*Chief, Columbia University Division of Cardiology at Mount Sinai Medical Center*), Orlando Santana, M.D. (*Director of Echocardiography Laboratory, Columbia University Division of Cardiology at Mount Sinai Medical Center*), and Alejandro Sarria, M.D. (*Cardiology Fellow at Mount Sinai Medical Center*).

There were 203 subjects, at least 75 years of age or older (*mean age of 80*) who underwent isolated valve surgery during the analysis period. Of these, 119 (59%) underwent minimally invasive surgery and 84 (41%) underwent a median sternotomy. All minimally invasive cases were performed by Mount Sinai's Chief of Cardiac Surgery, Dr. Joseph Lamelas, who performs the highest volume of cardiac surgeries in Florida and has the best cardiac surgical outcomes in South Florida (*for complex, high-volume cases*).

George Freeland, a 79-year old retiree, has had cardiovascular disease for some time. Before deciding to explore surgical interventions, Mr. Freeland had to consider whether his age would be a factor in having surgery. After learning that Mount Sinai performs the highest volume of cardiac surgeries in all of Florida, he decided to have Dr. Lamelas perform his minimally invasive valve surgery in late 2010.

"It made sense to me to have my surgery done at a hospital proven to have the most experience in this type of surgery. Since I had my surgery, I have felt great! I just turned 79 but I still feel like I have a lot of life left in me," said Freeland.

Though advanced age has, in the past, been a major predictor of poor outcome in patients undergoing valve surgery, Mr. Freeland is a prime example of a patient who contradicts that norm.

"If there is one thing we hope people will remember it's that if you are a high-risk patient, you should be looking for the least invasive method for surgery and that's exactly what we offer at Mount Sinai Medical Center," said Dr. Gervasio Lamas, Mount Sinai's chief of cardiology.

In this study, when compared to the 84 patients who underwent a traditional median sternotomy, the 119 patients who underwent a minimally invasive valve surgery had significantly better outcomes that resulted in a:

- Lower percentage of complication rates during procedure (21% vs. 45%)
- Lower incidence of kidney failure (0.8% vs. 16.7%)
- Lower rate of wound infection (0.8% vs. 6%)
- Shorter intensive care unit stay (52 hours v. 119 hours)
- Shorter hospital stay (7 days vs. 12 days)

Overall, the Mount Sinai study results demonstrated that minimally invasive valve surgery is feasible and should be considered for older patients who might otherwise not have access to valve surgery due to high risk.

Stay Healthy This Winter

With flu season upon us, the physicians at our three Lee Convenient Care locations are beginning to see more patients with complaints such as fever, cough, vomiting, diarrhea and fatigue.

"A lot of our seasonal residents are coming in with symptoms of bronchitis and sinusitis. They have coughing, wheezing and mucus," says Avra Bowers, M.D., Lee Convenient Care physician.

And while Southwest Florida experiences generally mild winters, Dr. Bowers highly recommends residents get the seasonal flu vaccine. Steve Streed, System Director of Infection Control, agrees. "This year's vaccine helps protect against three different strains of flu, including the strain that is currently circulating in our area," says Steve. "You can protect yourself and your loved ones by getting the vaccine soon. It's not too late!"

"If you feel sick, stay home," said Dr. Bowers. "Your co-workers don't want to get sick, and if you have a fever, runny nose or cough, you probably have something contagious." She also recommends cleaning your computer keyboard, phone, doorknobs and other commonly touched surfaces with disinfectant spray or wipes.

Wash your hands often. Follow the guide below to help you and those you come into contact with stay healthy, not just during flu season but every day of each year.

When washing hands with soap and water

- Wet your hands with clean running water and apply soap and use warm water if it is available.
- Rub your hands together to make a lather to scrub your hands.
- Wash your hands thoroughly by rubbing them together for 15-20 seconds, and sing "Happy Birthday" twice through as you do so.
- Rinse your hands well under running water.
- Dry your hands using a paper towel and use the paper towel to turn off the faucet.
- If soap and clean water are not available, use an alcohol-based product to clean your hands. Alcohol-based hand rubs significantly reduce the number of germs on skin and are fast-acting.

