

# HCA Healthcare Magazine

SPRING 2024

**HCA**   
Healthcare®



## HCA Healthcare is Home for Quality Physicians

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# A Conversation With the CEO

For the spring 2024 issue of *HCA Healthcare Magazine*, Sam Hazen, CEO, sat down with Kelli Nations, CNE American Group, to discuss HCA Healthcare’s key achievements in 2023, and to look ahead at what’s in store for the organization in 2024.

**Kelli Nations:** As an organization, we have gone through a lot of change this last year, and you’ve also done a lot of work to really help us from a nursing standpoint to ensure that we’re delivering great care at the bedside. Tell me what about these changes has got you so excited?

**Sam Hazen:** We actually made a lot of changes starting at the end of 2022 when we had a few retirements, and it opened up an opportunity for us to think about our structure. We started at the corporate level going from two group offices to three because we felt it was important that the corporate office be more connected to our facilities and divisions. I think it’s really been energizing for the company because it’s created a lot of opportunities for folks to grow. People have opportunities to move to a different city, move into a different role. I think it sets us up for a bright future.

**Kelli Nations:** When I was DCNE in Gulf Coast, that was one of our big attractors from other systems in the area to come and work with HCA Healthcare — because nursing does such a fantastic job of promoting from within and all of the leadership development work

that we do. So tell me, what are you thinking about in 2024 for our nursing strategic plan and our nursing work overall?

**Sam Hazen:** We had a very comprehensive end-of-year quality review for the company, and, in the aggregate, our quality metrics are better than they were pre-pandemic. 2023 was really the first year we had without a heavy COVID-19 influence, and we were able to judge whether or not we had made progress on our patient safety agenda, our clinical outcomes agenda, our quality agenda, and so forth. As we push forward, we’re focused on how we help our workforce and really develop their capabilities so they can provide better care to our patients. We have a lot of investment going into education — our Galen College of Nursing programs are growing significantly. And then what I’m really excited about is our technology agenda that can be a game-changer for us with respect to how we deliver care. I think it’s going to require that all of us change a little bit and get used to using technology to support what we do in our facilities. We’re poised to deliver much better outcomes for our patients if we can get down the road on this journey in a way that I don’t think any other organization can.

**Kelli Nations:** What message would you give to our colleagues as they begin to receive this and work it into their day? What would you like for them to take away?

**Sam Hazen:** It’s going to require all of us to change a little bit. Be part of the learning process and have a mindset that this is going to be better for our patients, better for day-to-day activities, and better for our company overall. And I want to thank everybody for what they do for our company. We had another successful year as an organization. I’m very excited about our future, and I think you’re all going to be a great part of it. So thank you.



Visit [Magazine.HCAhealthcare.com](https://www.Magazine.HCAhealthcare.com) to watch the full interview.

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## On the Cover

*Front cover* — Dr. Kristine Guleserian, Congenital Heart Surgery Program Director at Medical City Children’s Hospital in Dallas, Texas, has devoted her life to healing hearts and is making history while doing so. The board-certified thoracic and congenital heart surgeon became the first woman in the United States to lead a congenital heart surgery program. Dr. Guleserian was inspired to join the more than 45,000 active and affiliated physicians across HCA Healthcare when she was afforded the opportunity to build a “dream team” of surgeons, cardiologists, anesthesiologists and others who embody the qualities and skills she looks for in colleagues. Learn more about why exceptional physicians are choosing HCA Healthcare on page 8.



In January 2024, TriStar Centennial Medical Center broke ground on a new freestanding emergency room (FSER) in Bellevue, bringing emergency care closer to home for west Nashville and residents of surrounding areas.

# Capital Investments Are People Investments at HCA Healthcare

When it comes to creating environments that make a positive impact on patient care, strategic capital improvements are key.

The current healthcare landscape is nuanced. While many health systems feel the acute strain of labor challenges and patient demand — going so far as to close some of their doors — HCA Healthcare’s financial stability and scale of resources mean we are able to not only maintain the care our communities rely on, but we are also in constant pursuit of improvement.

Those improvements require dedicated capital investment. Over the years, HCA Healthcare has supplied that crucial funding — roughly \$5 billion — and those projects have been selected with great care.

When most people think of hospitals, they likely envision operating rooms or emergency departments; rooms filled with advanced medical tools; and doctors, nurses and technicians. But as Brent Clark, HCA Healthcare’s vice president of Capital Planning and Analytics, points out, we can never lose sight of the importance of everyday items.

