

HCA Healthcare Magazine

The stories behind our
work to create healthier
tomorrows

WINTER 2019–20

Moving Healthcare Forward

Message From the CEO



HCA Healthcare Colleagues,

As an organization, we are continuously moving forward, driven by the constant pursuit of our mission to care for and improve human life. The centerpiece of that mission—of who we are—is that we always have the patient’s best interests in mind. That is why we strive for **clinical excellence**, which is the featured theme for this issue of *HCA Healthcare Magazine*.

HCA Healthcare’s culture is built on being patient-focused. This means, when we make decisions and allocate resources, we do so in the best interests of our patients. When we do our work—whether we are clinicians or not—we must be good at what we do and perform at our best with our patients in mind. And finally, we treat people right, both our patients and each other, because we know it takes a team to achieve our mission, and our patients deserve it.

Clinical excellence means we deliver the highest quality care that is both transparent and efficient. Our clinical excellence agenda emphasizes training, technology, innovation, and partnerships that strengthen the services we provide to our patients. Some of those initiatives are featured in these pages, including our graduate medical education program—the nation’s largest, consisting of nearly 4,000 residents and fellows (*page 4*); our SPOT technology that harnesses big data to improve patient care and save lives (*page 6*); and our ongoing efforts to combat the nation’s opioid crisis (*page 10*). This issue also features partnerships with March of Dimes, American Red Cross, and The Jason Foundation, which allow us to leverage our capabilities and enhance services (*page 12*).

I am proud of the accomplishments highlighted in this issue of *HCA Healthcare Magazine*. I am even more excited about the fact that they are just the beginning of what we are capable of achieving together. As we approach the end of 2019—and the beginning of a new decade—our organization continues to innovate, learn, and share new ways to deliver on our mission.

I hope you enjoy reading our end-of-year issue of *HCA Healthcare Magazine*. As always, thank you for the work you do every day to care for and improve more lives in more ways and to move our company and healthcare forward.


Sam Hazen
CEO, HCA Healthcare

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We posed that question to a few of your colleagues, and here’s what they said.

Our Clinical Training Grounds

Physicians and patients alike benefit from graduate medical education.

At **HCA Healthcare**, we partner with physicians because a collaborative healthcare network helps every patient we serve.

There are many challenges facing healthcare, including a looming physician shortage. Through our graduate medical education (GME) program, we're doing our part to address some of these issues, adding more residents and fellows to hospital staffs and creating teaching environments that benefit recent medical school graduates, veteran doctors and most of all, patients.

GME programs are the clinical training ground for medical school grads who dedicate three to seven years at teaching hospitals and associated ambulatory settings to meet eligibility requirements for medical licensure and specialty board certification. Dr. Bruce Deighton, our vice president of graduate medical education, says hospitals benefit from the ongoing interaction between residents, attending physicians and faculty, thanks to a robust exchange of ideas. "It has an elevating influence on patient care, and we've documented that in a number of ways," he says.



The Role of Residents

Residents also play a vital role in adding to the body of medical research and scholarly activity, says Jessica Wells, HCA Healthcare's assistant vice president of research and education. "The original intent, from the accrediting body, is that it's the academic arm of medicine. So we help propel medical sciences and technologies forward."

A recent example, says Dr. Deighton, is the work of HCA Healthcare resident physicians in Ocala, Fla., to improve criteria for blood contamination. That enhanced process is now being adopted by our other hospitals in the North Florida Division, reducing the risk of infection.

Although many agree that having residents working alongside attending physicians is a good idea, the number of residency positions hasn't increased significantly for more than two decades due to a cap on Medicare-funded resident slots in 1997. That's a problem because without residency training, a medical school graduate can't get licensed or board-certified.

"When I met all the residents, I felt right away that I had found a new home."

"There is always a research project that you can start and they are very supportive of that."

"Our standards are very high. Our program director has standards [for us] that are next level and he always wants us to get there."

— **Laura Gomez, MD**
Emergency Medicine
Aventura Hospital & Medical Center
Aventura, Fla.

While medical schools have increased enrollment by more than 30% since 1996, there hasn't been a hike in the number of residency positions. By 2032, the U.S. is expected to have a shortage of some 122,000 physicians, according to a 2019 study by the Association of American Medical Colleges.

Strength in Numbers

HCA Healthcare is in a prime position to make the best use of GME programs. We're the nation's largest sponsor of residency and fellowship programs, with more than 3,990 residents and fellows across more than 260 programs in 56 hospitals throughout 15 states.

Our scale also allows GME personnel to share ideas and academic support services between facilities. "If we were to develop just a series of GME programs at local hospitals, each one would have to have its own research staff to meet the accreditation requirements," says Dr. Deighton.

Growing the Program

We continue to extend the reach of our GME program, entering new markets in Texas, Tennessee and California. "We're also expanding into some specialty fellowship programs and adding complex surgical specialties," says Dr. Deighton. The organization hopes to have more than 7,000 residency and fellowship positions in place by 2025.

