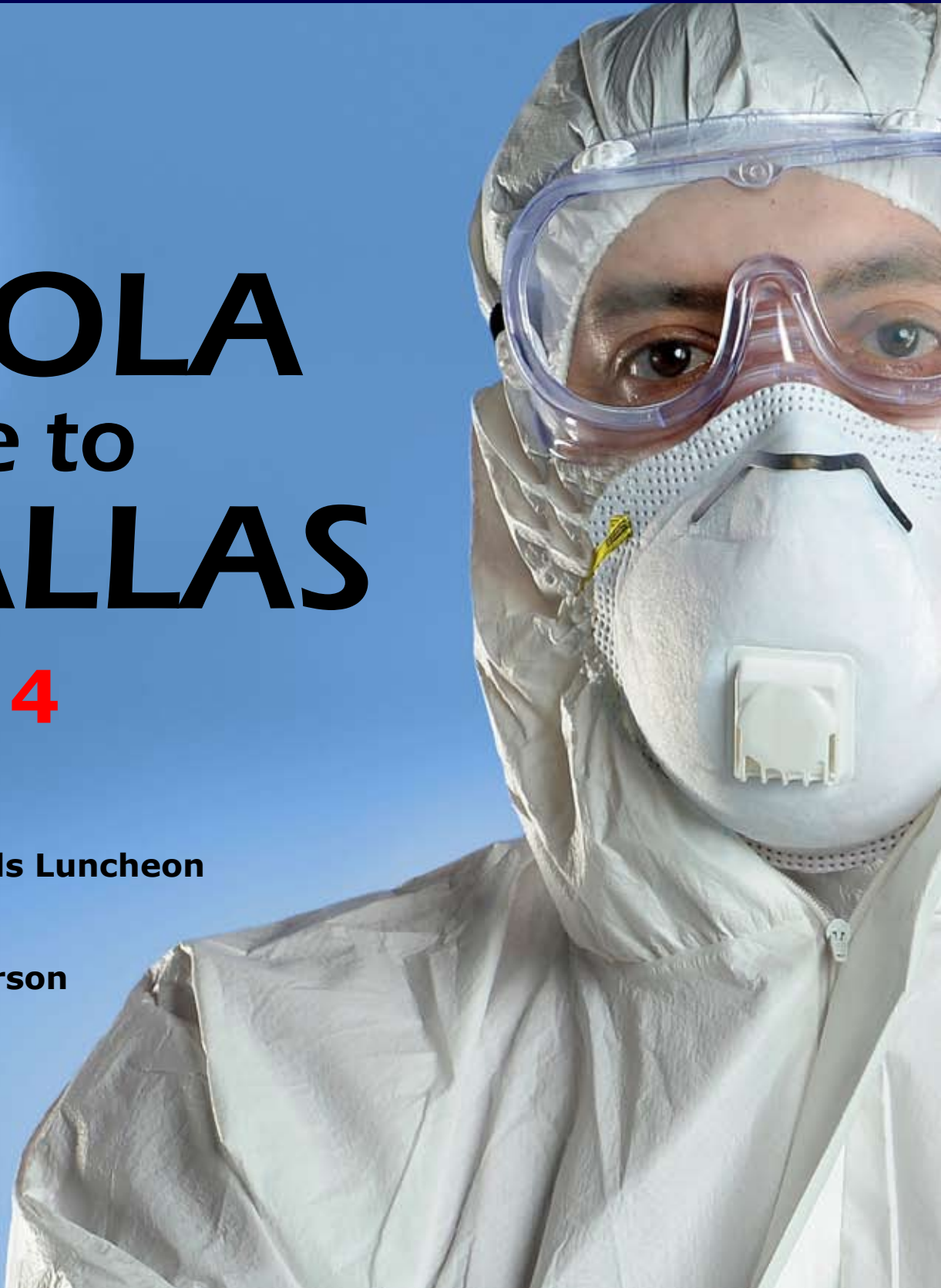


The
Day
EBOLA
came to
DALLAS

page 4

**Annual Awards Luncheon
Postponed**

**Dr. Ron Anderson
In Memoriam**





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Steve Love

President/CEO
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Let's reduce taxes

WE HAVE HEARD MANY OF OUR ELECTED TEXAS OFFICIALS STATE WE SHOULD REDUCE TAXES. In fact, some officials already have bills ready for our next legislative session. With a robust economy and dramatic job growth, Texas is enjoying good fortune. Our latest unemployment rate of 5.2 percent is below the national average of 5.9 percent. In 2013, Texas added 387,000 new residents. Many people are moving to our state for jobs and affordable housing. Even with this positive news, we unfortunately have the highest rate of uninsured in the nation where one in four Texans have no health insurance.

Approximately one million people have no medical coverage under state and federal programs and fall into a coverage gap. Since we have so many uninsured, an average Texas family pays a hidden tax of \$1,800 due to cost shifting by medical providers. This poses financial burdens on employers in company healthcare benefit packages.

With our upcoming 84th Texas Legislature, business leaders can insist we work on reducing this hidden tax by developing coverage and access for the uninsured. Insurance plans can help with physician network development and actuarial analysis for affordable premiums with deductibles so beneficiaries have an investment in their health. Insurance company physician network development through a private health insurance program would increase physician participation with higher rates than traditional federal and state payments. We can also focus on chronic illness of the uninsured to help reduce the overall expense in our healthcare delivery system.

Our legislators conscientiously serve the people of Texas by inspiring economic growth and development. With leadership from business leaders insisting on reducing this hidden tax, we can improve the health of our hard-working Texans. Over time, the focus on prevention and wellness will decrease medical costs.

We thank you for your support of the DFW Hospital Council. ■

Fall 2014 www.dfwhc.org

DFWHC INTERLOCUTOR

EDITORIAL

Executive Editor **W. Stephen Love**
Managing Editor **Chris Wilson**
Photographer **Jerry McClure**

CONTACT

Chris Wilson
chrisw@dfwhc.org



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Chris Wilson
chrisw@dfwhc.org

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INTERLOCUTOR

1: one who takes part in dialogue or conversation

2: one in the middle of a line who questions the end people and acts as a leader



We have one of the most respected and advanced health care systems in the country. That was true before the events, and it will be true going forward.

The Day EBOLA came to DALLAS

ON THE DAY EBOLA CAME TO DALLAS, what began as a ripple escalated into a perfect storm. On Sept. 28, an international news story broke at the doorstep of Texas Health Presbyterian Hospital Dallas when patient Thomas Eric Duncan arrived by ambulance suffering from fever and vomiting. It was discovered he had traveled to the U.S. from Liberia and his Ebola diagnosis was soon confirmed positive. The deadly virus had finally reached the U.S. in perhaps the last city anyone would have suspected.

“The DFW Hospital Council (DFWHC) offers its thoughts and prayers for the well-being of Mr. Duncan admitted to Texas Health Presbyterian Dallas, one of our member facilities,” said W. Stephen Love, president/CEO of DFWHC, in an Oct. 1 statement. “Its team of professionals is a proud representation of some of the best personnel in North Texas. Residents can support our hospitals by remaining calm and listening to all alerts related to this infectious disease.”

News organizations from across the globe were soon camped at Texas Health Presbyterian Dallas. While physicians and nurses treated Duncan, a press conference with Gov. Rick Perry was held Oct. 2 at the hospital to ease the growing alarm of Dallas residents.



