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Financial



Trevor Biglin

The Cost of Getting Paid: Why Reimbursement Strategy Matters More as Hospital Margins Tighten

BY TREVOR BIGLIN, ESQ.

Healthcare providers are generating more revenue and treating more patients, yet financial stability remains elusive for many organizations. That apparent contradiction is becoming one of the defining financial challenges facing healthcare leaders in 2026.

A recent CommerceHealthcare mid-year analysis published by Becker's Hospital Review highlights the issue. Through April 2026, hospital net operating revenue increased 7% from the prior year, while inpatient admissions increased 4.8% and outpatient visits grew 3%. Despite those gains, 72% of healthcare CFOs reported that their organizations are operating at margins of 2% or less. Hospital expenses, meanwhile, increased 7.1% year-over-year during the first quarter.

For hospitals and physician organizations already operating on narrow margins, these trends reinforce an important reality: generating revenue is only part of the financial equation. Providers must also ensure that they actually receive the reimbursement they have earned.

Perhaps one of the most significant

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Healthcare Real Estate

Broward's Outpatient Building Boom Reflects a New Competitive Reality

BY DANIEL CASCIATO

For years, Broward County's medical office market expanded at a measured pace. Health systems renovated existing space, added smaller outpatient facilities, and selectively pursued new development. That has changed.

In just a few months, Broward Health has launched construction on two major medical office buildings totaling more than 315,000 square feet, while Trinity Health's Holy Cross has broken ground on a new health center in Fort Lauderdale. Together, the projects have created Broward's busiest ambulatory development pipeline in more than two decades.

The activity comes as healthcare providers increasingly compete on something beyond clinical quality: convenience. Patients still want excellent care, but they also want it close to home, easy to access, and delivered in modern facilities that bring multiple specialties together under one roof.

Christie Grays Chambers, Senior Vice President, Lead Healthcare Practice, Blanca Commercial Real Estate, says that shift is driving many of the investments taking shape across the county.

"Each hospital wants to remain relevant and retain market share. Therefore, opening first-class centers closer to where patients live gives greater opportunity for a facility in the 'best' or 'easiest' location to be selected. Whereas quality care is always desired, care closer to home is often the deciding factor when selecting where to go. For this reason, hospitals are making investments to be in prime locations with high visibility."

Broward Health's newest projects illustrate that strategy. The health system recently broke ground on a 127,033-square-foot, six-story medical office building in Deerfield Beach that will focus on cardiovascular, neuroscience, and orthopedic services. Earlier

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Christie Grays Chambers

Designing for Intelligence: AI's Emerging Role in Outpatient Care Environments

BY CHARLES MICHELSON, AIA, ACHA, LEED AP

In four decades of designing healthcare environments, I have watched care itself migrate steadily out of the hospital. Procedures that once demanded an overnight stay now happen in ambulatory surgery centers, imaging suites, and medical office buildings closer to where people live. Artificial intelligence arrives just as this shift accelerates, and it may prove most consequential not in the acute hospital, but in the distributed, high-volume world of outpatient care, because it changes not only how we draw these buildings but how they perform.

Today, AI is already reshaping the earliest and most difficult phase of our work: programming and planning. Generative tools can model thousands of layout options in moments, testing exam-room modules, staff travel distances, and clinic workflows against real scheduling and utilization data that once took months to analyze. Rather than replacing the



Charles Michelson

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Financial



Elena Barberis

Access, Growth and Margin: The Three-Way Challenge for Today's Hospital

BY ELENA BARBERIS, CPA

For today's hospital finance leaders, access, growth and margin can sometimes appear to be competing priorities. In reality, they can reinforce one another when the organization keeps its focus where it belongs: patient care.

The starting point should be the community. A hospital's Community Health Needs Assessment provides an important roadmap for understanding what services patients actually need and where gaps in care exist. By aligning investments and resources with those needs, hospitals can provide the right care, in the right setting and as efficiently as possible. Growth should not simply mean adding volume. It should mean expanding access to services that improve the health of the community.

That approach also has a direct financial impact. Patients generally do not want to remain in the hospital any longer than medically necessary. When hospitals can deliver high-quality care efficiently, an appropriate reduction in average length of stay (ALOS) can improve the patient experience while reducing the cost of care. The objective is not to discharge patients prematurely. It is to eliminate unnecessary delays and ensure that every day of hospitalization

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Publisher's Note

Storm Ready: How South Florida Healthcare Prepares



September has arrived in South Florida, and that means two things: football season is getting underway, and hurricane season is entering its most active stretch. September and October have historically been months when those colorful cones on the weather map seem to attract a little more attention than we would like.

For most of us, hurricane preparedness means checking the batteries, filling the gas tank, stocking up on water and snacks, and trying to remember where we put the flashlight after last year's storm. Somewhere between buying extra canned goods and debating whether 47 bottles of water are enough, we are reminded that preparation is far better than panic.

For South Florida's healthcare community, however, preparedness is not a once-a-year event. Doctors, nurses, hospital administrators, emergency medical teams, and countless support professionals are always preparing for the unexpected. Whether it is a major storm, mass casualty event, power outage, public health emergency, or another unforeseen crisis, healthcare organizations must be ready to respond when the community needs them most.

Hospitals conduct emergency drills, review disaster plans, secure critical supplies, prepare backup power systems, coordinate with government agencies, and make sure communication systems are ready to perform under pressure. Physicians and nurses train for situations that most people hope never happen. And while the rest of us may be tracking a storm with one eye on the television and the other on the snack cabinet, healthcare professionals are already thinking about staffing, patient care, transportation, emergency capacity, and how to keep essential services operating.

The truth is, preparedness is one of the quiet superpowers of healthcare. We may not always see the planning taking place behind the scenes, but when a crisis arrives, that preparation can make all the difference.

As we enter the heart of hurricane season, here is a simple preparedness checklist for every household:

- ☐ Review your family emergency and evacuation plan.
- ☐ Stock enough water, nonperishable food, medications, and essential supplies.
- ☐ Check flashlights, batteries, chargers, and backup power sources.
- ☐ Keep vehicles fueled and important documents protected.
- ☐ Know your local evacuation routes and shelter information.
- ☐ Have a communication plan for family members.
- ☐ Don't forget pets—they have emergency plans too!

Preparation does not mean expecting the worst. It means being ready to handle whatever comes our way. South Florida has faced its share of storms, and each season reminds us of the remarkable dedication and resilience of our healthcare community.

So, as September and October bring the peak of hurricane season, take a few moments to prepare your home, your family, and your workplace. Hopefully, all that preparation will result in nothing more dramatic than eating too many hurricane snacks.

But if the unexpected does arrive, we can take comfort in knowing that South Florida's doctors, nurses, hospitals, and healthcare professionals are always preparing to be there when we need them most.

Stay safe, stay prepared—and here's hoping the only storms we experience this fall are the ones on the weather map.

Charles Felix



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A Call to Action

You may be familiar with the Make-A-Wish® name and even have a sense of the life-changing wishes we provide critically ill children and their families. You may even know someone whose wish to be (something), to meet (someone), to go (somewhere), to have (something) or give (to a cause) has been granted by our nonprofit organization.

But here's something you may not know. It's medical and healthcare professionals like yourself that can be the impetus for these magical experiences. That can help us start the process of making dreams come true for local kids that likely qualify for our services, at no cost or obligation to their families, just by making us aware of those you may come across in your professional lives.

An Opportunity to Make a Difference

While the chapter I lead will grant nearly 600 wishes this year and assist with another 300 or so where travel brings them to our territory from other areas of the country, we're not on the front lines of healthcare. And while we work very hard to identify every potentially eligible child, there are still some we're not reaching. Ones who deserve all the hope, strength and joy a wish can provide, but who, for a variety of reasons, don't get referred to our chapter.

As CEO, the thought of these missed opportunities keeps me up at night. Which is why I'm appealing to you directly, not to assist with my sleep, but to be an advocate for sick kids and their overwhelmed families during some of the most difficult times of their lives.

It's easier to have life-changing impact than you might imagine. All it takes is a visit to www.wish.org/refer-a-child and the entry of some basic information to put the child on our radar. Once a referral has been received and a medical professional certifies their patient's illness meets medical eligibility requirements, that individual is guaranteed to receive a wish that we believe isn't just a nice thing we do, but a necessary part of the treatment regimen. Something research has shown positively impacts not just the mental and emotional state of the person



**BY NORMAN
WEDDERBURN**

whose wish it is, but also their extended support network of family and friends.

What Kids Wish For

As you might imagine, Disney-related experiences are still the most requested, but they are far from being all the wishes we grant. Our chapter recently had kids meet soccer superstar Lionel Messi, act in and direct their own movie and receive puppies. We've previously had kids spend private time with the pope at the Vatican, receive customized backyard playsets and had one young entrepreneur ring the bell to close trading on the New York Stock Exchange. We believe what kids wish for is only constrained by the limits of their

imagination, which is why we built "Wish Works" at the Finker-Frenkel Wish House (but that's a column for another day).

Will You Help?

Granting these wishes is something our chapter has done locally more than 15,000 times since 1983 and is perfectly positioned to do moving forward. But we can't help kids we're not aware of, so that's why this is a direct appeal to join the effort to change lives. By referring a child you'll create an opportunity that can be the springboard to a brighter future and, at the minimum, provide a much-needed respite for those whose lives have been turned upside down by a serious illness.

If you're aware of a child between the ages of 2½ and 18 that has been diagnosed with a life-threatening medical condition, we want to hear from you. Just visit the website to initiate the referral process and take pride in doing something special. Not just for a deserving child and their family, but for yourself and the South Florida community we all call home.

Norman Wedderburn is the president/CEO of Make-A-Wish Southern Florida. For more information, visit www.wish.org/sfla. Follow and engage with Make-A-Wish on Facebook, X, Instagram, YouTube, LinkedIn, and TikTok.



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AI Readiness Is a Workforce Question, Not Just a Technology Question

A patient describes his symptoms, and for once I'm listening instead of typing, because an ambient AI tool is quietly drafting the note as we talk. When the visit ends I read it back, fix what it missed, and sign. The tool did the transcription; the judgment stayed mine. That small division of labor is the whole argument for how a health system should approach artificial intelligence, and most of the industry has it backward.



BY ALON WEIZER, MD

Every health system is being asked whether it's ready for AI. The real question isn't whether we're ready. It's whether our people are. A vendor will sell you a tool. Teaching an entire organization when to trust that tool, when to question it, and when to set it aside is the harder work, and it's the work that determines whether AI improves care or just adds a system nobody uses correctly. Those skills aren't for some future state. Our people need them now.

We state one principle deliberately, because it orders everything else: our work is primarily human-driven, with AI to augment and support it. The common phrase "human in the loop" suggests the system runs and a person checks it. In medicine, it runs the other way. The judgment that protects quality and pre-

vents harm stays human. Technology enables that work. At the bedside, it does not replace it.

That principle shows up in how we deploy. Our implementation of Chart with Art, Epic's ambient documentation tool, has cut physician charting time by nearly 30 percent per encounter. We extended it to inpatient nursing this year, among the first health systems in the country to do so, and built it to work in English and Spanish from the start, because a tool that only works in English doesn't reflect the patients or the workforce it serves. Cosmos, Epic's research network spanning 310 million longitudinal patient records across more than 350 health systems, lets a clinician facing a rare condition connect with doctors who have treated similar patients elsewhere, or see how comparable patients responded to a given treatment. But access isn't automatic. Clinicians complete coursework first, and identifiable data requires added training and IRB oversight. The literacy requirement lives inside the tool, not bolted on after adoption.

So we build workforce readiness deliberately, through a tiered framework running from every employee up through executive leadership, calibrated to the

risk each role carries. It starts with a floor most organizations skip, a shared vocabulary, because a workforce that can't tell a large language model from an agentic one can't adopt either safely.

Readiness also means naming what we haven't solved. Newer models have made real progress on hallucinations, the early fear that AI would invent information. Bias and model drift, where a tool quietly stops producing valid results, have not been solved, and they demand continuous audit rather than a one-time launch.

Then there's the problem few are naming. A decade ago, electronic health records consolidated dozens of disconnected systems into something coherent. AI is doing the opposite. Every function now arrives with its own tool, and the work re-fragments as fast as we automate it. Managing that sprawl, sometimes resisting it, is part of readiness too. So before we add the next tool, we ask what the return is. It doesn't have to be financial. But it has to be articulated.

None of this slows us down, and none of it replaces clinical judgment. What readiness gives us is a workforce equipped to use powerful tools without losing sight of the person in front of them. It isn't a rollout you finish. It's a capability you build, one tier at a time, with the people doing the work.

Dr. Alon Weizer is Chief Medical Officer, Mount Sinai Medical Center.

New Stroke Recovery Study at Sarasota Memorial Evaluates Therapy to Improve Arm and Hand Function

Sarasota Memorial's Kolschowsky Research and Education Institute is enrolling patients in a national research study to learn more about a treatment that may help stroke survivors regain movement in their arms and hands.

The study, called GRASP, is led locally by Ryan Hafner, M.D., a physical medicine and rehabilitation physician with Sarasota Memorial's First Physicians Group. Researchers will follow patients who receive the Vivistim® System, an FDA-approved therapy designed to improve arm and hand function after a stroke. Sponsored by Mobia Medical Inc., the study will track



Dr. Ryan Hafner

patients' progress over time to better understand how the therapy performs in everyday clinical care.

"Recovering from a stroke can be a long and difficult journey, especially for people who continue to have weakness or limited movement in their arm or hand," Dr. Hafner said. "This study will help us better understand how paired vagus nerve stimulation therapy may improve recovery and support patients over the long term."

