

DFWHC's 67th Annual Awards Luncheon

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FALL Fandango



James Mendez of Kindred Hospital Dallas accepts the Young Healthcare Executive of the Year Award. Dr. John Warner (standing, right), of UT Southwestern, served as Master of Cermonies.



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Steve Love

President/CEO
Dallas-Fort Worth
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Drug costs are far exceeding inflation

HEALTHCARE PROVIDERS HAVE ADOPTED A “TRIPLE AIM” of better health, better care and better value. Today, we are transforming healthcare delivery to focus on value versus volume. All providers, insurance companies, manufacturers and drug companies must work collaboratively towards these new initiatives.

North Texas hospitals have significant concerns with the rising costs of drugs. According to *Forbes*, more than 220 drug prices increased by 100 percent in 2013-2014. The Centers for Medicare and Medicaid Services projects drug costs will exceed 12.6 percent in 2014, far exceeding inflation. Express Scripts, the nation's largest pharmacy benefit manager, released an analysis noting a 13.1 percent increase in drug expenses in 2014. According to a British Broadcasting Corporation report, Turing Pharmaceuticals acquired the rights to Daraprim, a drug used for HIV, and the U.S. cost immediately increased from \$13.50 to \$750.00 a dose.

I understand pharmaceutical companies set prices on market tolerance. But a major flaw in such thinking is some therapeutic drugs are inelastic, meaning demand does not shift due to price changes. In theory, one would agree that generic drugs should operate in an open market with competitive prices. The flaw in that belief is many generics are produced by a small number of manufacturers and therefore have minimal competition.

We must address these rising drug costs through immediate collaboration. Provider costs are escalating and consumers are getting squeezed. Drug companies need to be accountable for outcomes the same as providers. Initial steps would be antitrust regulators reviewing drug company mergers, insuring a result of operational efficiencies and reduced drug prices. The Federal Drug Administration (FDA) should consider the cost of a drug in the approval process of a new medication, which is presently not the case. Research and innovation should reduce operating costs, but apparently this is not the case with drug manufacturers.

The bottom line is we need to improve patient outcomes by working together with appropriate measurements and metrics. Pharmaceutical companies must also be on the team and support the Triple Aim. ■

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DFWHC INTERLOCUTOR

EDITORIAL

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INTERLOCUTOR

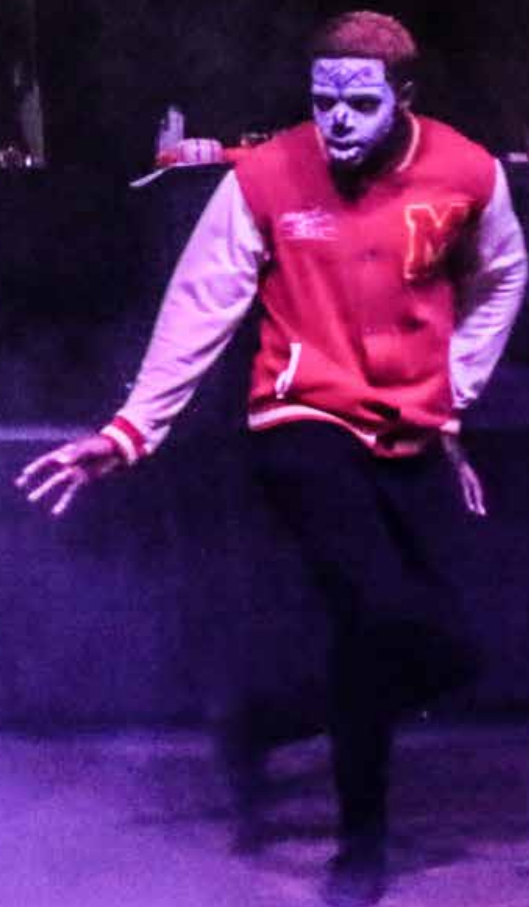
1: one who takes part in dialogue or conversation

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

FALL *Fandango!*



Annual Awards Luncheon



The Street Beatz Dance Company performs their own
“Fall Fandango” to open the Annual Awards Luncheon.



David Biegler of Children's Health System



Dr. Merlyn Sayers of Carter BloodCare

DFWHC's 67th Annual Awards Luncheon honors North Texas healthcare excellence

IF BALLROOM GREETERS ADORNED IN "DAY OF THE DEAD" MAKE-UP forming into a dance troupe weren't enough, the opening chords of Michael Jackson's "Thriller" soon began to play, an eerie mist covered the stage and the festivities were underway. So began the DFW Hospital Council's (DFWHC) 67th Annual Awards Luncheon, themed "Fall Fandango," on October 29 at the Arlington Convention Center.

The "flash mob" performance of the **Street Beatz Dance Company** preceded the introduction of 50 chairs of the board of trustees of North Texas hospitals. Also honored was **Dr. Merlyn Sayers** with the Distinguished Health Service Award, **David Biegler** as the Kerney Laday, Sr. Trustee of the Year and **James Mendez** as the Young Healthcare Executive of the Year. **Jason Castro** of "American Idol" fame made a surprise appearance to perform the National Anthem while **Jon Meacham** served as keynote speaker. DFWHC Chair and CEO of UT Southwestern University Hospitals **Dr. John Warner** was the luncheon's master of ceremonies. More than 700 attendees turned out for the event.

"We were thrilled by the attendance and participation," said W. Stephen Love, president/CEO of DFWHC. "This event has been a tradition in North Texas for so many years. We appreciate the opportunity to honor these volunteers and friends of North Texas healthcare."

Nominees for the 2015 Young Healthcare Executive of the Year Award were also introduced and honored on stage. They included **Elizabeth Asturi**, chief nursing officer at Texas Health Presbyterian Hospital Allen; **Derrick Cuenca**, CEO of Lake Granbury Medical Center; and **John Klitsch, III**, administrator business development of Lake Pointe Health Network.