Facebook

Thomas Eric Duncan



We support Texas Health Presbyterian Dallas, not just because of its contributions to the community since 1966, but because of its continued contributions when dealing with this most unexpected and deadly virus.

Those fears were fueled by the crisis of the most widespread Ebola epidemic in history in West Africa, with the World Health Organization reporting 13,227 cases and 5,285 deaths as of November 2014.

Ebola is a disease of humans and other primates caused by ebolaviruses. Symptoms start between two days and three weeks after contracting the virus as a fever, sore throat, muscle pains and headaches. Vomiting, diarrhea and rash usually follow, along with decreased function of the liver and kidneys. The virus is spread by direct contact with blood or other body fluids of an infected human or other animal. Infection may also occur by direct contact with a recently contaminated item or surface.

Texas Health Resources maintained its integrity and was transparent throughout the deluge, admitting during the Oct. 2 press conference that Duncan had originally visited the hospital's emergency room Sept. 26 with a fever before being released.

"Unfortunately, in our initial treatment of Mr. Duncan, despite our best intentions and a highly skilled medical team, we made mistakes," Dr. Daniel Varga, the chief clinical officer for Texas Health Resources, told Congress in a written statement. "We did not correctly diagnose his symptoms as those of Ebola. We are deeply sorry."

DFWHC's Love suddenly discovered he would serve as an

unofficial spokesperson defending local hospitals to the hungry national media, speaking to *The New York Times*, *The Los Angeles Times*, *The Wall Street Journal*, *Modern Healthcare*, *FOX 4 News*, *The Dallas Morning News* and the *Fort Worth Star-Telegram*.

"With Texas Health Presbyterian Dallas as one of 88 member hospitals of the DFWHC, we have worked collaboratively with this institution on public health and safety issues for more than 45 years," Love said in an Oct. 16 statement. "During this time, the hospital has provided excellent healthcare to the community including labor and delivery, cardiovascular and the SANE (Sexual Assault Nurse Examiners) unit for victims of assault.

We support Texas Health Presbyterian Dallas in their efforts in treating Thomas Eric Duncan.

“This is the first time a Texas hospital has encountered the Ebola virus,” continued Love. “We know once this episode of care is over, the hospital will review all information and develop modifications in procedures and protocols. As Texas Health Presbyterian Dallas has productively displayed through the years, this information will be shared with fellow hospitals to enhance standards for the best practices in treatment. The hospitals of Dallas and Fort Worth have a long and productive history of collaboration regarding patient and employee safety. The DFWHC supports Texas Health Presbyterian Dallas, not just because of its contributions to the community since 1966, but because of its continued contributions when dealing with this most unexpected and deadly virus.”



A relieved Dallas got the U.S. government's all-clear from Ebola on Nov. 7.

Under heartbreaking circumstances since he was not allowed to be with his family due to isolation protocol, Duncan would die Oct. 8. Two days later, Nina Pham, a Texas Health Presbyterian Dallas nurse, would be placed in isolation after coming down with the virus. The story continued Oct. 15 as Amber Joy Vinson, a second nurse at Texas Health Presbyterian Dallas, was placed in isolation when she too began to show symptoms. Both nurses had been following U.S. Centers for Disease Control and Prevention (CDC) guidelines when treating Duncan. Those guidelines would later change. Pham and Vinson would become the first patients to ever contract the virus in the U.S.

DFWHC would cancel its 66th Annual Awards Luncheon, an Oct. 21 event with an expected attendance of 800 area healthcare executives.

“The DFWHC Board of Trustees decided to cancel the luncheon,” said Love in an Oct. 16 statement. “With the recent events in Dallas, all hospitals are working collaboratively to support Texas Health Presbyterian Dallas. We did not want to

have this event misunderstood as a celebration during a crucial time when our member hospitals are working together to continue delivering excellent healthcare to the people of North Texas.”

With community fear rising, Dallas County Judge Clay Jenkins stated the 70 healthcare workers who had contact with Duncan could face restrictions on using public transportation at risk of transmitting Ebola. Jenkins said he was worried more workers could test positive, though eventually none did.

Pham would be transported to the National Institute of Health in Maryland for continued treatment, while Vinson was transferred to Emory University Hospital in Atlanta. Both nurses would make a full recovery.

Politics would play a role. Speaking with *The Huffington Post*, Dallas Mayor Mike Rawlings vehemently disagreed with suggestions made by Dallas County Commissioner John Wiley Price and Jesse Jackson, the legendary civil rights activist who had recently arrived in Dallas, that Duncan was initially released from the ER due to skin color and a lack of insurance. *CNN News* Anchor Anderson Cooper would soon add to the growing drove of journalists trampling the grass near Texas Health Presbyterian Dallas.

A full-page advertisement was purchased in *The Dallas Morning News* on Oct. 23 with a statement from the DFWHC, Dallas Medical Resource, Dallas County Medical Society, Dallas Regional Chamber, North Dallas Chamber of Commerce and the Dallas Citizens Council.

“Over the past few weeks, the men and women on the front lines of health care at Texas Health Presbyterian Dallas have labored under the most difficult

circumstances,” the statement read. “The unexpected arrival of Ebola in our community tested our policies, our practices, and our people. As with any first-time event, there have been trials and triumphs. Important lessons were learned. Being tested under these circumstances reminds us that the delivery of modern health care – and those individuals who devote their life to it – requires an unending pursuit of advancement.

“We salute the outstanding health care practitioners and institutions who serve our community for their humanity, their strength in the face of adversity and their bravery. We are blessed to have one of the most highly respected and advanced health care systems in the country. That was true before the events of these past weeks, and it will be true going forward.”

A relieved Dallas got the U.S. government's all-clear from Ebola on Nov. 7, and former President George W. Bush marked the triumph by visiting Texas Health Presbyterian Dallas to honor Vinson and other healthcare employees.

“The last five weeks have been a trying time for the residents of Dallas and especially the people of Texas Health Presbyterian



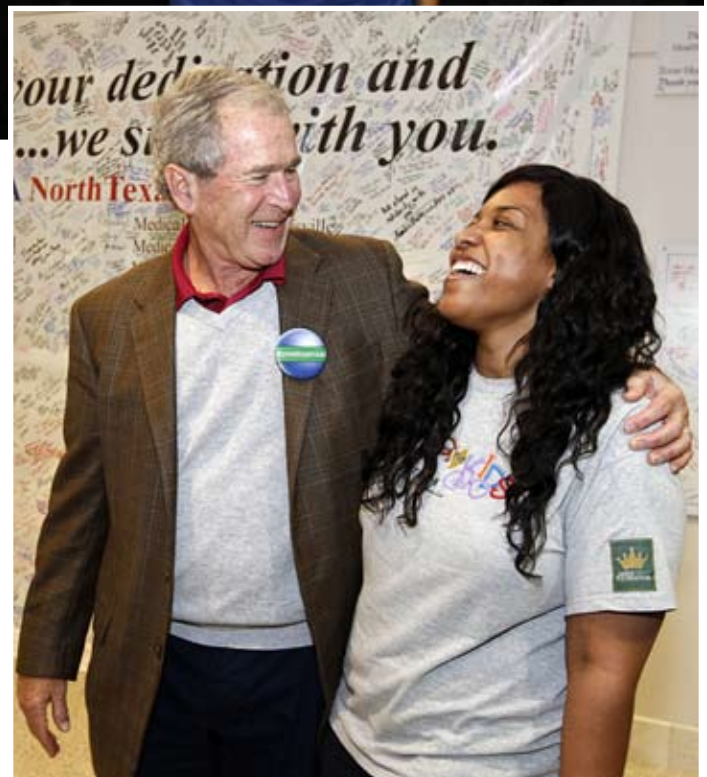
Photos provided by Texas Health Resources

Dallas,” Bush told hospital staff.

