

# HCA Healthcare Magazine

WINTER 2023



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Dear HCA Healthcare colleagues,

At HCA Healthcare, we strive to give our patients the care they deserve whenever they need our services. We make this happen through your efforts coupled with the distinct capabilities of our organization. In 2023, we continued on our journey to improve outcomes for all our stakeholders. I'm proud of what we have accomplished over the past year.

We invested record amounts of capital to expand our networks with more hospital capacity, new outpatient facilities, and better clinical technology. Throughout the year, our quality outcomes improved and are now better than they were pre-pandemic. We also invested significantly in our efforts to strengthen our workforce across all disciplines including physicians. And finally, we initiated a number of plans to improve our digital capabilities, which we believe will allow us to strengthen patient safety, improve quality outcomes, and enhance the work environment making it more efficient for everyone.

In the year ahead, we will continue on this journey while staying true to our mission. Our planned investments in each of these initiatives will outpace this past year. The stories in the winter issue of *HCA Healthcare Magazine* illustrate our focus on being the provider of choice within our communities. You will see some of our efforts in clinical research and in the development of innovative care models.

None of this is possible without the steadfast commitment and outstanding work you and your colleagues provide to our patients. Thank you.

Sincerely,

  
**Sam Hazen**  
CEO, HCA Healthcare

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*Front cover* — With more than 180 hospitals supported by approximately 2,300 ambulatory sites of care in 20 states and the U.K., HCA Healthcare serves a broad and diverse community of patients. Facilities like Alaska Regional Hospital in Anchorage, Alaska, are meeting patients when and where they need help the most, with programs and resources in a variety of languages and at multiple locations.



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Graduate Medical Education (GME) students at MountainView Hospital are a critical part of HCA Healthcare's robust investment in training and education.

# Continually Learning and Growing

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Our nurses impact millions of lives, and continuing education is the best way to ensure competencies are met and patient care and safety are prioritized.

— Peter Lindquist, chief clinical education officer, HCA Healthcare Centers for Clinical Advancement

HCA Healthcare provides opportunities for colleagues to enhance their careers and improve the patient experience.

It is said that the only constant in life is change, and nowhere is that more evident than in healthcare. From new research in treatment protocols to advanced technology and artificial intelligence, clinicians and leaders in the healthcare industry continually manage changes and updates in equipment, procedures and policies. At HCA Healthcare, our priority is to help support each colleague by giving them

the tools and resources needed to prepare for change and to help care for the communities we serve. Education, training and workforce development are a large part of that effort.

In recent years, HCA Healthcare has prioritized enriching and expanding educational and leadership development programming throughout the organization, and 2023 saw some exciting new

advances. From clinical training to executive development programs, there are opportunities for both colleagues and leaders to participate in classes, workshops and mentorship programs.

## Expanding clinical education opportunities

Providing continuing education opportunities is one way HCA Healthcare supports our front-line clinicians. “It’s of the utmost importance to make sure each colleague feels supported in their job, whether that’s in transitioning from the school setting to the workplace or providing experts around them [who can answer] questions and [on whom they can] lean for advice,” says Peter Lindquist, chief clinical education officer.

His role was created to ensure that HCA Healthcare continues to be at the forefront of clinical education.

“Our nurses impact millions of lives, and continuing education is the best way to ensure competencies are met and patient care and safety are prioritized,” Peter says.

Some of the ways his team will lead the growth and expansion of clinical education opportunities include an enhanced mentorship program and expansion of the HCA Healthcare Centers for Clinical Advancement. New nurses transitioning from school to work can participate in mentorship programs with a major focus on precepting during practicum, orientation and the first year on the job. Nurses of all levels of experience will have access to licensing updates and certification renewals, as well as opportunities to learn new skills and procedures. And, over the next three years, the number of Centers for Clinical Advancement will more

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At HCA Healthcare, we recognize [that] you never stop developing. You’re always growing and building depth and new skill sets. While our Chief Leadership Program for chief nursing officers equips you for career growth, it also aims to develop depth within our leadership to propel our facilities and the entire system forward.

— Christina Tinker, director of executive nurse leadership and organizational development programs, HCA Healthcare

than double, for a total of 34 off-campus learning labs. These facilities provide hands-on learning opportunities for front-line clinicians to focus on high-risk practices, keeping them highly informed and equipped to meet patient needs in any situation and at any care level.

## Building future healthcare leaders

As a learning healthcare system, HCA Healthcare is proud to offer best-in-class training and education to support the development of highly impactful leaders.