“You can have all the brightest, shiniest new equipment, but if we don’t keep our infrastructure in place, all of that really doesn’t matter,” says Brent. “We have to be careful, because if you go in to turn on the lights in the operating room and they don’t turn on, guess what? None of that stuff you’ve got matters.”

Given the size of our enterprise, with more than 180 hospitals and approximately 2,400 ambulatory sites of care in 20 states and the U.K., what can seem like even the smallest changes make a major impact and can require major investment.

“We’re working enterprise-wide on LED light retrofitting. It’s a massive project over a number of years,” says Brent. “When you think of every single light in every single one of our facilities, that’s tens of millions of dollars. That will take a while. But that’s an innovative piece, which is purely infrastructure, making sure we get energy-efficient lighting.”

## Planning and Analytics meets Design and Construction

Brent’s Capital Planning and Analytics department works hand in glove with the Design and Construction department, which is primarily responsible for the management of renovations, expansions and new construction of most major capital projects costing more than \$5 million.

Both groups are tasked with ensuring that HCA Healthcare’s capital investments are constantly improving the enterprise’s capabilities, serving more patients and responding more productively to the needs of local communities.

“It’s not a bottomless well. The need is great. The line of projects is a pretty long line,” says Clint Russell, HCA Healthcare’s vice president of Design and Construction. “The planning group will take requests from the hospitals or the divisions and really do a deep dive on what exactly they need and try to figure out what will really help that hospital.”

*(Cont. on page 4)*



“There is constant innovation in infrastructure. When you look at infrastructure for a capital program like this, we’re giving the folks that deliver healthcare a great building so they can do what they do every day.

— Clint Russell, HCA Healthcare’s vice president of Design and Construction

## Plans and approvals come to life

HCA Healthcare's investment in capital improvements topped \$4.2 billion in 2022 for major projects, infrastructure, IT and smaller hospital-level investments, and topped more than \$4.7 billion in 2023. Future plans include investing more than \$5 billion in 2024.

In the past year, no fewer than 120 major construction projects were completed. Improvements included multiple tower expansions, a rehabilitation service line addition at HCA Florida Bayonet Point Hospital, a freestanding behavioral health hospital at Live Oak Mental Health and Wellness in Ladson, South Carolina and the reopening of Forest Park acute care program at Methodist Hospital Landmark in San Antonio, Texas.

In all, facilities across 23 states and the U.K. are sharing in the infrastructure improvements.

"While every hospital might not have a major capital project in any given year, there are various capital allocations that will go to each hospital," says Brent.

## Understanding the important story

All projects undergo an exhaustive review and vetting process. In short, the Capital Planning and Analytics team helps HCA Healthcare CEO Sam Hazen and his leadership team determine the final priority list for future investments.

When an idea is first introduced, whether the goal is to advance a new technology, reinforce a facility's infrastructure or expand services, "my team steps in, and we're going to ask more questions," says Brent. "We're going to figure out what that need is and do that legwork. We'll ask, 'Where's the opportunity? What's the work?'"

"Sometimes we have to balance competing opportunities," he says. "We help define that concept and bring that to a concrete idea or concept and why it's worthwhile."

Another key part of Brent's role, he says, is to encourage facility and division managers to advocate for the projects they want funded. While his department can analyze and prioritize data on paper, Brent says he also wants his team out in the field, listening to the people providing direct care or managing buildings, to develop real-world assessments.

"One of the tips we give to hospitals is, 'tell your story,'" he says. "We're taking your stories, and we tell those stories as we're helping teams prioritize." "We've got to be storytellers, and the best way is to go and see it," Brent says. ♦



TriStar Horizon Medical Center's Intensive Care Unit (ICU) Expansion, located in Dickson, Tennessee, includes 14 ICU beds and the ability to expand to 16 beds. With multiple upgrades and updates to the space that will benefit patients, caregivers and visitors, this state-of-the-art ICU will not only serve Dickson residents, but also those in outlying communities who would otherwise have to travel over an hour to seek critical medical services in Nashville.