“It’s official,” the Texas Department of State Health Services said in an announcement the same day. “No symptoms. We are happy to close this Ebola chapter with Dallas.”

The announcement came hours after the CDC said all of the people in Texas it had been checking for Ebola had been cleared. They had been monitored for symptoms for 21 days, the disease’s maximum incubation period. President Barack Obama called state and local officials the same day to express his gratitude.

“It was such a hectic time in our community,” Love said. “We sadly lost Mr. Duncan to Ebola and our thoughts and prayers go out to him and his family. This most unexpected occurrence was stressful, but the hospitals of Dallas and Fort Worth reacted in a supportive manner while the employees performed heroically under the most unimaginable circumstances. I am proud of our hospitals and our community’s brave healthcare employees. This unexpected incident has put the hospitals of the world on alert. This is a deadly disease that can strike anywhere at any time. We are now more prepared than ever before and we are thankful to bring an end to this Ebola scare in North Texas.” ■



Former U.S. President George W. Bush pays a surprise visit to Texas Health Presbyterian Dallas on Nov. 7 (top photo). Bush visits with Amber Joy Vinson (above), one of two nurses who made a full recovery after contracting the Ebola virus.

ANNUAL AWARDS LUNCHEON POSTPONED

The 66th annual event on Oct. 21 cancelled due to Ebola response, rescheduled for Feb. 19

WITH NORTH TEXAS IN THE MIDDLE OF ITS EBOLA RESPONSE, the DFW Hospital Council (DFWHC) Board of Trustees cancelled the 66th Annual Awards Luncheon. The event was originally scheduled for Oct. 21. The board has now rescheduled the luncheon for Feb. 19, 2015 at the Arlington Convention Center.

“With great consideration, the Board of Trustees unanimously decided to cancel the luncheon,” said W. Stephen Love, president/CEO of DFWHC. “We regretted the inconvenience for attendees and we offered our apologies to the award recipients.”

The event was to honor **Dr. Wright Lassiter, Jr.**, of Dallas County Community College District, with the Distinguished Health Service Award; **Becky Tucker**, of Texas Health Resources, as the Young Healthcare Executive of the Year; **Carole Young**, of Medical City Dallas Hospital, as the Kerney Laday, Sr. Trustee of the Year; and **Doug Hawthorne**, former CEO of Texas Health Resources, with a career tribute.

Hawthorne’s honor was rescheduled for Nov. 13 during the American College of Healthcare Executives (ACHE) Membership Meeting in Dallas. Lassiter, Tucker and Young will be awarded at the Feb. 19 luncheon.

“We realized this event was an important opportunity to honor individuals noted for their dedicated healthcare leadership,” Love said. “They deserve to be awarded in a public forum so we made the decision to reschedule.”

The announcement came Nov. 8, one day after the U.S. Centers for Disease and Control and Prevention (CDC) said all people in Texas being monitored for Ebola had been cleared. They had been checked for symptoms for 21 days, the disease’s maximum incubation period.

“To attempt to have the luncheon just days after the death of Thomas Eric Duncan from Ebola and the infection of nurses Nina Pham and Amber Joy Vinson, would have been inappropriate,” said Love. “We did not want to have this event misunderstood as a celebration during a time when member hospitals were working together to deliver crucial healthcare to the people of North Texas. We are now looking forward to Feb. 19 to honor these important friends of healthcare.”

Additional notes:

- The rescheduled Feb. 19 luncheon will be combined with DFWHC’s Annual Social where outgoing and past board members are honored. Seating will be reserved. Registration information will be forthcoming.
- The luncheon will take place in the same location at the Arlington Convention Center with a reception at 11:00 a.m. and the luncheon from 12:00-1:30 p.m.

We realized this event was an important opportunity to honor individuals noted for their dedicated healthcare leadership.

- Original Keynote Speaker Jon Meacham will be rescheduled for a future event and a surprise local guest will serve as speaker.
- The traditional introduction of the chairs of the board of trustees of all member hospitals will not take place. If they wish to attend, complimentary seats will be provided.
- All sponsors and attendees will be asked if they wish to continue to participate. Those who participate will be invoiced in 2014.

For questions, contact **Chris Wilson** at chrisw@dfwhc.org or **Kristin Alexander** at kalexander@dfwhc.org. ■



**Dr. Wright
Lassiter**

Distinguished Health
Service Award



**Becky
Tucker**

Young Healthcare
Executive of the Year



**Carole
Young**

Kerney Laday, Sr.
Trustee of the Year

The Dallas-Fort Worth
Hospital Council presents

**“THE ART OF”
Good Healthcare**

The 66th
**ANNUAL
AWARDS
LUNCHEON**

**February 19, 2015
Arlington Convention Center**

**Reception 11:00 a.m.
Luncheon 12:00-2:00 p.m.**



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Dr. Ron Anderson 1946-2014

RON ANDERSON, M.D., THE FORMER CEO OF PARKLAND HEALTH & HOSPITAL SYSTEM, died Sept. 11 at age 68 of liver cancer. Anderson's death came one day after Parkland's board unanimously voted to name a new clinic after him and to place a statue of him in the lobby of the new Parkland Memorial Hospital.

Anderson did his residency training at Parkland in the 1970s and became the hospital's chief executive in 1982 at age 35. In 2005, he was selected No. 1 on *Modern Physician* magazine's list of the 50 most powerful physician executives, and No. 1 on *Modern Healthcare* magazine's list of 100 most powerful people in healthcare.

"Dr. Anderson epitomized the ideal of the servant leader," said Debbie D. Branson, chair of Parkland's Board of Managers, in a statement. "His passionate dedication to improve health care for the poor and underserved inspired a generation of caregivers."

Dr. Anderson ran Parkland for 29 years, retiring in 2011. In his final years with the hospital, he led the campaign that secured financing for the new \$1.3 billion Parkland Memorial Hospital that will open in 2015.

He served as chair of the DFW Hospital Council (DFWHC) in 1992, received the Boone Powell Senior Award of Excellence in 2002, and has been serving on the DFWHC Foundation Board of Trustees since its inception.

In the 1980s, Dr. Anderson gained national attention when he fought against "patient dumping," the practice of transferring unstable patients from private to public hospitals because of their inability to pay. His heroic efforts led to the passage of landmark legislation concerning Texas indigent care, and to passage of federal legislation in 1986 banning the practice.

Dr. Anderson received his medical degree from the University of Oklahoma and his pharmacology degree from Southwestern Oklahoma State University, where he was named a Distinguished Alumnus in 1987.

Throughout his career at Parkland, Dr. Anderson was courted by multiple hospitals and institutions across the country, but he said he never lost his love for Dallas and Parkland Health & Hospital System.