Mendez, who attended with wife Kimberlee, said he appreciated the opportunity to serve as CEO of Kindred Hospital Dallas.

"I would like to thank my mentors for believing in me," Mendez said. "I appreciate the knowledge and wisdom

Annual Awards Luncheon



Kristin Jenkins (top left, l to r) and Dr. Merlyn Sayers pose with his award. Joel Allison (top right, l to r) of Baylor Scott & White Health, and George Farr, two former DFWHC Boone Powell, Sr. Award of Excellence recipients. Sylvia and Ron Smith (lower left, l to r) and John Gavras. Ron was the 1981 DFWHC Chair and a 1993 Boone Powell, Sr. Award recipient. Gavras was DFWHC President/CEO for more than 30 years. NEXT PAGE: Jason Castro (top left) performs the National Anthem; Chairs of North Texas hospitals (top right) are introduced; James Mendez (middle left) and wife Kimberlee; Jon Meacham (middle right) during his presentation; Dr. John Warner (lower left, l to r), Derrick Cuenca, Elizabeth Asturi, John Klitsch, III and W. Stephen Love; Keri Kaiser of Children's Health System (lower right) is surprised by a Street Beatz Dancer.

imparted upon me and I truly value everything I have learned within Kindred Healthcare."

Biegler has been associated with Children's Health System since 1987. He said he was inspired to serve on the board.

"It's always the greatest honor to be awarded by people whom you respect," Biegler said. "I think I can speak for every volunteer in this room, each of us really wants to make a difference."

Dr. Sayers, the president/CEO of Carter BloodCare since its formation in 1996, said the opportunity to assist North Texas hospitals for the past two decades has been a team effort.

"I'm sure there's not a single professional in the audience who does not know this award is not for one individual," said Dr.

Sayers. "Such awards are for teams devoted to a mission. I would like to say to these teams, you truly make a difference."

Autographed copies of Meacham's book "Thomas Jefferson: The Art of Power," were provided to the attending hospital chairs. A Pulitzer Prize-winning author, Meacham said he was honored to stand before so many involved in healthcare.

"When you all lead, you save and improve lives," Meacham said. "You are engaged in a great enterprise, with the goal being the safety of our fellow men and women. Like our great leaders, you are in tune with the culture of your times. You do not avoid people, and you understand their daily concerns."

Atlas Lift Tech, CampbellWilson, LLP and GroupOne Services served as gold sponsors of the luncheon. ■



Around DFWHC



Erma Johnson Hadley 1942-2015

Erma Johnson Hadley, the chancellor of Tarrant County College, died October 1 after a battle with pancreatic cancer. She was widely known for her work in education and was a long-time friend of the DFW Hospital Council. Hadley was a founding faculty member of Tarrant County College, beginning her career in 1968. In 2010, she became the college's fourth chancellor. Under her leadership, TCC's enrollment grew to 57,424, an increase of 26.7 percent. Hadley grew up in the small town of Leggett, in East Texas. She was the first African American from her high school to go to college. She went on to get an MBA and spent her career in education. She was inducted into the Texas Women's Hall of Fame in 2010. ■

EARLY STEPS DOWN AS CHAIR-ELECT

AUDRA EARLY, CHAIR-ELECT OF THE DFW HOSPITAL COUNCIL (DFWHC) Board of Trustees and CEO of **Kindred Hospitals**, resigned from the board in October. Early is relocating to southern California as Kindred's new senior vice president and head of hospital operations of its west region. Her resignation was effective November 1. Early's tenure was marked by her successful leadership when developing post-acute metrics and scorecards for DFWHC. Early has worked for Kindred Healthcare for more than 15 years, serving as executive director of Kindred's DFW area hospitals since 2011. **Lillie Biggins**, president of **Texas Health Harris Methodist Hospital Fort Worth**, will step into Early's role as DFWHC's new Chair-Elect. ■



Love talks local healthcare on **KAAM 770** broadcast



PARTICIPATING IN THE KAAM 770 AM RADIO TALK SHOW "PlayMakers," DFW Hospital Council (DFWHC) President/CEO W. Stephen Love was interviewed August 25 by host **Steve A. Klein**. "PlayMakers" features local CEOs and entrepreneurs who are making a difference within the Dallas-Fort Worth area. Love discussed his career, the projects of DFWHC and the status of North Texas healthcare. You can listen to the full 25-minute program at <http://www.playmakerstalkshow.com/2015/08/>. ■

Mt. Everest Survival

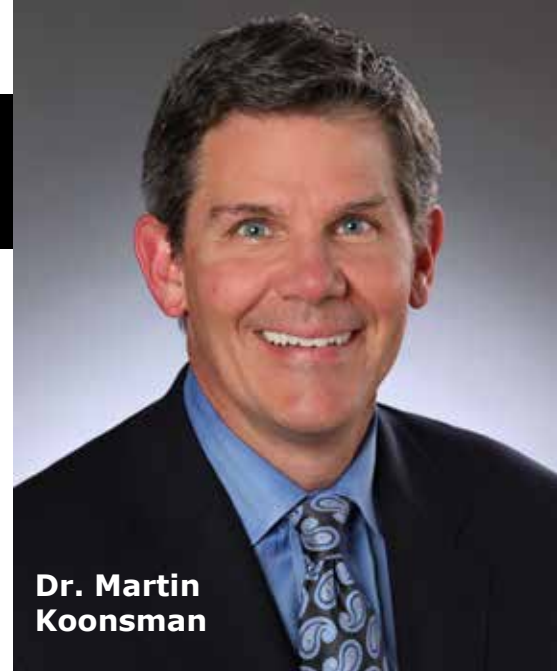


Dr. Beck Weathers

DR. BECK WEATHERS, A PATHOLOGIST AT HCA'S MEDICAL CITY DALLAS HOSPITAL, gave a surprise speaking presentation at the hospital September 17 detailing his survival of the 1996 Mount Everest disaster. The Hollywood film based on the event **"Everest,"** was released to theaters September 18. Dr. Weathers was left for dead, twice, after a fatal storm struck Mount Everest during his climb. After his rescue, Dr. Weathers returned to Dallas to receive medical care at the same hospital in which he worked. Even though his right hand and left fingers and thumb were amputated, Dr. Weathers continues to work as a physician at Medical City. He was played by actor **Josh Brolin** in the film. Dr. Weathers was also the keynote speaker at the first DFW Hospital Council Employee of the Year Luncheon in 1997. ■

