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Dr. Christopher Chang

Could AI Replace Physicians?

BY CHRISTOPHER CHANG, MD

If you could ask a machine about your symptoms at 2:00 a.m., receive an answer in seconds, and never have to wait for an appointment, would you trust it to be your physician?

Artificial intelligence (AI) is rapidly changing how we access and understand health information. Patients are already using AI tools to research symptoms, interpret medical information, understand test results, and explore treatment options. The convenience is undeniable. The possibilities for medicine are exciting. But dangers also exist, as several leaders in AI have recently cautioned.

But there is a fundamental question we need to ask: Could AI Replace Physicians?

My answer, as a physician, is no.

That does not mean we should fear AI. Quite the opposite. AI has tremendous potential to help physicians analyze information, identify patterns, improve efficiency, support clinical decision-making, and reduce administrative burdens. Used responsibly, it can become an extraordinarily valuable tool in our medical toolkit.

AI is also evolving at a remarkable pace. New forms of technology, including agentic AI, may provide physicians with even greater support by performing increasingly complex tasks and helping coordinate information and care. At the same time, these capabilities introduce new questions about safety, accountability, privacy, and the role of human judgment.

It is also possible that, in the not-too-distant future, AI could outperform physicians in certain aspects of diagnosing, treating, or even developing cures for disease. Technology may become increasingly sophisticated at understanding human

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Oncology

How Genetic Testing Is Changing Breast Cancer Prevention and Early Detection

BY DANIEL CASCIATO

For decades, breast cancer prevention largely centered on routine screening based on a woman's age and family history. Advances in genetic testing are making that approach considerably more individualized.

Today, clinicians can identify inherited cancer risks, combine that information with other factors and, in some cases, develop prevention and screening strategies years before cancer develops.

Julie Shinn, MSN, AGPCNP-BC, with the Hereditary Cancer Prevention & Risk Program at the Tampa General Hospital Cancer Institute in Palm Beach County, says understanding a patient's family history remains an important starting point.

"Hereditary cancer risk assessment examines a patient's family history of cancer – usually across three generations – and looks for patterns that could indicate a hereditary cancer predisposition," Shinn says. "Those patterns do not always involve a cluster of cancers; we also consider certain benign findings that may be associated with an inherited genetic condition."

By determining an individual's risk factors, clinicians can make evidence-based recommendations for screening and prevention. Genetic counseling and testing may be appropriate when a patient's personal or family history raises concerns about an inherited cancer predisposition.

Potential indicators include breast cancer diagnosed at a young age, triple-negative breast cancer, male breast cancer, multiple primary breast cancers and multiple relatives with breast, ovarian, pancreatic or prostate cancers. Certain ancestry-associated



Julie Shinn

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After Five Battles With Leukemia, Charlie Moon Returns to the Padel Court

BY DANIEL CASCIATO

At 39, Carlos Luna measures victory differently than he once did.

Known throughout the padel world as "Charlie Moon," the former professional athlete spent years competing at an elite level. Today, after five battles with cancer, a bone marrow transplant, CAR T-cell therapy and periods when survival itself seemed unlikely, simply stepping onto a court carries a different meaning.

"For me, it is now impossible to truly lose a match," Moon says. "If I can walk onto the court by myself, hold a racket, and hit a ball, I have already won something much greater than any match."

It is a perspective shaped by a leukemia journey that begins in December 2019 and eventually brings Moon to Sylvester Comprehensive Cancer Center, part of the University of Miami Health System.

Moon was living in London when he received his first diagnosis. Until then, serious illness had been foreign to him.



Charlie Moon

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Mental Health



Madeline Libretti

Caring for the Caregivers: Why Mental Health Has Become a Healthcare Leadership Issue

BY DANIEL CASCIATO

Healthcare professionals spend their careers recognizing when patients need help. Recognizing the same warning signs in themselves can be far more difficult.

For Madeline Libretti, LCSW, MHA, a licensed clinical social worker in pediatrics and graduate of Florida Atlantic University's Executive Master of Health Administration program, that disconnect points to a larger challenge for hospitals and health systems. Supporting the mental health of the healthcare workforce can no longer be treated simply as an employee benefit. It has implications for patient care, staffing, retention and the health of the organization itself.

"I think burnout, compassion fatigue, and vicarious trauma are some of the biggest challenges healthcare professionals are facing today," Libretti says. "These are not necessarily new issues, but I think we are seeing them more openly discussed and recognized than we have in the past."

The pandemic accelerated that conversation, but the pressures did not disappear when the public health emergency ended. Staffing shortages, rising patient needs and administrative responsibilities continue to strain healthcare professionals, often

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Publisher's Note

The Return of the Reluctant Hairdresser Mr. Charles

There comes a moment in every man's life when he must face a profound question: How did I get here? Mine first arrived about 10 years ago when Carol had rotator cuff surgery. And now following a series of health surprises aka Carol's weird maladies (and that's straight from the doctors' mouths) Mister Charles is at it again.

For me, that moment usually occurs while standing in the bathroom holding a blow dryer.

Yes, a blow dryer. Because, trust me, what the hair stylist does never quite translates to Carol's styling abilities. In short, when it comes to blow drying hair, her "lopsided" vision leaves her defeated every time.

Once upon a time, I was simply a husband. But sporadic caregiving has a remarkable way of expanding one's résumé. Suddenly, I am a part caregiver, part driver, part beauty consultant, and—much to my surprise—part hairdresser.

It begins innocently enough.

"Can you dry my hair?"

Of course, I say.

Five minutes later, I'm holding the blow dryer like a power tool, wondering why it has three heat settings and what, exactly, "cool shot" means. I move it from one side of her head to the other, trying to remember whether I'm supposed to point it at the roots, the ends, or simply wave it around until something happens.

Then comes the brush.

This is where things become complicated.

Apparently, hair has opinions.

It curls when it is supposed to straighten, flattens when it is supposed to have volume, and develops a mysterious personality of its own. Mr. Charles has learned that Carol's hair can require more strategy than assembling furniture without instructions.



There is also the matter of temperature.

Too hot: "That's burning!"

Too cool: "Are you drying it?"

Too much air: "You're blowing my hair everywhere!"

Too little air: "Are you even using the dryer?"

At some point, I begin to suspect that this is less a caregiving task and more an examination for which I was never given the study guide.

And yet, I persist.

I dry. I brush. I fluff. I occasionally stand back and admire my work only to hear, "You missed a spot."

Apparently, there is always a spot.

The transformation is complete when I start offering unsolicited advice: "I think we need to lift this side a little."

At that point, everyone knows the truth.

Publisher Charles has become Mr. Charles - the hairdresser.

Not by training. Not by choice. But by love, necessity, and an increasingly intimate relationship with a blow dryer.

And frankly, I'm getting rather good at it.

As of this publication, we've been married an incredible 55 years - so I've had lots of experience on the job!

Charles Felix



You can reach Charles Felix at
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The Access-to-Care Case for Meaningful Medical Liability Reform

Florida is a national leader in prioritizing investments to grow the healthcare workforce to meet Floridians' healthcare needs today, tomorrow, and decades into the future. But these investments are undermined by the state's uncapped medical professional liability environment and resulting nuclear verdicts.

Runaway nuclear verdicts in medical liability cases - jury awards that exceed \$10 million in lawsuits involving personal injury or wrongful death claims - are contributing to the rising cost of healthcare through exorbitant medical malpractice premiums and litigation costs. They are also inhibiting physicians' willingness to practice in higher-risk specialties, like obstetrics and, most importantly, are reducing Floridians' access to timely medical care when they need it. Fewer physicians means longer wait times to see a specialist, worsening medical conditions, increased unnecessary use of the emergency department and hospitalizations, and overall higher healthcare costs.

There is a solution. Patients experiencing medical malpractice can get justice, the system can work as intended to hold negligent providers accountable, and physicians can afford to practice in Florida.

The solution is to reinstate enforceable caps on non-economic damages - the payments for emotional suffering. The caps



BY MARY C. MAYHEW

would not apply to compensation for direct medical costs or earnings losses. These caps are a reasonable reform and common-sense limitation on the medical malpractice system.

Between 2013 and 2022, Florida had the second-most reported nuclear verdicts in the country (behind only California), and the most per capita, with 197 reported cases totaling \$33 billion in awards. The threat of these devastating nuclear verdicts holds hospitals and clinicians hostage, forcing them to settle out of court, regardless of the merits of the case.

In 2025, for example, a Hillsborough County jury awarded \$51 million in non-economic damages, which exceeded the figure sought by the plaintiff by a factor of 2.5, compelling the judge to step in and reduce the award, finding that the "jury's passions were inflamed."

These verdicts are too costly because we cannot afford to lose any Florida physicians, and Floridians deserve access to timely care wherever they live in the state.

Physician supply in Florida is projected to meet only 77 percent of projected need by 2035, in part because of the state's overall population growth and increasing number of elderly individuals who will need more medical care. In addition, for obstetrics specifically, 40 percent of obstetricians who reported in 2025 that they plan to discontinue providing obstetric

care within the next two years attributed their decision to liability concerns.

Florida has exceptionally high medical malpractice insurance costs, which are driven in large part by nuclear verdicts. Obstetricians in Miami-Dade County, for example, can pay as much as \$226,000 annually for malpractice coverage - 454 percent more than their peers in Los Angeles County in California, a state that has capped noneconomic damages for decades, according to the American Medical Association. For internists practicing in Miami-Dade, their malpractice premiums are 677 percent greater than for their counterparts in L.A.

Medical Professional Liability Premiums, 2025

Specialty	California	Florida	Next Highest
OB/GYN	\$49,804	\$243,988	\$207,907
General Surgery	\$41,775	\$243,988	\$155,509
Internal Medicine	\$8,274	\$59,736	\$47,787

Texas introduced comprehensive tort reform more than 20 years ago that includes a \$250,000 cap on non-economic damages and, as a result, experienced a significant reduction in both the number of medical malpractice claims and the cost of malpractice insurance premiums and,

importantly, also experienced an increase in the number of physicians relocating to Texas.

In the first almost-decade after Texas enacted tort reform, the number of medical malpractice claims fell by nearly two-thirds, and the state's largest malpractice carrier reported nine consecutive years of reduced malpractice premiums. The state's medical association reported an almost 50 percent reduction in the cost of malpractice premiums for Texas doctors.

In addition, in the decade following tort reform, by multiple metrics, the number of physicians practicing in Texas increased. Seventeen of the state's 22 trauma service areas experienced a per-capita increase in direct patient care physicians between 2006 and 2011, and the state medical board licensed more than 28,000 new physicians between 2003 and 2013.

Florida can do the same. Thanks to legislative investments, Florida is making tremendous strides in creating more physician training opportunities, but we need to ensure the physicians who are training here stay here to practice. And we need to retain our current supply of practicing physicians. Key to achieving both goals is reasonable medical malpractice reform, including capping non-economic damages to prevent runaway nuclear verdicts. Timely access to care from our largest cities to our smallest rural communities depends on it.

Mary Mayhew is President and CEO, Florida Hospital Association.

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Beyond the Individual Claim: Using AI and Data Analytics to Identify Reimbursement Trends

Healthcare providers generate enormous amounts of financial data with every claim submitted and every payment received. Historically, much of that information has been analyzed at the individual account level: Was the claim paid? Was it denied? Was the correct amount received? Should an appeal be submitted?

Artificial intelligence and advanced analytics are beginning to change that perspective. Rather than evaluating reimbursement one claim at a time, providers can increasingly analyze thousands of claims simultaneously to identify patterns that may reveal systemic reimbursement issues.

Consider a provider with a managed care agreement requiring reimbursement according to a defined contractual methodology. An individual underpayment may appear to be an isolated processing error. If analytics demonstrate that hundreds of similarly situated claims involving the same services have consistently been reimbursed below the applicable contractual rate, however, the issue takes on a different significance.

AI-assisted analytics can help providers compare expected reimburse-



BY TREVOR BIGLIN,
ESQ.

ment against actual payments across large claim populations. Claims can be grouped by payor, plan, procedure code, date of service, facility, reimbursement methodology or other relevant characteristics. Variances that may be difficult to recognize through ordinary account-by-account review can then become visible as recurring patterns.

The same concept can apply to out-of-network reimbursement. Although the appropriate reimbursement methodology depends upon the applicable contract, plan, law and circumstances, providers may be able to analyze historical payments for comparable services, payor-specific reimbursement patterns, geographic information, charges and other relevant data to evaluate how out-of-network claims are being reimbursed. Analytics can help identify whether certain services or categories of claims consistently produce reimbursement materially different from expected or historical benchmarks.

Identifying a pattern, however, is only the beginning.

Once analytics reveal a potential reimbursement issue, the underlying data must be validated. Providers should

determine whether the claims being compared are truly similarly situated and account for variables such as network status, benefit plan, procedure, modifiers, dates of service, contractual amendments and reimbursement methodology. AI can accelerate this process, but meaningful human review remains necessary before conclusions are drawn from the data.

The next step is quantification. If a reimbursement discrepancy appears consistent, providers can identify the potentially affected claim population and calculate the difference between expected and actual reimbursement. What initially appeared to be a series of relatively insignificant payment variances may represent substantial aggregate reimbursement when examined across hundreds or thousands of claims.

This is where data analytics can become particularly valuable to legal strategy. Instead of approaching counsel with isolated examples of suspected underpayments, providers can present a defined issue supported by an identifiable claim population, reimbursement history and estimated financial impact. Counsel can then evaluate the data alongside managed care agreements, reimbursement provisions, applicable law, administrative requirements and dispute-resolution procedures.

Importantly, AI does not determine

whether a payor has breached a contract or whether a particular reimbursement methodology violates applicable law. Nor does identifying a statistical pattern necessarily establish legal liability. Rather, these technologies can provide providers and their counsel with better information from which to investigate those questions.

As healthcare organizations continue adopting increasingly sophisticated analytical tools, one of their greatest opportunities may be learning to look beyond individual claims. The same data used to manage daily revenue cycle operations can help identify systemic reimbursement patterns, quantify their financial significance and provide the foundation for informed decisions about escalation and enforcement.

Abril Law works with healthcare providers to evaluate reimbursement disputes involving contractual and out-of-network claims. By combining claims-level analysis with the applicable contractual and legal framework, counsel can help providers determine when a reimbursement pattern warrants further investigation and, when appropriate, formal dispute resolution, arbitration or litigation.

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



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Tampa General Offers Rare POPE Procedure, Relieving Patient's Decades-long Swallowing Disorder

Tampa General Hospital is one of just three hospitals in the country — and the only one in the Southeast United States — offering the per-oral plication of the esophagus (POPE) procedure. The treatment is a minimally invasive, endoscopic alternative for patients with end-stage achalasia and severe gastroesophageal reflux disease (GERD) who have exhausted conventional surgical options.

The procedure recently gave Palm Beach County resident Phillip Epps, 78, relief from nearly six decades of achalasia, a rare motility disorder in which the esophagus loses its ability to push food into the stomach and the lower esophageal sphincter fails to relax and open.

"The POPE procedure makes it easier for food to go down into the stomach, helps reduce trouble swallowing and helps stop food from coming back up," said Dr. Christopher DuCoin, chief of the TGH Digestive Diseases Institute, who performed Epps' surgery alongside Dr. Salvatore Docimo, vice chair of surgery.

Achalasia is rare, affecting an estimated one in 100,000 people annually, and its progressive nature means many patients cycle through multiple interventions over decades without achieving durable symptom control. For referring physicians, Epps' case illustrates the diagnostic and treatment pathway Tampa General offers patients with this kind of complex, long-standing esophageal disease. Diagnosed with achalasia in his early 20s while living in the United Kingdom, Epps was initially managed with antacids. After relocating to the United States, his disease progressed despite a Heller myotomy, then later, a Nissen fundoplication. These procedures failed to provide lasting relief and left him at an elevated risk for esophageal cancer, requiring an annual surveillance endoscopy.

Epps' care was eventually transferred to Dr. Jeffrey Garelick, a gastroenterologist with the TGH Digestive Health Center, following a change in insurance and the loss of his previous GI specialist. Garelick first trialed Voquezna, a newer potassium-competitive acid blocker, to manage Epps' GERD symptoms before referring him to Dr. DuCoin for surgical evaluation. Epps was able to meet with Dr. DuCoin remotely via telemedicine.

To confirm the diagnosis and stage of disease, Dr. DuCoin ordered an EGD with EndoFLIP (endoluminal functional lumen imaging probe), a catheter-based tool that uses balloon distension to measure esophageal diameter, distensibility and pressure



Dr. Christopher DuCoin



Dr. Jeffrey Garelick

in real time. The study confirmed end-stage achalasia and a severely dilated, poorly functioning esophagus, with food pooling near the gastroesophageal junction.

Rather than repeat prior surgical approaches or proceed to esophagectomy, Dr. DuCoin recommended POPE. The endoscopic, suture-based technique places triangular stitches along the esophageal wall, which are then cinched to reduce luminal diameter. It straightens the esophageal axis and improves peristaltic clearance, addressing the dilation and food stasis characteristic of end-stage disease, without the morbidity of an open or laparoscopic resection.

"POPE would reduce the dilatation of Phillip's lower esophagus, help food pass smoothly and prevent pooling," Dr. DuCoin said.

While POPE is typically performed as an outpatient procedure under general anesthesia, Dr. DuCoin's team elected to admit Epps overnight for a swallow study, confirming the absence of structural leaks and evaluating the reshaped esophagus' handling of food and liquid before clearing him to resume a regular diet.

Nearly six weeks post-procedure, Epps has returned to a normal diet and reports significant improvement in his quality of life. "I am so grateful to Dr. DuCoin, Dr. Docimo and Dr. Garelick for their care and compassion," he said. "Now I can get back to enjoying my life."