The national registry study is open to adults aged 18 and older who have had a stroke, have moderate to severe upper limb deficits and are clinically consid-

ered appropriate for paired vagus nerve stimulation therapy.

For many stroke survivors, improving arm and hand function can make a meaningful difference in daily life. By participating in the GRASP study, Sarasota Memorial patients may help researchers and clinicians better understand long-term outcomes associated with this therapy and its role in stroke rehabilitation.

For more information or to find out if you are eligible to participate in the local study, contact Sarasota Memorial's research team at (941) 917-2225 or researchinstitute@smh.com. Additional information about the national registry study is available at: <https://clinicaltrials.gov/study/NCT05301140>

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Cleveland Clinic Weston Hospital Brings Advanced MediView Imaging Technology to Florida

Cleveland Clinic Weston Hospital is the first medical center in Florida to offer access to MediView XR90TM surgical navigation and intelligence platform, marking an important step forward in image-guided care and minimally invasive procedures.

The extended reality technology allows physicians to view and combine multiple imaging modalities during procedures, helping enhance visualization, improve precision and support a more seamless experience for both patients and care teams.

"Normally, we would do a biopsy, for example, with ultrasound guidance," said Dr. Kevin Stadlander, site director of the interventional radiology residency program at Cleveland Clinic Weston Hospital.

"Extended reality allows us to take CT images that have been acquired ahead of time and use those to create a holographic 3D image of the patient's anatomy that we can see in our headset as we're looking at the patient and doing a procedure with ultrasound."

By blending CT and ultrasound in real time, the technology gives physicians a more comprehensive view during procedures without exposing patients to radiation during the intervention itself. This ability to use more than one imaging guidance method at the same time can potentially help improve safety, accuracy and efficiency.

"The technology is going to help us the most when we consider combining multiple imaging modalities," Dr. Stadlander said. "Normally, we would use one imaging modality, such as CT or ultrasound, to do a biopsy. In this case, extended reality allows us to combine two different imaging modalities, CT and ultrasound, in real time, to do a procedure such as a biopsy."

Cleveland Clinic Weston Hospital plans to use the technology initially for biopsies, particularly in complex cases where additional imaging detail may be especially valuable. Over time, the hospi-



tal expects to explore broader applications, including treatment procedures such as thermal ablation, as the technology continues to evolve.

For physicians, the headset also offers ergonomic benefits by allowing them to keep their focus directly on the patient rather than turning to view monitors placed around the room. That streamlined workflow can support operator comfort while maintaining constant visual access to critical imaging information.

"This technology allows us to do certain things in an easier fashion than we previously were able to," Dr. Stadlander said. "If we can see better, we can do better."

As part of its commitment to innovation, Cleveland Clinic Weston Hospital will use the MediView system in both clinical care and research. The hospital also expects the technology to support future advances in physician education and collaboration, including opportunities to work closely with colleagues across the Cleveland Clinic system.

The first case performed with the technology at Cleveland Clinic Weston Hospital involved a patient with a small liver lesion in a difficult-to-reach area. By using CT and ultrasound simultaneously, physicians were able to better visualize the lesion and perform a biopsy with greater confidence.

The addition of MediView imaging systems reflects Cleveland Clinic Weston Hospital's continued focus on bringing leading-edge tools to patients in South Florida and expanding what is possible in image-guided medicine.

Physician Wellness: Making Self-Care Part of the Practice of Medicine

Medicine demands that physicians remain attentive to the needs of others, often under extraordinary circumstances. We are trained to recognize symptoms, evaluate risks, make difficult decisions, and act decisively on behalf of our patients. Yet physicians can be remarkably reluctant to apply the same discipline of assessment and prevention to their own wellbeing.

That must change.

Wellness is not an indulgence, nor should it be viewed as an individual responsibility to simply "manage" the pressures of an increasingly demanding profession. It is an essential component of a sustainable medical career. Physicians who are intentional about their wellbeing are better positioned to maintain perspective, preserve meaningful relationships, and continue providing the quality of care their patients deserve.

There are practical tools that can help us begin that process. Mindfulness allows us to be more present and recognize stress before it becomes debilitating. Self-reflection creates an opportunity to examine whether our professional and personal lives remain aligned with our values. Self-assessment can help identify changes in our physical, emotional, or financial wellbeing that might otherwise go unnoticed. Journaling provides a structured way to process experiences and recognize recurring patterns. And perhaps most importantly, seeking feedback from trusted colleagues, mentors, friends, or family members can provide perspectives that we may not be able to see for ourselves.

These are not signs of vulnerability. They are tools of professional resilience.

Recognizing the importance of this issue, the Miami-Dade County Medical Association is launching the Physician Wellness Summit, a half-day experience designed specifically for physicians. The Summit approaches wellness through four interconnected dimensions: physical, nutritional, mental, and financial wellness. Through educational sessions and practical guidance, physicians will have the opportunity to examine the factors that influence their wellbeing and identify strategies they can incorporate into their daily lives.

Our objective is not to offer a one-day



BY JULIE KANTOR, MD, FAAP

solution to a complex problem. The Summit is intended to become an ongoing program, with a second edition planned for 2027. We want to create a sustained conversation about physician wellness and ensure that our members have access to credible information, practical tools, and meaningful resources throughout their careers.

One such resource is the MDCMA Physician Wellness Program, LifeBridge, which

recognizes the seriousness of physician burnout in our community. The practice of medicine can be profoundly rewarding, but it can also involve relentless emotional and professional demands. Physicians confront difficult clinical decisions, long hours, administrative pressures, and the responsibility of caring for patients and families during some of their most vulnerable moments. When these pressures accumulate, the consequences can extend beyond the workplace, affecting our personal lives, practices, relationships, and families.

LifeBridge offers physicians a voluntary and confidential resource during challenging times. Through the program, MDCMA members have access to up to four complimentary sessions each year with licensed counselors, providing an opportunity to prioritize their well-being without adding another barrier to doing so. Seeking assistance should never be interpreted as a failure to cope. On the contrary, recognizing when we need support is an important expression of professional judgment.

The Physician Wellness Summit and LifeBridge are two examples of the resources available to our physician community. They are part of a larger commitment by the Miami-Dade County Medical Association to ensure that physicians have the support, education, and resources necessary to navigate the demands of medicine.

We cannot effectively advocate for the health of our patients and communities while ignoring our own. Physician wellness must be part of the practice of medicine, not an afterthought.

Dr. Julie Kantor is President, Miami-Dade County Medical Association.

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ACHE of South Florida Member Spotlight: Melissa Emerson, MBA, BSN, RN, FACHE

BY LOIS THOMSON

"It's been amazing, it feels like home!" That is Melissa Emerson's observation about her current position of Chief Operating Officer at Bethesda Hospital. Emerson can make a statement like that because Bethesda is where she began her nursing career.

"I started my healthcare career as a nurse extern while in nursing school at Bethesda Hospital East in 2003, then in 2004 I graduated nursing school with a bachelors from FAU, and from there I was a nurse leader at Bethesda." Since that time, Emerson has continued her education and advanced her career until she has now attained the position of COO.

Following her initial time at Bethesda, Emerson worked at Good Samaritan, where she was promoted to administrative director of clinical operations – a role that encouraged her to seek a masters. "I had been a nurse for more than 10 years, and a leader for many of those years, so I was trying to figure out which master program to go into. During my career, I always made decisions to keep as many doors open as possible; I sought new experiences and different roles that challenged me, so I ended up going back to school, to FAU for the executive MBA program."

After earning her MBA, Emerson continued her nurse leadership path and became director of nursing at Broward Health Coral Springs. "Then during Covid in 2020 I was promoted to chief nursing officer of the hospital." She admitted, "It was an interesting time to step into that role. I was still close to bedside leadership and staffing, and intimately knowledgeable about policies and procedures. We were really only focusing on basics. We weren't looking to elevate nursing practices or policies, just trying to keep our employees safe and our patients alive."

A series of events nearly three years ago brought Emerson back to Bethesda as COO, where her responsibilities include overseeing Baptist's heart and vascular institute, and surgical services.



Melissa Emerson

"My role with those institutes is to have growth strategies, make sure we're meeting the needs of the community, and continue to position ourselves as the hospital that patients want to choose for services." Encompassed in her work is overseeing the imaging department, lab, environmental services, food and nutrition, construction team and facilities, pharmacy, and security.

Emerson said her favorite part of her work is the people, and she receives the "most joy out of removing any barriers for our staff so they can do the job they were hired to do."

It was during her work at Broward that Emerson was introduced to ACHE, the American College of Healthcare Executives. "I had colleagues who were active in ACHE, and as I went to meetings, the topics of the sessions resonated with my work, even as a CNO. I wanted to be involved in an organization that continued how we can look to advance healthcare, make improvements, and support each other."

That was her draw more than 5 years ago, and then just last year she became a fellow. "As a COO, and with my background in nursing, I wanted to have that fellow behind my name, to support my work and show I have that healthcare experience."

Along with the fellow distinction, Emerson appreciates the networking associated with ACHE. "Life experiences and situations are always changing, so you can meet people and expand your network. That's what the profession is all about, building relationships and connections – because you never know who you can help, or who can be a resource for you." She added that she tries to encourage direct reports who are looking to advance in their career: "I always recommend that they join."

In addition to her association with ACHE, Emerson is currently chair of FAU's Christine E. Lynn College of Nursing Advisory Board, and also sits on the Greater Delray Chamber of Commerce board of directors.

Why Website Maintenance Is the Secret to Staying Visible Online

Your website isn't a "set it and forget it" asset, it's a living, breathing extension of your brand. Yet so many businesses launch a beautiful site, walk away, and wonder months (or years) later why traffic has dried up, leads have slowed, and the site suddenly feels dated. The truth is simple: an unmaintained website doesn't just look stale; it becomes invisible to both your customers and the search engines trying to recommend to you.

At Dorron Marketing, we see this all the time. A business invests real money into a stunning website, treats the launch as the finish line, and then loses momentum because nobody kept the engine running. Let's break down why ongoing website maintenance is one of the highest-leverage investments you can make in your brand.

Outdated Plugins and Pages Are a Liability

Every plugin, theme, and page on your website is a moving part. When plugins go updated, they become the number one entry point for security vulnerabilities, hackers actively scan the web for outdated software to exploit. Beyond security, outdated plugins can slow your site down, break functionality, or clash with newer browser standards, creating a frustrating experience for visitors.

Outdated pages are just as damaging, but in a quieter way. Old pricing, discontinued services, expired promotions, or broken links tell visitors and Google that nobody's paying attention. A stale page erodes trust fast, and trust is the currency of every sale.

A Fresh Look Builds Instant Credibility

Think about the last time you landed on a website with a grainy stock photo from 2014 or a video that felt hopelessly outdated. Did it make you want to do business with that company? Probably not.

Updated photos, current video content, and modern visuals signal that a brand is active, relevant, and worth trusting. This doesn't mean redesigning your entire site every quarter, it means periodically refreshing your imagery, showcasing recent projects, updating testimonials, and swapping in video content that reflects where your business is today, not where it was five years ago.

AI Optimization: The New Frontier of Visibility

Here's something most businesses haven't caught up to yet: search is changing. AI-powered search engines and



BY DORRON
BLUMBERG

assistants are increasingly pulling information directly from websites to answer user questions and they rely heavily on structured data to understand what your site is about.

That's where JSON-LD schema markup comes in. Adding structured JSON code to your website helps AI tools and search engines accurately interpret your business, your services,

your location, your reviews, your hours, your pricing. Without it, you're relying on AI to guess. With it, you're handing search engines and AI assistants a clear, accurate summary of your brand, dramatically increasing your odds of being surfaced in AI-generated answers, voice search results, and rich search snippets. As AI search for adoption grows, businesses that optimize for it now will have a significant head start over those who wait.

Fresh Content Is Fuel for Rankings

Search engines reward activity. A website that regularly publishes new content, blog posts, service updates, case studies, FAQs — sends a strong signal that the business behind it is active and worth ranking higher. Regular content also gives you more opportunities to target new keywords, answer customer questions, and build the kind of authority that search engines (and AI tools) trust.

Consistency matters more than volume. A steady drumbeat of quality content will outperform a single burst of blog posts followed by silence every time.

Maintenance Isn't Optional — It's Strategy

Put simply: your website is never "done." It's a dynamic tool that should evolve alongside your business, your industry, and the technology shaping how people find you online, including AI. Regular plugin updates protect your site. Fresh visuals build trust. Structured JSON data prepares you for the AI-driven future of search. And consistent content keeps you visible, relevant, and competitive.

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The Changing Practice of Medicine: Keeping Physicians at the Center of Healthcare

Medicine is changing, and not simply because of advances in technology, artificial intelligence or new treatments. One of the most significant transformations taking place in healthcare is the way physicians practice medicine and the organizations in which they deliver care.

For generations, the independent physician-owned practice was the cornerstone of American medicine.

Today, that model represents a smaller share of the profession. According to the American Medical Association's 2024 Physician Practice Benchmark Survey, 42.2% of physicians worked in private practices in 2024, down from 60.1% in 2012. During that same period, the percentage working in hospital-owned practices increased from 23.4% to 34.5%. Another 12.2% were directly employed by or contracted with hospitals, compared with 5.6% in 2012. Private equity ownership has also grown, with 6.5% of physicians reporting that they worked in private-equity-owned practices in 2024.

These numbers reflect a healthcare environment that has become increasingly complex. Physicians face growing administrative and regulatory requirements, rising practice costs, changing reimbursement models, workforce challenges and the substantial investment required to maintain modern technology and infrastructure. The AMA survey found that among physicians who sold their practices to hospitals, private equity firms or insurers, inadequate payment rates, access to costly resources and the need to manage payer and regulatory requirements were among the most frequently cited reasons.

