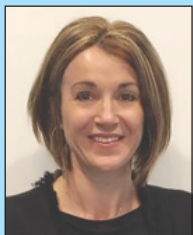


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Healthcare Education



Dr. Patricia Rowe-King

Investing in Tomorrow's Healthcare Leaders Broward Health's Graduate Medical Education Program Continues to Expand

BY PATRICIA ROWE-KING, MD

At Broward Health, we know that the future of healthcare is shaped by the physicians we train today. That's why we've made it our mission to invest in the next generation of doctors through our highly regarded and expanding Graduate Medical Education (GME) program. This year marks a historic milestone for Broward Health as we welcomed the largest incoming class of residents and fellows in our 87-year history. With 140 new residents and fellows, our total number is now 365 across the system, which is a 9% increase over last year.

With its historic role as Broward County's first statutory teaching hospital, Broward Health laid the groundwork for physician education and today continues its long-standing legacy and commitment to medical education. Broward Health's 26 residency and fellowship programs now include eight new specialties added in the past two years, among them nephrology, infectious disease and otolaryngology.

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Healthcare Leadership

Paul W. McGourty's Holistic Approach to Nursing and the Patient Experience at Holy Cross Health

BY DANIEL CASCIATO

As Executive Director of Nursing and Patient Experience at Holy Cross Health, Paul W. McGourty brings a rare dual perspective to healthcare leadership—one rooted in both clinical care and the principles of world-class service. With a background in hospitality, including experience with Ritz-Carlton and Marriott, McGourty brings to nursing administration a deep commitment to compassion, connection, and excellence.

"My passion has always been in patient experience," says McGourty. "Service was always a passion for me. Nursing is a very easy transition because of the caring aspect. I don't think they intersect; rather, they work in tandem and move in parallel."

Bridging Service and Care

McGourty's approach to aligning patient experience with nursing practice centers around culture. He believes that meaningful improvement begins with putting employees first. "The strategies I find most effective are those where we put our colleagues first," he says. "Making sure they're connected to the mission of the organization and that they know what their 'why' is, is where we find success."

This culture-first strategy translates to measurable success in patient satisfaction, staff engagement, and care outcomes. "Culture will eat strategy for breakfast every day," McGourty notes. "The more we spend working with our frontline colleagues, the better we drive success."

Continued on page 18



Paul W. McGourty



Alan Reddish with Natalie Villabrera-Williams

VITAS Healthcare Gives Patient the Night of His Life

BY LOIS THOMSON

A Hollywood script couldn't have written it any better. A man expresses his dying wish to see his beloved hockey team in person one more time; a hospice and palliative care provider puts everything together in record time; the man has a chance to watch the game from premier seats; and weeks later the team goes on to win the Stanley Cup.

All of this happened to Alan Reddish, with the help of VITAS Healthcare, and Natalie Villabrera-Williams, RN, in particular. Reddish, now 53, was diagnosed with Parkinson's disease when he was just 37 years old, and since 2022 has been living at Lenox on the Lake, an assisted living community. But despite his illness, Reddish never lost his love of sports, and especially hockey.

Villabrera-Williams said Reddish is "fiercely independent," and is quite mobile during his days at Lenox, using an electric scooter to get around. He plays poker two or three times a week, and is always willing to talk sports. In fact, that's how the relationship developed between her and Reddish.

"We've known each other for about a year-and-a-half, and the bond grew slowly but surely," she said. "As I got to know him better, he started teaching me about hockey. I wasn't a fan before, but he made me one. Our bond formed over time, especially through his love for the Panthers."

One incident in particular helped Villabrera-Williams understand just how

Continued on page 6

Medicaid Reform – What We Know and Don't Know

The Work/Qualifying Activities Requirement

The implementation of Medicaid reform under the "One Big Beautiful Bill Act" (OBBA) is expected to increase the number of uninsured individuals in Florida. This expectation is supported by data from Arkansas, where approximately 18,000 out of 955,000 Medicaid enrollees lost coverage between 2018 and 2019 following similar policy changes. Both the Arkansas initiative and OBBA mandate that recipients engage in work, volunteerism, or other qualifying activities; however, the federal initiative targets a wider age range, placing a larger segment of Florida's population at risk for loss of Medicaid coverage.

- Arkansas Program: Adults ages 30–49 (80 hours/month).
- OBBA: Adults aged 19–64 (80 hours/month).

Florida is among ten states that chose not to expand Medicaid coverage for individuals up to the federal poverty level (FPL). In states opting for Medicaid coverage expansion, adults under 65 may be eligible if their income is up to 138% of the FPL (which is about



BY PAUL R. DEMURO, PHD, JD, MBA,
AND RICHARD M. KLASS, MBA

Continued on page 25

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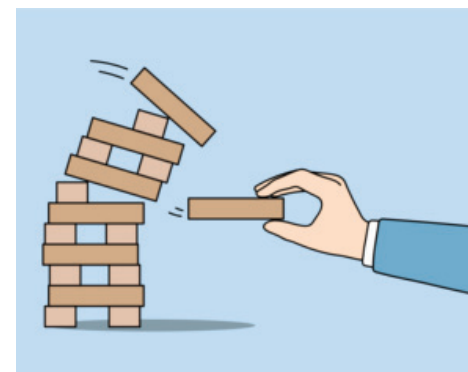
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Publisher's Note

When Dominoes Start to Fall...

The federal government is playing a dangerous game of Jenga with our healthcare system. Each time it pulls out a policy, regulation, or funding stream without considering the broader consequences, the entire structure becomes more unstable. Healthcare in the United States is already a complex, fragile tower built from public and private components—Medicare, Medicaid, the Affordable Care Act (ACA), insurance providers, pharmaceutical companies, hospitals, and millions of patients. Rather than reinforcing the system or modernizing it, federal decisions often seem reactive, ideologically driven, or piecemeal, making the risk of collapse more real with every move.



One example is the repeated effort to dismantle or weaken the ACA without offering a robust replacement. Removing key provisions like the individual mandate or attempting to scale back Medicaid expansion may satisfy short-term political goals, but they destabilize coverage for millions of Americans. Similarly, when funding is cut for public health programs or rural hospitals, it may seem like a minor budgetary adjustment. But that “block” often supports essential care for entire communities—and pulling it out can send ripple effects through emergency services, chronic disease management, and mental health access.

Prescription drug policy is another wobbly piece. While the federal government talks about lowering drug prices, actual reforms are slow, often gutted by lobbying or legal challenges. The result is patients still paying exorbitant amounts for medications, contributing to medical debt and worsening outcomes. Meanwhile, regulatory uncertainty discourages innovation and complicates planning for providers and insurers.

The pandemic revealed just how shaky the tower is. Gaps in public health infrastructure, a lack of coordinated response, and political interference showed what happens when you keep removing blocks of preparedness over decades. Even now, with lessons painfully learned, investments remain inconsistent and many of the same vulnerabilities persist.

What's most alarming is that unlike Jenga, this isn't a game. Real people suffer when the system falters—whether it's the uninsured parent skipping care, the diabetic rationing insulin, or the overworked nurse at an understaffed hospital. The healthcare system doesn't need another block pulled out in the name of efficiency or ideology. It needs thoughtful reconstruction, with a focus on long-term stability, equity, and access. Otherwise, the tower will fall—and this time, there won't be another round.

Charles Felix



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College NIL Earnings Have Unexpected Consequences for Team Physicians

BY VANESSA ORR

Since 2021, the NCAA has allowed student-athletes to receive compensation from third parties by using their personal brand, which is often referred to as their name, image and likeness (NIL). One unforeseen consequence of this rule is that physicians who treat these athletes are now at greater risk of being sued when injuries sideline or stop their careers.

“Though college athletes are now allowed to make money, there haven’t been a lot of controls put in place about the way that it is done,” says Tom Murphy, SVP National Healthcare Practice, Risk Strategies. “University or college boosters and others affiliated with these institutions put together money in a separate fund to pay athletes to play at their schools. As you might imagine, this creates an inequity with some larger universities who pay millions of dollars to get top players.”

An offshoot of this is that physicians who treat these college athletes may now face high-profile lawsuits if an injured player contends that his or her career was diminished or ruined due to surgery or treatment that didn’t turn out properly or was incorrectly done, Murphy added. Team physicians can also be sued for misdiagnoses and more.

“Anytime you introduce money and lawyers into anything, there are going to be side effects,” said Murphy. “The issue is



Tom Murphy



Kyla Murphy

growing because of how much money these athletes are making now. For example, a college quarterback who took the University of Georgia to the playoffs transferred to the University of Miami because he was offered \$6 million. Full-ride scholarships are no longer enough.”

According to Murphy, athletes have won millions of dollars against orthopedists and other physicians on the pro level, though those teams typically protect the physician. If a physician carries their own liability, however, coverage of \$250,000 per claim and \$750,000 aggregate, or even \$1 million per claim or \$3 million aggregate is woefully inadequate for these athletic claims.

“Nuclear verdicts have ranged from \$40 million to \$200 million,” said Kyla Murphy, AVP National Healthcare Practice, Risk Strategies. “For this reason, physicians now are looking at establishing minimal coverage limits.”

She adds that these costs could then be

passed down to everyone else, which may result in increased prices to attend games, among other factors.

Another concern is that unlike a typical person who gets hurt, there is immense pressure on college athletes to continue to play, and on their physicians who are expected to get them back in the game.

“A person with a bicep or groin injury, for example, could reinjure the muscle if they return to the sport too early,” said Tom Murphy. “There are situations where players have said that they were forced by the team and team doctors to play before they were fully healed. There is additional exposure and pressure on everybody to get talented players back in and playing when they should sit out longer.”

Another unintended consequence is that this pressure may cause physicians to do things that are medically unnecessary, like ordering extraneous tests. “Even if an athlete has a simple injury, the doctor may order a \$1,500 MRI because of their potential exposure,” said Tom Murphy.

Facing these types of risks, as well as increased premium costs as a result of this exposure, many physicians and physician groups are deciding that it may not be in their best interest to serve as team physicians.

“With college athletes being paid through NIL, we’re starting to see more

and more physician groups and doctors in general not jumping in to be team physicians,” said Tom Murphy. “Insurance companies are also more wary, and there are now a limited number of insurance companies who will even consider writing the coverage.”

Kyla Murphy adds that if a school cannot provide proper medical care, they will lose the athletes they seek to attract and that these types of lawsuits can also destroy long-term relationships between physician groups and the teams they treat.

One possible solution is to indemnify the physicians, limiting their exposure.

“In states where they can’t find doctors to treat these athletes, they could use tort reform or malpractice reform to have athletes sign affidavits indemnifying and holding harmless the physicians who treat them unless it’s an egregious injury or mistake,” said Tom Murphy.

“Texas and California currently do this; Florida did, but the reforms were removed 10 years ago because they were ruled to be unconstitutional,” he added. “But in a situation like his, these reforms should potentially be put on the table; otherwise, colleges and universities are going to have a hard time finding team physicians to treat injured players.”

For more information, contact Kyla Murphy at Kyla.murphy@risk-strategies.com or Tom Murphy at tmurphy@risk-strategies.com or call 800-966-2120.



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Tampa General Hospital: Building Better, Not Bigger

Across Florida, patients are gaining access to world-class care closer to home, thanks to a bold vision that puts people before buildings. Since 2017, Tampa General Hospital (TGH), under President and CEO John Couris, has focused on strategic, community-driven growth that prioritizes outcomes over infrastructure.

Couris champions a purposeful approach that emphasizes outcomes, equity and community impact over square footage. He is passionate about challenging the assumption that expanding physical infrastructure is always the answer. "There's a tendency in our industry to think we can build our way out of every problem," he said. "But at Tampa General, we believe in building smarter, not bigger. Our goal is to be more efficient and strategic with the resources we have to drive quality outcomes and provide exceptional value to the communities we serve."

This philosophy is not theoretical. It's reflected in how TGH approaches every expansion— with a community-first mindset and a laser focus on outcomes, efficiency and innovation.

Rather than pursuing mammoth expansions composed of sprawling facilities, Tampa General is investing in and attracting top-notch talent — existing hospital systems, physician-led practices and individual practitioners — who are leaders in their respective fields. Couris' goal is to transform Tampa General into Florida's leading academic health system.

"We're attracting top talent and upgrading existing facilities," said Couris. For example, Tampa General has expanded north into Citrus and Hernando counties. It now owns and operates three hospitals there and is upgrading those facilities to better serve its local communities.

On Florida's East Coast, the creation of a radiation oncology center is underway in Palm Beach Gardens. The center is the latest step in Tampa General's partnership with Mass General Brigham. The two nationally recognized health care systems are leveraging their clinical expertise and innovation to enhance cancer care for patients on that side of the state.

Since 2020, Tampa General has partnered with physician-led practices to connect patients in the Palm Beaches and on the Treasure Coast with health care.



John Couris

This includes research, complex therapies and procedures, clinical trials, and advanced immunotherapy. If patients need complex, specialized surgery in Tampa, these practices will support patients' pre-surgical and post-surgical care. A nurse navigator with specialized expertise works directly with patients to coordinate all aspects of their care.

Currently, Tampa General's East Coast practices include approximately 20 clinics with more than 80 providers in 13 specialties. Recent additions include three pulmonology and two urology practices. Research scientist Dr. Marshall Posner recently joined the TGH Cancer Institute | Cancer Center of South Florida practice. In addition to caring for head and neck cancer patients, he serves as the medical director of the Cancer Center Clinical Trial Office, which will offer cancer patients in the Palm Beaches and on the Treasure Coast expanded access to trials.

Tampa General's concierge practice, led by Dr. Laurie Rothman, offers personalized primary care. Dr. Rothman, a board-certified family physician, has practiced in Palm Beach County for more than 20 years.

Earlier this year, Tampa General and the Health Care District of Palm Beach County reached an agreement for Tampa General to provide administrative leadership, operational management and strategic support to Lakeside Medical

Center, the Health Care District's public teaching hospital in Belle Glade, Florida. Together, the two organizations are working to enhance quality and increase access to care in the Glades, a primarily rural area of Palm Beach County.

In Southwest Florida, Tampa General is the exclusive health care provider for Babcock Ranch. The academic health system is launching urgent care, primary care and specialty services there this fall.

And in Tampa's own backyard, the Tampa Medical & Research District (TMRD) — anchored by TGH and the USF Health Morsani College of Medicine — is rapidly becoming a global hub for

biotechnology, innovation and world-class clinical care.

That commitment to being better rather than bigger is also seen in the hospital's reinvestment strategy. In the past year alone, Tampa General put \$300 million back into community services.

Among the most impactful initiatives:

- **Military & Veteran Primary Care Center** — Located in South Tampa, this clinic is staffed largely by veterans and serves active-duty military, reservists and National Guard members with integrated primary care, behavioral health and pharmacy services.

- **TampaWell** — In partnership with the City of Tampa, this ambitious project aims to make Tampa the healthiest city in America. Located in East Tampa, the program includes a food pharmacy dispensing fresh fruits and vegetables, a community garden, and a wellness education pavilion.