## Why Capital Investments Matter to Our People and Patients

- Investments in brick and mortar are investments in our community. More opportunities to be seen and cared for by clinicians ultimately better serve our patients and ensure our caregivers are equipped with what they need to deliver the highest-quality care. Building programs; extending service lines; and expanding our networks with more hospital capacity, new outpatient facilities and better clinical technology are all ways in which HCA Healthcare continues to deliver on our mission: Above all else, we are committed to the care and improvement of human life.
- Elevating the work of our caregivers with investments in technology, capital improvements and infrastructure can enable our nurses to spend more time at the bedside. A high-functioning facility can decrease the care load and improve both the patient and colleague experience.
- Capital investments such as freestanding Emergency Rooms (FSERs) are one example of how we are committed to bringing care closer to home. Extending our reach to more communities allows us to supply quality care to more patients in more ways. And adding beds and capacity not only improves patient wait times in emergency situations, but also reduces congestion in our facilities. Nurses and physicians are able to attend to their patients with a decreased administrative burden.

“

We want to hear the stories and understand them. Our metrics only mean so much. It's truly what's going on in the facility at the bedside that informs what really should be happening and what we need.

— Brent Clark, vice president of Capital Planning and Analytics



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# Raising the Bar for Cardiac and Stroke Care

The industry-leading Getting to the Heart of Stroke™ initiative is a partnership between HCA Healthcare, the HCA Healthcare Foundation and the American Heart Association.

In its first year, the Getting to the Heart of Stroke™ initiative has achieved national reach through a learning collaborative with 10 facilities focused on quality improvement. It has also delivered the first installment of six professional education podcasts and webinar resources for clinical and medical professionals, and it has launched local health impact initiatives with more than 38 nonprofit partners across 15 HCA Healthcare communities.

“The work that we are doing with Getting to the Heart of Stroke™ and AHA is a natural next step in our efforts to provide the best stroke care in the world,” says Alexander Schneider, MD, HCA Healthcare’s National Physician Leader of Neurovascular Disease. “To date, we’ve achieved best-in-class treatment times for the administration

of clot-busting therapies to minimize the impact of a stroke once it has occurred.”

“We are now working in close collaboration with cardiology to reduce the incidence of stroke by identifying and sharing best practices and data to pinpoint the cause of the stroke to enable targeted preventive measures,” he says.

The multipronged program aims to reduce stroke-related death and disability by focusing on four major pillars “which span from community activities in patient education and awareness to provider and physician education and collaboration between neurology and cardiology teams, which will ensure we both diagnose cardiac causes of stroke and achieve better outcomes,” says Steven Manoukian, MD, FAHA, FACC, FSCAI, HCA Healthcare’s senior vice president of Service Lines.

## Those pillars include:

- **Quality Improvement:** Optimize identification of stroke causes by strengthening neurology and cardiology care collaboration while addressing health equity, diversity and inclusion disparities.
- **National Professional Education:** Develop medical education activities that improve identification of stroke cause, reduce secondary strokes and enhance access to care for all.
- **National Consumer Education:** Empower consumers to know and better manage risk factors and advocate for further evaluation.
- **Community Integration:** Address health disparities through community health interventions focused on blood pressure, nutrition security and maternal health, partnering with more than 40 local health centers and community organizations.



The Getting to the Heart of Stroke™ initiative includes “Libraries with Heart” kits that make blood pressure cuffs and educational resources available at public libraries. Patrons like those at local Kansas City Public Libraries (above) can use their library cards to check out the kits.

“

Because of this initiative, we have already seen an improvement in our performance, and we are outperforming industry benchmarks.

— Alexander Schneider, MD, HCA Healthcare’s national physician leader of neurovascular disease



According to Alison L. Bailey, MD, FACC, FASPC, HCA Healthcare’s national physician leader of cardiac disease, a crucial factor in a patient-centered approach to stroke care is implementing strategies to improve communication channels and standardize reporting between neurology and cardiology.

“First, we need to speak the same language when describing the type of stroke a patient has experienced,” says Dr. Bailey. “Every decision for treatment and prevention of additional strokes is based on determining the etiology of the stroke. Making sure the discharge summary accurately lists the type of stroke a patient experienced is an essential first step in improving care.”

However, given the inequalities in cardiac care across a vast medical landscape, Dr. Bailey notes that no single approach will work everywhere. Regular meetings between cardiology and neurology in communities will help determine the best strategies, she says.

This work requires a significant financial commitment, which highlights the role of the HCA Healthcare Foundation.

“When we designed this partnership, we realized both organizations wanted to advance our shared commitment to health equity,” says Joanne Pulles, president of the HCA Healthcare Foundation and HCA Healthcare’s vice president of Community Engagement. “Through this collaboration, we not only wanted to make a financial investment — we really wanted to amplify that investment through intentional leader-to-leader connections by involving our physicians and division leadership.”

