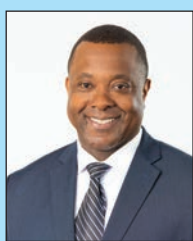




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Hurricane Preparedness



Kathleen Coronado

When The Storm Hits: How Hospice Providers Help Protect Florida's Most Vulnerable Patients

BY KATHLEEN CORONADO

In South Florida, hurricane preparedness is a part of life. Hospitals activate emergency operations centers, nursing homes review evacuation plans, and families rush to gather supplies before a storm makes landfall.

For hospice providers, preparedness carries an additional layer of responsibility. Patients receiving end-of-life care are among the most medically vulnerable members of our communities. Many rely on oxygen, medications, specialized equipment or around-the-clock support that cannot simply pause when severe weather arrives.

At VITAS Healthcare, hurricane preparedness is not a seasonal checklist. It is a year-round operational priority designed to ensure continuity of compassionate care before, during and after a disaster.

Continued on page 19

Emergency Medicine

LifeFlight Marks 30 Years of Bringing Pediatric Critical Care Beyond Hospital Walls

BY DANIEL CASCIATO

For three decades, Nicklaus Children's Hospital LifeFlight has played a vital role in some of the most urgent moments in pediatric care, helping transport critically ill newborns, infants, and children to the specialized care they need when every minute matters.

As the program marks its 30th anniversary, LifeFlight has grown far beyond its original role as a pediatric transport service. Today, it functions as a mobile extension of Nicklaus Children's Hospital's neonatal and pediatric critical care capabilities, providing advanced care by ground and air across South Florida, the Caribbean, and parts of Central and South America.

"Over the past 30 years, Nicklaus Children's Hospital LifeFlight has evolved from a specialized pediatric transport service into a highly advanced mobile extension of the hospital's neonatal and pediatric critical care capabilities," says Peter Cruz, Executive Director of Emergency Services at Nicklaus Children's Hospital.

While the program has continued to grow, Cruz says its core purpose remains the same: "bringing expert care to infants and children when time and distance matter most."

That mission is especially important during high-acuity inter-facility transports, when a child must be moved from one hospital to another for a higher level of specialty care. In those cases, the transport itself can be one of the most vulnerable parts of a child's care



Continued on page 22

Florida Atlantic Expands Accelerated BSN Program at Davie Campus

BY LOIS THOMSON

Responding to South Florida's growing demand for nurses, Florida Atlantic University's Christine E. Lynn College of Nursing will launch a spring-entry Accelerated Bachelor of Science in Nursing (ABSN) program at the Davie campus in 2027, creating an additional pathway for individuals seeking to transition into the nursing profession.

The accelerated track, designed for students who already hold a bachelor's degree in another field, is currently offered in fall cohorts at the Boca Raton and Davie campuses.

"In just 16 months, students can transition into one of the most in-demand professions in health care," said Cameron Duncan, dean of the Christine E. Lynn College of Nursing. "Students who begin the program in spring 2027 could enter the



Continued on page 4



(l-r) Shane Strum, Mark Kent, Dr. Patricia Rose-King

Kent Family Foundation Honors Broward Health Luminaries Through \$500,000 Donation

BY VANESSA ORR

Since the Kent Family Foundation was established 14 years ago, it has donated \$15.6 million to various organizations ranging from Big Brothers/Big Sisters of Los Angeles and Miami to health care systems and universities throughout the nation. The foundation recently donated \$500,000 to Broward Health Foundation, including \$250,000 to name the grand lobby of the new medical office building at Broward Health Medical Center (BHMC) in honor of Shane Strum, and \$250,000 to name the learning center within the new GME space at BHMC in honor of Patricia Rowe-King, MD.

Shane Strum is the president and CEO of Broward Health System, one of the nation's 10 largest public healthcare systems and the Interim CEO of Memorial Healthcare System. Dr. Patricia Rose-King, Broward Health's designated institutional officer, has been a physician for the past 30 years and leads Broward's Graduate Medical Education (GME) Center.

"Leadership really matters, especially in public health systems," explained Broward Health Foundation Chair and Kent Family Foundation member Dr. Mark Kent, FACHE, FACMPE, who announced the donation at the Amazon

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Publisher's Note

"Summertime and the Livin' Is Easy ... Unless You're in Healthcare"

Every June, as schools empty out and Congress collectively decides to "circle back in September," America enters its annual ritual of pretending work no longer exists. Out-of-office replies bloom like hydrangeas. Lawyers vanish to their marinas. Tech executives post LinkedIn essays about "recharging intentionally" from a paddleboard. Even the local dog groomer somehow takes three weeks in the Bahamas.

But not healthcare.

Hospitals do not get "summer Fridays."

Illness has shown a stubborn unwillingness to respect vacation season. The human appendix, for example, continues to burst year-round with almost activist enthusiasm. Grandparents still fall off ladders cleaning gutters. Children still discover innovative new ways to bicycle directly into shrubbery. Fireworks injuries begin auditioning for the Fourth of July by mid-June.

Healthcare workers know summer not as a break, but as a personality test.

While the rest of society heads to the beach with novels they'll never finish, hospitals enter what can only be described as "Peak Popsicle Stick Extraction Season." Emergency rooms become a live-action sociology experiment involving dehydration, jet skis, and people who believed mayonnaise could "probably stay out a little longer."

Meanwhile, everyone else assumes hospitals must somehow slow down because they personally are on vacation. "Oh wow, you're working this weekend?" asks a cheerful neighbor loading coolers into an SUV. Yes, Karen. Disease did not receive the memo about a fun weekend on Peanut Island.

The fantasy that hospitals operate on a school calendar is especially funny because summer often makes healthcare more chaotic. Staff vacations overlap like a scheduling apocalypse. Half the senior nurses are trying to attend weddings in three states. Residents are beginning their first week of training with the confidence of Labrador puppies. Air conditioning systems choose July to fail because HVAC units, too, enjoy drama.

And unlike other professions, healthcare cannot simply "pick this up Monday." Imagine if surgery adopted corporate summer culture. "Unfortunately, your emergency appendectomy has been moved to Q3 because the team is doing some strategic beach time."

Even hospital cafeterias refuse to acknowledge summer properly. Other industries get rooftop happy hours; healthcare gets yogurt cups and coffee that tastes faintly of electrical fire.

Still, there is something oddly noble about healthcare's refusal to pause. While the rest of us are posting blurry sunset photos captioned "needed this," hospitals remain brightly lit monuments to human need, competence, and caffeine dependency.

Because viruses don't vacation. Bones do not heal more casually in July. And somewhere, at this very moment, a nurse is explaining for the fifteenth time today that no, a pool noodle is not supposed to go there.

Charles Felix



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Cover Story: Florida Atlantic Expands Accelerated BSN Program at Davie Campus

Continued from page 1

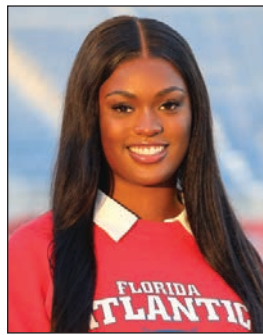
nursing workforce by the following summer."

The program is designed for students seeking a fast-track path into nursing, with coursework completed across four consecutive semesters, including summer terms. Students begin practicum experience in their second semester, gaining hands-on experience in a variety of health care settings.

Current accelerated nursing student Zakiyya Manifold said her background in public health inspired her transition into nursing. After earning degrees in political science from Florida Atlantic and public health from Florida International University, she chose the accelerated track to move into a more direct patient care role.

"After working in public health and seeing how much impact compassionate care can have, I realized I wanted to be more hands-on with patients," she said. "I chose nursing because I've always had a desire to help people and be there for them during some of their hardest moments."

The new spring cohort will provide additional flexibility for prospective students who may not meet fall admission



Zakiyya Manifold

timelines or who want to enter the workforce sooner. The intensive nature of the program, however, requires students to be prepared for a rigorous academic and clinical schedule.

"Students are in classes and clinical experiences five days a week, which may mean leaving current employment or cutting down hours," said Joy Longo, Ph.D., associate dean of aca-

ademic programs and associate professor. "Success depends on being organized and flexible, and having a strong support system."

The College's support systems include program faculty who work closely with students, along with a dedicated student success team available to provide ongoing guidance throughout the program.

Students entering the program come from a wide range of academic backgrounds, including health science, education, psychology, social work, and business. Once admitted, students enter having already completed all prerequisites and focus exclusively on nursing coursework.

"After passing the NCLEX-RN licensure exam, our graduates can begin their first roles as registered nurses," Dr. Longo said. "Most take the exam within one to two months after graduation, and

enter the workforce once they have successfully passed."

Graduates of the ABSN program pursue careers across a wide range of nursing settings, including acute and primary care, as well as community health. Practice areas include medical-surgical units, intensive care, mental health and obstetric specialties, and public and rural health.

"Nursing is more than a profession; it's who you are," Dr. Longo said. "The accelerated program is demanding, but it prepares students to achieve their goal of becoming registered nurses while offering flexibility in their career path."

Manifold, who will graduate in December 2026, said the Accelerated BSN program is preparing her to step into nursing with strong clinical experience and confidence.

"Once I pass the NCLEX, my plan is to start working as an RN and explore areas of nursing where I can make the greatest impact," she added, noting that the program is helping her finally start the career she had always wanted.

Applications for the Spring 2027 ABSN cohort are open through July 31, 2026.

For more information, call (561) 297-3000 or visit <https://www.fau.edu/nursing/academics/bachelors-of-science-nursing-program/accelerated-bsn/>

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If complex care requires a visit to Tampa General, an ambassador works closely with both the patients and providers to help coordinate care. Whether an individual needs help making an appointment with a specialist, scheduling a test or preparing for surgery and/or an inpatient stay at Tampa General, an ambassador handles those details, offering patients peace of mind.

Lynn Stockford, RN, BSN, functions as one of Tampa General's health ambassadors on Florida's East Coast. "The program reduces stress on patients and families, so they can focus on what matters most," said Stockford.

Stockford connects individuals with Tampa General physicians and services located in Palm Beach County. If patients need complex care at Tampa General, she helps by:

- Facilitating surgery and consultation appointments
- Coordinating medical services such as labs and imaging
- Supporting hospital-to-hospital transfers
- Assisting with a hotel and other travel arrangements
- Collaborating with the assigned medical team before, during and post-care, providing patients and providers with status updates

Stockford, who has worked in healthcare in Palm Beach County for more than 30 years, is well respected and connected in the community. She said it's unique for a hospital, especially one as large as Tampa General, to have an expert team speaking directly with patients, as opposed to a call center staffed with individuals who often lack comparable skills and knowledge.

Stockford works closely with the system's state-of-the-art Care Coordination Center and Tampa-based ambassador team to ensure a smooth experience for patients



Lynn Stockford



Aeromed helicopter

who need to travel. "They are amazing about reaching out to patients, making sure everything is taken care of," she said. "This includes transferring medical records, reaching out to nursing staff and helping patients and their families locate the best parking."

Stockford notes that when it comes to local community providers, the health ambassadors are the best conduits for providing their patients with access to seamless, coordinated and complex care at Tampa General. For emergency situations, Tampa General also has a fleet of Aeromed* helicopters, offering comprehensive air ambulance and interfacility transport services that bring high-level medical care to Florida patients 24 hours a day, seven days a week, 365 days a year.

For more information about how Tampa General's Health Ambassador Program can help you connect your patients with world-class, complex care, please call (561) 644-0125.

*Air transport services provided by Metro Aviation, Inc.

Baptist Health Heart & Vascular Care Achieves Top Three-Star Ratings Across Multiple Cardiac Surgery Categories

Baptist Health Heart & Vascular Care has achieved the highest possible three-star rating across multiple cardiac surgery categories, marking a major milestone in the continued growth and evolution of its cardiac surgery programs.

For the first time, Baptist Health has earned top ratings beyond coronary artery bypass grafting, commonly known as CABG, alone. The achievement reflects measurable progress in quality, outcomes and consistency across a broader range of complex cardiac procedures.

"This is really special for our entire team," said Tom C. Nguyen, M.D., system chief executive, Baptist Health Heart & Vascular Care; chief medical executive, Baptist Health Miami Cardiac & Vascular Institute; director of minimally invasive surgery; Barry T. Katzen Endowed Chair, Baptist Health Miami Cardiac & Vascular Institute; chair and professor, Department of Cardiovascular Sciences, Florida International University Herbert Wertheim College of Medicine. "We've always taken pride in earning three stars for CABG, which is a significant benchmark in cardiac surgery. To now see that level of recognition extend across multiple procedures reflects how closely our teams are working together across campuses to deliver consistent, high-quality care for every patient."

The three-star rating is the highest possible designation and places these programs among the top-performing cardiac surgery centers nationally.

Baptist Health Baptist Hospital earned three-star ratings in the following categories:

CABG Overall: Coronary artery bypass grafting is a surgery that improves blood flow to the heart by bypassing blocked or narrowed coronary arteries.

MVRR Overall: Mitral valve repair and replacement includes procedures to repair or replace the mitral valve, which regulates blood flow between the heart's left chambers.

Multi-Procedure Overall: This combined rating reflects outcomes across multiple types of cardiac surgeries, including complex and high-risk procedures.



Baptist Health South Miami Hospital earned three-star ratings in the following categories:

CABG: Coronary artery bypass grafting is a leading surgical treatment for coronary artery disease.

Multi-Procedure Overall: This comprehensive measure reflects performance across a range of cardiac surgeries and indicates consistent quality in diverse and complex cases.

In addition, Baptist Health Miami Cardiac & Vascular Institute has been named a 2026 Mitral Valve Repair Reference Center, recognizing excellence in mitral valve repair.

Under Dr. Nguyen's leadership, Baptist Health Heart & Vascular Care continues to advance a world-class cardiovascular program built on innovation, collaboration and patient-centered care. While Baptist Health has previously earned three-star recognition for CABG a distinction widely regarded as a gold standard in cardiac surgery this expansion

into additional categories highlights the maturation and strength of the overall program.

"Success is never about one person or one program, it's about the entire team coming together around the patient," Dr. Nguyen added. "From the operating room to the ICU to recovery, every step is connected. These results reflect a shared commitment across our hospitals to continuously improve and deliver the highest level of care."

Dr. Nguyen emphasized that the milestone belongs to teams across all campuses.