Epps' case reflects the coordinated care model connecting the TGH Digestive Health Center's East Coast providers with the TGH Digestive Diseases Institute's advanced surgical and endoscopic capabilities in Tampa. Through telemedicine consultation and shared clinical records, Palm Beach County-based gastroenterologists like Dr. Garelick can refer patients directly to Dr. DuCoin's team for complex esophageal motility evaluation, including EndoFLIP-guided diagnostics, the POPE procedure, and revisional surgery for patients who have failed prior interventions such as Heller myotomy or Nissen fundoplication. This connectivity provides patients across Florida's East Coast with seamless, coordinated access to one of the few POPE-capable teams in the country.

To learn more or to refer a patient, please call (561) 739-4TGH.

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Let's Connect: ACHE of South Florida Spotlight



ACHE of South Florida Member Spotlight: Corinne Clauss, MHA

BY LOIS THOMSON

As associate vice president for the cardio and vascular service line at Broward Health, Corinne Clauss works closely with physicians across the system to understand what they need to operate effectively while helping ensure patients throughout Broward County have timely access to high-quality care.

That partnership can involve evaluating new equipment, implementing technology, or identifying opportunities to modernize operations. But for Clauss, effective healthcare operations go beyond processes and technology. It starts with listening.

"Working in operations and supporting the physicians means hearing them out – what are patients' needs and how can physicians best feel supported," Clauss said.

That patient-centered approach is central to her work across Broward Health, where she partners with four hospitals to help ensure patients can access care in a timely manner, while enabling physicians to be most successful.

Building a Career in Healthcare Operations

Clauss' career has been rooted in hospital operations and driven by a desire to help others.

Originally from South Florida, Clauss began her career in New York, where she worked at Memorial Sloan Kettering Cancer Center. Her experience at one of the nation's leading cancer centers provided an important foundation for her career in healthcare operations and leadership.

After several years in New York, Clauss returned to South Florida in 2023 to be closer to family and continue building her career in the region.

One of the things Clauss likes best about her work is that every day is different. "Every day brings something new, and that's what makes healthcare so amazing and has kept me in it for so long," Clauss said. "My day is never the same. You have to be decisive and think critically. But at the end of the day, you feel as if you've been able to accomplish something."



Corinne Clauss

Finding Community Through ACHE

In addition to her busy work schedule, Clauss maintains a membership in ACHE, the American College of Healthcare Executives. She was introduced to ACHE while working at Memorial Sloan Kettering, and when she returned to South Florida, she saw ACHE as an opportunity to continue learning while making new

connections.

She started by attending events and virtual courses. "Going to events in person – that's really where I met a lot of my current colleagues and friends." Those connections have given her a different perspective on healthcare organizations throughout South Florida. "I didn't realize how interconnected the organizations are; you see them as competitors but really, they're your friends."

Clauss admitted that this was not what she anticipated from ACHE. "No," she said with a laugh, "I did not expect this. I wanted to learn about the latest and greatest in healthcare, but I met some really great friends, and I've also been able to mentor some people."

She believes the mentorship part came about organically, because part of the reason she wanted to work in healthcare was to help others. "I want to help people grow in their roles professionally or help them talk through situations they are experiencing at work."

As for urging others to get involved, Clauss said, "Absolutely! One of my former colleagues from Memorial encouraged me to join, and she is now working toward becoming a Fellow of ACHE, or FACHE."

She understands that walking into an event filled with unfamiliar faces can be intimidating. Her advice is simple: introduce yourself. "That's why I always try to introduce myself, because I know what that's like. Everyone is very welcoming."

For Clauss, that willingness to connect with others has become one of the most rewarding parts of her ACHE experience, and an extension of the same ideology she brings to her work in healthcare: listen, build relationships, and help others succeed.

Litigation for Healthcare Professionals

BY VANESSA ORR

There aren't many life circumstances that generate more stress or disruption for healthcare professionals than allegations of malpractice. These assertions can lead to a number of stress-related issues including anger, depression, anxiety, and even physical illness. And though it often comes as a shock, it's important to know what to do when it happens.

"Most often, a healthcare professional will receive a letter or a request for records, which may come from a patient or the patient's attorney," explained Tom Murphy, managing director, Brown & Brown. "This is a tell-tale sign that they may be exploring the avenue of a malpractice claim. A practitioner may also notice that their patient is saying that they are unhappy with their treatment or the outcome of that treatment and may be considering pursuing the issue."

At this point, healthcare professionals need to notify their practice carrier immediately so that the carrier can walk them through the malpractice process.

"In Florida, this can be a very drawn-out process because of the statute of limitations; medical malpractice claims are very technical and there are a lot of components that can cause claims to drag out for years," said Murphy, noting that he has seen some cases last as long as seven years.

"This is why it's also imperative to have a reputable malpractice carrier," he added. "They won't throw you under the bus just to settle your claim."

He adds that practitioners should only discuss the issue with a carrier attorney or their personal attorney so as not to say or do anything to jeopardize their defense. "You don't want to inadvertently waive the statutory privileges that you have with your claims representative or attorney," says Murphy of this privileged communication.

It May Not Be a Lawsuit

Just because an attorney has requested patient records doesn't necessarily mean that there's going to be a lawsuit. Attorneys request records all the time, often for



Tom Murphy

issues unrelated to malpractice. For example, the patient may have been in an accident and needs his or her medical records to pursue that case against the auto insurers.

"Typically, when a doctor or medical provider receives a request for records, they can recognize that it is for a claim or is completely unrelated," said Murphy. "Still, when you get these requests, log them

and notify the malpractice carrier right away; get their counsel involved."

If a patient is pursuing a malpractice case, the healthcare practitioner may receive a Notice of Intent (NOI) document. In Florida, practitioners have 90 days to respond to the NOI; if they do not, it could result in a default judgement.

The final and most important document that the practitioner will receive is the Summons and Complaint—the actual lawsuit—which will be served by hand.

"That's when you know it's the real thing," said Murphy. "In some cases, you may not receive the NOI or request for records; you may just get the lawsuit. It can be a shock."

In this case, the carrier should be notified immediately so that they can respond quickly—typically within 30 days. Once the lawsuit is in place, the discovery process gets underway to allow attorneys to investigate and determine the facts of the case. Interrogatories take place with both the defense and plaintiff's attorneys questioning the opposing side on matters that may affect the case, and all parties in the lawsuit are required to take part in these depositions unless the lawsuit is settled or dropped by the court for any number of reasons.

"The carrier is there to not only educate you on the process, but to prepare you for the deposition," said Murphy. "This is why it's so important to have a reputable carrier—they will always hire the best defense attorneys and provide you with the best defense in a claim or lawsuit."

For more information, contact Tom Murphy at (561) 459-2879

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United Way Miami Appoints David Zambrana Chair of Its Board of Directors

United Way Miami has appointed David Zambrana, Ph.D., DNP, MBA, RN, president and chief executive officer of Jackson Health System, chair of its Board of Directors for the 2026-2028 term.

A lifelong advocate for improving community health, Zambrana has helped shape United Way Miami's strategic direction as a member of its Board of Directors. Most recently, he chaired the Community Impact Committee during the development of the organization's Blueprint for Impact, a five-year strategy designed to create measurable progress across Miami-Dade.

Zambrana has served on the United Way Miami Board of Directors for several years, most recently as Chair-Elect. He became president and chief executive officer of Jackson Health System in June 2026 after serving in multiple executive leadership roles across the organization. A transformational health care executive with more than 30 years of experience, he began his career as a bedside nurse at Jackson Memorial Hospital before rising to lead one of the nation's largest public health care systems.



David Zambrana

HCA Florida JFK Hospital Names Sarah Siebert Assistant Chief Nursing Officer

HCA Florida JFK Hospital has named Sarah Siebert, MSN, RN, NEA-BC, assistant chief nursing officer (ACNO).

Most recently, Sarah served as director of critical care services at HCA Florida Palms West Hospital. She also held leadership roles in critical care, telemetry safety and other multidisciplinary initiatives at the hospital and division levels.

Prior to joining HCA Healthcare, Sarah held nursing leadership roles with responsibility for surgical services, medical-surgical nursing, cardiovascular services and acute rehabilitation.

Sarah earned both her master of science in nursing and bachelor of science in nursing from Florida Atlantic University.



Sarah Siebert

SMH CEO David Verinder Tapped to Lead Safety Net Hospital Alliance for Second Time

Sarasota Memorial Health Care System President & Chief Executive Officer David Verinder has been named chair of the Safety Net Hospital Alliance of Florida, marking the second time he has been selected to lead the statewide organization representing Florida's flagship safety net health systems.

Verinder will serve a two-year term on the 14-member board of directors, composed of CEOs from teaching, public, children's and regional perinatal intensive care hospitals. The Safety Net Hospital Alliance of Florida advocates for the state's safety net health care systems, which play a crucial role in caring for Florida's most vulnerable residents, providing essential and highly specialized medical services and training the next generation of physicians.

Verinder has served as President & CEO for Sarasota Memorial for the past 12 years, previously serving as its Chief Operating Officer (2010-2014) and Chief Financial Officer (2006-2010). During his 30-year career, he has served on numerous leadership and healthcare industry boards, including as past chairman of the Safety Net Hospital Alliance of Florida (2020-2022) and member of the Safety Net Hospital Alliance of Florida for the past 12 years.



David Verinder

Memorial Healthcare System Appoints Irfan Mirza as Chief Financial Officer

Memorial Healthcare System has named Irfan Mirza as its Chief Financial Officer.

Mirza brings decades of healthcare finance experience to the position. He most recently served as Memorial's interim Chief Financial Officer, a position he has held since April 2025 following his tenure as Vice President of Corporate Finance, where he helped guide the health system's financial strategy during a period of significant growth and operational success.

Before joining Memorial, Mirza held multiple chief financial officer and controller roles with HCA Florida, leading financial operations across multiple hospitals. He began his career in public accounting overseas before joining Deloitte's South Florida practice.

Mirza earned a master's degree in accounting from the Institute for Financial Management in Vienna, Austria.



Irfan Mirza

Memorial Healthcare System Announces Leadership Promotions at Two Hospitals

Memorial Healthcare System has announced two leadership promotions, naming Felicia Turnley CEO of Memorial Hospital Miramar and Stephen Demers CEO of Memorial Hospital West.

Turnley currently serves as CEO of Memorial Hospital Pembroke, while Demers has served as CEO of Memorial Hospital Miramar since 2023. Both leaders bring extensive healthcare leadership experience and a strong track record within Memorial Healthcare System.

Demers has served as CEO of Memorial Hospital Miramar since 2023 and brings more than 30 years of healthcare leadership experience to his new role. Before joining Memorial, Demers held leadership positions at several prominent healthcare organizations, including the University of Miami Health System, Lahey Health, the University of Pennsylvania, the University of South Florida, Brigham and Women's Hospital and the Dana-Farber Cancer Institute. He also served in the U.S. Navy Medical Service Corps.

Turnley has been part of the Memorial Healthcare System for more than 25 years, serving in a variety of leadership roles across the organization. Prior to leading Memorial Hospital Pembroke, Turnley served as chief operating officer of Memorial Hospital West.



Felicia Turnley



Stephen Demers

Memorial Healthcare System Names Shane Strum President & CEO

The South Broward Hospital District Board of Commissioners has voted to name Shane Strum President and Chief Executive Officer of Memorial Healthcare System, confirming a role he has held on an interim basis since September 2024. During his interim tenure, Strum has overseen the opening of two new freestanding emergency rooms in Miramar and Pembroke Pines, with a third under construction in Hollywood; the start of construction on Memorial Regional Hospital's new \$670 million bed tower; new investment in robotic surgery, cardiovascular care, and imaging technology; and the launch and clinical expansion of Better Together, Memorial's collaboration with Broward Health to expand access to primary and maternal care, now growing into oncology, neurosciences, and graduate medical education across both systems. Memorial also posted the strongest financial performance in the system's 73-year history this past fiscal year.

Strum, who also serves as President and CEO of Broward Health, will continue to lead both organizations.



Shane Strum

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



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A message from our President

The People Behind the Hospital

When most people think about a hospital, they think about the people they see.

The physician who delivers the diagnosis. The nurse who checks on a patient in the middle of the night. The patient care technician who helps a patient get out of bed, takes vital signs, or simply notices that something isn't quite right.

They are right to think about them. They are the people most closely associated with healthcare. For an average hospital, for every 6.5 direct patient care and clinical positions, there are an additional 3.5 positions providing support services to those seven.

But walk through a hospital on any given day and you will discover something else: an extraordinary number of people whose work is essential to caring for a patient, even though the patient may never know their names.

There is the pharmacist making sure the right medication reaches the right patient. The respiratory therapist helping someone breathe. The laboratory professional analyzing the blood sample that helps a physician make a diagnosis. The imaging technologist operating the equipment that reveals what cannot be seen from the outside.

There are the people transporting patients from one department to another, preparing meals, keeping rooms clean and safe, maintaining the equipment, managing information systems, coordinating schedules, processing insurance claims, protecting the hospital's cybersecurity, repairing the building, and making sure the lights stay on.

There are social workers and case managers helping patients navigate what happens after they leave. There are supply-chain professionals making sure the equipment and supplies clinicians need are actually available when they need them.

And then there are the people whose work most of us never see at all.

They are not supporting healthcare; they are delivering healthcare.

That distinction matters.

Modern medicine has become extraordinarily sophisticated. A single patient's care may involve dozens of professionals, multiple departments, advanced technology, complex logistics, and an extraordinary amount of coordination.

Yet we often talk about the healthcare workforce as if it consists primarily of doctors and nurses.

It doesn't.

A hospital is a remarkably complicated organization. It is also a remarkably human one.

Technology can help diagnose a disease, monitor a patient, automate a process, or make information available in seconds. Artificial intelligence may eventually transform many aspects of healthcare. Robotics can assist with increasingly complex procedures.



Jaime Caldwell

But none of those technologies walks into a patient's room and asks, "How are you feeling?"

None recognizes that a frightened family needs an explanation.

None notices that an elderly patient is confused because the environment is unfamiliar.

None stays late to make sure a critical piece of equipment is working before the next patient arrives.

People do that.

And that may be one of the most important things to remember as we think about the future of healthcare.

We often describe the hospital of the future in terms of new buildings, sophisticated technology, artificial intelligence, robotics, virtual care, and data. All of those things will matter. But the hospital of the future will still depend on the same fundamental ingredient that has always made healthcare work: people who care enough to show up

and do their jobs well and sometimes at great personal expense (COVID-19).

That means our conversation about the healthcare workforce needs to be broader than simply asking whether we have enough physicians and nurses.

Do we have enough respiratory therapists? Pharmacists? Laboratory professionals? Imaging technologists? Skilled technicians? Social workers? Case managers? Information-technology professionals? Environmental-services workers? Food-service employees? Biomedical engineers? The list goes on.

And perhaps just as importantly, are we doing enough to make these people feel valued?

Because recruitment is only part of the workforce challenge. Retention matters. Professional development matters. Mentoring matters. Respect matters. Creating an environment where people can build meaningful careers matters.

Healthcare is often described as a business, an industry, or a system.

But perhaps we sometimes forget that it is all three and still something more.

It is a collection of people making thousands of decisions, performing thousands of tasks, and interacting with thousands of patients every day.

The next time you walk into a hospital, look beyond the physician or nurse you came to see.

Notice the person cleaning the room. The person delivering the meal. The technician preparing the diagnostic test. The transporter moving a patient down the hallway. The person working behind a computer to make sure the information is where it needs to be.

They may never know you noticed them.

But they are part of the reason the hospital works.

A hospital is not a collection of buildings.

It is not a collection of machines.

It is not even a collection of departments.

A hospital is a collection of people all having different skills, different responsibilities, and different backgrounds who are working together toward the same goal: taking care of another human being when that person needs it most.

That is the real infrastructure of healthcare.

And it is something worth recognizing.

Salute to ER Nurse

HOLY CROSS HEALTH

Sarah Petty, BSN, RN, CEN, TCRN, CPEN, CCRN

Sarah Petty, BSN, RN, CEN, TCRN, CPEN, CCRN, has spent her nursing career looking for ways to learn, grow and better care for patients. After graduating from the University of South Carolina School of Nursing in 2015, she began her career as an Emergency Department nurse at a Level I Trauma Center. Her work has since taken her across the country, including assignments in Alaska, California and Vermont, where she cared for patients in rural critical access hospitals and worked in critical care transport. A longtime caregiver within Catholic health care systems, Petty has built her career around compassionate, patient-centered care. Her commitment to learning is reflected in the specialty certifications she has earned, including Certified Emergency Nurse (CEN) and Trauma Certified Registered Nurse (TCRN) in 2023, Certified Pediatric Emergency Nurse (CPEN) in 2024 and Critical Care Registered Nurse (CCRN) in 2025.

Since joining Holy Cross Health in October 2025, Petty has helped advance pediatric education and staff development in the Emergency Department. She hopes to continue sharing her knowledge as a preceptor and mentor while supporting quality improvement and evidence-based practice initiatives.



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Where Payer Credentialing Slows Down and What Healthcare Leaders Can Do About It

A provider may be hired, scheduled, and ready to see patients, but until payer credentialing is complete, reimbursement often can't begin. For healthcare organizations already balancing provider onboarding, patient access, and revenue cycle demands, that delay is more than an administrative nuisance. It can create rework across teams, slow enrollment, and push out reimbursement timelines.

While the process is familiar, the challenge often lies in execution. Documentation is often spread across systems, follow-up is inconsistent, and responsibilities sit across multiple teams. When that happens, what should be a straightforward process becomes harder to manage at scale.