The HCA Healthcare Leadership Institute builds leaders who embrace our culture, grow our business and lead the industry. It also provides custom, industry-leading experiences that help colleagues across the leadership continuum drive HCA Healthcare’s mission, strategy and culture.

For our nursing community, we offer programs to prepare them at key stages in their career journey:

**Nursing Leadership Certificate:** This program offers certification for clinical nurse coordinators and charge nurses to help nursing leaders understand their own leadership strengths and development opportunities and develop skills to successfully lead teams that provide exceptional patient care and contribute to positive business outcomes.

(Cont. on page 4)

**Director Development Program:** The Director Development Program is a 7- to 10-month cohort program designed to prepare aspiring leaders in adult acute inpatient, case management, emergency and surgical services, with quarterly alumni events to support ongoing development.

**Executive Development Program:** This is an application-based program that purposefully prepares leaders for hospital executive roles. The curriculum is designed to provide a wide variety of opportunities for participants to network, gain necessary experience and increase exposure to other facilities and divisions.

**Chief Leadership Program for Chief Nursing Officers:** The Chief Leadership Program (CLP) is a 10-month, cohort-based program that drives organizational performance through tactical execution as a result of strategic thinking and planning. CLP develops

leadership capability in areas essential to nurse leader success, especially change leadership, and aligns and integrates the CNO role with the facility executive leadership team to drive shared accountability and measurable impact on hospital outcomes.

“So often people look at career development as working to get into a role, and once there it’s as if you’ve reached the mountaintop and development stops,” says Christina Tinker, director of executive nurse leadership and organizational development programs. “At HCA Healthcare, we recognize [that] you never stop developing. You’re always growing and building depth and new skill sets.”

**Supporting and developing practice managers**

Another new program, Practice Manager Academy (PMA), saw its first cohort of participants — a total of 527 — graduate in the spring of 2023. PMA ensures continual

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I am always looking for things that will grow my career and knowledge. I also know how important it is for an organization to offer these options to colleagues, and I make sure to highlight HCA Healthcare’s dedication to workforce development at every interview I conduct with new hires.

— Krissy Burkhalter, practice manager at Austin Diagnostic Clinic



**The Power of Partnership: Galen College of Nursing**

Since acquiring Galen College of Nursing in 2020, HCA Healthcare and its colleagues have seen tremendous benefit in this educational partnership. Not only have many new nurses come into HCA Healthcare through the streamlined pipeline, but colleagues have also furthered their careers by completing bachelor’s or master’s degree programs while working full time. Galen College of Nursing also serves as a valuable resource in creating curriculums for training programs within HCA Healthcare.

Recently the college was designated a Center of Excellence by the National League for Nursing, further exemplifying the commitment to education prioritized by both Galen College of Nursing and HCA Healthcare.

“There is no higher honor than to be recognized by the National League for Nursing,” says Tracy Ortell, executive vice president, Teaching and Learning Innovation, at Galen College of Nursing. “Galen strives to promote a culture of opportunity without barriers, using innovative approaches to deliver quality education with an authentic, caring approach to educating the future nursing workforce.”

development for Physician Services’ practice managers beyond their first year in management positions, which is important because they set the tone for operational excellence at their offices, driving colleague engagement and ensuring that each practice runs smoothly. With over 1,300 practice locations, Physicians Services’ offices serve as access points for many of our patients.

“Being able to take part in these educational programs without having to look for them and find them on my own was such a great opportunity,” says Krissy Burkhalter, practice manager at Austin Diagnostic Clinic in Austin, Texas. “I am always looking for things that will grow my career and knowledge. I also know how important it is for an organization to offer these options to colleagues, and I

make sure to highlight HCA Healthcare’s dedication to workforce development at every interview I conduct with new hires.”

Krissy has already put into practice what she learned through PMA’s modules, including taking steps to improve her strategy for leading and developing others.

“It’s always been a passion of mine to help other colleagues find success in their career path, but I sometimes found it hard to focus on them while also completing all the responsibilities of my own job,” Krissy says.

Through PMA, she learned the importance of blocking out time for one-on-one meetings with colleagues. Being more intentional with her practice of communication helps Krissy lead others into chosen career paths and also increases her own job satisfaction. ♦



Read more online

# People-First Care at Alaska Regional Hospital

The blueprint for success includes a mix of tools and programs that bring teams together.

“Providing culturally competent healthcare that respects traditional practices and values is essential, and I’m extremely proud of the part our team plays in respecting and honoring this diverse population and delivering culturally competent, patient-centered care to Alaskans from all over our great state.