"We're trying to meet a variety of different needs," says Dr. Deighton, who recently attended a conference at the White House on the need for more addiction medicine fellowship programs to help address the country's opioid addiction problem.

"What was interesting was our capability—because of our scale—to quickly develop multiple new addiction medicine fellowships," says Dr. Deighton. "There was no other organization at that meeting that had that same capability. We're utilizing our scale to meet the needs out there and trying to do it in a way that's oriented to quality and to our standards for patient care."

In short, residencies provide a win-win-win scenario, enhancing clinical excellence, providing essential opportunities for medical students to complete advanced training and developing lasting relationships with residents who complete their training in HCA Healthcare GME programs.

"We're meeting the organization's physician workforce needs and, more importantly, the needs of the patients and the needs of the community for access to care," says Dr. Deighton. "I'm very proud of what we've done." ■



GME NUMBERS

(as of October 2019)

#1

HCA Healthcare's nationwide ranking by size of GME programs

3,990+

Approximate number of residents and fellows in GME programs

260+

Accredited residency and fellowship programs under the HCA Healthcare umbrella

56

Hospitals hosting GME programs

15

States with HCA Healthcare GME programs

7,000+

Residents and fellows that HCA Healthcare plans to have by 2025

Big Data, Big Impact

How our electronic records help prevent deadly infections.

Giving people a healthier tomorrow means more than providing excellent hands-on care; it also means constantly exploring new ways to use our vast data stores to help our people do their best work. This approach is saving the lives of patients—including one of our own colleagues.

In September 2018, Sabrina Burkdoll, a registered nurse at Menorah Medical Center in Overland Park, Kan., came to the emergency room after battling pneumonia for a week. She knew she was sick, but she didn't realize she was in a fight for her life. Fortunately, a new diagnostic tool alerted her care team to check for septic shock, a life-threatening reaction to the body's attempt to fight off infection. "As a nurse, I understand sepsis," Sabrina says. "But as a patient, I didn't fully realize how dire the situation had become."

HCA Healthcare's new tool, SPOT (Sepsis Prediction and Optimization of Therapy), is just one of the many algorithm-driven solutions created using our vast data resources.

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defn ispot
  "message handler for ispot alerts and response over kafka."
  immobile-activated-facilities
  { :keys [topic-aliases] :as kafka-config }
  facility-config timer-length-minutes msg
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Portions of this
code (left) are part of
HCA Healthcare's
SPOT technology.



A TALE OF TWO STUDIES

Medical experts agree that healthcare-associated infections (HAIs) are a serious patient safety issue. They can even be deadly when caused by antibiotic-resistant bacteria such as methicillin resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant enterococcus (VRE); these can be difficult to treat and can lead to severe problems such as bloodstream infections, pneumonia and sepsis.

We previously conducted several studies on infection detection and prevention.

Our **AIM for Zero** and **STOP-SSI** studies examined how to avoid central line infections and deep surgical site infections (SSIs), respectively. And our **REDUCE MRSA** study created a new worldwide standard of care to prevent and reduce ICU infections and also sparked a more recent study known as the **ABATE Infection Trial**.



"As a nurse,
I understand sepsis.
But as a patient,
I didn't fully
realize how dire
the situation
had become,"
says

Sabrina Burkdoll,
RN, Menorah
Medical Center,
Overland Park, Kan.

Why Big Data Makes a Big Difference

The national clinical data warehouse is the heart of our "data ecosystem," containing electronic health records (EHRs) of approximately 31 million annual patient encounters. "The great thing about [our] scale is the ability to answer big questions with big data—questions that couldn't be answered otherwise," says Jonathan B. Perlin, MD, HCA Healthcare's president, clinical services, and chief medical officer. "We use the knowledge we capture for continuous improvement and innovation, not only to fuel our own quality improvement efforts but also to solve vexing societal challenges such as infection prevention."

Preventing Deadly Infections

Named for Active Bathing to Eliminate Infection, a recent study known as the ABATE Infection Trial resulted in a new approach for all of our hospitals. Like REDUCE MRSA (see sidebar on previous page), the ABATE trial looked at how to decolonize dangerous microbes, but this time in a non-ICU setting.

Specifically, the ABATE trial examined whether daily bathing with an antiseptic soap (chlorhexidine) and, for MRSA patients, using a nasal antibiotic (mupirocin), would reduce HAI better than the standard soap-and-water baths do. Though the general non-ICU population didn't really benefit from the ABATE approach, that wasn't the case for the 12% who had medical devices such as central lines and lumbar drains, which provide additional points of entry for infection and put this group at greater risk.

"We found that by implementing specific antiseptic protocols, we could prevent serious infections in patients with medical devices," says Susan Huang, MD, MPH, a professor at the University of California, Irvine, School of Medicine, which collaborated on the ABATE research. In fact, those patients using the infection control technique showed a nearly 40% reduction in antibiotic-resistant bacteria and a 31% drop in bloodstream infections.