There are important advantages to larger organizations. Hospitals and health systems can provide infrastructure, technology, administrative support and access to resources that may be difficult for smaller practices to maintain. Large physician groups can create efficiencies and opportunities for collaboration. Private equity can bring capital and operational expertise.

But consolidation also presents challenges. Physicians may have less control over business decisions, greater pressure



BY CHRISTOPHER
CHANG, MD

to meet organizational expectations and, in some environments, less influence over decisions affecting how care is delivered. The fundamental question is not whether one practice model is inherently better than another. It is whether physicians have a meaningful voice in the healthcare system in which they practice.

This is where medical associations have an increasingly important role.

The Broward County Medical Association (BCMA) has served physicians in our community for a century, and our responsibility is to evolve alongside the profession. Today, our membership includes physicians practicing independently, within hospitals and health systems, in large multispecialty groups, in academic settings and in other emerging models of care.

BCMA must serve all of them.

That means expanding the value we provide beyond traditional advocacy. We are continuing to develop educational programs, networking, professional development, business-of-medicine resources and other practical content designed for physicians navigating today's healthcare environment. Whether a physician owns a practice, is employed by a health system or works within a large medical group, physicians need trusted resources and a professional community that understands the challenges they face.

Just as importantly, physicians need a collective voice that is independent of any particular employer or business model.

As healthcare continues to evolve, BCMA will evolve with it. Our goal is not to preserve a particular model of practice. Our goal is to preserve and strengthen what should remain at the center of every model: the physician-patient relationship, physician leadership and the highest standards of patient care.

The future of medicine will look different from its past. BCMA is committed to making sure physicians have a meaningful voice in shaping that future.

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

Healthcare Cyberattacks are Attacks on Florida Patients

Healthcare organizations are the number one target for hackers and cyberterrorists, including nation-state actors, such as Russia. These attacks often involve theft of patient data and medical research but also include high-impact ransomware attacks that shut down critical medical systems, creating barriers for patients to access the care and treatment they need, when they need it.

In 2025, there were more than 460 ransomware attacks targeting the healthcare sector, more than any other critical infrastructure sector. These attacks resulted in an average of 17 days lost to downtime and a cumulative cost of \$21.9 billion over the last six years, according to the Healthcare Financial Management Association. Downtime means hospitals and other sites of care are shutdown or forced to limit available medical services.

Cyberattacks of all kinds significantly affect timely patient care. Nearly 90 percent of healthcare organizations experiencing a supply chain attack reported it disrupted patient care, according to the 2025 Ponemon Healthcare Cybersecurity Report. Patients were primarily impacted by delays in procedures and tests that resulted in poor outcomes (51 percent) and an increase in complications from medical procedures (49 percent).

Nearly 70 percent of entities experiencing a ransomware attack reported negative impacts on timely patient care, with 56 percent reporting delays in procedures and tests.

Even when hospitals themselves are not the primary target of a cyberattack, as was the case with the Change Healthcare attack in 2024, access to care can be compromised. The attack against one of the country's largest healthcare companies had significant consequences for patients and the hospitals, health systems, and other clinicians who care for them.

In some communities, patients struggled to obtain essential prescriptions or experienced delays in scheduling care. Results from an American Hospital Association survey representing nearly 1,000 hospitals found that 74 percent reported direct patient care impact, including delays in authorizations for medically necessary care.

Likewise, the March cyberattack by Iranian cyberterrorists against Stryker, a global medical technology company, dis-



BY MARY C. MAYHEW

rupted the global supply chain for essential medical devices and hospital equipment. With its systems offline, production lines stopped, electronic ordering systems were down, and fulfillment operations stalled. U.S. hospitals reported being unable to order surgical supplies, and hospitals in the United Kingdom were ordered to consolidate orders through the National Health

Service's supply chain platform and not order directly.

From ransomware and phishing scams to e-mail bombing and malware, the threats are significant and are so much more than an IT security issue. They represent real clinical risk to Florida's patients.

Florida's hospitals are taking extensive prevention and protection measures against cybercrime, while enhancing their response plans and actions with a focus on continuity of care. Identifying and prioritizing the risk to essential services, like pharmacy, medical records, laboratories, and radiology and imaging services, is mission-critical to enhance safeguards and operational continuity.

Hospitals have designated response team members to develop clinical continuity procedures, tools, and resources, and to train their employees how to best function through extended downtimes.

In addition, through the Florida Hospital Association, hospitals are represented in the University of South Florida's Center for Cybersecurity (CyberFlorida). FHA chairs the Senior Advisory Group whose members represent state agencies and partner organizations responsible for preventing, responding to, mitigating, and recovering from a cyberattack.

Likewise, FHA established a Chief Information and Chief Information Security Officers Council to advise on how best to support hospital threats and cybersecurity.

This commitment is resource-intensive, but for Florida's hospitals, the cost of not investing in that security is far greater because robust cybersecurity is no less essential for high-quality patient care than highly trained clinicians, sophisticated equipment, and the most advanced medications and treatments.

Mary Mayhew is President and CEO, Florida Hospital Association.



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How Tampa General Is Closing the Gap Between Urology and Oncology

For patients with suspected or confirmed urologic cancers, including prostate, bladder, kidney and testicular cancers, the handoff between urologist and oncologist is one of the most consequential moments in their care. Delays in that transition, caused by fragmented records, incomplete referral packets or scheduling gaps, directly affect treatment timelines and outcomes. Tampa General Hospital (TGH) has built its South Florida network specifically to eliminate those friction points.

Tampa General's integrated network of urology and oncology specialists across the Palm Beaches and Treasure Coast creates an innovative pathway between specialties. Urologists at TGH Urology Group of Florida coordinate care easily with TGH Cancer Institute | Cancer Center of South Florida (CCSF), with shared access to Epic electronic medical records (EMRs). Pathology reports, imaging, operative notes and lab results are visible to both teams in real time; no faxing, no chasing records and no gaps in the referral packet before an oncology consult.

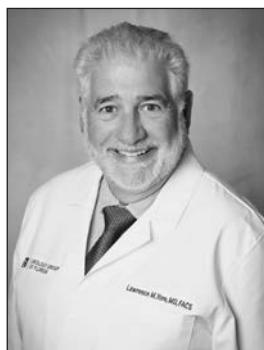
"Patients facing a potential urological cancer diagnosis are already navigating a stressful and uncertain time," said Dr. Adam J. Kotkiewicz, medical oncologist with TGH Cancer Institute | CCSF. "Tampa General has reinvented multispecialty collaboration between its urology and oncology teams, helping us streamline referrals and accelerating patient access to treatment. This can make all the difference in a patient's outcome."

These virtual shared EMRs also change what's possible before the first oncology visit. Oncologists can review urology workups in advance, compressing the time to disease-staging confirmation and earlier initiation of therapy, which is critical for time-sensitive cancers, like bladder or high-risk prostate cancers.

Nurse navigators further accelerate this process. Rather than simply routing information, they proactively verify pathology, imaging and staging data before consultations, as well as manage



Dr. Adam J. Kotkiewicz



Dr. Lawrence Yore

scheduling and ensure that required labs are completed in advance. What is typically a fragmented workflow becomes a continuous one, with physicians spending less time on logistics and more on clinical decision-making.

Another key differentiator is the use of multispecialty case review within the network. Complex urological cancer cases, particularly those involving advanced or ambiguous staging, can be discussed collaboratively among urologists, medical oncologists, radiation oncologists and radiologists. This team-based approach helps alignment on the most appropriate treatment strategy earlier in the care continuum, reducing variability and ensuring that each patient benefits from a consensus-driven plan. Rather than waiting for sequential referrals to unfold, providers can make more informed decisions upfront, improving both efficiency and confidence in the chosen course of care.

The network's regional footprint across the Palm Beaches and Treasure Coast further supports continuity for patients who might otherwise face geographic or logistical barriers to specialty care. With multiple access points for both urology and oncology services, patients can move through diagnosis, staging and treatment without unnecessary travel or disruption. This accessibility, combined with standardized workflows and shared clinical protocols, reinforces a consistent experience regardless of entry point into the system. For referring physicians, it means greater certainty that their patients will be guided through a coordinated process that pri-

oritizes timely intervention and clear communication at every transition.

Tampa General's academic partnership with USF Health Morsani College of Medicine adds another dimension for physicians: access to breakthrough treatments, evolving clinical guidelines and clinical research infrastructure through the TGH-USF Health Office of Clinical Research. Continuing medical education (CME) lectures hosted within the network allow urologists and oncologists to meet, align and build the working relationships that make multimodal cancer care, which includes surgery, radiation, systemic therapy and immunotherapy, function as a coordinated sequence rather than as a series of disconnected handoffs.

"When cancer is suspected, every day counts," said Dr. Lawrence Yore, urologist with TGH Urology Group of Florida. "Our goal is to give patients access to the right specialists at the right time, with a care team that's communicating every step of the way."

For physicians looking to practice within a system built for collaboration, with shared infrastructure, academic resources and a growing regional footprint, Tampa General offers a compelling model.

For more information about Tampa General's expanding network of specialized services in the Palm Beaches and on the Treasure Coast, visit TGH.org/ThePalmBeaches.



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MEMORIAL REGIONAL HOSPITAL'S OUTPATIENT BEHAVIORAL HEALTH CENTER

Laura Pawlicki, LCSW

Encouraged by growing awareness of mental health and continued progress in reducing stigma, Laura Pawlicki, LCSW, believes compassionate care begins with building trust. As a social worker at Memorial Regional Hospital's Outpatient Behavioral Health Center, she is committed to helping individuals and families navigate life's challenges and improve their well-being and quality of life.

"Mental health work is incredibly rewarding, but it also requires patience, resilience and the ability to meet people where they are without judgment," Pawlicki said. "Approach each individual with empathy, cultural humility and respect for their lived experiences."

She values the opportunity to advocate for patients and families, connect them with essential resources and collaborate with multidisciplinary teams to support positive outcomes. Seeing individuals gain access to care and make progress continues to inspire her work.



Elizaveta "Liza" Houellemont, LMHC

Driven by a desire to make a lasting difference, Elizaveta "Liza" Houellemont, LMHC, chose a career in mental health to help people build healthier relationships with themselves and create more fulfilling lives. Working in substance use treatment, she finds the greatest reward in seeing patients commit to recovery and experience meaningful transformation.

As a licensed clinical therapist at Memorial Regional Hospital's Outpatient Behavioral Health Center, Houellemont is especially proud to have helped develop and coordinate the mental health counseling internship program, supporting and mentoring future clinicians at Memorial's teaching hospital.

Houellemont believes caring for the whole person begins with listening. "Sometimes one of the most important things we can do is slow down, listen to a patient's story and understand the person, not just the symptoms," Houellemont said. "Progress looks different for everyone."

She reminds fellow professionals that self-care and healthy boundaries are essential for preventing burnout.



JOE DIMAGGIO CHILDREN'S HOSPITAL

Lazara Novas, PsyD, PMH-C, IMH-E

Inspired by the unconditional love and support of her father, Lazara Novas, PsyD, PMH-C, IMH-E, built her career around helping families navigate life's earliest and most vulnerable moments. As Joe DiMaggio Children's Hospital's first dedicated NICU psychologist, she established psychological services for families while embedding emotional well-being into neonatal intensive care.

Known for her compassionate, collaborative and family-centered approach, Dr. Novas considers supporting parents during pregnancy and the postpartum period one of the most powerful forms of mental health prevention. She is especially proud to partner with colleagues on initiatives including the Parent Mentor Program and Nurse-led Peer Support Space.

"Mental health isn't adjacent to healthcare – it is healthcare," Dr. Novas said. She believes early intervention can change the trajectory of a child's life. Her advice to future mental health professionals is to lead with empathy, stay curious and never underestimate the power of simply being present during someone's most vulnerable moments.



JOE DIMAGGIO CHILDREN'S HOSPITAL

Rafael Guzman, LCSW

Growing up in New York City, Rafael Guzman, LCSW, developed an early appreciation for the resilience people show in the face of adversity. Witnessing the effects of poverty, homelessness, addiction and trauma inspired a career in social work – one he says ultimately chose him.

During his 17 years with Memorial Healthcare System, Guzman has supported patients across behavioral health, including on the Medication Assisted Treatment Team during the opioid crisis and COVID-19 pandemic. Today, as Social Work Supervisor for the Pediatric Emergency Department at Joe DiMaggio Children's Hospital, he helps children and families navigate some of life's most difficult moments.

Guzman believes every patient deserves a safe space to share their story and know they are not facing it alone. By partnering with families and the interdisciplinary care team, he strives to build a foundation for immediate safety and long-term healing. "The skills can be taught, but the heart for this work comes from within," Guzman said.



MEMORIAL REGIONAL HOSPITAL

Jenny Boodlal-Sookraj, MSW

Growing up in the Caribbean, Jenny Boodlal-Sookraj, MSW, witnessed firsthand how stigma often prevented people from seeking mental health support. That experience inspired her to pursue a career in social work, where she is committed to reducing stigma, promoting awareness and empowering individuals to seek the support they need.

As a social worker and case manager at Memorial Regional Hospital, Boodlal-Sookraj finds purpose in guiding patients and families through difficult moments with compassion and empathy. She advocates for their needs, connects them with essential resources and helps improve their overall well-being during times of uncertainty.

Boodlal-Sookraj believes every patient deserves to feel heard, supported and treated with dignity. Through thoughtful advocacy and a compassionate approach, she strives to make a meaningful difference in the lives of the individuals and families she serves.



