Interlocutor

News from the Dallas-Fort Worth Hospital Council

Fall 2013 www.dfwhc.org

DALLAS-FORT WORTH HOSPITAL COUNCIL

North Texas Hospital Economic Impact

$14 billion

page 6

ALSO:

New DFWHC Logo

Annual Awards Luncheon

Rape Kit Responsibility


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Interlocutor
News from the Dallas-Fort Worth Hospital Council

Fall 2013 **www.dfwhc.org**

HIGHLIGHTS

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SEND TO
Chris Wilson -- chrisw@dfwhc.org

INTERLOCUTOR
1: one who takes part in dialogue or conversation

2: man in the middle of a line who questions the end men and acts as a leader

the president's column

The Time is Now

Steve Love
President/CEO
Dallas-Fort Worth Hospital Council

WE CERTAINLY AGREE WE MUST FOCUS ON PREVENTION, WELLNESS, care coordination, post-acute treatment and best outcomes for patients. Many components of the Patient Protection and Affordable Care Act (ACA) have begun the movement toward these goals. However, the law is not perfect and needs refinement of certain key elements including patient responsibility. The website problems have hampered enrollment on the insurance marketplace and must be addressed because coverage and access are an integral part of the ACA. We experienced similar problems with the rollout of Part D Medicare coverage in January 2006 and they were corrected by mid-February.

New dates for the federal fiscal cliffs include an appropriations budget by Dec. 13, 2013, funding the government through Jan. 15, 2014 and debt-ceiling resolution by Feb. 7, 2014. We also face a very serious Medicare physician payment reduction of about 25 percent if not addressed by Dec. 31, 2013.

On a state level, 28 percent of Texans have no health insurance, which translates to approximately six million people, including 1.2 million children. Since Texas chose not to expand Medicaid, approximately one million people cannot qualify for Medicaid coverage and are not eligible for the health insurance marketplace. Thus, they fall into a "gap" with no coverage even though they are some of the most vulnerable in our society. Over 25 percent of children in Texas live in poverty and in some North Texas counties it is closer to 30 percent. Approximately 40 percent of women do not receive appropriate prenatal care and we experience approximately 12 percent premature births in North Texas. An average cost for a premature/low birth rate baby is $54,000 versus $4,000 for a healthy birth.

> Since Texas chose not to expand Medicaid, approximately one million people cannot qualify for coverage and are not eligible for the health insurance marketplace. Thus, they fall into a "gap" with no coverage even though they are some of the most vulnerable in our society.

Simply put, collective agreement will help patients stay healthy. With that collaborative momentum, let's tone down our rhetoric, stop the blame game, especially regarding the uninsured, and remove labels like ACA, Medicaid expansion and broken websites. Why not replace all that jargon with one common denominator- compassion? We need a statewide compassionate solution to help six million Texans (many working uninsured) receive appropriate medical treatment so all residents, especially our children, can strive to have healthy lives. One in nine U.S. children live in the great state of Texas.

Compassion starts with you and me, so the time is now for our collective efforts to help fellow Texans. Thank you for your continued support of the Dallas-Fort Worth Hospital Council. ■

Around DFWHC

Love to lead March for Babies

THE MARCH OF DIMES DALLAS AND FORT WORTH DIVISIONS are pleased to announce Dallas-Fort Worth Hospital Council President/CEO **W. Stephen Love** will serve as the 2014 March for Babies® Chair for both cities' walks.

Love has selected **Pam Stoyanoff**, Executive Vice President/Chief Operating Officer for Methodist Health Systems, and **Joseph DeLeon**, President of Texas Health Harris Methodist Hospital Southwest Fort Worth, to co-chair the events, respectively.

Steve Love

Dallas and Fort Worth will host the annual March for Babies on Saturday, April 12 at White Rock Lake's Norbuck Park in Dallas, and Panther Island Pavilion in Fort Worth. More than 30,000 North Texas residents are expected to participate. March for Babies is scheduled to start at 9 a.m., rain or shine.

For more information, contact **Eva Lavine** at elavine@marchofdimes.com or **Kimberly Robinson** at krobinson@marchofdimes.com. Local residents can sign up at www.marchforbabies.org. ■

PREMATURITY Awareness Month

NOVEMBER IS PREMATURITY AWARENESS MONTH and when the March of Dimes focuses the nation's attention on the serious issue of premature birth, the No. 1 killer of newborns in the United States.

In the DFW Metroplex, 1 in 8 babies is born prematurely (less than 37 completed weeks gestation) each year. Babies born just a few weeks early are at risk of severe health problems and lifelong disabilities and often spend their first days, weeks and even months in the neonatal intensive care unit fighting for their lives.

Since 2003, the March of Dimes' mission to improve the health of babies has been strongly characterized by its Prematurity Campaign. The campaign's goal is to lower the US preterm birth rate to 9.6 percent of live births by 2020.

Following nearly three decades of increases, the U.S. preterm birth rate fell for the sixth consecutive year in 2012. The preliminary preterm birth rate dropped to 11.5 percent of all births, the lowest in 15 years and a 10 percent decline since the 2006.

March of Dimes is asking everyone to help spread the word about the serious problem of premature birth on social media, **www.facebook.com/worldprematurityday**. ■

MERGER FINALIZED

BAYLOR HEALTH SYSTEM AND TEMPLE-BASED SCOTT & WHITE have completed a merger deal that will now create Baylor Scott & White, a company poised to become the largest not-for-profit healthcare system in Texas, officials with both companies announced in August. Baylor Scott & White Health will have nearly $8 billion in assets, a combined 43 hospitals, more than 500 patient care sites, more than 6,000 affiliated physicians, 34,000 employees, and the Scott & White Health Plan. **Joel Allison** will serve as the company's CEO, while Scott & White chief executive officer **Dr. Robert Pryor** will become the chief operating officer and chief medical officer. The systems will continue to operate under existing names in their respective markets. The agreement called for Baylor Scott & White Health to be based in Dallas, and a service company, Baylor Scott & White Health Service, to be based in Temple. A board of trustees initially will be comprised of 16 individuals with an equal number of representatives from each institution. ■

INNOVATION

Shaw, Savelsbergh receive CFO awards at October event

WALTER "TED" SHAW WAS BEEN NAMED the ***Dallas Business Journal***'s CFO of the Year for health care. Shaw, who has served as Parkland Health & Hospital System's Executive Vice President and Chief Financial Officer since July 2012, received the honor Oct. 24.

Shaw was honored for his work at Parkland which includes responsibilities beyond finance. He serves as Parkland's representative as anchor for Region 9 under the Texas Medicaid 1115 Waiver, which involves all large health care provider systems in Dallas, Denton and Kaufman counties. The program has the potential to bring more than $1 billion in health care funding to North Texas through innovation and transformation projects that involve all hospitals in the area.

Fred Savelsbergh, CFO of Baylor Health Care System and the newly formed Baylor Scott & White Health, was given the lifetime achievement award.

NOTE: On Nov. 22, Shaw informed Parkland he had accepted a position as president/CEO of the Texas Hospital Association. As a result, he will not be extending his contract with Parkland. His current contract runs through the end of 2013. ■

ECONOMIC ENGINE

Hospital economic impact exceeds $14 billion and 265,000 jobs

THE 2013 ECONOMIC IMPACT OF THE 85 MEMBER HOSPITALS OF THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) ON THE NORTH TEXAS ECONOMY IS $14.4 BILLION in labor income, according to a study by Dr. Gerald A. Doeksen, regents professor at Oklahoma State University.

This total shows a $2.2 billion increase in labor income from an identical study conducted in 2010. Both studies were commissioned by the DFWHC Board of Trustees, made up of executive officers from North Texas hospitals.

"We were impressed by the significant increase over the past two years," said W. Stephen Love, president and CEO of DFWHC. "Such a positive economic impact is extraordinary, especially with the current challenges in healthcare reform facing hospitals today."