Sniffing Out Sepsis

Last spring, we announced the rollout of our SPOT technology, an alert system for the early detection of sepsis. Unfortunately, many of the signs of sepsis are subtle or mimic those of other conditions, making it difficult for humans to detect them at their earliest stages.

The SPOT technology draws on information gleaned



"Just as
we've improved
safety in our
homes with
smoke detectors
that 'sniff out'
possible fires,
**HCA Healthcare's
SPOT technology**
now helps
detect sepsis
earlier."

—Jonathan B. Perlin, MD,
President, Clinical
Services and Chief
Medical Officer,
HCA Healthcare

from millions of patient visits and compares it to data on current patients as entered in real time. "SPOT is designed to monitor available data every moment of every day, and when combinations of lab data that are consistent with sepsis are detected, the system responds by alerting clinicians so they can more quickly intervene with potentially lifesaving treatment," explains Dr. Perlin.

This is vital because the likelihood of dying from sepsis rises by 4% to 7% for every hour that it goes undetected. "With SPOT, we're identifying at least one-third more cases of sepsis that would not previously have come to caregivers' attention until it was too late," says Dr. Perlin.

SPOT has already been used with more than 2.5 million patients and, along with other research-based practices, it has helped save 8,000 lives in the last five years.

"SPOT does not make decisions," adds Dr. Michael Nottidge, critical care medical director at our TriStar Centennial Medical Center. "It brings vital, accurate and up-to-date information to the people who do make decisions."

Our Destiny With Data

SPOT is the first of many ways that we are leveraging data at scale in real time to drive discovery and improvement of care. Our clinical teams and IT experts are already working to improve on SPOT, which was rolled out in inpatient settings, for use in the emergency room. We also plan to use machine learning and artificial intelligence to more quickly detect other critical or life-threatening conditions, such as shock in trauma patients, post-operative complications and early signs of deterioration in all patients.

"Speaking from personal experience, SPOT is a lifesaving tool, and I know our patients are in better hands because we have it," says Sabrina, the RN in Overland Park, Kan., who fought sepsis. "I'm so grateful for the quick response because, without it, I'm not sure I would have survived." This is one reason she wants to inspire her HCA Healthcare colleagues to welcome this and other innovations that have their roots in big data.

"I want to advise nurses to not ignore the amazing technology we have at our fingertips. Use technology. Embrace it." ■



SEPSIS BY THE NUMBERS

Source: Centers for Disease Control
and Prevention (CDC)

Sepsis is more deadly than breast cancer,
prostate cancer and AIDS—combined.

■ **1 in 3** patients who die
in the hospital have sepsis.

■ **1.7M** U.S. adults develop sepsis
annually.

■ **270,000** Americans die
from sepsis each year.

SPOT BY THE NUMBERS

In conjunction with other evidence-
based practices, SPOT has helped save
thousands of lives.

■ **8,000** of our patients have
been saved with the help of SPOT and
evidence-based practices.

■ **2.5M** patients have already
been monitored with SPOT.

ABATE BY THE NUMBERS

The ABATE trial has shown that daily
bathing with antiseptic soap (and, for
MRSA patients, using an antibiotic nasal
spray) has significant benefits for patients
with medical devices, resulting in:

■ **40%** decrease in
antibiotic-resistant bacteria.

■ **31%** decrease in
bloodstream infections.

Crush the Crisis

With innovation and urgency, we're doing our part to combat the nation's opioid epidemic.

The opioid problem in the U.S. is, by any definition, a crisis. HCA Healthcare is taking a leading role to combat this grim reality. We've taken action by establishing take back days at more than 100 of our hospitals to collect unused prescription medications and educate area residents. We're also developing new surgical recovery strategies, exploring alternatives to opioids and improving prescription monitoring.

Numbers Tell a Sad Story

In 2017, the U.S. Department of Health and Human Services declared opioid abuse a public health emergency. According to National Institute on Drug Abuse estimates, an average of more than 130 people die every day after abusing these powerful—and powerfully addictive—prescription pain medications; up to 29% of patients who are prescribed opioids for chronic pain misuse them, totaling more than 11 million people nationwide.

To support development of safer pain management protocols, we have also committed \$500,000 to the National Academy of Medicine's (NAM) Action Collaborative on Countering the U.S. Opioid Epidemic.

"We're working to create healthier communities by

partnering with our colleagues, patients and neighbors and engaging on important healthcare issues such as this one," says Joanne Pulles, HCA Healthcare's vice president of community engagement and president of The HCA Foundation.

Doing Your Part

Joanne says people are urged to take three simple steps: "Clean out your medicine cabinet, collect medications that are no longer needed and safely dispose of them at one of our Crush the Crisis take back locations."

Dr. Jeff Hodrick was instrumental in forming an opioid stewardship committee at TriStar Centennial Medical Center in Nashville in 2017, after attending a HealthTrust Pain Management Summit. "While brainstorming ways to help our patients and the community at large, nurse Sara Stedman and I came across the National DEA Diversion Take Back Day," he says. "We thought it would be a great way to educate the local community on the dangers of having unnecessary opioid medicines in their homes."