— Jennifer Opsut, CEO, Alaska Regional Hospital

When patients arrive at HCA Healthcare’s Alaska Regional Hospital in Anchorage, whether for trauma, planned surgery or rehabilitation, their immediate medical diagnosis is the priority. But where they’re coming from — and where they’ll be returning to after discharge — can be just as important to their long-term recovery.

Due to the sheer vastness of The Last Frontier, with its soaring mountain ranges and endless stretches of tundra, the 49th state and its remarkably diverse population, including its Indigenous people, create a unique healthcare environment for the colleagues of Alaska Regional.

“Our team puts a great deal of effort into recognizing and addressing the unique challenges posed by Alaska’s geography, harsh environmental conditions and limited resources that some of our patients may face once they return home,” says Alaska Regional CEO Jennifer Opsut. “Providing

culturally competent healthcare that respects traditional practices and values is essential, and I’m extremely proud of the part our team plays in respecting and honoring this diverse population and delivering culturally competent, patient-centered care to Alaskans from all over our great state.”

Many of Alaska Regional’s Indigenous rehabilitation patients have traveled hundreds of miles to receive care in Anchorage. Alaska Regional’s proximity to Merrill Field airport makes it a destination for emergency patients — such as stroke patients or people injured in accidents — who need to be flown into the city.

**Serving rural communities**

“We generally define a rural patient as someone who needs to access their home and doesn’t have a road system to do so,” says Ellen Lechtenberger, RN, CRRN, Alaska Regional’s director of Rehabilitation Services. “However, rural can also be categorized from



a healthcare perspective as someone who doesn’t have access to service providers such as home health, outpatient therapies or other aspects of the healthcare system that might be needed based on their particular condition.”

Chief among the challenges of serving rural patients is that preventive healthcare is not always easily achieved in remote areas. “A lot of our patients never got connected to a health system to begin with,” says Ellen. “So if we were to just send them home, they would be unconnected and unable to access care.”

The main hospital serving the Alaska Native population is the Alaska Native Medical Center, or ANMC, a nonprofit secondary and tertiary care facility in Anchorage that is the hub of healthcare for Alaska Natives and other Native Americans, providing medical services to more than 150,000 patients annually.

Remote villages may only have a village health aide, and that individual may have minimal training, if the location has any

medical professionals at all. Because HCA Healthcare doesn’t offer any direct outpatient care, the rehabilitation staff and case managers must develop a knowledge of each patient’s living conditions in order to provide and coordinate proper care.

“We give that family and patient a bit more guidance about what to do,” says Ellen. “It’s more of our awareness of what they don’t have and how can we remediate that in the two weeks we have with them.”

Understanding every patient who walks through the door starts with understanding where they’re coming from. There can be a lot of information gathering when first working with patients from rural or remote areas. Does the patient have indoor plumbing, or do they use an outhouse? Do they need to be towed in on a sled behind a snow machine? If the patient is self-subsisting, can they safely return to hunting, fishing and driving a snow machine?

## Caring Collectively

Given the complexities of serving a population as wide-ranging as rural, remote Alaska, the rehabilitation staff of Alaska Regional Hospital needed to ensure that all caregivers were on the same page regarding each patient. The answer, says Ellen Lechtenberger, RN, CRRN, director of Rehabilitation Services, was a multidisciplinary approach.

To address inefficiencies, the rehabilitation team and physicians decided roughly two years ago to implement multidisciplinary rounding with each other, where the care team gathers together five days a week to discuss needs and care plans.

Coming together as a team in this way has produced exceptional results, even with a population that includes stroke patients who are going home to very remote locations.

Patient satisfaction is currently at the 92nd percentile.

“Our operations are excellent because we come together,” says Ellen.

## The Magnitude of Our Medical Reach

Quality healthcare is available to our patients across the globe. From Alaska Regional to HCA Florida Mercy Hospital more than **4,900 miles** to the south, and across the Atlantic to our hospitals in England, HCA Healthcare exists where patients and people need us.

# Bonding Over the Iditarod

The legendary Iditarod sled dog race, held annually, runs from Anchorage to Nome, celebrating the Great Race of Mercy. In 1925, a diphtheria epidemic threatened Nome. The outpost’s antitoxin supply had expired, and the nearest replacement serum was in Anchorage, nearly 1,000 miles away. A 20-pound cylinder of serum was sent by train 300 miles from the port of Seward to Nenana.

Just before midnight on Jan. 27, the serum was passed to the first of 20 mushers and more than 100 dogs who relayed the lifesaving package 674 miles to Nome. Musher Gunnar Kaasen and his team, led by the famous Balto, arrived in Nome on Feb. 2 with the serum.