Titled "The Economic Impact of the Member Hospitals of the Dallas-Fort Worth Hospital Council on the State of Texas and the Dallas-Fort Worth Area," the study showed hospital expenditures on retail sales contribute $4.6 billion, which produces $288.7 million in state sales taxes. DFWHC-member hospitals also generated 265,294 total jobs, an increase from 237,058 in 2010.

"These numbers show that North Texas hospitals do much more than just provide medical services," said Dr. Doeksen. "The employment and income generated and the ripple effect in other businesses throughout the economy are enormous. The study clearly demonstrates that member hospitals of DFWHC are and will continue to be major players in the future

> "Policies should be adopted to enhance and encourage the positive impacts generated by hospitals."

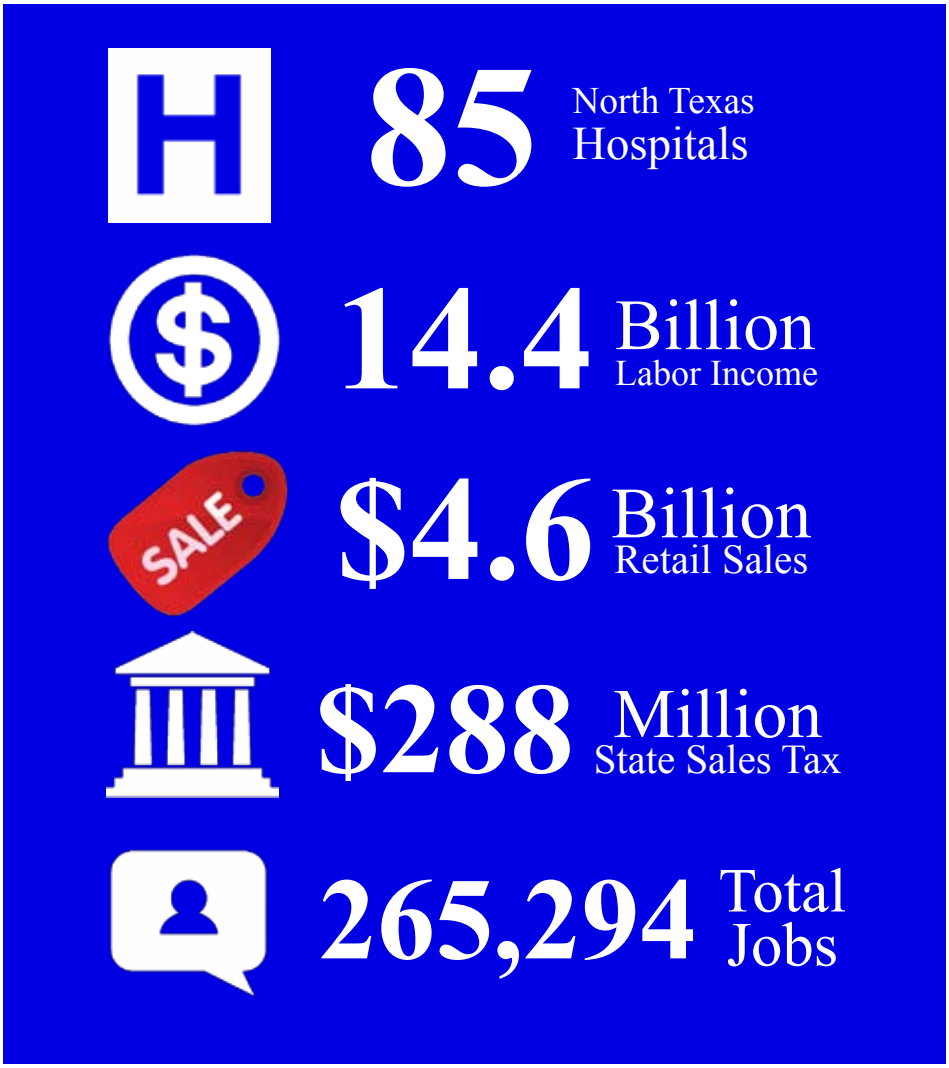
economic development in Texas."

Hospital systems participating included Baylor Health Care System, HCA North Texas Division, Methodist Health System, Tenet Healthcare Corporation and Texas Health Resources. Individual hospitals included Children's Medical Center Dallas, Cook Children's Health Care System, JPS Health Network, Parkland Health & Hospital System, Texas Scottish Rite Hospital for Children, UT Southwestern University Hospitals and other North Texas hospitals.

Using a computer program developed specifically for the healthcare industry, Dr. Doeksen analyzed not only the direct economic contribution of hospitals and other providers, but also calculated how many jobs and how much payroll plus benefits (income) were created as a secondary effect. The jobs and income generated in other businesses are measured with employment and income multipliers derived specifically for the state of Texas, the Dallas-Fort Worth area, and Dallas and Tarrant Counties.

The hospitals had a significant impact on other county and state taxes in addition to the state sales tax. County residential property taxes were $395.8 million, state motor vehicle sales and manufactured housing sales $88.5 million, state motor fuel taxes $79.0 million and additional consumption taxes $57.7 million.

"Hospitals act as economic engines and generate huge impacts," Love said. "Economic developers frequently seek manufacturing and high technology industries that will create new jobs. The activities of the DFWHC-member hospitals are attracting these industries and must be recognized as a large contributor to the economy. Policies should be adopted to enhance and encourage the positive impacts generated by the hospitals to ensure continued expansion of economic growth for North Texas and the state." ■



Five hospital systems rank as largest area employers

FIVE AREA HOSPITALS SYSTEMS rank among the top-16 largest employers in North Texas, according to a list released by *The Dallas Business Journal*. The annual list based on the number of local full-time employees, showed Texas Health Resources as the No. 1 employer in North Texas with 21,100 employees. Bank of America ranked second with 20,000 employees. Rounding out the top-4 was Dallas Independent School District with 19,800 employees and American Airlines with 19,219 employees.

Baylor Health Care System was ranked No. 5 with 16,850 employees, followed by UT Southwestern Medical Center of Dallas at No. 10 with 12,100 employees; Parkland Health & Hospital System at No. 12 with 9,442 employees; and HCA North Texas Division at No. 16 with 8,500 employees.

In total, hospital systems employed 67,992 employees making up 30 percent of the top-16 North Texas employers listed.

Nineteen hospitals from Texas Health Resources, 17 hospitals from Baylor Health Care System, nine hospitals of HCA North Texas Division, Parkland Health & Hospital System and UT Southwestern Medical Center are long-standing members of the Dallas-Fort Worth Hospital Council. ■

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The 65th ANNUAL AWARDS LUNCHEON

photos by Jerry McClure

Distinguished Health Service Award recipient Florence Shapiro (top left), Keynote Speaker Doris Kearns Goodwin (middle left) and Arlington Mayor Robert Cluck presenting a Texas Rangers' jersey to Goodwin (lower left) during DFWHC's Annual Awards Luncheon. Young Healthcare recipient Jessica O'Neal (top, l to r) is introduced by Master of Ceremonies Rick Merrill. Doug Hawthorne (next page, top left, l to r) presents the inaugural Kerney Laday, Sr. Trustee Award in his memory to his family Collette Laday, Kerney Laday, Jr., Tony Laday and Karen Laday. National Vocalist award winner Heidi Borden (next page, top right) performs the National Anthem.

MORE THAN 800 HEALTHCARE LEADERS FROM ACROSS NORTH TEXAS came together for the Dallas-Fort Worth Hospital Council's (DFWHC) 65th Annual Awards Luncheon, October 24 at the Arlington Convention Center. The event honored **Florence Shapiro** with the Distinguished Health Service Award and **Jessica O'Neal** as the Young Healthcare Executive of the Year. Also highlighting the luncheon was the inaugural presentation of the **Kerney Laday, Sr. Trustee Award**.