What Credentialing Delays Often Signal

In many organizations, persistent credentialing issues point to a handful of common gaps:

- Provider data is stored in multiple systems, making applications harder to complete
- Follow-up depends on manual effort and varies by payer
- Ownership is fragmented, making status and accountability unclear
- Renewals and re-credentialing become reactive, leading to recurring backlog
- Continuous monitoring is limited, making it harder to identify licensure, certification, or exclusion issues between re-credentialing cycles

Why Credentialing Matters Beyond the Back Office

Payers use credentialing to review a



BY SABINA KOTELNIK

provider's background before approving network participation. Until that process is complete, providers generally cannot bill participating payers for covered services, nor render patient care. For finance leaders, that creates a clear set of implications:

- Delayed revenue recognition as billing start dates slip
- Extended days to cash tied to payer enrollment

timelines

- Underutilized provider capacity during onboarding windows
- Added administrative cost from rework and follow-up

Credentialing is not just a workflow issue. It directly affects how quickly organizations can convert clinical capacity into revenue.

Where the Process Tends to Stall

While requirements vary by payer, most credentialing efforts follow four steps. Delays typically emerge when information is incomplete, follow-up is inconsistent, or work moves across too many handoffs.

Application submission: Applications require extensive personal, professional, licensure, training, and insurance information. Incomplete or outdated records often trigger follow-up requests before review begins, slowing progress at the start. **Primary source verification:** Payers verify application details with licensing boards, training programs, and other sources. Missing or inconsistent information can lead to repeated outreach and additional delays.

Review and approval: Once verification is complete, the payer determines network participation. Each incremental delay

pushes out when billing can begin.

Ongoing monitoring and re-credentialing: Credentialing does not end at approval. Providers typically go through re-credentialing every two to three years so records remain current with payer requirements. Organizations also need a process for identifying changes between formal re-credentialing cycles. If an existing provider loses licensure, certification, or eligibility to participate in federal healthcare programs, delayed detection can create compliance, billing, and remediation risk.

Where Organizations Feel the Financial Impact

Credentialing challenges are less about understanding requirements and more about managing the work consistently over time, especially when volume grows and information is fragmented.

- Difficulty compiling documentation extends onboarding timelines.
- Multi-month review cycles delay enrollment, pushing out revenue and affecting forecasting assumptions.
- Delayed updates, renewals, or monitoring can create interruptions in billing readiness.
- Credentialing work consumes staff capacity, particularly in lean teams.

What Healthcare Leaders Can Do About It

Organizations looking to reduce credentialing friction tend to focus on a few targeted changes:

- **Improve visibility:** Digital credentialing tools can centralize data, track verification progress, and show where applications are stalled.
- **Reduce fragmentation:** Maintaining a centralized source of truth, such as CAQH ProView, can reduce duplicate data entry and inconsistencies.

• **Stay ahead of renewals and monitoring:** Periodic re-checks, clear ownership, escalation steps, and follow-up can help track expiring licenses, credentials, and exclusion status.

• **Address capacity constraints:** Some organizations outsource portions of credentialing work to manage backlogs or stabilize workloads.

What Persistent Credentialing Delays Often Point To

Credentialing delays are often treated as a paperwork issue when the underlying challenge is operational. Repeated slowdowns usually point to fragmented provider data, unclear ownership, inconsistent follow-up, or tools that do not match the volume of work.

From a finance perspective, the focus is not just on speeding up individual applications. It is on reducing variability across the process so revenue timing becomes more predictable.

For organizations experiencing ongoing delays or gaps in monitoring, a closer look at workflows, ownership, controls, and supporting tools can help identify where applications are stalling, where compliance risk may be building, and what changes may improve consistency over time.

Sabina Kotelnik, Assurance Principal, BDO, can be reached at (954) 989-7462 or skotelnik@bdo.com.

Contact:
Angelo Pirozzi, Managing Director, The BDO Center for Healthcare Excellence & Innovation
(561) 909-2100 / apirozzi@bdo.com
Sabina Kotelnik, Assurance Principal
(954) 989-7462 / skotelnik@bdo.com

Wellness Begins with Prevention

When we talk about healthcare, we often think about what happens when we are sick: a diagnosis, a treatment, a prescription or a visit to the doctor. But some of the most important healthcare happens before illness begins.

That is the spirit of wellness and it is one we should embrace as individuals, families and as a community.

Wellness means different things at different stages of life. For children, it can mean establishing healthy habits early, staying current with vaccinations, eating well, being physically active and having the emotional support needed to grow and thrive. For women, wellness includes preventive screenings, breast and reproductive health, nutrition, physical activity, mental well-being and financial health. For men, it means making time for preventive care, maintaining a healthy lifestyle, monitoring cardiovascular and other health risks, and recognizing that mental health is an essential



BY JULIE KANTOR, MD, FAAP

part of overall health.

For all of us, wellness is ultimately about acting before a health concern becomes a crisis.

October provides two important reminders of the power of prevention. Breast Cancer Awareness Month encourages women and those who care about them to understand their individual risk, follow appropriate screening recommendations and recognize the importance of early detection. At the same time, the arrival of flu season reminds us that a simple preventive measure such as vaccination can help protect individuals, families, healthcare workers and the broader community.

Prevention is also about the choices we make every day: moving our bodies, eating nutritious foods, getting adequate rest, managing stress, maintaining meaningful relationships and seeking help when we need it. It includes caring for our financial well-being, because finan-

cial stress can affect our overall quality of life and our ability to prioritize health.

This broader understanding of wellness was at the heart of the Miami-Dade County Medical Association's inaugural Physician Wellness Summit, held September 27. Although the program was designed specifically for physicians, its underlying message is universal. Wellness has multiple dimensions: physical, nutritional, mental and financial, and each deserves attention.

The Summit builds on MDCMA's growing series of programs addressing financial wellness, an area that is increasingly important to individuals and families as they plan for the future. These conversations and educational opportunities will continue, along with a second edition of the Physician Wellness Summit planned for spring 2027.

As a pediatrician, I have always believed that prevention begins early. The habits we develop as children can influence our health for decades, but it is never too late to make a positive change. Wellness is not a destination or a single decision. It is a lifelong journey and practice.

My invitation to our South Florida com-

munity this October is simple: make prevention personal.

Schedule the screening you have been postponing. Get your flu vaccine. Take a walk. Choose a healthier meal. Check in on your mental well-being. Talk with your family about their health history. Take a step toward greater financial security. And, perhaps most importantly, encourage someone you care about to do the same.

Small preventive actions, repeated over time, can make a meaningful difference.

For more than 120 years, the Miami-Dade County Medical Association has worked to support the medical profession and the community while preserving the integrity of the physician-patient relationship. Today, that commitment includes promoting a culture in which health is not simply treated when something goes wrong, but actively protected every day.

Wellness begins with prevention. And prevention begins with each of us.

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

When Repeat Hospitalizations Call for a Different Conversation

For a person living with advanced illness, repeated hospitalizations often signal more than a change in medical condition: needs may have evolved, priorities shifted or more support is needed.

Yet conversations about hospital readmissions frequently focus on metrics, penalties and utilization. Equally important is whether the care plan still reflects the patient and family's priorities. For caregivers, those moments bring difficult questions: What happens next? How will symptoms be managed? What support will be available at home? Those questions deserve a place in every conversation about reducing readmissions and length of stay.

Since the Hospital Readmission Reduction Program started in 2012, health systems have faced financial penalties for patients readmitted within 30 days for heart failure, pneumonia, COPD and other conditions.

While readmissions are often seen in terms of quality and cost, they can also signal that a patient's needs, goals or support system are changing.

For patients nearing the end of life, recognizing those signals creates an opportunity to revisit goals of care, evaluate available support and consider whether the



BY JOSEPH SHEGA,
MD

current care plan reflects the priorities of the patient and family.

Less frequently discussed is the prevalence of readmissions among patients with advanced illness and the role of hospice and other supportive services in helping care plans with patient goals and needs.

The Data Behind the Readmission Numbers

In a 2015 analysis of Medicare claims, patients enrolled in hospice were readmitted to the hospital within 30 days at a rate of 2.2 percent, compared with 18.8 percent among those not enrolled. Research published in *Health Affairs* found an association between hospice enrollment and lower rates of inpatient death, ICU utilization and hospital readmissions. In that analysis, hospice enrollment was associated with approximately 60% fewer inpatient deaths, 80% fewer ICU admissions and nearly 90% fewer hospital readmissions, with the greatest differences among patients with longer hospice stays.

One Patient's Path

I think of a patient I discussed recently: a woman in her mid-70s with advanced heart failure, admitted to the hospital three times in six months. Each stay was fol-

lowed by a skilled nursing stay, then home health, then another crisis. Home health is a strong restorative benefit, but it is not built for a patient whose course is declining rather than improving. When she finally chose hospice, her team managed her symptoms at home instead of sending her back to the hospital. She lived roughly five more months, mostly at home, before she died.

Quality of Life, Not Length of Life

None of this means hospice extends or shortens life. What changes is where and how patients spend the time they have. A study from University of Iowa found 84 percent of patients who died in the hospital had been admitted at least once in the prior six months, yet only 23 percent had a documented conversation about hospice before death.

For patients living with advanced illness, repeated hospitalizations should prompt us to ask whether the care plan still reflects their needs and priorities:

- What matters most to the patient?
- What worries the family?
- What support will they need at home?

When hospice is appropriate and consistent with the patient's wishes, it offers care focused on comfort, symptom management and caregiver support helping families make informed decisions.

Starting conversations early, coordinating care and preparing caregivers for symptom changes can help reduce hospi-

tal visits and give patients and families confidence in the care ahead.

Getting the Timing Right

For clinicians, the practical takeaway is timing. Hospital readmission is a useful trigger for a palliative consult. The same is true for a home health patient who continues to decline despite therapy. Those moments call for revisiting goals of care before the next admission.

Earlier hospice access doesn't mean withdrawing treatment: heart failure therapy and defibrillators can continue when they serve a patient's goals.

As health systems navigate an aging population and growing accountability for outcomes, readmissions, and total cost of care, hospice deserves to be understood as a quality strategy, not a benefit reserved for the final days of life. That reframing — more than any single intervention — is worth carrying into the next conversation about a patient who keeps coming back.

Learn more about how hospice supports patients with advanced illness and refer patients to VITAS by calling (800) 938-7827 or visiting VITAS.com/Refer, available anytime 24/7/365. Download the VITAS mobile app for seamless, one-touch referrals by patient facesheet.

Dr. Joseph Shega is executive vice president and chief medical officer at VITAS® Healthcare.

Cover Story: Caring for the Caregivers

Continued from page 1

while they are managing the emotional weight inherent in caring for people who are sick, injured or frightened.

In pediatrics, that emotional burden can extend well beyond the individual patient.

"We aren't just caring for the patient; we are often supporting parents and siblings as well," Libretti says. "As healthcare professionals, we can become very invested in the families we work with, and some of the situations we see can stay with us long after we leave work."

Making Support Easier to Access

Greater awareness of burnout and mental health challenges is important, but Libretti believes healthcare organizations also have to remove practical barriers that prevent employees from getting help.

A clinician who is already exhausted may be unlikely to navigate a complicated process to locate mental health services, make multiple calls or determine what care is covered. Resources have to fit the realities of healthcare schedules and be communicated before an employee reaches a crisis point.

"I think we need to make it as easy as possible for healthcare workers to get help," Libretti says. "Healthcare professionals are very good at recognizing when a patient or family needs support, but we are not always as good at recognizing those signs in ourselves."

That means offering free or affordable resources, making them readily accessible and ensuring employees know how to use them. It also means creating an environment where seeking help does not carry professional stigma.

Leaders have an outsized role in shaping that environment.

"Mental health shouldn't only be dis-

cussed when someone is already in crisis," Libretti says. "It should be an ongoing conversation to potentially reach and support employees before they are in crisis."

Annual training can be part of that effort, but she sees value in more frequent conversations between leadership and frontline teams, along with programs addressing stress management, self-care and wellness.

The language leaders use matters as well. Encouraging employees simply to become more resilient can ring hollow when the underlying sources of workplace stress remain unchanged.

"If employees see their leaders acknowledging that healthcare can be stressful and encouraging people to take care of themselves, it sends a very different message than simply telling employees to 'be resilient,'" Libretti says.

Employee Well-Being and Patient Care Are Connected

Mental health support is sometimes placed in a separate category from clinical quality and patient safety. In practice, Libretti sees the issues as closely connected. Chronic stress and emotional exhaustion can affect concentration, patience and a healthcare professional's capacity to respond to demanding situations. Burnout may also increase absenteeism and contribute to employees leaving their jobs, adding pressure to teams that may already be understaffed.

"When you already have staffing challenges, even a few people being out can put additional pressure on the rest of the team," she says. "That can create a cycle where the remaining staff become even more overwhelmed, which can contribute to additional burnout."

Breaking that cycle requires organiza-

tions to think beyond traditional employee assistance programs.

Libretti points to partnerships with community organizations and businesses as one option. Gym memberships, fitness classes, mindfulness programs and other wellness opportunities can broaden the resources available to employees. Hospitals can also create opportunities for colleagues to connect outside the immediate pressures of patient care.

Those initiatives, however, should not become a substitute for addressing workplace conditions.

"At the same time, we can't put all of the responsibility on the individual employee," Libretti says. "We need to look at the workplace itself and ask what we can do to make the work environment healthier and more sustainable."

That distinction is increasingly important as healthcare organizations compete for a limited workforce. Mental health and workplace culture have become part of the recruitment and retention equation alongside compensation, benefits and career advancement.

Libretti says healthcare professionals want to know their organizations value them as people, not solely for what they contribute during a shift.

"Of course, salary, benefits and opportunities for career growth are important, but culture matters too," she says. "People want to work somewhere where they feel respected and where they know that their leadership cares about their well-being."

A Leadership Perspective on Mental Health

Libretti's perspective has been shaped by more than a decade in pediatric, maternal-child and integrated healthcare settings, along with leadership responsibili-

ties involving staff development, mentorship, supervision and interdisciplinary collaboration. Earning her Executive Master of Health Administration at Florida Atlantic University broadened that clinical perspective to include healthcare operations, quality improvement and organizational leadership.

That combination has reinforced her view that workforce well-being belongs in conversations about organizational performance.

Hospitals cannot eliminate the emotional difficulty of healthcare. Clinicians will still encounter grief, uncertainty, trauma and families facing some of the hardest days of their lives. The goal is not to remove those realities but to build workplaces where professionals have the resources, leadership support and organizational culture needed to manage them.

For health systems confronting persistent workforce shortages, the stakes extend beyond wellness initiatives. Employees who feel isolated or believe asking for help will be held against them may eventually decide to leave. Those who feel supported and connected have another reason to stay. "When organizations invest in their employees' well-being, they are also investing in retention," Libretti says. "People are more likely to stay somewhere when they feel connected to the organization, supported by their leaders, and valued for the work that they do."

For Libretti, the principle is straightforward: "At the end of the day, healthcare professionals spend a lot of time taking care of other people. We also need to make sure we are taking care of the people who take care of our patients."

For more information about FAU's Executive Master of Health Administration program, visit emha.fau.edu.

Breast Surgeon Joins Palm Beach County-Based TGH Cancer Institute | Cancer Center of South Florida

Board-certified, fellowship-trained breast surgical oncologist Dr. Alexandra Ladd has joined the TGH Cancer Institute | Cancer Center of South Florida (CCSF) in Palm Beach County.

Dr. Ladd treats patients with both benign and malignant breast disease, as well as those at high risk for breast cancer. She is dedicated to collaborating with the medical community to better serve the breast cancer and women's health needs in Palm Beach and Martin counties.

Dr. Ladd earned her undergraduate degree from Johns Hopkins, medical degree from the Icahn School of Medicine at Mount Sinai in New York City, and completed her residency in the Department of Surgery at the University of Florida College of Medicine in Gainesville, Fla. She returned to Mount Sinai for her fellowship in breast surgical oncology.



Dr. Alexandra Ladd

Cleveland Clinic Welcomes Transplant Surgeon

Jonathan Jou, M.D., has joined Cleveland Clinic Weston Hospital as a transplant surgeon specializing in abdominal organ transplantation and hepatobiliary surgery. He will care for patients requiring kidney and liver transplantation, as well as those with complex liver and pancreatic conditions. Dr. Jou earned his medical degree from the University of Illinois College of Medicine and completed his general surgery residency at the University of Illinois at Chicago. He went on to complete fellowship training in abdominal transplant and hepatobiliary surgery at UCLA Health.



Dr. Jonathan Jou

Kriti Ahuja, MD, Joins Baptist Health Wertheim Cancer Institute as a Breast Medical Oncologist

Baptist Health Wertheim Cancer Institute is pleased to welcome Kriti Ahuja, M.D., a board-certified medical oncologist specializing in breast cancer. Dr. Ahuja earned her medical degree from Maulana Azad Medical College in New Delhi, India. She completed an internal medicine residency at John H. Stroger, Jr. Hospital of Cook County in Chicago before pursuing a hematology and medical oncology fellowship at Roswell Park Comprehensive Cancer Center through the University at Buffalo in New York.



Dr. Kriti Ahuja

John Cunha, DO, FACOEP, Appointed Permanent Chief Medical Officer of Holy Cross Health

John Cunha, DO, FACOEP, has been named the permanent Chief Medical Officer (CMO) of Holy Cross Health.

Dr. Cunha brings more than 20 years of clinical and administrative experience to this role. Since joining the Holy Cross Emergency Physician Group in 2006, he has served as Vice Chair of the Emergency Department since 2016 and a member of the Holy Cross Health Board of Directors since 2019, where he chairs the Quality and Safety Committee. He recently completed a four-year term as President of the Medical Staff.