"I'm incredibly grateful to our teams at Baptist Hospital and South Miami Hospital," he said. "This kind of progress only happens when everyone, from surgeons and cardiologists to nurses and support staff, is aligned around a common goal: doing what's best for the patient."

For patients, these recognitions reflect access to experienced heart surgeons, advanced surgical techniques and consistently strong outcomes across Baptist Health Heart & Vascular Care.

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

Building a Nursing Workforce for a New Cancer Center

*How Mount Sinai Medical Center Is Preparing Clinical Teams
for the Braman Comprehensive Cancer Center*

When Mount Sinai Medical Center set out to build the Braman Comprehensive Cancer Center, leadership recognized early that the building would only be as strong as the teams inside it. Opened this week, the center will more than triple Mount Sinai's oncology capacity, expanding from 60,000 to 216,000 square feet. With that growth comes a clinical staffing challenge that required planning well before the first patient walks through the door.

The expansion is substantial across every clinical area, from infusion and radiation oncology to imaging and physician practices. Services that were previously housed in the main hospital or limited in capacity are now being consolidated and scaled within a single, purpose-built cancer center. That kind of growth doesn't just mean more space. It means more nurses with specialized competencies, many of which did not previously exist at this volume within our system.

That reality shaped our workforce strategy from the start. Rather than hiring reactively as the opening date approached, we began recruitment and pipeline development early, building a phased plan around three priorities: attracting experienced oncology nurses from across the country, cross-training existing Mount Sinai staff, and creating structured onboarding pathways for nurses entering cancer care for the first time.

Recruitment has been both local and national. The Braman Comprehensive Cancer Center is a destination facility, and we have positioned it that way in how we attract talent. Oncology-certified nurses with backgrounds in infusion therapy, radiation oncology, and surgical oncology are being actively recruited, with emphasis on candidates who bring both clinical depth and experience in multidisciplinary care models. We are also growing from within. Nurses across the Mount Sinai system who expressed interest in oncology have been offered cross-training opportunities and clinical rotations to build foundational skills ahead of the transition.

Preparing nurses for the center's technology and clinical workflows has been a major focus. The center introduces new equipment, expanded treatment protocols, and a higher volume of complex cases across radiation, infusion, and imaging. Nurses



BY WENDY STUART AND DON BARNES



are training to support these capabilities so they can operate with confidence from day one, rather than learning on the job during a high-visibility launch.

Onboarding has also been redesigned for this moment. New hires entering the Braman Comprehensive Cancer Center will move through a structured orientation that pairs clinical competency training with the center's care philosophy. Cancer care demands a different kind of nursing presence. Patients may visit dozens of times within a single year of treatment, and the relationships they build with their care teams shape their experience in profound ways. Our onboarding process reflects that, emphasizing communication, patient navigation, and the integrative and supportive care services that set this center apart, from psychosocial oncology and nutrition counseling to music therapy and survivorship programs.

None of this happens without intentional planning. Health systems across the country are navigating workforce shortages, rising labor costs, and growing demand for specialized clinical talent. Building a new cancer center in the middle of those pressures means workforce strategy cannot be an afterthought. It has to be embedded in the project from the beginning, with the same rigor applied to staffing models as to construction timelines and equipment procurement.

The Braman Comprehensive Cancer Center represents a new chapter for Mount Sinai and for cancer care in South Florida. The nurses who will staff it are not an operational detail. They are the foundation of the patient experience, and preparing them to lead from day one has been one of the most important investments we have made.

That the center opened during both National Oncology Nursing Month and Nurses Week feels fitting. As health systems across the country plan their own expansions, the lesson is straightforward: workforce strategy is not what you build around the opening. It is what makes the opening possible.

Wendy Stuart is Chief Nursing Officer and Senior Vice President, Mount Sinai Medical Center and Don Barnes is Chief Human Resources Officer, Mount Sinai Medical Center.



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The Financial Impact Behind the Workforce Crisis

Few issues continue to place more pressure on healthcare providers than staffing. While the conversation often centers around clinical shortages, particularly among nurses and physicians, the broader workforce challenges facing hospitals and healthcare organizations extend well beyond direct patient care. Increasingly, providers are grappling with shortages in operational, administrative, and revenue cycle personnel, positions that, while less visible, are critical to the financial health and long-term stability of an organization.

For many healthcare leaders, staffing challenges have become structural realities that require organizations to rethink how healthcare operations are built, managed, and sustained.

Locally and across the country, providers continue to face intense competition for experienced personnel. Rising labor costs, increased turnover, and the lingering effects of post-pandemic workforce shifts have created an environment where retaining qualified staff can be just as difficult as recruiting them. These pressures are particularly felt in specialized operational roles like medical coding, denial management, insurance follow-up, and utilization review.

Unlike more generalized administrative positions, these roles require highly specific institutional knowledge. Experienced coders and reimbursement specialists must navigate constantly evolving payer policies, regulatory requirements, authorization protocols, and billing systems. The learning curve is steep, and when organizations lose experienced personnel, the operational impact is often immediate.

For providers, the consequences extend beyond staffing ratios or departmental inconvenience. Delays in coding, untimely claim submissions, insufficient follow-up on denials, and inconsistent review processes can quickly translate into growing accounts receivable and declining cash flow. In an industry already operating on increasingly narrow margins, operational staffing shortages frequently become financial problems.

Rural providers and smaller community facilities often face even greater challenges. These organizations may struggle to compete with larger systems offering higher compensation packages, remote flexibility, or broader career advancement opportunities. Geographic limitations further reduce the available talent pool, particularly for experienced revenue cycle professionals and certified coders.

As a result, many organizations find themselves carrying vacancies for extended periods while existing staff absorb additional responsibilities. Over time, this creates a cycle familiar to many healthcare executives: increased workload leads to burnout, burnout leads to turnover, and turnover places even greater strain on the remaining workforce.

At the same time, healthcare consolidation continues to reshape staffing models



BY TREVOR BIGLIN,
ESQ.

throughout the industry. Mergers, acquisitions, and system-wide operational integrations are often pursued to create efficiencies and improve financial performance. However, these transitions can also create uncertainty among employees, disrupt established workflows, and introduce challenges in aligning systems, policies, and organizational cultures.

In revenue cycle operations specifically, consolidation frequently exposes inconsistencies in billing practices, payer strategy, and denial management processes between facilities. Organizations inheriting multiple systems and teams may find that staffing inefficiencies are compounded by operational fragmentation. The result is often delayed reimbursement recovery at the precise moment leadership expects improved financial performance from consolidation efforts.

Technology and automation have helped alleviate some staffing pressures, but they have not eliminated the need for experienced personnel. While artificial intelligence can assist in identifying trends, prioritizing accounts, and reducing repetitive administrative tasks, it remains

dependent on knowledgeable professionals to interpret, escalate, and resolve complex issues.

Healthcare remains, at its core, a people-driven industry.

Accordingly, many providers are reevaluating traditional assumptions regarding operational staffing. Rather than attempting to internally manage every component of the revenue cycle, organizations are increasingly adopting hybrid approaches that combine internal oversight with targeted external support. This strategy allows providers to preserve institutional control while supplementing staffing gaps in highly specialized areas.

Importantly, outsourcing is no longer viewed solely as a cost-cutting measure. In many cases, it has evolved into a workforce stabilization strategy. By leveraging external partners for complex denials, aged accounts receivable, coding support, or reimbursement escalation, providers can reduce pressure on internal teams while maintaining continuity in financial operations.

As providers continue to navigate labor shortages, reimbursement complexity, and financial pressure simultaneously, the organizations best positioned for long-term stability will likely be those willing to approach staffing not simply as a hiring challenge, but as a strategic operational priority.

In today's healthcare environment, maintaining a strong workforce is not only about supporting patient care. It is increasingly about protecting the financial infrastructure that allows that care to continue.

*Trevor Biglin, Associate, Abril Law,
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Rethinking Recruitment:

How Catholic Health Services Builds a Workforce that Stays

Through mission alignment, enhanced onboarding, and a strengthened talent acquisition function, the organization is redefining retention in South Florida's competitive healthcare landscape

BY ROSE LUGO, EdD

Catholic Health Services operates four medical campuses across Broward and Miami-Dade counties, offering post-acute rehabilitation hospitals, skilled nursing and assisted living facilities, as well as hospice, palliative, and home health services. Although founded by the Archdiocese of Miami, the organization is keen on

serving people of all faiths. Over the past three years, Catholic Health Services has significantly enhanced the recruitment and retention of healthcare providers by focusing on both process improvement and mission alignment.

In 2026, Catholic Health Services is leveraging its 40th anniversary to elevate its recruiting approach, focusing its organizational storytelling on highlighting the longevity of its most loyal team members. These include Certified Nursing Assistants Pauline Brown, who has served 39 years at Villa Maria Nursing



Mary Jo Frick

Center in Miami, and Ann Whitmour, who has served 36 years in Broward. This longevity extends all the way to leadership. Director of Nursing Sharon Bedasse has been with the organization for nearly 33 years and Director of Human Resources Salissa Mayes follows closely with 31. Their faithful service tells the story of a stable employer with deep community roots.

A strong emphasis on employee recognition further strengthens Catholic Health Services' retention record. Cultivating a culture in which employees feel valued and appreciated is key to sustaining this exceptional longevity, in which the organization is investing to attract talent likely to remain long term.

"Mission is really the driver of our success. We see a tangible correlation between team members who reach the coveted 30-year, 25-year plus tenure and their alignment with our values centered

on human dignity and excellent medical care," says Mary Jo Frick, President and CEO at Catholic Health Services. "Our retention success in no small part results from identifying candidates who are not only qualified but also aligned with the organization's mission and values. Our Human Resources Department does a tremendous job attracting superbly qualified professionals who are genuinely motivated to serve in a compassionate-care first, mission-oriented environment," adds Frick.

Competition for the same talent pool is fierce, and in response, Catholic Health Services' mission-focused approach over the past three years has been greatly helped by strengthening its talent acquisition function—refining expertise, growing team structure, and optimizing processes to better support organizational growth. A critical shift was to move the organization beyond transactional hiring to deliver a more personalized and meaningful candidate experience.

Alongside improving recruitment efforts, the organization has enhanced its onboarding process to create a more

engaging and supportive transition for new hires. HR Directors at each facility now play a more active role, offering a personal and distinctive touch while guiding employees through the complex regulatory and compliance requirements of healthcare. This approach ensures that new team members feel welcomed, supported, and prepared from day one, reinforcing a sense of belonging and commitment early in their employment journey.

Finally, the continuous monitoring of turnover trends—an essential discipline in today's environment—has enabled Catholic Health Services' HR team to deploy proactive, data-driven course correction to strengthen workforce stability. Catholic Health Services' experience shows that while compensation remains important, it is not the sole differentiator. Attitude, morale, and a genuine willingness to make a difference in patients' lives are critical factors in both hiring and retention. Ultimately, the organization's greatest asset continues to be its people, whose dedication and compassion have shaped its legacy and will continue to define its future.

When the Network Goes Down, So Does Patient Care

Why Healthcare Cybersecurity Is Now a Patient Safety Issue - and What the Hidden Cost of Downtime Is Really Telling Us

Imagine a Monday morning at a busy regional hospital in South Florida. Surgeons are prepped, the emergency department is humming, and patients are being transported between floors when, without warning, every screen in the facility goes dark. Electronic health records are inaccessible. Imaging systems are offline. Nurse call systems fail. Staff revert to pen and paper. Within hours, elective procedures are canceled, ambulances are diverted, and clinical teams are making decisions without access to medication histories or lab results. No bomb was detonated. No hurricane made landfall. A ransomware attack quietly entered the network - and the hospital is now in full crisis mode.

This is not a hypothetical. Variations of this scenario have played out at hospitals across the United States, and the frequency is accelerating. Healthcare has become the most targeted sector for cyberattacks, and the consequences are no longer merely financial or reputational. They are clinical. Cybersecurity, once treated as an IT department problem, is now unambiguously a patient safety issue - and healthcare executives who have not yet internalized that shift are operating with a dangerous blind spot.

The Threat Landscape Has Fundamentally Changed

Ransomware attacks on healthcare organizations have more than doubled over the past five years. Threat actors - many operating as sophisticated criminal enterprises - have identified hospitals as high-value targets precisely because of the pressure to restore operations quickly. When lives are at stake, the calculus changes. Attackers know that a hospital cannot stay offline for weeks the way a retail chain might weather a disruption. They exploit that urgency.

But ransomware is only part of the picture. Healthcare organizations face an expanding attack surface driven by the proliferation of connected medical devices, cloud-based EHR platforms,



BY JOHN CHRISTLY

telehealth infrastructure, and an ever-growing ecosystem of third-party vendors. Every connected infusion pump, imaging system, and patient monitoring device represents a potential entry point. Operational Technology (OT) security - the protection of the physical systems that run clinical environments - is an area where most healthcare organizations remain critically underprepared.

The 2024 Change Healthcare breach, which disrupted prescription processing and claims workflows across hundreds of thousands of healthcare providers nationwide, was a vivid reminder that the attack does not have to hit your organization directly to bring your operations to a halt. A single compromised vendor can cascade into a systemic crisis.

The Hidden Cost of Downtime: What the CFO Needs to Hear

When healthcare leaders evaluate cybersecurity investment, the conversation often stalls at the cost of controls - the price tag of new tools, staff, or outside advisory services. What rarely gets modeled with equal rigor is the cost of failure. That asymmetry in thinking is one of the most dangerous gaps in healthcare enterprise risk management today.

Consider what a significant cyber-related operational outage actually costs a mid-sized hospital system:

- Revenue loss from canceled procedures, diverted admissions, and delayed billing - commonly ranging from \$1 million to \$10 million per day for larger systems
- Incident response and forensic investigation costs, often \$500,000 to \$2 million or more depending on complexity
- Regulatory fines and HIPAA breach notification costs, which can add millions in liability exposure
- Reputational damage and patient attrition - harder to quantify but often the longest-lasting consequence
- Potential litigation exposure, particularly in cases where patient harm or delayed care can be linked to the outage

ularly in cases where patient harm or delayed care can be linked to the outage

According to IBM's Cost of a Data Breach Report, healthcare has remained the most expensive industry for data breaches for more than a decade, with average breach costs recently exceeding \$10 million per incident. And that figure does not fully capture the operational disruption costs that fall outside the traditional breach accounting model.