The afternoon affair was hosted by **Rick Merrill**, board chair of DFWHC and president/CEO of Cook Children's Health Care System. **Doris Kearns Goodwin**, the Pulitzer Prize-winning author and historian, served as keynote speaker.

"I am humbled by this award," said Shapiro. "I am in the company of mentors I have known for a long time. It is difficult for me to stand here and say I am in the same category. The reason we are here is not for these awards, but to honor those of us here today who serve as trustees for so many amazing hospitals throughout this metroplex."

Shapiro was the 67th recipient of the honor bestowed annually since 1948 to North Texas residents supporting healthcare. Having served 30-plus years in public service, including her long tenure as Texas State Senator from 1993-2013, Shapiro serves on the boards of the Southwestern Medical Foundation and Children's Medical Center Dallas.

After receiving the Young Healthcare Executive of the Year Award, O'Neal referenced her childhood as a hospital patient.

"As a child, I was in and out of hospitals often," she said. "It was a scary experience for my parents and I. Little did we know that it would serve as a catalyst for my career. I look back on my childhood and am thankful today for the opportunity to really care for patients at Methodist."

O'Neal, vice president of operations at Methodist Dallas Medical Center, was the ninth recipient of the award. The 2013 nominees included **Clint Abernathy**, professional services officer, Texas Health Harris Methodist Hospital Alliance; **Sam Civello**, vice president physician practice operations, Texas Health Physicians Group; **Jeremy Evans**, vice president revenue cycle management, Baylor Health Care System; **Raji Kumar**, chief executive officer, Dallas Medical Center; **Stephanie Madrid**, area director operations, Kindred Healthcare, Inc.; and **Marcia Schneider**, assistant vice president, UT Southwestern Medical Center.

Doug Hawthorne, president/CEO of Texas Health Resources, presented the inaugural Kerney Laday, Sr. Trustee of the Year award to the Laday family, representing Laday, Sr. who passed away in 2012.

"From humble beginnings in Louisiana, Kerney became a self-made, successful individual," he said. "Kerney was a truly inspiring leader who spoke often about the importance of healthcare. He was passionate about quality healthcare. He was truly a leader who focused on how to improve the health of the community."

Goodwin's presentation on the history of past presidents received a standing ovation.

"It is a privilege to stand here today and discuss the many presidents I have written about," she said. "My fear is that in the afterlife there is going to be a panel of all the presidents I have studied and every single one is going to tell me every single thing I got wrong about them -- and the first person to scream will be **Lyndon Johnson** asking why the book on the Kennedys was twice as long as his." ■

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Rape Kit Responsibility:

The impact of Senate Bill 1191

DFWHC hosts educational meeting

Registered Nurse Judy Commons and Senator Wendy Davis

IN A SPECIAL MEETING SEPTEMBER 24 at Texas Scottish Rite Hospital for Children in Dallas, the Dallas-Fort Worth Hospital Council (DFWHC) hosted "Rape Kit Responsibility – The impact of Senate Bill 1191." The educational event was attended by more than 150 healthcare employees from across North Texas.

Presenters included **Sen. Wendy Davis**, who discussed her motivation behind passing SB 1191, which was enacted into law and became effective September 1. **Courtney Underwood**, co-founder of the Dallas Area Rape Crisis Center and executive director of the Sexual Assault Nurse Examiners (SANE) Initiative, introduced Davis.

Senate Bill 1191, passed by Davis during the 83rd legislative session, requires Texas hospitals to have trained medical professionals to collect rape kit evidence. This change allows survivors to have an examination in a setting that ensures evidence will be preserved while they receive medical care for other injuries related to the assault.

The law provides a means for investigators to work with hospitals to help ensure that evidence is gathered in the critical window immediately following a crime.

Speakers included SANE Nurses **Judy Commons, RN, CEN, CPEN** and **Renee' Donald, BSN, RN, CEN**, who hosted a breakout session for hospital clinicians. **Mike Gibson,** partner with Burleson, Pate & Gibson, LLP, discussed the legal implications of collecting rape evidence. Representing Children at Risk, Staff Attorney **Suma Ananthaswamy** provided information on the signs of sexual trafficking victims seeking treatment in hospitals.

"We hope this meeting assisted the hospital workforce with learning more about the responsibility of treating sexual assault survivors," said W. Stephen Love, president/CEO of DFWHC. "This meeting is an example of hospitals continuing to take the extra step to provide an important social responsibility." ■

Courtney Underwood, co-founder of the Dallas Area Rape Crisis Center and executive director of the SANE Initiative, opened the program with an introduction of Sen. Wendy Davis.

To learn more about the SANE Initiative, go to: **http://saferdallas.com/programs/sane/**.

DFWHC updates logo

IT WAS 45 YEARS AGO WHEN THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) debuted the original blue cross logo with a depiction of the caduceus medical symbol prominently displayed in the middle. The cross symbol has appeared perennially in DFWHC's logo during its years of operation. Now DFWHC is "going green."

In October, DFWHC debuted its new official logo with a color of forest green. An additional version will be black. The crosses remain, but the company name will now be fully spelled out in bold letters. This modernized, robust logo will read clearly on all communication devices.

Along with the new mark, DFWHC is swapping its old tagline—"Excellence through Collaboration"—for a stronger, more modern "Linking Innovation, Inspiring Motion."

"For DFWHC, it's about the patients within our hospitals," said W. Stephen Love, president/CEO of DFWHC. "With so many changes taking place in healthcare today, we hope to inspire the forward motion of quality healthcare and link our members to innovative solutions. Our new logo and tagline is an example of this renewed dedication." ■

FLU FIGHT

DFWHC to participate in local campaign to promote vaccinations

IN A CAMPAIGN TO PROMOTE FLU VACCINATIONS before the winter season, the Dallas-Fort Worth Hospital Council (DFWHC), working in association with Walgreen's, will develop a poster that can be used in hospitals throughout North Texas. The Texas-themed poster will support flu shots during National Influenza Vaccination Week (Dec. 8-14), known locally as "Vaccinate Texas Week."

"We're hoping to target Texas residents and workers," said W. Stephen Love, president/CEO of DFWHC. "We hope to communicate an 'It's not too late' message in an effort to increase flu vaccinations and thus, lowering the numbers of patients at our member hospitals."

The Texas campaign mirrors a flu shot program promoted by the Chicago Department of Public Health (CDPH) in 2012, dramatically increasing flu shot vaccinations while lowering patient numbers. CDPH implemented activities focused on increasing demand for influenza vaccines by disseminating a unified message and marketing identity through media, social media and healthcare provider educational campaigns. Media activities reached an estimated 540,000 readers and 377,000 listeners. In addition, more than 14,000 flyers were distributed throughout the city. ■

As a reader service, the DFWHC *Interlocutor* is publishing articles submitted by Associate Members. This article was provided by **Entrust One Facility Services, Inc.** For guidelines, contact Kristin Alexander at 972-719-4900.

ACTIVE SHOOTER

Take the *Team Approach* with custodial staff

By Kelly Naumann, VP Business Development

SEEMINGLY EVERY TIME WE HEAR OF A NEW SITUATION INVOLVING AN ACTIVE SHOOTER IN ONE OF OUR PUBLIC PLACES, ACTIVE SHOOTER RESPONSE PLANNING BECOMES A PRESSING TOPIC. It is unfortunate that it takes tragedies such as these unspeakable horrors to spark these discussions. If any good can come from these tragedies, it is that we continue to work to eradicate them from our human condition.

In June, a seminar addressing the topic of workplace violence focused on the "active shooter" scenario. Informative seminars such as these serve as a reminder of the value of how participation in industry organizations plays a role in professional life. Panelists for this seminar consisted of property managers, security directors and the police department. If you are interested in performing staff training within your organization, local police jurisdiction and professional risk assessment specialists are good places to start. The topic of this article was spurred by the conversations that took place that morning.