The initiative is expected to serve as a blueprint or best-practice example for other healthcare enterprises, says Dr. Manoukian.

“We’re confident that the relationship between a best-in-class organization like the American Heart Association and another which encompasses HCA Healthcare and the Foundation will achieve its goals in improving prevention, diagnosis, treatment and outcomes,” he says. ♦

**HCA Healthcare CEO Sam Hazen and American Heart Association CEO Nancy Brown spoke last fall about the Getting to the Heart of Stroke™ initiative. Here are excerpts from their conversation with HCA Healthcare senior vice president Steven Manoukian, MD, FAHA, FACC, FSCAI.**

**Nancy Brown:** This new partnership is a really spectacular way to showcase what is best about HCA Healthcare and what is best about the American Heart Association. Our shared commitment to health equity, our commitment to excellence in clinical care, our commitment to our communities and how we bring that all together will really be showcased in our new initiative.

**Sam Hazen:** Our facilities — a lot of them — are in the communities where the incidence of stroke is very high. And we felt that, with the programs and research that we’re doing and some of the research and programs that you all have, we’re a perfect match to come together and really connect the dots on cardiac care and stroke care.

**Dr. Manoukian:** Stroke is one of the major causes of death and disability in the U.S., so really preventing the first stroke is key. Understanding not only those risk factors for stroke — like hypertension and diabetes, being overweight, inactivity, and smoking — but also understanding that treating those conditions can help dramatically reduce your risk of a first stroke.

There was also a need for better collaboration between neurologists and cardiologists and those care teams to not only prevent first strokes, but really get deep into understanding what the cause of a stroke is.

It’s our hope that this will form a bit of a playbook or a best-practice example of how a great organization like the American Heart Association and another one like HCA Healthcare and the HCA Healthcare Foundation can work closely together, perhaps even bringing in other stakeholders and other key partners that can make us even more powerful and multiply the benefits of what we see today for the healthcare of tomorrow.

**Nancy Brown:** What’s most exciting about the initiative is how patients and communities will benefit ... and to demonstrate this clinic-to-community connection is a really important aspect of our partnership.

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Read more of our conversation online.



# Why HCA Healthcare Is the System of Choice for Physicians

**Scale becomes intrinsic to providing administrative, financial and networking benefits.**

## “

We leverage our footprint and the data we capture to understand every aspect of our organization, and quality is an important part of that. Those measurements are aggregated and provided back to our physicians to enable them to make informed decisions and continue learning throughout their careers.

— Randy Fagin, MD, chief medical officer, National Group, HCA Healthcare



In 1968, HCA Healthcare was created by two physicians, Dr. Thomas Frist Sr. (seen here) and Dr. Thomas Frist Jr., along with businessman Jack Massey. From that day on, the voices of physicians have remained a guiding force for good at our organization.

When Dr. Thomas Frist Sr., his son Dr. Thomas Frist Jr. and Jack Carroll Massey founded HCA Healthcare in 1968, they set in motion a health system shaped from the very beginning by the physician lens. They envisioned a healthcare company with the scale, resources and clinical expertise to provide care focused on the patient. Today, that founding philosophy continues to motivate how we work with and for our physicians.

When Dr. DeBoer and his partner began to consider aligning their practice with a bigger system, he talked with Dr. Thomas F. Frist, Jr. in detail about the research he was doing.

“One of the things Dr. Frist promised was that, not only would we be able to continue updating and using our database, but we would be able to integrate our information with data from the hospital,” Dr. DeBoer says.

Dr. DeBoer began to collect data points, including length of hospital stay. He also had the resources to improve his database through an application called iCORE. The project was

incorporated at other hospitals within the HCA Healthcare system, increasing the database to help patients in other communities.

Using iCORE, Dr. DeBoer and his fellow surgeons can make better decisions at the time of surgery and postoperatively, leading to measurable results. The length of stay decreased from 2 1/2 days to slightly over one day, and the rate of patients’ developing nausea after a surgical procedure dropped from almost 50% to only 5%.

## Advantages of scale

Our scale, which provides access to capital, resources and a network of like-minded professionals, helps draw physicians to HCA Healthcare.

“Within the HCA Healthcare system, total joint procedures are in the tens of thousands,” Dr. DeBoer says. “Being able to access that amount of data made joining HCA Healthcare highly attractive for me. With their help, iCORE went from something we were just doing in our group to an application that improves patient care in other hospitals within the system.”