Turner named Chair of Baylor Scott & White

JIM L. TURNER WAS NAMED CHAIR of the Baylor Scott & White Holdings Board of Trustees on October 1, becoming the second-ever chair of the organization born from the 2013 merger of Dallas-based Baylor Health Care System and Temple-based Scott & White Health. Turner follows Drayton McLane, Jr., the company's first chair. In a long history of leadership with Baylor Health Care System, Turner spent 14 years as a board member, including two years as the chair of the finance committee. ■



Dr. Martin Koonsman

Methodist Dallas Names President

METHODIST HEALTH SYSTEM ANNOUNCED IN SEPTEMBER

that **Martin Koonsman, MD, FACS**, would be the new president of **Methodist Dallas Medical Center**. Practicing medicine for 27 years as a general surgeon, he will become the first physician president at a Methodist hospital. For the past two years, he's served as the chief medical officer for Methodist Dallas. Dr. Koonsman graduated from Texas A&M University in 1984 and from Texas Tech University School of Medicine in 1988. He then came to Methodist Dallas for a five-year residency and stayed with the organization to practice medicine. Dr. Koonsman has served as chair of the department of surgery, president of the Methodist Dallas medical staff, chairman of the corporate medical board for Methodist Health System, member of the board of directors for Methodist Health System, member of the board of directors for the Methodist Patient Centered ACO and member of the board of directors for Dallas Methodist Physicians Network. Dr. Koonsman is also a member of the American College of Surgeons, the Dallas Society of General Surgeons and the Dallas County Medical Society. ■

Around DFWHC



Dr. Daniel Podolsky (l to r), president of UT Southwestern Medical Center, and Barclay Berdan, CEO of Texas Health Resources.

UTSW and THR announce partnership

*New affiliation to be
named Southwestern
Health Resources*

UT SOUTHWESTERN MEDICAL CENTER (UTSW) AND TEXAS HEALTH RESOURCES (THR) announced October 2 the creation of a team partnership that is expected to strengthen the systems by offering expanded access to integrated care for North Texan residents. The UT System Board of Regents and THR Board of Trustees approved the new healthcare network.

The new affiliation will be named **Southwestern Health Resources**. Plans include an expansive network of more than 3,000 physicians, as well as a hospital network to include 27 facilities in North Texas comprising the 25 THR and two UTSW hospitals. The network is expected to combine the best in primary and specialty care for all medical challenges. It will also enable hospitals and physicians to work together, using common health profiles so each patient receives quality care at the most appropriate location.

Southwestern Health Resources is expected to offer several advantages to patients including the **Integrated Physician Network**, which will coordinate the efforts of more than 3,000 physicians encompassing UTSW physicians, physicians in the UT Southwestern Clinically Affiliated Physicians (UTSCAP) program, physicians in the Texas Health Physicians Group (THPG) and independent physician groups. It will also provide an **Integrated**

Hospital Network focusing on the delivery of coordinated care through UTSW's two hospitals and THR's 25 hospitals, with a key component being a Joint Operating Company formed to bring together **UTSW's William P. Clements Jr. University Hospital** and **Zale Lipshy University Hospital**, and THR's **Texas Health Presbyterian Hospital Dallas**, under the oversight of a UT Southwestern-appointed leader.

While UTSW's patient care, education and research missions will remain under its ultimate control, opportunities to expand each will become available through the affiliation. In addition, integration will enhance UTSW's opportunities for research and create additional training opportunities for students, residents and fellows. As part of the affiliation, THR will provide significant support to enable UTSW to pursue academic initiatives, including the establishment of a new center for population health research.

The formation of Southwestern Health Resources will not alter UTSW's relationships with other partners including **Parkland Health & Hospital System**, **Children's Health System of Texas** and **VA North Texas Health Care System**. Although UTSW is a state institution, neither its state appropriation nor funds provided by the UT System are used in support of its clinical facilities and services. ■



BAYLOR SETS STATE RECORD

A NEW STATE RECORD WAS SET BY BAYLOR UNIVERSITY MEDICAL CENTER on September 1 when nine organs were transplanted for seven patients in a single calendar day. The hospital caregivers continued working through the early morning hours of September 2 as surgeons performed another three transplants, bringing the total to 12. About 150 personnel were involved in the process to help Baylor surpass the previous record of

eight organ transplants in a day. The 12 patients were from Texas, Louisiana and Georgia. The transplants came from two living donors and 10 deceased, with the surgeries performed including one heart transplant, two lung transplants, three kidney transplants and three multi-organ transplants. **The Baylor Annette C. and Harold C. Simmons Transplant Institute** has successfully transplanted more than 8,200 organs over the last 30 years. ■