Discussions related to active shooter scenarios are primarily broken down into two key trains of thought:

1. What can be done to identify the potential active shooter; thereby eliminating the threat?
2. What can be done when an active shooter scenario is underway?

"Who else is on the team? Do you have day porters and night cleaning crews? Have your building engineers received training about workplace violence? Have your staff members been trained to alert building management of suspicious activity?"

While both are very important, you are well served in using all resources at your disposal to prevent an active shooter scenario from coming to fruition. There is little doubt that your security company is well prepared in the case of an active shooter. Every day your security personnel are charged with the prevention and detection of potential active shooters. In addition, there is little doubt that friends and colleagues who are facility directors, medical personnel and staff members are well versed in this arena. If you can't say that about you or your staff, this should be remedied as soon as possible. If you are not using all resources at your disposal, then you are not doing everything possible to protect the people on your property.

Consequently, the questions become: "Who else is on the team? Do you have day porters and night cleaning crews? Have your building engineers received any training about workplace violence? Have your staff members been trained to alert building management of suspicious activity?" If you answered "no" to any of these questions you have some work to do. Any group of people working on-site at your property on a daily basis should be trained to identify suspicious activity or persons. It is human nature to give our fellow man the benefit of the doubt. In the case of workplace violence, this sort of leniency serves to endanger the occupants of your building. It's also not enough to be able to recognize suspicious activity; ultimately this information must be effectively communicated.

Your day porting staff can be a tremendous resource in identifying suspicious persons coming and going from your building. Additionally, these members of your team are relatively inconspicuous. How should your day porter be trained and by whom? Though your day porter should never be confused with a security professional, training on what constitutes suspicious activity and how to report this activity is important. Your day porting staff can be provided with a pocket reference card, which outlines what to do when faced with an active shooter situation. This "pocket card" along with a wealth of resources is available on the U.S. Department of Homeland Security's website: www.dhs.gov. It is certainly reasonable to expect our day porters to be able to contribute to building safety. Work with your janitorial vendor of choice to make this a reality.

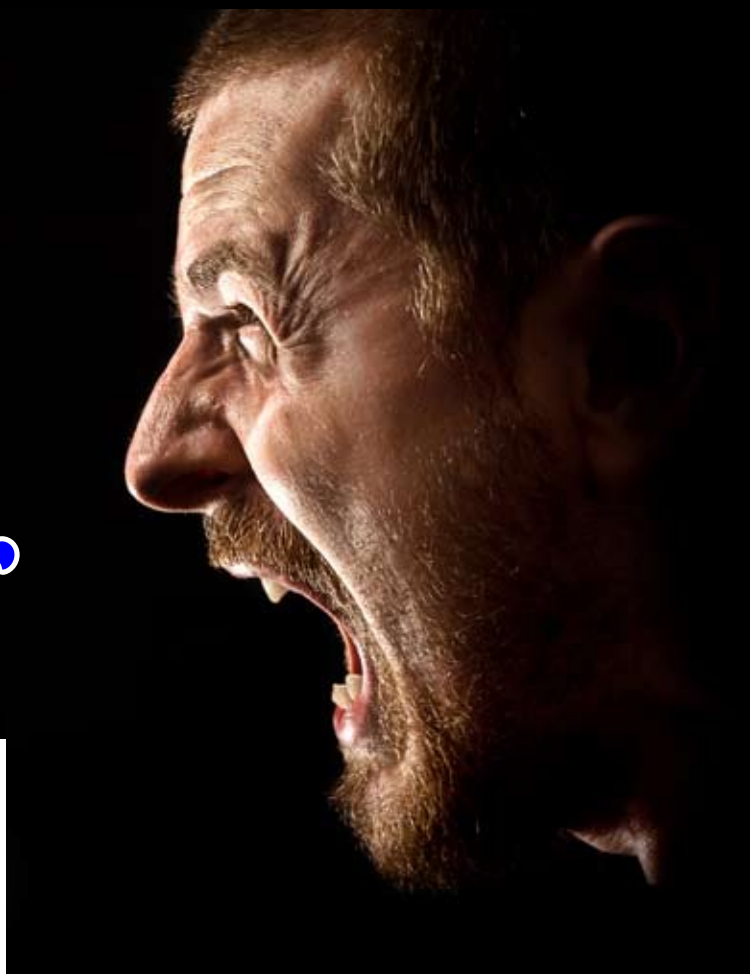
Is your current janitorial vendor aware of these expectations? Like other goals, if it's not written or communicated, then it is ineffective. The key lies in training. Your nighttime cleaning crew can be educated and empowered to report suspicious activities during the course of their regular responsibilities. The reality of janitorial night crews is that for many, English is a second language. Faced with this reality, communication about suspicious activity to the immediate supervisor must be encouraged, and the supervisor must follow through. At this point, dismissing concerns is a mistake that can cost lives.

Any true partner/vendor will welcome the opportunity to become an even more engrained fabric of your property and will be very interested in working toward the common goal of safety. If you include your "entire team" on your next internal active shooter/emergency training, you deserve congratulations on making your building a safer place. ■

As a reader service, the DFWHC *Interlocutor* is publishing articles submitted by Associate Members. This article was provided by **The S.A.F.E. Approach.** For guidelines, contact Kristin Alexander at 972-719-4900.

THE S.A.F.E. APPROACH

Fighting FIRE with Water



How healthcare is extinguishing the flames of workplace violence

YOU DON'T HAVE TO BE ASSOCIATED WITH HEALTHCARE VERY LONG before the stories become all too common. An ICU nurse receives a broken wrist from a teen experiencing drug inducedpsychosis, the Emergency Department worker who was choked "nearly to death" for not meeting the demands of a patient who wanted to smoke, or the Safety and Security officer who received a lethal kick to the head from a semi-restrained patient.

For persons outside of healthcare, data from the U.S. Bureau of Labor Statistics – indicating that 60 percent of all workplace assaults occur in the healthcare and social services arena – are not something they are even aware of. But for those of us who have been in the field of patient care for any length of time, it's not surprising. Violence on the job is something we're all too familiar with.

For managers, directors and executives, training staff members to counteract violence in the workplace can be a tough decision. We know the Occupational Safety and Health Administration (OSHA) requires a place of employment "free from recognized hazards" that might result in death or serious physical injury and corporate liability dictates likewise. So how do we provide protection for our patients, visitors and staff and at the same time reach an appropriate balance between costs, training time and the organizational mission?

There are options available – from paying for individual classes to choosing a company that provides your institution with a holistic approach at creating a safer working environment.

No matter the choice, there are six basic areas that should be covered in order to maximize effectiveness within the organization and to promote stewardship of training budgets. Of course, not every staff member would receive each of these, but an effective program is prepared to offer variations depending on the duties of the individual worker. They are:

1. INTERPERSONAL COMMUNICATION

Proper and effective communication (both speaking and listening) is important in all settings, but especially those in which verbal and/or physical confrontation is more prevalent.

"Conflict is not a rare occurrence in a healthcare setting, especially for those in pre-hospital services, emergency departments, intensive care and behavioral health units. One of the most effective methods in avoiding and minimizing conflict is to recognize the potential at its earliest stages."

2. RECOGNIZING AND DIFFUSING CONFLICT AND AGGRESSION

Unfortunately, conflict is not a rare occurrence in a healthcare setting, especially for those employed in pre-hospital services, emergency departments, intensive care and behavioral health units. One of the most effective methods in avoiding and/or minimizing conflict is to recognize the potential at its earliest stages. Then we can begin using skills and techniques to diffuse it before it escalates into something more threatening.

3. SAFETY AWARENESS

Whether in a patient's room or someone's home, staff members obviously play an important role in their own personal safety. Many understand this, however, they are looking for education and guidance on what that looks like and what steps they can utilize to increase success.