At HCA Healthcare, physicians also have access to a network of colleagues with a diverse range of expertise to draw from. Being able to share experiences, ask questions and find support from such a vast network of physicians is invaluable.

“We leverage our footprint and the data we capture to understand every aspect of our organization, and quality is an important part of that,” says Randy Fagin, MD, chief medical officer, National Group, HCA Healthcare. “Those measurements are aggregated and provided back to our physicians to enable them to make informed decisions and continue learning throughout their careers.”

Strength in numbers translates to capital assets that can then be invested into new equipment and technology to improve the level of care. For example, HCA Healthcare is currently upgrading the electronic medical record system to Expanse, a capital expenditure benefiting the entire system with added efficiency and improved patient interactions.

Geographic diversity can also play a role in attracting physicians to HCA Healthcare. From smaller, rural areas to large cities, HCA Healthcare facilities serve communities across the United States, and abroad.

*(Cont. on page 10)*

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Our patient satisfaction surveys continue to improve; our job satisfaction surveys of physicians and nurses continue to improve; and patient care continues to improve, carrying forward our dream of delivering consistent, highly efficient healthcare.

— David DeBoer, MD, HCA Healthcare



### Physician-centered leadership

While quality, research, location and capital are all important, it is the overall culture that distinguishes HCA Healthcare.

HCA Healthcare was founded by physicians with the intent of creating an environment where healthcare can flourish by prioritizing physician input. That included putting physicians in leadership roles, a practice that has remained an integral part of HCA Healthcare through the years.

“Physicians as leaders are embedded throughout the organization,” Dr. Fagin says. “In today’s environment it’s important that we make fiscally appropriate decisions, but at the end of the day it’s all about patient care, and when I look at HCA Healthcare, I see a system that continues to ensure [that] there are physician voices in all of those decisions.”

From operations to clinical settings, IT services, strategy and global purchasing, physicians are included in the decision-making process.

“Physicians who are leaders provide a lens through which they view the organization covering all aspects of the organization and ensuring that [that] clinical lens is a part of every decision we make as an organization,” Dr. Fagin says.

Having a voice in the decision-making process makes a difference with physicians. In HCA Healthcare’s most recent physician engagement survey, which included feedback from more than 15,000 physicians, 90% of respondents reported that HCA Healthcare was a favorable place to practice.

“What I’ve noticed, by HCA Healthcare supporting us in those leadership roles, is [that] we’re creating a culture where we work together rather than in opposition,” Dr. DeBoer says. “Our patient satisfaction surveys continue to improve; our job satisfaction surveys of physicians and nurses continue to improve; and patient care continues to improve, carrying forward our dream of delivering consistent, highly efficient healthcare.” ♦



#### Scope

Our national network includes 186 hospitals, 126 surgery centers and 270 urgent care centers.



#### Community

There are more than 45,000 active and affiliated physicians who choose to treat their patients at an HCA Healthcare facility.



#### Culture

A recent survey revealed that 90% of more than 15,000 physicians found HCA Healthcare a favorable place to practice.



With more than 20 years of world-renowned experience caring for infants to adults with congenital heart defects, Dr. Guleserian, Congenital Heart Surgery Program Director at Medical City Children’s Hospital in Dallas, Texas, is providing industry-leading services with HCA Healthcare.

# Educating the Next Generation of Physicians

## Improving Care and Investing in the Future

The Graduate Medical Education program plays an integral role in training and retaining exceptional physicians.



Annual GME leadership conferences bring together experts like members of HCA Healthcare's executive leadership (above) to learn from and engage with healthcare professionals from across the nation.

The future of healthcare depends on well-qualified, compassionate providers at every level. To that end, HCA Healthcare is playing an integral role in educating and preparing the next generation of physicians. A little more than 10 years ago, the Graduate Medical Education (GME) program was launched to train HCA Healthcare's residents.

"The U.S. healthcare workforce is undersupplied, and part of the reason comes from a bottleneck in the residency programs," says Greg Guldner, MD, vice president of Academic Affairs, HCA Healthcare. "Medical schools have increased the number of students, but without a place [for them] to complete their residencies, we won't be producing physicians.

"HCA Healthcare decided we needed to be part of the solution to improve the outlook for healthcare as a whole."

HCA Healthcare's GME program has grown exponentially over the past decade and now serves more than 5,000 residents in 72 hospitals. Educating this large group of young professionals not only helps ensure the future of healthcare in the United States, but it also benefits the HCA Healthcare system and the communities we serve.