THE 2016 EDITION OF D CEO'S "DALLAS 500" was released in November. The magazine's annual publication details the top 500 business leaders in the metroplex. Healthcare executives included **Joel Allison** of Baylor Scott & White Health; **Barclay Berdan** of Texas Health Resources; **Dr. Frederick Cerise** of Parkland Health & Hospital System; **Chris Durovich** of Children's Health System of Texas; **Robert Earley** of JPS Health Network; **Trevor Fetter** of Tenet Healthcare; **W. Stephen Love** of the DFW Hospital Council; **Stephen Mansfield** of Methodist Health System; **Dr. Daniel Podolsky** of UT Southwestern Medical Center; **Bob Walker** of Texas Scottish Rite Hospital for Children; **James Berg** of Texas Health Presbyterian Hospital Dallas; **Lillie Biggins** of Texas Health Harris Methodist Fort Worth; **Joseph DeLeon** of Texas Health Harris Methodist Hospital Southwest Fort Worth; **Doug Hock** of Children's Health System of Texas; **Laura Irvine** of Methodist Health System; **David Klein** of Baylor All Saints Medical Center Fort Worth; **John McWhorter** of Baylor University Medical Center; **Rick Merrill** of Cook Children's Health Care System; **Jeff Milligan** of VA North Texas Health Care System; **Troy Villarreal** of Medical City Dallas Hospital; and **Dr. John Warner** of UT Southwestern University Hospitals. ■

Medical Center of Plano opens new burn center

HCA'S MEDICAL CENTER OF PLANO ANNOUNCED the October opening of the **Burn and Reconstructive Centers of Texas**. The center will be the first dedicated burn unit in Collin County and only the second in North Texas. The \$10 million, 20,000-square-foot addition will include a specially equipped trauma room, two operating rooms, an eight-bed intensive care unit and a six-room outpatient clinic. **Medical Center of Plano** is the only Level 2 Trauma Center in Collin County. It is pursuing accreditation as a Level I Trauma Center. The new center is in collaboration with the **JMS Burn Center** of Georgia and will serve patients from Texas, Oklahoma, New Mexico and Louisiana. ■



DFWHC hosts patient handling education

WORKING IN COORDINATION WITH ATLAS LIFT TECH, the DFW Hospital Council (DFWHC) hosted “Safe Patient Handling and Mobility,” September 2 at **Texas Scottish Rite Hospital for Children**. The educational event was complimentary to DFWHC members and detailed patient handling programs which could improve outcomes in area hospitals.


Speakers included **Susan Gallagher, PhD, RN**, a clinical advisor on patient safety; and **Ken Meehan**, Atlas Lift COO and a former hospital executive. A panel discussion to include a Q&A session was moderated by DFWHC President/CEO W. Stephen Love.

“We were pleased to provide this education session to area hospital employees,” Love said. “Each year, as many as one million patients suffer falls in U.S. hospitals, so programs such as these are a great opportunity to improve patient safety in North Texas.”

For information on educational events, contact **Kristin Alexander** at kalexander@dfwhc.org. ■



Dr. Susan Gallagher, clinical advisor on patient safety, during her presentation September 2.



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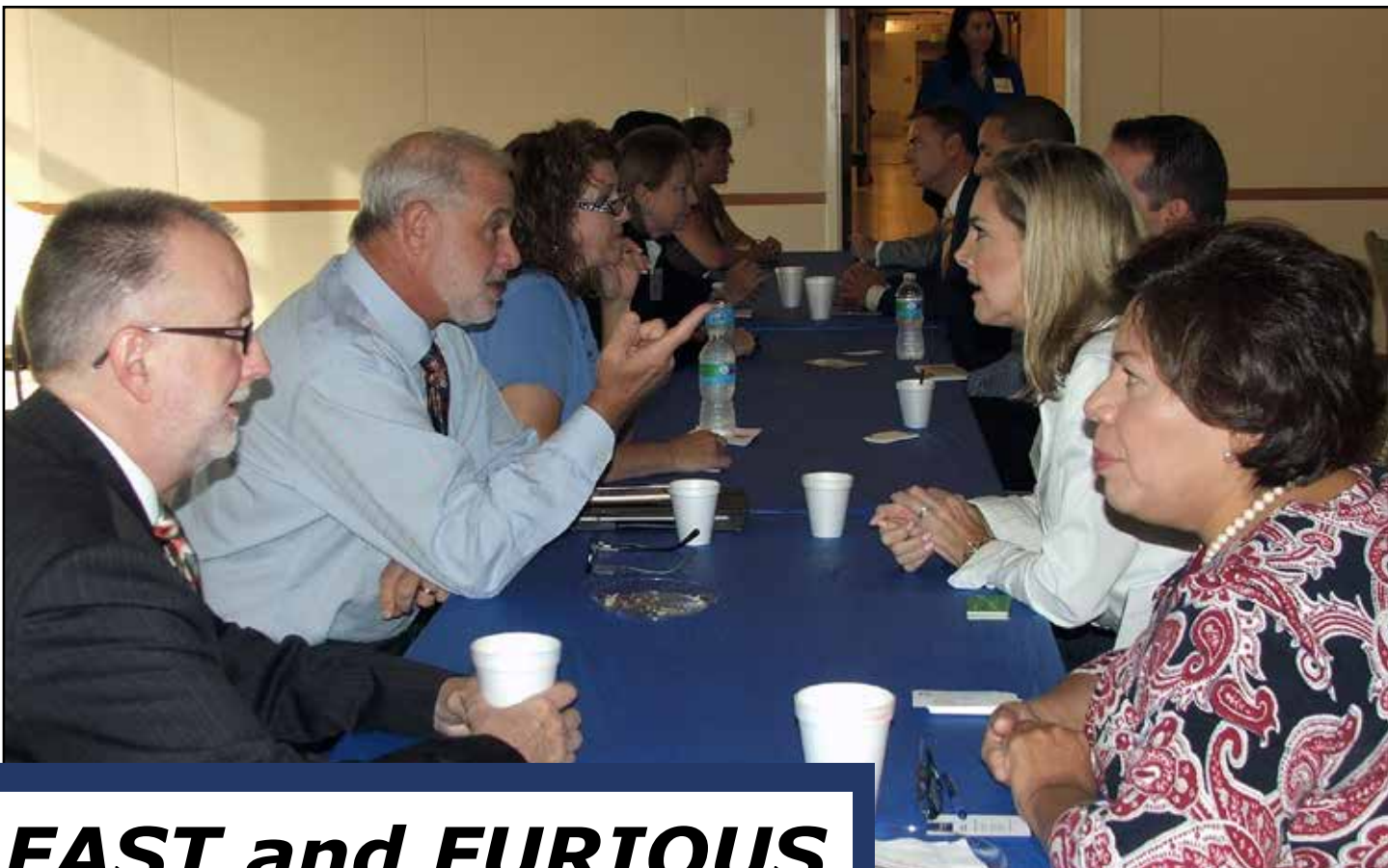
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FAST and FURIOUS