When using an alcohol-based hand sanitizer

- Apply the product to the palm of one hand.
- Rub your hands together.
- Rub the hand sanitizer over all the surfaces of your hands and fingers, and continue rubbing until your hands are dry.

As for making lifestyle adjustments to stay healthy all winter long, Dr. Bowers say that is not necessary. "There's no need to change your fitness routine or eating habits in the winter," she explains. "You should exercise regularly and eat a well-balanced diet all year long."

New Adventist Health Policy Association to Serve as a United Policy Voice

The newly formed Adventist Health Policy Association (AHPA) will serve as the united policy voice for 80 hospitals and over 300 affiliated health care facilities across 17 states and the District of Columbia.

AHPA was incorporated in September 2010 to help ensure that existing and new federal legislation, policy and regulations allow AHPA members to fulfill their goal of accessible, high-quality health care.

"Seventh-day Adventist hospitals represent a major sector of the U.S. health system," said Richard E. Morrison, AHPA President. "We know that working together on key policy issues is crucial in this era of health reform. AHPA will help us do this."

AHPA leadership has been meeting informally for almost a year. The group has submitted comments on key health reform elements, including Accountable Care Organizations, tax-exempt hospital requirements, and readmissions.

AHPA's founding members operate hospitals, home health agencies, nursing centers, outpatient centers, physician practices and related health care entities. The founding members are:

- Adventist Health, headquartered in Roseville, CA. Includes 17 hospitals, 62 outpatient centers, 32 rural health clinics, 14 home health agencies and four joint-venture retirement centers. Locations in California, Oregon, Washington State and Hawaii;
- Adventist Health System, headquartered in Winter Park, FL. Includes 42 hospitals, 87 outpatient centers, 11 home health agencies and 18 nursing homes as well as a College of Health Sciences. Locations in Florida, Georgia, North Carolina, Tennessee, Kentucky, Texas, Illinois, Kansas, Colorado and Wisconsin;
- Adventist HealthCare, headquartered in Rockville, MD. Includes seven hospitals and an assisted-living facility. Locations in New Jersey, Maryland and the DC area;
- Kettering Adventist Healthcare, headquartered in Dayton, OH. Includes seven hospitals, 60 outpatient centers and Kettering College, serving 11 counties across the greater Dayton region; and
- Loma Linda University Adventist Health Sciences Center headquartered in Loma Linda, CA. Includes seven hospitals, seven outpatient facilities, and Loma Linda University Medical School.

AHPA member hospitals will remain active in current membership organizations such as the American Hospital Association and Premier, Inc., noted Morrison. "These organizations are invaluable resources for all health care providers throughout the nation.

"AHPA will add another voice to the national health reform dialogue – a formal voice that will leverage the strength of our network and our shared goals," Morrison continued. "It will allow us to have strong input into the policy issues important to our nation's ever-changing health care system."

The Association has received 501(c) 6, or non-profit trade association, status. Initial staff support is provided by Adventist Health System, headquartered in Winter Park, FL.

BROWARD GENERAL UNIVERSITY HELPS PHYSICIAN OFFICE STAFFS IMPROVE CUSTOMER SERVICE

Broward General Medical Center physicians and their office staffs are invited to participate in the FREE 2011 Physician Office Staff Education Series

All physicians on staff at Broward General Medical Center and their office staffs are invited to participate in the 2011 Physician Office Staff Education Series, a program designed especially for physicians who want to enhance their practice's customer service and office managers frustrated with new healthcare policies and procedures.

The series is FREE, and it is all about the participants. Important topics like managing stress in the office, caused by difficult people and patients, patient access, insurance verification, scheduling patients for hospital procedures, claims and collections, motivating staff, marketing and advertising, negotiating contracts with insurance carriers, case management and much more will be discussed.

Participants will also receive hands on training and networking opportunities. To enhance their learning experience, all speakers will accept questions prior to the lecture and address them during the session.

This is the second session of the series which began as a response to the needs of physicians and their office staffs. Attendees have appreciated the knowledge gained from the classes and are looking forward to future sessions.

"I learned something from each session and have been able to apply the concepts learned in our practice," said Marcia McDaniels Gunn, office manager for Frank J. Lomagistro, M.D. "Coming from a hospital-affiliated office, it was a good opportunity to better understand why things are done the way they are. The speakers were knowledgeable and experienced about their topics. Moving forward, I am eager to exchange ideas on how to deal with specific issues with other physician office staffs."