- **TGH Behavioral Health Hospital** — Florida's first and only freestanding academic medical center-affiliated behavioral health hospital is a collaboration between TGH, Lifepoint Health and USF Health. The hospital's expert team of academic-medicine-based USF Health psychiatrists and psychologists, supported by Tampa General therapists and specialized nursing staff, works collaboratively to provide personalized treatment plans tailored to each patient's needs.

For more information about Tampa General, visit TGH.org.

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Preparing for the Avalanche of Uninsured Patients

Survival Strategies Include Bold Initiatives

The recently enacted federal Medicaid policy changes as part of the One Big Beautiful Bill Act (OBBBA) will affect all state healthcare providers and not-for-profit community agencies, including South Florida healthcare stakeholders who serve a large uninsured population. These changes will adversely impact local municipalities, safety-net hospitals, and rural hospitals, which will face increased financial responsibility for providing care to uninsured patients.

- The OBBBA sets limits on healthcare taxes imposed by nearly every state on providers or managed care plans. These taxes generate revenue for supplemental Medicaid payments, and mostly benefit hospitals, but may also support other provider types.

- At stake in Florida is a portion of the \$3.4 billion in provider taxes collected. Of this amount, Dade-County hospitals received \$662 million; Broward hospitals, \$360 million.¹

Community hospitals and other providers may cut or stop care for uninsured patients due to limited finances or operational priorities.

With OBBA Medicaid reform taking effect after December 31, 2026, healthcare providers must prepare for increased uninsured patient volume. Financial stability will depend on good strategic planning, political partnerships, and mitigation efforts.

Mitigation Strategies - Taxes

One immediate opportunity is assessing local property tax surcharges and the related millage rate property owners pay annually to support medical care for the uninsured.

- In south Florida, the North Broward



BY PAUL R. DEMURO, PHD, JD, MBA,
AND RICHARD M. KLASS, MBA

(Broward Health) and South Broward (Memorial Health System) Hospital Districts are two examples of systems that benefit from local property tax surcharges.

Another option is collecting additional sales taxes that support healthcare initiatives. In Florida, local governments can collect additional sales taxes that support healthcare initiatives. Local jurisdictions may impose an additional 1.5% levy on top of the state sales tax of 6%. Jackson Health System in Miami-Dade County, for example, receives funds from a half-cent sales tax approved in 1991.

Mitigation Efforts - Providers

A "low hanging fruit" opportunity is helping Medicaid enrollees keep coverage. The OBBBA mandates that Medicaid enrollees aged 19-64 work or participate in qualifying activities to maintain coverage, but many have difficulty documenting compliance. Consequently, health systems should:

- Establishing support programs or partnerships with non-profit organizations to assist Medicaid enrollees in:
 - Meeting work or qualifying activity requirements.

- Prepare and timely file necessary documentation.

Investing in and growing data analytics capabilities will support efforts to deliver quality, appropriate, and cost-effective care to uninsured populations. Data analytics provides a basis for understanding patient population needs and designing cost management programs that include systems for monitoring care utilization and resource expenditure.

A sustainable survival strategy must include an integrated population health management and managed care model for uninsured patients, replacing the current fragmented system that struggles to control costs. Leveraging data analytics, AI, partnerships with local nonprofits, and managed care expertise can create innovative solutions for improved outcomes and cost efficiency.

- Novel provider relationship strategies that use provider capitation models and care provision in lower cost of care sites should be incorporated into cost-control efforts.

Mitigation Efforts - Addressing Social Determinates of Health

Addressing the social determinants of health is essential for effective population health management. Establishing an internal social work department provides patients with access to comprehensive, cost-saving services. The social work team can:

- Coordinate temporary housing, shelter, or transitional accommodations, and provide necessities such as winter clothing or footwear, particularly when discharge

presents challenges.

- Recommend community resources, including food banks and organizations dedicated to supporting individuals from lower socio-economic backgrounds.

Partnering with social service agencies and community resources is essential. For example:

Consider:

- A European model provides social services aimed at reducing care costs. The approach involves assessing the subject population so that providers and community partners can determine which services to deliver directly, procure from the community, coordinate, or pursue through joint ventures. Potential services include support programs and partnerships with community-based nonprofit organizations.

The OBBBA presents significant challenges. Accordingly, it is paramount to develop constructive, data-driven solutions that prioritize maintaining your patient's Medicaid eligibility and managing the costs associated with uninsured patients. This necessitates a thorough evaluation of current and potential resources within your community, and the application of innovative strategies. Demonstrating adaptability and refining approaches as new information and rules emerge remains essential for success.

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¹ Florida Hospital Association, Medicaid Financing Through Directed Payments & Provider Taxes

Cover Story: VITAS Healthcare Gives Patient the Night of His Life

Continued from page 1

important hockey was to her new friend. She noticed that his beard was getting a little scruffy and asked why he hadn't shaved. She said Reddish quickly explained the hockey tradition for players and fans alike: "The Panthers are in the playoffs. You don't shave during the playoffs."

Reddish had been to hockey games in the past, but had not been able to make one since 2007, and he often reminisced with Villabrera-Williams about it. She said they started watching highlights together, and he would tell her all about the team. "He's incredibly passionate about it and hockey became our special bond."

VITAS has a program called the Wish

Makers Program, designed to fulfill meaningful wishes for hospice patients. "When my social worker Elizabeth and I heard about it, we both immediately thought of Alan," said Villabrera-Williams. "We weren't sure if taking him to a game was realistic, but we wanted to try. Then Donna Borland, our general manager, came to a team meeting and said, 'Let's make this happen.'"

After the decision was made, preparations were put together in record time. "Once leadership gave the green light, everyone moved fast to make it happen. We had our team meeting on a Thursday, and by Saturday, we were at the game."

Villabrera-Williams described what happened earlier that day, saying the facility held a pep rally before the game that included balloons, cake, and support from the VITAS Healthcare team. At the arena, Reddish was in awe, soaking in every bit of what was taking place. "His face was glowing. He sat quietly, enjoying the moment."

Reddish got to sit in a skybox, where he was able to enjoy the full experience thanks to donated seats from a VITAS partner. The Panthers' PR team contributed as well. They brought him signed hats, a bobblehead, a flag, and a throw cover, and he even got to try on the championship ring from the previous season's

Stanley Cup win. Unfortunately, the Panthers didn't win the game that night against Seattle, but that didn't dampen the evening for Reddish. Villabrera-Williams reported that he exclaimed, "You made my life."

However, the story doesn't end there. A few weeks after Reddish's experience, the Panthers defeated the Edmonton Oilers to win their second consecutive Stanley Cup. Villabrera-Williams confirmed, "He was ecstatic. He called me right after the win to celebrate. Even now, he wears his Panthers gear daily. His room is decorated with memorabilia. He still talks about the players being kept (on the roster), upcoming trades, and the chance for a three-peat. He's a fan through and through."

Villabrera-Williams expressed her own feelings about the event: "This experience reminded me exactly why I do what I do. That night, Alan wasn't just a patient, he was a star. And I can't thank VITAS enough. This program changed his life, and mine too. I'll always smile when I think about what we did for him, it's a memory I'll carry forever. It truly was one of the best nights of both of our lives."

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Cleveland Clinic Florida Receives \$1.4 Million in Florida State Funding for Cancer Research Projects

Cleveland Clinic Florida has been awarded three grants totaling \$1.4 million by the Casey DeSantis Florida Cancer Innovation Fund at the Florida Department of Health. These awards will support research projects that advance cancer care and patient support across Florida and beyond.

Preserving heart health during cancer treatments

Cancer therapies can take a toll on the heart, sometimes triggering or worsening cardiovascular disease. As section head of Cleveland Clinic's Cardio-Oncology Center, Diego Sadler, M.D., sees these side effects firsthand. Dr. Sadler's project implements the Global Cardio-Oncology Registry (G-COR), an online data platform his team designed with participants from over 100 locations worldwide that compiles information from cancer patients receiving cardiovascular care in a real-world clinical setting. Data sets at this scale can point to common problems and guide intervention and prevention recommendations.

"Three hundred facilities treat cancer in Florida, but only 5-10 facilities have cardio-oncology services," he says. "To address this problem, we will implement our G-COR platform in six Florida hospitals as the first step to standardize and advance a model of cardio-oncology care in our state."

The Florida Department of Health has awarded Dr. Sadler and his team a Florida Cancer Innovation Grant of \$626,000 to implement this platform and assess its effectiveness in the State of Florida.

Developing artificial intelligence to support mental health during treatment

Receiving a cancer diagnosis and undergoing treatment can be devastating. Zeina Nahleh, M.D., Cleveland Clinic Florida's Vice Chief of the Cancer Institute, Regional Hematology Oncology chair and Director of the Egil and Pauline Braathen Center/Maroone Cancer Center, believes caring for her patients' emotional wellbeing is just as important as caring for their physical health.

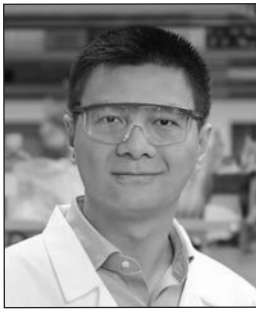
"Addressing cancer-related psychological distress is critical to improving patient outcomes," she says. "Non-pharmacological interventions, including psychotherapy,



Dr. Diego Sadler



Dr. Zeina Nahleh



Dr. Jun Zhao

relaxation techniques, and mindfulness, are helpful in alleviating distress in patients with cancer."

Building on her research focused on art and music therapies, Dr. Nahleh and her team have developed an artificial intelligence-powered application that offers therapeutic tools tailored to cancer patients. Her team's goal is to use AI to remove financial, logistical and geographical barriers to receiving supplemental care that improves quality of life. Many of Dr. Nahleh's patients travel for appointments and cannot commit to more in-person time.

A \$142,784 grant from the Florida Innovation Fund will help the team evaluate its effectiveness in supplementing traditional psychotherapy in patients seeking treatment.

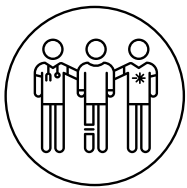
Creating new therapies for treatment-resistant cancers

Some of the most aggressive and life-threatening cancers resist or become resistant to treatment, leaving patients and families with few options. Some of these cancers include certain forms of Non-Hodgkin lymphoma, triple-negative breast cancer, and diffuse intrinsic pontine glioma (a devastating pediatric brain tumor with no effective therapy to date).

"These cancers, and other treatment-resistant cancer types, are major threats to public health in our state, underscoring the need to develop new treatment strategies," says Jun Zhao, Ph.D., who runs a laboratory in Cleveland Clinic's Florida Research & Innovation Center.

Dr. Zhao's team, co-led by Vara Prasad Josyula, Ph.D., Director of Diagnostics & Therapeutics at Cleveland Clinic Innovations, recently developed a new panel of compounds that block a critical class of enzymes called PIPK in cancer cells. PIPK enzymes act like master switches that control some of the most important processes in our cells, including growth and survival. For this reason, PIPKs in cancer cells are attractive drug targets.

The team has already created over 100 compounds based on the initial screen, some of which outperform existing compounds in clinical trials. The Florida Cancer Innovation Fund awarded Dr. Zhao and the team ~\$572,000 to perfect their compounds and prepare them for eventual clinical trials, introducing a sorely needed treatment option for some of the region's most vulnerable cancer patients.

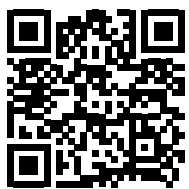


* Hanger Clinic EmpoweredCare

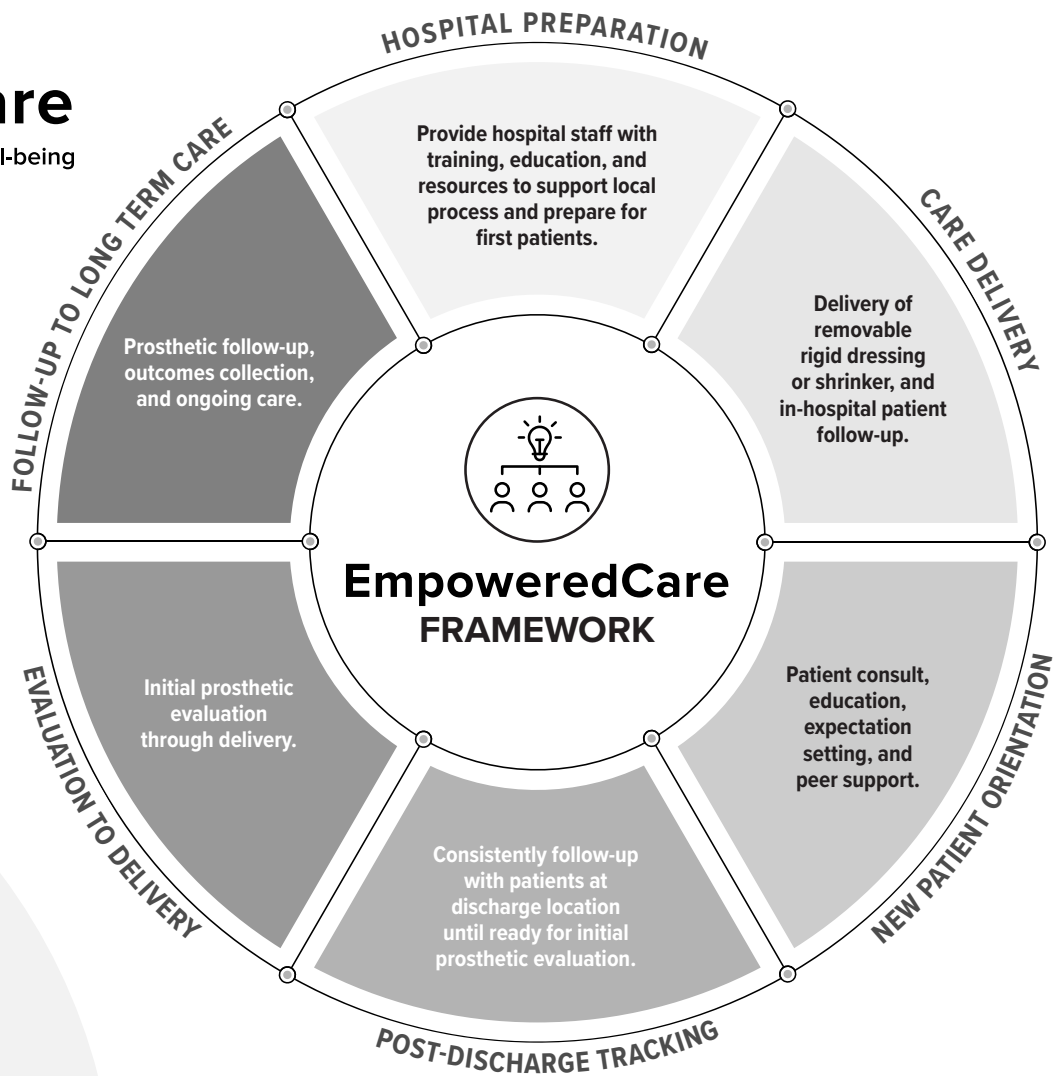
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Hanger Clinic's EmpoweredCare program is a six-stage framework designed to optimize outcomes for patients with lower limb amputation.