Almost 100 years later, 10-year-old Lauren Guice found herself in her own race against time. In 2020, Lauren arrived at Alaska Regional Hospital’s emergency room suffering with a fever and severe abdominal pains. She and her parents soon learned her diagnosis — stage 4 metastatic germ cell ovarian cancer.

In the ER, Lauren met Matt Paveglio, a registered nurse and sled dog racer. They bonded over their love of canines, and Matt used their conversations to keep Lauren calm as he prepared her for the X-rays and CT scan that would reveal her cancer.

Matt kept in touch after Lauren was transferred to a children’s hospital. When she later underwent chemotherapy, he collected 50 stuffed huskies from throughout the United States for her.

“It was her very own Iditarod team,” says Lauren’s mother, Erica Guice. “Matt told Lauren which one was the pack leader. Her name is Nya, and she sits on Lauren’s dresser even today.”



Matt Paveglio (left), a registered nurse and sled dog racer, competes in the Iditarod sled dog race — a bonding moment for patient Lauren Guice (right).

## Understanding opportunities and challenges

Alaska Regional’s point person for coordinating recovery plans with ANMC and other healthcare and transportation entities is case manager Amy Lynch, RN.

“When I do my initial case management, discharge planning or assessment with the patient and the family face-to-face, these are all questions that we go through,” says Amy. “What’s your living situation? How can you get there? Do you get there by car, boat, snow machine or four-wheeler? Do you have bathroom facilities, or is it a group bathroom?”

The hospital’s rigorous inpatient rehabilitation program is tailored for patients needing two or three therapy disciplines, including speech, occupational and physical therapy. Patients receive a minimum of three hours of therapy, five days a week. The average length of stay is 14 days, after which the patient is either transferred to a skilled nursing facility or an assisted living facility, or returns home.

“The first way we assist our patient is by

having an awareness of their lifestyle and by ensuring the plan of care is formulated based on the reality of their situation,” says Ellen.

Patients who return home are provided a binder detailing their exercises and other rehabilitation routines. That information can be used as a blueprint for continued recovery.

The planning process also incorporates coordinating medical needs, often with ANMC, and the complex role of transportation to ensure that patients, their medical equipment and their aides all arrive at roughly the same time.

“For rural Alaskans, we rely 100% on local airlines and very small aircraft for transportation of our patients to outlying areas,” says Amy. “There is no car or boat that can get a patient to Savoonga (680 miles from Anchorage) or Bethel (398 miles).”

“It’s common for rural Alaskans to utilize a four-wheeler or snow machine to get to their home in the smaller outlying villages,” she says.

There are also a number of cultural realities that the rehabilitation staff and case managers



From left, Amy Lynch, RN, case manager, and Ellen Lechtenberger (right), RN, CRRN, Alaska Regional’s director of Rehabilitation Services

“

Our goal in rehab is to teach the individual to be as independent with their own function as possible, because we know that this is best for their long-term health [and] recovery, and in order to prevent them from having health regressions.

— Ellen Lechtenberger, RN, CRRN, director of Rehabilitation Services, Alaska Regional Hospital

encounter. With more than 20 dialects associated with the Indigenous populations of Alaska, there can often be a language barrier.

Cultural differences can also inform how the care provider and care recipient perceive their goals.

“Our goal in rehab is to teach the individual to be as independent with their own function as possible, because we know that this is best for their long-term health [and] recovery, and in order to prevent them from having health regressions,” says Ellen.

The family-centric values of many cultures can often result in a communal approach to healthcare. Caregivers have seen the benefits of communities who care for their families as an act of service.

“Each person relies on the others’ skills, and the wealth is shared by the community,” says Ellen. “Therefore, if someone has a stroke, they can still be fed, housed and cared for.”

“We have to determine with the patient and family what the goal is for them and plan our care based on their goals while ensuring that

they understand the rationale behind our goal to allow the person to be as independent as possible,” she explains. “For example, feeding their loved one can constitute honor and respect, but feeding someone may actually impair their ability to recover the function of their arm after a stroke.”

Further, the Alaska Regional staff connects patients and families with telemedicine therapy providers when those services are available. “We utilize telemedicine to provide remote training sessions to caregivers,” says Ellen. “Our therapists have created safe simulations of hunting, fishing and berry picking to help the patient feel that the therapeutic activities they are performing have meaning in terms of their real-life needs.” ♦

# Career Satisfaction and Career Longevity Start With Caring

Programs and resources are established to help train, retain and engage colleagues.

Betty Burke arrived at HCA Healthcare for her first day of work in the colleague benefits department feeling anxious about starting a new job.