"After learning of the loss of Dr. Anderson, we are all grieving for a man who was a giant in the North Texas health care delivery system," said W. Stephen Love, president/CEO of DFWHC. "Arthur Schopenhauer, a German philosopher, once said, 'Compassion is the basis of all morality,' and Dr. Anderson was the most compassionate person I have ever met. He championed the plight of the most vulnerable in our society and many lives have been saved in North Texas because of his clinical caring compassion for others. Ron supported local, state and national health care organizations by bringing value and expertise on delivering the best health care to all patients. We are all better people because we knew Dr. Anderson. We need to celebrate his life by continuing his mission of social justice, fairness and health care excellence." ■



Dr. Ron Anderson (next page, top photo) at the 2009 DFWHC Annual Awards Luncheon honoring Ray and Nancy Ann Hunt. Pictured with him are (l to r) Britt Berrett, Robert Earley, Douglas Hawthorne, Stephen Mansfield and Sharon Riley. Anderson (middle right) at DFWHC's 1991 Annual Awards Luncheon. Anderson (lower right) accepting the Boone Powell, Sr. Award in 2002. Anderson was the guest of honor (middle left) during DFWHC's Social in 2013 where he received a standing ovation for his career. Anderson (lower left) in his Parkland lab coat.



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Around DFWHC



METHODIST SAMMONS TOWER

Methodist Health System marked the opening of the Charles A. Sammons Tower on July 28 located on the campus of Methodist Dallas Medical Center. The new \$123 million, six-story emergency, trauma and critical care tower includes a 59-bed emergency department, eight integrated operating suites, 36 surgical intensive care rooms and a dedicated 34-bed neurocritical care unit. It is the first patient care tower in North Texas dedicated to critical care.

Clark named president

METHODIST HEALTH SYSTEM selected **David D. Clark, FACHE**, as president of Methodist Dallas Medical Center. He returned to Texas Sept. 2 from Utah to assume his new role. Clark's background includes Christus Health, Intermountain Healthcare and CHE Trinity Health. He holds a Bachelor of Science in finance from Brigham Young University and a Master of Business Administration in health management from Texas Tech University. ■



Walker honored as distinguished alumni

GARLAND HIGH SCHOOL

graduate **Robert Walker** was honored as a Distinguished Alumni during ceremonies at the school October 18. "Bob" Walker is a native of Garland and is president/CEO of Texas Scottish Rite Hospital for Children, where in 1979 he joined the staff as assistant administrator. After graduation from GHS, he received his BBA from Texas A&M University-Commerce and a master's in health care administration from Trinity University. He was chairman of the DFW Hospital Council board of trustees in 1991 and today serves on the board as ex-officio. ■



SCOGGIN RETIRES

JAMES SCOGGIN JR., president of Hospital Corporation of America's (HCA) North Texas division, announced his retirement effective Oct. 1. He was succeeded by Erol Akdamar, who was chief executive officer of HCA's Medical City Dallas. Scoggin, 55, is a 26-year veteran of HCA who has served as president of the North Texas division—which includes 14 hospitals in the DFW/Oklahoma markets—since 2006. ■





Martha Hawthorne (l to r), Doug Hawthorne, Megan Hawthorne McGuire and Steve Love during the ACHE event Nov. 13 in Dallas.

HAWTHORNE HONORED AT ACHE EVENT

THE AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES of North Texas provided the DFW Hospital Council (DFWHC) an opportunity to honor **Douglas D. Hawthorne** for his decades of service to Texas Health Resources during their membership meeting Nov. 13 at the Adolphus Hotel. W. Stephen Love, president/CEO of

DFWHC, presented Hawthorne with a plaque and gift, including a video that premiered at the event. The video was highlighted by comments from North Texas healthcare executives. The tribute was originally scheduled for DFWHC's Oct. 21 Annual Awards Luncheon, but the event was cancelled due to Dallas' Ebola response. ■

Berdan named CEO of THR

TEXAS HEALTH RESOURCES ANNOUNCED in July Barclay E. Berdan, its former chief operating officer, would replace outgoing CEO Doug Hawthorne starting Sept. 1. Berdan, who has served as the Arlington-based system's senior executive vice president and COO since 2012, will be THR's second CEO since its inception in 1997.

He was chosen after a nationwide search led by a nine-person committee made up of THR board members and physicians. The committee forwarded its recommendation to the full board,

which approved Berdan as CEO. In a statement, search committee leader and board chair Anne Bass celebrated Berdan's "unique combination of attributes" and cited his "personally-engaging leadership style."



Barclay Berdan

Berdan launched his healthcare administration career in 1977 in Chicago. He joined the Harris Methodist Health System in 1986 as the vice president and administrator of Harris Methodist Southwest, now known as Texas Health Harris Methodist Hospital. He worked his way through the Harris system until it joined with Presbyterian Healthcare Resources and Arlington Memorial Hospital to form Texas Health. In 2012, he was named chief operating officer. Berdan also served as the chair of the DFW Hospital Council Board of Trustees in 2001. ■

LifeCare Hospitals join DFWHC

A NATIONAL LEADER IN LONG-TERM acute care, LifeCare Hospitals officially joined the DFW Hospital Council (DFWHC) after a unanimous vote by the board of trustees in September. Based in Plano, the LifeCare Family of Hospitals includes both freestanding and "hospital-in-hospital" acute care hospitals designed to treat

medically complex patients who require acute care hospital services for an extended period of time. The network includes 26 hospitals in nine states. With LifeCare Hospitals of Dallas, Fort Worth and Plano welcomed as members, the total number of DFWHC hospital members in North Texas is now 88. LifeCare was established in 1992. ■

Around DFWHC

North Texas Poison Center celebrates 30 years

COUNTLESS INDIVIDUALS HAVE BEEN ABLE TO BREATHE A SIGH OF RELIEF over the past 30 years thanks to the assistance they received from specialists at the North Texas Poison Center housed at Parkland Health & Hospital System. To celebrate its three decades of service to the region, the staff hosted an anniversary party Nov. 20.

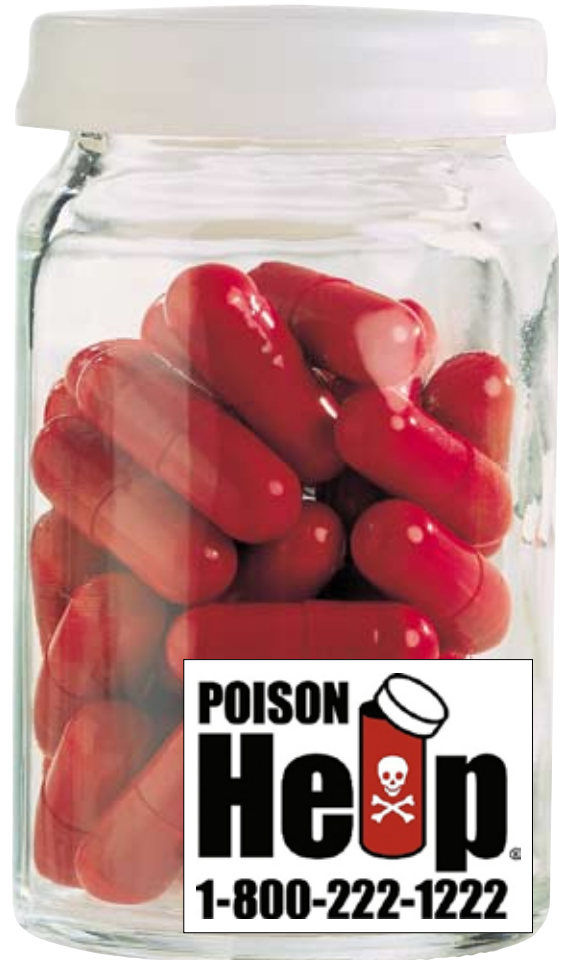
The center averages now more than 340 calls daily, a significant increase from its humble beginnings of about 30 calls a day. Nearly two-thirds are incoming calls to the Poison Center and the remaining third are follow-up calls from poison specialists to ensure the immediate concern has passed at the home or office of the caller.

