

Leader Profile



Edward Jimenez

CEO, University of Florida Health, Shands



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WittKieffer is proud to have supported the recruitment that brought Ed Jimenez to UF Health as COO, from which he was promoted to CEO.

Going “All in” and Leading During Challenging Times

COVID-19 has put healthcare and academic medicine CEOs to the test. For Edward Jimenez, CEO of the University of Florida Health's Flagship hospital, the pandemic has challenged him to prioritize taking care of employees as they take care of patients. It has also meant giving extra focus to collaborating with new community hospitals recently acquired by the system. In the following Q&A, Jimenez sheds light on his career influences and what it means to lead in today's environment.

Q: How did you become a leader? Put another way, what's been your recipe for professional growth and success?

Jimenez: The biggest thing about growing into leadership is having outstanding mentors and people from whom you can learn. I've been fortunate in my career to have several people who welcomed my questions, have given me chances to succeed and to make mistakes. When that happens, you grow and develop your style and make it your own. It's kind of like parents and their children. As a dad, as much as I want to protect and guide my children, there are plenty of times when I just need to let them be and let them make mistakes, and also to celebrate their successes.

In addition, I've always had inside of me the element to be thoughtful and decisive, and to be a collaborator – somebody who likes to work and form teams. I was that way as a child and it sort of played itself out through college and beyond. This approach keeps me focused on the fact that it is because of the team that UF Health is great. I love to empower leaders, and am quite fulfilled as they succeed.

Q: Given all that is happening in relation to the novel coronavirus, what is the most daunting challenge that CEOs in academic medicine are grappling with today?

Jimenez: We're all dealing with the financial impacts and sustained nature of the virus of course. Putting that aside, it is important to make sure we are leading our teams and still going forward. Aside from the coronavirus, there are still a lot of other patients who are relying on us to give them our attention and expertise. We must make sure our employees feel safe in the workplace, have



the resources they require, and also give them the support they need. Our leaders have to provide a shoulder to lean on because they have so much going on in their personal lives. When they go home, they have to worry about whether their kid is going back to school or not, whether their parents quarantine enough so they don't get exposed. They can't turn it off at home, so it's important that we take care of our people while they're at work. We've had to step up employee resources and make sure we're really listening and understanding what staff need from us to maintain trust, morale, and productivity.

Q: Related to COVID is the concurrent conversation over race and structural inequities in society. How is this issue influencing you as a CEO and your organization?

Jimenez: I've been fortunate that a preponderance of my career has been in urban and fiscally disadvantaged areas. I have, for the longest time, been sensitive to racial and economic disparities, and the coronavirus has put a new spotlight on disparities and economic inequities. Now our hospitals and other providers in the industry have a chance to collaborate and think about best practices and new ways to address these issues and work to fix them.

When I was in Paterson or Newark, New Jersey, I never would have thought about calling a colleague in Chicago to talk about socioeconomic issues and how that plays into racial inequities in healthcare. Now with the coronavirus, I pay attention a lot more to what's going on in other communities because I can learn from them—how do I take an idea from someone else and apply it here? My UF Health executive team includes leaders who've had experience in other parts of the country. We're all talking about how we can make healthcare more accessible in the communities we serve.

Q: You came into UF Health (back when it was called Shands Hospital) as the Chief Operating Officer and were promoted to Chief Executive Officer. What was the most challenging aspect of that transition?

Jimenez: The most challenging piece of it was to try not to be a robot and mimic my very successful predecessor and mentor, Timothy Goldfarb. Tim is one of those titans in the hospital management industry. He helped me get comfortable with the idea I was not going to emulate him perfectly. I needed to transition in a way that I could get the parts of the job done that he did well without pressing so hard that I wasn't genuine to myself or would put this organization at a disadvantage. Tim and I had been on a pathway of transition for a couple years, when I was COO. He started down the road of creating new and different exposures for me so that when we went through the transition there were pieces of it that would have been bumpy. I have to thank him for being comfortable with bringing me into the fold and starting to do things while he was still CEO. Likewise, our UF Senior Vice President of Health Affairs and our UF College of Medicine supported Tim and myself with a succession plan.

Q: UF Health is emerging as an AMC-based system. What are the challenges and implications of that for you as the flagship hospital's CEO?

Jimenez: We are creating a new world for the University of Florida Health. We have moved down the road of acquiring community hospitals. Because I've spent time in community hospitals and community teaching hospitals, and they had relationships with AMCs, I have reasonable clarity as to the minefields that exist when AMCs come in and try to impose their will on community hospitals. I am now an educator, teaching faculty and hospital leaders here at UF Health who may not have the experience to understand that community hospitals are just different. Their boards historically consist of the local banker, insurance agent, general contractor, and representatives of that community, and folks here at the mothership aren't always familiar with the nuances of those close connections between local business and hospital strategy. This kind of expansion into new communities needs to be done thoughtfully, otherwise these local communities could turn their back on us, and we don't want that. We need to have our focus on collaborating and understanding.



It's exciting to be part of a health system that is growing and adding components that are different. It's professionally challenging but – more importantly – we get to introduce crucial resources into new communities that would otherwise have difficulty accessing them or whose residents would have to travel outside to benefit from that level of care. For example: In the two Central Florida hospitals we recently acquired, we were able to implement a version of an eICU [electronic intensive care unit] for COVID patients. We intimately care about those organizations and their patients, and the pandemic has shown us all how our relationship helps us reach more people with lifesaving care.

Q: Finally, what's the best career advice you've ever gotten?

Jimenez: One of the things I tell all of my interns and future hospital administrators as well as existing leaders: Love the job you do! Absolutely adore it. If you adore the job, you're going to be "all in" all the time. If you're all in all the time, you will do a good job and will either advance in your career, or do great for your organization, or both. In healthcare, you can have an impact on people's quality of life, and I can't think of a more honorable career.

Another piece of professional advice is this: None of us are ever fully competent or perfectly ready to take the next promotion. I was not 100% competent to be a CEO at first. I was qualified to be given the chance. Honestly it was humbling – which is good – to have the prospect of the new role ahead of me. All of us have to recognize that when we hit the next seat, we don't by osmosis immediately become the expert in that job. We somehow become confident and capable enough to allow somebody to give us a chance, and then we grow into the job. We learn from past leaders, teachers, and mentors, we learn from our talented executive team and employees. We're in a constant state of learning and growth. And then we stay nimble. Leading through a pandemic, or any crisis, or any period of rapid growth, teaches us that we never know it all and we must continue to assume risk and responsibility.