



LEE COUNTY MEDICAL SOCIETY^{INC.}

Physicians Caring for our Community

Bulletin

Volume 35, Issue 7

Editor: John W. Snead M.D.

December 2011

President's Message

2012 Meetings and Events

Friday, January 20, 2012

6:00 p.m.— Social Time

7:00 p.m.—Dinner

Edison State College
8099 College Parkway
Fort Myers, FL 33919
Community Room AA-177

**Lee County Medical Society
General Membership Meeting**

Speaker: Miguel A. Machado
FMA President

**Installation of 2012
LCMS Officers**

**Annual Medical
Service Awards**

**Honoring this years
LCMS Life Members**

Sponsored at Time of Printing:
Edison State College
Ambassador Family Services
Comfort Keepers
Cypress Cove
Del Bianco General Construction
Heritage Institute
Nurse on Call Home Health
Scanlon Auto Group
Sheeley Architects
Shell Point Retirement Community

Inserts:

January Meeting Notice
Legislative Agenda Brochure
Office Space/Equip Available
U First Surgery Center

President's Message

Membership News

As I Recall

New Applicants

Fertility Expert Collaborates

CMS Alleviates Requirements

Licensure Renewal

Managing Practice Risks

"What if...?"

Shahid Sultan, M.D.



My last message was about survival in these uncertain times. It was prompted by a presentation by the LMHS administration about the economy and its impact on the practice of medicine. In general, the view was dire for the medical profession. For obvious reasons the talk was directed more towards the impact of changing regulations and cuts in the reimbursement upon the hospitals, the effect upon the physicians did not take a center stage in the discussion.

The change that is on the horizon is not minor or incremental, it is revolutionary and in a few short years we will find the practice of medicine to be radically different. Even today in 2011, the environment in a medical practice is dramatically different from what it was in 2001. Electronic Medical Records is one example, which is an expensive proposition for a medical practice of any size. There are no standards that govern their functionality let alone their ability to communicate with each other; therefore, the electronic communications among care providers is still a work in progress. EMR are not only expensive to install but there is also the ongoing expense of their maintenance. The need for additional office help to manage the EMR increases the overhead considerably. Most of us have made these decisions without thinking "what if...?" We went through medical schools without ever learning how to manage a medical practice as a small business. We have to learn about the profits and losses in a complex industry that is subject to forces beyond our control.

Fixed costs keep on rising while our ability to adjust our revenues remains limited. Medicare payments, if anything, are declining with managed care contracts largely remaining non-negotiable. Physicians attempting to maintain their incomes often look to decreasing the overhead. Looking at other industries that recently have faced similar circumstances, controlling the human resources, spreading the fixed costs as much as possible, exploiting the potential of technology and carefully asking the question "what if..." by tracking the business metrics can make the

difference between bankruptcy and a cost-efficient successful business.

One of the biggest expenses in an office is personnel and that clearly is a place where the practice can save big. The days of having multiple assistants are long gone. We need to learn from lean operators like Southwest Airlines where pilots and gate agents are cross trained to handle multiple and divergent tasks like boarding the plane and handling the baggage. The staff members in a medical practice can be trained to perform multiple tasks as well. A billing clerk can be trained to be a secretary or answer the phone. In some practices even the doctors themselves have started to carry a hand held computer to register the patients. Then the doctor personally escorts the patient to the exam room and completes the medical records immediately after seeing the patient. With the same computer the prescription is sent to the pharmacy and the note to the referring physician is sent before the patient leaves the office. In an efficient office everyone should be cross trained to perform multiple tasks and be required to help with other tasks in the office when not busy with their own jobs.

According to Medical Group Management Association, the number of medical practices owned by physicians has dropped to less than 50%. One of the reasons physicians are selling practices is to get rid of the overhead. Stretching the fixed costs is another way of fixing the bloated budgets. Group practices with multiple physicians enjoy economy of scale: they can negotiate better discount rates for insurance coverage, phone companies, office supply vendors, vaccine manufacturers and even credit card processors. Some practices have extended their hours of operations or have weekend appointments to stretch the fixed overhead.