“When we started the Poison Center the majority of calls were from parents who were frantic because their child had gotten into medicine or household products they shouldn’t have,” said Lena Williams, RN, who was the Poison Center’s first director. “There have always been ‘look-alike’ medicines and candy which become an easy target for kids.”

But, Williams said, it goes back to what kids put in their mouths – and they can do it in a split second.

Every day in the U.S., 114 people die as a result of drug overdose and another 6,748 are treated in emergency departments for the misuse or abuse of drugs, according to the Centers for Disease Control and Prevention. Nearly nine out of 10 poisoning deaths are caused by drugs.

Specialists with the North Texas Poison Center are available 24/7 to answer questions from frantic moms or anyone else with a poison question by calling **1-800-222-1222**. ■



**Dallas
Business
Journal**

Love included on Who’s Who list

THE DALLAS BUSINESS JOURNAL named DFW Hospital Council (DFWHC) President/CEO W. Stephen Love to the 2014 “Who’s Who in Health Care” list released in September. This annual list features innovative business leaders from a wide range of areas within the health care industry. The year’s honorees were officially profiled in the October 10 issue of the publication.

Also included on the list were **Frederick Cerise, M.D.**, CEO, Parkland Health & Hospital System; **Laura Irvine**, Executive Vice President for Integration and Alignment, Methodist Health System; **Brett Lee**, CEO, Lake Pointe Health Network; **Troy Villarreal**, President and CEO, Medical City Hospital; and **John J. Warner, M.D.**, CEO, University of Texas Southwestern University Hospitals. ■

MAKE CONTACT!



Third Speed Networking event of 2014 held Sept. 4

THE DFW HOSPITAL COUNCIL (DFWHC) HOSTED its third Speed Networking Event of the year Sept. 4 at Texas Scottish Rite Hospital for Children. The complimentary breakfast session from 8:30-10:30 a.m. was a sellout, attended by more than 50 area healthcare employees including **Richard Gilder of Baylor Scott & White Health, Dr. Sushma Sharma of the DFWHC Foundation, Matt Jones of Balfour Beatty Construction, Beverly Kohrs of the American Diabetes Association, Jeff Coulson of HCA North Texas and Joshua Weaver of Polsinelli.**

There were also employees from **UT Southwestern Medical Center, University of Texas at Dallas, Dallas County Community College**

District, Children's Medical Center Dallas and Parkland Health & Hospital System.

"The speed networking exercise has grown into a popular activity for our hospital and associate members," said W. Stephen Love, president/CEO of DFWHC. "This has evolved into an innovative and enjoyable way to provide value to our members."

In the coordinated sessions, after six minutes a bell rings and attendees move to the next chair to meet a new healthcare contact. Following the event, a list of attendees was made available to all participants. A fourth Speed Networking Event is being planned for February.

For additional information, please contact **Kristin Alexander** at kalexander@dfwhc.org. ■



Challenging Ancillary Volumes and Reimbursement: LOWER VALUES?

CASE VOLUMES IN NON-HOSPITAL AND OUTPATIENT ANCILLARY BUSINESSES have been soft recently. As annual health coverage premiums increase, more Americans are switching to health plans with high deductibles, copayments, and coinsurance. A study performed by the Employee Benefit Research Institute finds evidence that as Americans transition to plans with higher deductibles, they are more likely than those in traditional health plans to exhibit more cost-conscious behaviors, which we believe has decreased demand for elective procedures.

VMG performs over 1,000 valuations annually on ancillary outpatient businesses (ASCs, imaging, radiation therapy, and lab), and it is clear anecdotally that, on average, we have seen a slow decline in outpatient ancillary volume. When valuing a business with recent or expected declines in volume, and perhaps reimbursement, it is important to understand the operating expenses and capital requirements at the disposal of management that can (and we should assume will) be reduced in order to maintain positive profit margins.

Cost-cutting measures for healthcare businesses include adjusting staffing levels, adjusting information technology initiatives that can reduce costs and increase efficiencies, adjusting budgets for capital expenditures, renegotiating contracts or agreements with vendors, and modifying insurance and benefits plans. Assuming the business has competent managers, there will be a reaction to declining revenue and volume, and the inputs available to management to maintain margins are numerous.

A common mistake appraisers make is to assume none of these adjustments would be made to a business with declining revenue. While academically it may make sense for expenses to continue to grow into the future, without thought given to realistic market participant behavior, projections result in exaggerated declining profits and cash flows such as those demonstrated in the charts below.

Written by:
Chance Sherer, CVA
and Carlos Zarazua

Volume and Revenue Projections

	Projection Period				
	Year 1	Year 2	Year 3	Year 4	Year 5
Volume Growth	(1.0%)	(1.0%)	(1.0%)	(1.0%)	(1.0%)
Revenue Growth	(1.0%)	(1.0%)	(1.0%)	(1.0%)	(1.0%)

Effects – Scenario I: Academic Projections

The valuation professional must assume that ancillary companies will respond to declining revenues. Because of this, projections in Scenario I are not a credible representation of future operation when valuing ancillary service providers in the current environment. Although margins may not remain at historic levels, taking expected expense and capital requirement reductions into consideration when valuing ancillary service

providers will result in more realistic projected profits and cash flows such as those in the following chart.

Effects – Scenario II: Realistic Projections

While there is no doubt that there is a deteriorating reimbursement environment surrounding ancillary service providers, valuation professionals should assume managers will make strategic cost reductions in the future. Along with incorporating reduced expenses and capital requirements into projections, these factors should also be considered when estimating a business conclusion. To assume no change in behavior given the current marketplace when making projections under a discounted cash flow methodology would be unrealistic and would likely generate valuation indications lower than and therefore inconsistent with the way many ancillary outpatient businesses are being transacted today. ■

DISCOUNTED CASH FLOW ANALYSIS - INCOME APPROACH

PRELIMINARY DRAFT - SUBJECT TO CHANGE

	Normalized Base Year	Projection Period				
		Year 1	Year 2	Year 3	Year 4	Year 5
Revenue:						
Gross Fee-for-Service	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total Net Operating Revenue	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Operating Expenses:						
Employee Salaries & Wages	23.0%	23.9%	24.9%	25.9%	27.0%	28.1%
Employee Benefits	5.0%	5.2%	5.4%	5.6%	5.9%	6.1%
Occupancy Costs	7.0%	7.4%	7.7%	8.1%	8.5%	9.0%
Drugs & Medical Supplies	21.0%	21.6%	22.3%	23.0%	23.7%	24.4%
Other Medical Costs	1.0%	1.0%	1.1%	1.1%	1.2%	1.2%
Insurance	1.0%	1.0%	1.1%	1.1%	1.2%	1.2%
General & Administrative	15.0%	15.6%	16.2%	16.9%	17.6%	18.3%
Total Operating Expenses	73.0%	75.8%	78.8%	81.8%	85.0%	88.3%
EBITDA	27.0%	24.2%	21.2%	18.2%	15.0%	11.7%
Less: Capital Expenditures		(2.0%)	(2.1%)	(2.1%)	(2.2%)	(2.2%)
Net Discretionary Cash Flow		22.1%	19.2%	16.1%	12.9%	9.5%