For CFOs and COOs, this reframes the conversation entirely. Cybersecurity is not a cost center. It is a risk mitigation investment that protects revenue continuity, operational stability, and institutional credibility. The question is not whether your organization can afford a robust cybersecurity and resilience program - it is whether it can afford not to have one.

From IT Problem to Enterprise Risk: The Board-Level Conversation

One of the most significant structural barriers to healthcare cybersecurity maturity is organizational positioning. In many health systems, cybersecurity still reports several layers below the C-suite, competes for budget against clinical priorities, and surfaces at the board level only after an incident has already occurred. This model is no longer viable.

Boards and executive leadership teams must treat cybersecurity as an enterprise risk management issue - equivalent in seriousness to financial risk, regulatory compliance, and patient safety. This means regular board-level reporting on the organization's threat exposure, resilience posture, and incident response readiness. It means scenario planning that models what an operational outage would actually cost and how long recovery would take. And it means holding leadership accountable for maintaining a defensible security program, not just a compliant one.

The distinction between compliant and defensible is important. HIPAA compliance establishes a floor, not a ceiling. An organization can pass a HIPAA audit and still be woefully underprepared for a sophisticated ransomware attack. Defensible security means an organization can demonstrate - through documented processes, tested incident response plans, and evidence of ongoing risk management - that it took reasonable and proportionate steps to protect its environment. In the event of a breach, that documentation becomes your legal and reputational shield.

Building Resilience Without Breaking the Budget

A common misconception among healthcare leaders is that meaningful cybersecurity improvement requires massive capital investment. In practice, some of the highest-impact steps are organizational and operational, not technological.

Several areas deliver outsized resilience value at manageable cost:

- Incident Response Planning and Tabletop Exercises: A tested, well-documented incident response plan dramatically reduces recovery time and cost.

Organizations that run regular tabletop exercises consistently outperform those that do not when an actual incident occurs.

- **Third-Party Risk Management:** Your Business Associate Agreements are a legal requirement, not a security control. Organizations should conduct substantive cybersecurity due diligence on vendors before onboarding and continuously monitor their risk posture - not just collect annual questionnaires.

- **Medical Device and OT Inventory:** You cannot protect what you cannot see. A comprehensive inventory of connected clinical devices, with visibility into their patch status and network behavior, is a foundational step that many organizations have not yet completed.

- **Staff Training and Phishing Awareness:** The majority of successful attacks still begin with human error. Regular, targeted security awareness training - particularly for clinical staff who are high-value targets - remains one of the most cost-effective investments available.

- **Virtual CISO (vCISO) Advisory Support:** Many community hospitals and independent health systems cannot justify a full-time Chief Information Security Officer. Engaging an experienced vCISO advisor provides strategic guidance, regulatory expertise, and board-level communication support at a fraction of the cost of a full-time hire.

At OneZero Solutions, we work with healthcare organizations across the nation to assess their current security posture, prioritize risk reduction investments, and build the operational resilience frameworks that protect both their patients and their institutions. Our approach is advisory-first - we help healthcare leaders understand their actual risk exposure and make informed, defensible decisions, rather than leading with technology sales.

The Time to Act Is Before the Incident

Healthcare leaders are accustomed to managing risk. Clinical risk, financial risk, regulatory risk - these are deeply embedded in how hospitals operate. Cybersecurity risk is now part of that same landscape, and it demands the same structured, leadership-driven response.

The organizations that will navigate this era most successfully are not necessarily those with the largest security budgets. They are the ones where leadership is engaged, risk is honestly assessed, resilience is deliberately built, and the culture recognizes that protecting the network is inseparable from protecting the patient.

When the network goes down, so does patient care. That is not an IT problem. It is a leadership responsibility.

John Christly is Vice President of Commercial Services at OneZero Solutions, a national cybersecurity, compliance, and resilience advisory firm serving healthcare organizations and regulated industries. OneZero Solutions can be reached at www.onezerollc.com or e-mail John at john.christly@onezerollc.com.



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Living the Dream in Miami:

Dr. Julie Kantor's Journey of Service, Mentorship, and Medical Excellence

BY DANIEL CASCIATO

For Dr. Julie Kantor, M.D., FAAP, becoming the incoming 2026 president of the Miami-Dade County Medical Association is both a professional milestone and a deeply personal homecoming.

A lifelong Miamian, Dr. Kantor has built a career that reflects excellence in pediatric emergency medicine, medical education, physician advocacy, and community service. Her upcoming presidency brings together the many threads of that work: caring for children and families, preparing the next generation of physicians, and helping strengthen organized medicine in the community that shaped her.

"Going to medical school in Miami was so important to me because I wanted to be able to give back to the community that raised me," Dr. Kantor says. "Being president of the Miami-Dade County Medical Association feels like the summit of all of that for me."

The Miami-Dade County Medical Association has served as a trusted voice for physicians and patients in South Florida since 1903. Representing a diverse network of physicians, residents, and medical students, MDCMA is committed to advancing healthcare through advocacy, education, leadership, physician wellness, and community service. The association champions the interests of the medical profession while addressing the evolving healthcare needs of Miami-Dade County's multicultural communities. Through collaboration, innovation, and public engagement, it continues to shape the future of medicine in South Florida and protect the integrity of the physician-patient relationship.

Dr. Kantor's path to leadership reflects that mission. She began her academic journey at Miami-Dade Community College, graduating summa cum laude,



Dr. Julie Kantor

and continued at Florida International University, where she earned a Bachelor of Arts in Psychology, also summa cum laude. She then received her medical degree from the University of Miami School of Medicine in 1999 and completed her pediatric residency at Miami Children's Hospital, now Nicklaus Children's Hospital.

Her academic success was supported by scholarship opportunities at multiple stages of her education, and today she credits the community around her for helping make her career possible.

"Miami has allowed me to build a meaningful life here," she says. "This community shaped the person that I am."

Since 2003, Dr. Kantor has served as an attending pediatric emergency physician at Nicklaus Children's Hospital, South Florida's only licensed specialty hospital exclusively for children. Over more than two decades in pediatric emergency medicine, she has cared for children and families during some of their most vulnerable moments while also contributing to quality improvement, patient safety and hospital leadership initiatives.

"As a pediatrician, it's not just about the patient," Dr. Kantor says. "My job is to medically take care of the child, but I also have to earn the trust of the parents and make sure they understand and feel comfortable with the plan of care."

That commitment to clear communication, empathy, and teamwork has defined her clinical work. While Dr. Kantor began her professional life as a ballerina, she says the discipline, preparation, and composure she developed in dance ultimately strengthened her approach to medicine. In the emergency department, those qualities help her lead in high-pressure environments, work closely with multidisciplinary teams, and remain focused on the needs of patients and families.

Just as significant as her clinical career is

her impact as an educator. Dr. Kantor currently serves as Associate Professor of Pediatrics at Florida International University Herbert Wertheim College of Medicine, where she is also Vice Chair of Education in the Department of Pediatrics and Associate Clerkship Director for the Pediatric Clerkship. Since 2016, she has provided intensive instruction to every graduating class of third-year medical students rotating through pediatrics, mentoring more than 1,200 students through hands-on clinical training.

"Mentoring medical students is one of the most rewarding parts of my career," she says. "It's a two-way street. I give to them, but some of my best days are when my students bring me a fresh perspective, and I learn something from them."

Her teaching emphasizes not only clinical skills, but also confidence, critical thinking, professionalism, and resilience. In both inpatient and emergency medicine settings, she helps students learn how to obtain pediatric histories, perform examinations, build differential diagnoses, interpret labs, communicate with families, and develop sound plans of care.

"I try to prepare my medical students to honor this profession the way I was taught to honor it," Dr. Kantor says. "Medicine is not just a job. It is a calling."

Her dedication to education has earned notable recognition, including the FIU Herbert Wertheim College of Medicine 2024 Excellence in Clinical Teaching in Pediatrics Teaching Award and the 2020 Excellence in Teaching Award for Clerkship Direction. She also received a Service Award from the Nicklaus Children's Hospital Medical Executive Committee in 2022 and completed the Dade County Medical Association Physician Leadership Academy in 2021.

Dr. Kantor's leadership extends well beyond the classroom and emergency department. Within MDCMA, she has served on the Board of Directors, as Secretary/Treasurer, and now as President-Elect. She is a member of the association's Continuing Medical Education Com-

mittee and the Residents and Medical Students Research Competition Planning Committee. She also serves on the MDCMA delegation to the Florida Medical Association and has participated in advocacy efforts in Tallahassee focused on issues affecting physicians, patients, and healthcare delivery.

"I want to make sure that the Miami-Dade County Medical Association remains a strong, relevant voice for the patients and physicians in our community," she says. "We need to advocate on issues like administrative burden, access to care, prior authorization, and the changing healthcare policy landscape."

As the eighth female president in MDCMA history, Dr. Kantor also hopes her leadership will encourage more women physicians to pursue roles in organized medicine.

"I want other women to know that they can be involved," she says. "They can start small, work their way up, and find a place where they can contribute."

Her presidential inauguration will take place on Saturday, June 13, 2026, during MDCMA's "Living the Dream in Miami" celebration at the JW Marriott Brickell. The event will formally install Dr. Kantor as president and honor the leadership of outgoing president Dr. Adriana Bonansea-Frances.

More information is available on the MDCMA event page (miamimed.com/event/gala26).

For Dr. Kantor, "Living the Dream in Miami" is not a phrase about prestige or personal achievement. It is about service, gratitude, and responsibility.

"It's about being brought up in a community, understanding the community in which I live, serving that community, and being so honored to now lead this organization," she says. "If I can leave the Miami-Dade County Medical Association a little stronger, then that work will extend far beyond my presidency."

For more information, visit miamimed.com.

Cover Story: Kent Family Foundation Honors Broward Health Luminaries through \$500,000 Donation

Continued from page 1

13th Annual Broward Health Ball held in April. "It's really important to get behind educating physicians because while it's nice to go to groundbreakings, buildings alone don't treat patients."

Kent says that his family foundation chose to honor Strum for "bringing new life" to the public institution.

"We want to put our money where leadership is executing; we look for ROI and donate to organizations that are accomplishing great things and can demonstrate their success," he said.

For example, Broward Health recently held two groundbreakings—one at Broward North and one on its main campus—despite not having built anything new in more than 35 years.

"That is leadership," said Kent. "In the five years that he's been CEO, Shane has done a tremendous job of ensuring that Broward Health is the place to come for great care.

"Patricia Rose-King is a phenomenal person who has helped to expand our multimillion-dollar simulation lab, and is also responsible for training our physicians and clinicians," added Kent. "You have to build a place where people want to get training and she has done that; we recently enrolled one of the largest GME classes in Broward Health's history. I am immensely proud of the work they have both done for the residents of Broward County."

The Kent Family Foundation

Now in its 14th year, the Kent Family Foundation supports numerous charities, focusing on organizations that emphasize health care, education, and children's and veterans' services.

"After I sold my third company, my family and I made the decision to give back by establishing a family foundation," said Kent. "Privately, my parents had been giving to their alma maters, but

we'd never really thought about donating as a family structure."

Each member of the family is able to make smaller individual donations, and they meet annually to discuss larger gifts. To date, the foundation has donated \$15.6 million to educational institutions including Purdue University, Columbia University and Harvard University, and health systems including Broward Health, Larkin Health, Memorial Sloan Kettering and the Cleveland Clinic.

Kent is especially proud of the foundation's support of the Business Opportunity Program (BOP) at his alma mater, Purdue University. In addition to recruiting, enrolling, educating and providing support for undergraduate and graduate students pursuing careers in business, the program brings incoming first-year students to campus a semester early to help them better prepare for school.

"These students are often the first in

their families to go to college, and studies have shown that the BOP program is tied to better graduation rates," said Kent. "We want to invest in institutions and organizations that bring about change in their communities and that have proven, successful outcomes."

At the Broward Health Ball, Kent challenged participants to join him in the 2026 naming campaign, and said that he will match the dollars given to this effort.

"I look forward to matching that investment in 2027, and really shining a light on Broward Health and showing its impact and effectiveness," he said. "But our investment alone isn't going to do it; I need other people to join me."

"I can't wait to see what the response will be," he added. "Maybe we'll reach some large, crazy, multimillion-dollar number; I'd love for that to be the case."

To learn more about donating to Broward Health Foundation, visit www.browardhealthfoundation.org.

Mandatory Provider Based Attestations Are Coming: What Health System Leaders Need to Know

The Consolidated Appropriations Act (CAA) of 2026 introduces a major change for hospitals. Starting January 1, 2028, the Centers for Medicare & Medicaid Services (CMS) may stop reimbursing services delivered in off-campus provider-based departments (PBDs) unless organizations complete Provider-Based Attestations (PBAs) and assign a unique National Provider Identifier (NPI) to each site.



BY SABINA KOTELNIK

For health system leaders, this is more than a filing requirement. It can affect reimbursement, network expansion, service line distribution, and value-based care models.

Why this Matters

Mandatory PBAs can create operational work and financial exposure that executive teams should plan for now:

- Revenue exposure: If PBAs are not completed by 2028, payments for affected sites may be discontinued.
- Program implications: Provider-based status can affect eligibility for 340B, disproportionate share hospital (DSH) payments, uncompensated care pools, and cost-based reimbursement methodologies.
- Site-neutral pressure: CMS continues to pursue payment parity approaches that increase scrutiny of off-campus locations and can add margin pressure.
- How sites are represented: Accurate public-facing representation, directory management, and payer alignment can affect patient experience and contracting.

In practice, PBAs tend to become a multi-year effort across operations, finance, compliance, and revenue cycle, not a one-time paperwork task.

Which Off Campus Locations Fall Under the Requirement

The requirement applies to off-campus PBDs that operate more than 250 yards from the main hospital building and are within 35 miles of the main campus or remote locations.

Sites generally need to be able to demonstrate compliance with 42 C.F.R. § 413.65, includ-

ing:

- Integration with hospital governance and financial systems
- Clinical leadership oversight
- Appropriate licensure and public signage
- Consistent representation in digital and physical environments

For network planning, this can influence site strategy, expansion timelines, and capital planning.

What Changes Are Starting in 2028

- Unique NPIs for each off-campus department, which can require coordinated updates across the Provider Enrollment, Chain, and Ownership System (PECOS), payer files, directories, digital front door, billing platforms, and cost reporting.
- Initial PBAs are due December 31, 2027; the submission window runs from January 1, 2026, through December 31, 2027.