### Far-reaching benefits of the GME program

From a medical staff standpoint, creating a GME program at HCA Healthcare helps provide a talented, well-trained supply of physicians to fill open roles at hospitals and facilities throughout the system. While not everyone who goes through the HCA Healthcare GME program will remain, more than 30% of graduates do.

"It's a real benefit when physicians trained within our system stay on staff," says Bruce Deighton, PhD president, GME. "Those physicians come ready to practice on day one with a full understanding of our systems, clinical protocols, and medical and nursing staff." The residency program also benefits people in the communities we serve by improving the level of care in many ways, including the following:

- **Increased safety.** At our teaching hospitals, patients receive care from a team of faculty physicians, residents and clinical fellows.
- **Improvements in best practices.** Residents bring a fresh way of looking at things, and their new ideas can shine a light on policies and procedures and help change things for the better.

### Leveraging scale

HCA Healthcare has worked hard to cultivate a residency program that is highly regarded for its research initiatives, learning environment and respect for the residents. For many physicians graduating from medical school, entering HCA Healthcare's GME program proves advantageous for a number of reasons.

One of the most obvious advantages is the scale of HCA Healthcare's system. Leveraging the number of hospitals and facilities within the system provides residents with access to more clinical experience, resources, and support services than can be found in other programs limited to one location. The vast network of clinical and specialty programs provides a great learning environment for those embarking on careers in the medical field.

Geography also plays a role in attracting residents to HCA Healthcare's GME program. Research has shown that many residents pursue their careers in the communities where they trained. With GME programs in hospitals across the country, residents have some ability to choose a location that appeals to them, whether that's close to family or in a climate they prefer. And if they do choose to move to a new location after residency, the opportunity to stay within the HCA Healthcare system remains.

### Prioritizing well-being

In addition to talented faculty and high-quality research programs, the well-being of each resident is highly valued. HCA Healthcare's program uses a well-researched, positive psychology program to enhance the well-being initiatives of the GME program.

It started at Riverside Community Hospital in Riverside, California, where Dr. Guldner served as the director of the emergency medicine residency program. His own interest in and study of clinical psychology led him to partner with Claremont Graduate University in Claremont, California, to compose a plan to help build a workplace experience where residents could flourish. It consisted of a foundation built around two major theories: Job Demands-Resources (JD-R) and Self-Determination Theory (SDT). The program at Riverside was so successful that it has since been applied to all of HCA Healthcare's residency programs.

Put simply, JD-R says workplace burnout occurs when demands become greater than your resources.

"What we found was that, in taking care of some challenges in the workplace that have a high feasibility of being repaired, we saw a positive impact on our residents," Dr. Guldner says. "They felt they were being listened to and that their actions mattered."

One resident mentioned their computer's battery continued to lose charge during rounding, so their director jumped on a solution. With new computer batteries, residents can now complete their rounds focused on patients without needing to recharge.

The other approach applied at Riverside, SDT, focuses on the degree to which three basic needs — autonomy, belonging and competence — are met. Research shows that the perception of meaningful work is one of the biggest drivers of well-being and one of the strongest predictors of resident engagement.

"As we apply the practices from Riverside throughout the GME program, we are being very deliberate in finding ways to amplify meaning and drive this throughout our programs," Dr. Guldner says. "From building autonomy into the residency program to training our faculty [in ways] to communicate better with residents, the idea is that you care about me; we care about you; and we have shared goals."

The results speak for themselves. At Riverside, which was the first to implement these strategies, residents rated the program with high marks on internal assessments, and the program won the American College of Emergency Medicine Physicians Wellness Center of Excellence Award in 2022. ♦



Welcome Monique Butler, MD

In March, the HCA Healthcare GME program introduced new leadership to help drive the program to further success. Dr. Butler comes to Nashville, Tennessee, from HCA Healthcare's North Florida Division, where she was division chief medical officer. She brings a strong reputation for energetic, outcome-driven operational leadership and clinical expertise to this new role.



Bruce Deighton, PhD President, GME

Deighton, who has been with the program since its inception, plans to retire at the end of 2024. To ease that transition, he will stay on as a senior advisor while Dr. Butler serves as president of GME.





# Technology the Brave New World of Healthcare

Innovations in technology — with clinician input and collaboration — are improving efficiencies for care teams and beyond.