Dr. Cunha earned his Bachelor of Science in Biology from Rutgers University in New Brunswick, New Jersey and graduated from Kansas City University of Medicine and Biosciences. He completed an internship at St. Barnabas Hospital and his residency in emergency medicine at Union Hospital and Newark Beth Israel Medical Center in Newark, NJ. He's board-certified in emergency medicine by the American Osteopathic Board of Emergency Medicine.



Dr. John Cunha

HCA Florida Kendall Hospital Welcomes Dr. Michael Hurst

HCA Florida Kendall Hospital is pleased to announce the addition of vascular surgeon Michael G. Hurst, M.D.

Dr. Hurst earned his medical degree from the University of South Carolina School of Medicine and completed his general surgery training at the University of Tennessee Health Science Center in Chattanooga. He subsequently completed a vascular surgery fellowship at the University of Texas Health Science Center at San Antonio. Dr. Hurst has also contributed to vascular surgery research involving carotid artery disease, vascular imaging and complex endovascular aortic repair.



Dr. Michael G. Hurst

Junney Baeza Dager, MD, Joins Baptist Health Miami Neuroscience Institute as a Nonsurgical Spine Care Physician

Junney Baeza Dager, M.D., has joined Baptist Health Miami Neuroscience Institute at Baptist Health Brain & Spine Care as a nonsurgical spine care physician.

Dr. Baeza Dager earned her medical degree from the University of Cartagena School of Medicine in Colombia. After completing a transitional-year internship at St. Vincent of Paul University Hospital in Medellin, Colombia, she completed a general surgery internship at Jackson Memorial Hospital in Miami. She then completed her residency in physical medicine and rehabilitation, with a specialty in spinal cord injury, at Jackson Memorial Hospital.



Dr. Junney Baeza Dager

New Chair Brings Vision for Innovation and Growth to Interventional Radiology

The University of Miami Miller School of Medicine and UHealth—University of Miami Health System are welcoming an internationally recognized leader in interventional oncology as Stephen Solomon, M.D., joins as chair of the Department of Interventional Radiology. Dr. Solomon comes to UHealth and the Miller School from Memorial Sloan Kettering Cancer Center, where he served as chief of interventional radiology, held the Enid A. Haupt Endowed Chair in Clinical Investigation and was professor of radiology at Weill Cornell Medical College. He built an international reputation for advancing minimally invasive, image-guided therapies and helped define interventional radiology.



Dr. Stephen Solomon

Cleveland Clinic Indian River Hospital Welcomes Urologic Oncologist

Gareth Reid, M.D., has joined the medical staff at Cleveland Clinic Indian River Hospital. A fellowship-trained urologic oncologist, Dr. Reid specializes in the diagnosis and treatment of cancers and complex conditions of the urinary tract and male reproductive system. He provides comprehensive urologic care with a focus on advanced cancer management, minimally invasive surgery and robotic-assisted techniques. A native of Jamaica, Dr. Reid earned his medical degree from the University of the West Indies in Mona, Jamaica, where he also completed residency training in both general surgery and urology. He subsequently pursued advanced fellowship training in urologic oncology, including a fellowship at the University of Miami Miller School of Medicine/Jackson Health System.



Dr. Gareth Reid

Cleveland Clinic Indian River Hospital Adds Cardiac Electrophysiologist

Ravi Choxi, D.O., a cardiac electrophysiologist specializing in the diagnosis and treatment of heart rhythm disorders, has joined the medical staff at Cleveland Clinic Indian River Hospital. His addition further strengthens Cleveland Clinic's Heart, Vascular & Thoracic Institute and expands access to advanced cardiovascular care for patients throughout the Treasure Coast. Dr. Choxi earned his medical degree from Edward Via College of Osteopathic Medicine in Blacksburg, VA and completed an internal medicine residency at Virginia Commonwealth University Medical Center in Richmond, VA. He then completed fellowships in cardiovascular medicine at Tower Health—Reading Hospital in Reading, PA, and cardiac electrophysiology at Beth Israel Lahey Hospital in Burlington, MA.



Dr. Ravi Choxi

Fellowship-Trained Neuro-Oncologist Nishika Karbhari, MD, Joins Baptist Health Herbert Wertheim Cancer Institute

Fellowship-trained neuro-oncologist Nishika Karbhari, M.D., has joined Baptist Health Herbert Wertheim Cancer Institute. Prior to joining Baptist Health, Dr. Karbhari completed a neuro-oncology fellowship at Mayo Clinic in Rochester, MN. She previously completed an internal medicine internship and neurology residency at Dartmouth Health in Lebanon, NH, serving as academic chief resident during her final year.

Dr. Karbhari earned her medical degree with Distinction in Research from The University of Texas Southwestern Medical Center.



Dr. Nishika Karbhari

Cleveland Clinic Welcomes Nephrologist

Nikhil Parikh, M.D., MPH, has joined Cleveland Clinic in Florida as a board-certified nephrologist. He sees patients in Port St. Lucie and specializes in the diagnosis and treatment of kidney disease, hypertension and electrolyte disorders.

Dr. Parikh completed a nephrology fellowship at the University of Illinois in Chicago, and internal medicine residency at Advocate Illinois Masonic Medical Center and earned a Master of Public Health degree from the University of North Texas Health Science Center. His clinical interests include chronic kidney disease, kidney stones, glomerulonephritis and advanced kidney disease. Additionally, he cares for patients requiring hemodialysis, home hemodialysis and peritoneal dialysis.



Dr. Nikhil Parikh

Cleveland Clinic Martin South Hospital Welcomes Rheumatologist

Rheumatologist Sukanya Pachaidee, M.D., FACP, has rejoined Cleveland Clinic Martin South Hospital. She is board certified in internal medicine and rheumatology and is a certified bone densitometrist.

Dr. Pachaidee completed her rheumatology fellowship at New York Medical College and her internal medicine residency at Albany Medical College. She specializes in the diagnosis and treatment of osteoporosis and autoimmune and inflammatory conditions, including rheumatoid arthritis, lupus and gout.



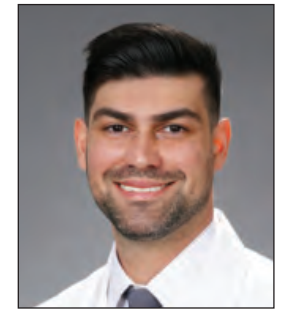
Dr. Sukanya Pachaidee

Spencer Streit, DO, Joins The Eugene M. and Christine E. Lynn Cancer Institute as a Medical Oncologist and Hematologist

Board-certified medical oncologist and hematologist Spencer Streit, D.O., has joined the Eugene M. and Christine E. Lynn Cancer Institute, part of Baptist Health, at Boca Raton Regional Hospital.

Prior to joining Baptist Health, Dr. Streit completed a hematology-oncology fellowship at Memorial Healthcare System in Pembroke Pines, FL, where he served as chief hematology-oncology fellow.

Dr. Streit earned his medical degree at Nova Southeastern University College of Osteopathic Medicine. He completed an internal medicine residency at the University of Florida College of Medicine – Jacksonville, where he served as chief resident. His clinical training also includes a hematology-oncology fellowship at Memorial Healthcare System.



Dr. Spencer Streit



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Publishers

NANCY LAMMIE, Editor

JUDY GRAMM
Editorial Manager & Webmaster

JMC GRAPHICS

Art/Production
lammienancy@aol.com

CONTRIBUTING WRITERS

Daniel Casciato, Barbara Fallon
Vanessa Orr, Lois Thomson

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Breast Cancer... Breast Cancer... Breast Cancer...

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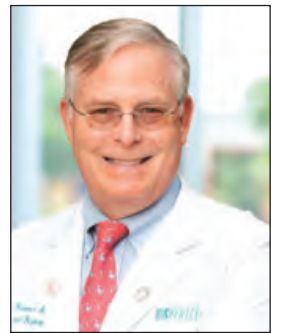
John A.P. Rimmer, MD, FACS, FRCS, FRCS (Ed), FICS
Medical Director, Comprehensive Breast Care Program

Extensively trained and internationally practiced in oncoplastic surgery, Dr. John Rimmer serves as Medical Director of the Comprehensive Breast Care program at the highly rated Jupiter Medical Center.

Dr. Rimmer is Board Certified in General Surgery and served his residency at Stanford University Medical Center. Dr. Rimmer completed his education at King's College Hospital Medical School in London, England, with eight years of surgical training and has been practicing medicine since 1996.

Dr. Rimmer is a Fellow of the International College of Surgeons, American College of Surgeons, Royal College of Surgeons- England, Royal College of Surgeons- Edinburgh, Scotland; as well as a member of the American Society of Breast Surgeons, and a past member of the Royal Society of Medicine and the American Society of General Surgeons.

A highly skilled surgeon, he believes in the dignity of his patients and their families and provides a supportive environment serving as their advocate and empowering them through education and freedom of choice.



Julian K. Berrocal, MD, FACS

Dr. Julian Berrocal completed his fellowship training in breast surgery at Yale University, New Haven, CT. He is an integral member of the Comprehensive Breast Care team at Jupiter Medical Center, specializing in the diagnosis and management of benign and malignant breast disease including elevated cancer risk.

Prior to joining Jupiter Medical Center, Dr. Berrocal was the Associate Program Director of the General Surgery Residency for the University of Miami Miller School of Medicine Regional Campus. He is a member of the American College of Surgeons and the American Society of Breast Surgeons.

A highly skilled surgeon, Dr. Berrocal, recognizes the importance of the patient/physician relationship. Focusing on the highest standards of care, he partners with his patients to develop a comprehensive, personalized surgical plan and therapy. He is committed to finding the right treatment that will enable his patients to not only survive but thrive post-cancer.



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Cover Story: How Genetic Testing Is Changing Breast Cancer Prevention and Early Detection

Continued from page 1

risks or a known pathogenic variant in the family, including BRCA1, BRCA2, TP53, PALB2, CHEK2 or ATM, may also warrant consideration.

Beyond BRCA1 and BRCA2

Public awareness of hereditary breast cancer has long centered on BRCA1 and BRCA2. The science, however, has expanded considerably.

"BRCA1 and BRCA2 were linked to hereditary breast and ovarian cancer in the 1990s, and since then, an explosion of genetic testing and research has identified many additional genes associated with breast cancer – some conveying very high risk and others more moderate risk," Shinn says.

The changing science also means clinicians are less likely to look at a genetic test result by itself. "We have also moved away from viewing genetic test results in isolation," Shinn says. "A pathogenic variant is an important piece of information, but it is only part of a patient's overall risk profile."

Personal and family cancer history, age, breast density, reproductive and hormonal factors, previous breast biopsies and other clinical factors can all influence a patient's overall risk.

For higher-risk patients, that assessment can lead to additional screening with breast MRI, medications designed to reduce cancer risk or, in certain cases,

risk-reducing surgery.

"Ultimately, advances in genetics have allowed us to move from simply identifying inherited cancer risk to using that information proactively – often years before cancer develops," Shinn says.

Increased Risk Does Not Mean Inevitable Cancer

One of the challenges surrounding genetic testing is helping patients understand what a positive result actually means.

"One of the most important parts of my role is helping patients put risk into perspective," Shinn says. "Learning you are at increased risk can feel overwhelming, but it does not mean that cancer is inevitable."

For many patients, increased surveillance may be the most appropriate course. Individuals with certain high-risk inherited genetic variants may also consider risk-reducing surgery.

There is no single approach for everyone. Different variants carry different levels of risk, making a patient's personal and family history particularly important when determining what comes next.

The implications can also extend beyond the person being tested.

A woman undergoing testing because of breast cancer, for example, could unexpectedly discover a pathogenic variant associated with increased colon cancer risk. Her children, siblings and other

close relatives could then be tested for that same variant.

"Those who test positive may qualify for earlier or more frequent screening, such as colonoscopies, with the goal of preventing cancer or detecting it at an early, more treatable stage," Shinn says.

The information can be valuable for relatives who test negative as well. Depending on their remaining personal and family history, they may be able to avoid unnecessary high-risk screening or interventions.

Removing Barriers to Testing

Despite advances in the field, misconceptions about hereditary cancer risk remain. "One of the biggest misconceptions is that a positive genetic result means a person will inevitably develop cancer," Shinn says. "I encourage patients to look at the information proactively: knowing about an increased risk gives us an opportunity to prevent certain cancers or detect them when they are small and more easily treated."

Cost is another lingering concern. Genetic testing once could cost thousands of dollars and often focused only on BRCA1 and BRCA2. Shinn says testing has become much more accessible.

"Even when someone does not meet insurance criteria, self-pay options for multigene hereditary cancer panels are often available for around \$250," she says.

Healthcare providers can help close the remaining gaps by recognizing personal and family histories that may warrant further evaluation and referring appropriate patients for hereditary cancer risk assessment, genetic counseling and testing.

Shinn is particularly encouraged by efforts to make genetic testing more accessible among people from a wider range of cultural and ancestral backgrounds. Historically, much of the available genetic data has come from populations of European ancestry. More diverse representation can help researchers identify previously underrecognized variants and better understand their relationship to cancer risk. "I am especially encouraged to see genetic testing become more accessible to people from diverse cultural and ancestral backgrounds," Shinn says.

The result could be an increasingly precise approach to breast cancer prevention — one in which clinicians have a clearer understanding of who is at elevated risk and what can be done about it before a cancer diagnosis occurs.

"Looking ahead, I believe hereditary cancer risk assessment will become increasingly precise and inclusive, allowing us to better personalize prevention and early detection for every patient."

To learn more, visit
TGH.org/ThePalmBeaches.

Cleveland Clinic Breast Cancer Expert Leads ASCO Panel to Establish New Surveillance Strategy Guidelines

BY CHRISTINE HARRELL

Not all breast cancer patients carry the same risk of recurrence. Therefore, they do not all require the same type of post-treatment follow-up. In an effort to move away from a one-size-fits-all approach to follow-up care, the American Society of Clinical Oncology (ASCO) recently released updated guidelines establishing low-, intermediate-, and high-intensity surveillance strategies tailored to a patient's individual risk of recurrence.

Zeina Nahleh, MD, FACP, Regional Vice Chief and Chair of the Department of Hematology-Oncology and Director of the Maroon Cancer Center at Cleveland Clinic in Florida, led the ASCO Expert Panel that published the new guidelines in the *Journal of Clinical Oncology*.

According to the update and in line with prior ASCO guidance, routine blood testing in patients with no clinical evidence of disease who are asymptomatic after treatment is not recommended due to a lack of evidence that testing for complete blood counts, tumor markers and chemistry panels improves outcomes.

Low-Intensity Surveillance

Patients with ductal carcinoma in situ who did not have or are off endocrine therapy, patients with stage I HR-positive breast cancer who are off endocrine therapy and any other systemic therapy after

completion of treatment, and patients with triple negative (TNBC) or HER2-positive breast cancer at least five years from diagnosis may qualify for low-intensity surveillance.

Low-intensity surveillance recommendations include an in-person or virtual annual clinical visit managed by oncology survivorship clinics, oncology advanced practice providers, or other healthcare providers including gynecologists, or primary care physicians. Annual mammography is recommended for the first three years after treatment in patients who underwent breast-conserving surgery.

Then, surveillance mammography can be offered every one to two years for patients 50 years and older with low-risk features and no recurrence three years after diagnosis.

Intermediate-Intensity Surveillance

Patients with stage I TNBC or HER2-positive breast cancer within the first five years from diagnosis, stage II or stage III TNBC with pathologic complete response after completion of neoadjuvant therapy, stage II or stage III HER2-positive breast cancer with pathologic complete response after completion of neoadjuvant therapy, and patients receiving ongoing endocrine therapy are among the patient populations included

in intermediate-intensity surveillance.

Recommendations in this group include clinical follow-up every six to 12 months with oncology team or an oncology survivorship clinic for at least five years and up to 10 years after diagnosis, and annual mammography for patients treated with breast-conserving surgery or unilateral mastectomy. Following five years after diagnosis, patients can transition to management with a survivorship clinic with advanced practice providers or oncologists such as within routine primary care visits.

High-Intensity Surveillance

The high-intensity surveillance group includes higher-risk patients such as those with TNBC or HER2-positive breast cancer with residual disease after neoadjuvant chemotherapy and within five years of diagnosis, patients with TNBC or HER2-positive breast cancer continuing on active systemic therapy, patients with germline mutations, patients with inflammatory breast cancer and within 10 years of diagnosis and patients with hormone receptor-positive breast cancer on endocrine therapy plus CDK4/6 inhibitor therapy.

Recommendations for this group



Dr. Zeina Nahleh

include clinical follow-up every three to six months for up to 10 years with the oncology team, annual mammography for patients who underwent breast-conserving surgery, and chest wall examinations every six months.

The updated guidelines do not recommend circulating tumor DNA testing as its utility in the clinical setting has not been proven. Supplemental imaging with

MRI may be used in select patients as it may reduce interval cancers and should be utilized based on shared decision-making that considers patient and tumor characteristics (e.g., germ line mutation, invasive lobular cancer, heterogeneously or extremely dense breasts, etc.) and potential risk of incidental findings and false positive results.

Other supplemental imaging options include contrast enhanced mammography or breast ultrasound. Routine imaging for distant metastases is not recommended in patients who have completed breast cancer treatment and are asymptomatic.

The updated guidelines emphasize collaboration and communication between the patient and healthcare team regarding all the above-mentioned recommendations as well as emotional support.