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Reach out to our South Florida team to learn more about implementing EmpowerdCare.



Equiply Launches in Florida to Help Hospitals Modernize Capital Planning

Hospitals across the country are facing a quiet but growing challenge: aging medical equipment with no clear roadmap for replacement. Much of the infrastructure installed over a decade ago is now reaching the end of its useful life—and many health systems are still relying on spreadsheets and guesswork to decide what to replace, when, and why.

It's no surprise that for many hospitals, capital planning feels like running toward a brick wall. Department leaders submit disconnected wishlists, finance teams juggle tight budgets, and urgent replacements often take priority over long-term strategy.

That's why we built Equiply—a platform that transforms capital planning from a reactive cycle into a proactive, data-driven process. And we're proud to bring this solution to Florida as we officially launch operations in the state, following our selection into the Mayo Clinic Innovation Exchange.



BY OSCAR MISLA

Equiply helps hospitals map their existing infrastructure, analyze lifecycle risk, and plan capital investments that align with clinical, financial, and operational goals. Through modules like CapitalMap, WishlistIQ, and ProcureFlow, health systems can finally see the full picture—what's aging, what's urgent, and where to focus their limited resources.

Our work began with hospitals in Puerto Rico, where we helped leadership teams replace outdated workflows with real-time data, structured budgeting, and smarter procurement strategies. Now, with support from the Mayo Clinic Innovation Exchange, we're bringing Equiply to Florida's diverse and growing healthcare ecosystem.

Florida is home to some of the most innovative and forward-looking health systems in the country. We're excited to support them as they look for better ways to manage infrastructure, avoid surprise failures, and stretch every capital dollar further.

With Equiply, capital planning is no longer a once-a-year scramble—it's an ongoing, collaborative process grounded in transparency and long-term thinking.

As more hospitals look to modernize their infrastructure, we're here to help them avoid costly downtime, improve cross-department alignment, and make investments that truly support better patient care.

We're thrilled to expand into Florida and look forward to working closely with hospital leaders across the state.

Oscar Misla is Founder & CEO, Equiply.
For more information, email contact@equiply.io or visit www.equiply.io.

Holy Cross Health Unveils Jon & Helaine Ayers Rehabilitation Center



Jon (center) and Helaine Ayers (far right) with members of the physical therapy team

Holy Cross Health recently celebrated the blessing and unveiling of the Jon & Helaine Ayers Rehabilitation Center with a special dedication ceremony and ribbon cutting.

Previously known as the Outpatient Rehabilitation Center, Holy Cross Health completely renovated the facility and significantly invested in state-of-the-art physical rehabilitation equipment, thanks to a generous \$2 million gift from Jon and Helaine Ayers.

As part of this capital project, Holy Cross Health introduced eight new pieces of equipment. Holy Cross is the only facility in Broward County with many of these unique therapies that help patients regain and improve their mobility and balance.

"Jon and Helaine's support has helped shape the future of Holy Cross Health in lasting and meaningful ways," said Pierre Monice, MBA, FACHE, President and CEO of Holy Cross Health. "Jon and Helaine believe in our mission and in the people we serve. This new space represents the very best of what healthcare can be – compassionate, innovative and focused on the whole person."

The Center provides expert care in physical, occupational and speech therapy for patients recovering from strokes, brain and spinal cord injuries or are living with Parkinson's disease, multiple sclerosis and more. The care model is rooted in a one-on-one, team-based approach that addresses not only the physical side of recovery, but also the emotional and cognitive journey each patient experiences.

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KIDZ CEO Discusses Repercussions of Big Beautiful Bill Act, Access to Maternity Services

BY VANESSA ORR

South Floridians and the rest of the nation will see major changes to healthcare as the result of the Big, Beautiful Bill Act, otherwise known as H.R. 1. The bill will not only affect Medicare and Medicaid, but the ability of certain areas of the country to provide the care patients need. *South Florida Hospital News & Report* sat down with Wayne Brackin, President & CEO of KIDZ Medical Services and longtime South Florida Healthcare executive, to talk about what changes our area can expect to see now and in the future.



Wayne Brackin

Q: What does the passage of H.R. 1 mean to Medicare and Medicaid in Florida?

WB: I think most people in the state of Florida do not realize how dependent a large percentage of our population is on Medicare and Medicaid services. If you're insured through your employer, like most of your readers, Medicaid problems seem like a distant concept, and many are surprised to learn that as many as 25 percent of Floridians are dependent on Medicaid for their healthcare. In some categories, like Ob/Gyn and Pediatrics, the percentage is closer to 45 percent, which is nearly double.

Q: How many people will this affect?

WB: If the data and projections are correct, we could lose as much as 20 percent of the budget that the state receives for Medicaid funding. That turns into approximately \$4 billion in cuts over that period of time, which will negatively impact 1 million residents.

Being a Medicaid recipient is not a desirable luxury. When you're sick, you're sick, and you need care. People won't stop becoming ill because they don't have Medicaid. What they will likely do is delay care because they don't have the ability to pay, and they'll end up in the ER, which is the most expensive option.

The bill is also supposed to control costs by cutting dollars out of the Medicare and Medicaid budget by dropping people and making it more difficult to re-enroll by requiring it twice a year. This is why hospitals frequently offer enrollment resources—to help patients qualify or requalify for benefits. But those costs will only be redistributed elsewhere; they don't disappear.

Q: When will these changes take place?

WB: The cuts will roll out over time, which will make it more difficult to measure the impact. I don't believe that the first cuts are planned to hit until after the next round of midterm elections, which may or may not be by design. It will be another year or so until people start to feel it.

As hospitals and physician groups plan for the future, they will be faced with trying to plan around what is likely to be reduced funding across the board, which will end up restricting access one way or another.

Q: What are people who are dropped from Medicaid supposed to do for care?

WB: There are some free clinics that are sponsored by well-intended non-profit and religious organizations, but unfortunately, there are not nearly enough of them. Federally qualified health centers are significant providers of care to the underserved

and those are heavily dependent on Medicaid dollars as well.

Everybody knows the provider of last resort is the hospital emergency room, which has both a moral and legal obligation to take care of people who come in, irrespective of their ability to pay. Small and rural critical access hospitals, which already operate on zero or negative margins, are also dependent on Medicaid, so we could see the closure of some of those facilities that will exacerbate the problem even further.

Q: Is anything being done to circumvent this loss of care?

WB: I expect that Florida's politicians—from both parties—are going to come under extreme duress as their constituents get dropped from Medicaid. The state will probably attempt to restore some of missing funding from other sources—particularly to these rural providers. But where that money is coming from isn't known yet. Another key point to consider is that small and rural hospitals are often the major employers in the community, and that will cause a significant economic impact.

Q: Speaking of closings, in July, Jackson South announced that it was closing its maternity services. How will this affect the South Florida community?

WB: That announcement was a surprise to me and to many in the community as well. I am very reluctant to be critical of Jackson Health in any way, because they have one of the most difficult jobs in the U.S. As one of the largest public hospitals in the nation, they are a safety net for this community, which is an enormous responsibility and obligation.

There are multiple factors that might have led to this decision, such as the availability of obstetricians, patient preference, and others. The population in south Miami-Dade is growing and getting younger. We've certainly seen the demand with the MOMZ Ob/Gyn practice we opened in Homestead in 2023. It's relatively new but already has a waiting list to see its three obstetricians.

Fortunately, there are multiple, very high-quality labor and delivery programs at Homestead Hospital, Baptist Hospital, South Miami Hospital, HCA Kendall, and HCA Mercy, but demand is increasing on them as well. There are more than 20 miles between Jackson South and Homestead Hospital—that's a big expanse of county to have only one hospital in the south end delivering babies.

Let's Connect: ACHE of South Florida Spotlight

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Member Spotlight: Aaron Howell

BY LOIS THOMSON

As someone who previously worked in Fort Myers for several years, Aaron Howell admitted, "I never saw myself living in the 'real' South Florida." However, that changed when he accepted a position last year with the Cleveland Clinic of Florida, where he works as senior director of cancer for the Florida market.



Aaron Howell

He explained his responsibilities: "Any radiation oncology, medical oncology, palliative care services rendered or staffed within the state of Florida are under my purview in conjunction with my dad, Dr. Zeina Nahleh, vice chief of cancer for Florida, and one of the best breast oncologists in the country."

Howell was previously with the global GenesisCare team, but said with the Cleveland Clinic being one of the best-known healthcare brands, he appreciated the chance to join. "I saw an opportunity and I wanted to see if I could come over here and make a difference." He believes he has done so, saying, "Because all of our facilities, outside of Weston, in Martin and St. Lucie and Indian River Counties, are new to the organization, there has been a lot of alignment, integration, program-building, and growth over the past year."

Howell acknowledged that when he began his career, he wasn't sure where it was going to lead or which path he would take. But as he continued to get more exposure to the operational side, he said that started to mold him into who he eventually wanted to be. "Once I finally came to a decision of where I wanted to go, I went to graduate school to get an MBA in healthcare management, and started to work to find the role that would help me achieve my goals of ensuring I could meet the needs of patients no matter the service line or geography."

He said the best part of his work is being able to see the impact on patients. "You always want to work somewhere where you would send your family or friends, or yourself if needed, and we have excellent physicians and caregivers who really go above and beyond for our patients. Knowing that, I'd have no hesitation sending myself, my mother, or my child to any of our providers, and that really makes me proud."

While moving to South Florida brought Howell to the Cleveland Clinic, he found another benefit in that it enabled him to become more involved with the local chapter of ACHE, the American College of Healthcare Executives. He said when he decided on a career path, someone recommended that he check out ACHE; he joined in 2019 while in Fort Myers, but said he wasn't able to get too involved with the group because many of the events were in the Tampa area, which was too far to travel on a regular basis.

However, now in South Florida, he said all events are a reasonable drive, so he has more chances to participate. "Since I've moved, I've really refocused on trying to be part of the group, and I certainly want to continue to grow and do more to help out the local chapter." He is also looking forward to working toward his fellowship.

In addition, Howell said some of the things he has learned through the ACHE events – whether virtual or in person – have been invaluable. "I don't know where I would have learned some of that otherwise. Also, the people I've met are excellent; I've really enjoyed them on a personal and professional level. And in a few instances, I've been able to help someone else's patients or have helped one of our patients. So, it's paid off from that perspective, too."



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Defending the Practice of Medicine in Florida: Why the Veto of HB 6017 Matters

During the 2025 legislative session, 254 bills passed both chambers of the Florida Legislature. One of these was the House Bill 6017, Recovery of Damages for Medical Negligence Resulting in Death. This bill sought to expand the availability of non-economic damages in wrongful death cases involving medical malpractice.

For 35 years, the Florida Medical Association (FMA) has successfully opposed similar efforts. Florida remains the only state with a law—referred to by critics as the “free kill” statute—that limits adult children and parents of unmarried adults over 25 from suing for pain and suffering. Enacted in 1990 as part of an expansion of the state’s Wrongful Death Act, proponents argued that without the restrictions, medical malpractice insurance premiums would skyrocket and drive physicians from the state.

Every year, a delegation of physicians from Miami-Dade County Medical Association (MDCMA) travels to Tallahassee to speak directly with lawmakers on critical healthcare issues. This legislative session, we met with several representatives and senators to explain why HB 6017 posed a threat to the state’s healthcare system. Despite this, and strong opposition from the FMA, Florida Chamber of Commerce, and multiple county and specialty medical societies, the bill passed unanimously in both the House and Senate.

In response, the medical societies of Miami-Dade, Broward, and Palm Beach counties coordinated a tri-county effort, sending a joint letter to Governor Ron DeSantis urging him to veto the bill.

At a press conference, Governor DeSantis announced his intention to veto the legislation, stating:

“What would this legislation do for the cost of health care in Florida, access to



BY ADRIANA BONANSEA-FRANCES, MD

care in Florida and our ability to recruit and keep physicians? It would lead to higher costs for Floridians. It would lead to less access to care in Florida. It would make it harder for us to keep, recruit and maintain physicians in the state of Florida.”

Governor DeSantis justified his veto by explaining that the bill would increase healthcare costs without improving quality or access to care. He also pointed out that the legislation lacked

caps on non-economic damages and that current law already provides a framework to hold “hold bad actors accountable.” His veto was a necessary step to protect the financial sustainability of healthcare, preserve access to care, and maintain the state’s ability to attract and retain physicians, especially as the physician shortage continues.

We should thank Governor DeSantis for vetoing this bill—it was the right thing to do. However, we must also recognize that this legislation will likely resurface in future sessions.

Now is the time to call all physicians and medical associations to action. We must work together to oppose any legislative initiatives that could negatively impact the quality of healthcare and jeopardize the physician-patient relationship. It is essential that we ensure all representatives and senators fully understand how such legislation could harm the future of medicine in our state.

A strong, unified voice is critical to protecting both our profession and the patients we serve. Let us continue to work together to protect the integrity of healthcare in Florida.

To learn more and get involved, visit miamimed.com.

Dr. Adriana Bonansea-Frances is President of the Miami-Dade County Medical Association.

Beyond Compliance: Delivering True Price Transparency for Patients

As one of the most heavily regulated industries by federal, state, and even local governments, in addition to private accreditation entities, hospitals are no strangers to complying with regulations, ordinances, and other requirements. By one count, for example, 750 federal health-related regulations were finalized between 2005 and 2025 at an estimated cost of compliance of \$313 billion dollars and 368 million paperwork hours.

When the federal government first mandated online publication of negotiated payment rates between hospitals and insurers in 2021, in addition to previous state and federal requirements to post pricing data, hospitals did what they always do and swung into gear to comply. They deployed teams comprised of information technology, finance, and data professionals to build and publish online machine-readable files in the prescribed format that provides the payment amount for every single service provided negotiated with every single health plan and insurer with which they contract.

Today, despite the immense amounts of data required and complexity of formatting and updating, fewer than 30 hospitals nationwide were deemed non-compliant with federal hospital price transparency regulations, according to the federal government.

Lost in the conversation about compliance, however, is the utility of the data for a health care consumer.

The contracted, negotiated rates provided in the mandated machine-readable files (MRFs) are not the same as a patient’s eventual out-of-pocket costs. The rates are the amount a hospital has agreed to be paid by an insurance company for an authorized medical service or procedure.

Health insurance companies have a dominant role in determining how much a patient eventually pays for that service. Health insurers, not hospitals, establish benefit coverage limits, in-network providers, and cost-sharing requirements, all of which dictate a patient’s ultimate medical bill.

In most instances, the patient will owe a portion (or none) of a negotiated payment amount based on their health plan’s cost-sharing rules. Depending on their health insurer, their benefit plan, and where they are in meeting any annual deductible or



BY MARY C. MAYHEW

cost-sharing maximum, that specific amount can vary.

