

GROWING **LITTLE MINDS**

DFWHC's infant brain development campaign developed in coordination with Mayor Rawlings to begin in July

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Employee
of the Year
winners
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Steve Love

President/CEO
Dallas-Fort Worth
Hospital Council

Working together over the next 15 months is a priority

VINCE LOMBARDI ONCE SAID “People who work together will win whether against complex football defenses or the problems of modern society.”

We were pleased to learn on May 2 that the Health and Human Services Commission (HHSC) and the Centers for Medicare and Medicaid Services (CMS) announced the Texas Medicaid 1115 Waiver would be extended for 15 months. We will now have funds for Uncompensated Care and the Delivery System Reform Incentive Payment Program (DSRIP) pools. We thank HHSC and CMS for their work to continue these important programs.

DSRIP is no small matter, with 1,451 projects across 20 regions of Texas serving some of our most vulnerable populations with crucial healthcare that promotes primary and preventive care. The authority for this extension is in section 1115 (a) of the Social Security Act, with the Medicaid 1115 Waiver entitled “Texas Healthcare Transformation and Quality Improvement Program.”

We should certainly celebrate this 15 month extension, but we need to immediately begin work on what happens before this extension expires at the end of 2017. If you are a stakeholder, physician, hospital leader, community healthcare provider or state legislator, the time is now to develop an approach supporting appropriate levels of Medicaid payment for 2018 and beyond.

Our plan must address coverage, access and appropriate provider payments while utilizing systems for managing and coordinating care. CMS and HHSC must reach an agreement by the end of the 15-month extension. We have no choice but to work collaboratively to ensure we have an approved plan for the future.

We care about the health and well-being of all Texans, especially our uninsured citizens. So it is imperative that we put public health on our priority list with a bipartisan solution. The next 15 months will be a challenge, but we will succeed if we work together. Let’s strive to do the right thing for our fellow Texans by ensuring we meet that deadline. The countdown to December 31, 2017 has begun. ■

SPRING 2016 www.dfwhc.org

DFWHC INTERLOCUTOR

EDITORIAL

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ADVERTISING

Interlocutor reaches more than 5,000 healthcare professionals in North Texas. It is published four times a year.

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PUBLISHED

Interlocutor is published by the DFW Hospital Council as a membership benefit providing information on healthcare issues and DFWHC activities. Material may be reprinted without permission, provided acknowledgement is given. Articles, news items and opinions are appreciated.

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

GROWING LITTLE MINDS

Working with Dallas Mayor Mike Rawlings, DFWHC kicks off North Texas campaign

WITH THE DFW HOSPITAL COUNCIL (DFWHC) MEMBERSHIP CONSISTING OF 90 NORTH TEXAS HOSPITALS working together for networking, education and quality healthcare, City of Dallas Mayor Mike Rawlings proposed an idea that could assist new mothers of the region.

Originating from these early discussions was an ambitious campaign focusing on educating parents about infant brain development in their newborn babies. The meetings gave birth to the “Growing Little Minds” campaign, a multi-pronged effort to include a video, website and social media presence.

The campaign went “live” in June with an expected press conference in September. DFWHC hospitals will be shipped items to include promotional towels, flyers and posters. The website and video campaign can be found at GrowingLittleMinds.com.

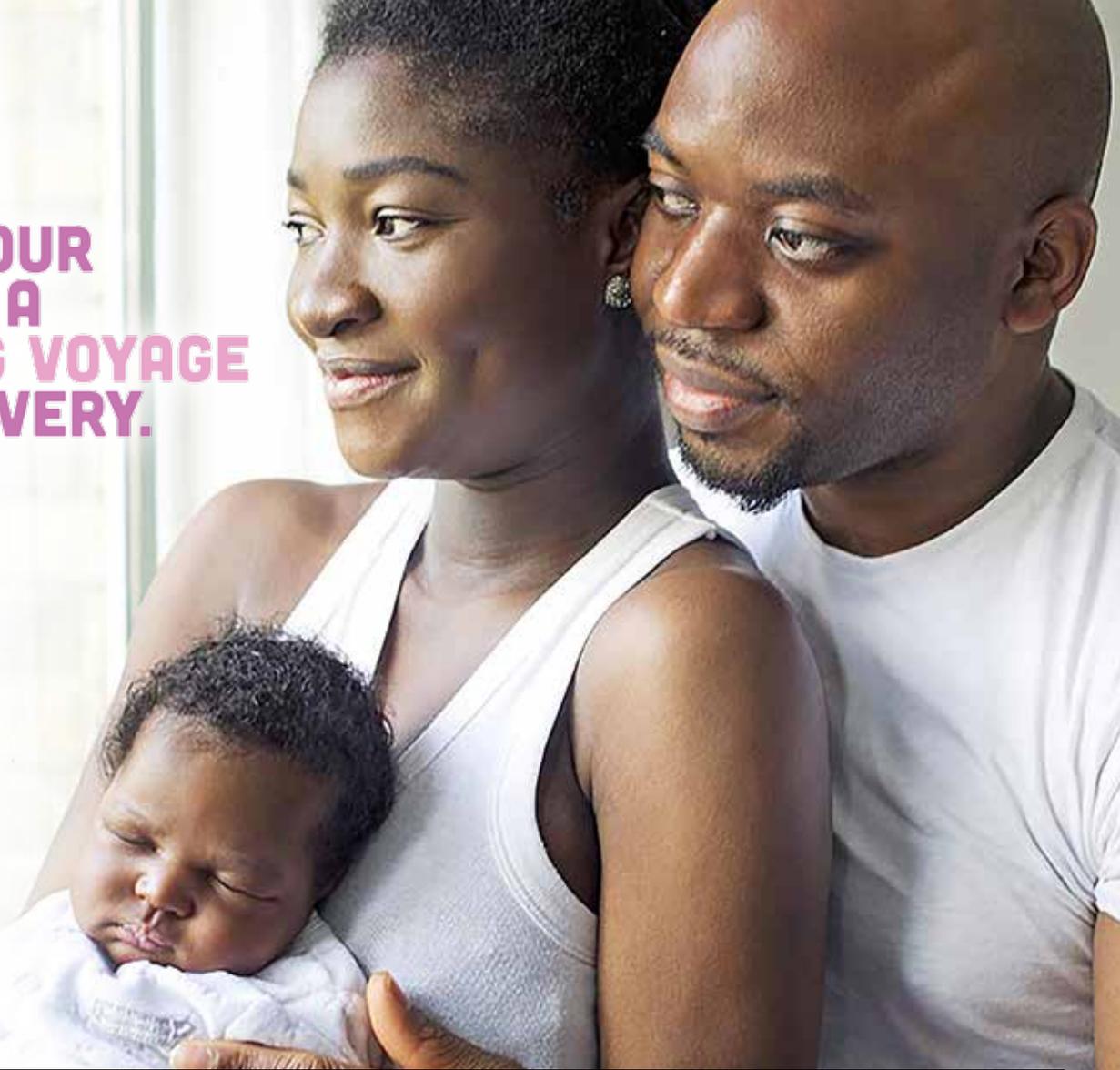
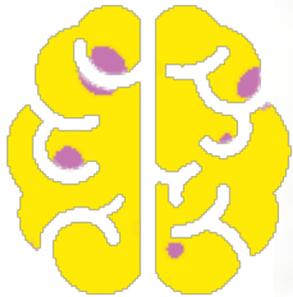
“There have been groundbreaking developments over the past few years in studies of infant brain development,” said W. Stephen Love, president/CEO of DFWHC.