What Ongoing Compliance May Look Like

Reconfirmations may move to a new two-year CMS cycle.

What to Expect from CMS

Oversight

- Organizations should be prepared for site visits, documentation reviews, audits, and validation of clinical and financial integration.
- As of now, CMS has not issued guidance for new site openings after January 1, 2028.

Immediate Priorities for Executive and Strategy Leaders

Given the scale of work and potential Medicare Administrative Contractor (MAC) review bottlenecks, many health systems are starting with these actions:

- Assign clear project leadership and dedicate resources.
- Build PBA requirements into capital planning, facility strategy, and network planning.
- Plan for increased administrative workload and payer-facing updates.
- Identify higher-risk sites where integration documentation is incomplete.

A Practical Way to Structure Provider Based Attestation Work

Phase 1: Program mobilization (now through Q2 2026)

- Set governance across compliance, legal, finance, operations, and revenue cycle.
- Build a complete inventory of off-campus locations.
- Conduct a gap analysis against 42 C.F.R. § 413.65, focusing on integration, signage, EMTALA, billing accuracy, and cost reporting alignment.

Phase 2: Operational alignment (Q3 2026 through Q1 2027)

- Obtain NPIs and update associated systems and directories.
- Centralize org charts, leases, integration documentation, signage evidence, and related workflows.
- Address gaps in clinical oversight,

billing integrity, and cost reporting.

Phase 3: Attestation submission (Q1 2027 through Q4 2027)

- Prepare, review, and submit PBAs for each location.
- Consider a legal review as part of the process, based on your organization's risk profile.
- Track submissions and plan for Medicare Administrative Contractor (MAC) follow-up.

Final deadline: December 31, 2027.

Phase 4: Ongoing readiness (2028 and beyond)

- Maintain documentation and update NPIs as services evolve.
- Put change-control processes in place for relocations and service expansions.
- Stay ready for audits and reconfirmation cycles.

Mandatory PBAs may require health systems to take a fresh look at how off-campus sites are governed, integrated, and represented. The earlier teams start, the more options they tend to have to prioritize work and address gaps before deadlines.

If you are assessing how provider-based attestations could affect your off campus footprint, reimbursement, or long term network strategy, BDO can help.

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Their Calling: Meet the Nurses of Cleveland Clinic Weston Hospital

BY CLEVELAND CLINIC

National Nurses Month is recognized each May, but the compassion, dedication and talent nurses bring to their work deserve to be celebrated year-round.

At Cleveland Clinic, we're proud to spotlight a few of the exceptional nurses who embody the commitment and heart of our hospital community, while knowing countless others make a difference every day.

Meet Brynne, Gabriella and Hanna.

Brynne

With a keen eye for details, Brynne knew from a young age that she was destined to become a nurse. At just 10 years old, she was already fascinated by the human body, pointing out where the appendix was located and taking interest in the unique features that make each person different.

Today, that curiosity has come full circle. Brynne has spent nearly a year as a nurse in the Surgical ICU at Cleveland Clinic Weston Hospital. She values the interdisciplinary collaboration that defines the organization and finds fulfillment in watching patients recover and return to full health after some of their most critical moments.

Gabriella

For Gabriella, the Emergency Department at Cleveland Clinic Weston Hospital offers exactly what she was looking for: a fast-paced, ever-changing environment

MEET BRYNNE, GABRIELLA AND HANNA



Brynne



Gabriella



Hanna

where no two days are the same. Just eight months into her role, she credits her team's support and collaboration for helping her grow with confidence as a new graduate nurse while navigating a new environment.

Her journey into nursing was inspired by a deeply personal experience after witnessing the care her grandparents received at Cleveland Clinic. Known for her ability to stay calm under pressure, Gabriella brings compassion and steadiness to patients during some of their most challenging moments.

Hanna

Passion is at the heart of Hanna's approach to nursing. As a first-generation college graduate, her decision to pursue this path was

shaped by a personal experience. When her cousin, who was born healthy, experienced a medical error as an infant that resulted in life-long challenges, her family stepped in as his caregivers. Today, at 38 years old, despite life's obstacles, his resilience and warmth continue to inspire her despite the obstacles he's faced throughout his life.

Now six months into her role as an Emergency Department nurse at Cleveland Clinic Weston Hospital, Hanna carries that inspiration into her daily work. She is a strong advocate for compassionate care during times of stress and uncertainty, not only for patients, but for their families, as someone who knows all too well what it means to be in their shoes during life's hardest moments.

The Business of Medicine: Preparing Physicians for the Realities of Practice

Medicine is evolving at a pace few of us could have imagined even a decade ago. While physicians continue to focus on delivering compassionate, evidence-based care, we are also navigating an increasingly complex professional environment shaped by contracts, compliance requirements, financial realities, technological disruption, workforce shortages, and regulatory change. Clinical excellence alone is no longer enough. Physicians must also understand the business of medicine.

At the Broward County Medical Association (BCMA), we believe practical education must reflect the real-world problems physicians face now. That belief is what continues to drive our Business of Medicine initiative, a program that has grown into one of BCMA's signature educational offerings.

The Business of Medicine has evolved into a defined continuing medical education experience, building on strong physician interest in business, legal, financial, and practice-management topics. In 2025, BCMA hosted two editions of The Business of Medicine as a CME-accredited program at Nova Southeastern University and Keiser University, bringing together physicians, trainees, and healthcare leaders for practical discussions about the realities of medical practice.

The programs addressed four critical areas physicians consistently tell us they need help understanding: career pathways after residency, including employed, private practice, and concierge care models; financial planning across career stages; legal and compliance issues that protect both physicians and their medical licenses; and the emerging role of artificial intelligence in healthcare. Conversations ranged from contract negotiation and startup costs to liability concerns and the practical barriers to AI adoption.

Perhaps most importantly, attendees told us what they wanted next. Physicians asked for broader relevance to hospital-based and employed practice models, more practical demonstrations of artificial intelligence tools, stronger office-based applications, and clearer attention to the needs of students, residents, and fellows entering a rapidly changing profession.

The 2026 edition of Business of



BY DR. CHRISTOPHER
CHANG

Medicine responds directly to that feedback. This year's curriculum will place even greater emphasis on actionable learning physicians can immediately apply. Planned sessions include financial panels tailored to career stages, contracts and ethics, professionalism and survival guidance for trainees, social media and physician advocacy, and a practical artificial intelligence tools panel connected to BCMA's

October 2026 AI conference.

At BCMA, our position is clear: we are Broward's physician association translating business, legal, operational, and technology changes into practical steps physicians can use immediately. From contracts and coding to compliance and licensure, physicians deserve tools that help them avoid preventable errors and strengthen professional resilience.

Artificial intelligence, for example, should save time, reduce friction, and support physician judgment, not create new administrative burdens or unnecessary risk. Physicians need practical guidance, not hype, to understand how these technologies can responsibly improve care and workflow.

Education and advocacy are inseparable. From July 31 to August 2, this year, a delegation of BCMA physicians will participate in the annual meeting of the Florida Medical Association, joining colleagues from the Miami-Dade County Medical Association and the Palm Beach County Medical Society through the South Florida Caucus to advance physician priorities. These discussions, focused on licensure, reimbursement, scope of practice, liability, and the future of medicine, reinforce why education in the business of medicine matters. Advocacy is strongest when physicians understand the systems shaping their profession.

BCMA remains committed to connecting established physicians with residents, fellows, students, and emerging leaders so that every stage of the physician journey is supported. The business of medicine is not separate from medicine itself. Understanding it is essential to protecting the future of our profession and improving the care we deliver to patients.

*Dr. Christopher Chang is President,
Broward County Medical Association.*

Malpractice Insurance EXPERT ADVICE

AI Streamlining Patient Visits While Increasing Physician Risk

BY VANESSA ORR

Artificial Intelligence (AI), also known as augmented intelligence, is becoming part of people's everyday lives, and that includes its use in the healthcare setting. Physicians are now using AI to document patient visits, record and transcribe Electronic Health Records (EHR), perform billing and accounting services, create discharge orders and even help in diagnostic settings.

While AI can provide a huge advantage to physicians by taking care of various administrative duties, which in turn can reduce physician burnout, using this relatively new technology in a medical setting can increase medical providers' risks.

"One of the ways that physicians are using AI now is by utilizing the dictation feature during patient visits," explained Kyla Murphy Faircloth, professional liability advisor, Risk Strategies, a Brown & Brown Company. "However, if a doctor gets distracted during the appointment or misses something a patient says, or something gets lost in translation, that may raise issues, especially if these records result in a misdiagnosis."

Like any other aspect of patient care, physicians are still ultimately responsible for anything they record or approve—and this includes records compiled by AI. While the technology is fine for creating drafts, healthcare professionals need to ensure that they review all of the information provided by AI to ensure that it is both accurate and complete.

"While AI can provide a lot of help if used correctly, it still has limitations," said Murphy Faircloth. "When it comes to the EHR, physicians' roles are shifting from being authors to becoming editors."

She adds that from a legal and malpractice angle, these records create an



Kyla Murphy Faircloth

audit trail that can be used in lawsuits to show fault if a physician's AI-created records are not correct. While no major malpractice verdicts have yet been tied to AI documentation, in the future, physicians could face issues ranging from depending too heavily on AI to not using it enough when it becomes standard practice.

Murphy Faircloth also notes that to avoid possible errors, it is important that healthcare systems use AI systems that integrate well with other medical technology, such as Microsoft Nuance Copilot or Abridge AI, which integrate well with the Epic system and are used widely across health systems.

"With more risks come more claims, and lawyers will use this documentation to prove whether a physician relied on incorrect or incomplete information provided by AI that resulted in a misdiagnosis," said Murphy Faircloth. "AI-generated drafts could be used to incriminate physicians and these drafts are going to be increasingly scrutinized in legal disputes."

While individual states or the federal government may someday step in to regulate how AI is used in the medical setting, Murphy Faircloth says that in the meantime, healthcare providers need to do their due diligence and review everything provided through AI.

"Even if they are not using it already, AI is going to become a big part of physician practices, and most are going to implement it," she said. "But it's a fine balance, and it needs to be used as a tool and not a crutch. It should be used to help, but not relied on as foolproof."

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A Year of Advocacy, Unity, and Purpose

As I conclude my term as President of the Miami-Dade County Medical Association (MDCMA), I do so with gratitude, humility, and hope for the future of our profession. Serving this organization during a pivotal moment in healthcare has been one of the greatest honors of my career.

When I began this journey, I spoke about the importance of advocacy, prevention, and physician unity. I believed then, as I

do now, that physicians must remain engaged not only in caring for patients, but also in shaping the future of medicine. Over the past year, MDCMA has worked to strengthen that voice across Miami-Dade County and throughout Florida.

Advocacy became one of the defining pillars of our work. MDCMA physicians traveled to Tallahassee to meet directly with legislators, participated in legislative roundtables, and collaborated closely with the Florida Medical Association and neighboring county medical societies. Together, we advocated for physician-led care, opposed unsafe scope of practice expansions, addressed administrative burdens affecting patient care, and defended the integrity of the physician-patient relationship.

One of the most significant moments



BY DR. ADRIANA
BONANSEA-FRANCES

of the year came during the debate surrounding House Bill 6017. MDCMA joined a coordinated tri-county effort with Broward and Palm Beach medical societies to urge Governor Ron DeSantis to veto legislation that threatened to increase medical liability costs and further strain Florida's healthcare system. The Governor's veto reinforced the importance of organized medicine and demonstrated the impact physi-

cians can have when we speak with one united voice.

Our advocacy extended beyond legislation. Throughout the year, MDCMA remained committed to evidence-based medicine, preventive care, and public education. We addressed issues including water fluoridation, vaccine education, childhood immunizations, and the resurgence of measles in Florida.

At a time when public trust in science faces growing challenges, physicians must continue serving as credible, compassionate voices for patients and communities. Raising awareness about the importance of vaccines and preventive medicine became an essential component of our outreach efforts throughout the year.

Education and community engagement were also important priorities dur-

ing my presidency. MDCMA participated in community health fairs and outreach initiatives across Miami-Dade County, providing educational resources, health screenings, and opportunities for physicians, residents, and medical students to engage directly with the public. These initiatives reinforced the role physicians play not only in clinical settings, but also within the broader community where prevention and education can have a lasting impact.

Another meaningful focus of this year was strengthening educational collaboration and international partnerships. With the support of the Consulate General of Argentina in Miami, we explored opportunities to establish academic and educational partnerships with universities and medical institutions in Argentina.

These conversations sought to encourage collaboration in medical education, physician exchange, and shared learning experiences that can benefit both physicians and patients across borders. Medicine is increasingly global, and fostering these relationships represents an important investment in the future of healthcare and medical education.

Another priority of my presidency was engagement. I am proud that MDCMA experienced membership growth and increased participation from residents and medical students. Through research competitions, networking programs, and educational events, we strengthened

opportunities for future physician leaders to become involved in organized medicine. Supporting women physicians through mentorship and leadership initiatives also remained an important focus, continuing the work that began years ago with a small gathering of women physicians determined to build community and support one another.

This year reminded me that progress does not happen through one individual alone. It happens through collaboration, persistence, and shared purpose. I am deeply grateful to the MDCMA Board of Directors, our physician members, residents, students, and community partners who dedicated their time and energy to advancing our mission.

As I pass the torch to the next generation of leadership, I remain optimistic. Medicine continues to face enormous challenges, but I believe strongly in the resilience, intelligence, and compassion of our physician community. I have no doubt that Dr. Julie Kantor will be equal to the task.

If my presidency leaves any legacy, I hope it is this: that advocacy matters, prevention matters, science matters, education matters, and unity matters. When physicians come together with purpose, we can protect not only our profession, but also the health and future of the communities we serve.

*Dr. Adriana Bonansea-Frances
is President, Miami-Dade
County Medical Association.*

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What You Should Know About Rising Trends in Colorectal Cancer Among Adults Under Age 50

Colorectal cancer (CRC) is the third most commonly diagnosed cancer and the second leading cause of cancer death in the United States, with over 150,000 new cases estimated and approximately 52,000–53,000 deaths annually, according to statistics published by the American Cancer Society and *A Cancer Journal for Clinicians*.