Rapidly Decreasing EBITDA and Cash Flows

**Scenario I:
Academic Projections**

DISCOUNTED CASH FLOW ANALYSIS - INCOME APPROACH

PRELIMINARY DRAFT - SUBJECT TO CHANGE

	Normalized Base Year	Projection Period				
		Year 1	Year 2	Year 3	Year 4	Year 5
Revenue:						
Gross Fee-for-Service	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total Net Operating Revenue	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Operating Expenses:						
Employee Salaries & Wages	23.0%	23.2%	23.5%	23.7%	23.9%	24.2%
Employee Benefits	5.0%	5.1%	5.1%	5.2%	5.2%	5.3%
Occupancy Costs	7.0%	7.3%	7.6%	7.9%	8.2%	8.5%
Drugs & Medical Supplies	21.0%	21.2%	21.4%	21.6%	21.9%	22.1%
Other Medical Costs	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
Insurance	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
General & Administrative	15.0%	15.0%	14.5%	14.0%	13.5%	13.0%
Total Operating Expenses	73.0%	73.8%	74.1%	74.4%	74.7%	75.1%
EBITDA	27.0%	26.2%	25.9%	25.6%	25.3%	24.9%
Less: Capital Expenditures		(2.0%)	(1.8%)	(1.6%)	(1.4%)	(1.1%)
Net Discretionary Cash Flow		24.4%	24.4%	24.3%	24.2%	24.1%

Management Directed Reductions

More Stable EBITDA and Cash Flows

**Scenario II:
Realistic Projections**



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For information, contact Kristin Alexander at kalexander@dfwhc.org.

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Kristin Jenkins

JD, FACHE

President, DFWHC Foundation
Senior Vice President, DFWHC



How to contact us

972-717-4279

info@dfwhcfoundation.org

We shall miss Dr. Ron Anderson

THIS PAST SEPTEMBER, the DFW Hospital Council (DFWHC) Foundation Board of Trustees lost Dr. Ron Anderson. His contributions and the leadership he provided over the past seven years brought untold benefits to every North Texas community. We miss him and his service.

I miss Dr. Anderson personally. I would like to give my own example of why he was an important mentor. It's telling so many of us have stories. I have hesitated to share mine for fear of sounding redundant, but I decided there can never be too many good stories about great men such as Dr. Anderson.

We both primarily served public health systems during our careers. We shared a sense of satisfaction when serving those with needs in both health and life. We believed our time was well spent if our work contributed to the benefit of those in need. Sometimes, the challenges with seemingly unending political and social demands were disheartening. But the work mattered.

Dr. Anderson and I worked on a proposed Parkland Health & Hospital System/JPS Health Network clinic project for Arlington and Grand Prairie. We envisioned a clinic where patients could be seen no matter their residence and not be inhibited due to "crossing" Tarrant or Dallas county lines. We believed healthcare access was something that should be convenient for all residents. We were hoping to make it easier for patients living between Fort Worth and Dallas to see a provider closer to their home.

While our combined Parkland/JPS clinic never happened, both organizations did expand access on their sides of the county line near the border. We were pleased to see visits to the clinics were robust – assuredly helping the communities they serve.

Shortly thereafter, Dr. Anderson was a board member supporting my presidency of the DFWHC Foundation. I was thrilled that he thought I might have something to offer the region. I have loved working in the role he envisioned for me for the last six years.

I will be forever grateful for his love of our region and its patients, and for his support of my career. I know our community will continue to hold the ideals he cherished as part of our work ethics so that we can honor his memory as our friend, colleague and mentor.

Thank you, Dr. Anderson. We miss you. ■



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.

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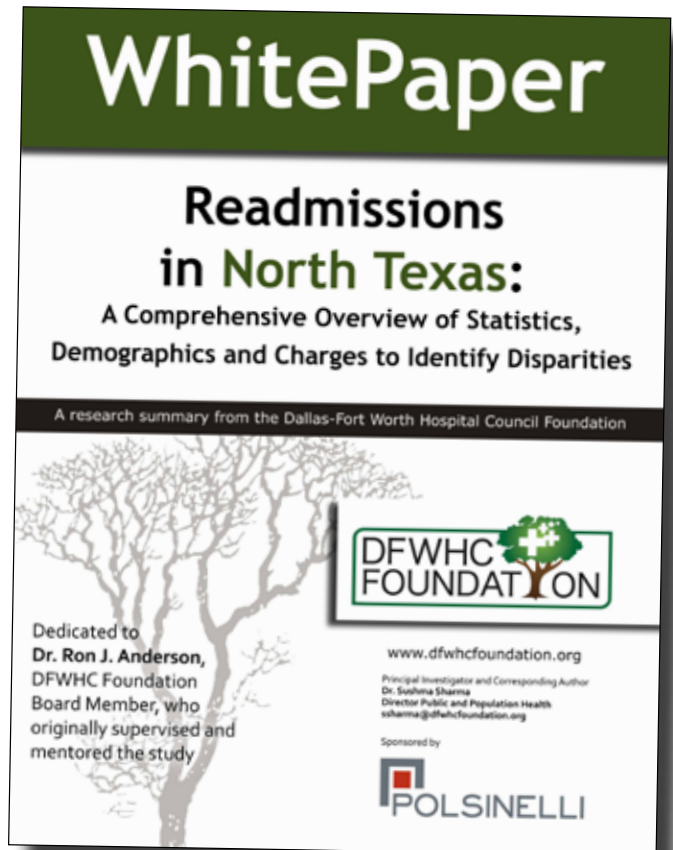
Texas Health Resources

Around DFWHC Foundation

WhitePaper

FOUNDATION RELEASES READMISSIONS OVERVIEW

Due to Dr. Ron Anderson's assistance, the DFW Hospital Council (DFWHC) Foundation's white paper "Readmissions in North Texas: A Comprehensive Overview of Statistics, Demographics and Charges to Identify Disparities" released Sept. 24 was dedicated to him. A member of the DFWHC Foundation Board, Dr. Anderson worked with Dr. Sushma Sharma during the investigative phase. Dr. Sharma is the director of public and population health at the DFWHC Foundation. The report noted a significant decrease in North Texas readmissions from 2010 to 2013. By utilizing the DFWHC Foundation's patient data warehouse, readmission rates were revealed to have dropped from 54 to 29 percent. The white paper also identifies disparities in readmissions including age, gender, race, economic status and location. The project was sponsored by **Polsinelli**. For information, please contact ssharma@dfwhcfoundation.org. ■



Harvey Fishero

Harvey Fishero to lead Plano ISD Education Foundation

Harvey Fishero, who served as vice president of development of the Plano Independent School District (ISD) Education Foundation during the 2013-14 school year, has taken on the role of board president for 2014-15. As a nonprofit, the Plano ISD Education Foundation works to generate private support for projects identified by Plano ISD for which tax dollars are not available. The mission of the organization is helping students in Plano public schools achieve their full potential by providing financial support to educators and academic programs. All contributions to the foundation remain within the school district. Fishero was first introduced to the foundation while he was CEO of Medical Center of Plano where he retired in 2008. He is a past chair of the DFW Hospital Council (DFWHC) Board and present chair of the DFWHC Foundation Board. ■

EVERYBODY SCRUB IN.