DFWHC's Speed Networking attracts 50 area executives

If you weren't there September 3, you missed a fast and furious opportunity to make business connections at the DFW Hospital Council's (DFWHC) Speed Networking event at Texas Scottish Rite Hospital for Children. A fun opportunity to meet and greet healthcare executives, the event was attended by representatives of **Parkland Health & Hospital System, UT Southwestern Medical Center, Konica Minolta, HCA's Medical Center of Plano, Best Receivables Management, Children's Health System of Texas, the Leukemia & Lymphoma Society, DFW AHEC and Atlas Lift Tech.** DFWHC President/CEO W. Stephen Love and DFWHC Foundation President Kristin Jenkins were also in attendance. DFWHC's next Speed Networking will be announced soon to take place during the first quarter of 2016. For information, please contact **Kristin Alexander** at kalexander@dfwhc.org. ■



Tamara Jones (right) of Constangy, Brooks, Smith & Prophete, LLP.



Seetha Modi of the Leukemia & Lymphoma Society.

Associate Members



Healthcare Leadership DIVERSITY

By Margaret Base

A significant lack of diversity in the “C-suite”

DESPITE THE ATTENTION AND EFFORTS ON IMPROVING minority and female representation in hospital and healthcare leadership, there is still a significant lack of diversity in the “C-suite.” Recent studies have shown that racial and ethnic minorities account for less than 15 percent of hospital executive and board leadership. Women are also not represented as fully as they should be. As healthcare organizations talk about ideas such as population health and equity of care, it is critically important for their leadership teams to reflect and represent their communities. Surely not enough progress has been made.

Earlier this year, my firm conducted its fourth Healthcare Leadership Diversity survey in which hundreds of executives shared their thoughts on the current state of leadership diversity in the industry, including obstacles, best practices and reasons for renewed urgency in addressing this issue. Extensive phone interviews were conducted with 23 of the respondents (a report on the findings, “Closing the Gap in Healthcare Leadership Diversity,” is available at WittKieffer.com).



The study found a high degree of consensus about the business case and rationale for executive diversity. A diverse leadership team contributes to reaching strategic goals (66 percent), successful decision-making (71 percent) and equity of care (72 percent), respondents said. Clearly there is strong agreement on the value of a diverse leadership team.

Respondents were split in identifying obstacles to achieving greater leadership diversity. Caucasian executives cited the greatest obstacles as the lack of access to diverse candidates to hire and promote, while racially/ethnically diverse respondents cited lack of commitment by top management and the board as the primary barriers.

The responses of women and men varied as well. While both genders feel there has been progress in healthcare leadership diversity, women respondents suggested that less progress has been made and much more needs to be done. However, alignment was found among respondents when asked to identify solutions and best practices for improving diversity in leadership.

Promoting from within, mentoring and internships, communicating the value of cultural differences, seeking out diverse candidates from professional organizations, and seeking regular employee input about their organization's diversity

Best practices to develop diverse leaders (Witt/Kieffer, 2015)	Agree
Create mentoring programs	84%
Create programs and/or opportunities to expose young people to healthcare careers	80%
Seek ways to move individuals from college and/or healthcare jobs to hospital administration	63%
Create/expand internal diversity	61%
Develop ongoing diversity leadership training programs	59%

initiatives were cited as ways for leaders to promote greater diversity.

For an organization seeking to make progress in this area, it's likely that real progress will require an integrated approach that includes both top-down and bottom-up commitment and strategies. Board and executive leadership must be willing to communicate genuine support and lead the way in diverse hiring practices. Organizations must find innovative ways to attract and retain diverse talent while also providing training, promotion and career development opportunities.

Margaret Base is an executive search consultant in Witt/Kieffer's Healthcare practice. Margaret supports Witt/Kieffer's national Healthcare team in conducting searches for CEOs, CFOs, CNOs, COOs, and many other executive roles within hospitals, health systems, integrated delivery networks, and other organizations. ■

Associate Members



TWU and Dallas VA form \$3.5 million partnership

THE CALL TO SERVE: IT'S AT THE CORE OF WHAT MAKES BOTH VETERANS AND NURSES WHO THEY ARE. As a Military Friendly institution, Texas Woman's University understands the special needs of veterans and the Veteran's Affairs (VA) facilities that treat them. Continuing this commitment to veterans, the university has become part of the national Veterans Affairs Nursing Academic Partnership (VANAP) to ensure veterans continue to receive the best care possible and that TWU student nurses are well positioned for careers in veteran care.



“I was active duty Air Force and from that perspective value the care provided to veterans. Beyond caring for veterans at a VA facility, as a nurse I have encountered veterans in every care setting.”

**--Dr. Stephanie Woods, Associate Dean
Texas Woman's University - College of Nursing**

The VANAP is an innovative education and practice collaboration between VA facilities and nursing programs to ensure quality veteran care now and in the future. The TWU Houston J. and Florence A. Doswell College of Nursing in Dallas recently became part of the VANAP under the leadership of Stephanie Woods, PhD, associate dean of nursing at the T. Boone Pickens Institute of Health Sciences—Dallas Center. This partnership will yield approximately \$3.5 million in funding for TWU nursing faculty for the next five years.

“The partnership with the VA gives us the opportunity to expand our clinical spaces in the VA hospital for our students, and allows us to hire more nursing faculty,” said Dr. Stephanie Woods, associate dean of the College of Nursing. “Our students are asked if they would like a clinical rotation at the VA hospital and if they would like to undergo a more in-depth and rigorous experience at the VA.”