Lisa Wasserman, PsyD, ATR-BC, ATCS

For Lisa Wasserman, PsyD, ATR-BC, ATCS, art has always been a powerful tool for expression and healing. Rather than pursuing a career as a fine artist, she chose to help others explore their emotions, experiences and resilience through creative expression as a board-certified clinical art therapist.

Colleagues describe her therapeutic approach as creating a safe, compassionate space where, as they often observe, "a therapeutic dance" unfolds throughout the process. By helping patients express thoughts and feelings that can be difficult to put into words, Wasserman empowers them to better understand themselves and discover new paths toward healing and growth.

Dr. Wasserman is proud to be part of Memorial Regional Hospital's Behavioral Health team, where creativity and connection are integrated into patient care. She believes the therapeutic process offers a profound opportunity for people to better understand themselves, discover their inner resilience and see the world through a new lens of possibility.



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IRS Issues Relief for Exempt Organization Executive Compensation Excise Tax

The Internal Revenue Service (IRS) released Notice 2026-36 on June 5, 2026, announcing it intends to issue proposed regulations under Section 4960 of the Internal Revenue Code (IRC) addressing the expansion under the One Big Beautiful Bill Act (OBBBA) of the excise tax on tax-exempt organization executive compensation. In particular, the notice provides interim relief and clarity regarding the excise tax on annual executive compensation over \$1 million and excess parachute payments for applicable tax-exempt organizations (ATEOs). Most importantly, it protects ATEOs from unexpected tax liabilities by confirming that the existing exceptions for "limited hours" "limited services," and "non-exempt funds" will continue to apply, which essentially prevents volunteers from inadvertently being classified as "covered employees" who subject the ATEO to the excise tax.

Section 4960, enacted in 2017 as part of the Tax Cuts and Jobs Act, imposes an excise tax equal to the corporate tax rate on remuneration in excess of \$1 million or any excess parachute payment made to a "covered employee" of an ATEO. A



BY TODD TERESCO

covered employee was originally the five highest compensated employees of an ATEO, subject to certain exceptions in the 2021 final regulations. However, the definition of a covered employee was expanded in OBBBA to include any employee or former employee of an ATEO, not just the highest compensated.

Key Implications of Notice 2026-36

IRS Notice 2026-36 clarifies who is a "covered employee" following legislative changes under the 2025 One Big Beautiful Bill Act (OBBBA). The notice provides the following information for ATEOs:

- **Covered Employee Definition:** Forthcoming proposed regulations will narrow the classification to individuals who were employees of an ATEO from 2017 through 2025 and were treated as covered employees under prior law, and any employee of an ATEO in tax years beginning after December 31, 2025.

- **Retroactive Protection:** The IRS intends for proposed regulations to apply prospectively. As a result, tax years beginning before the issuance of final

regulations will generally not be penalized under the updated framework.

Volunteer Exception (Limited Hours, Limited Services and Nonexempt Funds)

A major focus of Notice 2026-36 is the protection of individuals who donate their time to nonprofit organizations. Until final regulations are issued, ATEOs and related organizations may continue to rely on the following exemptions:

- **Limited Hours/Limited Services:** Individuals who provide volunteer services and whose compensated hours (if any) fall below forthcoming regulatory thresholds will generally not be treated as covered employees.

- **Nonexempt Funds:** Similarly, individuals whose compensation is paid entirely from nonexempt funds (e.g., funds not derived from the ATEO or certain related organizations) may also qualify for exclusion.

The impact of these proposed changes means that board members, advisors, and hands-on volunteers who are not substantive paid employees of the tax-exempt entity will not trigger the 21% excise tax under IRC Section 4960 on their compensation packages or benefits. The ATEO — not the individual — is responsible for the tax, which is reported on Form 4720.

Action Steps for Tax-Exempt Organizations

While the IRS and Treasury intend to formalize these parameters in future proposed regulations, ATEOs should use this transition period opportunity to review and strengthen their compensation and governance practices:

- Review compensation classifications, including stipends, reimbursements, and board payments.
- Document eligibility for individuals who may fall under the limited hours/limited services or non-exempt funds exceptions.

BDO professionals can assist ATEOs and their related entities with navigating the IRC Section 4960 excise tax rules and planning for and estimating the tax.

Todd Teresco, Tax Managing Director, Nonprofit Tax Services, BDO, can be reached at tteresco@bdo.com.

Contact:

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HEALTHCARE REAL ESTATE, CONSTRUCTION, DESIGN & FACILITY PLANNING

Cover Story: Broward's Outpatient Building Boom Reflects a New Competitive Reality

Continued from page 1

this year, it also began construction on a 188,000-square-foot outpatient building along Andrews Avenue that will house pulmonology, primary care, gastroenterology, women's health, and other specialties.

Rather than simply adding square footage, the projects reflect a broader effort to modernize facilities while making outpatient care easier to navigate.

"They are replacing outdated buildings to stay relevant," Chambers says. "Broward Health North's current on-campus medical office building (MOB) is dated and somewhat hidden on the campus. Having a first-class, 6-story MOB fronting Sample Road is a win and revitalizes the look of the campus. The new buildings would support new technology and have a tenant mix so that patients can see multiple specialists in one building."

She also believes the strategy allows hospitals to rethink how they use their campuses.

"Also, this could be about hospitals getting outpatient services out of the hospital to repurpose hospital space for other revenue-driven services."

That evolution is happening across the country as advances in technology allow more procedures, diagnostics, and spe-

cialty care to move outside traditional hospital settings. Medical office buildings have become extensions of health systems rather than standalone physician offices, giving patients access to coordinated care in locations that are often easier to reach than a central hospital campus.

Even as new construction accelerates, Broward's medical office market remains relatively balanced. Countywide occupancy measured 90.7% during the second quarter, while asking rents increased 3.1% from a year earlier.

Those figures might appear inconsistent, but Chambers says several forces are pushing rental rates upward regardless of modest changes in occupancy.

"In most cases, hospital-owned MOB's need to be at Fair Market Value, so as privately-owned or investor-owned MOB pricing goes up, so do the hospital-owned MOB's. Also, new construction pricing and interior buildout construction costs continue to go up, so this also impacts quoted rental rates. Also, property insurance costs have gone up over the past few years and that also impacts the overall rent costs."

The economics behind today's projects also differ from many traditional commercial real estate developments. Most of the

new buildings are tied directly to hospital systems and specific clinical programs instead of speculative leasing, reducing financial uncertainty before construction is complete.

"Construction costs continue to rise, but hospitals also have aging buildings," Chambers says. "Taking some outpatient services out of the hospitals and into the MOB's and outpatient buildings frees up space in the hospitals to repurpose for other revenue-driven uses. Also, knowing that a good percentage of the new development is already pre-leased or accounted for provides better financing."

The broader South Florida market provides additional support for continued expansion. The region leads the nation in medical office space under construction while posting strong absorption across Miami-Dade, Broward, and Palm Beach counties. Broward alone expanded its construction pipeline to more than 508,000 square feet during the second quarter as the Broward Health and Holy Cross projects moved forward.

Chambers expects demand for outpatient facilities to remain strong because the factors fueling growth have not changed.

"Population growth" and "shift toward outpatient care" have been the buzzwords for many years," she says. "The shift of

outpatient care into centers within suburban/residential communities with good payor mixes has proven successful, so this shift continues. Hospitals continue to search for properties in prime locations to buy or lease to gain a larger market share."

Looking ahead, she believes the competitive landscape will become even more crowded, particularly since Florida eliminated certificate-of-need requirements.

"Hospital systems will continue to set outpatient facilities near competitors," Chambers says. "The elimination of certificate of need in Florida has hospital systems and their outpatient facilities within short distances from each other. Patients get to choose their preferred system while also choosing convenience. This is a win for the patients and hospitals are trying to win patients."

For hospital executives, the current building boom is about more than adding clinical space. It reflects a long-term shift in where healthcare is delivered and how patients choose providers. As more services migrate into community-based outpatient centers, the organizations with the strongest local presence may also be the ones best positioned to compete in South Florida's next phase of healthcare growth.

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HEALTHCARE REAL ESTATE, CONSTRUCTION, DESIGN & FACILITY PLANNING

Baptist Health South Florida and Lifepoint Rehabilitation Celebrate Grand Opening of New Inpatient Rehabilitation Hospital in South Miami

Baptist Health South Florida and Lifepoint Rehabilitation recently held a celebratory ribbon cutting to officially open the Baptist Health Rehabilitation Hospital in South Miami. The new 62-bed, state-of-the-art building expands regional access to specialized, patient-centered rehabilitation care for individuals recovering from a decline in function due to an injury or illness.

The three-story, 100,000 square-foot facility is designed to serve more than 1,200 patients each year and will provide intensive therapy for patients suffering from traumatic medical situations such as a stroke, orthopedic injury or deconditioning after surgery or illness.

The hospital features specialty programs dedicated to neuro, stroke and amputation, alongside distinct clinical environments including bariatric suites, a dedicated neuro unit and rooms specially designed to treat dialysis patients. To promote movement and real-world adaptation, the facility also includes large interdisciplinary therapy gyms, a low-stimulation therapy gym and a therapeutic courtyard featuring gardens, walking paths, miniature golf and shuffleboard. Additionally, a transitional living apartment simulates a residential setting to help patients practice daily living tasks safely before being discharged home.



Cover Story: Designing for Intelligence: AI's Emerging Role in Outpatient Care Environments

Continued from page 1

architect's judgment, these systems widen the field of possibilities we evaluate, helping us right-size a clinic to actual demand rather than to rules of thumb. Patient-flow simulation lets us stress-test an ambulatory surgery center or a busy imaging suite before a single wall is framed, exposing throughput bottlenecks while they remain inexpensive to fix. On the construction side, AI-driven estimating and progress tracking are compressing the schedules that make or break outpatient projects competing on speed to market.

The near future is more ambitious. Digital twins, living models fed by a facility's own data, will let us observe a clinic network in operation and continuously refine it, closing the loop between design intent and operational reality across a whole hub-and-spoke system. Exam and procedure rooms are becoming responsive, adjusting lighting, acoustics, and setup to the visit at hand, while telehealth is folded into the physical plant rather than bolted on. Designing for this means planning the invisible as carefully as the visible, weaving sensors, networks, and computational infrastructure into flexible, convertible rooms that can change function as service lines evolve.

What excites me most is AI's potential to return time to caregivers. In outpatient settings, where a provider may see

dozens of patients a day, intelligent handling of documentation, translation, and routine monitoring frees clinicians for the human work only they can do, and our buildings must support that restored attention rather than compete with it. The best care environments have always been quietly therapeutic; AI gives us new instruments to make them responsive as well.

But intelligence is not a substitute for wisdom. These tools inherit the assumptions in their data, and a flawed dataset can encode a flawed workflow into a building meant to serve a community for decades. Privacy, equity of access, and clinical safety cannot be afterthoughts, and no algorithm should sign a drawing. Architects, engineers, and clinicians must remain accountable for what the models propose.

I remain optimistic. The measure of any tool is whether it helps us serve patients, and the people who care for them, more humanely. Used with discipline and humility, AI can help us design outpatient environments that are not only more efficient, but more accessible, adaptable, and kind. That has always been the goal; we simply have better means to reach it.

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

Cleveland Clinic Launches Concierge Medicine Practice in Naples

Cleveland Clinic has opened its newest Concierge Medicine practice in Naples, making relationship-based, primary care available to the region's residents. This marks the sixth Florida location for Cleveland Clinic's Concierge Medicine practice, reflecting the ongoing effort to meet more patients where they live with personalized healthcare services.

Led by Clayton J. Rabens, M.D., MPH, a board-certified family physician and aerospace medicine specialist who recently joined Cleveland Clinic, the practice offers patients a healthcare experience centered on personalized attention and enhanced access to their physicians. Dr. Rabens will serve patients in Naples with support from Cleveland Clinic's network.



Dr. Clayton J. Rabens



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HEALTHCARE REAL ESTATE, CONSTRUCTION, DESIGN & FACILITY PLANNING

Holy Cross Health Opens \$41 Million Deerfield Beach Center and Breaks Ground in Fort Lauderdale

Holy Cross Health is at the forefront of one of the hottest emergency department (ED) trends by embedding freestanding EDs and multispecialty health centers in communities they didn't previously have a presence. When a patient is experiencing a medical episode, time is of the essence and can be the difference between life and death. The closer to home they can seek emergency treatment, the greater the chances of survival and recovery.

Holy Cross Health has strategically chosen to invest in neighborhoods that have seen population growth and an aging population. Those factors, among others, increase the demand for high-level, quality health care.

May 18 marked a major step forward in expanding access to care with the opening of the Holy Cross Health Center & Emergency Care — Deerfield Beach. This \$41 million investment builds on 70 years of Holy Cross caring for South Florida communities. Located at 340 South Federal Highway, the 25,000 square-foot center brings together a freestanding ED and a full outpatient health center with primary care, specialty services, physical therapy, and on-site lab and imaging, allowing patients to transition from urgent needs to ongoing care in one place.

"For decades, families have turned to Holy Cross Health during some of the most important moments in their lives," said Pierre Monice, MBA, FACHE, President and CEO of Holy Cross Health. "This center, along with our next one being built in Fort



Leaders, supporters and community members gather to celebrate the ribbon cutting of Holy Cross Health Center & Emergency Care – Deerfield Beach. PHOTO CREDIT: DOWNTOWN



Rendering of Holy Cross Health Center & Emergency Care – Fort Lauderdale at Sunrise. Credit: Breitner Architecture

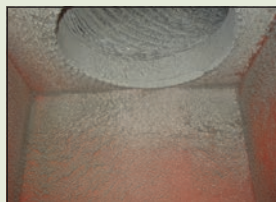
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Lauderdale, brings that same care closer to home. It means less time on the road and more time getting the care you need. When something feels wrong, where you go matters. This gives our community a place they can count on."