Classes will be held between March and October 2011, on the third Tuesday of each month from 11:30 am to 1 p.m. at Broward General Medical Center. Lunch is provided. Registration begins January 1, and class size is limited to the first 40 students, so early registration is recommended. To register for the series contact the Broward Health Line at (954) 759-7400 or Healthline@BrowardHealth.org.

Christopher Wing Named New Administrator at Broward Health Weston

Christopher Wing has been named Administrator of Broward Health Weston. He replaces previous administrator Natassia Orr who is now Chief Operations Officer at Broward General Medical Center.

Wing previously served as Director of Operations at Weston from July 2007 and was part of the team that facilitated the transition of the Surgery Center of Weston, LLC to a profitable venture, advocated for a \$3 million dollar upgrade of the Imaging Center (including the county's first 128 slice CT.) and a renovation of the Urgent Care Center.

Wing has served Broward Health for the past 20 years and has spent most of his career in traditional finance and accounting roles as well as serving as Information Services (I/S) liaison to those disciplines. At Broward Health, he was Financial Analyst II at North Broward Medical Center, Senior Financial Analyst at Coral Springs Medical Center, and Regional Director of Finance for the Western Region from 2000 through 2005.

Wing holds a Master of Business Administration degree from Nova Southeastern University, with a Bachelor of Arts degree in Finance from Florida Atlantic University. He is a lifetime resident of Broward County and lives in Pembroke Pines with his wife and their four children.

Working To Keep Your Body In Motion: The Anterior Approach For Total Hip Replacement

For people suffering from hip pain, stiffness and limited movement due to arthritis, surgery may be the best treatment option. Orthopedic surgeon Vrej Manoogian, D.O. is now performing total hip replacement surgery at Florida Hospital Waterman using the anterior approach, which allows the hip joint to be replaced without cutting through or detaching the gluteal muscles. When these muscles are left undisturbed, the healing process and rehabilitation can proceed much more quickly.

"Conventional hip replacement surgery requires patients to limit hip motion for 6 to 8 weeks after surgery," says Dr. Manoogian. "Anterior hip replacement allows patients to bend their hip immediately after surgery and comfortably bear full weight on their hip quite rapidly. Patients are usually discharged from the hospital in 2 to 5 days following surgery, and they are told to use their hip normally at home, without restrictions."

While people affected by arthritis are good candidates for this minimally invasive technique, some people are not good candidates for the anterior approach to

hip replacement. Your surgeon will determine the best treatment option for you.

Jon and Cindy Gruden to Chair Moffitt Cancer Center's Magnolia Ball

Foreigner to perform live



TAMPA, Fla. (Jan. 13, 2010)- [Moffitt Cancer Center's Magnolia Ball](#) tops the list of Tampa's extraordinary galas. With riveting live performances, astounding auction items and emotional patient testimonials, the often sold-out Magnolia Ball has raised more than \$15 million since its inception. The Magnolia Ball has a singular focus - to raise funds for critical cancer research and patient care programs at Moffitt.

The 2011 event, scheduled for 5:30 p.m. May 14 at [A La Carte Event Pavilion](#), will be chaired by Jon Gruden, NFL analyst for ESPN and former head coach of the Tampa Bay Buccaneers, and his wife, Cindy, a member of the [Moffitt Foundation Board of Directors](#).

"We want to see the end of cancer in our lifetime, and teaming up with Moffitt allows us to have the hope in realizing that dream," Jon Gruden said.

Joining the Grudens as the honorary chairs are John and Susan Sykes. In honor of Moffitt's 25th anniversary this year, the ball also will have three founding chairs: H. Lee and Dianne Moffitt, Ted and Marty Couch, and Don and Eleanor Buchanan.

The Magnolia Ball is known for its sensational live performances by top recording artists, and this year is no different. [Foreigner](#) will headline this event. Their top hits from the 1970s and '80s include "Cold As Ice," "Hot Blooded" and "I Want to Know What Love Is."

Funds raised at the Magnolia Ball enhance Moffitt's patient care, research and education programs, such as the [Magnolia Lodging Program](#). The lodging program offers cancer patients and their families a comfortable and affordable place to live while they are undergoing lengthy treatments at Moffitt.