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For Every Care in the World

Dr. Tarsha Jones Turns Research into Support for Young Breast Cancer Survivors

BY LOIS THOMSON

Breast cancer in women under 50 is a major public health concern, particularly because of the unique challenges younger women experience after active primary cancer treatment. For Tarsha Jones, R.N., Ph.D., PHNA-BC, those challenges have driven decades of breast cancer research. An associate professor at Florida Atlantic University's Christine E. Lynn College of Nursing, Jones is working to better understand young survivors' experiences and turn those insights into support.

According to the American Cancer Society's 2026 data, breast cancer is the most commonly diagnosed cancer and the leading cause of cancer-related deaths among women under 50 in the United States. Although 60 percent of diagnoses occur in women 60 or older, an increasing proportion occur in younger women, with 16 percent diagnosed before age 50.

As a National Institutes of Health/National Cancer Institute K01 awardee, Jones conducted a cross-sectional survey of breast cancer survivors diagnosed before age 50 and recruited from NCI-designated cancer centers.

Participants' mean age at diagnosis was 39.8 years, with a standard deviation of

6.8 years, and nearly 56 percent reported a family history of breast cancer. Most participants – 92.71 percent – reported completing germline genetic testing, which uses blood or saliva samples to identify genetic changes that may increase cancer risk. Among those tested, 76.1 percent reported a negative result.

"This result was surprising," Jones said. "Although genetic testing for hereditary breast and ovarian cancer syndrome is critical for younger women diagnosed with breast cancer, cancer risk is multifactorial and involves genetic, environmental, and lifestyle interactions."

Her research also includes developing and testing behavioral interventions to help young survivors adopt evidence-based lifestyle and risk-reduction behaviors after cancer treatment.

While breast cancer can be traumatic at any age, Jones said younger women face distinct challenges. These include fertility concerns, raising young children, parenting stress, financial strain, career disruptions, body image concerns, and the effects of treatment.

Long-term endocrine therapy during their reproductive years, premature menopause, fear of recurrence, and mental health concerns can further complicate life after diagnosis.

"My research focuses on human expe-

riences of cancer and the unique needs of this population; this is Caring Science in action," Jones said. "Amplifying the voices of young breast cancer survivors has been central to my work."

Participants described a need for connection and support as they navigated life after treatment. One woman emphasized the value of talking with others who understood her experience: "You need a place where you can group chat with other women who are diagnosed." She added, "These discussions would help me to heal more."

Another participant described the ongoing toll of medication and additional surgeries after completing chemotherapy, radiation, and a double mastectomy. "Mostly I just feel exhausted or overwhelmed from it all," she said. "I am obviously still processing."

In response to these findings, Jones developed MyBreastFriends, a nurse-led digital storytelling intervention grounded in Caring Science. It combines online education modules, personal stories from fellow survivors, and an RN advice line offering patient navigation and nursing support.

Jones' interest in breast cancer research took shape early in her nursing career. "I wanted to make a larger impact on population-based outcomes, not just

the care of individual patients," she said.

That professional interest also had a personal connection: Two women in her family were diagnosed with breast cancer, including one who died from metastatic breast cancer. Those experiences inspired her to pursue a doctorate in nursing science focused on breast cancer research.

Jones also examines how chronic stress and psychosocial factors influence cancer risk and long-term survivorship, with the goal of turning research into practical risk-reduction strategies. "Information is power," she said.

Jones became involved in breast cancer advocacy early in her career, joining Susan G. Komen's Young Women's National Advisory Council in 2007. "I was the only nurse serving on the advisory council; that early commitment to advocacy shaped my nursing career trajectory," she said. "This service changed my life."

Now her service is changing the lives of others.

Visit MyBreastFriends.net to learn more about the project.



Comprehensive Breast Cancer Care: Many Specialists, One Coordinated Plan

Hearing the words "It's breast cancer" can be overwhelming. Patients and their families may suddenly find themselves facing unfamiliar medical terms, important decisions and appointments with several different specialists. Yet advances in breast cancer care have transformed how treatment is planned and delivered. Today, care has moved beyond a "surgery first" approach toward an integrated plan designed around each patient's individual diagnosis, needs and goals.

"At Jupiter Medical Center, multidisciplinary specialty clinics bring the experts involved in breast cancer care together to evaluate each patient's case and develop a personalized treatment plan" says John Rimmer, M.D., Breast Surgical Oncologist and Medical Director of Comprehensive Breast Care. "Rather than visiting multiple physician offices over several weeks, patients meet with several specialists in one location, on the same day. This coordinated approach can shorten the time between diagnosis and the beginning of care while helping patients feel more informed and supported."

A Team Focused on the Whole Patient

Breast cancer is not one disease, and there is no single treatment plan that is right for everyone. The most appropriate care may involve surgery, medication,



(l-r) Dr. John Rimmer and Dr. Julian Berrocal

radiation therapy, reconstruction or a carefully planned combination of treatments.

A multidisciplinary breast cancer team is a unique benefit for anyone facing cancer. Depending on the patient's needs, the team extends beyond breast surgical, medical and radiation oncologists to include plastic and reconstructive surgeons, radiologists, pathologists and cancer genetics experts. Each specialist contributes a different perspective, helping the team consider the full range of appropriate treatment options. At Jupiter Medical Center, all of these experts are available on one campus, easing the burden for patients.

Breast surgical oncologists perform procedures such as biopsies, lumpectomies

and other breast cancer surgeries. Medical oncologists oversee treatments that use medications, including chemotherapy, hormone therapy and targeted therapies. Radiation oncologists determine when radiation therapy should be included in the treatment plan. Radiologists review imaging, while pathologists examine tissue samples to provide information that help guide treatment decisions.

By reviewing the patient's diagnosis together, specialists can align their recommendations and develop one coordinated plan. This allows the patient to hear from the appropriate experts, ask questions and better understand how each part of treatment fits into the larger picture.

Guidance From Diagnosis Through Recovery

An essential member of the care team at Jupiter Medical Center is the oncology nurse navigator. Each patient is assigned a navigator who helps coordinate specialist consultations, additional testing and other aspects of care.

Their role combines practical coordination with compassionate support, giving patients a consistent point of contact throughout an experience that can otherwise feel complicated. At Jupiter Medical Center, supportive cancer services also include oncology social work, nutrition,

rehabilitation, genetics and risk assessment, support groups and survivorship programs.

Coordinated Care Close to Home

Multidisciplinary care offers benefits that extend beyond convenience. When specialists communicate directly and work from the same plan, patients may be less likely to repeat their medical history at separate appointments or travel among multiple offices. This approach reduces uncertainty, streamlines communication and helps treatment progress more efficiently.

"Cancer care is intricate, and it keeps getting more complex," explains Julian Berrocal, M.D., FACS, a breast surgical oncologist at Jupiter Medical Center. "That is why the current standard of care is to work with a comprehensive, multi-treatment, multi-modality cancer team that focuses on helping patients not only survive the disease but thrive after cancer."

For patients facing breast cancer and providers seeking reputable solutions for their patients, a team approach provides something invaluable: expert care, compassionate guidance and a clear path forward.

For more information about Comprehensive Breast Care at Jupiter Medical Center, call (561) 263-4400

Breast Cancer... Breast Cancer... Breast Cancer...

Endoscopic Mastectomy Offers a New Option for Breast Cancer Surgery

When discussing surgery with breast cancer patients, the conversation is often about much more than the cancer itself. Patients want to know what their options are, what recovery may look like and what they can expect after surgery.

Over the years, I have seen those questions become a larger part of the surgical discussion. While the goal of surgery remains the same, surgeons now have more ways to approach certain procedures, including techniques that may help address concerns about healing, recovery and scarring. That evolution has created an opportunity to look at procedures differently. Surgeons can consider whether there are ways to achieve the same surgical goals while approaching the procedure in a way that may be less disruptive to the patient. For breast surgery in particular, where changes to the body can have a lasting impact, those considerations can be meaningful.

I believe that is an important part of the progress we continue to see in breast surgery. New techniques should not replace established approaches simply because they are newer. They should give surgeons additional tools to consider when they are appropriate for a particular patient.

One of those options is minimally invasive endoscopic mastectomy. Using a high-definition camera and specialized endoscopic instruments, the procedure allows breast tissue to be removed through small, strategically placed incisions rather than the larger incisions traditionally associated with mastectomy.

For many women, healing and scarring are important parts of the conversation. Traditional mastectomy has often required larger incisions to access the surgical area. Endoscopic techniques take a different approach, using camera technology and specialized instruments to perform the procedure through smaller openings.

When clinically appropriate, endoscopic mastectomy is intend-



BY ANOUSHKA
COSTE HOLT, DO

ed to minimize visible scarring, preserve the natural contour of the chest and reduce tissue disruption during surgery. For some patients, that may mean less postoperative discomfort, a shorter recovery time and improved cosmetic outcomes.

As breast surgery advances, the role of the surgeon continues to change as well. It is not simply about learning a new technique. It is about understanding when that technique can be used, when another approach may be more appropriate, and how to apply it safely and effectively. That requires careful patient evaluation, surgical planning and experience with the procedure.

I see this as an important part of where breast surgery is headed. Advances in technology can give surgeons more options, but good surgical care still comes down to judgment. The goal is to use the right technique for the right patient, rather than choosing an approach simply because it is newer.

Like any surgical procedure, endoscopic mastectomy is not right for everyone. Some women may be good candidates, while others may benefit from a different surgical plan. The right approach depends on the individual patient and the details of her diagnosis and treatment.

At the Michael and Dianne Bienes Comprehensive Cancer Center at Holy Cross Health, endoscopic mastectomy has become part of the conversation for some patients considering breast cancer surgery. It is one more option to discuss when deciding what approach makes the most sense for their treatment plan.

The most important part of the process is not choosing the newest procedure. It is choosing the approach that best treats the cancer while meeting the needs of the person behind the diagnosis.

*Dr. Anouchka Coste Holt is a Surgical Oncologist
at Holy Cross Medical Group.*

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Left to right: Saryleine Ortiz de Choudens, MD | John A. P. Rimmer, MD, FACS | Danielle N. Krol, MD | Debra S. Brandt, DO | Julian K. Berrocal, MD, FACS

Innovations in Cancer Care at Broward Health

Cancer care is evolving as researchers and physicians gain a deeper understanding of how cancer develops, progresses and responds to treatment. Advances in molecular testing, imaging, minimally invasive procedures and targeted therapies are giving physicians more information to guide decisions and patients access to an expanding range of treatment options.

At Broward Health, these advances are reflected across pancreatic, breast, gynecologic and lung cancers. Traditional treatments like surgery, chemotherapy and radiation remain important, while newer approaches increasingly focus on the biological characteristics of each cancer and the individual needs of patients.

New Approaches for Difficult-to-Treat Cancers

Pancreatic cancer remains challenging to diagnose and treat because it is often identified after the disease has spread, limiting treatment options.

One emerging advancement is daraxon-rasib, a daily, at-home oral therapy designed to block a mutated protein that fuels tumor growth and occurs in more than 90% of pancreatic cancers. Broward Health was among the first health systems in South Florida to gain access to the drug before FDA approval.

For patients receiving the treatment, their care plan includes regular imaging, laboratory testing and circulating tumor DNA monitoring to evaluate how the cancer is responding to the pill.

"Targeting a specific mutation that drives tumor growth allows us to

approach treatment with greater precision and gives patients another option when their disease has progressed," said Simon Blanc, M.D., medical director of hematology-oncology at Broward Health Medical Center.

The Rise of Precision Medicine

Precision medicine, such as genetic and molecular testing, can provide information about the characteristics of a tumor and help identify inherited mutations that may affect a patient's risk or treatment options.

In breast cancer care, therapies targeting HER2, CDK4/6 inhibitors and antibody-drug conjugates have expanded the treatment landscape. Molecular information can help physicians determine which therapies may be appropriate for a specific patient.

Clinical Trials Expand Treatment Options

Clinical research is another important component of modern cancer care, allowing physicians and researchers to study emerging therapies and evaluate how they perform in specific patient populations.

Broward Health currently has 10 gynecologic oncology clinical trials open, with additional studies in development. The trials are available to eligible patients regardless of whether they currently receive their care at Broward Health.

One of the studies, the FRAME trial (3133), is evaluating new approaches to ovarian cancer treatment through three cohorts. The international study aims to enroll approximately 1,500 participants,

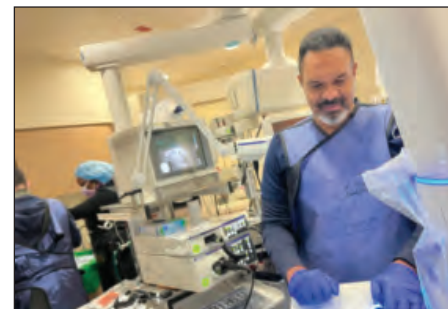
and the first patient at Broward Health has already begun treatment.

"Clinical trials are an essential part of advancing cancer care because they allow us to expand our therapeutic options for patients beyond traditional chemotherapy, enabling cancer patients not just to live longer, but to have better quality of life," said Scott Jordan, M.D., a gynecologic oncologist with the Broward Health Physician Group.

Technology Is Advancing Cancer Diagnoses

Earlier detection can significantly influence the course of lung cancer care. Advances in diagnostic technology are helping physicians evaluate suspicious lung nodules with greater precision, including nodules that are small or located in difficult-to-reach areas.

Broward Health Medical Center is the first hospital in Broward County to offer interventional pulmonology and thoracic surgery in one location. Its pulmonary program uses the Ion Endoluminal System, which combines a flexible robotic catheter with 3D navigation technology to help physicians reach deeper lung nodules. "If a lung nodule is detected during the procedure, a biopsy can be analyzed immediately in collaboration with the pathology team," said Sajive Aleyas, M.D., pulmonary critical care surgeon with the Broward Health Physician Group. "When cancer is confirmed, patients may proceed to surgical removal with an in-house thoracic surgeon, often while still sedated. In some cases, patients learn in recovery that



Dr. Sajive Aleyas performing the first case with the Ion Endoluminal System.

the cancer has already been removed and can move directly to the recovery phase of care."

Broward Health also offers low-dose CT lung cancer screening at all hospital locations and Broward Health Weston for eligible high-risk patients.

Advances in breast imaging are also improving the information available to physicians, such as 3D mammography, which provides more detailed images of breast tissue.

"Advances in breast cancer screening allow us to see tissue in greater detail and from multiple angles," said Mehmet Hepgur, M.D., a hematologist-oncologist with the Broward Health Physician Group. "This can help us identify abnormalities that may otherwise be hidden and detect cancer earlier when it can be more treatable."

Looking Toward the Next Generation of Cancer Care

Cancer care is moving toward individualized treatment informed by the biology of the disease and the needs of the patient. As research continues, the goal remains to identify cancer as early as possible and provide patients with the best treatment options.

The Triumphant Ring of Recovery

The sound of better care

From diagnosis to recovery and beyond, Broward Health is by your side with clinical expertise and advanced technology to guide you through your cancer journey. You can feel confident knowing the right care is always within reach. Learn more at [BrowardHealth.org](https://www.browardhealth.org).

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Bringing the Future of Cancer Care Closer to Home

We are living through an extraordinary period of progress in gastrointestinal oncology. Treatments are becoming more precise, molecular targets once considered “untreatable” are becoming actionable and new technologies are helping us understand whether cancer remains after treatment.

But innovation alone is not enough. The latest treatment can only change a patient’s life if that patient can access it.

That belief shapes my work at Memorial Cancer Institute, where I serve as principal investigator on Phase I through III clinical trials and participate in the Alliance Colon Cancer Task Force and GI Committee. The standard of care is our starting point – the present – but clinical trials represent the future. My job is to help make sure those future options are available to patients here in Broward County, not only at major academic centers elsewhere.

Sometimes, however, even a clinical trial isn’t enough.

Recently, Memorial Cancer Institute became the first cancer program in Broward County to obtain daraxonrasib through the FDA’s Expanded Access, or “compassionate use,” program. The



BY JESUS C. FABREGAS, MD, MPH

investigational therapy represents a promising new approach for pancreatic cancer, where patients who have exhausted standard treatments may have few remaining options.

We pursued Expanded Access because some of our patients with pancreatic adenocarcinoma had reached exactly that point. They had exhausted standard therapies but could not enroll in an open clinical trial because of other medical conditions, previous treatment or simply because no trial slot was available. Daraxonrasib had shown encouraging activity, but broader approval remained months away.

Working with the drug sponsor and the FDA, our multidisciplinary team at Memorial Cancer Institute secured an emergency Institutional Review Board review and worked to get the medication into eligible patients’ hands as quickly as possible. In July, the first Memorial patient received the therapy through the program.

In GI oncology, the clock is unforgiving. A patient with refractory metastatic disease may not have six months to wait for an approval. Expanded Access can provide a critical bridge between scientific progress and the patient sitting in

front of us today.

It also points to a larger issue in cancer research: who actually benefits from innovation?

My training in epidemiology has shaped how I think about that question. We can conduct a scientifically flawless clinical trial and still fail our community if the people in our clinics never have an opportunity to participate. Access to clinical trials is improving nationally, but we still have considerable work to do.

That work is especially important because the future of cancer research is remarkably promising.

One area I am particularly excited about is circulating tumor DNA, or ctDNA, and minimal residual disease. We are moving toward determining with greater precision which patients may still have cancer after surgery. That could allow us to escalate treatment for patients who need it while sparing others unnecessary chemotherapy.

We are also making progress against molecular targets that were considered undruggable for decades. KRAS is now a target. Patients with BRAF V600E colorectal cancer have new treatment options, as do those with HER2-amplified disease. Antibody-drug conjugates are opening possibilities in tumors that historically have responded poorly to treatment.