That level of care is carried through in the ED, open 24/7 and staffed by board-certified emergency physicians, with 14 private exam rooms; a dedicated ambulance bay; advanced imaging such as CT, X-ray and ultrasound; and an on-site lab to support timely diagnosis and treatment of serious illnesses and injuries. If additional care is needed, patients can be transferred directly to Holy Cross Health in Fort Lauderdale, where shared medical records through MyChart help keep care connected from arrival through follow-up.

At the Holy Cross Health Center, 21 exam rooms and multiple specialties are all in one place, allowing patients to see their primary care provider, visit a specialist, attend physical therapy and complete lab work without leaving the building.

For people living in Deerfield Beach, Boca Raton and surrounding communities, it changes how care fits into everyday life. It means fewer long drives for routine care, easier follow-ups after an emergency visit and a place families can rely on without leaving their community.

Holy Cross' real estate footprint is continuing to expand. Construction is underway by MPL Construction to build a new Holy Cross Health Center & Emergency Care – Fort Lauderdale at Sunrise. The official groundbreaking took place on June 26 in Fort Lauderdale. With a projected phase one opening in Spring 2027, the \$57.3 million complex will offer emergency care, advanced imaging and multispecialty physician services. The first phase will be 22,416 square feet, but it will grow to twice that size when the 22,416-square-foot second floor is built out, eventually totaling nearly 45,000 square feet.



On-site ultrasound imaging technology for diagnostic services. Credit: Downtown Sunrise

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HEALTHCARE REAL ESTATE, CONSTRUCTION, DESIGN & FACILITY PLANNING

Lee Health Expands Healthcare Access in Eastern Lee County with Outpatient Center at The Forum



Lee Health team members and project partners gathered for the ceremonial groundbreaking

Residents of eastern Lee County will soon have greater access to healthcare services closer to home with Lee Health at The Forum. Scheduled to open next year, the facility will offer primary care, Lee Convenient Care, and on-site laboratory services, creating a convenient healthcare destination for patients in Lehigh Acres, East Fort Myers, and surrounding communities.

The outpatient center will provide comprehensive healthcare services, including primary care with space for up to eleven providers, Lee Convenient Care services, and an on-site laboratory draw suite.

Baptist Health Baptist Hospital Completes Phase I of Lake Pavilion Renovation

Baptist Health celebrated the completion of the first phase of a \$120 million transformation of Baptist Health Baptist Hospital's Lake Pavilion, a multi-phase renovation project designed to enhance the experience of care for women, infants and families throughout South Florida.

Phase I includes newly renovated clinical spaces across three floors of the east side of Lake Pavilion, including the Obstetric Emergency Department and Antepartum Unit, Labor & Delivery, and the Mother Baby Unit. The redesigned areas prioritize comfort, privacy, safety and family involvement while supporting an exceptional patient experience.

Among the enhanced services, the renovated Antepartum Unit supports patients with high-risk pregnancies who require additional monitoring or extended hospital stays, with nursing teams and emergency physicians nearby when needed. New Labor & Delivery rooms combine advanced clinical capabilities with a welcoming and intimate environment for family connection, while renovated Mother Baby rooms promote recovery and bonding by keeping families together and allowing a support person to stay with the patient. The renovation is being completed in five phases, allowing patient care to continue uninterrupted throughout construction. Future phases will include private NICU rooms, additional Mother Baby rooms, dedicated lactation spaces and expanded family amenities.



(l-r) Dr. Larry Spiegelman, Medical Director of Women's Health Care; Rachel Evers, AVP of Nursing, Baptist Hospital; Cassandra Pitter, Director of Nursing Services



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When to Reconsider Artificial Nutrition and Hydration Near the End of Life

Few end-of-life decisions generate more emotion and uncertainty than whether to continue or initiate artificial nutrition and hydration. Clinicians must balance the potential benefits of these interventions against the burdens while keeping the patient's goals and quality of life at the center of the discussion.

Hospice does not mean stopping treatment. Patients may continue treatments that relieve symptoms or improve quality of life. The guiding principle is whether the intervention is helping the patient achieve what matters most to them.

What the Research Shows in Advanced Dementia

Feeding tubes may benefit some patients with terminal illnesses when the intervention aligns with their goals and overall medical condition. In advanced dementia, however, clinical evidence has shown that artificial nutrition and hydration rarely extend life or alleviate suffering and may add more risks.

There is a common perception that feeding tubes protect frail or cognitively impaired patients. However, the evidence does not support this assumption. For patients with advanced dementia, feeding tubes have not been shown to:

- Prevent aspiration pneumonia. Patients can still aspirate oral secretions, and feeding tubes are not shown to reduce the risk of regurgitated gastric contents.
- Improve nutrition or function. One



BY KAMAL WAHAB, MD, HMDc

study of 126 patients, 75% of which were neurologically impaired, found no significant improvement in nutritional markers over one year.

- Reduce mortality. Mortality following percutaneous endoscopic gastrostomy placement remains high among older adults with substantial neurologic impairment: 20% to 40% at 30 days and approximately 50% at six months

- Prevent or heal pressure ulcers. Tube-fed patients were 2.27 times more likely to develop pressure ulcers and less likely to heal existing ones, according to another study.

These findings are consistent with recommendations from the American Geriatrics Society, the American Academy of Hospice and Palliative Medicine, and AMDA – The Society for Post-Acute and Long-Term Care Medicine. Each recommends careful oral-assisted feeding rather than percutaneous tube feeding for advanced dementia.

Comfort Feeding, Not Withdrawal

When a feeding tube's burdens outweigh its benefits, I encourage clinicians to describe the plan as "switching care" rather than "withdrawing care." This approach shifts from aggressive interventions to comfort care, including comfort feeding or pleasure feeds. These practices involve offering small amounts of food or fluids as tolerated, accompanied by atten-

tive mouth care to address symptoms such as dryness, hunger, and thirst.

Comfort feeding, unlike artificial nutrition, allows family members and caregivers to participate directly in the care process. This involvement can transform mealtime from solely a clinical intervention into an opportunity for connection and support.

When Artificial Nutrition and Hydration May Help

This evidence pertains to advanced or end-stage dementia and does not apply to all seriously ill patients. There are some scenarios where artificial nutrition and hydration may still be beneficial:

- Bowel obstruction from cancer. For patients with good functional status, total parenteral nutrition may improve quality of life and may prolong survival.
- Acute stroke with a favorable prognosis. Swallowing status is often unclear early on, so a time-limited feeding tube trial can help close that gap.
- Esophageal or oral cancer. When a tumor, rather than generalize decline, limits oral intake and the patient maintains good functional status, a feeding tube may be appropriate to support nutrition and quality of life.

These scenarios represent distinct clinical situations from dementia, in which patients gradually lose the ability to swallow.

Guiding Families Through Nutrition and Hydration Decisions

Families frequently experience distress during these discussions, often because of

concerns about withholding care. Hospice care does not mean ending all treatments. Deciding against a specific procedure is part of the broader goals-of-care process used throughout medicine. The most important advice is to always put yourself in the patient's shoes.

A Case Study: Advanced Dementia and the Decision to Forgo a Feeding Tube

An 83-year-old woman with advanced Alzheimer's disease was hospitalized with pneumonia. She was minimally verbal and increasingly confined to bed. After a goals-of-care discussion, her family chose not to proceed with a feeding tube. She transitioned to hospice care and died comfortably at home four weeks later, receiving attentive mouth care and surrounded by her family.

Artificial nutrition and hydration decisions should never be reduced to a simple question of whether to provide care. Instead, they should be guided by the same principles that inform all serious illness decisions: understanding the patient's goals, weighing likely benefits against burdens and aligning treatment with what matters most. When clinicians approach these discussions with empathy and evidence, families are better equipped to make decisions that honor both the patient's values and their comfort.

Dr. Kamal Wahab is a regional medical director for VITAS® Healthcare in Florida, overseeing interdisciplinary hospice and palliative care at the nation's leading provider. Learn more about end-of-life care at VITAS.com.

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South Florida Affordable Housing Issue Soon to Become a Healthcare Crisis

BY VANESSA ORR

Florida not only has an aging population, but an increasing population as well: between July 2020 and July 2024, over 24.7 percent of those relocating nationwide chose the state as their new home. Unfortunately, this has put a huge strain on affordable housing, especially for people in the middle class like many healthcare workers, police, firefighters, teachers, and more.

“Since COVID, there has been a massive rush of new residents coming to Florida from other states, which has driven up the cost of living,” explained KIDZ Medical Services Chief Financial Officer Lindsay Mendiola, CPA, MBA, CMPE. “This is making it much more difficult to recruit and retain front-line healthcare employees, including medical assistants, nurses, nurse practitioners, physicians and more.”

A private, physician-owned multispecialty healthcare organization committed to excellence in neonatal, pediatric, and women’s healthcare since 1988, KIDZ Medical Services employs more than 400 clinicians and team members who care for patients and families across dozens of hospital partner sites and medical practice locations throughout South Florida.

“We’ve seen more job offers declined due to cost-of-living issues,” Mendiola



Lindsay Mendiola

added. “While pay ranges are based on market rates, they don’t necessarily align with what employees can afford in South Florida.”

While South Florida healthcare workers looking for affordable housing can live farther from their jobs—for example, in Homestead, West Kendall, or farther north—the lack of a fully developed public transit system limits their ability to get to and from work. Two-hour commutes and higher gas prices are also not sustainable for young professionals, especially those with young families.

Prices are Skyrocketing

Many people who have moved to South Florida have come from high-cost areas, including California and the Northeast. Wealthy individuals from South America are also moving to the area, driving up home prices even more.

“Some of these homebuyers come in with cash deals and willingly pay asking price or above,” said Mendiola. “We’ve seen a 40 percent increase in average rental rates, even more so around healthcare facilities.”

“It is especially difficult to attract and retain talent in the pediatric world where there is already a small and shrinking pool of subspecialists,” she added. “Even if they want to buy a house here, they

can’t afford it.”

This is also creating problems for medical schools, which have nowhere to put incoming students. Regular university housing doesn’t work for these students, some of whom are married, and as a result, students are scattered around town instead of concentrated in an area on or near campus.

Healthcare professionals are also leaving for other areas as they realize the windfall they can get from selling a home.

“If a person moved here 20 years ago and bought a house, they ended up with a lottery ticket,” said Mendiola. “A home bought for \$150,000 may now sell for up to \$1 million. It’s understandable that they may want to sell that property and move somewhere less expensive while making the same amount that they are making here.”

Collaborating on Solutions

One bright light in the struggle for affordable housing is the Live Local Act, which was passed by the Florida Legislature in early 2023. Through the Act, developers agree to make 40 percent of new housing units affordable, which exempts them from most local zoning restrictions and provides tax benefits.

Since the Act was established, thousands of apartments have been built statewide, and even more projects are in the pipeline. This includes an 842-unit development by the real estate company Related Group in the Miami Health District, home to Jackson Health System

and University of Miami Health System campuses.

“If you’re a South Florida hospital bringing talent in from other parts of the state or country, it makes sense to have a block of apartments leased where these employees could live for a period of time, perhaps subsidized by the hospital, so that they could acclimate to the area,” said Mendiola, noting that KIDZ Medical Services is working on a number of different ideas to help with the housing crisis. “Otherwise, they come down one weekend and drive around looking for homes, then they leave and never come back. They are shocked by the prices.”

At the microlevel, healthcare facilities are already seeing day-to-day impacts from recruitment losses, including shortages of both specialists and front-line workers. This is also true in other fields, where potential employees are being priced out of the market.

“What happens from a macroeconomic standpoint is that municipalities that hire police and firefighters and teachers will have to pay more,” said Mendiola.

“The pace of compensation cannot possibly keep up with the increased cost of housing, but the people who provide these services will have to get paid.”

“At some point, that money has to come from somewhere, including increased taxes,” she added about the cascading problem. “So we address the housing issue, or people will have to live with an even higher cost of living.”

A New Era in Prostate Cancer Care

At Cleveland Clinic Weston Hospital, prostate cancer treatment is being redefined through a powerful combination of innovation, expertise and personalized care. From diagnosis to recovery, patients benefit from a comprehensive approach that brings together leading specialists and some of the most advanced technologies available today.

One of the most significant advancements in prostate cancer surgery is the use of single-port robotic technology – a breakthrough approach that allows surgeons to perform complex procedures through a single, small incision.

Unlike traditional surgery that

requires multiple incisions, this approach is designed to be far less invasive while maintaining excellent clinical outcomes. Cleveland Clinic was among the first in the United States to adopt this technology and now it is available at Cleveland Clinic Weston Hospital.

“Every patient’s cancer is different, and so is their care,” says Chad Ritch, MD, Chair of Urology at Cleveland Clinic in Florida. “Our goal is to combine the most advanced technologies with a highly personalized approach to achieve the best possible outcomes.”

Because the single-port procedure is more targeted and less disruptive to sur-

rounding tissues, patients often experience less pain, reduced reliance on narcotics and faster recovery. In many cases, patients can return home just hours after surgery.

“Single-port robotic surgery allows us to focus precisely on the prostate while minimizing disruption to the rest of the body,” says Dr. Ritch. “For many patients, that translates to less pain, faster recovery and the ability to return home the same day.”

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Dr. Chad Ritch

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alzheimer's

A New Era of Hope in Alzheimer's Care at Memorial Healthcare System



BY JORGE G. RUIZ, MD

For decades, an Alzheimer's disease diagnosis often came after memory loss had significantly altered a person's daily life. By then, treatment options were limited, and families often faced difficult decisions with few effective resources.