4. LEGAL/POLICY CONCERNS

An effective program should seek to educate the participants on the law and organizational policy as it relates to protecting themselves or others. Additionally, stafftasked with controlling violent behavior - such as those in safety and security departments - may not fully understand their responsibilities and/or limitations in restraining a violent individual. Of course, while the law may allow certain actions, any effective program will, at its core, strongly emphasize the necessity of de-escalation and confrontation avoidance.

5. PROTECTING STAFF FROM PHYSICAL ASSAULT

Throughout any quality program, non-violent confrontation is repeatedly stressed as the optimum outcome of any interaction. However, many organizations failto recognize that, no matter how adept an individual is at diffusing a potentially violent confrontation, physical violence and attack may still occur. Training an employee on how to escape when physically attacked can be accomplished...and you'll find is very much appreciated.

6. STABILIZING AND CONTROLLING VIOLENT BEHAVIOR

When confronted with a violent patient or other individual, many organizations fail to utilize a trained and organized response in stabilizing the person. The proper response can minimize the chance of injury to all involved thus minimizing unnecessary expenses through liability or worker's compensation claims.

Just as firefighters are taught to reduce the effects of fire through proper utilization of water, so too must we continue to battle the effects of workplace violence through the effective use of proper communication and physical skill techniques. ■

THE DARK *Shadow*

of Social Media in healthcare

A NURSE TAKES A PICTURE OF A NEWBORN IN THE NICU using Instagram, uploads the photograph to her Facebook page and asks everyone to "pray for this baby!" A co-worker sees the picture and then "tweets" it to her friends. These nurses likely violated several different HIPAA provisions as well as Texas's Medical Records Privacy Act, both of which prohibit the disclosure of protected health information.

These actions could subject the hospital to thousands of dollars in HIPAA penalties. While there is no case for this exact scenario, there are at least two impermissible use violations attributable to the nurses for publicizing the picture on social media, as well as possible training, safeguard and disciplinary violations attributable to the facility depending on the language used in the applicable policies and procedures. Each day the photograph remains "online" may constitute a distinct impermissible use violation. Training and safeguard violations will accrue for each day the facility utilized deficient training and safeguard programs.

Penalties for HIPAA violations start at $100 per violation, but can escalate to reach the annual cap of $1,500,000.00 per violation. The impermissible use, training, safeguard and disciplinary violations can then be "stacked" on top of each other. The maximum penalty could be as high as $7,500,000.00 depending on the circumstances surrounding the breach and the facility's policies and procedures.

What can a hospital do to avoid this situation? First, take immediate action to remove the pictures or PHI from each Facebook, Twitter and Instagram account, including contacting each social media outlet asking them to permanently delete any cached or stored copies. Then, take disciplinary action against the nurses who posted the information as outlined by the applicable policies and procedures. Promptly issue the necessary notifications as required by HIPAA.

Generally, if the hospital takes corrective action within 30 days of learning of the violation, HIPAA penalties cannot be assessed. If not corrected within 30 days, the nurses and

As a reader service, the DFWHC *Interlocutor* is publishing articles submitted by Associate Members. This article was provided by **Cantey & Hanger, LLP**. For guidelines, contact Kristin Alexander at 972-719-4900.

the facility could face sanctions including loss of licenses and monetary penalties. If the Office of Civil Rights does initiate an investigation, the facility should be ready to put on evidence of past compliance, past HIPAA training and education initiatives, steps taken to remedy the violation(s) at issue, and new safeguards and procedures enacted to prevent future violations.

It is a small consolation that the nurses' actions are unlikely to be attributed to the hospital. Generally, an employer will be held liable for its employee's actions if those actions were committed inside the "course and scope" of the employee's duties. If the actions were not within the "course and scope" of employment, then the employer is usually shielded from liability. While this barrier to liability may exist for the social media "upload," there is no similar protection from any training, safeguard or disciplinary violations, all of which are directly attributable to the facility.

Facilities cannot always control the actions of its employees; however, it can enact policies and procedures that reduce the likelihood of training, safeguard and disciplinary violations. For existing HIPAA policies, it would be wise to incorporate references to improper social media use, and give specific examples of violations such as:

- taking a picture of a new engagement ring with patient charts in the background;
- taking a picture of a coworker with patients, patients' families or patient chart information in the background;
- photographing a patient with your own camera or cell phone (even if you have oral permission from the patient or a family member); or
- uploading any of these pictures or other PHI to any social media site.

While that list is not exhaustive, it at least serves to provide "real life" examples of unacceptable actions that could lead to HIPAA violations. Each facility should draw on their own experiences in this area to make a similar list that is relevant to their own workforce.

Besides incorporating social media references into pre-existing HIPAA policies and procedures, all facilities should have a social media policy. These social media policies should:

1) Define when and where the employee can use and access social media outlets. Is personal use on "company time" permitted? If not, say so explicitly and state that the prohibition includes use on personal devices such as cell phones.
2) State that the employee has no expectation of privacy in the information he or she makes publicly available on the internet.
3) Reference the existing HIPAA-related policies and procedures: make sure the two policies are consistent.
4) Define consequences for misuse: If HIPAA protected information is posted, state the disciplinary consequences and follow it consistently.
5) Not be overbroad: do not use vague, general language to prohibit conduct. The National Labor Relations Board consistently strikes down social media policies that vaguely prohibit revealing "confidential information." Instead, be specific! Reiterate the types of social media actions that can violate HIPAA, but include a catch-all provision similar to "and other similar actions" at the end.

A strong HIPAA policy, as well as a clear social media policy, which give examples of the types of prohibited actions can help a facility minimize and mitigate the risks of improper employee postings. These policies may reduce the number of training, safeguard and disciplinary violations, lessen penalties that may be assessed, and help show the facility's diligence in complying with HIPAA requirements.

Proper social media use can increase a facility's profile in the community, heighten patients' awareness of health issues, and create opportunities for the facility to highlight various practice areas and emerging medical practices. However, ignoring the dangers posed by social media exposes the facility to liability on several fronts, including HIPAA and Texas's Medical Records Privacy Act. ■

As a reader service, the DFWHC *Interlocutor* is publishing articles submitted by Associate Members. This article was provided by **Donate Life Texas**. For guidelines, contact Kristin Alexander at 972-719-4900.

ORGAN DONATION
the role of nurses

By Patti Niles, President
Donate Life Texas

AS I STROLL THROUGH THE GROCERY STORE I SEE A MAN I'VE ENCOUNTERED SOMEWHERE. He's with a small child. Quickly, I run through the places I may know him from and come up blank. Suddenly, I remember. I'll never forget the pacifier dropping to the floor. I was afraid to move or even breathe. I had tried very hard to de-personalize that day, the way healthcare workers do to survive painful events.

Six years earlier: Carol had delivered a beautiful baby girl– an uneventful pregnancy and delivery. This was her first child. I worked in the Coronary ICU and had taken report on Carol, who was being transferred with a deep venous thrombosis. Her transfer was just precautionary. As we wheeled her in the room, she joked about getting extra rest before her journey into parenthood. The next day Carol's husband brought the baby to our unit and we took photos of this perfect little family.

The day before her discharge, Carol was feeling so well, her baby and husband stayed with her several hours. While with another patient, I heard her husband scream for help. I ran in and found Carol unresponsive and apneic. We worked on her for quite a while, but she had thrown an enormous pulmonary embolus and never regained consciousness. Carol's husband placed the baby on the bed with her. For 24 hours we checked for any neurologic activity; none was present.

The charge nurse called the local organ donor program. Being a cardiac nurse, I had no experience with "those organ people." I remember the organ team worked for a long time, but I wasn't sure what they were doing. My shift ended and I was glad to head home.

The next day I came to work and asked to take care of Carol. I was told she would be going into surgery. Previously, the physicians deemed her inoperable and I couldn't imagine what had changed. I was astounded during report when I heard, "All of her organs have been placed, except her lungs." She'd been pronounced brain dead, and her husband had authorized organ donation.