Innovation is also about more than survival. It is also about preserving quality of

life. In mismatch repair-deficient rectal cancer, for example, we are seeing some patients achieve complete responses with immunotherapy and potentially avoid major surgery and a permanent ostomy. Curing cancer remains the goal, but we should strive for cures that allow people to live well afterward.

For me, that mission is deeply personal.

My mother died from metastatic colorectal cancer at age 42. Before she died, she looked me in the eyes and told me, “You are going to be an oncologist.”

So here I am.

I was too young then to understand everything those words would come to mean. Today, I understand that cancer affects not only the person diagnosed but an entire family. I also understand how much we still do not know – and how urgently we need to close those gaps.

GI oncology chose me as much as I chose it. The science moves quickly, but the relationships with our patients are long. We may walk alongside them for years. Sometimes we win, and sometimes we lose.

What we can always do is be earnest in our efforts: push the science forward, make its advances accessible and try as hard as we can for every patient we have the privilege to serve.

Dr. Jesus Fabregas is a GI medical oncologist at Memorial Cancer Institute, part of Memorial Healthcare System.

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KIDZ Medical Oncologist Highlights Why Ongoing Innovation in Pediatric Cancer Research Matters

BY VANESSA ORR

When a child is diagnosed with cancer, it can be devastating news for the whole family. Fortunately, pediatric cancer survival rates have improved significantly over the last few decades, and with the introduction of new technologies, mortality rates continue to improve.

Sixty years ago, if a child was diagnosed with acute lymphoblastic leukemia—the most common childhood cancer—it was probable that he or she wouldn't survive six months. In 2026, national studies show that traditional treatments, including chemotherapy and radiation therapy, in conjunction with immunotherapy, resulted in a 95 percent chance of the child being cured.

"In the past, we've treated patients with 'general' drugs, including chemotherapy," explained Doured Daghistani, M.D., a pediatric oncologist with KIDZ Medical Services. "Now we have drugs that specifically target cancer cells."

This is especially important as previous treatments for some types of cancer, including brain cancer, not only killed malignant cells, but the healthy cells around them as well.

"In a child with a maturing brain, this



Dr. Doured Daghistani

can cause significant problems in the long term," said Dr. Daghistani, noting that brain cancer is the second most common cancer in children. "But we now have a new technology, proton therapy, that lets us precisely target the treatment to the volume and space of the tumor, saving all of the healthy cells around it."

Proton therapy uses highly precise radiation beams to target pediatric tumors, sparing healthy tissues better than traditional X-ray therapy.

"In the past, children could survive brain cancer treatment, but often paid a high price in brain development and delay," he added. "But with this new modality, we can spare the brain's normal cells, and even give a higher dose, which can better affect survival."

Advancements have been made in other areas as well, including immunotherapy, which uses the body's immune system to not only attack cancer cells but detect them before cancer occurs.

"It's like a police cell in the body; if a normal cell could become tumorous, immunotherapy can attack and kill it before cancer happens," said Dr. Daghistani. "Before, we could not detect this defect in the system."

With targeted therapy, oncologists may

also be able to develop drugs that attack gene and chromosomal mutations without affecting healthy cells. A form of precision medicine, targeted therapy helps identify cancers with specific genetic/biologic markers and uses drugs to attack specific genetic changes (mutations) in childhood tumors.

"Right now, we're running phase one and phase two trials of targeted therapies to see if we can improve survival rates for diffuse intrinsic pontine glioma (DIPG), a brain cancer with a survival rate of zero," said Dr. Daghistani. "Once we have a good survival rate, we'll look to minimize toxicity—any place we can decrease side effects without compromising survival."

He notes that this was successfully done in acute lymphoblastic leukemia, which now has a survival rate of 95 percent, and Hodgkin's lymphoma, which now has a survival rate of 90 percent—the result of advances in research over the past few years.

While science can move slowly, the good news is that advancements happen every day. The National Cancer Institute began mapping human genomes back in the 1990s, which cost hundreds of millions of dollars and took five to six years to complete.

"With the advancements in technology, today we can map genomes for a couple thousand dollars and get the results in one week," said Dr. Daghistani. "Now

that we're researching cancer genomes, we're trying to discover medications that can attack that specific cancer and that specific genome.

"We still have a ways to go," he added, noting that chimeric antigen receptor (CAR) T cell therapy—the most advanced research treatment underway—might someday allow doctors to take a cancer cell from a patient, study it in vitro, and sensitize the patient's immune cells to attack it. Those immune cells would then be returned to the body to fight the disease from within.

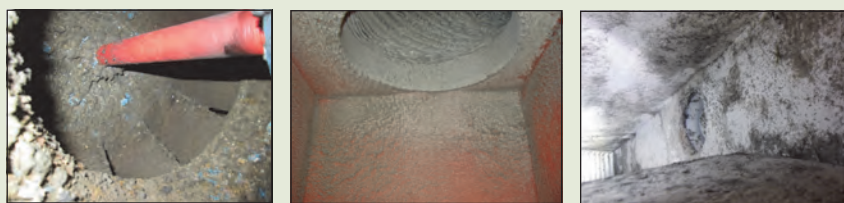
Today's advances in targeted therapy, immunotherapy, and precision radiation mark a turning point in how pediatric cancers are understood and treated. As research continues, so does the promise of safer, more effective care — and the hope that tomorrow's discoveries will transform outcomes for even the rarest and most challenging childhood cancers.

Dr. Daghistani cares for pediatric patients at Nicklaus Children's Hospital, Baptist Health Herbert Wertheim Cancer Institute (formerly the Miami Cancer Institute), and KIDZ Medical's multispecialty practice in Naples, FL. KIDZ Medical Services is a private, physician owned multispecialty healthcare organization whose team of more than 400 clinicians and team members care for patients and families across dozens of hospital partner sites and medical practice locations throughout South Florida.

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AI Is Becoming the First Call for Healthcare Information. Will It Recommend Your Practice or Facility?

For years, hospitals and medical practices competed for visibility on Google's first page. Today, a growing number of prospective patients are taking a different path. Instead of typing keywords into a search engine, they're asking artificial intelligence (AI) platforms direct questions.

"Who is the best orthopedic surgeon in Fort Lauderdale?"

"Where can I find a cardiologist in South Florida who specializes in heart failure?"

"Which hospitals near Miami offer robotic-assisted surgery?"

Rather than scrolling through pages of search results, users increasingly expect AI platforms such as ChatGPT, Gemini, Claude and Perplexity to provide direct answers, often naming specific hospitals, physicians, practices and healthcare providers.

For hospitals and medical practices, this raises an important question: When someone asks AI about your specialty or service, does your organization become part of the answer?

The shift isn't simply changing how people search for healthcare. It's changing how hospitals, health systems and medical practices establish authority online. While traditional Search Engine Optimization (SEO) remains essential, organizations must also consider Answer Engine Optimization (AEO), the practice of strengthening the signals AI platforms use to determine which sources they trust and cite.

AI Doesn't Just Index Information. It Evaluates Authority and Reputation.

Traditional search engines primarily rank webpages. AI-powered search



BY DON SILVER AND ANGELIC BRINGAS

attempts to synthesize information and provide users with a direct answer.

That means visibility depends on more than keywords. AI platforms can evaluate credibility signals including authoritative educational content, physician thought leadership, media interviews and expert commentary, bylined articles, speaking engagements, professional leadership, awards and recognition, accurate website structure, local profiles and a consistent digital presence.

For Florida healthcare organizations, it isn't enough to have a website that lists services and physicians. Hospitals and practices need to demonstrate expertise in the specific areas where they want to be recognized.

Specialization Can Create an Opportunity

Independent practices and specialty groups may assume they cannot compete online with larger health systems with significantly larger marketing budgets. AI-powered search may create a different opportunity.

When a patient asks a highly specific question about a condition, treatment or procedure, AI isn't necessarily looking for the largest health care organization. It is

looking for credible, relevant information that helps answer the question.

A gastroenterology practice, for example, could build authority by consistently publishing useful information about colonoscopies, inflammatory bowel disease, colorectal cancer screening and digestive disorders. An orthopedic practice could focus on joint replacement, sports injuries, arthritis and minimally invasive procedures.

The same principle applies to hospitals and health systems. Rather than positioning every service line equally, organizations can build authority around specialized areas where they already have significant expertise and clinical resources.

A hospital with a strong cardiovascular program, for example, could develop authoritative content around heart disease, cardiac procedures, prevention and rehabilitation, while its physicians provide expert commentary on new research through media interviews, bylined articles, webinars and professional conferences.

Over time, this concentrated body of expertise can strengthen an organization's digital authority and help AI platforms recognize its physicians and services when related questions arise.

Building Authority Requires More Than SEO

SEO remains an important foundation for helping search engines understand and index content. But AI platforms also look beyond what a healthcare organization says about itself.

Independent validation can include physicians being quoted by journalists, publishing bylined articles, speaking at medical conferences, holding leadership positions in professional organizations, earning respected healthcare awards, receiving patient reviews and participat-

ing in educational webinars and podcasts. Robust physician profiles, FAQs and patient education resources also help establish a clear body of expertise.

This is where public relations becomes increasingly relevant to AEO. Earned media, thought leadership and expert commentary can contribute to the broader authority signals AI platforms evaluate when determining which organizations and experts are relevant to a particular question.

The strongest AEO strategies bring these efforts together: technical SEO, authoritative content, digital outreach, social media, earned media, reputation management and third-party recognition.

Preparing for the Next Generation of Healthcare Marketing

Healthcare has always been built on credibility, expertise and trust. AI-powered search is evaluating those qualities through a digital lens.

Hospitals, health systems and medical practices that consistently educate their audiences, demonstrate specialized expertise and build recognition across credible sources are positioning themselves for how patients increasingly discover healthcare information and providers.

The question is no longer whether AI will influence how patients find healthcare providers. It's whether your organization is building the authority necessary to become part of the answer.

Don Silver and Angelic Bringas of BoardroomPR focus their practice on healthcare marketing, PR, social media, video production and AEO/SEO. For more information, visit www.boardroompr.com.

Cover Story: Could AI Replace Physicians?

Continued from page 1

emotions and responding in ways that feel empathetic and deeply personal.

But a tool is not a physician.

Medicine is more than collecting symptoms and matching them to a diagnosis. A physician considers the patient's history, examination, medications, family circumstances, preferences, environment, and countless subtle details that may never appear in a dataset. We recognize when something doesn't make sense. We ask the next question. We weigh competing possibilities. We understand that two patients with the same symptom may require entirely different approaches.

And perhaps most importantly, we know the patient.

There is another concern we cannot overlook: misinformation. The World Health Organization (WHO) has cautioned that large language models can produce health information that appears authoritative and plausible but may be incorrect. WHO has also warned that these technologies can be misused to create and disseminate highly convincing disinformation.

That is particularly concerning in healthcare, where the difference between accurate information and misinformation can have real consequences.

This is why the physician's role becomes even more important, not less, in an AI-enabled healthcare system. Patients need someone who can distinguish information from evidence, probability from certainty, and a generic answer from the right answer for them. They need someone who can put information into context, recognize uncertainty, explain options, and ultimately take responsibility for the clinical decision.

The future of medicine should not be AI versus physicians. It should be AI with physicians.

That is the conversation we will advance at the Broward County Medical Association's AI in Healthcare Conference on October 17. We will explore how physicians can embrace the opportunities AI offers while addressing the ethical, clinical, privacy, safety, and misinformation challenges that accompany it.

The question is not whether AI will become part of medicine. It already has. The more important question is how we, as physicians, will choose to use it.

And perhaps that conversation will look different across generations. Physicians who began practicing before the digital age may approach AI differently from younger physicians who have incorporated technology into nearly every aspect of their

education and clinical experience. How are today's residents and early-career physicians using AI? What do they trust it to do? Where do they draw the line? And what can different generations learn from one another?

AI may one day surpass us in ways we cannot yet anticipate. But people are people, and machines are machines. As tech-

nology continues to transform medicine, the challenge and opportunity is to ensure that innovation strengthens, rather than diminishes, the human relationship at the heart of healthcare: the relationship between a physician and a patient.

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

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Cover Story: After Five Battles With Leukemia, Charlie Moon Returns to the Padel Court

Continued from page 1

"The news came as a complete shock because I had never experienced a major illness before," he says. "Strangely, the diagnosis itself was not what hurt me most. What devastated me was being told that, even if I survived, I might never play padel again."

His life quickly became a cycle of treatments and relapses. He sought care in multiple countries, endured severe complications and, at different points, spent time in intensive care. By May 2024, when the cancer returned yet again, Moon had little desire to continue treatment.

He left Miami for his native Ecuador, expecting to spend his remaining time there.

"I was physically and emotionally exhausted, and I felt that I had reached my limit," he says. "I left Miami and flew home to Ecuador because I wanted to spend my final days peacefully in my own country, surrounded by the people and places I loved."

Then came a connection to the team at UHealth and Sylvester Comprehensive Cancer Center. Moon returned to Miami for what he considered one final attempt.

Treating a Difficult Relapse

By the time Moon arrived at Sylvester, his leukemia had already returned multiple times.



Dr. Sangeetha Venugopal, a hematology oncologist at Sylvester Comprehensive Cancer Center and one of Moon's physicians, says the repeated relapses sharply reduced the likelihood of achieving another remission.

"Carlos came to us in this third relapse, which means that he has already received several lines of chemotherapy," Venugopal

says. "Each time leukemia relapses, the remission rate decreases sharply, so by the third relapse, the chances of achieving a remission are less than 20%."

Another complication was the lack of detailed information about his previous treatments. That limited the team's ability to use anthracycline because of concerns about cumulative exposure and cardiotoxicity.

There was, however, an opening.

"Fortunately, his leukemia expressed CD22, which allowed us to use inotuzumab, a targeted antibody against CD22," Venugopal says.

Moon ultimately undergoes a bone marrow transplant and CAR T-cell therapy. Venugopal describes bone marrow transplantation as a curative-intent treatment, while CAR T-cell therapy can be used when acute lymphoblastic leukemia, or ALL, relapses after transplant.

His case also reflects how dramatically treatment options for difficult blood cancers have expanded.

"In the past decade, we are gradually moving away from chemotherapy-dominant regimens to precise, immunotherapy-integrated and chemotherapy-free approaches," Venugopal says. "In particular, Bispecific T-Cell Engagers (BiTEs) such as blinatumomab, Chimeric antigen receptor (CAR) T-cell therapies, Antibody-Drug Conjugates such as inotuzumab ozogamicin have ushered in an era of incremental survival benefit in patients with ALL."

The Battle Beyond the Disease

Moon's experience also leaves scars that are harder to see.

During his fourth battle with cancer, the disease spread to his bones. He describes intense pain, depression and periods when he thought about ending his life.

"That experience helped me understand that many people experiencing suicidal thoughts may not truly want their lives to end; they desperately want the pain of that particular moment to stop," Moon says. "They want the darkness to turn off because they cannot see another way out."

He now speaks openly about emotional health and the pressure some men feel to conceal fear or vulnerability.

"Asking for help is not weakness," he says. "Expressing fear, pain, or sadness can be the first step toward freedom and healing."

Recovery from intensive leukemia treatment can itself take years. Venugopal says patients generally regain physical strength first, followed by psychological and social recovery.

"In general it takes at least 2-3 years post-transplant to regain the quality of life," she says. "When patients are motivated and they follow a reasonably personalized physical rehabilitation, their recovery period is remarkably shortened."

For Moon, that recovery has brought him back to padel—and to the Reserve community in South Florida, which rallied around him throughout his treatment.

The sport he once played professionally is also becoming increasingly visible in the United States, with South Florida emerg-

ing as one of its hubs. Moon no longer expects his body to perform exactly as it did before cancer. That matters less to him now.

"I may not compete at the same level I did before, and my body may cramp or become tired afterward, but I choose to focus on the miracle of being able to move on my own," he says.

Turning a Comeback Into a Mission

Moon's return to the court is now tied to another goal: helping patients who are still fighting.

On November 6, Reserve Cares, the philanthropic arm of Reserve Padel, will host the second annual Moonlight Open in South Florida, raising money for leukemia research at Sylvester.

The event was created by Reserve Founder and CEO Wayne Boich and the Reserve Cares team as the padel community rallied around longtime Reserve player and friend Charlie Moon during his treatment. Moon, who has long been part of the Reserve community, developed a close friendship with Boich through the sport. What began as a show of support for a friend has since grown into an annual fundraising initiative supporting leukemia research and patients and families affected by blood cancers. The inaugural Moonlight Open raised nearly \$1 million in just 12 days.

Moon was in the ICU during that first tournament.

"Knowing that Reserve had brought the community together in my honor gave me happiness, motivation, and strength," he says. "It reminded me that I was not alone and helped me continue fighting."

The experience helped shape what he wants the event to become. He sees it not simply as a fundraiser, but as a message to people experiencing the isolation he knows well.

"The Moonlight Open, created by Reserve Cares, is for everyone currently fighting cancer," Moon says. "It is also for those we have lost physically but continue carrying in our hearts."

More than five years after his first diagnosis, Moon is again holding a racket. The athlete who once measured success through rankings and competition now plays with an awareness that every trip onto the court is something he once feared had been taken from him forever.

"I love this sport more than ever, and I enjoy every opportunity to play as though it could be my last," he says. "Life taught me that we never know when we may do something we love for the final time."

And for the patients still waiting for their own chance to return to the life they knew, Moon hopes the Moonlight Open delivers something just as valuable as the money it raises.

"If the Moonlight Open can provide someone with hope during their darkest moment and help them believe that they still have one more fight left, then everything we are doing will be worth it."

For more information, visit med.miami.edu.