“I was so nervous stepping onto the elevator, especially when I saw I was standing by a doctor,” Betty says. “But then Dr. Thomas F. Frist, Sr., gave me a big smile, introduced himself to me and made me feel at ease. Right there on my first day, he demonstrated the caring, compassionate culture of HCA Healthcare. It made a big impact on me, and I

knew at that moment I had made the right decision in taking the job.”

Forty years later, Betty is the benefits operations analyst for the Human Resources Group (HRG), and she still believes that HCA Healthcare is the right place for her.

“What sets us apart is the caring culture — having managers and peers who care like family, collaborate willingly and jump in to support each other when needed,” she says.



Members of HCA Healthcare’s Human Resources and Physician Services teams show up to volunteer during Community Days, illustrating the true meaning of caring like family.

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I am thankful that I work for a company that supported me and invested in my development, and I want others to be aware of the opportunities available to them. Nursing is a lifelong endeavor, and things are constantly changing. It’s important to constantly keep ourselves educated.

— Sean Fitzgerald, director, 4 North/Dialysis, HCA Florida Gulf Coast Hospital



**Best practices in engagement**

Taking conscious steps to learn and improve helps keep HCA Healthcare’s caring, compassionate culture alive and well. Over the past couple of years, the HRG has conducted intensive research into engagement and retention best practices across the company. The research included organizing an internal study of colleagues through on-site and virtual interviews; conducting surveys to dive deeper into trends and themes; and collecting stories from colleagues throughout the organization to further visualize what great engagement feels like in the halls of our hospitals, offices and sites of care.

“When we read the letters and stories from colleagues, we saw over and over again [that] it was caring connections that help people find success in their careers,” says Michelle Rozen, group vice president of Human Resources for HCA Healthcare. “Through this process, we learned the importance of having leaders who reach out, want to help in [our colleagues’] day-to-day world and provide experiences for growth.”

Information collected from that research is currently being used across HCA Healthcare to enhance engagement and retention.

**Creating meaningful career paths**

Investing in colleague well-being also includes providing pathways to career development and supporting those endeavors.

“We are so proud to provide colleagues with incredible ways to grow and develop,” says Laura DeMotte, group vice president of Human Resources for HCA Healthcare. “HCA Healthcare offers colleagues a career that can span a lifetime, complemented by multifaceted, best-in-class clinical, leadership and operational

training and benefits like tuition reimbursement and discounts for continuing education.”

For Sean Fitzgerald, director of 4 North/Dialysis at HCA Florida Gulf Coast Hospital in Panama City, Florida, a conversation with his associate chief nursing officer encouraged him to look at earning his bachelor’s degree at Galen College of Nursing.

“I knew that I wanted to move into a leadership position, and she helped me understand that to progress and develop in my career, it was important to further my education,” Sean says. “I was really impressed with the structure of Galen’s program. The expectations as far as assignments are similar from course to course, which makes it manageable while also working full-time.”

Today, Sean is pursuing a master’s degree; and, as a director, he talks with individuals on his staff about their own development goals.

“Caring for our colleagues first helps us take great care of our communities,” Laura says. “Our engagement story is so important because it’s how we create connections with our colleagues and help them make a difference from day one.” ♦



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Read more of our conversation online.

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It is a unique privilege to be advancing knowledge that otherwise would likely never get advanced.

—Kenneth Sands, MD, chief epidemiologist and chief scientific officer, HCA Healthcare Research Institute



# The Critical Responsibility of Clinical Research

HCA Healthcare’s scale and resources are enabling unparalleled research and creating safer care everywhere.

The nature of science, and by extension the nature of medicine, is the ongoing, dedicated pursuit of the truth. The more we learn about the physical world and the more we apply empirical data to medicine, the better we can care for our patients.

For decades, HCA Healthcare has bolstered its status as a leader in medical research, capitalizing on the scale of the enterprise and our willingness to share assembled data to enable academic institutions and government agencies — such as the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Agency for Healthcare Research and Quality, and the Food and Drug Administration — to conduct large-scale studies that move the entire healthcare industry forward.

According to Kenneth Sands, MD, chief epidemiologist and chief scientific officer for the HCA Healthcare Research Institute, HCA Healthcare’s standing as the largest private hospital system in the United States positions the enterprise perfectly for many different types of research projects, from small to nationwide.

“It’s a unique advantage of the organization’s size and design and philosophy,” says Dr. Sands. “We have scale; we have centralized management; and we have this commitment to creating new knowledge. Those three elements are keys to success for large-scale clinical research.”