There were many questions in my head, but I mostly asked myself, "How can they take her organs? Her heart is still beating!" I helped the organ team wheel Carol to surgery and, as we moved her to the operating table, the pacifier fell to the floor. It felt like time stood still. We realized this baby would never know its mother.

The man in the grocery store is Carol's husband, and this is their baby. I take a breath and approach them. He remembers me and we speak softly about "that day." He shares that the woman who received one of Carol's kidneys has become a close friend and surrogate grandmother for his daughter.

Carol died in 1989 when organ donation wasn't as common as it is today. The questions that bombarded me that day forced me to seek answers, and I learned I was one of thousands of nurses who didn't understand the donation process.

Today, after having worked in organ donation in Ohio, Las Vegas and New Mexico, I am President of Donate Life Texas, comprised of the state's three donation agencies. And today, we still face situations where donation is not understood, so we work daily to help people understand how this gift saves lives.

Organ donation is an option in less than 1% of all deaths. In the majority of donation cases, brain death (irreversible cessation of all brain functions, including the brain stem) must first occur. Events that lead to brain death are:

- Head injury (GSW, blunt head trauma);
- Anoxia (post cardiac arrest, hanging, drowning, drug overdose);
- CVA;
- Aneurysm, AV malformation.

Having worked in an ICU, I believe brain death is not well understood among nurses or even physicians. With brain death, there are no reflexes, breathing or seizures. This is how I explain brain death to families. The swelling of the brain cuts off all blood flow. When there is no blood flow to the brain, it dies. It's like a tourniquet around your wrist. When there is no blood to the hand, the hand dies.

If you are a nurse who works in any unit with a ventilator, I ask you to protect the option of donation. How can you do this? Make a referral call to your organ donation agency early. We ask that you call when your patient is on the ventilator with a neurologic insult (listed above). Calling us early does not mean we will come in and talk to the family. It means we will do an evaluation to see if the option of donation exists.

If brain death does not occur and death occurs by cardiac cessation, the option of tissue or eye donation exists. Up to 50 lives can be improved from the tissues and corneas of a donor.

There are many myths still falsely believed about donation. Here are the facts about the most common:

- There is no cost to a family for the gift of organ and tissue donation;
- Donation should not alter any funeral plans;
- Families cannot override a person's wish to donate when expressed on a driver's license or the online donor registry (**www.donatelifetexas.org**);
- All major religions in the U.S. support donation as an unselfish act of charity.

When a family leaves the hospital following a death, there isn't much to hold onto. It's a horrible experience for everyone involved. But when donation occurs, the family has a glimmer of hope that their loved one is now helping someone else. In many instances organ transplant recipients write letters to their donors' families thanking them for their incredible gift, and this means the world to families in a time of great loss. Please help us preserve this opportunity for families.

If you would like to learn more about donation or register to become a donor, visit **www.donatelifetexas.org**.

Donate Life Texas is comprised of the state's organ and tissue donation professionals. They provide comfort for families in crisis and provide life-saving and life-enhancing organ and tissue transplants for patients, thanks to individuals and families who share the gift of life. The Donate Life Texas donor registry is the nation's fastest growing and one of only two in the nation that have registered over 150,000 people in a single month. ■

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DFWHC FOUNDATION

www.dfwhcfoundation.org

Foundation Mission

To serve as a catalyst for continual improvement in community health and healthcare delivery through education, research, communication, collaboration and coordination.

Foundation Vision

Act as a trusted community resource to expand knowledge and develop new insight for the continuous improvement of health and healthcare.

How to contact us

972-717-4279
info@dfwhcfoundation.org

foundation president's column

Dedication to our community

Kristin Jenkins
JD, FACHE
President, DFWHC Foundation
Senior Vice President, DFWHC

EMPLOYEE VOLUNTEERS OF THE Dallas-Fort Worth Hospital Council Foundation (DFWHC Foundation) participated in "Ask Not: The Dallas County Day of Service," November 21 in Dallas.

They were part of a contingent of volunteers throughout the county planting trees and cleaning area homes in honor of the service day memorializing the 50th anniversary of President John F. Kennedy's assassination.

I would like to congratulate DFWHC, the DFWHC Foundation and GroupOne volunteers for their great community spirit. They spent several hours at the Salvation Army sorting and loading gifts to be shipped during the holiday season.

From the first moments of his presidency, Kennedy evoked a spirit of idealism which reassured Americans of their nation's strengths and inspired them to serve their country. "And so, my fellow Americans -- ask not what your country can do for you -- ask what you can do for your country. My fellow citizens of the world -- ask not what America will do for you, but what together we can do for the freedom of man," Kennedy said. Today, dazzled by his eloquence, Texans proudly embrace the vigor and vision of this most famous president.

Here at the DFWHC Foundation, we hope to continue this same spirit in the healthcare field. We hope to serve as a catalyst for continual improvement in community health through education and research. We will attempt to discover the community truth by pulling facts from our extensive data and research. We hope these efforts can produce a clear picture about the health of our residents and the strengths of healthcare in North Texas.

The DFWHC Foundation has dedicated itself to communicate these statistics to partners and the community. Our hope is we can bring attention to relevant issues and create a common consensus on the needs of our community. Like President Kennedy so many years ago, we hope to inspire action with vigor and vision.

Please have a great holiday season and thank you for your support of the DFWHC Foundation. ■

PARTNERSHIP FOR PATIENTS

Foundation HEN releases Annual Report

THE DALLAS-FORT WORTH HOSPITAL COUNCIL FOUNDATION (DFWHC Foundation) Hospital Engagement Network (HEN) released its 2013 annual report in November. The document detailed decreases in adverse events involving 22 participating North Texas hospitals.

The goal of the DFWHC Foundation HEN was to reduce harm and improve quality in healthcare. Of the 22 hospitals, two committed to working on all adverse event areas, 15 worked on 60 percent of the adverse event areas and two worked on all adverse event areas provided within their facility. As the project progressed, many facilities expanded work and focus on adverse event areas.

Six hospitals met or exceeded the 20 percent readmission reduction goal with 24-33 percent in decreases.

Thirteen of the participating hospitals met the 40 percent reduction in aggregated Hospital Acquired Conditions. Five of the highest performers also met or exceeded 20 percent reductions in readmissions. An additional two hospitals met a 30-39 percent reduction in aggregate harm.

Pressure Ulcer prevention was a tremendous success with a 98.5 percent reduction from 2010. Venous Thrombo Embolism (VTE) for both medical and surgical patients was reduced by 85.8 percent. A Ventilator Acquired Pneumonia (VAP) decrease of 40 percent was not reached, with a high mark of 37.6 percent through June.

Future plans for the DFWHC Foundation HEN is to reach out to rural hospitals and provide expanded access to its data warehouse. It is also expanding the Heart Failure Translation Project to hospitals, a program where outpatient medical instructions are provided through AV programs in different languages depending upon the native language of the patient.

HENs work at the regional, state and national levels is to help identify solutions and disseminate them to other hospitals and providers. Grants of $218 million were awarded to 26 state, regional, national or hospital systems to serve as HENs. For a copy of the Annual Report, please contact info@dfwhcfoundation.org. ■

98.5%

$23,453,660 saved from prevented Pressure Ulcers

Around DFWHC Foundation

White Paper on ER visits released to public

IN OCTOBER, THE DALLAS-FORT WORTH HOSPITAL COUNCIL FOUNDATION (DFWHC FOUNDATION) announced the release of its second white paper. The document examined North Texas Emergency Room (ER) visits.