A concerning trend is the rising incidence in younger adults. From 2013 to 2022, rates increased by approximately 3% annually in adults aged 20–49 years, statistics published this spring in *A Cancer Journal for Clinicians* show. The proportion of CRC cases in individuals aged 54 years or younger rose from 11% in 1995 to 20% in 2019, according to an American Cancer Society report published in 2025, which is consistent with an article in *A Cancer Journal for Clinicians* published two years prior.

CRC now ranks as the leading cause of cancer death in men younger than 50 years, states an article published this year in *A Cancer Journal for Clinicians*. The Journal of the American Medical Association (JAMA) analysis recently found that among adults aged 45–49,



BY PAUL FELDMAN, MD

CRC incidence accelerated to a 12% annual increase from 2019 to 2022, largely driven by local-stage tumors detected through newly recommended screening in this age group.

Colorectal cancer includes cancers of the colon and rectum. Most cases begin as small growths called polyps. Over time, some polyps can develop into cancer. In its early stages, colorectal cancer

often causes no noticeable symptoms, which is why routine screening is so important. Detecting and removing precancerous polyps can prevent cancer before it starts.

The good news is the five-year survival rate for colorectal cancer has improved from 50% in the mid-1970s to 64-65% today. Early detection through screening and advances in treatment have helped extend lives. The earlier stage it is detected, the greater chances of surviving five or more years. The five-year survival rate can be greater than 90% for those diagnosed in stage one and as low as 12% for those diagnosed in stage four.

The most concerning symptoms for colorectal cancer include rectal bleeding or blood in the stool, persistent abdomi-

nal pain or cramping, altered bowel habits, unexplained iron deficiency anemia and unintentional weight loss. In adults under age 50, symptoms are sometimes overlooked or attributed to stress, diet or hemorrhoids.

According to National Comprehensive Cancer Network (NCCN) guidelines, all patients regardless of age who present these symptoms should seek prompt evaluation.

At Holy Cross Medical Group in Fort Lauderdale, our gastroenterology and colorectal specialists provide comprehensive colorectal cancer screening and treatment. Colonoscopies are the gold standard for screening. Screening lets us find and remove polyps early and stop it before it starts.

If cancer is detected, our multidisciplinary team works closely with oncology specialists to create a personalized treatment plan using advanced, minimally invasive techniques whenever possible. Our team partners with each patient to determine the right timing for screening based on individual health, risk factors and family history.

Current guidelines from the American Cancer Society recommend screening begin at age 45 for average risk individuals. Screening should continue through age 75. Based on life expectancy and prior screening history, the NCCN recommends

individuals ages 76 to 85 should consult with their physician regarding continued screening later in life.

For individuals with increased risk based on family history, screening recommendations differ. Those with one first degree relative with colorectal cancer diagnosed before age 60 should schedule a colonoscopy beginning at age 40 or 10 years before the youngest affected relative's diagnosis, whichever comes first, and repeat every five years.

Dr. Paul Feldman is a gastroenterologist with Holy Cross Medical Group.

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We also represent several Landlords on leasing more than 1 million square feet of medical office buildings throughout South Florida. Here is information about South Florida's hot healthcare real estate market.

- South Florida's medical real estate market opened 2026 with structural momentum intact, supported by record-level construction activity, durable absorption, and continued rent growth across all three counties, reinforcing the region's position as one of the nation's leading healthcare real estate markets.
- Total inventory reached 24.6 million square feet, expanding

3.2% year over year and ranking 10th nationally among the top 125 metros. The regional construction pipeline expanded to 1.45 million square feet, the largest of any U.S. metro and up 2.4% year over year.

- Capital markets activity accelerated significantly, with \$490.8 million in medical office transactions over the trailing twelve months, up 149.8% year over year and ranking fourth nationally.

- Regional occupancy rates in medical office buildings averaged 92.8%, down 44 basis points year over year as completions outpaced absorption on a net basis, but it is still slightly higher than the national average of 92.4% occupancy.

- Average asking rents increased to \$30.16 NNN, up 5.2% year over year on a market-wide basis.

1. Miami-Dade County's average asking rents are \$37.47 NNN, a 2.18% increase year over year.

2. Broward County's average asking rents are \$28.10 NNN, a 2.62% increase year over year.

3. Palm Beach County's average asking rents are \$29.85 NNN, a 3.09% increase year over year.

We all know that South Florida is a strong healthcare market. Blanca Commercial Real Estate is doing deals in this market, tracking and understanding the market dynamics and we are here to advise you.

Email [Christie Grays Chamber, Senior Vice President, Healthcare Practice Lead at Blanca Commercial Real Estate](mailto:Christie.Chambers@BlancaCRE.com), at Christie.Chambers@BlancaCRE.com to receive our quarterly healthcare real estate reports.



BY CHRISTIE GRAYS CHAMBER



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Broward Health Expands Access and Modernizes Care Through Strategic Real Estate Investments



BY DAVID CLARK

Broward Health is in the midst of a transformative period, advancing a comprehensive real estate strategy designed to expand access, enhance the patient experience and modernize care delivery across Broward County. With three new freestanding emergency rooms and two new medical office buildings, we are building a more connected, patient-centered system that meets the needs of today while preparing for future growth.

At the core of this growth is a strategy to increase access to care through convenient locations. As our region continues to grow, so does the demand for timely, high-quality emergency care. By expanding locations across Broward County, we are reducing barriers to care and ensuring that high-quality services are available close to

where patients live. Whether a patient requires emergency treatment, ongoing specialty care or preventive services, convenience and accessibility play a critical role in overall health outcomes.

To start, Broward Health is opening new freestanding emergency rooms in Lighthouse Point, Sunrise and Fort Lauderdale's Holiday Park. Each location will be fully equipped to deliver hospital-level emergency services, including advanced imaging, laboratory capabilities and 24/7 physician coverage.

Broward Health Lighthouse Point ER is opening June 9, transforming a 1.03-acre site along Federal Highway into a two-story, 14,074-square-foot facility with 10 emergency exam rooms and additional space for medical offices on the second floor. The Broward Health Sunrise ER, opening early July near Oakland Park Boulevard and NW 94th Avenue, will feature 15 exam rooms, dedicated adult and pediatric resuscitation rooms, CT and X-ray imaging and thoughtfully designed family waiting areas. At Holiday Park in Fort Lauderdale, Broward Health is partnering with the YMCA of South Florida on a 58,000-square-foot community hub that uniquely integrates emergency care with wellness, recreation and community programming.

Our new facilities are not urgent care centers. They are fully licensed emergency rooms operating as extensions of our hospitals, ensuring continuity of care, rapid diagnostics and seamless admission when needed. This model allows us to bring emergency services closer to where patients live, reducing travel time during critical moments and easing congestion at our main campuses.

Complementing our emergency expansion is a significant investment in outpatient and specialty care that will be available in our multiple new medical office buildings we are building or have acquired. At Broward Health Medical Center, we recently broke ground on an eight-story, approximately 188,000-square-foot facility that will include 129 exam rooms, with capacity to expand to as many as 237. Included in the wide range of specialties available to patients are primary care, cardiovascular services, pulmonology, gastroenterology, neuroscience and women's services. A seven-story parking garage with nearly 700 spaces will significantly enhance parking convenience for patients, visitors and staff.

At Broward Health North in Deerfield Beach, a six-story, 127,033-square-foot medical office building will expand access to specialty and outpatient care in northern Broward County. The design includes 75 exam rooms but allows us to grow the infrastructure to 123 rooms as demand increases. Patients will benefit from co-located services, including cardiovascular, orthopedic and neuroscience care, making it easier to receive comprehensive treatment in one setting.

Both buildings are being designed with standardized clinic layouts to promote consistency across the health system, while flexible floor plans allow us to adapt to evolving care models and emerging technologies. Architectural elements also reflect their surrounding communities, from coastal-inspired design at Broward Health Medical Center to lighthouse-inspired features in Deerfield Beach, both of which symbolize guidance and care.

These projects are part of a broader "medical district" strategy that also drives reinvestment within our existing hospital facilities. Relocating outpatient services into modern, purpose-built environments allows Broward Health to reclaim valuable space within legacy hospital buildings, some of which have not undergone major expansion since the 1980s. This creates new opportunities to modernize inpatient units, expand clinical capacity and upgrade technology to better support patient care.

Equally important is how these investments improve coordination. The result is a more integrated experience for patients and providers.

In addition, these investments strengthen our ability to attract and retain top clinical talent. Modern facilities equipped with advanced technology create an environment where physicians, nurses and care teams can deliver the highest standard of care while continuing to innovate and grow.

By integrating emergency services, outpatient care and hospital-based services into a cohesive network, we are creating a more responsive, efficient and patient-centered healthcare experience for the communities we serve today and for generations to come.

David Clark is Senior Vice President of Operations, Broward Health.



Broward Health North medical office building groundbreaking



Broward Health Board of Commissioners at the Broward Health Medical Center groundbreaking

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- How strong is your insurer financially?
- How experienced is their claims-defense team in Florida courtrooms?
- Do you have a consent-to-settle clause, or can they settle against your will?

These are just a few of the questions you should be asking in this volatile market. It's not too late for a no-obligation medical malpractice insurance review, just contact Tom Murphy of Risk Strategies 800.966.2120 or tmurphy@risk-strategies.com.

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Florida Hospitals Are Ready for Hurricane Season

June 1 marks the start of the 2026 Atlantic hurricane season. Running through November 30, this season is predicted to have below-average activity, according to forecasters at the Colorado State University, a welcome announcement after several years of devastating storms. But, below-average storm activity does not mean no storm activity. This year is predicted to have 13 storms, six of which will become hurricanes, and two of which will reach Category 3 status or stronger.

Coast-to-coast, Florida's hospitals are ready.

In 2024, less than six weeks after Hurricanes Milton and Helene tore through Florida, almost every hospital in every community in the state was open and operational. This resiliency didn't happen by chance. It happened because of commitment, planning and preparedness, and collaboration and coordination. Florida's hospitals take their role as a 24/7, 365-days-a-year healthcare provider extremely seriously because hospitals are just as essential to community safety and well-being as the electric grid, transportation infrastructure, and communications systems.

The level of planning hospitals undertake for each hurricane season doesn't vary in response to forecast. Planning and preparation are always at the highest level because weather is unpredictable, modeling isn't perfect, and Floridians deserve always-reliable infrastructure, including hospitals. And, Florida's hospitals understand far too well that natural disasters, however rare, rarely bring just one challenge. They bring multiple, from multi-day flooding and power outages to fuel shortages and increased EMS demand.

Florida's hospitals are laser focused on protecting life and safety and preserving critical health care capacity to ensure access to essential medical care before, during, and after a storm. No matter how high the waters rise or how fast the winds blow, hospitals are responsible for managing the continuous care of acutely ill patients already in their care, such as patients on ventilators, as well as being accessible during the storm for pregnant women in labor and those experiencing medical emergencies or injuries. The commitment is to maintain care and operations throughout the entire storm event without sacrificing the safety of patients and staff.

To deliver on this commitment, all Florida hospitals, no matter their size or location, have a comprehensive and all-hazards emergency management plan to govern emergency response before, during, and after a storm with the goal of maintaining a safe care environment for patients and staff. These plans reflect regulatory changes



BY MARY C. MAYHEW

and new best practices in emergency response as well as lessons learned from the management of previous crises.

County emergency management officials review these plans annually for comprehensiveness and accuracy, and hospitals conduct at least two exercises a year to test, drill, and practice their plans to identify any areas of needed improvement and to ensure their teams understand how to operationalize the plan in an actual emergency. The after-event analysis is critical and guides future planning. Most recently, for example, a Naples hospital system installed new flood barriers at two of its campuses following experiences during Hurricane Ian. The barriers protect critical areas like emergency department entrances and help ensure uninterrupted patient care.

Hospitals plan for the worst.

And, when hurricanes actually threaten and become not just a scenario to plan for but an imminent reality to expect, hospitals activate their emergency response plans. They mobilize around-the-clock command centers to communicate and coordinate with local officials and that inform critical decisions governing patient care and continued operations.

With patient and staff safety at the forefront of all decision-making, hospitals evaluate whether evacuations ahead of storm landfall are necessary. The purpose of the physical infrastructure hardening and improvements such as flood barriers is to avoid, when possible, patient evacuations, which are disruptive to patients, and to preserve hospitals' operations to respond to the needs of the community.

Every year, Floridians are asked to "make a plan" for hurricane season. Preparedness is the key to weathering any storm safely. Florida's hospitals share that commitment to preparedness, and they invest in people, infrastructure, technology, and procedures to minimize any disruption in their 24/7 operations to the greatest extent possible.

Make a plan, be prepared, follow local and state guidance, and trust that your local hospital is doing everything possible to remain a trusted port in whatever storm comes ashore.

Mary Mayhew is President and CEO,
Florida Hospital Association.

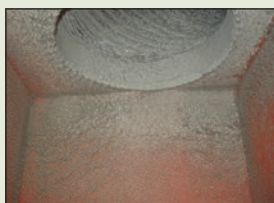
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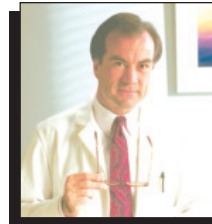


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Hospitals Prepare for Hurricane Season with Stronger, Smarter, More Sustainable Facilities

As hurricane season approaches, hospitals throughout coastal and storm-prone communities are again preparing for one of their most important responsibilities: remaining operational when their patients, staff and neighbors need them most. The Atlantic hurricane season officially runs from June 1 through November 30, and hospital leaders know that preparation must begin long before a storm appears on the radar.

For hospitals, hurricane readiness includes far more than installing shutters or stocking bottled water. Facilities review emergency management plans, test backup generators, inspect fuel supplies, secure medical gases, confirm vendor agreements, update evacuation and shelter-in-place procedures, and coordinate with local emergency management agencies. The goal is to protect patients, support staff and maintain continuity of care during a time when the surrounding community may be experiencing widespread disruption.

What has changed over the past decade is the level of detail and sophistication behind that planning. Ten years ago, many hurricane plans focused primarily on wind



BY CHARLES
MICHELSON, AIA,
ACHA, LEED AP

damage, flooding and power loss. Today, hospitals are planning for longer-duration disruptions, supply chain interruptions, fuel shortages, communications failures, cybersecurity threats, staff housing challenges and the needs of medically fragile patients who depend on dialysis, oxygen, refrigerated medications or electrically powered equipment.