There is little doubt things for medical practices have become exceedingly difficult and it will take time for them to stabilize. Solo practices may soon be a relic of the past, but there are still ways to survive by becoming more cost effective and employing the tools of modern communications. Asking simple questions like "what if..." and "how can I..." and being prepared for the change may make all the difference between survival and closing the doors.

LEE COUNTY MEDICAL SOCIETY BULLETIN
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The Lee County Medical Society Bulletin is published monthly with the June and August editions omitted.

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Lee County Medical Society Mission Statement & Disclosure Policy

The purpose of the LCMS is to unite the medical profession of Lee County, FL, into one compact organization; extend medical knowledge and advance medical science; elevate the standards of medical education; strive for the enactment, preservation and enforcement of just medical and public health laws; promote friendly relations among doctors of medicine and guard and foster their legitimate interests; enlighten and alert the public, and merit its respect and confidence.

All LCMS Board of Governors and Committee minutes are available for all members to review.

Membership News

Relocated

David Sudderth, MD

Athletic Orthopaedic Reconstructive Center
3210 Cleveland Avenue
Fort Myers, FL 33901
Phone: 239-275-6690

Edward T. Humbert, DO

Dennis O. Sagini, MD

Jon P. Kimball, MD

Joint Implant Surgeons of Florida
7331 College Parkway, Ste 300
Fort Myers, FL 33907
Tel: 239-337-2003

Scott Geller, MD

South Florida Eye Care
4755 Summerlin Road, Ste 1
Fort Myers, FL 33919
Phone: 239-275-8222

Nicasio David, MD

Rodolfo Saludo, MD

Lee Physician Group at the Sanctuary
8960 Colonial Center Drive, Ste 300
Fort Myers, FL 33905
Phone: 239-343-9470

Pictorial Directory Corrections

We apologize for any errors that were made in our membership directory and will publish corrections as needed.

November Bulletin Correction:

Nominations for 2012 Officers.

should have read:

Secretary: Andrew Oakes-Lottridge, MD

Treasurer: Mary Magno Mouracade, MD

Physicians in the News

Dr. Craig Sweet, working with other physicians / practices around the country collaborating on research to determine the causes of early pregnancy losses, recently shared the results of the research at the annual American Society of Reproductive Medicine Conference in Orlando FL.



Retired

Manuel Mon, MD, PhD

Retiring effective 11/30/11
He was with PPC (Pediatrics) and has been a member of the LCMS since 9/21/81.

Otto J. N. Kunst, MD

Radiology / locum tenens
Retiring effective 11/16/11
He was in private practice and has been a member of the LCMS since 1/20/2005

New Phone Number

Gregory Krill, MD

Lee Physician Group at Bass Road
Phone: 239-343-7100

New Members

Peter M. Denk, MD—General Surgery
Florida Incisionless, LLC - Bariatric Surgery

Tal B. Hazan, MD—Gastroenterology
Gastroenterology Associates of SWFL

Melissa A. Lee, MD—OB/GYN
Women's Health Professionals

James L. Otis, DO—Orthopedic Surgery
Orthopedic Associates of Southwest FL, PA

David T. Rock, MD—Breast Surgery
Regional Breast Care

Denise C. Thurling, MD—Emergency Medicine
Lee Memorial Emergency Physicians

Henry W. Zimmerman, Jr., MD—Emergency Medicine
Lee Memorial Emergency Physicians

Reactivation

Robert Martinez, MD—Orthopedic Surgery
Orthopedic Associates of Cape Coral

2012 General Membership Meeting Dates 6:30 p.m.

January 20, 2012

March 15, 2012

May 17, 2012

September 20, 2012

November 15, 2012

December 3, 2012
(Holiday Party)

As I Recall...

Roger D. Scott M.D.