More than 37 million patient encounters across HCA Healthcare’s network mean more opportunities to research and share best practices around the globe.

## Many outcomes, many opportunities

Research at HCA Healthcare is not a one-size-fits-all proposition. There are Graduate Medical Education research projects performed by residents and fellows, as well as interventional studies, in which HCA Healthcare works with various industry partners.

But perhaps the most effective and far-reaching studies are large-scale trials, known as cluster randomized trials, which leverage HCA Healthcare’s unparalleled reach across more than 180 hospitals and more than 2,000 points of care.

That large scale means that when best practices are not yet defined, HCA Healthcare can introduce different practices in different hospitals in a controlled manner and then compare results.

“Those kinds of studies can be difficult and can require a lot of patients, and patience,” says Dr. Sands. “HCA Healthcare is very well set up to do those kinds of studies, and it’s especially productive to do that in partnership with an academic center such as Harvard.”

Cluster randomized trials conducted by HCA Healthcare are enabling us to learn what’s best for patients as quickly as possible, which can lead to sharing new knowledge with the rest of the world.

## Swap-out trial

The research process for a cluster randomized trial essentially begins once a clinical question has been identified that begs to be answered in order to advance medicine.

The interested parties — usually government agencies or academic institutions — will reach out to HCA Healthcare in order to make use of our industry-leading capabilities. To appreciate the scope and scale of one of HCA Healthcare’s cluster randomized trials, consider the swap-out trial that was recently detailed in the *Journal of the American Medical Association*. Commissioned by the CDC and conducted in collaboration with the Department of Population Medicine (an affiliate of Harvard Medical School), the study started in 2015 and took eight years from initiation to publication.

The trial was designed to build on previous work by Harvard and HCA Healthcare that was published in *The New England Journal of Medicine* in 2012 and studied the best way to prevent intensive care unit (ICU) patients from contracting methicillin-resistant *Staphylococcus aureus* (MRSA) in hospitals.

The question? Was the practice of using the nasal antibiotic mupirocin to prevent MRSA, a potentially lethal bacterial infection, at risk of becoming less effective. “There’s been a stewardship concern of ‘if we keep using this single antibiotic for trying to prevent MRSA, pretty

(Cont. on page 14)

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It's a unique advantage of the organization's size and design and philosophy. We have scale; we have centralized management; and we have this commitment to creating new knowledge. Those three elements are keys to success for large-scale clinical research.

— Kenneth Sands, MD,  
chief epidemiologist and chief  
scientific officer,  
HCA Healthcare Research Institute

soon [MRSA is] going to be resistant, and then we're going to be left with nothing that is as effective,” says Dr. Sands.

There was previously inadequate data to determine whether hospitals should consider swapping out mupirocin for the nasal antiseptic iodophor.

The actual trial lasted 18 months and was conducted in 137 HCA Healthcare hospitals across 18 states. Overall, the mupirocin-iodophor swap-out trial involved more than 800,000 ICU patients.

“During the study period, we found that mupirocin was in fact better and that resistance didn't seem to matter,” reports Dr. Sands. “We were able to indicate that resistance didn't seem

to make a difference in terms of its effectiveness. Sometimes resistance can be a lab phenomenon but doesn't actually change the ability of the antibiotic to work in the clinical sense.”

In short, the exhaustive study determined that the nasal antibiotic mupirocin reduced MRSA cultures by 18% compared to the antiseptic iodophor.

“We use the term ‘clinical differentiation.’ This allows HCA Healthcare the first opportunity to understand and implement what's best practice for our patients,” he says. “If along the way we can provide information that allows the rest of the world to know what's the best thing to do, we would argue that's part of our mission.”

Just as important, says Richard Platt, MD, chair of the Department of Population Medicine at the Harvard Pilgrim Health Care Institute, a Harvard Medical School affiliate, is that the study reveals the strength of HCA Healthcare's partnerships.