In addition, hospital MRF data offers a level of detail on prices that most consumers would not find immediately helpful when seeking to understand the cost of care. A list of shoppable services is a better, more accessible resource for consumers.

In addition, not all of a patient’s required services may be known at the time of treatment scheduling. It is

entirely possible that a patient will need a different and/or additional medical intervention because of their response to medication, previously undiagnosed co-morbidity, or other complicating medical factors.

All of these reasons are why hospitals go above and beyond to comply not just with the technical requirements of the transparency regulations, but the spirit and intent: to empower patients to make informed decisions about where to get medical care and to understand their financial obligations.

On the digital side, many hospitals have built and deployed highly sophisticated online calculators that give patients the 24/7 ability to find out in advance the likely cost of any scheduled procedure or service provided at that hospital based on their individual insurance coverage.

On a more personal side, hospitals also employ financial counselors who work with patients before and after procedures or services to explain what is being provided, what is covered by their insurance, and what their out-of-pocket expenses will be. These counselors also exhaust exploring every possible third-party coverage and payment source, from Medicaid and the health insurance marketplace to co-pay assistance from pharmaceutical manufacturers, to help patients meet their financial obligations.

Hospitals understand that patients deserve personalized information, and, as their trusted local health care provider, they have taken on the responsibility of deploying online tools and employing financial advocates all with the goal of making the process more transparent and empowering patients to make more informed decisions about their health care spending.

Mary Mayhew is President and CEO, Florida Hospital Association.

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Florida Atlantic Introduces Advanced Holistic Practice and Nurse Coach Certificate

BY VANESSA ORR

This spring, Florida Atlantic University's Christine E. Lynn College of Nursing will launch an Advanced Holistic Practice and Nurse Coach Certificate. The program, which is designed for registered nurses (RNs) with a BSN or higher who are looking to enhance their practice with a holistic lens and nurse coaching skillset, is also ideal for advanced practice nurses, educators, and leaders seeking to incorporate integrative approaches into their professional roles.

"The College of Nursing developed this program in response to growing demand from nurses seeking to provide more person-centered, whole-person care," explained Program Coordinator Laurie Martinez, PhD, MBA, MSN, RN, AHC-BC, WHNC-BC. "The national conversation around well-being, burnout, and integrative health—especially since the pandemic—has catalyzed a shift toward holistic models that acknowledge the body-mind-spirit connection.

"This program supports nurses in expanding their scope of practice using evidence-informed holistic modalities



Dr. Laurie Martinez

and nurse coaching competencies," she added. "It also meets professional demands for advanced training in caring science, health promotion, and lifestyle behavior change."

According to Dr. Martinez, there has been a significant uptick in interest for holistic care among both patients and healthcare professionals. She credits this to increasing awareness of the mind-body connection; rising rates of burnout and moral distress among nurses; a cultural shift toward prevention, wellness, and lifestyle medicine; and consumer demand for care that treats the "whole person," and not just symptoms.

"Holistic care fosters deeper healing by honoring the individual's physical, emotional, spiritual, cultural, and social needs," she said. "Patients feel seen, heard, and empowered—leading to improved outcomes, better self-management, and greater satisfaction with care. Nurse coaching, in particular, enhances patient engagement by facilitating clients with goal setting and making individualized, meaningful lifestyle changes."

The 12-credit, online program consists of four graduate-level courses that

include Advanced Caring Science, Foundations of Holistic Nursing I & II, a clinical practicum integrating holistic health and wellness, and nurse coaching. Students learn to integrate mind-body techniques, energy-based healing, therapeutic presence, deep listening, motivational interviewing, and goal setting to support clients' whole-person health.

Students will be introduced to a wide array of evidence-informed modalities, such as mind-body practices (e.g., guided imagery, breathwork, meditation, yoga, journaling/reflective writing, biofeedback, somatic experiencing), manipulative therapies (e.g., massage, body awareness, reflexology, myofascial release), energy-based healing (e.g., Reiki, therapeutic touch, healing touch, chakra balancing, sound healing/vibrational therapy, crystal healing), integrative coaching tools (e.g., motivational interviewing, goal-setting strategies, strengths-based coaching, appreciative inquiry, wheel of life/wellness mapping, readiness for change assessment) and relational caring presence (e.g., therapeutic use of self, relational healing, caring presence, reflective dialogue, conscious communication, mindful communication, holding space).

"There is a plethora of holistic healing modalities, many of which require specialized training and certification," says

Dr. Martinez. "Select modalities may resonate with some students, while others may not. As such, this certificate program offers an overview of various holistic healing practices with the intent to raise awareness and provide foundational education so that students can explore and pursue further training in modalities that resonate with them both personally and professionally."

Dr. Martinez adds that the practicum is a vital component of the program as well. "The practicum allows students to apply holistic and coaching knowledge in a clinical setting, ideally one aligned with their interests," she said. Practicum sites and preceptors are selected in collaboration with faculty, and students may complete hours at their current place of employment if appropriate.

Graduates earn a graduate certificate in Advanced Holistic Practice and Nurse Coaching and become eligible to sit for AHNCC board certification exams in both Holistic Nursing and Nurse Coaching.

Applications are currently open, and the deadline for Spring 2026 is Nov. 15, 2025.

For more information, call (561) 297-4064 or visit www.fau.edu/nursing.



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The baccalaureate, master's and DNP programs at Florida Atlantic University's Christine E. Lynn College of Nursing are accredited by the Commission on Collegiate Nursing Education.

SAVE THE DATE: Fall Academic Fair

Talk to faculty about University of Miami nursing programs at upcoming event

BY SONHS COMMUNICATIONS

Prospective students and others interested in learning about leading-edge nursing education programs at the University of Miami School of Nursing and Health Studies (SoNHS) are invited to attend the school's 2025 Fall Academic Fair on Thursday, September 4 in Coral Gables.

"This fair will be an excellent opportunity to explore our range of academic programs, engage with esteemed faculty, and tour the school's 41,000-square-foot S.H.A.R.E. Simulation Hospital Advancing Research & Education®," said Kristen Colon, a senior college recruiter with the school. "Whether you're looking to take the next step or first step in your nursing career, this event is the perfect place to connect with us face-to-face and get a closer look at all the exciting academic opportunities we offer."

Event Details:

- **Date:** Thursday, September 4th
- **Time:** 4:00-6:00 pm EST
- **Location:** Lobby, M. Christine Schwartz Center for Nursing and Health Studies, 5030 Brunson Drive, University of Miami Coral Gables Campus, FL 33146

What to Expect:

- Faculty from Accelerated B.S.N., M.S.N., Post-Master's Certificate, and D.N.P. programs.
- Tours of S.H.A.R.E. Simulation Hospital Advancing Research & Education®.
- Complimentary swag table for registered attendees who sign in at the event.

The next NursingCAS application deadline for all Spring 2026 applications is October 1st.



The Fall Academic Fair is free, but the school asks anyone considering attending to register in advance at <https://events.miami.edu/event/sonhs-fall-academic-fair>. Please direct all inquiries to (305) 284-2508 or email BeACaneNurse@miami.edu.



For a full listing of academic programs, log on to <https://sonhs.miami.edu/academics>. Established in 1948 as South Florida's first collegiate nursing program, the University of Miami School of Nursing and Health Studies offers world-class nursing, health science, and public health accredited degree programs taught by leading clinical and research faculty.

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¹ Rhee, et. al. (2017). Incidence and Trends of Sepsis in US Hospitals Using Clinical vs Claims Data, 2009-2014. JAMA, 318(13); 1241-1249.

² Prescott, H., et al. (2015). Readmission Diagnoses After Hospitalization for Severe Sepsis and Other Acute Medical Conditions. JAMA, 313(10); 1055-1057.

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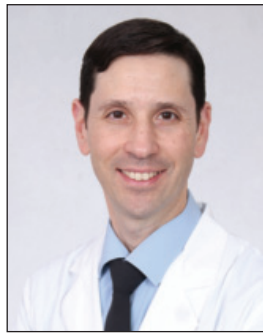
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Investing in the Future of Medicine: Mount Sinai Expands Medical Education Program with NYMC

At Mount Sinai Medical Center, shaping the future of healthcare goes beyond delivering world-class clinical care—it includes a deep commitment to educating the next generation of physicians. That mission took a significant step forward this summer as the medical center welcomed its first cohort of medical students from New York Medical College (NYMC), marking the start of a new academic affiliation with New York Medical College, part of Touro University.

Through this partnership, Mount Sinai is now a designated teaching site for NYMC, offering third and fourth-year students clinical clerkships in internal medicine, obstetrics and gynecology, psychiatry, and surgery, along with electives in high-demand specialties such as emergency medicine, anesthesiology, and urology.

These students are fully immersed in a high-acuity, high-volume teaching environment at the Miami Beach campus. They engage with a diverse patient population, collaborate with multidisciplinary



BY DR. ALON WEIZER

nary teams, and gain hands-on experience that bridges academic learning with real-world clinical application.

As the largest private, independent, not-for-profit teaching hospital in Florida—and one of America's 100 Best Hospitals™ for 2005 and 2024—Mount Sinai offers a dynamic setting for medical training. Its faculty is deeply committed to mentorship, and its infrastructure is designed to foster clinical excellence, academic rigor, and continuous innovation.

The medical center began training residents in 1953, making it one of the first statutory teaching hospitals in the state of Florida. As a statutory teaching hospital, Mount Sinai serves as its own sponsoring institution for graduate medical education programs—unlike other hospitals that rely on a university or medical school affiliation.

Today, the medical center trains more than 215 residents and fellows annually across 13 residency and fellowship programs. In addition, Mount Sinai hosts over 400 medical students each year from both

local and national medical schools, drawn to the institution by its strong commitment to medical education.

This affiliation also plays a critical role in strengthening the physician pipeline in South Florida. By training students locally and introducing them early to the culture and standards of Mount Sinai, the medical center is helping to cultivate future residents—and potentially, future attending physicians—who are already familiar with the institution and its patient-centered mission.

More than a traditional academic agreement, the partnership between NYMC and Mount Sinai reflects a shared vision: to elevate the quality of medical education, expand access to meaningful clinical experiences, and prepare future physicians to lead with both skill and compassion.

Observing the transformation of these students as they move from learners to confident future clinicians underscores the impact of this initiative. Their growth serves as a powerful reminder of Mount Sinai's role not only as a leader in patient care, but also as a vital force in shaping the future of medicine.

*Dr. Alon Weizer is
Chief Medical Officer at
Mount Sinai Medical Center.*

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Healthcare Education in 2025

The University of Miami has been celebrating its centennial, one hundred years as an essential part of the South Florida community, providing academic excellence and community engagement. The Health Care Executive MBA (HEMBA) program has shared a significant part of this history reflecting community interest and need, with its 45th anniversary this past year, and educating well over 1,000 alumni. In addition, as a result of significant demand, the Miami Herbert Business School now offers a Master of Health Administration (MHA), a four-year MD/MBA program, and an undergraduate Health Management program. Certificate programs are now provided to the health care community as well with focus on various aspects of health management, leadership, finance, AI, and policy.

These programs are provided regionally, nationally, and globally. The business school-based curricula we offer in our HEMBA, MHA, MD/MBA, and undergraduate HMP programs provide our students and alumni with essential skills necessary to transform organizations while navigating change.

In addition to our rigorous academic programs, the Miami Herbert Business School has become the third business school in the nation to earn "triple crown status" with accreditation from the three most prestigious business school accreditation organizations. Triple crown status is achieved by less than 1% of the world's business schools. This accreditation by the Association to Advance Collegiate Schools of Business (AACSB), EFMD Quality Improvement System (EQUIS), and the Association of MBAs (AMBA) recognizes the high standards of achievement at Miami Herbert.

In addition, our Health Executive MBA program and our MHA program are accredited by the Commission on Accreditation of Healthcare Management Education (CAHME), making ours the only programs in the country with all four accreditations. Additionally, the department continues to actively engage with the Business School Alliance for Health Management (BAHM), an elite, collaborative consortium of business school-based health management programs offering national and global resources, assuring cutting-edge curriculum, the exchange of webinars and conferences, as well as allowing our students access to a global network of fellow students.

Our Center for Health Care Management and Policy hosted its 14th annual conference, The Business of Health Care. This year, the theme was "Post Elections." Executives from major professional organizations, including America's Health Insurance Plans, American Medical Association, Pharmaceutical Research and Manufacturers of America, Healthcare Financial Management Association, Medical Group Management Association, National Medical Association, and the American Nurses Association, joined for a keynote panel discussion on strategies



BY DANIELLE ELLERBE, PHD, KAROLINE MORTENSEN, PHD,
AND STEVEN G. ULLMANN, PHD

given the uncertainty we face in health care in a new administration. The conference with nearly 900 registrants this past year, offered our students, community, alumni, and supporters unparalleled access to industry experts who are actively shaping the landscape of the healthcare sector. The University's Center is already planning the 2026 conference, scheduled for February 6, 2026, with the theme being, "Navigating Change," given the significant dynamics in the health sector. Yet again we are coordinating a plethora of high-powered panels to provide invaluable and varied perspective on these aspects of our industry.

The students, alumni, and faculty in the University of Miami Department of Health Management and Policy continue to achieve success. Both our graduate and undergraduate student teams competed in the South Florida Chapter of the American College of Health Executives (ACHE) case competition, the National Association for Health Service Executives (NAHSE) case competition, the Penn State Health Policy and Administration case competition, and the Medical University of South Carolina (MUSC) case competition.

Our graduate and undergraduate students partook in internship experiences that span over fifteen health systems and organizations, located across multiple states and countries. The department faculty include Dr. Danielle Ellerbe as the academic director of the MHA program, Dr. Steven Ullmann, who continues to serve as the academic director of the HEMBA and MD/MBA programs, Dr. Michael French, the Department Chair, and Dr. Karoline Mortensen recent Associate Dean of Business Programs. We are welcoming our newest faculty member, Dr. Kelsey Moran, who recently earned her Ph.D. from MIT.

Our faculty continue to actively publish research and play editorial roles in high-impact journals, serve the community, including the national and global communities, and hold leadership positions in the department, school, university, and on national editorial boards.

Our courses continue to offer a variety of interdisciplinary, experiential learning opportunities. Our HEMBA public health policy class is co-taught by two former United States Health and Human Services Secretaries (Donna Shalala and Alex Azar). Several months ago, our HEMBA students had the extraordinary opportunity to have

an intimate discussion with former President Clinton, who joined the Public Policy class for a discussion on health policy. It is another example of the unique opportunities offered to our students. The department hosts a monthly distinguished speaker series open to students and faculty throughout the academic year, hosting researchers and policymakers from across the nation. The MHA, HEMBA, and MD/MBA graduate programs have attracted increasing numbers of students who desire to augment their future clinical practice as advanced practice providers and medical doctors with a degree in the business of healthcare.

Our HMP department advisory board, made up of representative leaders from distinguished local and national health care organizations and companies, continue to provide valuable insight that grounds and fortifies our programs' cur-

riculum in the current state of health affairs.