Remembering Pearl Harbor

It was a cool Sunday on December 7, 1941 in the foothills of Hall County Georgia exactly 31 days after my 15th birthday when after lunch we were dressing for our formal Sunday Full Dress Battalion parade when someone came running down the barracks hall yelling "The Japs have attacked Pearl Harbor". None of us knew exactly where Pearl Harbor was located but turning the radio on to the only station available at Riverside Military Academy the announcer stated that it was on the island of Oahu in the Territory (achieved statehood August 21, 1959) of Hawaii. Most of us knew that Hawaii was in the middle of the Pacific Ocean but did not know anything about Pearl Harbor. The parade was canceled and we were issued rifles to be prepared for invasion by the Japanese.

On this day we entered the already existing World War II as a member of the Allies against the Axis - Germany, Italy, and now Japan. This was of the most interest in the Third Decade of my life. You are probably already familiar with the attack and the near decimation of our Navy's Pacific Fleet with the exception of two aircraft carriers that were at sea, thank God. Unfortunately the two wave attack killed 2335 servicemen and women along with 68 civilians. Eighteen ships were sunk or damaged including four battleships (two destroyed and two severely damaged) and 300 US aircraft were destroyed. The Japanese only lost 27 planes and crew shot down, and five midget submarines sunk.

Little did I know in December of 1941 that in 2011 (70 years later) I would be privileged and honored to meet the last living nurse surviving the Pearl Harbor attack! I have now visited twice in the past three months the delightful nurse Monica Conter Benning who on November 14, 2011 became 97 years of age but still remains beautiful and remembers well the past history. She has been gracious in allowing me to share with you some of her history. She was born (yeah, another Native Floridian!) in Chattahoochee, Florida where her father, Dr. Augustus E. Conter, was the chief physician for the Florida State Hospital, but she lists her birthplace as Apalachicola (where she grew up) because she didn't think anybody would know where Chattahoochee was! She graduated from the Providence Hospital School of Nursing (Mobile, Alabama) in May 1936 and immediately became its head nurse of the Obstetrical Department. In November 1939 she worked at the U.S. Marine Hospital in Baltimore, and on January 19, 1940 she was sworn in as a second lieutenant regular Army Nurse Corps (ANC) as it was expanding in anticipation of possible war. Her first assignment was at Walter Reed Hospital in Washington, D.C. & because of her broad smile and personality she became the "Poster Girl" for the Army Nurse Corps (ANC). She was featured in posters, newspapers, booklets, broadcasting, movies, meeting Pres. & Mrs. Roosevelt, and many such events.

On July 11, 1941 she began to fulfill her greatest desire by sailing to Honolulu to be stationed with five other Army nurses at the new 30 bed Station Hospital at Hickam Field, (US Army Air Corps became USAF 9/18/1947) directly abutting the Pearl Harbor Naval Base. A blind date a few weeks later introduced love and engagement with Lt. Barney Benning. On December 6, Monica & Barney had a wonderful evening at the Officers Club, and it is fittingly so that in Walter Lord's 1957 DAY OF INFAMY book, the first words are "MONICA

CONTER, a young Army nurse and Second Lieutenant Barney Benning of the Coast Artillery strolled out of the Pearl Harbor Officer's Club...." and without realizing within a few hours they would experience an episode from hell. The next morning, December 7, Monica and Irene Boyd were the two 7 AM nurses who reported for duty at the Hickam Hospital. At 7:55 AM they heard planes roaring close by the rooftops, firing and dropping bombs over Pearl Harbor and Hickam (hub of the Pacific Aerial Network) for one hour and fifty minutes. Monica was horrified and thought "My God, it's the Japs!" Immediately many casualties began to appear at the hospital; some ambulatory and some by stretchers, doors, or any other surface available for transport. The porch where Monica "was working was literally stacked with casualties, and the blood on the floor was over the sides of our shoes". The dead were placed in the back yard but were checked frequently to make sure that none were still alive. Wives and volunteers appeared and were put to work making "wound dressings by the hundreds". Many of the seriously injured were transported to the large Tripler Army Hospital in Honolulu by various types of vehicles including ambulances, trucks and cars. It seemed that the attack would never end as the burned, broken boned, and bleeding wounded and dying continued to arrive at the hospital. "We were somewhat able to care for the patients by giving them hypos of morphine for pain and dressings to cover their torn bleeding wounds. Smoke and noise and everything around was burning, but Hickam was the only active mess hall functioning and fed hundreds." While there was much damage to Hickam Field the Japanese did honor the International Red Cross symbol on the hospital roof & did not bomb or strafe the hospital, but a 500 lb. bomb fell by accident 40 feet from the hospital creating a 30 foot crater. At sunset "Old Glory" was still flying in front of the hospital but had a long strip of perforation across the stripes from a Japanese pilot's machine gun's bullets. "I have actually been in a battle, a war, a bombing and I have lived through it! Thank you God." There was no rest for 30 hours with numerous false alarms sounding and high anxiety amongst the personnel of the Hawaiian Islands for many days. Fortunately no further attacks occurred. Incidentally each of the nurses had arranged with a different medical officer for him to kill her if the Japs landed. Altogether Hickam sustained 303 wounded and 139 killed.