"It is an honor for us to be associated with the cancer center," Cindy Gruden said. "We trust that Moffitt knows best where the funds raised should be distributed."

The Magnolia Ball will open with cocktails and a silent auction, followed by an elegant dinner and Foreigner performing live. Sponsorships for the Magnolia Ball begin at \$8,500, and event underwriting opportunities are available from \$2,500. Individual tickets are \$1,000 and, based on availability, will go on sale April 15. For more information, to purchase sponsorships or tickets online, or to see the live auction items, visit www.insidemoffitt.com/MagnoliaBall.

Recently Released PMG Newsletters

[RxPRN](#) - Jan 14, 2011

(<http://www.fha.org/newsletterdetail.html?NLID=2798>)

Upcoming Education Meetings

[FSCI Statewide Kick-Off Event](#) - 02/03/2011

(<http://www.fha.org/meetingdetail.html?MID=646>)

Join us for the FSCI Kick-Off Event, a statewide meeting of FSCI-participating surgeon champions, surgical clinical reviewers (SCRs), executives, and quality improvement professionals. The meeting will feature speakers on the value of collaboratives, the roles of the surgeon champion, and SCR, working together as a QI team, and updates on the FSCI program and national policy implications.

[FSHES Free Winter Workshop](#) - 02/11/2011

(<http://www.fha.org/meetingdetail.html?MID=648>)

There is no registration fee for FSHES members and their employees to attend this workshop.

Program Highlights: Round Table Discussions on New Technologies, Hypoallergenic Cleaning Products, and Cost Reduction/Long-Range Planning; InterfaceFlor Modular in Health Care Environments: Aspects of Design, Maintenance, and IAQ; and New Issues with Linen • Optional Tour of Florida Hospital Memorial Medical Center

[Conducting an APC Audit](#) - 02/24/2011

(<http://www.fha.org/meetingdetail.html?MID=639>)

At the completion of this program, the participant will be able to briefly review the main features of the APC payment system; understand how the APC grouping logic determines payment for outpatient services; discuss the critical aspects of compliance issues surrounding APCs and related encounter driven systems; appreciate the extreme importance of correct coding and modifier utilization; understand how to develop an overall APC Integrity Program; delineate specific types of audits and reviews that are necessary to assure proper payment under APCs; and understand APC issues that may be addressed in the RAC (Recovery Audit Contractor) program.

[Public Relations and Marketing Winter Workshop](#) - 02/28/2011

(<http://www.fha.org/meetingdetail.html?MID=617>)

Sponsored by the Florida Society for Healthcare Public Relations & Marketing Professionals (FSHPRM).

[Sustaining Our Workforce: A Blueprint for the Future](#) - 03/02/2011 to 03/04/2011

(<http://www.fha.org/meetingdetail.html?MID=635>)

Co-sponsored by the Florida Association for Healthcare Recruiters (FAHR), Florida Society for Healthcare Education & Training (FSHET), and Florida Society for Healthcare Human Resources Administration (FSHHRA)

[FHA Hospital Day in the Legislature](#) - 03/14/2011 to 03/15/2011

(<http://www.fha.org/meetingdetail.html?MID=644>)

This solutions-based event takes place in Tallahassee March 14 - 15 and will feature Joe Scarborough and Mika Brzezinski from MSNBC's Morning Joe. FHA staff will also provide updates on the political environment surrounding our legislative priorities. **For FHA member hospitals.**

Recently Released Reports

[2011 FHA Economic Study](#) - 01/24/2011

(<http://www.fha.org/productdetail.html?PRID=118>)

None

[HMO Indicators Report - 3Q 2010](#) - 01/24/2011

(<http://www.fha.org/productdetail.html?PRID=1>)

None

[TrendPoints](#) - 01/21/2011

(<http://www.fha.org/productdetail.html?PRID=121>)



[FHA's Florida HMO Monitor - 3Q 2010](#) - 01/19/2011

(<http://www.fha.org/productdetail.html?PRID=91>)

None

[The 2011 Florida Hospital Law Handbook](#) - 01/10/2011

(<http://www.fha.org/productdetail.html?PRID=8>)

None

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