Two important practices that successful organizations can engage in include elevating the voices of colleagues by involving them in developing solutions designed to solve problems preventing them from performing their best and providing them the resources and information needed to excel at their jobs. That’s especially true in medicine. To achieve those dual objectives, HCA Healthcare is committing to a number of new technologies, including advanced documentation platforms, cloud storage and generative artificial intelligence (AI).

The oversight of those responsibilities falls to Michael Schlosser, MD, MBA, FAANS, HCA Healthcare’s senior vice president of Care Transformation and Innovation (CT&I). Even the name of Dr. Schlosser’s department, which was first established in 2021, was chosen with keen intent.



## A winning strategy for all

There are several factors behind the need for innovation, with documentation demands and staffing challenges headlining the list. CT&I represents an amazing opportunity to create a win for our patients, for the organization and for our most-valued resources — our nurses and doctors. In many instances, leveraging rapidly accelerating technologies like AI and machine learning can help ensure quality care.

“We’re creating efficiencies that are actually going to improve the quality of the data, because we’re removing the manual variation that occurs when we ask individual caregivers to do this work,” says Dr. Schlosser.

“We want to explore how these technologies can remove some of this burden and return care team members to the bedside, where they can focus on what patients need, which is ultimately their passion.

“So everyone wins. The care teams can focus on patients. The organization has better data, and the patients have more time and access to their care team.”



**We’re trying to build a system that delivers care in a highly efficient, highly effective and more joyful way. That’s really where the term ‘care transformation’ came from.**

— Michael Schlosser, MD, MBA, FAANS, HCA Healthcare’s senior vice president of Care Transformation and Innovation (CT&I)



## Staying ahead of the curve

Dr. Schlosser also notes that time is critical, and HCA Healthcare must be nimble to stay ahead of a steep technology curve.

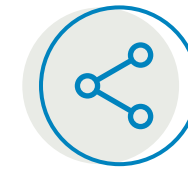
“We’re going to have to be rapidly testing and innovating and trying things out before we land on the ultimate solutions that really meet the needs of everyone involved — that will be transformative for the organization,” he says.

Dr. Schlosser notes that there can often be resistance to change because people’s lives are at stake.

“If you have a path that you’ve always followed, that you’re comfortable with, and that you think is safe and effective, it takes a lot of energy and a lot of really good reasons to deviate from that path,” he says. “It has been one of our challenges, where we really had to push teams to be willing to test ideas and learn from them.”

To accomplish that goal, HCA Healthcare has established Innovation Hubs at UCF Lake Nona Hospital in Orlando, Florida, and TriStar Hendersonville Medical Center in Hendersonville, Tennessee.

“These are our laboratories where real-life doctors and nurses who care for patients every day also get to talk directly to data scientists and technologists and folks from big software companies like Palantir,” says Dr. Schlosser. “They get to tell them exactly what it is that they think the solution should do and why, and then we work with them to craft that into something that will deliver value for the organization and for them.”



## Improving healthcare with AI

During its first 30 months, the CT&I department focused on building capabilities. That involved asking questions about leveraging an Innovation Hub, incorporating change management teams and operational integration, and introducing and testing technology in hospitals without causing disruptions.

The last six months of 2023 were highlighted by an emerging partnership with tech giant Google Cloud.

“We’re really aligned on some key items, like how to deploy these really advanced artificial intelligence capabilities, which we call generative AI, to solve administrative burden problems,” he says. “Google has shown up in a very powerful way for us. They brought some of the best researchers, the best minds, to work elbow to elbow with our teams.”

One of the most promising developments, says Mangesh Patil, vice president, chief analytics officer for HCA Healthcare and CT&I, is a nurse handoff tool, which uses AI to assess electronic health records and select key data for upcoming shifts.

“It’s just a small tool, something that’s going to help our nurses be more efficient in communicating the conditions about the patient to the team that they then hand off to when their shift is over,” says Mangesh.

Just as important is that the handoff tool is a reproducible technology, says Dr. Schlosser. “If we can build it to do that kind of task, and we are, we can use it again and again for all kinds of different things to help our nurses out.”

“We have a very ambitious goal that AI could be your partner in the care team, a steward of all the useful information that we put in EHR (electronic health records),” he says. “There could be an AI

entity that could help you navigate all of that.”

Dr. Schlosser also points to Timpani, HCA Healthcare’s transformational scheduling and staffing solution, which was so successful in nine hospitals that plans are set to add it to another 80 hospitals in the first half of 2024.

Generative AI is also expected to play an even larger role in the immediate future. Unlike many fields, where AI is treated as a solution in search of a problem, that healthcare is the opposite, Mangesh explains.