In this era of artificial intelligence and significant changes in our domestic and global health care environment, the mission of the Miami Herbert Business School, to develop transformative scholarship and principled leaders for business and society, resonates more than ever and our commitment to advance and shape healthcare for a better tomorrow continues. It is a major aspect of the goals and objectives of the Miami Herbert Business School.

Danielle Ellerbe, PhD, is the Academic Director of the Master of Health Administration program and an Assistant Professor of Professional Practice in the Miami Herbert Business School Health Management and Policy Department.

Karoline Mortensen, PhD, is Associate Director, Center for Health Management and Policy, and Professor in the Miami Herbert Business School Health Management and Policy Department.

Steven G. Ullmann, PhD, is Director of the Center for Health Management and Policy; Director, Health Executive MBA Program and MD/MBA Program; Professor in the Miami Herbert Business School Health Management and Policy Department, and Special Assistant to the Provost.

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Cover Story: Investing in Tomorrow's Healthcare Leaders

Continued from page 1

Plans are also in the works to expand the program with additional specialties, including OB/GYN and interventional cardiology.

Each of these programs was designed to address specific healthcare needs in our community, particularly the long wait times of six to ten months that many patients are facing when trying to see specialists. By increasing training capacity in high-demand fields, we're not only preparing new physicians to enter the workforce but also expanding access to care for our region's growing and aging population.

Our GME expansion doesn't end with new specialties. We've also increased the number of residents in existing programs such as internal medicine, family medicine, orthopedic surgery and cardiology, which are all essential practice areas in demand of highly trained and compassionate physicians.

We are also investing in the physical infrastructure of our education system to support our GME growth. In 2024, we opened a dedicated GME space at Broward Health North, and this month, we will unveil a new 28,225-sq.-ft., state-of-the-art training facility at Broward Health Medical Center. Five times larger than our current space, this new center is designed to meet the needs of modern medical education and will include cutting-edge simulation lab, modern classrooms, private on-call rooms, wellness and respite areas for activities that support mental health, and collaborative workspaces designed to support learning.

More than just clinical training, Broward Health's GME programs prioritize wellness, mentorship and meaningful community engagement. Each resident and fellow is paired with both a faculty and peer mentor to guide their development throughout the program. Through initiatives like "Desk to Docs," trainees also have opportunities to mentor local high school students interested in STEM and healthcare careers, helping to shape a healthcare workforce that is both highly skilled and reflective of the communities we serve.

We're proud to welcome trainees from a wide range of backgrounds and medical schools, many of them from Florida, while others come from across the country and around the world. We hope that by training at Broward Health and establishing community roots here, these physicians will choose to stay and practice in our community long after they complete their programs.

The strength of Broward Health's GME program is not going unnoticed. Our orthopedic surgery program was recently ranked as the fifth most-viewed program on the American Medical Association Fellowship and Residency Electronic Interactive



Database Access, which is a testament to our growing national reputation for excellence in medical education.

Behind every program are the stories that bring our mission to life. One of our incoming residents, Louise Francesca Inocentes, is a former fashion industry professional now pursuing a medical career at Broward Health North where her father, Ariel Inocentes, M.D., serves as medical director of the hospital's Rehabilitation Institute. She says it's a full-circle moment to be working in the same hospital as her dad. Her journey reflects Broward Health's mission to not only deliver high-quality, compassionate care but also to inspire and invest in the next generation of caregivers who are deeply connected to the communities we serve.

Whether continuing a family legacy or mentoring future medical minds, our residents are outstanding examples of how Broward Health's GME program is building the future of healthcare in our own community. As we continue to grow, we remain focused on providing exceptional education, improving access to care and investing in the people who will define the future of healthcare.

Dr. Patricia Rowe-King is a practicing pediatrician and serves as the Designated Institutional Official for Broward Health, supervising all residency and fellowship training programs. For more information on Broward Health's GME program, visit www.BrowardHealth.org/GME.

University of Miami Professor Named AAN Fellow

Juan M. González, PhD, DNP, APRN, AGACNP-BC, ENP-C, FNP-BC, CEN, CNE, FAANP, a professor of clinical and program director at the University of Miami School of Nursing and Health Studies, will be inducted into the American Academy of Nursing 2025 Class of New Fellows on October 18 in Washington, DC. Dr. González, a triple board-certified nurse practitioner, certified nurse educator and certified emergency nurse, joined the University of Miami in 2011.

From 2015 to 2020, he directed the Family Nurse Practitioner program. In 2019, he won the University's Outstanding Graduate Program Director of the Year Award. He is a two-time Clinical Faculty Teaching Excellence Award winner and three-time Teacher of the Year awardee at the school. Since 2022, he has been the school's Adult-Gerontology Acute Care Nurse Practitioner program director.

A Duke-Johnson & Johnson Nurse Leadership Program graduate, Fellow of the American Association of Nurse Practitioners, and visiting professor at Pontificia Universidad Católica de Chile, Dr. González is dedicated to caring for marginalized pop-

ulations across the hemisphere.

His recent accolades include the Florida Nurses Association 2025 Innovative Technology Impact Award, American Academy of Emergency Nurse Practitioners' Excellence in Leadership Award, National Hispanic Nurses Association, Miami Chapter Clinical Leader Award, and Emergency Nurses Association "20 Under 40" recognition.

"By shaping policy, expanding academic pathways, and strengthening clinical training models across regional, national, and international settings, Dr. González exemplifies the best qualities of a Fellow of the American Academy of Nursing," said University of Miami School of Nursing and Health Studies Dean Hudson P. Santos Jr., Ph.D., RN, FABMR, FAAN.



Dr. Juan M. González

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Profiles IN LEADERSHIP

New CEO Joseph Gleason Has Big Plans for HCA Florida University Hospital

BY VANESSA ORR

On June 1, 2025, Joseph “Joe” Gleason became the CEO of HCA Florida University Hospital. He is not new to the health system however; he has more than two decades of experience working for the organization that runs the state’s largest network of hospitals. Formerly the CEO of HCA Florida Highlands Hospital, Gleason began his career as an acute care physical therapist and quickly became a supervisor. His leadership journey progressed from there.

“I enjoyed making an impact and positive change in the lives of my patients as a physical therapist, but healthcare management allows me the opportunity to make the same positive change in people’s lives but on a larger scale,” he explained. “Bringing new doctors to the community, expanding service lines, making processes more efficient—these changes impact not only patients but colleagues and the community as a whole.

“I love coming to work every day,” he



Joseph Gleason

added. “I love seeing the commitment of our colleagues and physicians to do the best thing for our patients, every patient, every time. I am excited to be a part of Broward County and honored to lead the team on our journey of excellence.”

Gleason credits HCA with providing him with opportunities for continuing education, development, and obtaining advanced degrees, and his move to HCA Florida

University Hospital is just one more opportunity to put his skills to work.

“HCA Florida University Hospital has an amazing foundation; a beautiful facility, strong culture, focus on quality, and a growing market,” he said. “Additionally, I know I can work with the team to push us to the next level on all fronts.”

Gleason’s goals for the first year include focusing on the hospital’s quality of service and patient experience and growing its service lines, including the hospital’s cardiac care program, which just completed its first left-sided ablation.

He plans to do this by enhancing existing community partnerships that are

already in place with local organizations like BRCA Strong, Town of Davie CORE Program, Davie Fire Rescue, ICU Baby, March of Dimes, and the American Heart Association. He also wants to expand the hospital’s reach by partnering with existing and new physicians to ensure that the hospital is providing the care needed to support the needs of the community.

“My long-term goals include making us the hospital of choice for colleagues, physicians and patients and growing the hospital footprint and access points throughout the community,” Gleason said, adding that the hospital will be undergoing an expansion of its emergency department in the coming years.

“I also want to expand the reach of our maternity services: We offer a full-range, high-risk maternity program here that can service not just mom, but also the baby if needed,” he continued, noting that the hospital’s Level III NICU was named the number one neonatal intensive care unit across HCA Healthcare.

As CEO of HCA Florida University Hospital, Gleason will also oversee HCA Florida City Center, the new, free-standing emergency room currently under construction in Pembroke Pines. The center is expected to open in early 2026.

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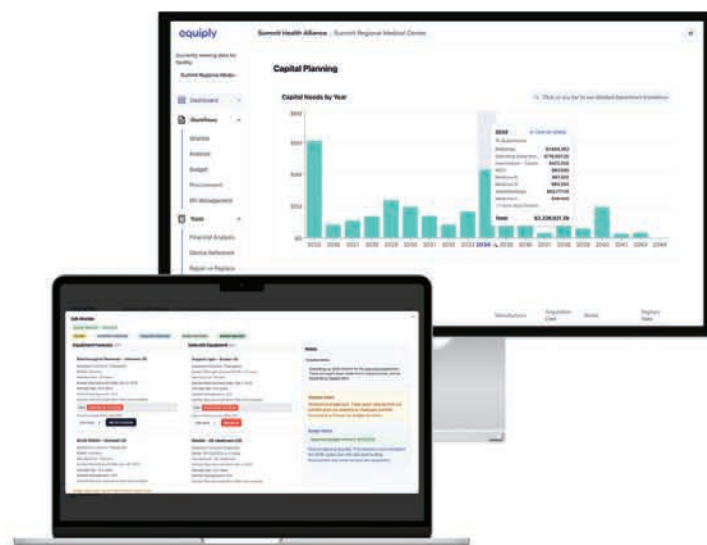
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Building the Future of Health Care in South Florida: Inside Gino R. Santorio's Strategic Plan

As Mount Sinai Medical Center celebrates 75 years of delivering exceptional health care to South Florida, President and CEO Gino R. Santorio is charting a bold path forward — one grounded in accessibility, innovation, and patient-centered care.

With a keen understanding of the region's evolving health care needs, Santorio is leading the organization through a series of strategic expansion projects designed to bring the medical center's nationally recognized care closer to the communities that rely on it. At the heart of his vision: making it easier for patients to receive expert care close to home.

"We're not just expanding our footprint — we're expanding what's possible," says Santorio. "Each new facility represents our promise to deliver tomorrow's health care innovations to the communities that need them today."

Major Expansion Projects

Among the most significant milestones under development is the Irma and Norman Braman Comprehensive Cancer Center, slated to open early 2026. This will usher in a new era of cancer care for South Florida, significantly increasing access to clinical trials, research, and the latest technologies in prevention, diagnosis, treatment, and survivorship. The center will enable seamless interdisciplinary collaboration through integrated tumor boards, pathology reviews, and radiology consults — ensuring every patient receives a highly coordinated, personalized care plan. A full suite of supportive services, combined with a thoughtfully designed, healing environment overlooking Biscayne Bay, reinforces Mount Sinai's commitment to redefining cancer care and bringing world-class clinical excellence to the heart of our community.

Shortly thereafter, the Westchester Freestanding Emergency Center will open its doors. This four-story facility will become Mount Sinai's largest freestanding ER, housing 26 bays equipped with advanced diagnostics and imaging. Beyond emergency care, the site is designed to evolve into a full-service hub over the next three to five years, with inpatient and observation beds, surgical capabilities, and a dedicated medical office building. The campus will also integrate behavioral health services in partnership with the Jay and Jeanie Schottenstein Behavioral Health Department — a move that reflects

the medical center's commitment to expanding care for underserved populations.

In East Hialeah, a new 33,000-square-foot medical office building opened last month, offering primary care alongside specialty services in urology and cardiology. The new location is a multiphase project expected to reach full occupancy of services within 18 to 24 months and will serve as a key access and anchor point in Mount Sinai's expanding outpatient network.

Further south, Mount Sinai recently opened a new facility in Key West, marking another major milestone for the health system's footprint in Monroe County. The center provides primary care, walk-in services, and diagnostic tools, including CT, X-ray, and ultrasound. It broadens access in one of the state's most geographically isolated communities.

A Community-Centered Approach

These targeted investments are more than just physical expansions; they represent a larger commitment to meeting patients where they are, both geographically and in their care journey.

"We're focused on reaching the communities that need us most," Santorio explains. "That's how we continue to evolve — not just as a hospital, but as an integrated health care network serving communities across South Florida."

As Mount Sinai looks to the future — bolstered by philanthropic support, clinical innovation, and a mission-driven workforce — Santorio's leadership continues to shape a health care system that is both deeply rooted in its legacy and fearlessly forward-looking. "We're planting seeds for the next generation of health care in South Florida," he says. "These facilities will serve families for decades to come, ensuring that exceptional care is never more than a few minutes away."



Gino R. Santorio

Cover Story: Paul W. McGourty's Holistic Approach to Nursing and the Patient Experience at Holy Cross Health

Continued from page 1

Faith-Based and Patient-Centered

At Holy Cross Health, patient-centered care is deeply aligned with the organization's faith-based mission. McGourty explains that care delivery is guided by both the spirit of the Gospel and the Jean Watson Caritas principles.

"Patient-centered care here really is our mission to serve in the spirit of the gospel," he says. "We treat others the way we would want to be treated. We embrace the Jean Watson theory of human care, guiding nurses toward compassionate and holistic care."

This patient-first philosophy influences how nursing teams interact with patients and each other, creating a system of care that honors body, mind, and spirit.

Meeting the Moment: Challenges in Nursing Leadership

McGourty is candid about the challenges facing nurse leaders in today's evolving healthcare landscape. From a changing workforce to rising patient expectations, the pressures are complex and ever-shifting.

"We've seen a major shift in the nursing workforce with many seasoned nurses choosing retirement or roles away from the bedside," he says. "At the same time, healthcare remains highly regulated and often slower to adapt, which can be at odds with patients who now come with very high expectations."

The rise of consumerism in healthcare has shifted the patient mindset. McGourty

acknowledges that many patients are making significant out-of-pocket investments in their care and expect a service level to match. "There's an element of having to spend a lot of money in a place that maybe wasn't budgeted for, and that can be very challenging."

Listening to Patients, Leading with Data

At the heart of McGourty's strategy is a robust system for collecting and acting on patient feedback. Holy Cross surveys 100% of patients across the entire continuum of care, combining regulatory CMS surveys with real-time digital feedback.

"We're able to obtain almost real-time feedback from them," he explains. "If someone rates us poorly, they can provide open-ended feedback explaining why. Leaders read those comments on a daily basis and make changes."

A closed-loop service recovery program adds another layer of responsiveness. If a patient leaves a low rating and agrees to be contacted, a department leader follows up personally. "Nine out of ten times, they're able to resolve what that person's concerns were, which creates more loyalty to Holy Cross and proves to our patients that we care and that we're listening."

The Power of Mentorship

For McGourty, mentorship is not only a responsibility but a privilege. Having benefited from strong mentors himself, he now pays it forward through both formal and informal mentorship programs.

"Mentorship is everything. Helping people embrace lifelong education and navi-

gate different pathways for success is extremely rewarding," he says. "It helps the next generation feel empowered to ask questions and seek clarity."

At Holy Cross, mentorship is deeply ingrained in the culture, fostering curiosity, professional development, and personal growth among all levels of the nursing staff.