Today, Alzheimer's care is entering a new era. Advances in diagnostic testing, disease-modifying therapies and comprehensive memory care are transforming how we diagnose and treat the disease, helping patients maintain their independence longer while supporting families throughout every stage of care.

We can now diagnose Alzheimer's disease earlier than ever before. Blood biomarker tests, spinal fluid analysis and amyloid PET imaging detect abnormal proteins such as amyloid and tau, which begin accumulating in the

brain years before significant memory loss develops.

Biomarker testing is especially valuable for people with mild cognitive impairment or early memory changes because it helps physicians distinguish Alzheimer's disease from other conditions with similar symptoms, including Lewy body disease, vascular cognitive impairment, frontotemporal dementia and even treatable medical conditions. Most importantly, it helps identify patients who may benefit from today's disease-modifying therapies while giving families more time to plan, adopt healthy lifestyle changes and prepare for the future.

Recognizing when memory changes warrant evaluation is equally important. While occasional forgetfulness can be a normal part of aging, persistent memory changes that interfere with daily life should never be dismissed as "just getting older."

Warning signs include repeatedly asking the same questions, getting lost in familiar places, difficulty managing medications or finances, trouble following conversations, or noticeable changes in judgment, behavior or personality. Family members are often the first to notice these changes. Memory problems, however, are not always caused by Alzheimer's disease. Sleep apnea, depression, medication side effects, thyroid disorders and vitamin deficiencies can all affect memory and, in many cases, are treatable. Early evaluation helps ensure patients receive the right diagnosis and the most appropriate care.

Another major advancement is the availability of anti-amyloid infusion therapies for carefully selected patients with early Alzheimer's disease. These medications

remove amyloid, an abnormal protein that accumulates early in the disease process and appears to trigger a cascade of events that ultimately leads to tau buildup, nerve cell injury and cognitive decline. While these therapies are not a cure, they have been shown to slow disease progression, helping many patients maintain their independence and quality of life longer as researchers continue developing additional therapies.

At Memorial Healthcare System, our Memory Disorders Program is designed to care for patients from the earliest signs of cognitive change through advanced dementia. Comprehensive evaluations include neurological examinations, cognitive testing, brain MRI, blood biomarker testing, computerized cognitive assessments and amyloid PET imaging when appropriate. For eligible patients, we provide anti-amyloid infusion therapy with close MRI monitoring for safety while working closely with patients and families throughout every stage of care. Our goal is not only to diagnose Alzheimer's disease but also to help patients maintain their independence and quality of life for as long as possible.

Alzheimer's disease affects entire families, not just the patient. Caregivers are essential partners throughout the journey, and they need education, guidance and support. Memorial connects families with caregiver education, support groups, social services and community resources throughout Broward and Miami-Dade counties, including home care, respite services and long-term planning assistance.

Although Alzheimer's disease remains one of medicine's greatest challenges, the pace of research has never been more encouraging. Today, we have the first generation of disease-modifying therapies and a robust pipeline of promising new medications. Researchers are developing treatments that target not only amyloid, but also tau protein, brain inflammation, oxidative stress, insulin resistance, metabolism, synaptic dysfunction and other biological pathways. We are also learning that Alzheimer's is driven by multiple interacting mechanisms rather than a single process. Much like cancer or cardiovascular disease, Alzheimer's will likely be treated with personalized combinations of therapies tailored to each patient's biomarkers and stage of disease.

The most important message for families is simple: don't ignore memory loss. Early evaluation can identify treatable causes of cognitive impairment, determine whether Alzheimer's disease is present and connect patients with therapies and comprehensive support services that can help them maintain independence and quality of life. The future gives me tremendous hope because today's treatments are only the beginning.

Dr. Jorge G. Ruiz is Medical Director, Geriatric Medicine, Memorial Healthcare System.



BY BRIAN
KIEDROWSKI, MD,
CME, CPE

The Care Setting Is Part of the Treatment: Reducing Transfer Trauma in Older Adults

A hospital can save an older adult's life. It can also, at times, introduce a second set of clinical risks.

For patients living with Alzheimer's disease or another form of dementia, frailty or multiple chronic conditions, leaving familiar surroundings may trigger confusion, anxiety, disrupted sleep, agitation or withdrawal. This response is often called transfer trauma or relocation stress. Not every move produces these effects, but an abrupt change in environment can be especially destabilizing for someone who relies on familiar people, routines and sensory cues to remain oriented.

Familiarity can itself be clinically valuable. Caregivers who know the patient may detect subtle changes from baseline, while established routines support nutrition, toileting, sleep and mobility. For a person with dementia, a recognizable room, a trusted voice or a consistently timed meal is not merely comforting; it can help preserve orientation and participation in care.

The risks can extend beyond emotional distress. Hospitalized older adults are vulnerable to delirium, immobility, medication-related complications, sleep disruption and deconditioning. A meta-analysis found that 30% of hospitalized adults 65 and older experienced hospital-associated disability—a new loss of independence in activities such as walking, bathing or dressing. A patient may recover from the illness that prompted admission yet leave the hospital with less function than before.

This does not mean hospitalization should be avoided when emergency intervention, surgery, advanced diagnostics or intensive monitoring are required. Hospitals remain essential and lifesaving. The geriatric question is more precise: What is the least disruptive setting capable of safely providing the care this patient needs?

When a patient is clinically stable and the necessary treatment can be delivered safely in a familiar environment, treating in place should be considered. That environment may be a private residence, assisted living community or skilled nursing center. Depending on the patient's condition, support may include physician oversight, skilled nursing, medication management, rehabilitation therapy, wound care, palliative care or hospice.

The decision must be individualized. Clinicians should assess the severity of the acute

condition, the patient's cognitive and functional baseline, caregiver capacity, available clinical resources and the patient's goals. Avoiding a transfer is never appropriate when it would delay necessary care. At the same time, transferring a frail older adult by default—without first asking whether the required care can safely come to the patient—may expose that individual to preventable harm.

The Age-Friendly Health Systems framework provides a useful guide. Before a transfer, the care team should consider the "4Ms": What Matters to the patient; Medication, including drugs that may impair cognition or mobility; Mentation, including dementia, depression and delirium; and Mobility, with a plan to preserve movement and function. These considerations should follow the patient across every care setting.

A coordinated continuum makes this approach more achievable. Catholic Health Services, for example, provides inpatient and outpatient rehabilitation, skilled nursing, assisted living, home health, palliative care and hospice throughout South Florida. These interconnected services give physicians, patients and families options for selecting the appropriate level of care, limiting unnecessary transitions and better coordinating those that cannot be avoided.

When a hospital transfer is necessary, preparation matters. Families and caregivers should communicate the patient's cognitive baseline, complete medication list, mobility needs, communication preferences and sources of comfort. Glasses, hearing aids and mobility devices should accompany the patient whenever possible. In the hospital, early mobility, protected sleep, careful medication review and caregiver participation can help reduce disorientation and functional decline.

Before transferring an older adult, every clinical team should ask three questions: What capability is unavailable in the current setting? Can that care be brought safely to the patient? If a transfer is necessary, how will we protect the patient's mentation, mobility, medication continuity and personal goals?

In geriatric medicine, place is not incidental to the treatment plan. Place is part of the treatment.

Dr. Brian Kiedrowski is chief medical officer of Catholic Health Services and practices geriatric medicine. Learn more at CatholicHealthServices.org.



alzheimer's

A New Era in Alzheimer's Care From Promising Hospital Infusions to New Treatments at Home



BY HAZEL WILEY, DO

For decades, an Alzheimer's diagnosis often meant there was little physicians could do beyond managing symptoms and helping patients and families navigate a progressive disease. That is changing. Today, treatments can target one of the underlying features of Alzheimer's disease, allowing patients to be independent for longer.

What these medications do

Alzheimer's disease is associated with two major abnormalities in the brain: amyloid plaques and tau tangles. Amyloid plaques are sticky clumps of protein that build up between brain cells and block the normal signals those cells send to each other. Tau tangles are twisted strands of protein that build up inside brain cells and stop them from working the way they should. Over time, both

processes damage brain cells and lead to the memory loss and thinking problems seen in Alzheimer's disease.

Newer anti-amyloid medications are designed to target and remove amyloid plaques. Once attached, they flag the plaque so the body's own immune cells can clear them away, and the results can be striking.

Our team cared for Scott Milinski, a 79-year-old Pompano Beach resident whose father died of Alzheimer's disease. When Milinski was diagnosed, he feared he would experience the same progression. He came to us shortly after the FDA approved Kisunla, an anti-amyloid therapy, and Milinski became the second person in Florida to receive the drug, undergoing 18 months of IV infusions every four weeks. An amyloid PET scan before treatment had confirmed plaques in his brain; after treatment, we repeated the scan and the plaques that had been present before were no longer visible. For Milinski, the experience offered hope for more time with his family and greater independence.

It's important to emphasize that these medications are not a cure. They target amyloid plaque, but do not eliminate tau tangles or reverse the underlying disease. Their goal is to slow cognitive and functional decline and help eligible patients maintain independence for longer.

Why home administration matters

Now, thanks to a newly FDA-approved auto-injector option for Leqembi, another anti-amyloid beta therapy, the way some of these treatments are delivered is changing too.

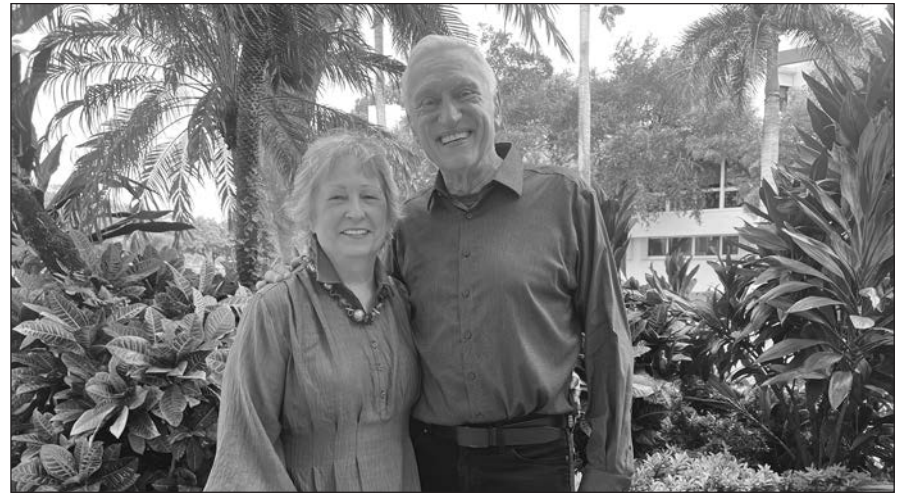
Until recently, patients receiving anti-amyloid treatment had to travel to a health-care facility for an intravenous infusion every four weeks, a routine that meant repeated hospital visits, time away from other responsibilities and constant coordination for patients and caregivers alike. Eligible patients with mild cognitive impairment or mild dementia due to Alzheimer's disease can now start with a once-weekly autoinjector at home instead.

People with early-stage Alzheimer's disease are often still working, driving, socializing and participating actively in their communities. An at-home option can reduce the disruption of frequent hospital visits, ease the burden on caregivers and make treatment easier to fit into daily life.

Alzheimer's care is rarely provided by the patient alone. Spouses, adult children, family members and professional caregivers often manage medications and watch for changes in cognition or function. At Broward Health's Memory Disorder & Alzheimer's Center, patients and caregivers receive step-by-step training and must demonstrate they can perform the injection process correctly before treatment moves to the home.

Why early diagnosis matters

One of our biggest challenges is getting people evaluated early enough. Many avoid getting checked for fear of hearing that Alzheimer's diagnosis; others assume forgetfulness is a normal part of aging or wait until symptoms worsen. Additionally, not every memory problem is Alzheimer's. Thyroid problems, uncontrolled diabetes and other conditions can affect cognition, and a proper evaluation can identify the true cause.



Scott and Fran Milinski

Timing matters because these disease-modifying treatments are intended for patients in the early stages, before significant progression has occurred. I encourage anyone who is noticing persistent changes in thinking or memory to speak with a physician rather than wait. Our Memory Disorder & Alzheimer's Center at Broward Health North is one resource for exactly that kind of evaluation.

In addition to clinical evaluations, the center offers community screenings and a free online memory checklist for anyone concerned about their memory or a loved one's. The short checklist asks about everyday signs, such as trouble with short-term memory, forgetting appointments or family occasions, changes in mood and other common symptoms. If the results suggest it may be time to seek care, a member of our team will follow up to help guide next steps. Social workers on staff also connect patients and families with education, support groups and other community resources as they navigate a diagnosis.

Looking ahead

For the first time in more than two decades, we have medications designed to address an underlying feature of Alzheimer's disease, and now, treatment options that bring care closer to where patients live. We may not yet be able to cure Alzheimer's disease, but we can identify it earlier, treat eligible patients sooner and help preserve independence and quality of life for as long as possible.

That is meaningful progress, and it is only the beginning.

For more information about Broward Health's comprehensive memory services, visit BrowardHealth.org/Memory.

Dr. Hazel Wiley is medical director of the Memory Disorder Center at Broward Health North.

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

Lee Health Foundation Hires Caroline Vives-Vietri as Associate Director of Development

Lee Health Foundation has welcomed Caroline Vives-Vietri as associate director of development, bringing a strong background in donor engagement, alumni relations, volunteer management and nonprofit leadership.

Caroline joins Lee Health Foundation from the Florida Gulf Coast University Alumni Association. In addition to her fundraising and relationship-building experience, she has a longstanding record of community involvement throughout Southwest Florida. She currently serves as a board member for Big Brothers Big Sisters of the Sun Coast.