There are more than 21 million veterans in the United States and more than 1.5 million veterans in Texas, with an increasing female veteran population, and an aging nursing workforce. The goal of the VANAP program is to partner with university nursing programs, like TWU's College of Nursing, to provide educational and employment opportunities for future nurses.

Students who participate are advised by faculty and directors with a deep understanding and experience with VA culture, and who are committed to making the experience and program a success.

In addition to providing clinical rotations and faculty, the VANAP program increases hiring opportunities for student nurses as student nurse technicians (SNT) while they are in nursing school. Additional programs like the Veterans Affairs Learning Opportunity Residency (VALOR) program allows

students to work as a SNT in addition to having in-depth experiences in VA nursing. Students who have participated in the SNT or VALOR program also have better chances of being hired into a post-baccalaureate residency program once they graduate and obtain licensure as full time registered nurses. Nurses employed with the VA receive overwhelming support including tuition reimbursement and the unique licensure to work at any VA facility across the country.

“Once employed by the VA, your service, benefits and license transfer with any nurse that relocates to a different VA facility in any part of the country; not requiring a re-licensing in a new state,” said Woods.

She continued, “Ultimately, this is a win-win situation for everyone. Our students are educated, we increase our faculty through partnership and increased funding, and we provide career opportunities for our students in a field where the workforce is beginning to retire.”

This project hits home for Woods, who herself is a veteran. “I was active duty Air Force, and certainly from that perspective, value the care provided to veterans,” she said. “Beyond caring for veterans at a VA facility, as a nurse I have encountered veterans in every care setting.”

In addition to all the exposure TWU is giving students to the local VA, the university also is providing a veteran-centric curriculum, so students can better learn how to care for veterans in any setting.

“We are developing innovative lectures, clinical labs and even a standardized veteran family,” Woods said. “This in-depth exposure uniquely prepares TWU graduates to care for the specific needs of veterans, thus making a difference to our veteran population and setting the TWU Houston J. and Florence A. Doswell College of Nursing apart from others.” ■

Associate Members



BASIC NEED FRESH FOOD

Growing health crisis in Dallas inspires the need for food system development

AT THE MAYOR'S TASK FORCE ON POVERTY MEETING in October 2015, some sobering statistics were presented about Dallas poverty, particularly for children, and the long-term health consequences associated with exposure to food insecurity.

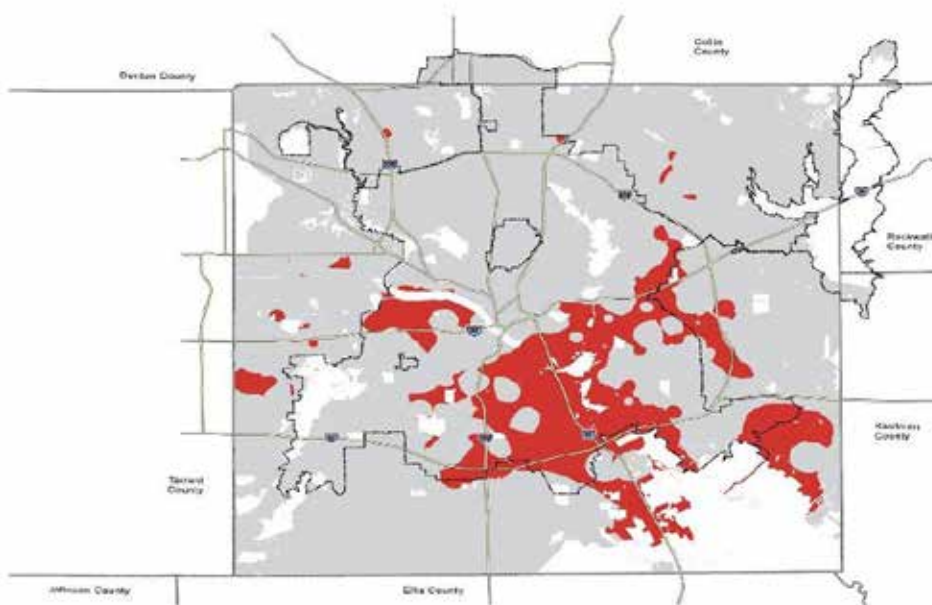
In 2015, 38 percent of local children are classified as living at or below the poverty level, placing Dallas at the top for childhood poverty in cities of one million or more residents.¹ This problem is exacerbated because the majority of these children live in areas characterized by crime, blight, geographic isolation, unemployment and lack of access to a basic need -- fresh food.

The 2010 report *Food for Every Child* by The Food Trust² found that Texas has fewer supermarkets per capita than any state in the U.S. In fact, Dallas has fewer grocery stores than any city in the nation, with most locations operating disproportionately in higher income neighborhoods to the north. More than 245,000 Dallas children live in areas geographically isolated from fresh food.

Both the Institute of Medicine³ and the Centers for Disease Control and Prevention⁴, recommend investing in supermarkets and corner stores that sell healthy and affordable foods in underserved communities. This is part of a comprehensive strategy to combat obesity, diabetes and heart disease. The Texas Comptroller's Office has estimated that obesity-related disease will cost Texas employers \$32.5 billion by 2030.⁵

Children at Risk, in partnership with Charting the Course and the Health and Wellness Alliance of Children's Health, have spearheaded the **Dallas Healthy Corner Store Initiative**. This project will bring fresh produce to

6: Areas with Greatest Need



stores operating in poverty dense neighborhoods of Dallas.

Why corner stores? Disadvantaged areas have historically been unsuccessful at lobbying for the capital necessary to attract grocery store development. As transportation in these communities is often limited to public transportation, residents rely heavily on small corner stores. Inventory at these locations consist of processed, high sugar and high sodium foods.