Just as important as the physical building is the preparation of the hospital workforce. Before hurricane season, many hospitals update staffing plans, confirm emergency ride-out teams, arrange sleeping areas and meals for essential personnel, and identify ways to support employees' families so staff can remain focused on patient care.

Hospitals also coordinate closely with county emergency management, EMS, nursing homes, dialysis centers, pharmacies and utility providers. This coordination helps determine which patients may need early transfer, which services must remain available and how the community will handle a surge in emergency needs after the storm has passed.

Technology has significantly changed

hospital hurricane preparation. Modern facilities now use advanced weather tracking, digital command centers, electronic patient records, telehealth platforms and mass notification systems to maintain care and communication before, during and after a storm. Cloud-based records allow patient information to remain accessible even if a campus is damaged. Real-time dashboards can help hospital leaders monitor bed capacity, staffing, supplies, generator performance and incoming emergency department volumes.

Sustainability has also become part of preparedness. Hospitals are increasingly investing in stronger building envelopes, impact-resistant glazing, elevated mechanical systems, flood mitigation, energy-efficient equipment, water conservation systems and more resilient power infrastructure. In many cases, sustainability and resilience overlap directly.

Energy-efficient systems reduce utility demand during normal operations and can reduce the load placed on emergency generators during a storm. Improved insulation, roofing and glazing can help protect patients while lowering energy consumption year-round. Water-saving fixtures and storage planning can help facilities continue essential services if municipal systems are disrupted.

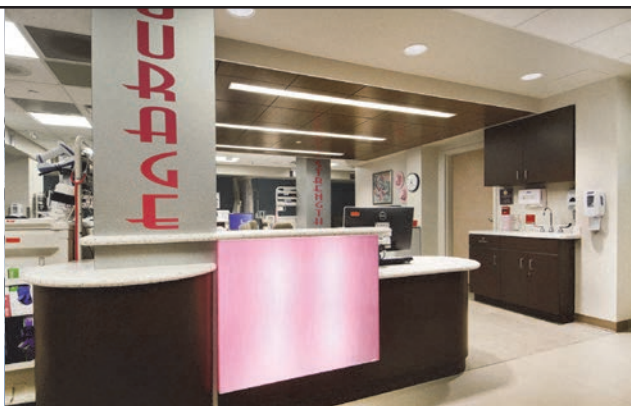
Recent hurricanes have also reinforced

the importance of planning for recovery, not just survival during the storm. Hospitals must be prepared for delayed staff relief, damaged roadways, limited fuel deliveries, disrupted supply chains and increased demand in emergency departments once residents begin cleanup. As a result, many facilities now plan for several days of independent operation, with more attention given to food, water, linen, pharmaceuticals, fuel contracts and redundant communication systems.

Ultimately, hurricane preparation is no longer just about boarding windows and stocking supplies. It is about designing, operating and managing hospitals as essential community infrastructure.

The goal is simple but critical: keep patients safe, support healthcare workers and continue delivering care when the community is under the greatest stress. As storms become more complex and communities more dependent on uninterrupted healthcare services, hospitals are responding with stronger buildings, smarter systems and more sustainable strategies for the future.

Charles Michelson, President, Saltz Michelson Architects, can be reached at (954) 266-2700 or cmichelson@saltzmichelson.com or visit www.saltzmichelson.com.



Pregnant Women Need to Make Extra Preparations for Hurricane Season

BY VANESSA ORR

Hurricane season begins in June, which means that Floridians need to prepare. This is especially true for expectant mothers, who should have a plan not only for themselves, but for their babies ... especially if those little ones decide to arrive early.

According to Dr. Dawn George, a board-certified ob/gyn who practices in the Homestead office of MOMZ — the obstetrical/gynecological division of KIDZ Medical Services — pregnant women should be especially concerned during hurricane season as changes in barometric pressure can cause spontaneous rupture of the membrane, increasing the chances of early labor.

“Always have a bag packed, and know where the nearest hospital is,” Dr. George said, noting that the stress of an oncoming storm and dehydration can also cause pregnancy issues. “If the mom is close to her due date, she should contact her hospital and learn their protocol. Every hospital has a different policy, but if a woman is between 36 weeks and term, they will often make accommodations for them.”

Dr. Jamell Walker, another board-certified ob/gyn at MOMZ, adds that preg-

nant women taking medication should have a supply readily available, as well as copies of their medical records related to their pregnancy. Mothers using formula for newborns should stock up, as formula may not be readily available during or after a hurricane. Breastfeeding is recommended during this time, if possible, as the supply is readily available.

“Families should also have extra blankets and towels on hand in case they have to do a home delivery, though we’d certainly rather they go to a hospital,” Dr. Walker added, noting that there are lists online to help families compile a care kit to make the process easier.

If a mother does need to give birth at home, kit suggestions include blue pads, a perineal bottle, a newborn hat, a six-pack of lubricant jelly, four pairs of gloves, surgical attire, four plastic newborn cord clamps or cord ties, scissors, alcohol prep, sanity prep, a bulb syringe, a neonatal thermometer, newborn diapers, newborn blankets, and a battery-charged radio with extra batteries.

Both doctors suggest calling 9-1-1 or medical facilities in case of an emergency. Though help may not arrive in time, medical professionals can still help guide families through a home birth.

For those evacuating a hurricane area

by car, the doctors also advise wearing compression hose on longer journeys and having plenty of food and water available. “There is nothing worse than being pregnant and hungry,” said Dr. George.

After a hurricane, precautions need to be taken to ensure the mom’s and baby’s health as well. New mothers should avoid letting strangers touch or hold the baby, even when sheltering together. They should wear a mask in medical facilities to reduce the risk of contracting or transmitting viral infections.

“Make sure to have plenty of diapers on hand as well as adequate clothes for changing the baby and extra blankets to keep the baby warm,” said Dr. Walker. “If there is no air-conditioning where you are staying, stay out of direct sunlight, use sunblock on both mom and baby, and stay hydrated with cool drinks. If there’s a shelter with AC, head that way.”



Dr. Dawn George



Dr. Jamell Walker

While everyone should have a plan in case of a hurricane, it is especially important for those with medical issues to be prepared to stay as healthy as possible. Things to have include:

- A month’s worth of medications
- A list of all health problems, medications, and allergies
- A digital copy of your insurance card on your phone, as well as a paper copy in case there isn’t power.
- A living will
- MedicAlert bracelets (if used)
- Personal identification
- Current family identification photos (including a photo of all members of the family together). Photos can help with family reunification should family members become separated.

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Hurricane Preparedness ... Emergency Medicine ...

Cover Story: When The Storm Hits: How Hospice Providers Help Protect Florida's Most Vulnerable Patients

Continued from page 1

Preparing before the storm

Disaster planning in hospice begins long before a hurricane enters the forecast cone.

Each patient has individualized emergency planning incorporated into their care. Clinical teams identify factors that may place patients at greater risk during a storm, including oxygen dependency, limited mobility, cognitive impairment or caregiver challenges at home.

Hospice teams also work closely with families to review evacuation plans, medication access and emergency contacts. In many cases, these conversations bring peace of mind to caregivers who may already feel overwhelmed managing serious illness during hurricane season.

Preparation also includes coordination across multiple operational areas, including:

- Clinical teams
- Telecare services
- Pharmacy support
- Home medical equipment
- Information technology
- Transportation and logistics

This level of coordination becomes especially important in South Florida, where storms can impact multiple counties simultaneously and strain healthcare resources across the region.

Hospice's role in healthcare continuity

When hurricanes threaten Florida, much of the public conversation centers around hospitals and emergency rooms. Those facilities play a critical role, but hospice providers also serve an essential function in maintaining healthcare continuity throughout a disaster.

By proactively supporting seriously ill

patients at home, hospice organizations can help reduce unnecessary emergency department visits and hospitalizations during already stressful conditions.

At the same time, hospice teams coordinate closely with hospitals, nursing homes, assisted living communities and physicians to ensure patients continue receiving appropriate symptom management and support as care settings shift during a storm.

This collaboration becomes especially important after landfall, when healthcare systems are managing power outages, transportation disruptions and increased patient needs throughout the community.

Lessons from past storms

South Florida healthcare providers have learned valuable lessons from storms such as Hurricane Irma and Hurricane Ian.

One of the most important lessons is the value of communication. During a disaster, patients and families need reassurance that their care team remains accessible, informed and prepared to respond as conditions evolve.

Another lesson is the importance of flexibility. Hurricanes rarely follow predictable paths, and operational plans must adapt quickly to changing conditions.

At VITAS, emergency preparedness efforts include ongoing communication between leadership teams, clinicians and supporting departments to monitor patient needs, staffing availability, community conditions and everyone's safety throughout a storm event.

With a footprint across Florida, VITAS teams can support communities experiencing greater storm impact by sharing resources and personnel from less affected areas. Strong relationships with healthcare providers, community organizations and local partners also help

strengthen mutual aid and coordinated response efforts before and after a storm.

Compassion during crisis

Disaster preparedness in hospice is ultimately about more than logistics. It is preserving comfort and dignity during some of life's most vulnerable moments.

For families caring for a loved one at the end of life, the uncertainty of an approaching hurricane can intensify fear and stress. Knowing they have a healthcare team helping guide them through preparation and remaining connected throughout the storm can make a meaningful difference.

In South Florida, hurricanes are inevitable. Healthcare organizations across the continuum must continue strengthening collaboration, communication and preparedness strategies that protect vulnerable patients when disasters occur.

Hospice providers are an important part of that effort. Carefully planned and coordinated operations combined with compassionate care help ensure patients and families receive the support they need when they need it most.

Kathleen Coronado is vice president of VITAS hospice operations in South Florida. VITAS Healthcare, the nation's leading provider of end-of-life care. Learn more at VITAS.com.



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MEMORIAL HOSPITAL WEST

Alex Castro, RN

With 19 years at Memorial Healthcare System, including 17 years in emergency medicine and 16 years as a registered nurse, Alex Castro, RN, has built a career grounded in leadership, compassion, and decisive action. As Director of Nursing for Adult and Pediatric Emergency Services at Memorial Hospital West, he oversees emergency operations, outpatient infusion services and hospital-wide emergency management initiatives.

Castro was pulled toward emergency medicine by its unpredictability and the opportunity to make an immediate impact. Today, he remains committed to supporting both patients and staff in high-pressure situations. Known for his “compassionate efficiency” approach, Castro believes empathy and safety must coexist in emergency care. “I am inspired by the resilience of my team and the emergency department’s role as a safety net for our community,” Castro said. “Whether pulling together to save a life or comforting a grieving family, those moments remind me why we do this work.”



Leon Melnitsky, DO, FACEP

Leon Melnitsky, D.O., FACEP, has dedicated 18 years to emergency medicine at Memorial Hospital West, where he serves as Chief of Emergency Medicine. Known for his leadership, compassion, and “BeastMode” commitment to patient care, Dr. Melnitsky has built a culture centered on teamwork, excellence and service.

A graduate of the University of New England College of Osteopathic Medicine, he is deeply passionate about mentoring the next generation of physicians as Program Director for the Memorial Healthcare System Emergency Medicine Residency Program. Colleagues describe him as a physician who leads with humility, strength and heart in even the most high-pressure moments while fostering a strong “professional family” culture within the Emergency Department.

“Emergency Medicine is a team sport,” says Dr. Melnitsky. “We are all united in our dedication to patients and committed to doing what is best for them every single day.”



MEMORIAL REGIONAL HOSPITAL SOUTH

Aquina Clarke, RN

Aquina Clarke, RN, Director of Emergency and Acute Care Services at Memorial Regional Hospital South, has dedicated 14 years to emergency nursing and leadership. Inspired by her grandmother, who worked in the field for more than 30 years, Clarke felt the pull toward the energy, teamwork and purpose of the ER early on.

Her approach to patient care is to treat every patient like family. “It allows me to connect with patients, understand their challenges and work toward the best possible outcome,” she said.

One defining experience in her career involved helping deliver a baby born at just 24 weeks in the emergency department. After immediate resuscitation efforts, the infant survived and is now a thriving 6-year-old.

Clarke says moments like these continue to reinforce why emergency nursing means so much to her – the opportunity to care for patients and families through every stage of life while serving her community.



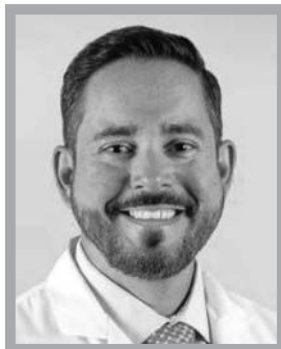
Donny Perez, DO

Donny Perez, D.O., has dedicated more than two decades to emergency medicine, bringing calm, clarity and leadership to some of healthcare’s most critical moments. As Medical Director of the Emergency Department at Memorial Regional Hospital South and Core Faculty for the Memorial Healthcare System Emergency Medicine Residency Program, he plays a vital role in caring for patients while mentoring the next generation of emergency physicians.

Inspired by the fast pace and unpredictability of emergency medicine, Dr. Perez said what keeps him committed is “the opportunity to make a meaningful difference, even in small ways.” From saving lives to reassuring frightened patients and guiding families through difficult decisions, he approaches every situation with empathy and composure.

“Emergency physicians are not only treating disease; we’re also guiding people through crises,” he said.

For 22 years, Dr. Perez has exemplified the dedication, humanity and resilience that define South Florida’s emergency medicine professionals.



MEMORIAL HOSPITAL MIRAMAR

Brian L. Mendez, MD

Brian L. Mendez, M.D., Associate Medical Director at Memorial Hospital Miramar, has spent 17 years in emergency medicine navigating the unpredictability and urgency of the ER. He says his approach to patient care is rooted in one guiding principle: treating every patient like family. “Quality cannot be sacrificed for speed,” Dr. Mendez said. “When patients feel seen and cared for, not just processed, it changes their experience entirely.”

One case that continues to stay with him involved a young patient initially believed to have appendicitis. After losing consciousness, further testing revealed a life-threatening inherited cardiac disorder. “What began as abdominal pain potentially saved an entire family,” Dr. Mendez said. “Emergency medicine gives you the chance to find what no one else thought of and change the course of a patient’s life.”



Vera Burke

With more than 35 years in emergency medicine, Vera Burke serves as Director of Emergency Services at Memorial Hospital Miramar, overseeing adult and pediatric emergency services, emergency management and patient flow. Known for her calm leadership and patient-first philosophy, Burke says helping patients and families feel safe and supported during times of need continues to motivate her daily. “Patients first and people always,” Burke said. “Our patients have to feel safe with us.”