Courageous Leadership in Critical Moments

McGourty recalls the early days of COVID-19 as a defining chapter in compassionate leadership. As hospitals across the country restricted visitation, he and his team recognized the emotional toll on patients and families.

"We were really trying to adhere to infection control standards and keep our colleagues safe, but we also saw that we were isolating patients," he recalls. "Early on—perhaps before it was widely accepted—we began finding safe ways to reunite loved ones, particularly those at the end of life. It was just the right thing to do."

This kind of values-driven decision-making, he says, underscores the role of nursing leadership in advocating for patient dignity, even in the face of unprecedented challenges.

Looking Ahead: Innovation and Human Connection

When asked about the future of nursing and patient experience, McGourty is energized by emerging models of care that combine innovation with empathy. Holy Cross has already introduced team-based care supported by virtual nurses—experi-

enced clinicians who offer remote oversight and guidance, allowing the on-site team to focus fully on bedside care.

Artificial intelligence also shows promise in improving patient outcomes through predictive biofeedback and early interventions. McGourty sees potential for AI to streamline access, reduce friction, and make it easier for patients to navigate healthcare systems.

"We're going to see a lot of innovation, particularly with AI, that will increase access and streamline our processes. Ultimately, it will help us deliver on our brand promise—to make it easier for patients to access and utilize healthcare."

Through every change, McGourty remains committed to the human side of healthcare. "Nursing is rooted in care, compassion, and presence. Technology should serve to enhance—not replace—those values."

His leadership philosophy reflects that balance—a blend of strategy and heart, vision and service—anchored in the belief that every patient interaction is an opportunity to heal, to listen, and to lead.

Paul McGourty, RN, MHA, received his Master of Health Administration through Florida Atlantic's College of Business - Executive Education in 2020. To learn more about leadership in healthcare or explore FAU's Executive Master of Health Administration program, visit emha.fau.edu. You may also contact the Admissions team via email at ExecMHA@fau.edu or on (561) 297-6000, referencing this month's August edition of the South Florida Hospital News & Healthcare Report.

Profiles IN LEADERSHIP

GOOD SAMARITAN MEDICAL CENTER

Austin Champoux, MHA, MIB COO

Austin Champoux, MHA, MIB, is Chief Operating Officer of Good Samaritan Medical Center. A former Administrative Fellow and Associate Administrator at the hospital, Champoux returns to the Palm Beach Health Network with deep institutional knowledge and a strong background in hospital operations. At Good Samaritan, he previously led key initiatives, including the development of the Victor Farris Surgery Center, sterile processing department, and freestanding emergency department. He also launched strategic programs such as the genetics initiative and the Lilly Pulitzer partnership for maternity services. Most recently, Champoux served as COO of Palmetto General Hospital, where he enhanced patient satisfaction, reduced costs through lean methodologies and oversaw all ancillary and support services. His prior leadership roles also include COO at North Shore Medical Center and Assistant CEO at Shore Point Health. Champoux holds dual master's degrees in healthcare administration and international business from the University of Florida.



PALM BEACH HEALTH NETWORK

Dr. Eric Lieberman CMO

Dr. Eric Lieberman serves as Chief Medical Officer for the Palm Beach Health Network, where he leads systemwide quality improvement efforts and drives strategic growth in cardiovascular services. In this role, he collaborates closely with cardiologists across PBHN's six hospitals to enhance care coordination and outcomes. A key priority includes the launch of the cardiovascular program at Florida Coast Medical Center in Port St. Lucie, scheduled to open this September. Dr. Lieberman brings extensive leadership experience, having served as both a national and regional medical director of cardiology for Tenet Healthcare. He is board-certified in cardiology and continues to treat patients as a practicing physician at Delray Medical Center. Dr. Lieberman earned his medical degree from the University of Miami and completed his residency and fellowship in cardiology at Brigham and Women's Hospital in Boston, where he also served as Chief Resident.



WEST BOCA MEDICAL CENTER

Emily DeJonge, MSN, RN Associate Chief Nursing Officer

Emily DeJonge, MSN, RN, serves as Associate Chief Nursing Officer at West Boca Medical Center, bringing more than two decades of nursing experience and leadership to the role. Her entire career has been rooted within the Palm Beach Health Network, including over 10 years at West Boca Medical Center, where she has held a variety of clinical and administrative positions. Most recently, DeJonge simultaneously led the medical-surgical unit, served as orthopedic service line director, and coordinated the hospital's nurse extern program. She has also served as patient safety officer and director of risk management, reinforcing her commitment to quality care and patient safety. DeJonge began her nursing career at Delray Medical Center in 2004 and joined WBMC in 2012. She earned both her Bachelor and Master of Science in Nursing from Florida Atlantic University, graduating magna cum laude.



DELRAY MEDICAL CENTER

Heather Havericak CEO

Heather Havericak serves as Chief Executive Officer of Delray Medical Center, where she oversees all strategic, operational, and clinical functions at the 536-bed acute care hospital. With more than 17 years of healthcare leadership experience in South Florida, Havericak brings a deep understanding of hospital operations and market dynamics. Prior to joining Delray Medical Center, she served as CEO of Broward Health Medical Center, the flagship facility of the Broward Health system, which also includes the Salah Foundation Children's Hospital. During her tenure, she led the expansion of several key service lines, including robotics, neurosciences, oncology, cardiology, and women and children's services. Known for her strong operational expertise, Havericak has been recognized for her leadership, commitment to growth, and dedication to mentoring future healthcare professionals. She is also deeply engaged in community service, having served on boards for organizations such as the American Heart Association, Gilda's Club South Florida, and the Greater Fort Lauderdale Chamber of Commerce. Havericak is the 2025 Women of Impact winner for Palm Beach County and will be chairing the Go Red for Women campaign for the county. She is a fellow of the American College of Healthcare executives and serves on the Delray Chamber of Commerce.



PALM BEACH GARDENS MEDICAL CENTER

Marko Serrano CFO

Marko Serrano serves as Chief Financial Officer at Palm Beach Gardens Medical Center, overseeing all financial operations of the hospital. With more than 20 years of experience in hospital finance and accounting, Serrano brings a strong track record of fiscal leadership and strategic planning. Before joining Palm Beach Gardens Medical Center, he served as Assistant Chief Financial Officer at Delray Medical Center and as Group Assistant CFO for the Palm Beach Health Network, providing financial oversight across multiple facilities. His extensive knowledge of the local healthcare landscape and system operations adds valuable insight to the hospital's leadership team. Serrano has also held finance leadership positions at several national healthcare companies, further strengthening his expertise in budgeting, resource management, and financial performance improvement. He holds a Healthcare Master of Business Administration from Florida International University and a Bachelor's of Business Administration from the University of Miami.



ST. MARY'S MEDICAL CENTER

Romaine Layne CFO

Romaine Layne serves as Chief Financial Officer at St. Mary's Medical Center, bringing more than a decade of experience in both for-profit and not-for-profit healthcare finance. She plays a key role in leading the hospital's financial strategy and supporting its mission to deliver high-quality care to the community. Before joining St. Mary's, Layne held finance leadership roles within Tenet Healthcare, including Controller positions at North Shore Medical Center and Coral Gables Hospital. Her return to the organization reflects her strong track record of operational excellence and fiscal stewardship. Layne earned her M.S. in Accounting from Nova Southeastern University and holds a B.A. in Accounting and Business Administration from Florida International University. She has received industry recognition for her leadership, including being named to Becker's Hospital Review's "Women CFOs to Know" in 2023 and South Florida Business Journal's "Non-Profit CFO of the Year" in 2022.



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Profiles IN LEADERSHIP

BAPTIST HEALTH SOUTH FLORIDA

BAPTIST HEALTH ORTHOPEDIC CARE

Jose Mena, MD Physiatrist

Jose Mena, M.D., is a board-certified physiatrist at Baptist Health Orthopedic Care. Dr. Mena specializes in diagnosing and treating spine and back injuries, diseases, and disorders. He currently serves as the team pain physician for the Miami Dolphins and a team physician for FIU athletics. He is fluent in English and Spanish. Dr. Mena is a question senior editor for the American Board of Physical Medicine & Rehabilitation (ABPM&R) board and an ABPM&R oral board examiner. He also serves as an editor for the American Board of Anesthesiology (ABA) pain medicine boards and is part of the ABA Pain Medicine Examination Committee. As an instructor for the International Pain and Spine Intervention Society (IPSIS, formerly SIS), he is dedicated to teaching safe and effective diagnostic and therapeutic interventional spine procedures to his peers. IPSIS instructors are among the most carefully selected faculty in interventional spine medicine.



James Ross, MD Orthopedic Surgeon

James Ross, M.D., is a board-certified orthopedic surgeon at Baptist Health Orthopedic Care, specializing in sports medicine and joint preservation surgery of the shoulder, elbow, hip, and knee. His expertise and patient-centered approach play a pivotal role in the continued growth and development of Baptist Health's orthopedic program in Palm Beach County. Dr. Ross is actively contributing to the expansion of the service line, which is supported by the strengthening of Baptist Health's academic and clinical affiliations with two leading South Florida medical schools: Florida International University Herbert Wertheim College of Medicine and Florida Atlantic University Charles E. Schmidt College of Medicine. Recognized for his advanced training and dedication to the field, Dr. Ross is among a select group of orthopedic surgeons nationwide to have earned a Subspecialty Certificate in Orthopedic Sports Medicine. He proudly serves as team physician for Florida Atlantic University, Lynn University, and the Florida Panthers.



BAPTIST OUTPATIENT SERVICES

Nancy Batista-Rodriguez CEO

Nancy Batista-Rodriguez serves as the CEO of Baptist Outpatient Services, an innovative and fast-growing entity of Baptist Health. Since stepping into the role in 2018, she has spearheaded efforts to expand access to high-quality, same-day care across Miami-Dade, Broward, and Palm Beach counties. She has been instrumental to the development of ambulatory surgery centers, medical centers and Baptist Health's first standalone cardiac ambulatory surgery center. She also led the expansion of emergency services and the growth of online urgent care through the PineApp, Baptist Health's telehealth platform. Since beginning her journey with Baptist Health in 2002, Batista-Rodriguez has held key roles across imaging, endoscopy, sleep and surgical services. Today, she drives strategic outpatient growth, chairs the Hispanic Business Resource Group and serves as executive lead of the Emergency Department Operations Council. She holds bachelor's and master's degrees in business and health services administration from Florida International University.



BAPTIST HEALTH HEART & VASCULAR CARE

Ashford Denman, MHA Vice President

Ashford Denman, M.H.A., serves as the Vice President of Heart & Vascular Services at Baptist Health South Florida, where he oversees operations for Baptist Health Heart & Vascular Care, which includes both Miami Cardiac & Vascular Institute and Lynn Cardiac & Vascular Institute. In this leadership role, Denman is responsible for executing the strategic vision of the heart and vascular service line. His focus spans across growth, operational excellence, and clinical innovation, all while maintaining the highest standards of quality and performance in cardiovascular care. Prior to joining Baptist Health, Denman served in a senior leadership role at Sentara Health, where he led a \$1.5 billion cardiovascular enterprise. During his tenure, he drove significant improvements in quality, access, and operational performance, earning a reputation for transforming complex systems into streamlined, patient-centered care models. Denman holds a bachelor's degree from the University of Florida and a Master of Health Administration from Virginia Commonwealth University. He is also a certified Six Sigma Black Belt, bringing a strong background in process improvement and operational efficiency to his role.



Bradley S. Taylor, MD, MPH Chief of Cardiac Surgery

Bradley S. Taylor, M.D., MPH, is a board-certified cardiac surgeon, chief of cardiac surgery for the North Region, and chief of quality and outcomes at Baptist Health Heart & Vascular Care. He has more than 23 years of experience in all areas of adult cardiac surgery and treats more than 450 complex cardiac cases per year. Before joining Baptist Health, Dr. Taylor was an endowed professor and chief of the Division of Cardiac Surgery at the University of Maryland School of Medicine. He also served as the director of quality, director of coronary revascularization, and co-director of the Center of Aortic Disease at the University of Maryland Medical Center. Dr. Taylor's clinical and research efforts have focused on such areas as robotic cardiac surgery, hybrid revascularization of coronary arteries, valvular heart disease, and endovascular and open repair of aortic dissections and aneurysms. Dr. Taylor earned his medical degree and a master's degree in public health at Emory University School of Medicine in Atlanta. He completed a general surgery residency and a cardiothoracic surgery residency at the University of Pittsburgh Medical Center as well as a minimally invasive cardiac surgery fellowship at OLV Hospital in Aalst, Belgium.



BAPTIST HEALTH PHARMACY

Madeline Camejo, Pharm.D., MS Chief Pharmacy Officer and Vice President

Madeline Camejo, Pharm.D., M.S., serves as Chief Pharmacy Officer and Vice President of Pharmacy Services at Baptist Health, bringing over 25 years of expertise in clinical pharmacy, administration, healthcare finance, informatics and technology. Under her leadership, Baptist Health has implemented several acute care programs, established numerous ambulatory clinical services, enhanced the pharmacy residency program, restructured specialty pharmacy, standardized and expanded the 340(b) program and established a retail pharmacy service line. She also led COVID-19 prevention, vaccine and treatment efforts. Dr. Camejo is the President-Elect of the Florida Society of Health-System Pharmacists (FSHP) Board of Directors and was honored as the 2025 Empowered Woman of the Year by the International Association of Top Professionals (IAOTP). Prior to joining Baptist Health in 2018, she served as Vice President of Pharmacy Services for Memorial Healthcare System. Dr. Camejo holds undergraduate degrees from the University of Central Florida and a pharmacy degree from Nova Southeastern University.



Profiles IN LEADERSHIP

BAPTIST HEALTH MIAMI NEUROSCIENCE INSTITUTE

Rachel Spiegel, MPH Vice President of Operations

Rachel Spiegel, M.P.H. is the Vice President of Operations for Baptist Health Brain & Spine Care, where she oversees the operational strategy and direction of Miami Neuroscience Institute. In this leadership role, she is instrumental in advancing the Institute's mission of delivering world-class neurological care and innovation. Before her current appointment, Spiegel served as Assistant Vice President of Neuroscience Service Line, as well as Director of Physician Practice Operations for the Baptist Health Medical Group Operations. Her extensive healthcare leadership experience also includes previous roles at Mount Sinai Medical Center in Miami Beach, Columbia University Medical Center, and Weill Cornell Medical College in New York City. Spiegel holds a Master of Public Health from Columbia University's Mailman School of Public Health and earned her Bachelor of Science from Binghamton University (SUNY).



Luis Felipe Tornes, MD Director of Epilepsy Program

Luis Felipe Tornes, M.D., is a neurologist and the director of the epilepsy program at Baptist Health Miami Neuroscience Institute. Dr. Tornes earned his medical degree from Florida International University Herbert Wertheim College of Medicine. He then completed a neurology residency followed by a clinical neurophysiology fellowship at University of Miami Miller School of Medicine/Jackson Memorial Hospital System. He is a member of the American Academy of Neurology. As a neurologist, Dr. Tornes is deeply passionate about the profound impact his specialty can have on his patients' lives. He is committed to holistic care for his patients, including their emotional and mental well-being, and is dedicated to helping them be active participants in their treatment plans.