About two weeks after the attack, a very small Banyan tree sapling was planted in the bomb crater near the hospital to symbolize the "beginning of healing". It became a large Banyan tree over the years, and at the December 2006 Reunion of the Pearl Harbor Survivors the tree was officially dedicated with a large bronze plaque to "Mrs. (2nd Lt.) Monica Conter Benning" with a large inscription explaining its purpose and suggested that "May it be a reminder of the bravery and commitment of our Armed Forces". "The first woman to ever receive a Purple Heart was Nurse Lt. Anne Fox" at "the largest mass decoration in the history of the U.S. Army" that occurred at Hickam Field on April 2, 1942. Some good things do come from the war as Monica and Barney were married in the temporary Hickam Chapel on August 20, 1942. The original chapel had been destroyed in the December 7 1941 attack. Monica remained at Hickam until December 17, 1942 when she returned to the U.S. for separation from the ANC on December 29, 1942. She and Barney remained together in love and produced two boys and one girl before Barney died on June 5, 2006. There's much more to Monica's story than presented here. I hope that you will join me in **Remembering Pearl Harbor** and give thanks for all those who suffered and served to keep us free.

New Applicants

The LCMS has a new and simple membership application. We encourage our members to recruit three new members and receive their next year's membership dues free

James L. Otis, DO — Dr. Otis received his DO degree from Southern College of Osteopathic Medicine in N. Miami Beach, FL in 1985. He completed his internship at Humana Hospital of the Palm Beaches, W. Palm Beach, FL in 1986. He completed his residency at the University of Ohio, Dayton, OH ((1986 –1990). Dr. Otis also completed a fellowship at Tampa General Hospital, Tampa, FL in 1991. Dr. Otis specializes in orthopedic surgery and is in group practice with Orthopedic Associates of Southwest Florida, PA., 13691 Metro Parkway, Fort Myers, FL 33912— Tel: 239-768-2272. He is board certified by the American Osteopathic Board of Orthopedics.



David T. Rock, MD — Dr. Rock received his MD degree from VA Commonwealth University, School of Medicine, Richmond, VA in 1991. He completed his internship / residency with Pitt County Memorial Hospital, (1991-1997). Dr. Rock specializes in breast surgery and is in group practice with Regional Breast Care, 8931 Colonial Center Drive #300, Fort Myers, FL 33905—Tel: 239-277-0729. He is board certified by the American Board of Surgery in General Surgery.



Denise C. Thurling, MD — Dr. Thurling received her MD degree from the Georgetown University, Washington, DC, in 1998. She completed her internship/residency at Maricopa Medical Center, Phoenix, AZ (1998-2001). Dr. Thurling is in group practice with Lee Emergency Physicians, 2776 Cleveland Ave, Fort Myers, FL 33901—Tel: 239-343-2606. She is board certified by the American Board of Emergency Medicine.



*The Lee County Medical Society
Board of Governors and Staff would like to wish you,
your family and staffs a Happy Holiday Season.*

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A Decline in Office Visits

HOW DEEP IS THE DIP?

Patient visits to physicians' offices have been declining steadily since 2009, according to tracking studies and corporations that rely on the visits to drive demand for drugs and medical devices.

The cause: A struggling economy, higher insurance deductibles, efforts to reduce utilization, unemployment and that health care is not free anymore!