Throughout her career, she has focused on combining high-quality care with trust and strong leadership while proudly mentoring nurses and staff members into leadership roles across the organization.

Under Burke’s leadership, Memorial Hospital Miramar’s emergency department earned recognition for excellence in patient experience by Press Ganey, and Burke recently received the hospital’s Leadership Impact Award. “The gratitude from our patients and community is all the fuel needed,” she shared. “It makes it easy to remain committed.”



MEMORIAL HEALTHCARE SYSTEM RED ROAD ER

Cinthia Rogers, BSN, RN

After experiencing a life-threatening brain bleed early in her nursing career, Cinthia Rogers, BSN, RN, found herself on the other side of emergency care at Memorial Healthcare System. The compassion, urgency and teamwork she witnessed as a patient changed her life, and inspired her to pursue emergency medicine, dedicating her career to supporting others during times of crisis.

Today, with 11 years in emergency medicine, Rogers serves as Director of Emergency Services for Memorial Healthcare System’s Douglas Road ER, which opens JUNE 2026. Rogers helped lead the development of the freestanding emergency room while advancing patient care, team development and community outreach initiatives.

In high-pressure situations, Rogers believes exceptional emergency care requires both clinical excellence and human connection. “Patients come to us during some of the most vulnerable moments of their lives,” she said. “It’s our responsibility to provide not only safe, efficient care, but also reassurance, empathy and support.”



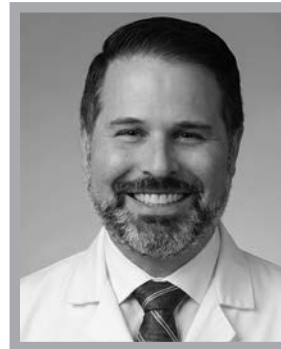
MEMORIAL REGIONAL HOSPITAL

Eric Bassan, MD

Eric Bassan, M.D., Assistant Medical Director of Emergency Services at Memorial Regional Hospital, has spent 13 years in emergency medicine caring for critically ill patients and underserved communities. Drawn to the field’s fast-paced nature, the ability to stabilize patients during life-threatening moments and uncover difficult diagnoses still motivates him today.

Dr. Bassan approaches every shift with the understanding that patients are often experiencing one of the most vulnerable moments of their lives – a responsibility he will never take lightly. “Seeing someone thrive when the odds were stacked against them is incredibly inspiring,” Dr. Bassan said.

Outside the ER, Dr. Bassan leads the Resuscitation Center of Excellence and co-founded the Hollywood HERO Program, which teaches hands-only CPR throughout the community. One recent event brought together cardiac arrest survivors and first responders, including a survivor whose CPR training program had once helped educate the paramedics involved in saving his life.



Emergency Medicine Profiles... Emergency Medicine Profiles... Emergency Medicine Profiles...

MEMORIAL HOSPITAL PEMBROKE

Jennifer Dunn, MSN, RN

With 36 years in emergency medicine, Jennifer Dunn, MSN, RN, has built a leadership philosophy rooted in communication, empathy and teamwork. As Director of Emergency Services at Memorial Hospital Pembroke and Memorial Healthcare System Red Road ER (opening JUNE 2026), Dunn says a deeply personal experience shaped her path into nursing after her father survived a cardiac arrest while traveling for work.

Though grateful for the lifesaving care he received, Dunn remembers the fear, uncertainty and rush of emotions her family experienced while waiting hours for updates.

"It taught me that patients and families may not remember every procedure or technology, but they always remember human compassion and how we made them feel," Dunn said.

Dunn remains passionate about mentoring future leaders and supporting teams that bring strength, bravery and heart to patients during difficult moments.

"Patients instinctively know our staff cares deeply, and it's an honor to witness every day," she added.



Lussette Dantinor, BSN, RN

For more than two decades, Lussette Dantinor, BSN, RN, has dedicated her career to pediatric emergency medicine at Joe DiMaggio Children's Hospital. Now Director of Emergency Services for the pediatric emergency department, she began at the hospital as a Patient Care Assistant while in nursing school before advancing into leadership.

Dantinor says the opportunity to support children and families during difficult times, alongside a collaborative team united by shared purpose, continues to fuel her passion for emergency medicine.

"I believe in treating each patient as an individual and understanding their unique needs," Dantinor said.

Following the catastrophic 2010 earthquake in Haiti, Dantinor cared for a young girl rescued from the rubble who arrived alone, injured and speaking only Creole. Beyond medical care, she focused on helping the child feel safe and comforted – even combing her hair and sitting with her – reinforcing the patient-centered philosophy she carries into her work.



MEMORIAL HEALTHCARE SYSTEM

Kim Brackney, BSN, RN, PM

Kim Brackney, BSN, RN, PM, District EMS Manager for Pre-Hospital Services at Memorial Healthcare System, began her career as a successful salon owner before making a life-changing transition into emergency medicine. Driven by a passion for helping others and serving her community, she spent more than 20 years as a firefighter/paramedic before advancing into nursing and EMS leadership.

Now working alongside EMS and clinical teams across the system, Brackney says one of the most meaningful aspects of her role is supporting first responders after difficult calls, when the emotional impact often remains long after patient care is complete. Through an open-door approach built on shared experience, she strives to create an environment where crews feel supported, understood and never alone.

"What inspires me daily is simple," Brackney said. "Taking care of the people who dedicate themselves to taking care of others."



JOE DIMAGGIO CHILDREN'S HOSPITAL

Jheanelle McKay, MD

Jheanelle McKay, M.D., is Chief and Medical Director of the Division of Pediatric Emergency Medicine at Joe DiMaggio Children's Hospital. Originally from Jamaica, she knew from a young age she wanted to become a pediatrician equipped to handle even the most challenging medical situations.

Board certified in General Pediatrics and Pediatric Emergency Medicine, Dr. McKay completed her residency and fellowship training at Boston Children's Hospital/Harvard Medical School. Since joining Joe DiMaggio Children's Hospital, she has been recognized as Pediatric Resident Teacher of the Year.

In the emergency department, Dr. McKay is known for her calm, disciplined and team-focused approach to care, prioritizing both critically ill children and the families beside them.

"Some of the most meaningful moments in my career have come from heartfelt hugs from mothers during some of the scariest moments of their lives," she said. Outside of work, her daughters inspire her daily to lead by example.



MEMORIAL HEALTHCARE SYSTEM 24/7 EMERGENCY CARE CENTER

Louis Jane, MD

Louis Jane, M.D., a board-certified emergency medicine physician and Medical Director of the Memorial Healthcare System 24/7 Emergency Care Center, has spent the past decade in emergency medicine. First introduced to the field while working as a scribe, and later during a family crisis, he said both the clinical impact and reassurance ER physicians provide inspired his path.

Dr. Jane approaches patient care with a strong focus on listening and teamwork. "There's no hierarchy, just different roles on the same team," he said.

One memorable moment involved a young child struggling to breathe and frightened parents. Working together, the emergency team stabilized the child while providing comfort to the family.

"As a father and family man, I see patients not just as cases, but as people with loved ones beyond the ER," Dr. Jane said.

In 2026, Dr. Jane will also lead two new freestanding emergency rooms within Memorial Healthcare System, located in Pembroke Pines and Miramar.



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Cover Story: LifeFlight Marks 30 Years of Bringing Pediatric Critical Care Beyond Hospital Walls

Continued from page 1

journey. LifeFlight helps ensure that care does not pause between facilities.

"The most important thing for the community to understand is that Nicklaus Children's Hospital LifeFlight is not simply moving a child from one hospital to another, it is delivering specialized pediatric and neonatal critical care from the moment of the team's arrival and throughout the transport process," Cruz says.

That distinction is central to LifeFlight's role. The team stabilizes, monitors, and manages patients throughout the journey, providing ICU-level support while a child is in the air or on the road. For medically fragile newborns and children whose conditions can change rapidly, that continuity can be critical.

According to Cruz, LifeFlight is part of a broader emergency care continuum that includes referring providers, EMS professionals, communications specialists, transport clinicians, and receiving teams. Each group plays a role in helping children reach the appropriate level of care safely and quickly.

"Referring providers, EMS professionals, communications specialists, transport clinicians, and receiving teams all work together, and LifeFlight helps connect each part of that process so children can reach specialized care safely, quickly, and with expert support every step of the way," he says.

The scope of that work is significant. LifeFlight transports more than 4,000 infants and children each year across a

broad and geographically complex region. The team must be prepared for a wide range of clinical and logistical challenges, from weather and over-water flights to long transport intervals and coordination across multiple facilities.

"Infants and children are not simply smaller adult patients — they have distinct physiology and can deteriorate quickly," Cruz says. "Transport teams must be prepared to manage highly specialized needs in very small, very fragile patients over long distances and in changing environments."

In many cases, LifeFlight teams are caring for critically ill newborns in transport incubators or managing children who require advanced respiratory support, medication infusions, close neurologic monitoring or temperature management. Those needs require not only advanced equipment, but also close teamwork.

LifeFlight's multidisciplinary team includes nurses, paramedics, EMTs, communications specialists, and transfer center professionals. From the moment a transport request is received, those professionals work together to assess the patient's needs, coordinate logistics, determine the appropriate response, and prepare the receiving team.

"LifeFlight's strength lies in the fact that it operates as one coordinated system from the moment a transport request is received," Cruz says. That coordination helps reduce delays when every minute matters. Communications and transfer center teams gather clinical information,

connect referring providers with receiving specialists, and manage the details of the transport. Nurses, paramedics, and EMTs provide bedside expertise during the journey, while the receiving hospital team prepares for the child's arrival based on real-time updates.

For families, the result is a more seamless process during a stressful time. For the child, it means fewer communication gaps, stronger continuity of care, and faster access to pediatric specialists.

The program's advanced technology also helps distinguish LifeFlight from traditional transport. The team is equipped with specialized resources, including neonatal ventilators, transport incubators, whole-body hypothermia capability, and phototherapy capability.

"These technologies allow Nicklaus Children's Hospital LifeFlight to function as a mobile neonatal and pediatric intensive care unit," Cruz says. "Rather than simply transporting a patient, the team can continue highly specialized treatment during the journey."

For newborns, transport incubators help maintain a safe and controlled environment while allowing for ongoing monitoring and intervention. Neonatal ventilators provide respiratory support for some of the smallest and most medically fragile patients. Whole-body hypothermia can support time-sensitive neuroprotective treatment for certain newborns, while phototherapy allows needed therapy to continue during transport.

As Nicklaus Children's continues

expanding access to pediatric care across South Florida, LifeFlight's role is expected to become even more important. The system's growing footprint includes Nicklaus Children's Hospital Fort Lauderdale and Nicklaus Children's Hospital Coral Springs, each located on the campuses of Broward Health. "The future of Nicklaus Children's Hospital LifeFlight is centered on expanded reach, advanced technology, and even stronger integration with Nicklaus Children's growing network of care," Cruz says.

A major part of that future is the addition of two new AW139 helicopters. One aircraft arrived in May, and a second is expected in June. Cruz says the helicopters represent a major investment in the next generation of pediatric transport, with enhanced mission capability for longer-distance transports, over-water operations, and specialized critical care missions.

As LifeFlight enters its next chapter, the program continues to build on its role as a mobile extension of Nicklaus Children's pediatric expertise.

"LifeFlight will continue building on its role as a mobile extension of Nicklaus Children's pediatric expertise," Cruz says, "bringing advanced neonatal and pediatric critical care beyond hospital walls and helping ensure more children throughout Florida, the Caribbean, and neighboring regions can access specialized treatment when they need it most."

For more information, visit www.nicklaushealth.org.



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A message from our President

Florida Hospitals Secure Critical Medicaid Funding as Federal Scrutiny Intensifies

Florida hospitals have secured approval for nearly \$8 billion in supplemental Medicaid payments just as new federal restrictions are expected to reshape how states finance these programs. The funding approval comes at a pivotal moment, as state-directed payment programs increasingly find themselves in the federal crosshairs and policymakers move toward tightening the rules governing these financing mechanisms.

The funds will flow through Florida's hospital-directed payment program and cover care delivered between Oct. 1, 2024, and Sept. 30, 2025.

This appropriation is unique because the directed payment program relies on local dollars to draw down federal matching funds for the entire allocation. As reported by WUSF Public Media, "Florida uses local and state funding sources within the Directed Payment Program to draw down additional federal Medicaid matching dollars, which are then distributed to hospitals based on Medicaid service delivery."

In this instance, timing may prove to be everything. Pending federal policy changes are expected to make securing these funds significantly more difficult in



Jaime Caldwell

the future. Even so, there is reason for cautious optimism. According to STAT, "Florida's hospitals, which lobbied to get these extra funds approved, could get billions more on top of that once federal Medicaid officials mull over this year's application." The fact that an additional application is already under federal review could become critically important for the state's hospitals and the patients they serve.

Because of the timing associated with receipt of these funds — coupled with the Legislature and Governor approving a 2026 budget authorizing their expenditure — the Legislative Budget Commission approved a proposed expenditure plan allowing billions of healthcare dollars to begin flowing to Florida hospitals.

There was additional encouraging news as well. As part of its request to the Legislative Budget Commission, the Florida Agency for Health Care Administration also sought an additional \$2.17 billion in spending authority for federal Low Income Pool grants. These funds help compensate hospitals for the uncompensated care they provide to low-income patients who are unable to pay for necessary healthcare services.

While this development represents a significant victory for Florida hospitals and the broader healthcare safety net, the long-term outlook remains uncertain. Federal scrutiny of Medicaid financing mechanisms continues to intensify, and the prospect of future funding reductions is very real. For hospitals, healthcare providers, and community leaders alike, this moment underscores the importance of remaining engaged, vigilant, and prepared for the policy battles that almost certainly lie ahead.

Around the Region... Around the Region... Around the Region...

211 Broward Announces Appointment of Shea S. Spencer as Chief Executive Officer

Following a remarkable tenure of leadership and service, Sheila Smith is retiring as CEO of 211 Broward, leaving behind a lasting legacy of expanding access to critical crisis intervention and human services for the Broward community. 211 Broward, Broward County's 24-hour, comprehensive helpline connecting residents with crisis intervention and human services, is proud to announce the appointment of Shea S. Spencer as its new Chief Executive Officer. Shea brings more than 20 years of distinguished nonprofit leadership, fundraising expertise, and deep community commitment to advance 211 Broward's mission of ensuring no one faces a crisis alone.