The Healthy Corner Store Initiative will link small-store owners with suppliers of fresh produce such as community gardens and local farms. It will also assist store owners in the procurement of shelving and refrigeration. Finally, the initiative will provide educational materials that engage the community in the long-term health benefits of choosing fresh produce over processed foods.

The development of small-scale food systems in such areas will improve health outcomes and stimulate opportunities through the engagement of community gardeners and local farms. The initiative has found a home in the Dallas Neighborhood Plus Program and is seeking a budget for implementation within the next three years. The model for the

program, inspired by The Food Trust of Philadelphia, has been highly successful for neighborhoods across the U.S., including 600-plus stores in Philadelphia.

Children at Risk is a non-partisan research and advocacy organization dedicated to addressing the causes of poor policies affecting children. The mission is to serve as a catalyst for change to improve the quality of life for children. Children at Risk opened its North Texas office in 2011 to advocate for improving the systems that address children's needs. Through its Dallas campaign, Children at Risk seeks to advance solutions that increase the availability of fresh, healthy food in underserved neighborhoods and to promote strategies including the Healthy Corner Store Initiative. ■

¹ American Community Survey, 2008-2012.

² The Food Trust, 2015. Food for Every Child: The Need for Healthy Food Retail in the Greater Dallas Area. Philadelphia, PA.

³ Institute of Medicine, 2012.

⁴ Khan et al., 2009. CDC Division of Community Health Grant-making.

⁵ Combs 2011. Counting Costs and Calories: Measuring the Cost of Obesity to Texas Employers. Austin, TX: Texas Comptroller of Public Accounts.



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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

Uses and abuses - Opioid Safety Program

ON NOVEMBER 12, THE DFW HOSPITAL COUNCIL FOUNDATION hosted the educational seminar "Opioid Safety." During the presentation, team members of the Foundation shared adverse drug event information for the region based on data from its Information and Quality Services Center. We were pleased with the attendance as every health system in North Texas had representatives at the meeting.

In the DFW area in 2014, the average incidence of adverse drug events was 2.04 percent from the small and large bowel procedures, and knee and hip replacements. This amounted to 464 cases of patient harm out of 22,755 encounters.

The length of stay for these adverse drug event cases was 6.97 days longer than those without. This amounted to 3,234 excess days of care.

As one can tell from these numbers, adverse drug events are dangerous and expensive. Oftentimes there is an overuse of opioid pain medications in these procedural admissions.

During the conference, nursing and physician experts presented solutions to the issues that contribute to these events. The solutions were practical and affordable.

Over the coming year, the Centers for Medicare & Medicaid Services, the Joint Commission and the mainstream press are focusing on opioid errors and abuse within our hospitals and community. Join us in adopting best practices to decrease such uses and abuses. These drugs are meant to relieve pain, but can be dangerously "over-prescribed" and ingested.

If you would like to participate in our Opioid Safety Program, please reach out to our Director of Patient Safety and Quality, **Patti Taylor**, at **ptaylor@dfwhcfoundation.org**. She can also provide you with information to facilitate your own quality improvement efforts.

Thank you for working with us to improve our community's health. ■

How to contact us

972-717-4279

info@dfwhcfoundation.org



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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Around DFWHC Foundation



Daniela Decell (l to r), Pam Stoyanoff, Audra Early and Kristin Jenkins participated in the September 18 HFMA event “Lead This Way: Women’s Forum” in Las Colinas.

Healthcare leaders discuss “Earning their Stripes”

AS PART OF THE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION’S (HFMA)

seminar “Lead This Way: Women’s Forum” September 18 at the Omni Mandalay Hotel in Las Colinas, a panel of the area’s top female executives discussed “Earning Our Stripes – Lessons from Leaders.” DFW Hospital Council Foundation President **Kristin Jenkins** served as panel moderator to **Pam Stoyanoff**, executive vice president at Methodist Health System, **Audra Early**, division vice president at Kindred Healthcare and **Daniela Decell**, president/CEO at Las Colinas Medical Center.

Panelists described their lessons learned as successful female executives with topics including acting as the protagonist of your work story, successfully meeting business challenges in ways that demonstrate your personal values and ethics, and unlearning some the earliest lessons learned.

HFMA is the nation’s leading membership organization for healthcare financial management executives and leaders. More than 34,000 members, ranging from CFOs to controllers to accountants consider HFMA a respected leader on top trends and issues facing the healthcare industry. HFMA members can be found in all areas of the healthcare system including hospitals, managed care organizations, physician practices, accounting firms and insurance companies. ■

Around DFWHC Foundation

ESQUIVEL RECEIVES ADVOCACY AWARD

DURING AN OCTOBER 18 AWARDS GALA hosted by the Greater Dallas Asian American Chamber of Commerce at the Marriott Legacy Town Center in Plano, **Ruben Esquivel** received the Advocacy Award for Service.

The Greater Dallas Asian American Chamber of Commerce was founded in 1986 with the mission to advocate for its members and the Asian American business community.

Esquivel, vice president for community and corporate relations of **UT Southwestern Medical Center** at Dallas, is a long-time member of the DFW Hospital Council Foundation Board of Trustees. He is also a past recipient of the DFW Hospital Council's Distinguished Health Service Award.

Additional recipients included **Nada Ruddock** of NBC 5/KXAS-TV with the Advocacy Award for Integration and **Irv Ashford, Jr.** of Comerica with the Advocacy Award for Outreach. ■



Foundation debuts new “Healthy North Texas”



THE DFW HOSPITAL COUNCIL FOUNDATION (DFWHC FOUNDATION) hosted a meeting on population health while also providing a preview of its updated website “Healthy North Texas,” September 15 in Irving.

Representatives of the Healthy Communities Institute displayed the new capabilities of Healthy North Texas, including access to health information on 12 North Texas counties. The updated website went live in September.