Physicians are at the center of that economic ripple effect.

Data is from Thomson Reuters Healthcare report by John Rex, analyst for JP Chase.

HAVE YOU COMPARED
YOUR 2010 TO YOUR 2011
PATIENT CENSUS?
MAYBE IT'S TIME!



Annual Membership Meeting

The LCMS held their Annual Membership Meeting on November 17, 2011 at the FineMark National Bank & Trust. LCMS 2012 Officers were elected. Presentation by Robyn Bonaquist, President and CEO of B-Squared Advertising on how to market your practice environment.



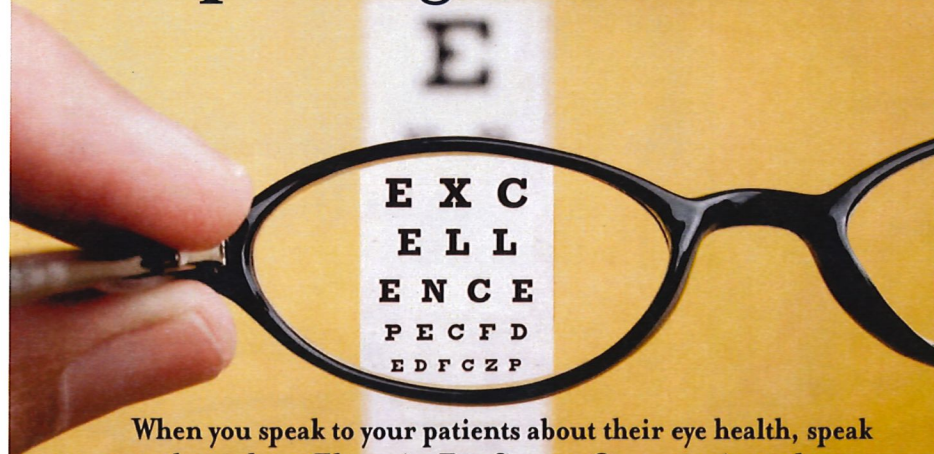
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Fort Myers Office | 12670 New Brittany Blvd., Suite 102 | Fort Myers | MONDAY THRU FRIDAY 8 A.M. TO 5 P.M.

Surgical Specialists of Southwest Florida Announces New Opening

After 40 years at their Broadway location, Surgical Specialists are open and seeing patients in their new location at 6821 Palisades Park Court, Ste 1, Fort Myers, FL 33912 –Tel: 936-8555. Surgical Specialists of Southwest Florida are serving several counties at their new location. They are able to provide a more complete exam and treatment in one visit while offering state of the art equipment and a very relaxed and friendly environment for their patients.



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CMS (Centers for Medicare & Medicaid) to Alleviate Two Burdensome Medicare Enrollment Requirements

Upon hearing physician concerns about two burdensome new questions in the Medicare enrollment process, the Centers for Medicare & Medicaid Services (CMS) is taking steps to make the new questions optional.

In a letter to CMS on Aug. 4, the AMA encouraged CMS to no longer require physicians to answer whether they are accepting new Medicare patients. The AMA cautioned that many physicians would not recognize that the question was mandatory because accepting new patients is not a requirement for participating in the Medicare program. Consequently, their enrollment applications could be denied, causing extra administrative hassles such as denied claims.

CMS also requires physicians to list advanced diagnostic imaging services they might provide for Medicare patients along with their accreditation for each service. The AMA underscored that this question was an unnecessary burden for physicians because CMS already receives this information from the accreditation organizations.

The two requirements were added just as CMS is asking roughly 750,000 physicians to revalidate their Medicare enrollment records between now and March 23, 2013, as part of a required anti-fraud program.

In response to the AMA's letter, CMS Administrator Donald Berwick, MD, wrote that CMS has "taken steps" to make both questions optional. The AMA intends to monitor the enrollment forms to ensure that CMS implements this commitment.

Visit <http://www.elabs10.com/ct.html?rtr=on&s=x8pbgr.phn1,2ke5,lckq,56r,5ivg,e2vo>

to read the AMA's letter.