Help fight C-Diff. Use soap after you use the bathroom.



**FIGHT
C-DIFF**
EVERYBODY SCRUB IN.
Learn more at StopCDiffNow.com

Around DFWHC Foundation

FIGHT C-DIFF!

Foundation launches fall public awareness campaign

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION launched its 2014 public awareness campaign in September about “C-diff,” a type of acute diarrhea caused by the *Clostridium difficile* bacteria. The bacterial infection, which is linked to 20,000 deaths in the U.S. each year, is more prevalent among senior citizens, particularly those who take antibiotics and receive medical care.

According to the U.S. Centers for Disease Control and Prevention:

- 20,000 Americans die each year from complications related to C-diff;
- 1 in 5 North Texans may carry the C-diff germ;
- 50 percent of antibiotics are given out are unnecessary;
- 94 percent of C-diff infections are related to receiving medical care;
- 400 percent increase in related deaths since 2000;
- Half of the infections occur in people under 65, but most of deaths occur with those 65 and older.

The symptoms of C-diff may include abdominal pain, cramping, fever, loss of appetite, nausea and especially watery diarrhea throughout the day and for consecutive days.

“With those numbers, now is a perfect time to launch this C-diff campaign and help bring more awareness to a very serious health concern in our community,” DFHWC Foundation President Kristin Jenkins, JD, FACHE, said. “When someone takes antibiotics, good germs that protect against infection may be destroyed, so we hope our efforts will empower both

patients and physicians to use antibiotics judiciously in order to minimize the risk of C-diff infections.”

C-diff is the leading cause of infectious diarrhea in hospitalized patients, disproportionately affecting older adults as well as patients in long-term and specialty care facilities. The exposure risks are increased by use of broad-spectrum antibiotics, gastrointestinal procedures, and for those with serious underlying health or immune-compromising conditions.

As 1 in 5 North Texans is a possible carrier of the C-diff germ, which is spread via fecal contamination, the best way to protect yourself, your family and community from C-diff is to:

- Wash your hands with soap and water after using the bathroom (hand gel is not enough);
- Take only appropriately prescribed antibiotics (Don’t hesitate to ask your doctor about the need for any prescribed antibiotic);
- Wipe down bathroom and other living area surfaces with bleach, particularly when caring for a loved one who has C-diff.

For more information about C-diff and tips to prevent it, visit StopCDiffNow.org. Assisting the DFHWC Foundation with the campaign launch was **Agency Creative**.

This public awareness campaign is brought to you by the DFHWC Foundation Hospital Engagement Network, under contract with the Centers for Medicare and Medicaid Services, an agency of the U.S. Department of Health and Human Services, Contract #HHSM-500-2012-0025. ■

Foundation teams with UNT on C-diff project

Researchers from the DFHWC Foundation and the University of North Texas (UNT) Health Science Center have teamed together to present results of a C-diff project at the 91st Annual Texas Public Health Association’s Education Conference, Feb. 23-25 at the Omni Southpark Hotel in Austin. The DFHWC Foundation and UNT Health Science Center conducted environmental screenings to investigate the prevalence of C-diff in healthcare settings. Hospitals, primary care clinics and nursing homes were used in the study. ■

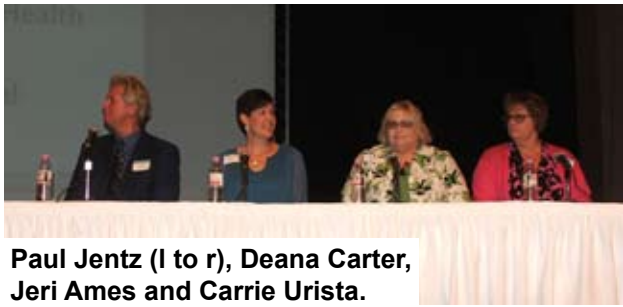


Around DFWHC Foundation

Nurse Education

AUGUST 7

With a record of more than 200 attendees at Brookhaven College in Dallas, the DFW Hospital Council (DFWHC) Foundation Workforce Center's annual **Summer Institute** was a record-breaking success, Aug. 7. The all-day nursing seminar themed, "Transition to Practice for New Graduate Nurses," was also presented by the North Texas Consortium of Schools of Nursing and Practice Partners. Morning sessions included hiring strategies for managers and what to look for in new graduates. Afternoon sessions detailed transition programs with a focus on hospital residencies.



Paul Jentz (l to r), Deana Carter, Jeri Ames and Carrie Urista.

OCTOBER 17, NOVEMBER 7

The DFWHC Foundation Workforce Center hosted two separate Nurse Preceptor Academies at Medical City Dallas Hospital, Oct. 17 and Texas Health Resources headquarters in Arlington, Nov. 7. Training included the responsibilities of preceptors, adult learning styles, beginning behaviors and progress assessment. Instructors included nurses from local schools and hospitals. The hospital-based sessions drew 175 attendees with each academy offering 6.25 CEU for nurses. ■



Nurse Preceptor Academy

Cultural Symposium

MORE THAN 120 ATTEND JULY 30 EVENT IN ARLINGTON

THE DFW HOSPITAL COUNCIL (DFWHC)

FOUNDATION Hospital Engagement Network hosted the educational event "Educating the Next CLAS: Culturally and Linguistically Appropriate Services in Today's Healthcare Environment" July 30 at UT Arlington. More than 120 attendees visited the all-day seminar that focused on ways to provide respectful quality healthcare responsive to the diverse needs of the community.

"We were so pleased with the participation," said Kristin Jenkins, president of the DFWHC Foundation. "Studies show minority Americans experience poorer than average outcomes. More than 30 percent of direct medical costs faced by African Americans, Hispanics and Asian Americans are due to health inequities—almost \$60 billion each year. The purpose of this event was to educate and build upon our local resources. With three different panels and an engaged audience, the symposium was a great success."

The session addressed the standards of the U.S. Department of Health and Human Services Office of Minority Health for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. It also detailed policies and best practices regarding workforce, language assistance, improvement and accountability through more than 12 presentations.

Speakers included Dr. Christina Cordero of The Joint Commission; Luanne Stout of Texas Health Resources; Cyndi Ramirez Ryan of Baylor Scott & White Health; Nikki Sumpter of JPS Health Network; Sylvia Moreno of Parkland Health & Hospital System; Yvette Wingate of Tarrant County Public Health; Dr. Jim Dunn of Parkland Health & Hospital System; and Karin Petties of UNT Health Science Center.

For information on presentations, please contact **Crystee Cooper** at ccooper@dfwhcfoundation.org. ■



Children's Timmons honored with billboard

GLENN TIMMONS, SECURITY OFFICER at Children's Health System of Texas, was honored for his 28 years of service in August with a huge billboard in front of the hospital. Timmons received the DFW Hospital Council (DFWHC) Foundation's Employee of the Year Award, April 22 during a ceremony at Irving Convention Center. He was the first recipient from Children's in the award's 18-year history.

The honor was detailed on KDFW FOX Ch. 4 News. After the billboard's appearance, Timmons received a promotion from Children's where he now trains new hospital security guards.

"This is just outstanding," said Sally Williams, director of the DFWHC Foundation Workforce Center. "Mr. Timmons is known as 'The Face' of the hospital. Wherever he goes he is known by name. We are so happy he is receiving this honor. The award was created to honor such crucial hospital employees as Mr. Timmons."