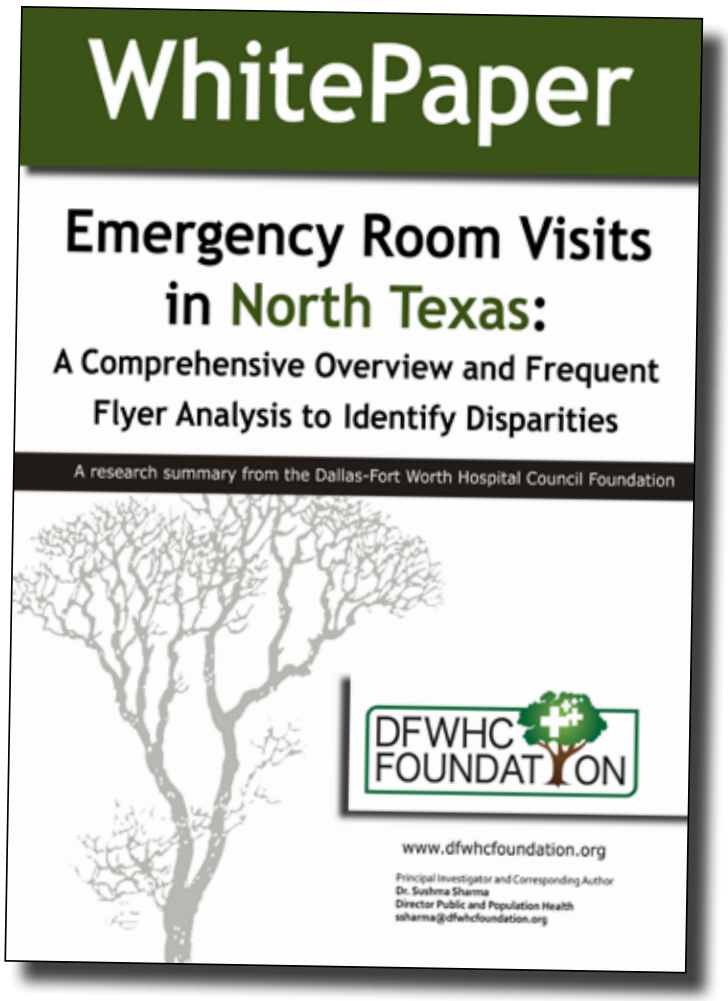
To investigate local ER usage, information was extracted from the DFWHC Foundation's data warehouse for "out-patients" visiting ERs in 2010-2012. Geographic mapping combined with the data was used to identify patients with the most ER visits, or frequent flyer patients.

The research is the first effort to provide in-depth information regarding North Texas ER usage, with detail on ER charges and disparities at the county, zip code and patient level.

Results revealed that in North Texas, 25 percent of ER visits were made by Medicaid patients and 33 percent by the uninsured. Based on these numbers, North Texas ERs served 18 percent more patients as compared to the nationally set target by Centers for Disease Control and Prevention.

Dallas County had the highest number of ER visits by the uninsured (38 percent) followed by Medicaid (29 percent) and the insured (22 percent). Tarrant County had an almost equal number of insured (32 percent) and uninsured (31 percent) visits followed by Medicaid patients (27 percent).

For a copy of the white paper, contact Sushma Sharma, PhD, at ssharma@dfwhcfoundation.org. ■



Dr. Irving Prengler named to DFWHC Foundation Board

DR. IRVING PRENGLER, CHIEF MEDICAL OFFICER AND SENIOR VICE PRESIDENT at Baylor Health Care System, became a trustee of the Dallas-Fort Worth Hospital Council Foundation (DFWHC Foundation) Board of Directors in September. The DFWHC Foundation Board has 14 members made up of hospital executives from across North Texas, with **Harvey Fishero** serving as 2013 chair. Dr. Prengler's responsibilities include medical staff services, undergraduate and graduate medical education, care coordination and oversight of the medical staffs and chief medical officers of the health care system. He joined the medical staff at Baylor University Medical Center in 1983 as a practicing internist. In 1993, he founded Texas Primary Care, which was Baylor's first hospitalist group, and also became chief medical officer for the nationwide hospitalist programs of Emcare. Dr. Prengler was appointed Associate Chief Medical Officer for Baylor Health Care System in 2012. ■

Foundation works with Texas Organizing Project

TOP hosted numerous affordable health care workshops across Texas through September.

A SPECIAL EDUCATIONAL MEETING "SIGN UP & SPEAK OUT" was held September 10 at the Zan Holmes Community Life Center at St. Luke United Methodist Church in Dallas. The free event covered new affordable health care options available to North Texas residents. More than 100 attendees turned out for the meeting hosted in part by the Dallas-Fort Worth Hospital Council Foundation. County Judge **Clay Jenkins** and other elected leaders were present. The event was also hosted by the Texas Organizing Project (TOP), an organization with a mission of improving the lives of low-income and working class Texas families through community organizing and civic engagement. TOP is a membership-based group that conducts direct action, grassroots lobbying and electoral organizing led by working families in Texas. TOP hosted numerous affordable health care workshops across the state of Texas through September. The Dallas session included a presentation by a health care expert on the Affordable Care Act (ACA). Opportunities for attendees to share their health care stories, and training on how to advocate for affordable quality health care for all Texas families was also available. For more information, contact **Brianna Brown** at **bbrown@organizetexas.org**. ■

Board Member Stoyanoff earns national recognition

PAMELA STOYANOFF, VICE PRESIDENT AND CHIEF OPERATING OFFICER OF METHODIST HEALTH SYSTEM and trustee of the Dallas-Fort Worth Hospital Council Foundation, was named to *Becker's Hospital Review's* "130 Women Hospital and Health System Leaders to Know" in October. Becker's notes that the women included on their list have proven themselves as accomplished leaders within the hospital and healthcare industry. They are chosen based on a wide range of critical management and leadership skills, including oversight of hospital or health system operations. Stoyanoff oversees several of Methodist's most critical operations including information technology, materials management, quality, case management, health information management and graduate medical education programs. **Laura Irvine**, president of Methodist Dallas Medical Center since 2011, was also included in the list. ■

Workforce Center visits ASHHRA

Williams makes presentation at D.C. Conference

Sally Williams discussed "Workforce Collaboration" at ASHHRA's event.

MEMBERS OF THE DALLAS-FORT WORTH HOSPITAL COUNCIL FOUNDATION WORKFORCE CENTER'S staff Sally Williams and Neguiel Francis traveled to Washington D.C. for the American Society of Healthcare Human Resources Association (ASHHRA) Conference September 28.

They joined more than 700 attendees during the four-day event that included 60 learning sessions. Highlighting the activities was the keynote session by ABC News Chief Correspondent **Byron Pitts** and breakfast with American Hospital Association President **Richard Umbdenstock**.

Pitts' inspirational speech detailed his story of overcoming a childhood filled with obstacles to achieve success in life. Throughout Byron's youth—his parents separated when he was 12 and his mother worked two jobs to make ends meet—he suffered from a debilitating stutter.

"I was also functionally illiterate," he said. "For a kid from inner-city Baltimore, it was a recipe for failure. Along the way, a few key people 'stepped out on nothing' to make a difference for me including my mother, who worked tirelessly to raise her kids right, and my college roommate, who helped me practice my vocabulary and speech."

Umbdenstock's discussion explored the importance of workforce populations mirroring the patients they serve.

"It's not the need for numbers," said Umbdenstock. "It's not the increasing demand, it's not the need for the right mix of specialties, but rather it's a vision for the future delivery model and the roles within it. The importance of having an inclusive culture in healthcare organizations has never been more important."

Williams, the DFWHC Foundation's Workforce Center director, presented a learning session on September 30. Titled "Meeting Workforce Needs through Collaboration," the session highlighted her department's activities including the Regional Workforce Planning Collaborative, North Texas Nursing Resource Center, the Preceptor Academy and the many networking committees.

"It was an honor to be chosen to discuss our work," said Williams. "It was a great time to visit North Texas partners as well as make new connections. My goal was to provide the many best practices we utilize in the Workforce Center. I also wanted to emphasize just how critical human resources is to the functioning of hospitals and healthcare institutions."