Visit <http://www.elabs10.com/ct.html?rtr=on&s=x8pbgr.phn1,2ke5,ernq,fdsq,5ivg,e2vo> to read CMS' response.

Alliance Membership Dues 2012 — Mariquita Anderson, President

Dues statements will be emailed Dec 1, 2011 for payment by January 1. (See [By-Laws](#), Article V, Section 3 for more information.) We already have 28 dues-paying members for 2012 thanks to the line item included by the LCMS in their membership statements. Thank you to all those who have already paid dues!

Dues are \$85 and include membership to the Lee County Medical Society Alliance and the Florida Medical Association Alliance. If you would like to pay dues, please send a check for \$85 made payable to the LCMSA and mail it to our Membership Chair, Mariquita Anderson:

Mariquita Anderson, 17920 Grey Heron Ct, Fort Myers Beach FL 33931-3031

Retired members or spouses of retired LCMS members may pay \$35 but this will omit membership to the FMAA. If you have any questions, please contact Mariquita at lcmsa@lcmsalliance.org

Holiday Charity Baskets

The Alliance will be selling raffle tickets at the LCMS & Alliance Holiday Party on Dec 5, 2011 at 7 pm at Gulf Harbour Golf & Country Club. The proceeds will benefit the Alliance Foundation's BullySafe Training Institute for all Lee County schools who wish to participate. For more information about the BullySafe program, please visit

<http://www.lcmsalliance.org/category/tags/foundation>



LCMS Alliance Happy Hour

Friday, December 16, 2011

6 - 8 PM

Crü

Crü is located at The Bell Tower Shops

13499 S Cleveland Ave, Suite 241

Fort Myers 33907



It's Licensure Renewal Time for Physicians

IMPORTANT: Licensure Renewal Time for those Physicians Whose License Expires on Jan. 31, 2012

Check your physical license to determine its expiration date, or access this information at

http://ww2.doh.state.fl.us/mqaservices/flhealth_index.asp. Select **Licensee/Provider**, and click on **License Verification**.

Physicians are required to review, and if appropriate, update their Practitioner Profile before renewing their medical license. Section 456.0412, Florida Statutes, requires **all** licensees, regardless of their renewal schedule, to submit profile updates within 15 days of any changes (like change of address, changes in staff privileges, or disciplinary information). You may review, update, and confirm the accuracy of your profile information online by visiting http://ww2.doh.state.fl.us/mqaservices/flhealth_index.asp. Select **License/Provider**, click on **View Profile**, and log in with your Account ID. Please note that your user ID and password were mailed with your physical license. Look in the center section, and refer to the Online Services Instructions, item #5.

If you make changes to your profile, be sure to click on **Confirm Changes** to update the Department's information system. If you have any questions, please contact the MQA Call Center at (850) 488-0595, option 3.

To access FMA Online CME including the mandatory topics, Prevention of Medical Errors and Domestic Violence visit their website at http://www.fmaonline.org/Layout_1Column.aspx?pageid=2463.

LCMS Dues



were mailed in September and are due January 1, 2012.

Please contact the Society office if you need to make payment arrangements.

239-936-1645

Doctor of the Day Program Volunteers Needed

The 2012 Legislative Session is two months away, and the Florida Office of Legislative Services needs physicians to participate in the Legislature's Doctor of the Day program. Session begins on Tuesday, Jan. 10, 2012, and adjourns on Friday, March 9, 2012. The Legislature needs two physicians for each day of the session, one for the House of Representatives and one for the Senate. If you are interested in serving as Doctor of the Day, please contact Althea Houston at (850) 488-6803.



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Case Study: Liability Attributed to Physician Extender

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Case Analysis

This case study analysis reflects an actual FPIC case.