"The most difficult notion to get across," says Dr. Hodrick, "is that you don't need to keep narcotic pain medicine 'just in case.' If you have a condition that requires medicine, you'll be issued a new appropriate prescription."

In the fall of 2018, the TriStar Division hosted its first Crush the Crisis event, including a take back day. Roughly 220 pounds of medications—equaling more than 100,000 doses—were anonymously collected at eight hospitals.

"We knew that with our scale, we could make an even greater impact by expanding this program to more of the communities we serve," says Dr. Michael Schlosser, vice president of clinical excellence and surgical services at HCA Healthcare. "Take back events are vital to helping prevent drug overdose, controlling illicit drug use and curbing [the] opioid crisis."

This year, another collection day took place in early September, with more than 60 HCA Healthcare facilities partnering with local law enforcement in 15 states. There were more take back days later in the fall at a number of our facilities.

Alternatives for Fighting Pain

We've also been using information obtained through our expansive data warehouse to reduce opioid misuse and transform pain management. Two key programs in that effort are Enhanced Surgical Recovery (ESR) and Alternatives to Opioids in the Emergency Room (ALTO in the ER).

ESR focuses on acute pain management and reducing the need for opioids to manage pain before surgery, during recovery or in the ER. As of August 2019, ESR procedures



FIGHTING BACK

4,982 lbs.

Approximate weight of medications—equaling **more than 3.42 million doses**—collected during take back events across 96 locations in 16 states in fall 2019.

84

HCA Healthcare hospitals that partnered with local law enforcement during the **Crush the Crisis** opioid take back day this fall to collect unused and expired prescription medication from the community. *(More sites are continuing to participate in take back days and partner with local law enforcement throughout 2019.)*

52%

The highest reduction in opioid usage, due to procedure-specific variation, experienced by patients who participated in the **Enhanced Surgical Recovery** program.

\$500K

HCA Healthcare's monetary commitment to the **National Academy of Medicine's Action Collaborative on Countering the U.S. Opioid Epidemic**.

Photo (from left): Therese Naguib, Rani Mathews and Steve Stephens with the permanent medication collection box at Medical City Frisco in Frisco, Texas.

were employed at 140 of our facilities, with the goal to have the program in place in all facilities, in at least one major service line, by the end of 2019. ALTO protocols are also expected to be expanded enterprise-wide by then.

"The crisis pressed us to develop a more comprehensive approach to evidence-based pain management," explains Dr. Schlosser. "In the past, how doctors decided to manage their patients' pain was largely their individual decision. But now we've engaged them in developing and deploying solutions like ESR and ALTO to reduce risk and improve outcomes for patients."

Dr. Schlosser serves on the Opioid Prescribing Guidelines and Evidence Standards committee, which works to better understand pain and its role in recovery from injury or surgery. He says pain is "something that should be managed, but also at times accepted. We're also much more interested in alternatives and nonpharmacologic approaches."

Finding Success

Just as key, our data reveals that the percentage of patients saying their pain-control goals were met in the ESR program is greater than the patients outside the program having the same surgeries—with roughly 35% fewer opioids used, says Dr. Schlosser.

Another key weapon: the Electronic Prescribing of Controlled Substances (EPCS) program. It allows better access to electronic health records, making it harder for drug seekers to doctor-shop or alter prescriptions. EPCS builds on the controlled substance monitoring guidelines developed in 2013 by HCA Healthcare's Physician Services Group.

"We cannot immediately undo what has been done for the last 25 years," says Dr. Hodrick. "Rationing programs, while effective, can leave some patients under-treated. As a medical community, we must all be committed to deemphasizing opioid medicine as the cornerstone of recovery after surgery. We must continue to seek alternative methods to help decrease the suffering of our patients." ■

"Healthcare providers are very open to the conversation about opioids... While there still is much debate about the right use of opioids to be had, the public awareness has smoothed the path for a greater conversation."

—**Michael Schlosser, MD, MBA**
Vice President of Clinical Excellence and Surgical Services,
HCA Healthcare





Partnering With Purpose

Our support of national nonprofits boosts their efforts and helps us better serve our communities.

One of the many ways HCA Healthcare creates healthier tomorrows for communities, families and individuals is through our partnerships with a variety of national nonprofit organizations that work in the broader healthcare field—including disaster preparedness and relief, behavioral/mental health and maternal and infant health. Our relationship with these organizations goes beyond charitable gifts; we support each other through collaboration on cutting-edge clinical research, information-sharing and providing the highest quality care to our patients and communities.

Here's a look at how we partner with three organizations: the **American Red Cross**, **The Jason Foundation** and **March of Dimes**.

AMERICAN RED CROSS

redcross.org

One of the largest and oldest humanitarian forces in the world, the Red Cross is synonymous with frontline aid in the form of sheltering, feeding and providing emotional support to victims of disasters.

