

EDUCATIONAL PROGRAM RECAP

Service-Line Development

Four health system leaders on access, alignment, and the discipline of building service lines that serve both mission and margin.

ACHE of South Florida • Panel Discussion

ON THE PANEL



MODERATOR

Pierre Monice

MBA, FACHE

President and CEO,
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PANELIST

Sandra Tadros

EMBA, PMP

Senior Administrative Officer,
**University of Miami Health
System (UHealth)**



PANELIST

Nancy Rodriguez

MHSA

Senior Director of Clinic
Operations,
Cleveland Clinic Weston



PANELIST

Jenna Merlucci

FACHE

VP of Cardiovascular Service
Line,
Broward Health

01

Core Strategic Priorities

The panel converged on four critical focus areas for modern service line management — the through-lines that shaped nearly every question of the evening.

01

Access & Capacity

Improving patient entry points through virtual visits and innovative scheduling.

02

Physician Partnership

Moving beyond transactional relationships to "lockstep" alignment, where physicians and administrators share strategic goals.

03

The Patient Journey

Shifting the mindset from departmental "encounters" to a holistic view of the patient's experience across the continuum of care.

04

Mission vs. Margin

Balancing "break-even" procedures that serve a community need — the halo effect — with high-margin services that sustain the organization.

Nancy Rodriguez

Senior Director of Clinic Operations,
Cleveland Clinic Weston

DATA AS A NARRATIVE TOOL

Rodriguez emphasized using data not just for reporting, but to “*tell a story*” and validate the need for resources — noting that clean data removes subjectivity from difficult conversations with stakeholders.

Sandra Tadros

Senior Administrative Officer,
UHealth

BUILDING INFLUENCE THROUGH EMPATHY

Tadros introduced the “*Three Es*” — Efficiency, Empathy, Engagement — arguing that expressing empathy can be taught and is essential for leadership, regardless of clinical background.

Jenna Merlucci

VP of Cardiovascular Service Line,
Broward Health

RESILIENCE IN MATRIXED ORGANIZATIONS

Mellucci highlighted the need for “*maneuvering*” when reporting to multiple bosses and balancing the competing growth demands of different hospitals within a system.

"Clean data removes subjectivity from difficult conversations with stakeholders."

— NANCY RODRIGUEZ, MHSA

03

Innovation & Workforce Evolution

Across systems, the panelists described a shared push to close the gap between frontline ideas and formal process — while rethinking how talent is built, not just recruited.

Ideas to Impact

The Desai Sethi Urology Institute at UHealth utilizes a QR-code system for frontline staff to submit innovative ideas, with a formal monthly review and feedback loop to ensure staff feel heard.

Continuous Improvement

Cleveland Clinic uses Kaizen boards and Gemba — rounding in the actual place of work — to identify waste and empower teams to implement their own solutions.

Workforce Flexibility

To combat nursing and tech shortages, organizations are embracing per-diem flexibility and "growing their own" talent by training internal staff — paramedics, nurses — for specialized roles like the Cath Lab.

04

Strategic Transitions: ASCs & AI

AMBULATORY SURGERY CENTERS

Shifting Volume, Freeing Capacity

A major shift is underway to move low-acuity, high-volume procedures — orthopedics, urology, general surgery — to ASCs, freeing up hospital capacity for complex cases. Success depends on payer strategy and convincing physicians of the efficiency gains.

ARTIFICIAL INTELLIGENCE

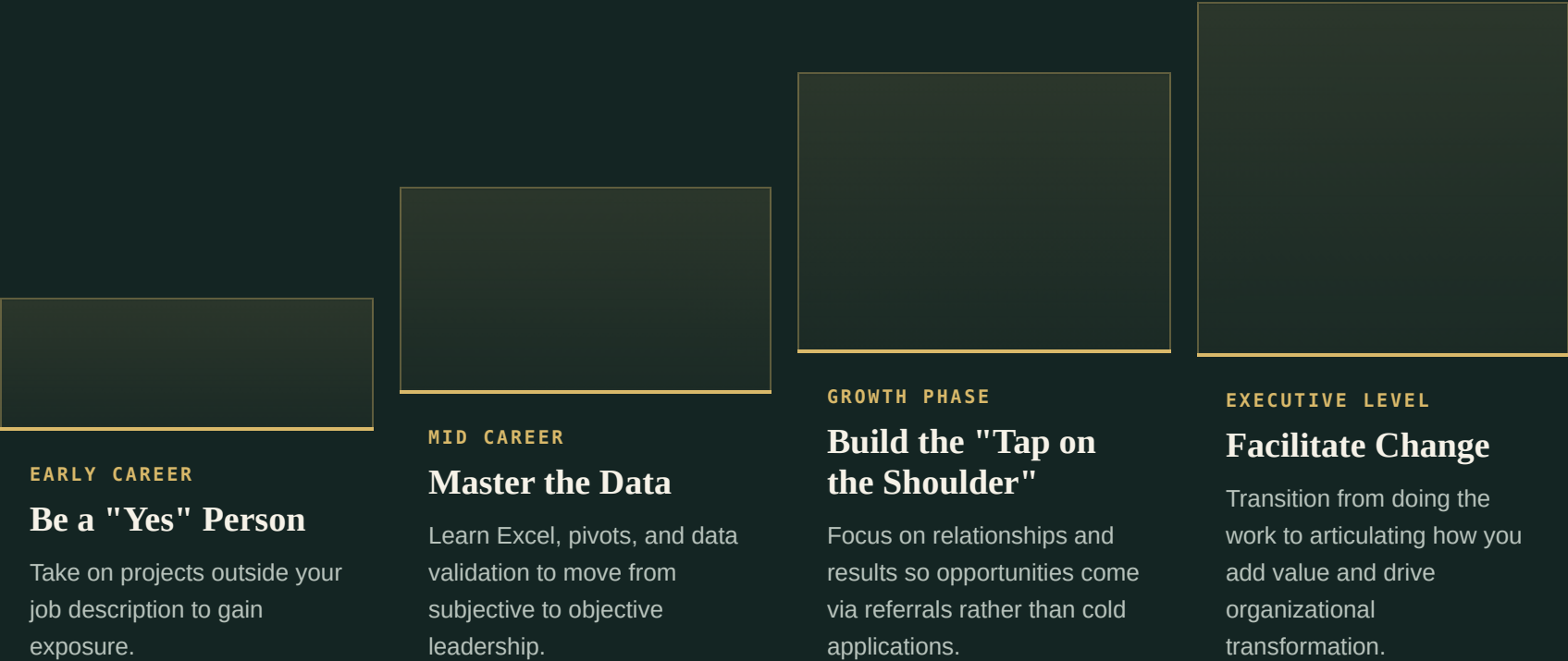
Early, but Already at Work

While still early, AI is currently being used for CT image analysis to improve valve placement in cardiac procedures, and to identify undiagnosed conditions within the EHR (Epic).

05

Leadership Career Lessons

One thread ran through the panel's own career stories: each stage of growth asks something different of you. Their advice, mapped by career stage.



OUR MISSION

To advance our members and healthcare leadership excellence.