BAPTIST HEALTH CANCER CARE

Jenny R. Waltzer, MA Chief Operating Officer

Jenny R. Waltzer, MA, is the Chief Operating Officer of Baptist Health Cancer Care, overseeing operations at both Miami Cancer Institute and Lynn Cancer Institute. With over 17 years of experience in oncology and healthcare administration, she previously served as Vice President of Hematology and Oncology, Infusion, and Surgical Oncology at The Mount Sinai Health System. Known for her operational excellence and strategic leadership, she played a critical role in launching key initiatives like The Tisch Cancer Hospital rollout and COVID-era infusion centers. Her earlier roles at Northwell Health, Weill Cornell Medicine, and Memorial Sloan Kettering further showcase her ability to improve patient outcomes and organizational performance. A psychology graduate of the University of Massachusetts Amherst with a master's from Hunter College, Waltzer brings a blend of analytical and empathetic leadership to advance cancer care in South Florida.



Maureen G. Mann, MS, MBA, FACHE Vice President, Lynn Cancer Institute and Lynn Women's Health and Wellness Institute

Maureen G. Mann, MS, MBA, FACHE, is a nationally recognized healthcare executive and cancer advocate with over two decades of leadership in oncology and community health. She currently serves as Vice President of Lynn Cancer Institute and Lynn Women's Health and Wellness Institute, part of Baptist Health South Florida, and Chair of the Board of Directors for the American Cancer Society Cancer Action Network (ACS CAN), where she has played a pivotal role in shaping cancer-related public policy. Maureen has contributed to national initiatives like the White House Cancer Moonshot, while also leading regional efforts to advance cancer prevention, early detection, and health equity. A Harvard alumna with graduate degrees from Florida Institute of Technology, she has served on numerous boards including Gilda's Club South Florida and the Oncology Nursing Society Foundation. Committed to mentorship and advocacy, she is also a marathoner, community leader, and lifelong wellness champion.



HOLY CROSS HEALTH

Taren O'Brien Vice President and Chief Nursing Officer

As Vice President and Chief Nursing Officer at Holy Cross Health, Taren O'Brien is responsible for administering all aspects of nursing operations in accordance with the ministry's vision, mission and values. She also oversees pharmacy, respiratory, critical care, emergency services, inpatient services, perioperative services, and physical medicine and rehabilitation. Upon earning her bachelor's degree in nursing in 1992, O'Brien began her career at Holy Cross as a graduate nurse working in the Intensive Rehabilitation Unit. She furthered her education and received her master's degree in nursing administration and financial leadership from Florida Atlantic University (FAU) and was honored in 2022 with FAU's Hall of Fame & Distinguished Alumni Award. She is a supporter for lifelong learning and advocates for professional growth opportunities within the organization, where she finds joy in career coaching and seeing others reach their fullest potential. O'Brien advocates for process improvement, prioritizes mitigating threats of workplace violence, empowers colleagues to speak up when something seems out of the norm, awards colleagues for vigilance and advocacy, and assures compassionate, safe and high-quality care is provided to patients.



Maggy Perez-Dickens, MBA, CMPE President, Holy Cross Medical Group

As President of Holy Cross Medical Group and a Holy Cross Health Senior Leadership Team member, Maggy Perez-Dickens, MBA, CMPE leads the multi-specialty physician employed group of more than 185 physicians and 85 APPs providing services throughout Broward County. She oversees all matters related to overall medical group performance, including operational, clinical and financial metrics, and enhances a culture that promotes the highest quality of care across all sites. She's responsible for strategy development for ambulatory care. Perez-Dickens has proven experience and an outstanding reputation in clinical operations, practice management, financial performance, strategy, revenue cycle, IT solutions, contract negotiations and physician relations. Perez-Dickens earned a Master of Business Administration from the University of Miami, specializing in finance and legal implications, and a Bachelor of Science in Business Administration from the University of Central Florida. She is certified by the American College of Medical Practice Executives and is a member of the Medical Group Management Association and the American College of Healthcare Executives.



CLEVELAND CLINIC

Sarah Vogler, MD, MBA

Sarah Vogler, MD, MBA, is a colorectal surgeon at Cleveland Clinic Martin Health and serves as Cleveland Clinic Florida's Chief of Staff. In her leadership role, she oversees clinical performance, including safety, quality, and patient experience for five Cleveland Clinic hospitals in Florida. Dr. Vogler joined Cleveland Clinic in 2019 and has held several leadership positions, including vice chair of operations for the Department of Colorectal Surgery and section chief of Pelvic Floor Disorders at Cleveland Clinic's main campus in Ohio. She has also served as president and medical director of Cleveland Clinic Florida Integrated Health, an accountable care organization, and physician director of surgical operations. Dr. Vogler is also actively involved in physician recruitment, ensuring that Cleveland Clinic Florida attracts and retains top medical talent.

Dr. Vogler's leadership is characterized by her commitment to improving clinical performance and patient care, as well as her expertise in colorectal surgery.



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Profiles IN LEADERSHIP

BROWARD HEALTH MEDICAL CENTER

Michele Thoman COO

As the chief operating officer of Broward Health Medical Center, Michele Thoman brings more than 35 years of healthcare experience to her role, including 24 years in leadership and 11 years as a bedside nurse. She oversees daily operations and leads strategic initiatives across the system to drive improvements.

"Leadership, to me, means the ability to inspire and guide others toward a common goal. It involves fostering an environment where team members feel valued and empowered to contribute their ideas and strengths," Thoman said.

"It's about setting a vision, being adaptable in the face of challenges and demonstrating integrity and accountability," she added.

Thoman is originally from Rensselaer, Indiana. She earned her bachelor's degree in nursing from the University of Akron and an executive MBA in healthcare from Baldwin Wallace College. In 2010, she received the Healthcare Hero award from Naples Daily News. She joined Broward Health in October 2024.



Michael Cornehl CFO

As chief financial officer at Broward Health North, Michael Cornehl brings over 14 years of healthcare experience, including six years in hospital leadership and eight years in consulting with a focus on acute care. He is responsible for financial reporting, regulatory compliance and ensuring the financial health of the hospital. He also serves as chief staffing officer and spends time forecasting to ensure the hospital has the proper supply to meet expected demand.

"Leadership is a privilege. The best leaders empower teams to make decisions and foster a sense of ownership", he said. "I try to be genuine, approachable and always open to learning from others."

Cornehl earned dual bachelors degrees in human biology and business administration from the University of Wisconsin-Green Bay, a Master of Science in Health Education and Behavior from the University of Florida and an MBA in complex health systems from Nova Southeastern University. He joined Broward Health in February 2025.



BROWARD HEALTH IMPERIAL POINT

Kelly Hernandez Director of Nursing

With over 14 years of nursing experience, Kelly Hernandez serves as the director of nursing for inpatient services and nursing support at Broward Health Imperial Point. She provides leadership for the ICU, med-surg, telemetry, progressive care units and the staffing office. Hernandez is also the coordinator for DAISY and PETALS awards.

"To me, leadership is about creating an environment where people feel valued, empowered and inspired to do their best work. It's about cultivating a culture of accountability and growth," Hernandez said.

Originally from Indiana, Kelly has called Florida home for over 23 years. She earned an associate degree in nursing from Broward College, bachelor's degree in nursing from Grand Canyon University and is currently pursuing her master's degree in nursing in leadership in healthcare systems.

Hernandez was named the 2025 Nurse Leader of the Year at Broward Health Imperial Point during Nurse's Week and received the 2025 Q1 Great Catch Award.



MIAMI-DADE COUNTY MEDICAL ASSOCIATION

Adriana Bonansea-Frances, MD President

An Argentine-born, Adriana Bonansea-Frances, M.D., PhD, is a board-certified allergist-immunologist, bringing nearly 50 years of experience in Pediatrics and Allergy/Immunology. Trained at Tufts and the University of Kansas, she has served South Florida since 2007 through the Florida Center for Allergy & Asthma Care. The 2025-2026 President of the Miami-Dade County Medical Association (MDCMA), she is bilingual and passionate about patient-centered care, leadership, and advocacy for the medical community.



BROWARD COUNTY MEDICAL ASSOCIATION

Kayvan Amini, DO President

Dr. Kayvan Amini, D.O., F.A.C.C., is a board-certified cardiologist and healthcare leader serving as President of South Florida Cardiology Consultants and President of the Broward County Medical Association (2025-2026). He is a Clinical Assistant Professor at Nova Southeastern University and Fellow of the American College of Cardiology. Widely recognized for clinical excellence and policy leadership, Dr. Amini is passionate about advancing cardiovascular care, mentoring physicians, and advocating for evidence-based healthcare policy across Florida and beyond.



BROWARD HEALTH CORAL SPRINGS

Denise Hernandez-Figueroa Chief Nursing Officer

Chief nursing officer at Broward Health Coral Springs, Denise Hernandez-Figueroa brings more than 17 years of nursing experience and over 15 years in nursing leadership. She leads a team of over 700 nurses and support staff, driving efforts to improve patient safety and clinical quality.

"Leadership means being there for staff. It is listening, supporting and making sure they have what they need to care for patients and our community. It's about being present and clearing the path so they can drive patient care," Hernandez-Figueroa said.

Hernandez earned her bachelor's degree in nursing and master's degree in nursing from Long Island University and her doctorate in nursing practice from the University of Central Florida. Since joining Broward Health in early 2024, patient experience scores have risen, and the hospital earned an "A" rating from the Leapfrog Group. She was honored for her leadership during COVID-19 with the Pandemic Hero Award.



FLORIDA COAST MEDICAL CENTER

Tyler Sherrill, MBA CEO

Tyler Sherrill, MBA, is Chief Executive Officer of Florida Coast Medical Center, leading the hospital's development, operations, and strategic growth ahead of its scheduled opening in September 2025. In this role, Sherrill is responsible for launching the 185,000-square-foot, 54-bed facility in Port St. Lucie, designed to meet the healthcare needs of a rapidly growing community. The hospital will offer a range of specialized services, including emergency care, neurosciences, orthopedics, spine, robotics, general surgery, urology, and advanced cardiac care.

Sherrill brings a strong background in hospital and physician group leadership. Prior to joining Florida Coast Medical Center, he served as CEO of East Cooper Medical Center in South Carolina and previously led Tenet Healthcare's South Carolina Physician Group. Earlier in his career, he spent a decade with Community Health Systems, most recently as Vice President of Physician Practice Operations. Sherrill earned his bachelor's degree from the University of Tennessee and his MBA from King University.



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Profiles IN LEADERSHIP

MEMORIAL REGIONAL HOSPITAL SOUTH

Vishwas J. Dave, PharmD, MBA Director of Pharmacy

Vishwas Dave's 24 years at Memorial Healthcare System have been filled with numerous professional highlights, but launching an in-house pharmacy at Memorial Manor is the one he is most proud of.

"We had been relying on an outside entity to supply the medications required by those at our skilled nursing and rehabilitative facility, but too often that meant delays in getting residents what they needed," said Vishwas. "By establishing an on-site pharmacy, medication orders can be processed and fulfilled promptly, typically within minutes, and clinical teams have immediate access to our pharmacist's expertise."

Currently the director of pharmacy at Memorial Regional Hospital South, Vishwas says the opportunity to learn and grow in a dynamic environment as a younger professional not only made him a better pharmacist, it shaped the leader he is today. "The Memorial experience made me stronger, more compassionate, and better able to understand when to provide support, when to challenge, and when to empower others to take the initiative."



MEMORIAL HOSPITAL PEMBROKE

Elizabeth Morris, PT, DPT Director of Rehabilitation Services

The word "lifer" to describe a person's longtime connection to an organization is, in the case of Elizabeth Morris and Memorial Healthcare System, literally true.

"I was born at Memorial Regional Hospital and worked there in dietary my first job as a teenager," said Morris, currently the director of rehabilitation services at Memorial Hospital Pembroke. "Worked my way through college in the blood bank and laboratory before transitioning to rehabilitation as a physical therapist. My children were born here and it's where my family is cared for when they're sick. Needless to say, I have a vested interest in Memorial's mission."

As Morris nears retirement after a 30-year professional career, she is most proud of watching those she has hired and/or mentored become successful leaders. Her advice to those and others who'll follow in her footsteps? Set expectations and then hold yourself and your team accountable to exceed those expectations.



JOE DIMAGGIO CHILDREN'S HOSPITAL

Jineal Shinn, MSN, RN, NEA-BC Chief Nursing Officer

Jineal Shinn has served as Joe DiMaggio Children's Hospital's chief nursing officer since 2019, leading with a transformational approach that prioritizes teamwork, innovation, and a deep commitment to patient and family-centered care. During a nearly 30-year career at Memorial Healthcare System, she has advanced from bedside pediatric oncology nurse to executive leader while consistently raising the bar on clinical excellence.

"We recently earned Magnet designation with 13 exemplars, which is a milestone that reflects national recognition for nursing leadership, outcomes, and interprofessional collaboration," said Shinn. "We're also proud that the Pediatric Intensive Care Unit at Joe DiMaggio Children's Hospital received the prestigious Gold Unit of the Year and Conversion Award from the Life Alliance Organ Recovery Agency, honoring the skill and compassion that make life-saving organ donation possible."

Shinn's leadership continues to strengthen the hospital's culture, maintains excellent outcomes, and inspires a shared mission to deliver extraordinary care across every pediatric setting.



MEMORIAL REGIONAL HOSPITAL

Jon Pickett, MBA VP of Operations

Lessons learned nearly 30 years ago continue to shape the leader Jon Pickett is today.

"I began my healthcare career as a patient transporter, a role that taught me responsibility, the importance of hard work, and the value of every role at a hospital," said Pickett, now vice president of operations at Memorial Regional Hospital. "I learned that every job is meaningful and contributes to the quality and safety of patient care, and that leadership isn't just about making decisions, it's how you treat people, how you listen, and how you perform every day, regardless of your title."

In his current role, Pickett focuses on supporting his team, removing barriers, and creating an environment where individuals feel valued, trusted, and are motivated to do their best work. He describes himself as a "servant leader" that learned from mentors the importance of investing in people and the lasting impact that can have.



MEMORIAL CANCER INSTITUTE AT MEMORIAL HOSPITAL WEST

Meredith B. Feinberg, MBA, FACHE, CPXP VP of Cancer Services

As the vice president of cancer services at Memorial Cancer Institute (MCI), Meredith Feinberg is focused on developing care models and opening centers that transform the patient experience and deliver improved outcomes. Evidence of that is MCI's newest facility, which opened on the campus of Memorial Hospital West in Pembroke Pines 18 months ago.

"We've expanded access to care by integrating multidisciplinary teams, offering advanced therapies, and fostering a culture of empathy and innovation," said Feinberg. "It's a beautiful environment for healing."

Part of Memorial Healthcare System for the past four years, Feinberg considers herself a transformational leader that supports change, even when it may be uncomfortable. It's a mindset she learned early in her career, understanding that those willing to adapt are the ones that will survive, and thrive, in an industry that is always changing.