“We know firsthand the help the Red Cross provides to people and communities during the most difficult times,” says Sam Hazen, HCA Healthcare's chief executive officer. “We are privileged to continue our support of their disaster relief efforts.”

There are many ways to get involved and extend care beyond our facilities and into the surrounding communities through the Red Cross. We encourage colleagues to support the organization however they can. From giving blood to volunteering at local chapters, our time and talents can make a positive impact on many people's lives.

“Every day, people turn to the American Red Cross for help in the face of disasters,” says Trevor Riggen, senior vice president, American Red Cross Disaster Cycle Services. “With the advance support of HCA Healthcare and its employees, the Red Cross can prepare individuals and communities for the unexpected and provide relief whenever and wherever disasters strike. Their annual partnership helps ensure we can deliver our lifesaving mission each year.”

Photography, above left: Daniel Cima / American Red Cross

THE JASON FOUNDATION

jasonfoundation.com

HCA Healthcare is proud to partner with and support The Jason Foundation, Inc. (JFI) by playing an active role in the vital effort to end youth suicide. The foundation was created by Clark Flatt in memory of his son Jason, who took his own life in 1997 at age 16.

JFI helps equip young people, educators, youth workers and parents with the resources to identify and assist at-risk youth. JFI has also championed legislation in 20 states requiring all educators in the state to complete two hours of youth suicide awareness and prevention training each year in order to maintain their licenses.

Formally, we teamed up with JFI in 2013 to educate our communities about youth suicide, and there are now 13 HCA Healthcare affiliate offices on our hospital campuses nationwide that serve as information hubs.

“JFI believes that awareness and education are the first steps to prevention,” says Eric Paul, HCA Healthcare's president of behavioral health services. JFI wants to establish a Triangle of Prevention by providing students, parents and teachers with the tools and resources to identify and assist at-risk youth. It's critical to be able to recognize when young people are in pain and know to get professional help involved as soon as possible.

MARCH OF DIMES

marchofdimes.org

March of Dimes (MOD) began with President Franklin Roosevelt's struggle with polio, with MOD research leading to eradication of the disease in the United States. The focus then broadened to address other threats for moms and babies with innovations like newborn screening.

“HCA Healthcare has partnered with March of Dimes for nearly a decade in the fight against premature birth through our research on 39 weeks [advocating no elective delivery prior to that time],” says Amy Casseri, HCA Healthcare's vice president of women's and children's services. “This research supported a worldwide evidence-based practice change that improved health outcomes for babies.”

Efforts to help premature babies include the NICU (Newborn Intensive Care Unit) Family Support program, available in 60-plus hospitals where it reaches more than 50,000 families every year. The program helps support families during their baby's time in the NICU and also educates NICU staff about the best ways to offer support.

“Given the strength of our local relationships with March of Dimes, it made sense to elevate our partnership to a national level,” says Amy. “In 2018, fundraising walks we led as a national partner raised more than \$1 million to help moms and babies have a healthier tomorrow.” ■

IN THE KNOW

62,000

Disaster responses are handled each year by the **American Red Cross**.

“Jason”

Text this to **The Jason Foundation** at 741741 if you are experiencing a crisis.

50,000

Families are reached by **March of Dimes'** NICU Family Support program annually.



WHAT THE MARCH OF DIMES MEANS TO ME: A Patient's Story

By **Shannon Alexander** Houston, Texas

Twenty-six weeks into my second pregnancy, I was admitted to **The Woman's Hospital of Texas** with a tear in my amniotic sack. The hospital would be my home until Christian Isaiah arrived. During my stay, Angela—the **March of Dimes NICU Family Support Specialist**—visited me often, bringing me a warm smile as well as educational materials.

Christian was born 11 weeks early and weighed just over three pounds. He spent two and a half months in the NICU, and today he's happy and healthy. We don't know how we'd have made it without the care and support of the doctors, nurses and staff at the hospital and the March of Dimes. We're thankful for the **March of Dimes NICU Family Support program** and the advances in NICU care that they helped fund.

OWEN THEECK
Christine Theeck (parent)
HCA Healthcare
Physician Services
Houston, Texas



RAZZMIN LOFTON
Tameka Lofton (parent), RN
Tulane Medical Center
New Orleans, La.



HANNAH THOMAS
Tamara Thomas (parent), RN
Trident Medical Center
Charleston, S.C.



EMILY COVINGTON
Cynthia Covington (parent), RN
CJW Medical Center
Richmond, Va.



MIA ESTRADA
Sanjuanita Hernandez (parent)
Corpus Christi Medical Center
Corpus Christi, Texas



DANIEL HABIB
Mona Sadek (parent), MD
LewisGale Medical Center
Salem, Va.



Opening Doors

The HCA Healthcare Scholars Program helps children of colleagues achieve a post-secondary education.

Education and opportunity are often the gateway to advancement. We're helping our colleagues and their children have both. Last January, The HCA Foundation, in partnership with Scholarship America, launched the HCA Healthcare Scholars Program, which provides up to \$5,000 for higher education expenses for each scholarship recipient.