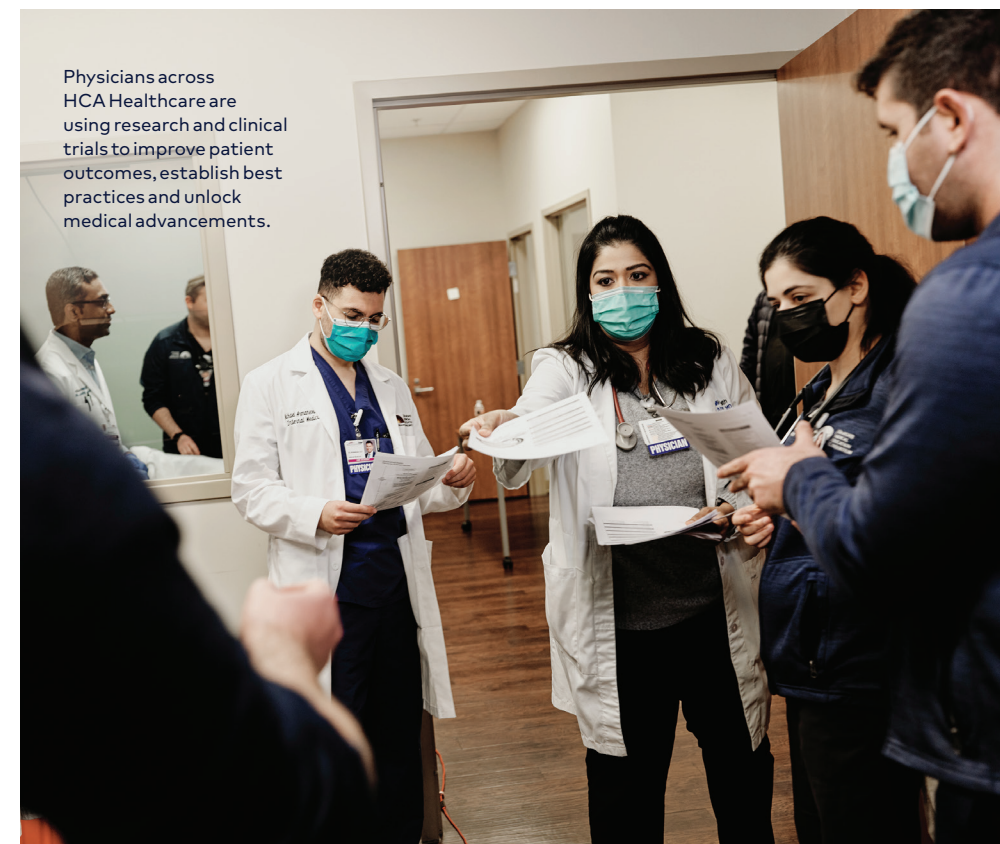
“The Institute has a major interest in helping clinicians use antibiotics in the most appropriate way,” says Dr. Platt. “HCA Healthcare's leadership, physician providers and pharmacists in many locations have worked with our team to develop support programs that are highly effective and well received throughout

#### More Online:

Read more about the  
value of research during  
the COVID-19 pandemic.



Physicians across HCA Healthcare are using research and clinical trials to improve patient outcomes, establish best practices and unlock medical advancements.



the organization. We expect these will become widely adopted by other organizations.”

#### The care and improvement of all human life

Clinical research being conducted at HCA Healthcare is crucial to improving care not only at our facilities, but also in medical settings everywhere.

“The questions we and HCA Healthcare address would be difficult or impossible to answer without HCA Healthcare's commitment to best-quality care, its scale and its extraordinary ability to implement change at scale,” says Dr. Platt. “We see this commitment play out at every level of the organization. Our partnership has improved clinical outcomes for intensive care unit patients nationally.” There is great value in adopting and distributing the best practices that come from these studies.

“It is a privilege to be advancing knowledge that otherwise would likely never get advanced,” adds Dr. Sands.

#### The value of research during the COVID-19 pandemic

Not all research conducted at HCA Healthcare facilities has been predictable. During the COVID-19 pandemic, the enterprise's massive collection and dissemination of data helped guide the best approaches to treating COVID-19 across the nation.

“We've taken care of more COVID patients than anybody else in the country,” says Dr. Sands. “Our network had to ask, ‘what is the fastest way we can make this information available to the rest of the world because it's so important?’”

HCA Healthcare's partnership with 12 different academic centers led to proposals for studies. The result was rapid publication of insights into best practices for COVID-19, in partnership with a variety of academicians across the nation. ♦

## The Lister Hospital Legacy

The Lister Hospital, formerly the British Institute of Preventive Medicine, located in the Chelsea area of London, England, is an HCA Healthcare UK facility named in honor of Dr. Joseph Lister, a pioneer in aseptic surgery. Spurred by the work of legendary scientist Louis Pasteur, Dr. Lister advanced the art of antiseptic surgery at the Glasgow Royal Infirmary in Scotland.

In 1865, he became the first surgeon to operate in a chamber sterilized by dispensing antiseptic — carbolic acid — in the air. Over the following decades, there was a significant drop in patient mortality rates.