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MEMORIAL CANCER INSTITUTE

Mohamed El Zaeedi, MD

Finding lung cancer earlier can significantly change a patient's treatment options and outcomes. Mohamed El Zaeedi, M.D., a thoracic surgeon at Memorial Healthcare System, is using advanced robotic technology to help turn earlier detection into earlier treatment. Robotic bronchoscopy enables Dr. El Zaeedi and his colleagues to target and biopsy very small lung nodules, while robotic-assisted surgery can allow for minimally invasive, lung-preserving procedures when appropriate. Memorial's Incidental Pulmonary Nodule program also helps identify and follow concerning nodules discovered unexpectedly during imaging for other conditions. "The goal is to make sure potentially concerning nodules do not fall through the cracks," Dr. El Zaeedi said. Looking ahead, he sees the integration of advanced technology with multidisciplinary expertise as key to increasingly personalized cancer care. Memorial specialists meet weekly to evaluate cases and determine how imaging, surgery, molecular testing, targeted therapies and immunotherapy can best come together for each patient.



Esther Ozeryansky, MD, FACS

For Esther Ozeryansky, M.D., FACS, breast surgical oncologist at Memorial Breast Cancer Center, part of Memorial Healthcare System, treating breast cancer means considering both a patient's outcome and how they will feel after surgery.

By incorporating oncoplastic techniques, which integrate plastic surgery approaches with breast tumor removal, Dr. Ozeryansky can focus on treating the cancer while achieving better cosmetic outcomes. "Instead of patients feeling deformed after surgery, we want them to feel confident," Dr. Ozeryansky said.

Early detection remains equally critical. Finding breast cancer sooner can increase the likelihood of successful treatment and cure while potentially giving patients more options for their care. Dr. Ozeryansky was drawn to breast surgery by the opportunity to make a tangible difference during a vulnerable time in patients' lives. She is equally motivated by a field that continues to evolve through research and innovation, allowing her to guide patients through treatment while helping them move forward with confidence.



Jesus C. Fabregas, MD, MPH

Jesus C. Fabregas, M.D., MPH, is a GI medical oncologist at Memorial Cancer Institute (MCI), treating patients with gastrointestinal malignancies and committed to bringing the newest cancer treatments to Broward County. As principal investigator for Phase I-III studies and a member of the Alliance GI Committee and Colorectal Cancer Task Force, Dr. Fabregas offers access to innovative clinical trials and emerging therapies. Working through the MCI clinical trials team, his patients were offered access via the Expanded Access mechanism as a bridge to promising treatment for those who had exhausted standard options and could not wait for approval. "You can run a flawless trial and still fail your community if the people in your clinic never see it," Dr. Fabregas said. Dr. Fabregas was inspired to pursue oncology by his mother, who died from metastatic colorectal cancer at 42. He is encouraged by advances in ctDNA and minimal residual disease, newly targetable cancer mutations and immunotherapies, including approaches that could help patients avoid life-altering surgery while preserving quality of life.



Luis E. Raez, MD, FASCO, FACP

Luis E. Raez, M.D., FASCO, FACP, is medical director and chief scientific officer at Memorial Cancer Institute (MCI) and a hematologist/oncologist who leads its thoracic oncology program, specializing in lung cancers.

Research is central to Dr. Raez's work, including advancing minimal residual disease (MRD) testing to detect and track cancer through the blood. MCI has studied the technology for years, with findings presented nationally and internationally. Dr. Raez believes MRD could transform how physicians monitor whether cancers are responding to treatment, beyond what can be seen through traditional imaging. He has also helped bring promising treatments to patients sooner. MCI participated in clinical trials contributing to the approval of more than 12 lung cancer drugs over the past 15 years, giving participating patients access two to three years before FDA approval. Inspired by his physician father, Dr. Raez pursued medicine to follow his example: "To make a difference in the lives of the patients that we touch."



Shivani Dalal, MD

Shivani Dalal, M.D., is a hematologist and medical oncologist at Memorial Cancer Institute (MCI), part of Memorial Healthcare system, who cares for patients with brain tumors, melanoma and other cancers. Dr. Dalal is helping establish MCI's Cancer Neuroscience Repository, an initiative focused on aggressive cancers involving the central nervous system. Working alongside principal investigator Atif Hussein, M.D., and neurosurgeon Simon Buttrick, M.D., Dr. Dalal helps identify eligible patients and integrate their care with biospecimen and molecular research. The repository will connect tumor tissue, blood and other samples with clinical, imaging, treatment and outcomes data. Researchers aim to use molecular analysis, biomarkers and artificial intelligence to better understand tumor behavior, treatment response and resistance – ultimately informing more personalized treatment and future therapies. "What excites me most about the future of cancer care is the remarkable pace of research and innovation," Dr. Dalal said. Her goal is to help transform cancer into a disease that can increasingly be prevented, controlled and ultimately cured.



Brian Pico, MD

Brian Pico, M.D., is medical director of solid tumor cellular therapy and a hematologist-oncologist at Memorial Cancer Institute (MCI), where he is helping bring emerging cellular therapies to patients with solid tumors. Once primarily developed for blood cancers, cellular therapies are beginning to overcome barriers presented by solid tumors. Dr. Pico is building the clinical infrastructure to safely incorporate these approaches, from patient selection and multidisciplinary coordination to managing therapy-specific toxicities. "What excites me most is the convergence of cellular therapy, bispecific antibodies and precision oncology," Dr. Pico said. According to Dr. Pico, MCI is among Florida's leading sites in the use of tarlatamab, a bispecific T-cell engager for small-cell lung cancer, and is preparing to open a clinical trial of a similar approach for advanced prostate cancer. Dr. Pico sees treatment increasingly guided by each tumor's biological and molecular characteristics, creating more personalized options for patients whose cancers have progressed despite established therapies.



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Cleveland Clinic Weston Hospital “Hires” First-in-Florida Chemo Compounding Robot

Cleveland Clinic Weston Hospital has added a high-tech team member to its Egil and Pauline Braathen Center/Maroone Cancer Center pharmacy, becoming the first hospital in Florida to implement the Loccioni APOTECaChemo robotic compounding system.

Designed to assist with the sterile compounding of hazardous oncology medications, the robot automates several critical steps in chemotherapy preparation. These include drug and diluent weighing, vial handling, reconstitution of powdered medications, dose withdrawal, final container preparation, and electronic documentation of the entire process.

A New Layer of Safety in Chemotherapy Preparation

One of the biggest advantages of robotic compounding is its use of gravimetric verification. In simple terms, the system weighs ingredients throughout the preparation process to confirm that the correct amount of medication and diluent has been used.

That added verification provides an important safety layer beyond visual inspection alone, helping prevent underdosing or overdosing. The result is stronger support for patient safety by helping ensure the right drug, the right dose, and the right preparation for each individual patient every time.

Supporting Precision, Consistency, and Traceability

The pharmacy robot also helps standardize chemotherapy compounding by automating complex preparation steps and supporting more consistent dose preparation in a high-volume oncology setting.

Each preparation is backed by automated checks, barcode verification, and electronic documentation, giving the pharmacy team greater precision and traceability. Hospital leaders say the technology helps ensure every dose is prepared with consistency and accuracy while creating a clear digital record of the process.

“We are the first cancer center in Florida to bring this innovative tool to serve our patients in the infusion center,” said Zeina Nahleh, M.D., Vice Chief, Cancer Institute and Regional Chair of Hematology/Oncology at Cleveland Clinic in Florida. Dr. Nahleh is also the Medical Director of the Maroone Cancer Center at Cleveland Clinic Weston Hospital.

“Cathey will optimize precision and efficiency of preparing chemotherapy and immunotherapy infusions. Since the pharmacy robot started working in the Maroone Cancer Center in Weston, we have already seen a reduction in the wait time for patients, one of our main goals to improve their quality of life,” Dr. Nahleh added.

Reducing Exposure Risks for Pharmacy Staff

In addition to patient safety benefits, the robotic system is expected to improve safety for pharmacy caregivers.

Because chemotherapy and other hazardous medications can pose occupational exposure risks, reducing direct manual handling during preparation is a major advantage. The robot performs compounding inside a controlled environment, helping limit staff exposure during the highest-risk steps of the process.

The technology also helps improve workflow standardization and efficiency, allow-



ing pharmacists and pharmacy technicians to devote more time to clinical oversight, quality assurance, and patient care support.

A Major Advancement for Oncology Pharmacy

The efficiencies that come with the use of a pharmacy robot are a significant step forward in oncology pharmacy practice. By combining robotic automation, gravimetric precision, barcode verification, and electronic traceability, the system is designed to enhance safety for both patients and caregivers while improving consistency in chemotherapy dose preparation.

The robot has been named “Cathey” in honor of a philanthropist whose donation helped fund improvements in the chemotherapy infusion area at Cleveland Clinic Weston Hospital.

Robot Functions Like “Another Team Member”

Jay Patel, PharmD, CPh, pharmacy manager, said the robot is already making a meaningful difference for the pharmacy team by supporting both efficiency and caregiver and patient safety.

“Cathey, our robot, functions like another team member because of the way the process is integrated into our workflow,” Patel said. “In a high-volume oncology pharmacy, our technicians spend long periods of time performing repetitive and physically demanding compounding tasks, which as you can imagine, can be strenuous particularly for those working in the clean room.”

“It also helps with occupational exposure to hazardous medications for our staff and overall efficiency,” Patel said.

Patel pointed to reconstitution as one area where the robot offers a clear advantage. When powdered drugs must be mixed with a diluent, technicians often have to manually stir vials to fully dissolve the medication.

“The robot actually has a little rotating carousel,” he said. “The vial is placed there, and it’s rotated around in a circle, then it’s also spun around as well. It doesn’t require the technician to sit there and stir, whereas the robot is actually spinning it in multiple different directions to make it fully dissolve.”

While some medications are prepared at about the same speed as a technician would compound them manually, Patel said the robot’s precision is a major benefit.

“Certain preparations may be completed more efficiently by the robot, whereas other items are compounded by the technician with a similar technology platform and safety steps,” he said. “The robot is more consistently precise.”

As demand for oncology services continues to grow, robotic tools that work in tandem with their human counterparts may help hospitals manage increasing volume while giving pharmacy teams more support in delivering safe, consistent chemotherapy treatment to their patients.

“This technology doesn’t replace our pharmacy caregivers,” Patel said. “It supports them. It allows our technicians and pharmacists to pair their expertise with advanced automation so we can continue delivering chemotherapy preparations with a strong focus on safety, quality, and efficiency.”

Sarasota Memorial Moving Forward with New Outpatient Cancer Center in Venice

Just months after opening the new Milman-Kover Cancer Pavilion on its flagship Sarasota campus, Sarasota Memorial Health Care System is moving forward with plans for a new outpatient cancer center in Venice, expanding access to advanced cancer care for patients throughout south Sarasota County and surrounding communities.

The Venice center represents the next phase in the continued expansion of Sarasota Memorial’s Brian D. Jellison Cancer Institute, which SMH launched in 2020 to give cancer patients, caregivers and medical providers greater access to the latest treatments, technologies, clinical trials and supportive services close to home.

The cancer center will be located in a new outpatient medical facility that will be constructed on Curry Lane, adjacent to the Sarasota Memorial Hospital-Venice campus. The 5-acre site was acquired by Flagship in January 2025, and Sarasota Memorial is leasing and completing the build-out of the facility to expand a range of outpatient services in Venice, including cancer care and endoscopy services.

Together with SMH’s existing cancer services, the new cancer center is part of a strategy to provide comprehensive, coordinated cancer care close to home.



conceptual preliminary rendering

Advancing Pediatric Oncology Through Research and Precision Medicine

For children and families facing cancer, progress increasingly depends on connecting patients with treatments informed by the biology of their disease. At Nicklaus Children's Health System, the Helen & Jacob Shaham Cancer & Blood Disorders Institute is expanding the research capabilities needed to make that increasingly possible while broadening access to specialized pediatric oncology care across South Florida.

Nicklaus Children's is South Florida's leader in the diagnosis and treatment of pediatric cancer and is involved in more than 40 cancer-related clinical studies. As a full member of the nationally funded Children's Oncology Group (COG), the health system participates in a network of leading pediatric cancer specialists and institutions working together to develop safer and more effective therapies for children and adolescents.

That research mission received a major boost in 2025, when the Helen & Jacob Shaham Cancer & Blood Disorders Institute was awarded a \$7.5 million appropriation from the State of Florida through the Cancer Connect Collaborative Research Incubator Fund. The investment supports expanded clinical trial capabilities while strengthening the infrastructure required to connect more Florida children with advanced treatment options close to home.

"This investment gives us an opportunity to build the research foundation needed to bring more promising therapies to children in South Florida and across the state," said Marcos A. Mestre, senior vice president and chief clinical

officer at Nicklaus Children's Health System. "It is about expanding access while moving scientific discovery toward better care for our patients."

A major component of that work is development of an early-phase pediatric oncology program that will expand first-in-child and Phase I/II clinical trial capabilities. Such studies are particularly important for children with relapsed or refractory disease and for those with rare cancers, where established treatment options are often limited.

Nicklaus Children's is also expanding its precision medicine efforts. Researchers and clinicians are bringing together genomics and transcriptomics with proteomics and microbiome research.

Drug-sensitivity testing adds another layer of information by helping researchers assess how an individual tumor responds to potential therapies. Together, these approaches provide a more individualized understanding of both the child and the cancer, helping inform medication selection and dosing while supporting treatment decisions.

That work builds on research conducted by Maggie Fader, M.D., pediatric hematologist/oncologist and medical director of the Sarcoma and Solid Tumors Program, and collaborators at Florida International University Herbert Wertheim College of Medicine.

In a study published in *Nature Medicine*, the team combined genomic profiling with ex vivo drug-sensitivity testing for children and adolescents with relapsed or refractory cancers. Among

six patients who received treatment guided by the functional precision medicine approach, five experienced improved progression-free survival compared with their previous therapy.

The institute is also developing a comprehensive cancer data repository supported by advanced bioinformatics and artificial intelligence analytics. These capabilities will help researchers work with larger volumes of clinical and research data while supporting stronger collaboration across Florida.

The infrastructure also creates opportunities for new academic and industry partnerships focused on pediatric cancer research.

Innovation extends beyond systemic therapy. Toba Niazi, M.D., chief of neurosurgery and Co-Director of the Neuroscience Institute, is leading research involving magnetic resonance-guided focused ultrasound for aggressive pediatric brain tumors. Current work includes approaches designed to improve drug delivery as well as research evaluating sonodynamic therapy.

Thomas Utset-Ward, M.D., one of less than 10 pediatric orthopedic oncologists in the nation, is advancing care for children with bone and soft-tissue tumors. His work includes complex surgical planning alongside research focused on pediatric sarcomas.

"Research is increasingly integrated into how we approach pediatric cancer care," said [Dr. Ziad Khatib, medical director of hematology-oncology. "Our goal is to give families access to established therapies while also offering care-

fully designed research opportunities that expand what is possible for children with difficult-to-treat cancers."

The institute itself is growing alongside its research portfolio. Nicklaus Children's recently broke ground on a new home for the Helen & Jacob Shaham Cancer & Blood Disorders Institute on the hospital's Miami campus. The new facility represents a significant investment in the future of pediatric cancer care and research in South Florida.

Pediatric hematology and oncology services are also available at Nicklaus Children's Hospital Fort Lauderdale at Broward Health Medical Center, led by Hector Rodriguez-Cortes, M.D. This expansion helps families in Broward County access specialized pediatric cancer and blood disorders expertise closer to home while remaining connected to the broader resources of Nicklaus Children's specialty services.

That growth is also receiving national recognition. Nicklaus Children's is nationally ranked by U.S. News & World Report in eight pediatric specialties, including pediatric oncology, reflecting the strength of its clinical program and its commitment to advancing care for children with cancer and blood disorders.

For Nicklaus Children's, the future of pediatric oncology is closely tied to research embedded in clinical care. Continued investment in early-phase trials and precision medicine, supported by a growing research infrastructure, is helping bring new treatment possibilities and renewed hope to children and families across South Florida and beyond.

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

Tampa General Hospital Secures Funding to Establish Center for Lymphatic Education and Research

Tampa General Hospital has secured new funding to establish the Center for Lymphatic Education and Research (CLEAR), a multidisciplinary initiative designed to accelerate research, expand education and improve care for patients living with lymphatic diseases.

The one-year, \$150,000 Interdisciplinary Center Preparation Grant was awarded through the research office at University of South Florida and will support the formal development of CLEAR through USF Health. The initiative will also lay the groundwork for future National Institutes of Health grant applications, including Program Project and T32 Training Grants focused on advancing lymphatic research and physician-scientist training.

CLEAR builds on Tampa General's growing national reputation in lymphedema treatment and innovation under the leadership of Dr. Nicholas J. Panetta, M.D., FACS, who established the academic health system's Lymphedema Care Center and helped launch the first robotic surgical program for lymphedema treatment in the southeastern United States.

The Center will support collaborations across multiple disciplines, including medicine, engineering, artificial intelligence, public health, business and education. Planned initiatives include expanding translational research efforts, developing new training opportunities for residents and fellows, pursuing federal research funding and increasing public awareness of lymphatic diseases and the importance of the lymphatic system in overall health.

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Broward Health Coral Springs Advances Heart Care with First PFO Closure Using the GORE® CARDIOFORM Septal Occluder



Dr. Pablo Rengifo-Moreno with the team that completed the first PFO closure procedure using the GORE® CARDIOFORM Septal Occluder at Broward Health Coral Springs.

Broward Health Coral Springs is proud to announce the successful completion of its first PFO (patent foramen ovale) closure procedure using the GORE® CARDIOFORM Septal Occluder, marking a significant milestone in the hospital's cardiovascular care. The procedure, performed by Pablo Rengifo-Moreno, M.D., director of the structural heart disease program at Broward Health, further expands access to advanced structural heart therapies across the Broward Health system.