Timmons was one of four top award winners at the luncheon. A salute to the North Texas hospital workforce, the DFWHC Foundation Employee of the Year Luncheon is an opportunity for North Texas hospitals to acknowledge exceptional employees. In 2014, 14 recipients and 100 nominees were honored. The luncheon serves to boost morale within the healthcare community and offers employees a chance to be recognized. ■



Tarrant County takes action against diabetes

THE NORTH TEXAS HEALTH INFORMATION COLLABORATIVE and Healthy Tarrant County Collaboration hosted a meeting on diabetes prevention Nov. 12 at Tarrant County College Opportunity Center. The meeting took place within Fort Worth's "high diabetes prevalence" areas in zip codes 76112 and 76119. In a study produced by the DFW Hospital Council Foundation healthcare data, it was revealed there was an abnormally high occurrence of diabetes in the neighborhoods. The event was an opportunity to form task forces to conduct "action plans" for the area. **Shenequal Robertson** of The American Diabetes Association (ADA) and Tarrant County Commissioner **Roy C. Brooks** served as speakers. ■





Eric Scott

Vice President
GroupOne Services, inc.

Safe community standards

A DECADE AGO, LOCAL SCHOOLS AND HOSPITALS met with the DFW Hospital Council (DFWHC) and GroupOne HR Solutions to form a team that would provide community standards. These standards would serve as guidelines for drug screenings, background checks and immunizations for North Texas schools, hospitals and healthcare agencies.

Community standards for GroupOne are bound by employee quality, safety and acceptable conduct. Sometimes these standards can serve as a detailed list of community values. Without such standards, we would all be guided by something as informal as “I’ll know it when I see it.”

Prescreening requirements have now been introduced into clinical student checks. These requirements are the same as those for regular full-time employees (background checks, drug screens and immunizations). The reason for extending these requirements is simple. It’s not just “community standards” that need to be maintained, but the safety of all individuals in contact with patients or employees. Employee standards extend beyond technical skills to an individual’s criminal history and drug-free status. This community standard, or safe approach, ensures compliance with the Joint Commission pertaining to human resources.

GroupOne is the sole source in providing background screening services for North Texas schools. We are a wholly-owned subsidiary of DFWHC. As a leading provider of background screening for the healthcare industry for more than 25 years, GroupOne has the expertise, experience, reliability and customer service to provide dependable student screenings. The relationship GroupOne has with area schools and hospitals makes us the most knowledgeable background screening agency to provide your work in North Texas. We understand the community standards and we maintain the quality service necessary to protect not only our clients, but our neighbors.

We look forward to serving you and providing your background screening needs. For us, it’s not just a community standard. It’s a sense of pride. ■



Eric Scott: erics@gp1.com

Kim Hines: khines@gp1.com



GroupOne HR Solutions

Created by a board of select hospital chief executive officers in 1989, GroupOne was the nation’s first healthcare pre-employment screening program. Today, GroupOne provides convenient web-based solutions, automated employment verification and student background checks. It has grown into one of the most dependable human resource partners in the healthcare community.



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How to contact us

GroupOne Services
250 Decker Drive
Irving, TX 75062

Office: 972-719-4208
Toll Free: 800-683-0255
Fax: 469-648-5088

Around GroupOne

GroupOne to host Salary Survey “Lunch & Learn”

GROUPONE HR SOLUTIONS WILL BE HOSTING the special Lunch & Learn meeting “Salary Survey: Features and Reports – Understanding the Local Healthcare Market” on Thursday, December 4 at the Park Plaza Hospital in Houston from 11:30 a.m. to 1:30 p.m. All Houston and Gulf Coast salary survey participants and interested healthcare organizations are invited to attend this complimentary event.

The meeting will provide a detailed overview of local market data, features and reports available in the GroupOne Salary Survey System. If you are new to the GroupOne Salary Survey or frequently use the system, you will benefit from this discussion and learn the many features and reports in the survey. Not a participant? Join us to find out why 250 healthcare organizations in Texas rely on GroupOne for local healthcare specific market data.

Highlights will include:

- **Survey methodology and anti-trust compliance**
- **Data definitions – what do they mean?**
- **Find the quickest way to update your jobs**
- **Reports available on-line to all participants: Custom Job Reports, Wage Summary Reports, Trend Reports, Single Field Focus Reports**
- **What is the Data Export function? Would it be helpful for your organization?**

Park Plaza Hospital is located at 1313 Hermann Drive in Houston. This event is open to the first 30 registrants. To register, go to: <http://salarysurveygp1.eventbrite.com>. For more information, contact Suzanne Smith at ssmith@gp1.com or call 469-648-5014. ■



SALARY SURVEY
FEATURES & REPORTS – UNDERSTANDING THE LOCAL HEALTHCARE MARKET

GroupOne
HR Solutions

Invites our Houston/ Gulf Coast participants and interested healthcare organizations to attend a free “Lunch & Learn” event

Thursday, Dec. 4, 2014
11:30 a.m. – 1:30 p.m.
Park Plaza Hospital
1313 Hermann Drive
Houston, TX 77004

Questions:
Suzanne Smith
ssmith@gp1.com
469-648-5014

This meeting will provide a detailed overview of local market data, features and reports available in the **GroupOne Salary Survey System**. If you are new to the GroupOne Salary Survey or frequently use the system, you will benefit from this discussion and learn the many features and reports in the survey. Not a participant? Join us to find out why 250 healthcare organizations in Texas rely on GroupOne for local healthcare specific market data.

- Survey methodology and anti-trust compliance
- Data definitions – what do they mean?
- Find the quickest way to update your jobs
- Reports available on-line to all participants: Custom Job Reports, Wage Summary Reports, Trend Reports, Single Field Focus Reports
- What is the Data Export function? Would it be helpful for your organization?

Free admission and lunch. Pre-register at:
<http://salarysurveygp1.eventbrite.com>

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A Xerox Company

The Methodology

Define

the strategic initiatives of your company within seven core areas

Measure

your current environment using software tools, physical walkthroughs, and staff interviews

Analyze

both direct and indirect costs and validate findings with your team

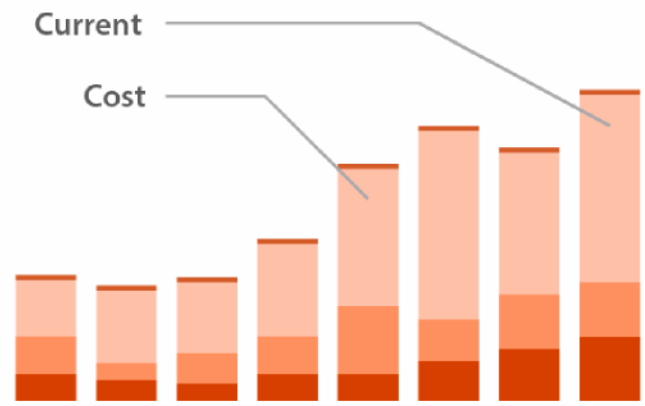
Improve

your workflow through co-authored solutions

Control

and improve the strategy through periodic reviews

Technology Mapping



Richard Thornton
Sr. Account Consultant
972-831-2079
richard.thornton@denitech.com

Let us help your organization better understand how to improve the management of your technology assets.

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