Two men influenced by Dr. Lister's work were Robert Wood Johnson, one of three brothers who founded Johnson & Johnson, and Joseph Lawrence, MD. It was Dr. Lawrence, inspired by the work of Dr. Lister, who created a unique disinfectant for operating theaters and bathing wounds in his St. Louis, Missouri, laboratories in 1879. He called his new product Listerine, produced by the business he co-founded, Lambert Pharmacal Company.

Nearly 50 years after Dr. Lister first introduced this antiseptic into his operating room, Listerine mouthwash became the first prescription product in the United States to be sold over the counter, marketed as an oral germ killer, in 1914. Listerine, now owned by Johnson & Johnson, has been subjected to numerous clinical trials and is recognized for helping prevent plaque deposition and gingival inflammation. Today, the 57-bed Lister Hospital in London continues the doctor's work.



**A Conversation With  
Barbara Simmons**  
CEO at HCA Florida Westside  
Hospital, Plantation, Florida

Colleague Q&A:  
**CEO Barbara Simmons —  
A Life of Opportunities  
with HCA Healthcare**

A remarkable career journey comes full circle.

Barbara J. Simmons, RN, has spent her entire professional life with HCA Healthcare, an impressive career that began in 1975 when she was a 19-year-old graduate nurse at Plantation General Hospital in Plantation, Florida. She rose through the ranks to nurse educator on the orthopedic unit, to critical care registered nurse, and then to nurse supervisor. In 1991, she became assistant director of Nursing and was then promoted to chief operating officer in 1996.

A decade later, she became Plantation General’s chief executive officer.  
In 2011, Barbara was hired as CEO at HCA Florida Mercy Hospital in Miami, Florida, spearheading the transition of the facility shortly after it was acquired by HCA Healthcare. After three years, she returned home to become CEO at HCA Florida Westside Hospital in Plantation.  
Barbara recently celebrated her 48th year with HCA Healthcare.

**Q: What drew you to nursing?**

**A:** As early as I can remember, I wanted to be a nurse and take care of people. There was no particular lightning bolt. It was just something I always knew I wanted to do and planned to do. I went to Broward Junior College [now called Broward College] right from high school and never wavered.

**Q: How was the initial transition into management different from your bedside nursing experience?**

**A:** I was the critical care nursing supervisor, but in my mind, I was still providing nursing care. I was very much a hands-on supervisor. If they needed a nursing supervisor on a weekend, if I needed to work a night shift, we did what we had to do to get the job done. I was in scrubs every day for probably 20 years, from 1975 to 1995. Then I became the chief operating officer in 1996. That’s when I really stepped away from wearing scrubs every day.

**Q: What was the draw of a management position?**

**A:** I always wanted to learn and grow. I always tell everybody, “Never stop learning; never stop growing.” And a lot of it was just hard work and being in the right place at the right time. I always had a thirst for knowledge, and opportunities came along.

**Q: Did you miss working directly with patients?**

**A:** I always say, “Once a nurse, always a nurse,” no matter what your title.

**Q: How did your nursing background prepare you for management?**

**A:** Being a nurse prepared me to be a CEO [more] than a finance class [would have] because you learn the assessment skills, the organizational skills. And you learn why you’re here each and every day — that’s to take care of patients.

**Q: When you think of the impact you’ve been able to make, what comes to mind?**

**A:** At Plantation General, we developed what I call the “ships.” I took a core team of leaders — managers — and we created the ships, and then we educated the entire organization about the ships: workmanship, ownership, partnership, leadership and stewardship. We really were able to change the culture of the entire organization.

**Q: What brought you back to Westside in Broward County after your time elsewhere?**

**A:** I was at Plantation General from 1975 to 2011. I still had a lot of deep roots and connections to the community. I was very involved in chamber [of commerce] activities and the American Heart Association. I had a lot of relationships and a lot of love for the Plantation community. When my boss called me and said, “Do you want to come home?” I jumped at the chance.

**Q: What did you find?**

**A:** I saw it as an opportunity. There were a lot of good people here, but there was a lot of opportunity to improve processes. Westside had an opportunity to really be part of the community.

**Q: How have you seen that opportunity come to life?**

**A:** The community needs to know who we are and what services we offer. Here at Westside, we’ve created a Graduate Medical Education program for residents. Part of my job is to make sure the community knows they have a teaching hospital in their own backyard. We really have totally improved the quality of the care here, with new programs and physicians.

**Q: What’s most rewarding about your job?**

**A:** This is one of my catchphrases: “Thank you for everything you do for our patients, our community and, most importantly, each other.” I really believe that we give quality patient care. And then there’s our people. You’ve got to take care of your people because they’re taking care of the patients.



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