"This shows that HCA Healthcare believes in education and investing in the future workforce," says Owen Theeck of Cypress, Texas, who attends Embry-Riddle Aeronautical University in Daytona Beach, Fla. "This scholarship will enable me to further participate in professional education programs."

In this competitive program, scholarships are available to dependent children (age 26 and younger) of full- and part-time HCA Healthcare-affiliated colleagues. Applicants must be biological children, stepchildren or legally adopted children and be living with or primarily supported by the colleague. They can be high school seniors, high school graduates or post-secondary undergraduates who plan to enroll in at least 12 hours of study at an accredited two- or four-year college, university or vocational-technical school in the U.S. for the upcoming academic year.

"I'm so honored and blessed to receive this award, for myself and my mother," says

Razzmin Lofton of New Orleans, La., a student at Xavier University of Louisiana. "As a single parent, she works countless hours to provide for me and my sister. My mom considers HCA Healthcare to be her second family. And who looks out for you more than family?"

HCA Healthcare Scholars Program awards are merit-based. While it's not required, applicants may elect to provide financial information to demonstrate need for an award larger than the \$2,000 minimum. Other selection criteria include academics, demonstrated leadership, participation in school and community activities, work experience, a statement of career and educational goals and any unique personal or family circumstances. Awards are granted annually, but recipients can reapply each year they're eligible.

For some recipients, the HCA Healthcare Scholars Program awards helped turn a distant dream into reality.

"I never expected to graduate high school, let alone go on to college, after enduring a triple concussion playing soccer the first week of my freshman year of high school," says Hannah Thomas of Summerville, S.C. "I was left with permanent amnesia, had to relearn everything and lost 40% of my vocabulary."

Since that time, Hannah was able to recover and graduated from high school with a 4.0 grade point average. Last year, she finished her freshman year at Trident Technical College in Charleston, S.C., with "high standing." But her family was still saddled with significant medical expenses due to her injury and subsequent rehabilitation.

"With this scholarship, I'll be able to fulfill my dream of becoming a physical therapy assistant, specializing in sports-related injuries," says Hannah. "I'll be able to give back and help others who experience what I went through."

"This scholarship was especially exciting because it came not only from my hard work and experiences, but also from my mother's. She's worked for HCA Healthcare for many years, so this scholarship is also recognition from the place she's put so much time into."

—Emily Covington,
Virginia Commonwealth
University

This scholarship program, including review and selection of recipients, is administered by Scholarship America, a nonprofit whose mission is to mobilize communities through scholarships. Scholarship America, Inc., will process and review applications and notify recipients. In no instance does any officer or employee of The HCA Foundation or HCA Healthcare play a part in the selection of scholarship recipients.

I hope to be an inspiration to my future patients."

"Any email where the first word is 'Congratulations!' is exciting," says Emily Covington of Chesterfield, Va., who's attending Virginia Commonwealth University. "This scholarship was especially exciting because it came not only from my hard work and experiences, but also my mother's. She's worked for HCA Healthcare for many years, so this scholarship is also recognition from the place she's put so much time into."

Mia Estrada of Corpus Christi, Texas, is a first-generation college student at the University of North Texas in Denton. She says she felt like "a big weight was lifted off my shoulders" after learning she was a scholarship recipient.

"While attending college as a full-time student, I've worked two jobs and volunteered with the campus newspaper," says Mia. "Being a scholarship recipient means so much to me. I'm many steps closer to finishing my goal of graduating."

Ultimately, some recipients, like Hannah Thomas, or **Daniel Habib** of Roanoke, Va.—a biophysics major at Johns Hopkins University in Baltimore, Md.—may even pay the award forward by contributing to the medical field.

"I aspire to tackle societal issues from both scientific and moral fronts while pursuing a medical degree," says Daniel.

For eligible colleagues, HCA Healthcare provides education-assistance resources. These include a student loan assistance program that offers financial-wellness coaching plus a monthly benefit to help repay student loans; CollegeCoach!, an education and advising program; and a tuition reimbursement policy that offers up to \$5,250 in tax-free reimbursement each calendar year for higher education courses plus education discounts. ■

IN THE KNOW

HCA Healthcare Scholars Program by the Numbers

\$2.9M

Scholarship funds awarded for the 2019–20 academic year

791

Recipients, from 16 states; 14% are first-generation college students

\$5,000

Maximum scholarship for recipients with financial need

\$2,000

Maximum scholarship for recipients not demonstrating financial need

**OPEN FOR APPLICATIONS
JAN. 3, 2020!**

To learn more about the application process, visit learnmore.scholarsapply.org/hcahealthcare. To speak to a program representative, call 507-931-8398 or 800-537-4180.

EMERGENCY

Prepared for Anything

How we support our HCA Healthcare colleagues during times of adversity.