For a copy of her presentation, feel free to contact Sally at 972-717-4279 or **swilliams@dfwhcfoundation.org**. ■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Eric Scott: erics@gp1.com

Kim Hines: khines@gp1.com

groupone vice president's column

EEOC lawsuit to be major battle

Eric Scott
Vice President
GroupOne Services, inc.

TEXAS ATTORNEY GENERAL GREG ABBOTT, HAS FILED SUIT against the U.S. Equal Employment Opportunity Commission (EEOC) regarding the 2012 Criminal Guidance.

I mentioned in previous columns that the EEOC has provided criminal guidance that includes applying these "Green Factors" to applicants:

- the nature of the job applied for;
- the severity/nature of the offense;
- and the length of time passed since the conviction.

The EEOC also recommends including individualized assessments which includes:

- the facts and circumstances surrounding the offense or conduct;
- the number of offenses for which the individual was convicted;
- the length and consistency of employment history before and after the offense;
- and rehabilitation efforts, such as education and training.

At that time I said there would be lawsuits between the states and EEOC because many states have regulated industries that follow state statutes. Such an industry would include the healthcare industry and the Texas Health & Safety Code, Section 250.006. This section includes a list of criminal penal codes that would bar an applicant from employment in certain healthcare positions.

Through this lawsuit, Texas attempts to force the EEOC to defend its guidance. This lawsuit follows a letter from nine attorney generals stating that EEOC Guidance is "misguided and quintessential example of gross federal overreach."

This lawsuit follows a letter from nine attorney generals stating that EEOC Guidance is "misguided and quintessential example of gross federal overreach."

It's understandable to give a second chance for employment to someone who meets certain individual criteria. However, when it involves patient safety and public trust, the Texas Health and Safety Code has provided due diligence in its efforts to enhance and maximize the safety of patients and co-workers in the healthcare arena.

It will be interesting to see how this lawsuit plays out, but rest assured it will be a major battleground. ■

Around GroupOne

Busy season for Account Manager **Kim Hines**

Kim Hines, GroupOne Account Manager

FALL MAY BE KNOWN FOR FOOTBALL TAIL-GATING AND HALLOWEEN MYSTERY, but for GroupOne's Account Manager Kim Hines, it was a marathon of healthcare summits. Promoting GroupOne's services, Hines hopped across the U.S. with six events in 30 days.

As the leaves turned pumpkin orange, Hines visited Washington, D.C., San Antonio, Fort Worth and Austin before closing the show in "Viva" Las Vegas. Elvis never had such a busy tour. Fall colors may be turning, but what mattered to Hines was GroupOne's background screening and HR Survey services.

Hines's late-year expedition began in Washington, D.C. for the **American Society for Healthcare Human Resources Administration's (ASHHRA)** 49th Annual Conference and Exposition, Sept. 28-Oct. 1. From there she traveled to San Antonio for the the **Texas Society for Healthcare Human Resources Administration and Educations** (**TSHHRAE)** Annual Conference, Oct. 17-18.

She soon blazed a trail to Fort Worth for the **HRSouthwest Conference**, Oct. 20-23 at the Fort Worth Convention Center. Without a break, Hines traveled to Austin for the **Texas Hospital Association's (THA)** HealthSHARE Summit, Oct. 22-23, a complimentary event for THA-endorsed businesses. GroupOne has been an endorsed THA company for more than two years.

The bright lights of Las Vegas then set Hines' soul on fire as she arrived for the **College and University Professional Association for Human Resources (CUPA-HR)** Annual Conference and Expo at Caesars Palace, Oct. 27-29.

Winter may be coming, but Kim had one last opportunity to say "hello" to customers during the **Oklahoma Hospital Association** Convention and Trade Show, Nov. 20-22. Not only did she explain the advantages of GroupOne's services, but if you needed a recipe for hot apple cider, she probably had that too.

For additional information, please contact Kim at **khines@gp1.com**. ■

Check out December 4 demonstration

GroupOne's final webinar of 2013 is scheduled for for **Wednesday, December 4 at 10:00 a.m.** These webinars demonstrate the most efficient process for requesting background screening through GroupOne's software. Following the demonstrations, lines will remain open for Q&A. For more information, please contact Steve Fischer at **sfischer@gp1.com** or call 1-800-683-0255. ■

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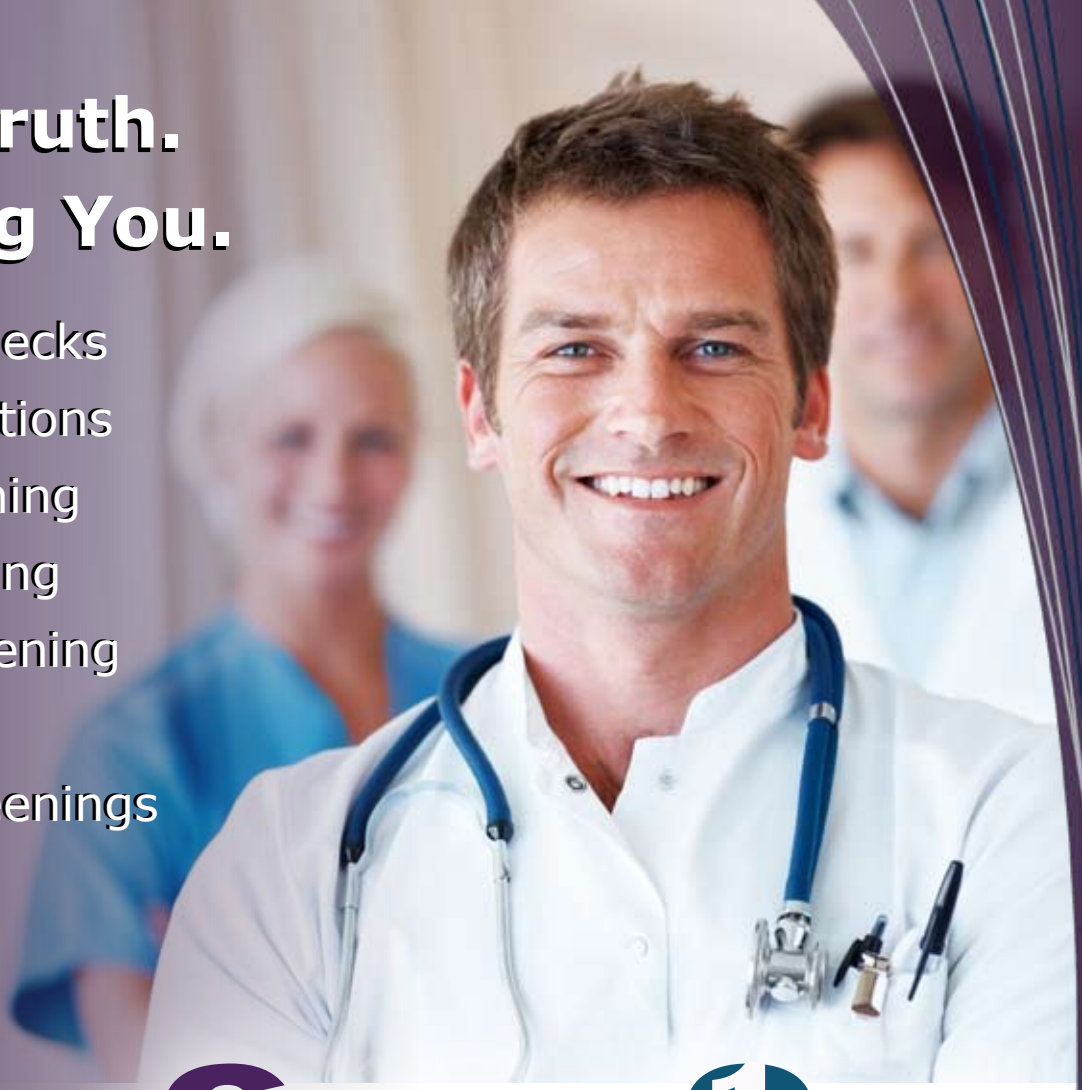

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