Vives-Vietri earned a Doctor of Education in Applied Learning Sciences and Behavior from the University of Miami, a Master of Science in Nonprofit Management and Public Administration from the University of Central Florida, and a Bachelor of Arts in Communication from Florida Gulf Coast University. She is also a Certified Nonprofit Professional and holds a graduate certificate in fundraising.



Caroline Vives-Vietri

Baptist Health Names New Chief Human Resources Officer

Baptist Health has named Denver Mitchell as executive vice president and chief human resources officer (CHRO). Mitchell has more than 22 years of experience in human resources. She joins Baptist Health from Cape Fear Valley Health in Fayetteville, NC, where she served as senior vice president and CHRO. Prior to that role, she directed HR strategy at St. Mary's Medical Center in West Palm Beach, Florida. Mitchell earned a Bachelor of Science in Finance from the University of Alabama and is expected to receive a Master of Business Administration from Fayetteville State University in 2027. She has served as a member of the board of directors, strategic partners for the North Carolina Hospital Association and is a member of several workforce development and health care HR organizations, including the American Society for Healthcare Human Resources Administration and the Society for Human Resource Management.



Denver Mitchell

Broward Health Names Kristina Fueyo Vice President of Growth and Physician Strategies

Broward Health is pleased to announce the appointment of Kristina Fueyo, as vice president of growth and physician strategies. Most recently, Fueyo served as assistant vice president of growth strategy and network optimization for HCA East Florida where she led initiatives to strengthen physician alignment, improve patient access and support service line growth across a multi-hospital system.

Fueyo earned a master's degree in healthcare administration and a bachelor's degree in marketing from Marshall University in Huntington, WV. She is currently pursuing a master's degree in artificial intelligence and technology to further strengthen her ability to better shape innovative healthcare strategies for the future.



Kristina Fueyo

HCA Florida JFK North Hospital Names Jessica L. Miller as Chief Executive Officer

HCA Florida JFK North Hospital is pleased to announce the appointment of Jessica L. Miller, BSN, RN, MBA, as its new chief executive officer. Miller returns to Palm Beach County after serving as chief operating officer at HCA Florida Mercy Hospital in Miami. She previously served as chief nursing officer at St. Mary's Medical Center and Palm Beach Children's Hospital, where she led nursing operations. Miller earned both her Bachelor of Science in Nursing and Master of Business Administration from Florida International University, where she also serves as an adjunct professor in the Health Service Administration Program.



Jessica L. Miller

Nicklaus Children's Hospital Announces Leadership Moves

Yair Katz has been appointed senior vice president and chief operating officer of Nicklaus Children's Health System. Dr. Marcos Mestre has been appointed senior vice president, chief physician executive and chief clinical officer. Katz will oversee operational leadership across the health system, including its three hospitals, clinical institutes, ambulatory network, urgent care centers, and market operations. He will be responsible for advancing operational excellence, strengthening integration across the organization's growing network, and ensuring a consistent, high-quality experience for patients and families.

In his new role, Dr. Mestre will lead the health system's clinical enterprise and oversee efforts to advance its academic mission in partnership with FIU Herbert Wertheim College of Medicine, strengthen physician alignment, improve quality and clinical outcomes, while also supporting the continued growth of its pediatric clinical institutes.



Yair Katz



Dr. Marcos Mestre

North Broward Hospital District Board of Commissioners Announces 2026 Board Leadership

The North Broward Hospital District Board of Commissioners, the governing body of Broward Health, unanimously elected its new officer positions at the July 29 board meeting. Paul Tanner was re-elected chair, Jonathan Hage was elected vice chair and Nancy Stamper was elected secretary/treasurer. Additional commissioners serving on board include past chair Christopher Pernicano, past vice chair Stacy Angier, Ray Berry and Jennifer Nicole.

Tanner has served on the North Broward Hospital District Board of Commissioners since 2022 and was vice chair prior to his election to chair last year. He is the owner and founder of Las Olas Capital Advisors. Hage has served on the North Broward Hospital District Board of Commissioners since 2021 and has been the secretary/treasurer since 2023. He is the founder and CEO of Charter Schools USA. Stamper has served on the North Broward Hospital District Board of Commissioners since 2017 and is a past chair. She is a partner at Birnbaum, Lippman & Gregoire, PLLC.



(l-r) Paul Tanner, Jonathan Hage, and Nancy Stamper

HCA Florida Mercy Hospital Names Chief Operating Officer

HCA Florida Mercy Hospital has named Courtney Gibbons as its new chief operating officer. Most recently, Gibbons served as vice president of operations at HCA Healthcare's Chippenham Hospital in Richmond, VA. Before joining Chippenham Hospital, Gibbons served as vice president of operations and co-ethics and compliance officer at HCA Florida West Marion Hospital. She also previously held leadership roles at HCA Florida Sarasota Doctors Hospital and Wilson Medical Center. Gibbons earned a Master of Health Administration from Virginia Commonwealth University and a Bachelor of Science in health services administration from James Madison University.



Courtney Gibbons

HCA Healthcare Names Dan Miller President of East Florida Division

HCA Healthcare announced that Dan Miller has been named president of the East Florida Division, succeeding Charles Gressle, who has been appointed president of HCA Healthcare's newly formed Ambulatory Operations Group. Miller currently serves as president and CEO of Methodist Healthcare System in San Antonio, TX. He was appointed president of Methodist Healthcare in 2023. Before assuming leadership of Methodist Healthcare, Miller served as CEO of Methodist Hospital and Methodist Children's Hospital. Miller served as CEO of HCA HealthONE Aurora and chief operating officer of HCA HealthONE Swedish, both in Colorado. Miller earned his bachelor's degree from Vanderbilt University and holds a master's degree in health administration from Virginia Commonwealth University.



Dan Miller

WHAT'S NEW...WHAT'S NEW...WHAT'S NEW...

VITAS® Healthcare Enhances Mobile App to Simplify Hospice Referrals and Improve Access to Care

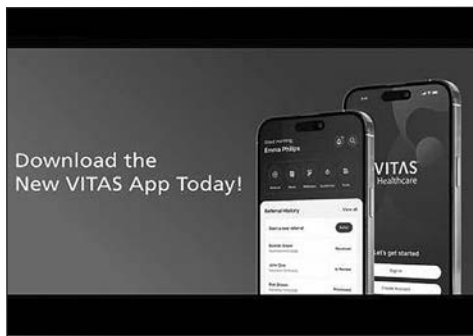
VITAS Healthcare announced the launch of its enhanced mobile app, a digital platform designed to streamline hospice referrals and expand access to trusted hospice care resources for healthcare professionals, patients and families across the country.

The VITAS Healthcare mobile app brings hospice referrals, eligibility tools and expert-developed education into one secure, mobile-friendly experience. By making it easier to submit referrals and access hospice guidance anytime, anywhere, the app helps support timely, informed decision-making in moments that matter most.

Designed for real-world clinical environments, the VITAS mobile app helps healthcare professionals manage hospice referrals more efficiently while staying informed throughout the process.

The VITAS mobile app also serves as a trusted resource for patients and families navigating hospice care. Through accessible education and clear guidance, the app helps families understand care options and make informed decisions with confidence.

The VITAS mobile app is available for download in the App Store® and Google Play™. For more information, visit VITASapp.com.



Baptist Health Foundation Receives \$1 Million Gift from Julio and Alexandra Herrera

Baptist Health Foundation announced a \$1 million gift from Julio C. and Alexandra Herrera to support care for women and infants at Baptist Hospital and South Miami Hospital. The gift will be divided evenly, with \$500,000 supporting the Neonatal Intensive Care Unit (NICU) at South Miami Hospital and \$500,000 supporting the transformation of the Lake Pavilion at Baptist Hospital.

The Herreras' commitment to Baptist Health is rooted in personal experience. Following the birth of their son, who required care in the South Miami Hospital NICU, they witnessed firsthand the expertise, compassion and support provided by the hospital's physicians, nurses and caregivers.

"We are incredibly grateful to the physicians, nurses and staff who supported our family during one of the most important and challenging times in our lives," said Julio Herrera. "By supporting the NICU at South Miami Hospital and the renovation of Lake Pavilion at Baptist Hospital, which will expand and enhance women's health services, we hope to help ensure that other families continue to receive the same world-class care in a comfortable, modern environment."



Broward Health North Unveils Dedicated Emergency Room CT Scanner and X-Ray Machine



Broward Health North leadership and physicians pose with their new CT scanner

Broward Health North unveiled a major investment in emergency care with a ribbon-cutting ceremony celebrating new CT scan and X-ray equipment located directly inside the emergency room. The new imaging technology is just steps from ER triage, allowing patients to receive critical scans quickly without leaving the ER to go to the hospital's imaging center. The event was celebrated by Broward Health leadership and physicians, Broward Sheriff's Office personnel, construction and design teams and local EMS agencies from Deerfield Beach, Pompano Beach and Lighthouse Point.

The advanced equipment allows technologists to capture up to 640 cross-sectional images of the body per rotation with near-instantaneous reconstruction, enabling 3D imaging for CTs of the coronary arteries, angiograms and perfusion studies to be performed steps from the trauma bay. Patients will now have a CT scanner just seconds away from any ER room, compared to what used to be located further away in the hospital's main imaging department, and X-ray patients will be imaged on a stationary table rather than relying solely on portable equipment.

TGH Heart & Vascular Institute Provides Coordinated, Multidisciplinary Care for Patients with Complex Aortic Disease

Tampa General Hospital (TGH) continues to advance specialized cardiovascular care through the TGH Heart & Vascular Institute's (HVI) Aortic Program. This comprehensive, multidisciplinary program is dedicated to the diagnosis, treatment and lifelong management of patients with complex aortic disease. Experts in vascular surgery, cardiothoracic surgery, cardiology, advanced imaging and care coordination provide seamless, patient-centered care across the spectrum of aortic conditions. Eligible patients may also have access to clinical trials.

The TGH HVI Aortic Program was established to provide highly specialized, evidence-based care while simplifying access and care coordination for patients and referring physicians. Through a collaborative model, patients benefit from expert evaluation, advanced imaging, medical management, minimally invasive endovascular therapies, complex surgical intervention and long-term monitoring. The program allows specialists to review complex cases together and develop individualized treatment plans that address every stage of a patient's care journey.

A key component of the program is the newly established Aortic Dissection Clinic, dedicated to patients recovering from acute aortic dissection and those living with chronic aortic disease. The clinic provides advanced imaging review, medical management, surgical consultation, patient education and long-term disease monitoring through a dedicated multidisciplinary team. The Aortic Dissection Clinic provides structured, coordinated care while ensuring patients benefit from the collective expertise of the entire Aortic Program.

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Steven Vassil, DO, Joins Baptist Health Primary Care as a Family Medicine Physician

Board-certified family medicine physician Steven Vassil, D.O., has joined Baptist Health Primary Care.

Prior to joining Baptist Health, Dr. Vassil completed his family medicine residency at the Baptist Health South Florida–Florida International University Family Medicine Residency Program, where he cared for a diverse patient population and supervised medical students through Florida International University’s NeighborhoodHELP Program. Before medical school, he served as a project manager and emergency department scribe with ScribeAmerica.

Dr. Vassil earned his Doctor of Osteopathic Medicine degree from Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine in Clearwater, FL. He earned a bachelor’s degree in neuroscience and behavior from Florida Atlantic University in Boca Raton, FL, graduating cum laude, and completed his family medicine residency at the Baptist Health South Florida–Florida International University Family Medicine Residency Program in Miami. He is board-certified in family medicine and has served in resident leadership roles with the Graduate Medical Education Committee and House Staff Advisory Committee. He also previously served as student director for the Florida Academy of Family Physicians.



Dr. Steven Vassil

Ehizele Osehobo, MD, Joins Marcus Neuroscience Institute as an Endovascular Neurologist

Board-certified and fellowship-trained endovascular neurologist Ehizele Osehobo, M.D., has joined Marcus Neuroscience Institute, part of Baptist Health Brain & Spine Care. He specializes in the diagnosis and treatment of complex cerebrovascular conditions, including ischemic stroke, brain hemorrhages caused by ruptured aneurysms and other disorders affecting the blood vessels of the brain.

Dr. Osehobo completed fellowship training in endovascular neurology at Semmes-Murphey Clinic/University of Tennessee Health Science Center in Memphis. Prior to that, he completed both a vascular neurology fellowship and neurology residency at Emory University School of Medicine in Atlanta, where he served as chief resident. He earned his medical degree from the Medical College of Georgia at Augusta University, a Master of Science in Pre-Clinical Sciences from Mercer University School of Medicine and a Bachelor of Science in Neurosciences from Duke University.



Dr. Ehizele Osehobo

HCA Florida Mercy Hospital Welcomes Neurosurgeon James Boddu, MD

HCA Florida Mercy Hospital is pleased to welcome James Boddu, M.D., to its medical staff. Dr. Boddu is a neurosurgeon with HCA Florida Biscayne Bay Neurosurgery and Spine, specializing in complex minimally invasive spine and reconstructive spinal deformity care.

Dr. Boddu completed CAST-accredited fellowships in complex reconstructive spinal deformity surgery at Northwestern University Feinberg School of Medicine and minimally invasive and complex spine surgery at the University of Miami/Jackson Memorial Hospital. He also completed his neurological surgery residency at the University of Miami/Jackson Memorial Hospital and earned his Doctor of Medicine with Distinction from The George Washington University School of Medicine and Health Sciences.



Dr. James Boddu

Andrew Crawford, MD, Returns to Holy Cross Medical Group After Journey from Resident to Cardiologist

For Andrew Crawford, M.D., joining Holy Cross Medical Group as a cardiologist brings his medical journey full circle. After completing his internal medicine residency at Holy Cross Health in 2023, Dr. Crawford returns to care for patients in the South Florida community where he began his career.