MEMORIAL HOSPITAL MIRAMAR

Vera Burke Marshall, MSc, BSN, RN Director of Emergency Services

While there have been many important mentors during Vera Burke Marshall's 24-year career at Memorial Healthcare System, her journey to becoming a leader started long before that, at home with her Jamaican parents and grandfather.

"They were resilient and steadfast in their life journey, and I'll always value the lessons I learned," said Burke Marshall, director of Emergency Services at Memorial Hospital Miramar. "They taught me to be a lifelong learner, to care about people, have integrity and faith, work hard, and be committed to any position I'm in."

Burke Marshall cites the opening of Memorial Miramar as a career highlight. Now, more than two decades later, she is proud of what the hospital has become, including earning primary stroke certification, having an autism-certified pediatric emergency room, and receiving the Pinnacle Award for service.



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A message from our President **When Partners Don't Agree**

We recently heard that Florida Blue and Broward Health are having difficulties negotiating to a win-win. And, more recently, that Florida Blue and Memorial are also having similar challenges although they are still in the early stages of the process.

The recent news just happens to include Florida Blue but this process occurs between every insurer and healthcare providers as contracts do eventually end. So, what happens to all the players (physicians, hospitals, ancillary services, customers/patients, etc.) when the negotiators can't see a clear pathway to a new contract?

When health insurers and healthcare providers cannot reach agreement on a new contract, the fallout can be far-reaching and disruptive—particularly for patients caught in the middle. These contract disputes, often centered on reimbursement rates, coverage conditions, and administrative terms, generate widespread uncertainty that affects access to care, financial planning, and continuity of treatment.

At the core of these disputes is a negotiation process between insurers and healthcare systems or physician groups about how much the insurer will pay for specific services. When negotiations stall or fail, the provider may exit the insurer's network. This means patients who were once able to see their doctors or receive care at a preferred hospital under in-network rates are suddenly forced to choose between paying significantly higher out-of-pocket costs or finding a new provider—sometimes in the middle of ongoing treatment.

For patients, this uncertainty is not theoretical. They often receive notices that their provider may soon be out-of-network, without knowing whether a resolution will be reached before the deadline. In the meantime, patients with chronic conditions, cancer, or planned surgeries become anxious over whether they will need to delay care, find alternative providers, or absorb unexpected costs. Even temporary lapses in coverage agreements can result in canceled appointments, delayed procedures, and confusion about billing and required preauthorizations.

From a financial standpoint, out-of-network care is significantly more expensive for patients. Deductibles, coinsurance, and copays are higher, and insurers may not cover services at all, particularly if deemed non-emergency. For families already managing tight healthcare budgets, these disruptions can cause real financial strain. In some cases, patients face surprise medical bills for services they assumed were covered.



Jaime Caldwell

Healthcare providers also feel the pressure. They may experience patient attrition, staffing disruptions, and loss of revenue, especially if a large portion of their patient base comes from the impacted insurer. Meanwhile, insurers also risk losing members to competitors if the disruption frustrates patients. The public nature of these disputes, often played out in the media or through direct communications with members/patients, can damage the reputations of both parties.

At a systems level, these disputes highlight deeper structural tensions in the healthcare market, where rising costs, administrative complexity, and profit margins all influence contracting decisions. The lack of transparency in negotiations further compounds patient confusion and fosters mistrust in the system as a whole.

Ultimately, when providers and insurers fail to reach timely agreements, it is patients who bear the brunt of the uncertainty. Policymakers and regulators have an opportunity to promote more patient-centered solutions—such as standardized dispute resolution timelines, expanded continuity-of-care protections, and greater transparency about in-network status during negotiations. Until then, contract disputes will continue to create instability in a system where stability and access are most needed.

The good news is that these contract negotiations usually lead to an acceptable win-win for both the contracting partners and results in restoration of relationships between the member/patient and their favored providers. Throughout this negotiation process, both of the contracting partners are well aware that the process is disruptive to their members and patients and teams on both sides work diligently in an attempt to find a solution that works for everyone.

So, until we find a better way to pay for healthcare, this is the process that we all have to endure. Just be aware that all the parties are working for you.

MAKING ROUNDS...MAKING ROUNDS...MAKING ROUNDS...MAKING ROUNDS...MAKING ROUNDS...

St. Mary's Medical Center Names Dr. Faris Azar as New Medical Director of Trauma Services

St. Mary's Medical Center has named Dr. Faris Azar as the new Medical Director of Trauma Services, succeeding longtime leader Dr. Robert Borrego.

Dr. Faris Azar, a board-certified trauma and acute care surgeon, has been a key member of the St. Mary's trauma team for several years. Known for his clinical skill and calm under pressure, Dr. Azar will now lead the department as Medical Director, overseeing trauma operations, quality improvement, and coordination with EMS and regional partners.

Dr. Azar graduated from Boston University School of Medicine and completed his internship and surgical residency at The Johns Hopkins Hospital. He went on to complete fellowships in both trauma and critical care at the R Adams Cowley Shock Trauma Center, bringing advanced trauma care to Palm Beach County. Previously, Dr. Azar served as the Trauma Research Director, bringing an academic approach to patient care.



Dr. Faris Azar

Holy Cross Health in Fort Lauderdale Names Dr. José J. López as Chief Operating Officer

Holy Cross Health, a member of Trinity Health, announced that José J. López, M.D., MBA, FACEP assumed the expanded role of chief operating officer while continuing to serve as chief medical officer, underscoring the organization's commitment to integrating clinical excellence with operational leadership.

Dr. López joined Holy Cross Health as CMO in 2021. Previously, he served as the CEO of Healthpoint Hospital in Abu Dhabi, overseeing all operational functions. As chief of the award-winning Emergency Medicine Institute at Cleveland Clinic Abu Dhabi, he chaired the clinical activation committee and oversaw emergency medicine construction projects. At MedStar Health, he helped lead the expansion of the emergency department, increasing capacity from 60 to 100 beds.

Board-certified by the American College of Emergency Medicine, Dr. López earned his M.D., completed his residency and was chief resident in emergency medicine at the University of Massachusetts. He received an MBA in Medical Services Management from Johns Hopkins University and holds a certificate in managing health care delivery from Harvard Business School. Dr. López graduated with a Bachelor of Science from Tufts University.



Dr. José J. López

Cover Story: Medicaid Reform – What We Know and Don’t Know

Continued from page 1

\$21,597 for a single adult and \$44,367 for a family of four in 2025).

- Proportionately more people are likely to get disenrolled from Medicaid in expansion states versus non-expansion states.
- Further, the time limit to apply for retroactive Medicaid/CHIP coverage is more onerous in expansion states (one month) than in non-expansion states (two months).

The Florida Agency for Health Care Administration (AHCA) reports over 4.1 million Medicaid eligibles state-wide, with 32% subject to the new work or qualifying activity requirements.

- In South Florida, counties exhibit a lower proportion of individuals required to comply: Broward (28%), Miami-Dade (27%), and Palm Beach (28%).

Medicaid Population Subject to the Work/Qualifying Activities Requirement¹
(Medicaid Plus Medikids A, Medikids B, and Medikids C)

County	Age Cohort			Total
	0-18	19-64	65+	
Broward	174,071	97,301	73,871	345,243
Miami-Dade	292,638	193,464	221,842	707,944
Palm Beach	129,922	67,276	41,796	238,994
Other	1,502,946	959,951	400,706	2,863,603
Total Florida	2,099,577	1,317,992	738,215	4,155,784

Risk of Hospital Admissions Moving from Medicaid to Uninsured Payor Class

There is currently insufficient data to determine precisely how many individuals will lose Medicaid coverage and what percentage of these people may require hospitalization. Topical literature indicates:

- Most adult Medicaid beneficiaries are employed, typically in low-wage positions without access to employer-sponsored health insurance.
- Non-working recipients may include caregivers, students, or individuals with health conditions that prevent employment.
- The extent to which vulnerable populations may lose coverage due to administrative barriers, as opposed to lack of compliance or need, remains uncertain.
- A portion of adults aged 19–64 who are presently covered will transition to an uninsured payor status. Within the South Florida tri-county region and the 19–64-year-old cohort:

- Miami-Dade County experiences the highest number of discharges (40,385), followed by Broward County (22,607), and Palm Beach County (18,722).
- Hospitalization rates within the 19-64 adult cohort exceed those observed in the 0–18 age group.

Hospital Discharges Covered by Medicaid²

Age Category	County				Total Age Cohort
	Broward	Miami-Dade	Palm Beach	Other FL	
0-18	14,339	22,844	12,709	122,250	172,142
19-64	22,607	40,385	18,772	228,118	309,882
65+	1,689	5,534	1,105	7,559	15,887
N/A	713	1,014	710	6,343	8,780
Total County	39,348	69,777	33,296	364,270	506,691

Undocumented Immigrant Exclusion

Florida regulations largely preclude undocumented immigrants from traditional Medicaid coverage. The OBBA provisions by itself for undocumented immigrants will likely not materially impact providers beyond their current experience. Currently, Medicaid coverage for undocumented individuals in Florida is limited to emergency care, prenatal services, labor and delivery, and postpartum care.

Undocumented residents in Florida are already excluded from the “children’s Health Insurance Program (CHIP). This further begs the question:

- Will forthcoming federal policies override Florida’s current rules that allow restricted Medicaid benefits for undocumented individuals, including newborns, expectant mothers, and children?
- Will fear of deportation cause undocumented individuals to delay seeking prenatal, preventive, and diagnostic care, potentially resulting in more severe health outcomes and increased long-term costs.

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¹ AHCA, Medicaid Data Analytics, Age By County, 6/20/2025
² Florida AHCA Hospital Discharge Database, 2022

TGH Cancer Institute | Cancer Center of South Florida
Launches Genetics Program for Cancer Risk

The TGH Cancer Institute | Cancer Center of South Florida (CCSF) now offers a genetics program in Palm Beach County for patients who wish to take a proactive stance to determine their risk for cancer. The Hereditary Cancer Prevention & Risk Program is available to anyone with active cancer, previously diagnosed with cancer, or has a family history of cancer.

The program is led by hereditary risk counselor, Catherine Marinak, APRN, MSN, AOCNP, a nurse practitioner with an advanced specialization in cancer risk assessment. Each patient starts the program with an in-depth consultation with Marinak to discuss and review their family’s medical history. From there, she evaluates if the patient will benefit from a personalized, high-risk assessment and possible testing.

If it is determined that the patient should pursue a full risk assessment and/or genetic testing, the program includes:

- Discussion of the various genetic testing options.
- A review of the benefits of testing, including insurance coverage and confidentiality.
- Helping patients decide if genetic testing is right for them.
- Explaining the genetic testing process.
- Discussing medical management options based on family history and/or testing results.
- Addressing the emotional impact of cancer risk information on individuals and their families.

For patients who proceed with genetic testing, TGH’s experienced and compassionate team will explain your results clearly and understandably to help determine what’s next for you and your family. TGH works with a team of multidisciplinary specialists to help reduce your cancer risk or to detect and treat cancer early if there are treatment options available.

Genetic testing may be suggested if a patient’s family members have had one of the following:

- A cancer diagnosis before age 50.
- Multiple cancer diagnoses.
- Several relatives with similar cancers.
- Ovarian, pancreatic, or high-risk prostate cancer.
- Rare cancers such as male breast cancer, adrenocortical carcinoma, or pheochromocytoma/paraganglioma.

- Family members with a genetic test result that indicates an increased cancer risk.

“Through this program, we’re giving patients and their families the knowledge and support they need to take control of their health,” said Marinak, director of Hereditary Risk Assessment & Early Detection at the TGH Cancer Institute | CCSF. “By understanding genetic risks, we can take meaningful steps toward preventing cancer or catching it early, when treatment has the greatest impact. If a patient decides to pursue genetic testing, our team will be there to guide them every step of the way.”



Catherine Marinak

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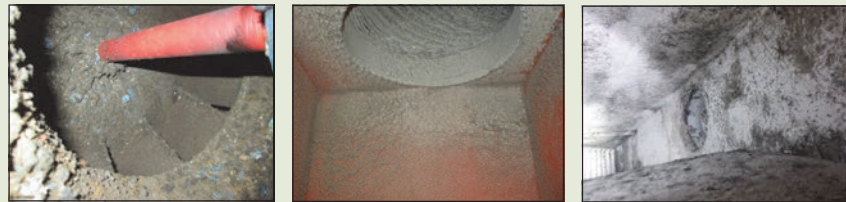
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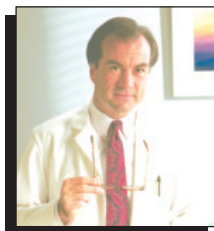


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Overview of the One Big Beautiful Bill Act – Healthcare Focus

The healthcare-related provisions of the One Big Beautiful Bill Act (OBBBA) affect various segments of the healthcare industry. Rule implementation timelines differ, with certain Medicaid policy changes postponed until the fourth quarter of 2026. This delay allows organizations to make necessary adjustments in response to revised federal funding levels, updated public assistance program eligibility requirements, and modifications to tax regulations.



BY RICHARD M. KLASS

1/1/2026 Policy Changes

Sunsetting Increased Federal Medical Assistance Percentage: This provision affects states expanding Medicaid eligibility to people below the federal poverty guideline. Florida is a non-expansion state. An OBBBA provision eliminates the incentives in states that adopted Medicaid expansion after March 2021.

Rural Health Transformation Program Begins: Rural hospitals face financial challenges, further exacerbated by upcoming Medicaid policy changes. The OBBBA offers support; states with approved rural health transformation plans can receive a share of a \$50 billion fund allocated annually from 2026 to 2030. The program aims to assist rural hospitals and providers in acquiring eligible items or services specified by CMS and making infrastructure investments.

There are 27 rural hospitals in Florida that collectively maintain 1,100 beds. The jury is out if the funding set aside will save the rural facilities from bankruptcy. Florida rural facilities are heavily dependent on Medicaid revenues.

10/1/2026 Policy Change

For details explanation of policy changes impacting Medicaid, see the companion article in this publication, *Medicaid reform – What We Know and Don't Know*.

Medicaid policy changes affecting both eligibility and funding start in the fourth quarter of 2026 and effectively take place at the beginning of 2027.

• **Noncitizen Alien Medicaid Eligibility** – Undocumented individuals in Florida do not have Medicaid benefits. The OBBBA provisions prohibit refugees and humanitarian parolees from receiving Medicaid health insurance.

• **New Provider Tax Safe Harbor Elimination** – Restrictions are placed on Medicaid provider taxes; these taxes support state funding for Medicaid services. Medicaid expansion states are harder hit than non-expansion states.

12/31/2026 Policy Changes

Medicaid Work/authorized activity requirements mandate able-bodied adults aged 19 to 64 must work or participate in qualifying activities for at least 80 hours per month.

Summary of Policy Shifts Impacting Healthcare Related Not-For-Profits

The remainder of this article is continued on our website at www.southfloridahospitalnews.com

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