“In healthcare, we have had these challenges that we haven’t been able to solve just with the use of digital technologies,” he says. “But now, with these new capabilities in AI, we are actually seeing a glimpse of the ability to solve those problems.”

According to Dr. Schlosser, HCA Healthcare is one of the few healthcare enterprises that has the ability to invest in promoting this evolving technology.

“Because of our size and our scale, and obviously our success and capabilities, we have the ability to make these kinds of investments and to think long-term,” says Dr. Schlosser. ♦



**At the end of the day, the decision needs to be in the favor of the patient. Every single person on our team is motivated by the impact that they’re creating.**

— Mangesh Patil, HCA Healthcare’s chief analytics officer and vice president of Care Transformation and Innovation (CT&I)



**A Conversation With  
Melissa James**

Director of Survivorship  
at the Colorado Center for  
Gynecologic Oncology

**Colleague Q&A:**

**Compassionate Care  
Delivering a Lifetime of  
Hope for Cancer Patients**

Oklahoma native, Melissa James, PA-C, has pursued her medical career from coast to coast. She received her bachelor's degree in biology (and a minor in music) from Point Loma Nazarene University in San Diego, California, before earning her master's in Physician Assistant Studies at Nova Southeastern University in Orlando, Florida.

After moving to Denver, Colorado, she found her true calling — cancer survivorship.

Today, the 43-year-old mother of two is the director of Survivorship at Colorado Gynecologic Oncology Specialists — a role she's held since 2016 — on the Sky Ridge Medical Center campus in Denver, where she works with her husband, Dr. Jeffrey James. Three years ago, she was also brought on board at HealthONE's Sarah Cannon Cancer Institute to initiate and develop their survivorship program.

**Q: What first drew you to medicine?**

**A:** The combination of the science and people. I love people. I'm fascinated by science. And what better way to combine the two and make lives better than medicine?

**Q: What attracted you to oncology specifically?**

**A:** The ability to help cancer patients truly improve their lives. To sit down and be able to have meaningful conversations about what's really important in life. To come along beside them on what can often be a difficult journey and really improve and enrich their lives.

**Q: What is survivorship?**

**A:** It's simply living your best life. Specifically, living one's best life with, through and beyond cancer. Comprehensive, quality care throughout the cancer continuum.

**Q: How did the Colorado Center of Gynecologic Oncology survivorship program start?**

**A:** When the original surgeon brought me in, he said, "I want you to build a survivorship program." I had never even heard of the word "survivorship." Now I know that survivorship programs are usually only found at large cancer institutions or university hospitals. But we want our patients — even in private practice — to have that same level of cancer care. That quality, holistic care. So, we really built the program from scratch.

**Q: What are some of the elements of survivorship that aren't widely known?**

**A:** My caveat is, everyone's cancer journey is different. So, their survivorship is individualized as well and is based upon that patient's specific needs. But the big components we usually cover are the transition from active treatment into surveillance, signs of recurrence, and the survivorship plan moving forward. We discuss wellness and preventive health, including nutrition, exercise, and screenings for secondary cancers. Finally, we look at how cancer has affected the rest of their life, including psychosocial health, fatigue, sleep, cognitive function, sexual health, etc. Good survivorship covers a lot!

**Q: How do you approach your job day to day?**

**A:** Before every visit, my quick prayer is, "Give me eyes to see what I need see, ears to hear what I need to hear, and the ability to draw upon the knowledge and skills you've given me to best care for this patient. Show me what her needs are where she is on her journey right now."

**Q: How do you gauge success?**

**A:** I want to know how much we're actually changing patients' lives. When we started earlier on in private practice, I sent out surveys to my patients and asked them, "Was your survivorship visit beneficial? Would you recommend it? Was it worth your time?" I take their feedback very seriously.

**Q: How has HCA Healthcare enabled you to accomplish your goals?**

**A:** Working with the Sarah Cannon at HealthONE has allowed me to increase the breadth of care of cancer patients, meaning we're able to impact even more patients and their families and caregivers. The scope has increased dramatically. Yet HCA Healthcare has also allowed me to keep the personal touch of impacting patients on a one-on-one level. It's the best of both worlds.

**Q: What's on the horizon?**

**A:** Growth, continual improvement. Not only improving the services that we have now, making them better and more applicable to our patients, but adding more services, including patient educational videos for social media and increasing survivorship support groups and webinars.



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