During Labor Day weekend 2019, when Hurricane Dorian was threatening the east coast of Florida, our local leadership teams in that state, along with our corporate emergency operations team, were pulling all-nighters to ensure that our patients and colleagues had the resources needed to remain safe while serving their communities. With dozens of our facilities in the storm's predicted path, we anticipated at least some impact to our communities, colleagues and patients—and, as always, we were ready.

"Caring for the victims of a tragedy is an essential community responsibility that hospitals and their physicians and nurses bear," says Michael Wargo, vice president of Enterprise Preparedness and Emergency Operations. And it is one that is embraced by colleagues in all sites of care and at all levels—all year, every year.

"Our HCA Healthcare family is connected by a steadfast mission: Above all else, we are committed to the care and improvement of human life," says chief executive officer Sam Hazen. "In the most difficult of moments, we see that commitment displayed in an even more pronounced way. I am often humbled by the dedication of our colleagues to serve our communities and each other in the midst of adversity."

As we embark on a new year, we reflect on how our HCA Healthcare family has cared for others during the most difficult times—and how we can elevate our humanitarianism in the future.

Experience as Teacher

With 184 hospitals across the enterprise, our family tree has many branches and deep roots. After Hurricane Katrina hit New Orleans in 2005, we realized that centralizing emergency resources could help us quickly respond and make it easier to circulate information and distribute supplies in the wake of disaster. This is why the Enterprise Emergency Operations Center (EEOC) was headquartered in Nashville and is at the ready 24/7/365, complete with a basement bunker filled with cutting-edge equipment and technology.

HCA Healthcare hospitals are also engaged in regional coalitions, which include our facilities, EMS providers, emergency management organizations, public health agencies and other community service organizations. They share information about what supplies, personnel and capabilities they can provide.

The final step in managing any disaster or crisis, says Michael, is looking at what went right—and what could have gone better. "Immediately following the 2017 shooting in Las Vegas, our EEOC and our colleagues at Sunrise Hospital and Medical Center—who cared for more than 200 victims—began compiling lessons learned," he says. "Our hospitals must be prepared for the worst emerging scenarios and pray they never happen. But when they do, community cooperation made possible by communication, collaboration and coordination saves lives."

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HEAL."

—SAM HAZEN
CEO, HCA HEALTHCARE

What You Can Do

In moments of darkness, HCA Healthcare's beliefs in **service to others, giving back to the community** and **caring like family** stand out like a beacon of hope. One way to help is through the HCA Hope Fund, created in 2005 after hurricanes the previous year affected hundreds of our Florida colleagues and their families. It's a colleague-run and -supported 501(c)3 charity with a clear purpose: to help HCA Healthcare colleagues and their immediate families (or dependents) who are affected by financial hardship due to disaster, illness/injury, domestic violence, a loved one's death or other dire circumstances. Today, the fund invites colleagues, vendors, affiliated physicians, patients and the general public to make tax-deductible donations—100% of which go directly to colleagues in need.

This year, we further extended our circle of caring beyond our facilities. After Hurricane Dorian took an unexpected turn, the EEOC shifted its attention from Florida to the Bahamas. Within a week, the Board of Directors of the HCA Hope Fund approved a special resolution to help with evacuations, colleague travel, burial expenses and emergency supplies for dependent HCA Healthcare family members in the affected area. ■



DONATING TO THE CAUSE

■ **To take advantage** of the organization's match for American Red Cross donations, visit [HCA.YourCause.com](https://www.hcayourcause.com) and make a minimum gift of \$10. The American Red Cross also offers the option of making a holiday donation on behalf of a colleague. HCA Healthcare has committed to matching \$250,000 in colleague donations to the Red Cross's **Annual Disaster Giving Program (ADGP)**, which helps the organization meet the needs of people affected by all kinds of disasters nationwide. We also support the Red Cross through a \$500,000 contribution to the ADGP.

IN THE KNOW

■ **Along with hurricane** relief aid, we've donated more than \$1 million toward American Red Cross capital campaigns such as the **Home Fire Campaign** to encourage use of smoke detectors and "Together We Prepare" disaster training.



Watch Jane and Abel's full discussion about improving the patient experience. Search Atlas Connect (keyword **Nursing Corner**), then view the **Quick Links**.



Jane Englebright, Ph.D., RN, CENP, FAAN (left), HCA Healthcare senior vice president and chief nurse executive, recently caught up with **Abel Kissaru**, BSN, RN-BC (right), a nurse manager at Medical City Lewisville hospital in Lewisville, Texas, to discuss how his team succeeds in improving the patient experience.

Jane: I got to visit you this summer and be on your unit. I was so impressed with you and the way you've instilled a patient-centered culture throughout your staff. How did you do that?

Abel: I believe that, at some point, we'll all be consumers of healthcare. So when I'm rounding on patients, I feel like I'm rounding on myself in the future. Or, I'm rounding on my brother, my dad or my sister. Whenever I'm rounding on a patient, I hear the truth of what's really going on. If it's a win, I really want to harvest the win. If it's an opportunity [to improve], I really want to make sure I understand the true cause of the opportunity and advance to resolve it.