A PFO is a small opening between the heart's upper chambers that is present at birth and affects about 25% of the general population. Most people with a PFO have no symptoms and do not require treatment, however, in some cases, a PFO can allow a blood clot to travel to the brain and cause a stroke. For carefully selected patients who have experienced a stroke with no other clear cause, this minimally invasive PFO closure can help reduce the risk of future strokes.

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Salute to Case Managers...

MEMORIAL REGIONAL HOSPITAL SOUTH

Ailyn de la Puente, LCSW

The cases that stay with Ailyn de la Puente, LCSW, are often those without an obvious solution. As director of social work and case management at Memorial Regional Hospital and Memorial Regional Hospital South, she leads RN case managers and social workers navigating the human and operational complexities behind safe transitions from the hospital.

For patients facing complex medical needs alongside insurance barriers, housing concerns or limited resources and family support, solutions can take time. De la Puente has seen her teams make countless calls, challenge barriers and continue searching when every apparent option has been exhausted.

"There is something incredibly rewarding about taking a situation that feels impossible and creating a path forward for a patient and family," de la Puente said.

Combining her social work foundation with an operations mindset, de la Puente focuses on fostering an environment where her teams can persist, collaborate and find solutions for patients.



MEMORIAL HOSPITAL WEST

Genesis Fuste, RN, BSN

For Genesis Fuste, RN, BSN, one of the most rewarding parts of her role is helping others recognize their potential. As manager of case management at Memorial Hospital West, she is especially passionate about developing case managers, building their confidence and encouraging them to think creatively when patients face complex barriers.

"I love helping case managers grow in confidence, strengthen their skills and experience those 'aha' moments that change how they approach their work," Fuste said. "When our team grows, our patients benefit."

Those skills are especially important in cases without a clear solution. Fuste has watched teams collaborate, advocate and persist until they find a path forward for patients and families.

Case managers, she believes, are advocates, educators, problem-solvers and connectors working behind the scenes to make an overwhelming healthcare experience more manageable. Bringing people together and helping both patients and colleagues succeed is what keeps Fuste motivated.



MEMORIAL REGIONAL HOSPITAL

Merita Rouge, LCSW, QS

The dedication of her team is a daily source of inspiration for Merita Rouge, LCSW, QS, social work manager at Memorial Regional Hospital. She sees firsthand how social work case managers and nurse case managers navigate difficult days while continuing to show up for patients, families and one another.

"Some days are amazing and others can be rough, but my staff take every day as a challenge," Rouge said. "They find something, work through it and come back the next day with a positive attitude."

Rouge calls it "finding miracles in the everyday," moments when hard work results in relief or a smile from a patient or family member. Case managers often enter people's lives during their most difficult moments, and for Rouge, providing comfort and making those days a little easier is what makes the work worthwhile. That is her why.



MEMORIAL HEALTHCARE SYSTEM UTILIZATION MANAGEMENT

Nicole Monaghan, RN-BSN, CCM/ACM

Complex cases are where Nicole Monaghan, RN-BSN, CCM/ACM, thrives. As utilization and clinical practice advisor for Memorial Healthcare System, she combines clinical knowledge, problem-solving, advocacy and communication to help patients and families navigate what comes next.

Medical needs, insurance, transportation, housing or caregiver concerns can stand in the way of a safe transition. "You can't always stop when the first option doesn't work," Monaghan said. "Sometimes you have to make another phone call, ask a different question, look at the situation differently or bring someone else into the conversation."

Monaghan finds it especially rewarding when a case that initially seemed impossible comes together. She also helps other case managers grow as proactive critical thinkers and problem-solvers, encouraging them to look beyond discharge planning and anticipate patients' needs.

Ultimately, Monaghan wants patients and families to feel they have someone in their corner, helping connect the pieces and move them forward.



MEMORIAL HOSPITAL PEMBROKE

Erika Solis, MSW

No two days in case management are the same for Erika Solis. From aging and homelessness to substance use and complex family dynamics, she understands that each patient brings unique circumstances that require critical thinking, compassion and often a little creativity. Solis first discovered her passion for hospital social work while interning at Memorial during her master's program. As social work manager at Memorial Hospital Pembroke, Solis helps patients navigate unfamiliar resources and discharge planning while supporting her team in breaking down complex cases and finding a path forward. "For patients trying to get through the day with no support or assistance at home, it's like we become their family member while they are admitted," Solis said. She recalls one patient whose prolonged hospital stay could have ended very differently. By exploring every option, the team successfully helped the patient return home rather than move into a nursing facility.



MEMORIAL HOSPITAL MIRAMAR

Tra'Keisha Tatiana Patrick, MSW, RSWCI

For Tra'Keisha Tatiana Patrick, MSW, RSWCI, case management is about seeing the whole person and creating a path forward during life's most uncertain moments. After six years in skilled nursing and long-term care, Patrick joined Memorial Healthcare System seven years ago, growing from social worker to leader while remaining grounded in advocacy, education and compassion.

As social work supervisor of case management, Patrick provides daily leadership to social workers and nurse case managers, navigating complex patient needs and barriers to discharge while connecting families with needed resources. Even as a leader, she values opportunities to step back onto the front lines, supporting patients and families while staying closely connected to her team's work.

Some of her most meaningful experiences involve guiding families through the transition to hospice care. "End-of-life care is not simply a countdown to death; it is an opportunity to focus on comfort, dignity and quality of life," Patrick said.



JOE DIMAGGIO CHILDREN'S HOSPITAL

Tawnya Stack, RN, BSN

Helping families feel supported during some of their most difficult moments is at the heart of the work of Tawnya Stack, RN. As a pediatric intensive care unit nurse case manager at Joe DiMaggio Children's Hospital, Stack coordinates care across medical teams, families and community resources while navigating discharge planning and barriers to care. One complex discharge reinforced for Stack just how meaningful that coordination can be. By bringing together the medical team, family and community resources, she helped address barriers that could have delayed a child's transition home. The family ultimately left feeling prepared and confident about what came next.

"I'm motivated by building relationships, solving complex challenges and knowing that my support can help families feel less overwhelmed and more confident during difficult moments," Stack said.

For her, case management is an opportunity to make a difference beyond clinical care, ensuring families feel informed, supported and prepared throughout their child's journey.



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Salute to Case Managers...

BROWARD HEALTH MEDICAL CENTER

Elizabeth Maus, MS

Social Service Counselor, Oncology Services

For Elizabeth Maus, MS, supporting patients and working in a hospital setting has always been a goal. Now, after 18 years at Broward Health Medical Center, she brings that commitment to cancer patients.

Maus began her career at Chicago Children's Memorial Hospital before returning to South Florida and earning her master's degree in Mental Health Counseling and Marriage & Family Therapy from Barry University. She later served as a victim advocate with Broward County State Attorney's Office and worked in private practice before returning to a hospital setting.

Today, Maus assesses oncology patients, identifying needs and connecting them with community resources and counseling. She helps patients understand their diagnosis and treatment plans, addresses barriers to care and works with families to build strong support systems.

"I'm their coach, cheerleader and advocate. It's been an honor working with cancer patients and navigating them through a most difficult time," Maus said. "Helping patients through their lowest moments and seeing them thrive makes my work deeply rewarding."



Yadira Mangual, MSW

Social Service Counselor, Oncology Services

For Yadira Mangual, MSW, being a social worker means lending a helping hand when patients and families need it most. She works to ease the practical and emotional challenges that can accompany a cancer diagnosis and treatment.

Originally from New York, Mangual has lived in South Florida for three years and is pursuing her clinical social work license while working full time. Bilingual in English and Spanish, she is assigned to Broward Health Medical Center's infusion center, where she builds strong relationships with patients and helps connect them with needed resources.

Whether addressing financial or transportation challenges, finding a chaplain or helping caregivers manage stress, Mangual looks for ways to support each patient holistically.

She's also proud of the hospital's oncology support group, stepping in as a facilitator when needed and helping create a sense of community.

"I'm loving on my patients," Mangual said. "I want them to feel seen, supported and cared for."



BROWARD HEALTH NORTH

Linda Lauri, RN

Case Manager, Oncology Services

For Linda Lauri, RN, nursing is rooted in advocacy. Before becoming a nurse, Lauri served as a church community services director, where she helped lead initiatives addressing homelessness and food insecurity in Miami. The experience showed her how even small acts of kindness can have a meaningful and lasting impact.

Today, Lauri serves as a case manager on the oncology floor at Broward Health North, helping patients and families navigate treatment and recovery during challenging times. Her nursing background spans multiple specialties, including cardiology, orthopedics, progressive care and the ICU, giving her a broad clinical perspective that she brings to her work with oncology patients.

She works closely with physicians, nurses, families and community partners to help address each patient's individual needs and ensure they have the resources and support necessary throughout their care journey.

"I love advocating for others," Lauri said. "It's a privilege."



BROWARD HEALTH NORTH

Genesis Siliezar-Orellana, MSW

Social Service Case Management

For Genesis Siliezar-Orellana, MSW, social work is about making sure patients feel heard, seen and supported.

She attended Florida Atlantic University, earning both her undergraduate degree and Master of Social Work, before coming to Broward Health North as a social work intern, where she completed eight months of clinical training. She joined the hospital's team a year and a half ago after working at a skilled nursing facility.

Siliezar-Orellana has a strong connection with her geriatric patients, who often need additional support navigating care options and planning for what comes next.

Thriving in a fast-paced environment, Siliezar-Orellana helps patients and families navigate everything from acute care and oncology treatments to rehabilitation and long-term care, finding the safest discharge plan, mental health and community resources, and appropriate post-hospital care.

"Every patient has a different story and different needs," she said. "Knowing they have someone who will listen to them, help them work through their emotions and find a safe path forward is incredibly rewarding."



BROWARD HEALTH IMPERIAL POINT

Claudia Wenger, RN

Case Manager

For Claudia Wenger, RN, case management is about seeing the whole picture and helping patients and families find their way forward. A nurse since 1990, Wenger spent years at the bedside, gaining experience throughout the hospital on medical-surgical floors, the ICU and emergency room, before transitioning to case management 20 years ago.

That clinical experience helps Wenger anticipate what patients may need next. She reviews medical records, assesses patients and works with physicians, families and care teams to determine whether a patient may need rehabilitation, home services, medications or other support after discharge.

Her work also extends beyond medical needs. Wenger helps patients experiencing homelessness identify housing options, assists those without insurance and connects patients with community clinics and other resources.

"I love being able to guide patients and families in a direction where they can get the help they need, whether they are in the hospital or when they leave," she said.



Jasmine Perez, MSW, LCSW

Clinical Social Worker

Helping patients prepare to leave the hospital involves much more than arranging a discharge. Jasmine Perez listens to what patients and their families need, identifies potential barriers and helps make sure they have what they need for a safe transition.

Perez, a licensed clinical social worker at Broward Health Imperial Point, has spent her four-year career at Broward Health. A South Florida native, she joined the healthcare system after earning her master's degree in social work from Florida Atlantic University.

Each day, Perez works alongside nurse case managers, physicians, nurses, physical therapists and other members of the care team to develop discharge plans based on each patient's needs. That may include coordinating home health services, medical equipment, rehabilitation or hospice placement, transportation and follow-up appointments, as well as connecting patients with housing and other community resources.

The most rewarding part of the job, Perez said, is seeing the difference that support can make for patients and their families.

"It's rewarding when patients tell us they're grateful for the help we've provided," Perez said. "You know you've made that transition a little easier and helped them feel more prepared for what comes next."



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Salute to Case Managers...

ST. ANTHONY'S REHABILITATION HOSPITAL

Laura Agudelo, MSW

Laura Agudelo has found her calling in case management, helping patients and families navigate complex transitions with confidence and peace of mind.

Working primarily with inpatient rehabilitation for adults receiving care after a stroke, orthopedic surgery, cardiac event, or neurological condition, Laura coordinates discharge plans, insurance requirements, medical equipment and follow-up services in close collaboration with interdisciplinary care teams.

She feels rewarded when a complicated discharge plan comes together and a patient can safely move to the next stage of recovery with the right resources in place. Balancing clinical needs, insurance coverage, family expectations, and available services requires organization, flexibility and strong communication.

Her advice to those entering the field reflects what she has learned firsthand: "Stay organized, communicate well, ask questions and always be ready to adapt."



HOLY CROSS HEALTH

Angela Reid, BSN, RN

Angela "Angie" Reid, BSN, RN, has spent more than 30 years caring for patients, but her role has changed quite a bit over the years. Reid began as a traveling nurse and later worked as a staff nurse, charge nurse and assistant manager. In 2018, she moved into case management. Today, she is an acute care case manager at Holy Cross Health. Her years in nursing taught her to look beyond the immediate medical needs of a patient. As a case manager, Reid works with patients, families and their care teams to figure out what they will need once they leave the hospital. Sometimes that means arranging services or finding community resources. Other times, it means slowing down and making sure a patient or family understands what comes next. Reid enjoys sharing her knowledge and answering colleagues' questions, particularly as they take on new responsibilities. While working full time and raising her family, Reid went back to school, earning her associate degree in Toronto, Ontario and her bachelor's degree from Chamberlain University in 2019. As a sign of appreciation, her department named her Employee of the Month.



ST. CATHERINE'S WEST REHABILITATION HOSPITAL

Gloria Hasbun

For several years, Gloria Hasbun has helped guide patients and families through important transitions in rehabilitation care. As Director of Case Management at St. Catherine's West Rehabilitation Hospital, Gloria coordinates care from admission through discharge, collaborating with patients, families, physicians, nurses, therapists and insurers. She primarily supports patients recovering from stroke and orthopedic conditions who require intensive rehabilitation before returning home or transitioning to the next level of care. For her, the most rewarding moments are seeing patients regain independence and leave the hospital with the support they need. Her approach to successful discharge planning requires organization, communication and careful coordination of insurance, equipment, transportation and follow-up services. Her advice to new case managers: "Be patient, stay organized, listen, and remember that every patient has a story. Above all, treat people with compassion and respect."



Michael Driscoll, MSN, RN-BC

Michael Driscoll, MSN, RN-BC, is a dedicated emergency department (ED) nurse care manager at Holy Cross Health in Fort Lauderdale. Driscoll's nursing career has taken him through a variety of roles across the organization, including nursing supervisory positions. Each role has helped shape the clinical expertise, compassion and strategic insight he brings to his work today. Driscoll assists patients and families during some of their most challenging and uncertain moments. Working in the fast-paced ED, he assesses complex medical needs, identifies barriers to care and collaborates with interdisciplinary team members to develop safe, timely and patient-centered transition plans. His work helps prevent unnecessary hospital admissions, supports safe discharges and ensures continuity of care after patients leave the ED. Whether coordinating resources or helping patients and families navigate next steps, he is focused on making the transition to ongoing care as seamless as possible. Known for his warm and professional communication style, Driscoll has earned the respect of colleagues throughout the organization. He consistently promotes high standards of care, encourages collaboration across disciplines and helps create a welcoming environment for patients, families and team members alike.



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Mental & Behavioral Health Guide

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Why Physical and Behavioral Health Belong in the Same Conversation

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A patient managing diabetes and depression may need primary care, therapy and medication management, all while balancing work, transportation and family responsibilities. Someone seeking help for anxiety may also have fallen behind on routine medical care. In both cases, the needs are connected, even when the care is not.

Healthcare professionals see these overlaps every day. Yet patients are often expected to coordinate separate appointments, arrange transportation, repeat their story to different providers, and juggle different systems of care. Each provider may address an important need, but the patient is left to hold the pieces together.

For patients already facing concerns about cost, language, work schedules, or stigma, those extra steps can make it harder to begin treatment or remain connected to care.

These concerns are familiar in Broward County. In a 2024 community health needs assessment, more than 70 percent of key informants identified access as a primary healthcare concern. Their responses included access to behavioral health services and the need for better integration of behavioral and medical care.

Florida Health CHARTS recorded 20,307 Broward emergency department visits in 2024 involving a principal diagnosis of a mental disorder. The number should not be read to mean that every visit could have been avoided. It does show how often behavioral health needs reach healthcare settings throughout the county.

Integrated care helps providers respond to the whole picture. When primary care and behavioral health services are connected, providers can coordinate treatment and identify concerns that might otherwise be missed. Psychiatry, substance use treatment, and



peer support can also be part of that care, depending on what each patient needs. Services such as supported employment recognize that health is also affected by whether someone has stability and support outside the clinical setting.

Care Resource has served Broward residents for years through its Fort Lauderdale health center. As a nonprofit Federally Qualified Health Center, it provides medical and behavioral healthcare to patients with and without insurance, with discounted services available based on household size and income.

The \$3.2 million Cinelli Health Center project in Lauderdale Lakes represents a significant investment in expanding access to integrated behavioral healthcare in Broward. Expected to open in early 2027, the Cinelli Health Center will bring primary care, behavioral healthcare, outpatient substance use treatment,

psychiatry, peer support, supported employment and pharmacy services together under one roof.

Once fully operational, the Cinelli Health Center is expected to add capacity for approximately 500 behavioral health patients and 5,000 behavioral health encounters annually. For Care Resource's current partners, it will provide another location where patients can continue receiving care. For residents in and around Lauderdale Lakes, it will offer several connected services closer to home.

Healthcare works best when providers can address the whole person, not only a single diagnosis. The Cinelli Health Center is the next step in expanding that approach in Broward and making connected care available to more people.

Sources: 2024 Broward County Community Health Needs Assessment; Florida Health CHARTS.

Mental & Behavioral Health Guide

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