A 53-year-old female underwent laparoscopic cholecystectomy without incident. The surgeon saw the patient three days post-op, noting she was doing well and without complaints other than the expected incisional pain. The patient was next seen five days post-op by the surgeon's physician assistant (PA) who noted an infection at the umbilical surgical wound. A culture was obtained (which later proved to be *Klebsiella*) and patient was started on the antibiotic Levaquin. The patient returned four days later and was re-evaluated by the surgeon who noted that the wound still looked infected with the presence of drainage. Cellulitis was diagnosed and instructions given to continue the Levaquin and return if needed. A week later the patient returned and was seen by the PA. She complained of nausea, vomiting, diarrhea and a temperature of 103. Although the PA noted that the wound still appeared infected, because the abdomen was non-tender and no masses were felt, he diagnosed "superficial wound infection" and "gastroenteritis". The PA instructed the patient to continue the Levaquin and prescribed Phenergan for nausea and vomiting. Three days later the patient was admitted through the ER with an acute abdomen. She underwent exploratory surgery, was diagnosed with an intrahepatic abscess and developed disseminated intravascular coagulation (DIC). The patient continued to deteriorate until her expiration several days later.

Suit was filed against the surgeon, the PA and the medical practice alleging failure to diagnose and treat the intrahepatic abscess. Defense experts could not support the PA's failure to properly assess the patient when she presented with obvious clinical signs of infection. The PA was criticized for failing to consult with the physician. The surgeon, having signed off on the PA's medical management, was held vicariously liable for the acts of the PA and directly liable for his inadequate supervision of the PA. Settlement of the case was necessitated for the surgeon's direct negligence and his vicarious liability for the PA, for the practice, for the negligence of the PA, and for the PA.

Risk Management Discussion

Frequently, claims involving post-operative complications involve known risks. Early recognition and appropriate case management are key factors in reducing a physician's exposure in these situations. Consider the following loss prevention measures in order to help reduce errors and deter lawsuits and preserve defenses necessary to defeat the unavoidable claims:

- Utilize informed consent
- Re-evaluate post-op patients prior to discharge
- Obtain all outstanding labs and diagnostic studies prior to discharge
- Document the absence of clinical indications of complications
- Schedule prompt follow-up appointments
- Document no-shows or cancellations
- Provide written post-op instructions, outlining the expected side effects and the unanticipated signs and symptoms that should be reported
- Give high priority to post-op patient complaints.

If a complication develops, consider the following steps:

- Inform the patient – express empathy
- Document your medical rationale
- Increase communication
- Seek legal or risk management guidance

This information does not establish a standard of care, nor is it a substitute for legal advice. The information and suggestions contained here are generalized and may not apply to all practice situations. First Professionals recommends you obtain legal advice from a qualified attorney for a more specific application to your practice. This information should be used as a reference guide only.

Your 2012 Lee County Legislators & Representatives

Florida Legislative session begins Monday, January 10, 2012 and adjourns on Wednesday, March 9, 2012

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Tallahassee addresses may change, please visit the official Internet site of the Florida Legislature at www.myflorida.gov

HOW TO WRITE YOUR LEGISLATOR

1. Know your legislators' district(s) and the correct spelling of their names. Refer to district maps and directories.
2. Use the following format for addresses:
- 3.

SENATORS:

The Honorable John Doe
The Florida State Senate
The Capitol, Suite - - -
Tallahassee, FL 32399

REPRESENTATIVES:

The Honorable John Doe
Florida House of Representatives
The Capitol, Suite - - -
Tallahassee, FL 32399

3. Write on personal stationary, LCMS letterhead, or on plain paper. A personal letter is best! Your return address should be on the letter, not just the envelope. This will enable your legislator to reply.
4. Do not use postcards or form letters except when advised to do so by the FMA legislative Affairs Office or the CMS Legislative Committee
5. A good rule to follow is one subject per letter. Try to keep your letter to one page no matter how important the
6. issue. This gives your letter more impact and makes a reply easier. It also takes up less the staff's and legislator's time
6. Make clear the position of the issue you are on, and ask the legislator to support your position.
7. Refer to exact bill numbers if available and short or popular titles.
8. Don't threaten or write in a belligerent tone.
9. Don't remind them of broken promises
10. Don't write so often that your letters lose their impact.
11. Illustrate your position with a local example.
12. Sign your name legibly and type your name under your signature.
13. Time your letters to arrive far enough in advance to be effective.

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