Jane: You've gotten a lot of consistency in your staff. That's important to our patients, from day shift to night shift to weekends. How did you get everyone pulling in the same direction?

Abel: [When I served as a medic in the Texas Army National Guard], I had a really good drill sergeant who taught me that practice does not make perfect; practice makes permanent. What I've been coaching and teaching my team, is not necessarily to seek perfection through practice, but to seek and get consistency. Teach somebody consistently what is expected, coach them on the same things over and over again. And when we become consistent with the patient, we come across as one team that understands one plan and is doing one thing.

Jane: When you were prerounding with your nurses, you reviewed with them everything about the patient. Talk a little bit about how you do that.

Abel: It's important to review the patient experience aspect, which always starts with patient safety. I have to know, first of all, what's going on with the diagnosis. Because if I go to the patient, and I

don't know anything about them medically, then I'm just some guy checking on their well-being. Then I want to make sure that my team is adhering to the same script that we all follow for communication and compassion. What I've seen is we have a gap in compassion and making personal connections. This is the time I take to coach on that personal connection they've harvested. The people who are strong in this, I give them kudos. The people who are struggling, I give them pointers.

Jane: I loved it when you said to one of your nurses, "I challenge you to get this done by the end of the shift." Is that something you use a lot?

Abel: Oh yes. That's how we work as a team. We are constantly working to perfect things. I always leave them with challenges. I feel that part of developing a team means that, even with my high performers, I have to teach them something. If I don't teach the high performers something because they believe they've arrived, they'll start to lose interest, or start to veer from the goal of the team. We really want to make sure we're continuing on one path.

Jane: You've made a huge improvement in your HCAHPS scores. What are you most proud of?

Abel: As a manager, I'm most proud to see the development of my team. I see a nurse coming in, brand new, nervous, and they go through the internship. Then you see them three months later, and they're getting better. Six months later, a year later, they're precepting others. A year and a half later, they're charge nurses. That's what I live for. My proudest moment is when I go to a room, and the patient tells me their nurse did a wonderful job.

Jane: Anything else you'd like to add?

Abel: I really like our focus on the mission and vision. I think it's made our work very deliberate. I was a nurse before I joined HCA Healthcare, and when you do good at the bedside, you make personal connections. But here, I feel like every day my work is more focused and, as a result, I know where I am on the journey. So I don't get intimidated by the big tasks, because I know I have the tools to accomplish them. ■



A VETERAN PRESENCE

Abel served as a medic with the Texas Army National Guard. In the past five years, more than 20,000 veterans have joined the HCA Healthcare family.

You can help support these colleagues as they transition to a civilian environment by volunteering for our new internal veteran mentoring program, which began in November 2019. For more information, email Avery.King@HCAhealthcare.com with the subject line "MentorcliQ."

Improving the Patient Experience

A nurse manager reveals the keys to his team's success.

"I use evidence-based practice as a nurse, educator and DEU coordinator. I'm passionate about ensuring the education we give students is the best it can be. Research College of Nursing's DEU raises the bar of clinical excellence by enriching the education students receive in acute-care rotations, building leaders in the preceptor role and improving patient care."

—**Heather Lewis**, MSN, MA, RN
Assistant Professor
Dedicated Education Unit Coordinator
Research College of Nursing
Kansas City, Mo.



"The practice of user experience design is simultaneously demanding and satisfying. Through interactive listening and observation, we implement significant, yet simple ways for consumers and patients to engage more intimately on their healthcare journey. We fundamentally believe an alchemy exists in the power of curiosity."

—**Logan Hartline**
Director of Customer Engagement
and Product Design
Nashville, Tenn.



"I validate or implement the use of evidence-based care and best practices for our patients. This can be achieved by leading change, resource development and maintaining board certification. Attending at least one nursing conference a year, I stay connected, develop professionally and learn from nurses so I can bring great ideas back to Wesley."

—**Sylvia Duncan**
MSN, APRN, ACNS-BC, SCRNP, PCCN-K
Stroke Program Manager
Wesley Healthcare
Wichita, Kan.



"Have a clear vision that connects to a powerful legacy statement. Then, own where you have been, own where you are and own the future through vision, collaboration and a common goal: Above all else, we are committed to the care and improvement of human life."

—**Danny Ducello**, MSN
Assistant Chief Nursing Officer
JFK Medical Center
Atlantis, Fla.



"[It] isn't a checklist but rather a drive to impact the delivery of care to the highest standards. Key contributions include continual research, shared decision-making processes with front-line staff, interprofessional collaboration and the spirit of inquiry. One person can make a difference, but many people working together can change a culture."

—**Mary Hernandez**, MSN, RN-BC
Education Coordinator/Nursing Professional Practice
Methodist Hospital
San Antonio, Texas



We asked a few of your colleagues, "How do you contribute to a culture of clinical excellence?"

Here's what they said.