Dr. Crawford joins Holy Cross Medical Group Cardiology Associates, where he provides comprehensive cardiovascular care, including preventive cardiology, as well as the diagnosis and management of heart disease, heart failure and arrhythmias.

During his residency at Holy Cross Health, Dr. Crawford experienced firsthand the importance of teamwork and taking time to listen to patients. That experience helped shape the physician he is today and played an important role in his decision to return to Holy Cross Health.



Dr. Andrew Crawford

Drs. Zachary Daily and Sana Shaukat Join Baptist Health Primary Care as Internal Medicine Physicians

Internal medicine physicians

Zachary Daily, D.O., and Sana Shaukat, M.D., have joined Baptist Health Primary Care.

Prior to joining Baptist Health, Dr. Daily completed his internal medicine residency training at Florida Atlantic University in Boca Raton. He earned his Doctor of Osteopathic Medicine degree from Lake Erie College of Osteopathic Medicine in Bradenton, FL, and completed his internal medicine residency at Florida Atlantic University in Boca Raton.

Prior to joining Baptist Health, Dr. Shaukat served as a resident physician in the Florida Atlantic University Internal Medicine Residency Program, where she trained at Boca Raton Regional Hospital and Bethesda Hospital East. She also gained experience as a primary care clinical extern with Rebello Medical Associates in Delray Beach and as a general practitioner in Lahore, Pakistan.

Dr. Shaukat earned her medical degree from Army Medical College in Pakistan. She completed her internal medicine residency at Florida Atlantic University and is board-eligible in internal medicine through the American Board of Internal Medicine.



Dr. Zachary Daily



Dr. Sana Shaukat

HCA Florida Kendall Hospital Welcomes Dr. Omar Llaguna

HCA Florida Kendall Hospital is pleased to announce the addition of surgical oncologist Omar H. Llaguna, MD, FACS, FSSO. In his role, Dr. Llaguna will serve as medical director of surgical oncology.

Dr. Llaguna earned his medical degree with high honors from Ross University School of Medicine and completed his general surgery training at Maimonides Medical Center and Beth Israel Medical Center in New York. He subsequently completed a Complex General Surgical Oncology Fellowship at the University of North Carolina at Chapel Hill. Prior to joining HCA Florida Kendall Hospital, Dr. Llaguna served as a surgical oncologist and Medical Director of the Peritoneal Surface Malignancy Program at Memorial Healthcare System.



Dr. Omar H. Llaguna

Cleveland Clinic in Florida Welcomes New Division Chair of Hospital Medicine

Venkat Gundareddy, MD, MPH, has joined Cleveland Clinic as Division Chair of Hospital Medicine for Cleveland Clinic in Florida. In this role, he will partner with the Integrated Hospital Care Institute to advance clinical operations, strengthen provider engagement and enhance care delivery across inpatient settings.

Dr. Gundareddy earned his medical degree from N.T.R. University of Health Sciences in India, completed his internal medicine residency at St. Barnabas Hospital in the Bronx, New York, and holds a Master of Public Health from Johns Hopkins Bloomberg School of Public Health.



Dr. Venkat Gundareddy

A message from our President

Healthcare Is Becoming a Consumer Business—Whether Hospitals Like It or Not

I recently read an article in Becker's Hospital Review that purported to identify the top ten geriatric hospitals based on a report from U.S. News & World Report. Despite having our fair share of geriatric patients here in South Florida, somehow we didn't make the list. That got me thinking.

For generations, healthcare operated under a relatively simple premise: When people needed care, they went to the doctor or hospital they trusted, and the experience largely revolved around the quality of the clinical care they received.

That is changing, as many forecasters predicted.

Today's healthcare consumers have expectations shaped by Amazon, Uber, banking apps, online shopping and virtually every other service they use. They expect convenience, transparency, responsiveness, and easy access. Increasingly, they expect those same things from healthcare. And, quite honestly, I think some consumers now expect the Ritz-Carlton experience.

Clinical quality will always form the foundation of healthcare. But it no longer defines the entire experience.

Patients want to schedule an appointment without making three phone calls. They want to communicate with their physicians electronically. They want to know what a procedure will cost, or at least have a reasonable understanding of their financial responsibility. They want timely test results, understandable bills,



Jaime Caldwell

and someone who will answer their questions.

More importantly, patients don't necessarily distinguish between the clinical and administrative sides of healthcare. To them, it is all one experience.

That creates both a challenge and an opportunity for hospitals and health systems.

Healthcare remains an extraordinarily complex business. Hospitals operate 24 hours a day, seven days a week, caring for patients with conditions ranging from routine to life-threatening. They navigate complex regulations, insurance requirements, staffing challenges, and financial pressures that most industries never encounter.

But complexity cannot become an excuse for inconvenience.

venience.

Hospitals have an opportunity to rethink the patient experience from the consumer's perspective. Can technology make scheduling easier? Can artificial intelligence reduce administrative burdens? Can hospitals simplify registration and billing? Can we communicate with patients in the manner and timeframe they have come to expect from other businesses?

Perhaps most importantly, hospitals need to ask a simple question more often: If I were the patient, would this experience make sense to me?

Healthcare is not retail, and patients are not simply customers. The stakes are far too high for that comparison to be perfect.

But the expectation of a better experience is not going away.

Hospitals that recognize this reality will not abandon their clinical mission. They will strengthen it by making the journey to, through, and beyond care easier, more understandable and more human.

Healthcare may never become a traditional consumer business.

But the healthcare consumer has already arrived.

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

Cleveland Clinic in Florida Welcomes New Division Chair of General Surgery

Fernando F. (Enrique) Elli, MD, FACS, is a board-certified general surgeon, nationally recognized bariatric and foregut surgeon, and Division Chair of General Surgery for Cleveland Clinic in Florida. With more than two decades of surgical experience, Dr. Elli has helped advance the care of patients with complex gastrointestinal and metabolic conditions through innovative, patient-centered treatment approaches.

Dr. Elli's clinical interests include primary and revisional bariatric surgery, treatment of obesity-related diseases, surgical management of benign and malignant disorders of the esophagus and stomach, foregut surgery, adrenal surgery, abdominal wall hernia repair, gastroparesis, and robotic surgery. He is particularly experienced in treating patients with complex surgical histories and complications from previous bariatric procedures.

Dr. Elli earned his medical degree from Universidad del Salvador in Argentina. He completed surgical training at the University of Buenos Aires before pursuing additional residency and fellowship training in general surgery, minimally invasive surgery and laparoscopic bariatric surgery at the University of Illinois at Chicago. He is certified by the American Board of Surgery and has held numerous academic and leadership appointments throughout his career.



Dr. Fernando F. Elli

Electrophysiologist Joins Cleveland Clinic Indian River Hospital

Cleveland Clinic Indian River Hospital welcomes Fergie J. Losiniecki, MD, FACC, FHRS, a board-certified cardiac electrophysiologist specializing in the diagnosis and treatment of complex heart rhythm disorders. Dr. Losiniecki cares for patients with a wide range of cardiac arrhythmias and offers advanced therapies to restore normal heart rhythm and improve heart function. She has a special interest in electrophysiology care for structural heart patients, including those undergoing transcatheter aortic valve replacement (TAVR) and transcatheter tricuspid valve replacement (TTVR). She is also experienced in pulsed field ablation, an emerging technology for the treatment of atrial fibrillation and ventricular arrhythmias.

Dr. Losiniecki completed her fellowship in cardiac electrophysiology at the Medical University of South Carolina. She completed a fellowship in cardiovascular medicine, as well as her residency in internal medicine, at the University of Miami Miller School of Medicine/JFK Medical Center GME Consortium. She earned her medical degree from Ross University School of Medicine.



Dr. Fergie J. Losiniecki

Cleveland Clinic Weston Hospital Welcomes Colorectal Surgeon

Maher Al Khaldi, MD, is a board-certified colorectal surgeon with advanced training in the diagnosis and surgical treatment of complex colorectal and anorectal conditions. Dr. Al Khaldi completed his medical education and residency in general surgery at the University of Montreal, following by a fellowship in colorectal surgery at Cleveland Clinic Weston Hospital. Dr. Al Khaldi's clinical interests include colorectal cancer, early-onset and hereditary colorectal cancers, anal cancer, inflammatory bowel disease, diverticular disease, anorectal disorders, and complex pelvic conditions. Additional areas of expertise include colorectal endometriosis, enterocutaneous fistulas, pilonidal disease, and complex and reoperative pelvic surgery.



Dr. Maher Al Khaldi



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Cover Story: The Cost of Getting Paid: Why Reimbursement Strategy Matters More as Hospital Margins Tighten

Continued from page 1

statistics highlighted in the Becker's report is the estimated cost associated with obtaining payment from insurers. The American Hospital Association reports that hospitals spent approximately \$43 billion pursuing payments from insurers.

At the same time, healthcare organizations are investing heavily in automation and artificial intelligence to improve revenue cycle operations. The report notes that health systems experienced a 67% increase in adoption of AI across three or more applications in 2026 compared with 2025.

These technologies offer tremendous opportunities. Automated systems can identify denials, detect payment variances, prioritize accounts, analyze reimbursement patterns and streamline administrative workflows, but technology alone cannot resolve every reimbursement problem.

A denied or underpaid claim may initially appear to be an ordinary revenue cycle issue. When the same issue repeatedly occurs across dozens, hundreds or thousands of claims, however, the financial implications can become substantial.

That distinction is increasingly important.

Advanced analytics can help providers identify patterns that historically may have remained buried within individual accounts. Recurring denials, unexplained payment reductions, repeated recoupments or reimbursement inconsistent with contractual expectations may indicate something more significant than isolated claims-processing errors.

At that point, healthcare organizations should consider whether continuing the same administrative appeal process remains the most effective strategy.

Certain disputes may require analysis of managed care agreements, reimbursement methodologies, applicable statutes or regulations, recoupment provisions, dispute-resolution requirements, or other contractual rights. Depending upon the circumstances, formal demands, contractual dispute procedures, arbitration or litigation may become appropriate.

For healthcare executives, the larger lesson is that reimbursement enforcement should increasingly be viewed as part of financial strategy.

When operating margins are 2% or less, even relatively small percentages of unrecovered reimbursement can have an outsized effect on financial performance.

Growing patient volumes cannot fully compensate for revenue that is repeatedly delayed, reduced or never collected.

Technology will continue to improve the ability of healthcare organizations to identify these issues earlier and manage them more efficiently. The next step is ensuring organizations have clear processes for determining when routine revenue cycle efforts should transition into more formal enforcement.

In today's financial environment, the question is no longer simply how much revenue a healthcare organization generates. Increasingly, it is also how effective-

ly the organization protects and recovers the revenue it has already earned.

Abril Law works with healthcare providers to identify and address reimbursement disputes that have moved beyond routine revenue cycle resolution. Through strategic analysis, negotiation, arbitration, and litigation when necessary, our attorneys help providers enforce their rights and pursue the reimbursement they have earned.

Trevor Biglin, Associate, Abril Law, can be reached at tbiglin@abrilaw.com.

Cover Story: Access, Growth and Margin: The Three-Way Challenge for Today's Hospital

Continued from page 1

adds clinical value. At Holy Cross Health, our clinical teams huddle daily to review patient care management needs to prioritize and plan accordingly. This also results in better ability to manage expectations and communication with the patient as to what to expect, which increases patient satisfaction.

Achieving this requires hospitals to leverage every available tool for operational efficiency and to work across departments as a team to resolve issues. Financial systems, automation, data analytics and artificial intelligence can provide leaders with better information, streamline processes and identify opportunities to reduce waste. Technology should make routine tasks faster so operators can spend more time on strategy and analysis. Through-put issues are identified, and this helps prioritize capital equipment and staffing needs as well.

Workforce management is equally important. Hospitals must invest in training, education and professional development so employees have the skills and knowledge needed to perform effectively. Developing people creates a stronger workforce, improves retention and builds the operational capabilities necessary to support sustainable growth. Engaging front line staff and recognizing compassionate care and excellent service will set the tone that the patient is our priority and our purpose is to care for them. Our mission as a Catholic-based ministry includes a moment of reflection to kick off key meetings; core values including reverence, justice and integrity; and a commitment to continuously improve through active listening and partnership. Holy Cross Health has been recognized as one of Forbes America's Best Employers for Healthcare

Professionals. Additionally, we are proud of our high colleague engagement scores, which are a constant focus. This creates a culture that enables our colleagues to provide their best in caring for our patients.

Ultimately, this requires empowered leaders at every level. Leaders should operate with high standards and have clear accountability for their areas. Regular reporting should identify both the positives and the negatives—not to assign blame, but to understand performance and identify opportunities for improvement. Most importantly, leaders should be expected to lead the solutions.

Every solution should include a financial perspective. What will it cost? What resources are required? What is the expected return? How will it affect access, quality, workforce and the patient experience?

When financial discipline is integrated into operational and clinical decision-making, margin becomes less about cutting costs and more about eliminating unnecessary costs while improving care.

The hospital CFO of the future is therefore not simply the steward of the financial statements. The CFO is a strategic partner in designing how care is delivered—using community needs, clinical outcomes, operational efficiency, technology and financial stewardship to create a sustainable organization.

When patient care drives the strategy, access creates growth, efficient care improves margin and financial performance becomes the result, not the sole objective.

Elena Barberis, CPA, is Vice President of Finance for Trinity Health Holy Cross Health in Fort Lauderdale, FL and St. Mary's Health Care System in Athens, GA.

RISK
strategies

How Will Your Malpractice Carrier Fight For You?

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

Isn't it time your medical malpractice policy had a checkup?

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

- Does your insurer fight cases or just settle?
- 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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