Spencer arrives at 211 Broward with an extraordinary track record of growing nonprofit organizations, securing transformational funding, and building powerful community partnerships across South Florida. Most recently serving as CEO of the YWCA of Palm Beach County, she grew the organization's operating budget by 75%, raised \$1.7 million to address homelessness through rapid re-housing programs, and secured critical funding to support low-income families and underserved communities throughout the pandemic. Prior to that, Spencer spent nearly a decade at United Way of Broward County.



Shea S. Spencer

Nicklaus Children's Health System Appoints Vahe Musoyan to Board of Directors

Nicklaus Children's Health System announced the appointment of Vahe Musoyan to its Board of Directors.

Musoyan was most recently a research leader at Citadel Securities, a global financial services firm recognized for its pioneering work in technology and quantitative research. Musoyan played a key role in advancing the firm's use of sophisticated, data-driven systems.

Musoyan developed a passion for technology at an early age, teaching himself to code before earning a Bachelor of Science in Computer Science from Stanford University. Musoyan is passionate about applying critical thinking and innovation to create a positive impact beyond the financial sector.



Vahe Musoyan



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Accolades Accolades

Nicklaus Children's Hospital Announces Nurses of the Year

Natalia Lopez-Magua has been named Nurse of the Year by Nicklaus Children's Hospital Miami. Recognized for exceptional leadership, innovation and advocacy, she launched a 24/7 nurse-led family food pantry, expanded professional ladder participation, and improved documentation efficiency to enhance care and reduce workload.

A trusted charge nurse and collaborator, she champions staff development, patient safety and community partnerships that strengthen outcomes for families.

Marcia Dean-Clairsaint has been named Nurse of the Year by Nicklaus Children's Hospital Fort Lauderdale. She exemplifies exceptional dedication, professionalism and compassion, ensuring seamless daily operations and clear communication. A trusted partner to nurses and leadership, she fosters a positive, high-performing environment that elevates care, supports staff and strengthens outcomes for patients and families.

Laura Pluskis has been named Nurse of the Year by Nicklaus Children's Hospital Coral Springs. A charge nurse who leads with compassion and precision, she drives excellence in patient care, supports her team and elevates outcomes for families. Though humble in approach, her impact is far-reaching—strengthening her unit, advancing best practices and fostering a culture of accountability, collaboration and unwavering dedication.



Natalia Lopez-Magua



Marcia Dean-Clairsaint



Laura Pluskis

MAKING ROUNDS... MAKING ROUNDS...

Ingrid Herskovitz, MD, FAAD, Joins Baptist Health Miami Cancer Institute as a Dermatologist

Baptist Health Miami Cancer Institute is pleased to announce the addition of Ingrid Herskovitz, M.D., FAAD, a board-certified dermatologist with dual certification in the United States and Brazil and more than 15 years of experience spanning medical, surgical and cosmetic dermatology.

Prior to joining Baptist Health, Dr. Herskovitz practiced at Derm 360 in Coral Gables, FL.

Dr. Herskovitz earned her medical degree and completed a dermatology residency and dermatologic surgery fellowship at Centro Universitário Faculdade de Medicina do ABC in São Paulo, Brazil. She subsequently pursued advanced clinical and research training in the United States, completing an internal medicine residency and a dermatology residency at the University of Miami Miller School of Medicine, Jackson Health System. Her academic formation also includes a dermatology research fellowship at the University of Miami Miller School of Medicine.



Dr. Ingrid Herskovitz

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ACHE of South Florida Member Spotlight: Rudy Molinet, RN, MPH, FACHE

BY LOIS THOMSON

Rudy Molinet acknowledged that people often refer to him as a Swiss Army Knife, and the comparison to the multi-purpose tool couldn't be more accurate. Molinet founded Artemis Synergies, Inc., a consulting firm where he provides individual executive coaching to healthcare clients. He has also served as board chair at Holy Cross Health, the only faith-based, nonprofit hospital in Broward County, for the past three years.

Additionally, he has been a member of ACHE – American College of Healthcare Executives – since 2019 and became a fellow. Molinet has served as a Healthcare Executive for more than 40 years and is putting that experience to work in the service of others.

Molinet particularly enjoys his role as a professor at Florida Atlantic University, about which he said, "I teach the executive MHA (Masters of Health



Rudy Molinet

Administration) program, teaching marketing, strategic planning, and leadership. I think the thing I enjoy most about working at FAU is helping the future healthcare leaders, and that's my connection with ACHE."

In further explaining the connection between FAU and ACHE, he recounted that he was looking for an opportunity for students to have real-world experiences and networking opportunities, and after researching different organizations thought ACHE would be the best fit. He became a member himself, then said, "I approached our administration and they agreed to pay the membership dues for the students for the course I teach called the Leadership Boot Camp."

Molinet requires students to attend two ACHE networking events, then write a report about who they met and what they learned. "As I explain to them, you have to get out there and meet people;

it's important to get a degree, but it's as important to have connections to leverage that degree to grow in your career journey."

He added that healthcare is a very competitive and complex business, so it's important to have every tool in the arsenal to be great leaders: "The tools they need, the resources, the research, state-of-the-art best practices – all of those things are wrapped around the services ACHE provides for its members."

Molinet said he tells students when they graduate to make sure they start on that path to becoming a fellow, a FACHE designation. He recalled with a chuckle, "One of my students said, 'Yeah, professor, if it's so great, why haven't you done it?'" He accepted that as a challenge and as a result said, "I got my fellow when I was 60, and I encourage students to do it, too."

This is not the path Molinet would have chosen when embarking on a career. He revealed he wanted to be a physician, but his father became sick and he couldn't afford medical school, so he chose to go into nursing. "I knew I wanted to do more than take care of patients

– which of course is important – but I wanted to make an impact at a broader level." He then earned his MPH in Health Administration from Columbia University and moved to Florida.

Molinet is also proud of his volunteer work at Holy Cross Health, where he serves as the chair of the board of directors. "I think that's very impactful to the community to have an openly gay board chair at our ministry to help build bridges with the LGBTQ community. It's important that we continue the ministry of working with those who can't afford to be cared for, as well as those who can." He said he believes it's also important to have diverse opinions and lived experiences on the board.

Of his Swiss-Army-Knife reputation, Molinet said, "All the work I do is related, it's all about a personal mission of helping to provide better healthcare through whatever channel I'm involved in – whether coaching, teaching, or, in the case of Holy Cross, providing governance and leadership as the board chair. My mom always taught me to give back, and when I do this work, I am also honoring her."

30-Year-Old Survives a Near-Fatal Stroke and Heads Back to Traveling the World *The Sound of Life Restored*

At just 30 years old, Diana Hurtado never imagined she would suffer a stroke.

In August 2025, she experienced minor pain on the right side of her head while driving for Uber—something she brushed off as stress, fatigue or even a dental issue.

But everything changed in an instant. Diana suddenly lost all sensation in her left arm.

Still, she tried to rationalize it, blaming exhaustion or her prior injuries. She parked at a nearby store to rest, hoping the feeling would pass. But within minutes her condition worsened. She called her chiropractor, who attributed the tingling and numbness to a herniated disc she had been treating and advised her to go home and rest.

But soon her headache became unbearable, the left side of her face began to droop and her speech became slurred. That's when she looked up her symptoms online and saw a message that likely saved her life: you are having a stroke; call 911.

"At that point I couldn't feel my fingers anymore," said Diana. "I actually had to



Diana with Dr.
Shaye Moskowitz



Diana working on therapy at Broward
Health North

use Siri to make the call."

By the time Diana arrived at the emergency room at Broward Health North, her condition had rapidly declined. After undergoing a CT scan, she became nauseous, vomited and lost consciousness. Ridwan Lin, M.D., an interventional neurologist with the Broward Health Physician Group, soon delivered a shocking diagnosis, a hemorrhagic stroke.

Further testing revealed the underlying cause: a genetic mutation called Factor V Leiden, which increases the risk of blood clots and was worsened by Diana's hormonal birth control use and low iron.

Her condition quickly became critical.

She experienced seizures and required emergency brain surgery, a craniectomy, performed by Shaye Moskowitz, M.D., a neurosurgeon with the Broward Health Physician Group, which removed a part of her skull to relieve severe brain swelling.

When she woke up, Diana was paralyzed on the left side of her body. She had to relearn everything—how to eat, how to get dressed, how to take care of herself.

"I couldn't believe it, but my faith and family got me through some of the most difficult days I've ever experienced," said Diana.

Through neurological care and intensive in-patient therapy, she slowly began to regain movement and independence. Electrical stimulation helped restore sensation in her face, allowing her to progress from pureed foods back to normal meals. Occupational therapy helped her rebuild key skills, like walking and moving her arms, which many take for granted.

"Diana's outcome highlights the

importance of recognizing symptoms early and seeking immediate medical attention," said Dr. Moskowitz. "The speed at which she received care played a critical role in saving her life and giving her the chance to recover."

After a month and a half in the hospital and a lot of work, Diana walked out using a hemi walker, an amazing achievement for the severity of her case.

In February 2026, Dr. Moskowitz replaced the missing piece of her skull. A passionate traveler, Diana wasted no time. Soon after the procedure, she took a long-awaited trip to Costa Rica with her husband, embracing the life she fought so hard to regain.

"Diana's strength shone through in her physical recovery, of course, but the mental toll of an incident like this can break people, said Dr. Moskowitz. "Her positive outlook on life has never wavered."

Today, while she continues her recovery, Diana is focused on what matters most—living fully and helping others recognize the warning signs she almost missed. Looking ahead, her motivation is deeply personal, healing not just for herself, but for the family she dreams of having.

"I want to have a son or daughter someday," she said. "My drive for getting better is being able to hold my future child."

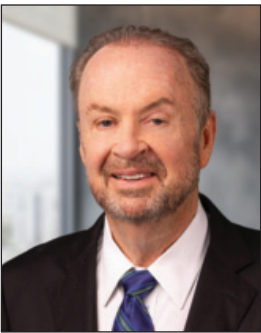
Medical Tourism Requires Cooperation, Not Competition

Though Miami has always welcomed a flow of international patients from the Caribbean and Central and South America—influenced by the city’s proximity and similar culture, language, cuisine, and more—those patients seeking specialists or experts in specific disease processes have not always stayed in the state. Many of those with the means to come here instead travel to the Mayo Clinic, Memorial Sloan Kettering, MD Anderson, and the Cleveland Clinic, among others, to receive the specialized care they need.

In the last five or six years, however, a tremendous investment has been made in Florida’s medical infrastructure—both in physical facilities and talent—that could raise its stature on the medical tourism market. In the years following the COVID-19 pandemic, South Florida has emerged as a magnet for business, tech, and financial services companies. This migration has fueled a notable rise in healthcare investment across the region.

For example, Ken Griffin, Citadel’s founder and CEO, made a substantial philanthropic gift to Nicklaus Children’s Hospital to build a five-story surgical tower and support its four major institutes advancing pediatric care. He also donated a significant amount to the Braman Comprehensive Cancer Center at Mount Sinai, which opened in May 2026. HCA Florida has made heavy investments in its Mercy campus and their trauma hospital at HCA Kendall. The Helen & Jacob Shaham Cancer & Blood Disorders Institute at Nicklaus Children’s Hospital was also made possible by significant philanthropic gifts. More recently, Herbert Wertheim made a transformational gift to advance Baptist Health’s Miami Cancer Institute.

As a result, world-renowned physicians have been attracted to South Florida and, in turn, have attracted international patients to the state. The academic partnerships with the medical schools at FIU, UM, Nova, and FAU have added sufficient weight in teaching and research that fuel the recruitment of these luminary physicians. The expertise they bring is staggering across fields ranging from pediatric and cardiac care to orthopedics and even limb-lengthening procedures. Notable physicians who draw international patients include Guillermo De Angulo, MD, Ossama Maher, MD, and David Kalfa, MD at Nicklaus Children’s Hospital; Minesh Mehta, MD, Thomas Nguyen, MD, John Uribe, MD, and Harlan Selesnick, MD at Baptist Health; Mauricio



BY WAYNE BRACKIN

Pipkin MD, and Rodrigo Ruano MD, at Jackson Health; Ricardo Estape, MD and Nestor de la Cruz-Muñoz, MD at HCA Kendall and Mercy; and Dror Paley, MD, at Tenet St. Mary’s Medical Center, among numerous others.

Even as a longtime healthcare CEO, I didn’t fully realize the level of talent we have here. When my mother-in-law began to show signs of dementia, I asked a connection on the George Washington University medical faculty where to find her the best possible care. I was referred to Johns Hopkins as the leading center for cognitive medicine related to Alzheimer’s disease. During our initial appointment with the program’s director, he asked why I wasn’t having her seen by Dr. Marc Agronin in Miami, one of the world’s leading physicians in dementia medicine. I wasn’t aware that we had such an expert right here in our own community.

Because all of this investment in people, programs, equipment, and technology isn’t concentrated in one location but is spread across the board, it can often be overlooked. When this work occurs in silos, organizations in Florida compete rather than cooperate in the medical tourism market. At this level of clinical excellence, the competition is at a national and international level, not a local level.

As a member of the board of the Greater Miami Convention & Visitors Bureau, I believe that this is a missed opportunity. In the same way that members of the hospitality industry, including leaders of Marriott, the Gale, and other flag hotel companies, cooperate to focus on Greater Miami as a destination, we have the same opportunity to do so with medical tourism.

Creating an atmosphere of cooperation elevates all of the players—and I believe that’s a model worth noting. If the Marriott, the Gale, and the Betsy can set aside their natural competitive instincts for the greater good, we can do so in healthcare. We already work together when there’s an obstacle to overcome, such as during hurricanes or the pandemic, so why not collaborate to bring more medical tourism to our community?

Next Month: Working Together to Attract the International Patient Market



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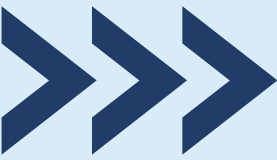


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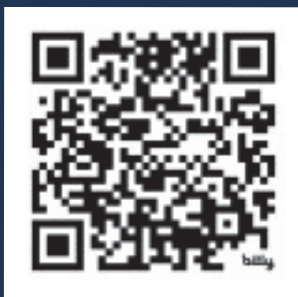
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