Dr. Deryk Van Brunt, president of the Healthy Communities Institute and a professor at the University of California, Berkeley School of Public Health, led the demonstration. While advocating for population health, Dr. Van Brunt emphasized the need for community collaboration while utilizing evidence-based data which can be found through the website.

“It was a great turnout for a project that is continuing to grow in the community,” said Kristin Jenkins, president of the DFWHC Foundation. “Healthy North Texas has always been a vast resource of population health information. With the new updated site, it will be easier than ever before to discover the health needs of our community.”

To visit the site, go to **www.healthyntexas.org**. For information, contact **Dr. Sushma Sharma** at **ssharma@dfwhcfoundation.org**. ■

WhitePaper

Healthcare Consumerism in Tarrant County

A research summary from the Dallas-Fort Worth Hospital Council Foundation



WHITE PAPER HIGHLIGHTS

- 75%** consumers trust healthcare providers
- 66%** women less likely to adhere to medication
- 58%** rate access to provider as good/very good
- 50%** thought provider showed concern



Study details FW healthcare consumers

A NEW DFW HOSPITAL COUNCIL FOUNDATION (DFWHC FOUNDATION) study released in September reveals the habits of Tarrant County residents when obtaining healthcare, with approximately 50 percent of consumers uncomfortable when discussing mental health issues and more than a third having stopped taking medication due to cost.

The DFWHC Foundation white paper “Healthcare Consumerism in Tarrant County” was inspired by a survey conducted in 2015 with Fort Worth citizens. Questions involved medication use, patient engagement, healthcare knowledge and cultural barriers.

“This white paper highlights consumer behavior, perceptions, experiences and beliefs following the establishment of the Affordable Care Act,” said Crystee Cooper, author of the paper and director of health services research at the DFWHC Foundation. “To improve quality and outcomes, it is important for healthcare systems and providers to understand regional patient needs through studies such as these. Inefficient and ineffective care contributes to poor outcomes, frequent hospitalizations and readmissions. For these reasons, it is vital to evaluate healthcare consumerism.”

Additional highlights of the study included:

- More than 75 percent of consumers trust their healthcare providers,
- 66 percent of women are less likely to adhere to medication regimens,
- More than 58 percent of the respondents rate access to their provider of choice as good or very good, and
- Less than 50 percent thought their healthcare provider showed concern for their well-being.

“We are committed to providing crucial information from our research and data,” said Kristin Jenkins, president of the DFWHC Foundation. “We believe this information can initiate actions to promote safe practices in healthcare.”

To obtain a copy of the white paper, you can contact **Dr. Cooper** at ccooper@dfwhcfoundation.org or call **972-719-4900**. ■



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The art and science of hiring a qualified workforce

HIRING SOMEONE INTO YOUR ORGANIZATION has evolved over the last 20 years from the practice of completing a paper application, wait 10 minutes and conduct a 15-minute interview. The interviewer asks about your interests and why you need the job. Very little objective, analytical care was given to the process, thus companies would see a rise in risk and turnover.

Talent selection is evolving to include predictive behavior questions, talent assessment tools and evaluation of background reports. Multiple teams of interviewers are involved, including human resource representatives, hiring managers and internal customers. Industries such as hospitality, healthcare and retail incur from 15-25 percent annual turnover, inspiring the investment of time and resources.

At the National Association of Professional Background Screening's (NAPBS) annual conference in September, a panel of employers shared the importance of working with partners who provide reliable information for hiring. The pressure placed on human resources professionals to close vacancies is critical. A common thread among the panelists was the accuracy of the background reports. It was important to validate the applicant's employment, education and criminal history to ensure the hires were compliant with respective policies and investors.

The background screening industry has grown significantly in the last few years. NAPBS reported an increase of 17 percent in association members, with more than 737 participants attending the conference. The industry is increasing certification and accreditation expectations. One of GroupOne's 2016 goals is the pursuit of accreditation under NAPBS guidelines. In addition, GroupOne leaders expect to attain FCRA Basic Certification in 2016.

The days when intuition and experience accounted for solid hiring practices are diminishing. Today, it is data-driven decisions that minimizes risk and increases quality of hire. GroupOne believes in validating its technology and people through industry accreditation. Our hospital and health care system clients have progressively used data driven practices. It's time we join them. ■



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Created by a board of hospital CEOs 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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Around GroupOne



FEBRUARY IS SURVEY TIME

FEBRUARY IS SURVEY TIME AT GROUPONE SERVICES, with three annual HR Surveys conducted. The following is a brief description of each survey.

Pay Practices Survey - annual survey of Texas hospital and healthcare providers offers findings on key compensation measures, certification pay, shift differentials, holiday pay, call pay, charge and preceptor pay, critical shortage and seasonal pay practices and retention plans. Data cuts are included for both the Dallas-Fort Worth area and Texas. Cost for participants is \$200 and non-participants \$600.

Benefits Practices Survey - this annual survey reports findings on benefits for Texas hospitals and providers. The report includes findings for time off benefits, retirement plans, health,

dental and vision insurance, prescription drug plans, short-term disability, long-term disability, life insurance, tuition assistance and professional development. Cost for participants is \$200 and non-participants \$600.

Vacancy and Turnover Survey - annual survey reports the job vacancy and job turnover results of nursing and allied health professionals in North Texas. The report includes findings for registered nurses, physical therapists, respiratory therapists, medical technologists, pharmacists and dieticians. Cost for participants is free and non-participants \$600.

Survey links will be sent to clients and other healthcare entities on Friday, February 1. For more information, contact **Stephen Dorso** at **972-719-4900** or **stephend@gp1.com**. ■



If you are a GroupOne Salary Survey participant, we wanted to offer a money-saving tip. Bundling that service with GroupOne's expert background screening solutions will provide great overall savings to your company. Give **Kim Hines**, GroupOne's Account Manager, a call at **469-648-5051** or e-mail her at **khines@gp1.com** for the scoop on how much money your company can save. Save smart! ■

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