“These studies detail an infant’s brain is like a sponge soaking up knowledge in a way very much akin to scientists. For young parents, the development of a child’s brain during the first 12 months of life is crucial when establishing the foundation for strong social and professional development as they become adults.”

DFWHC, along with Mayor Rawlings, sought Agency Creative’s expertise to strategize a bilingual campaign that would reach parents of newborn babies across North Texas. DFWHC and Agency Creative conducted an in-depth analysis of public service campaigns as well as brand immersion sessions with a core team of childhood development specialists.

GrowingLittleMinds.com

**START YOUR
BABY ON A
LIFELONG VOYAGE
OF DISCOVERY.**



This allowed Agency Creative to solidify the campaign so that it resonates with the intended audiences. A focus group was conducted with an ethnically diverse selection of new mothers in the DFW Metroplex. The information gained provided a clear understanding as to how knowledgeable new mothers are about early brain development in their children, as well as how they prefer to consume information.

DFWHC previously worked with Agency Creative in 2014 to create a campaign to raise awareness about a highly contagious bacterium, clostridium difficile (C-diff). The award-winning “Stop C-Diff Now” campaign resulted in a 60 percent increase in overall awareness of C-diff.

“Early brain development is a very important topic to discuss in our community,” said Mark Wyatt, founder and

CEO of Agency Creative. “We are excited to be working with DFWHC and Mayor Rawlings to educate and raise awareness right here in our own backyard.”

The campaign offers information about newborn care through videos at the website GrowingLittleMinds.com. Integrated social media feeds on Facebook, Twitter and Instagram provide additional tips and allow parents to connect and compare notes within a growing community.

“We appreciate Mayor Rawlings for providing DFWHC with this opportunity to assist North Texas mothers,” said Love. “We believe this video and website can make a difference in the quality of life for children and parents. This is just another way DFWHC provides the residents of our community with valuable information promoting healthy lives.” ■

**As a parent, you have an opportunity to make
a real difference in your child’s future.**

GrowingLittleMinds.com

WE'VE MOVED!

DFWHC, the Foundation and GroupOne move offices for the first time since 1993



THE DFW HOSPITAL COUNCIL (DFWHC), THE DFWHC FOUNDATION AND GROUPONE SERVICES HAVE MOVED! As announced, the three entities pulled up roots April 15, with the new offices now located one block away in Irving, Texas at 300 Decker Drive, Suite 300.

The massive migration was the first time DFWHC changed locations since 1993. The organization now occupies two floors of the three-story, multi-tenant office building Fairway Centre located in the Las Colinas business district.

"There's never anything easy about a corporate move," said W. Stephen Love, president/CEO of DFWHC. "It's a great testament to our employees to have been able to pull this off with a minimum of business interruption. The move began on a Friday and ended on a Sunday, which was ideal."

For DFWHC, the DFWHC Foundation and GroupOne Services, the new office space now means improved client service, expanded parking and enhanced conference facilities.

"We left our old building at 250 Decker Drive with mixed feelings," Love said. "So much of our history has taken place there. It's always difficult to leave a place after 23 years. Once we put the building on the market, it sold immediately presenting us with this great opportunity."

The new address for DFWHC, the DFWHC Foundation and GroupOne Services is now: **300 Decker Drive, Suite 300, Irving, Texas 75062**. E-mail addresses and telephone/fax numbers remain the same. ■



The former office of DFWHC's President/CEO.



The former office of GroupOne Services.



Orange moving crates prior to packing located in the former DFWHC Board Room.

AFTER

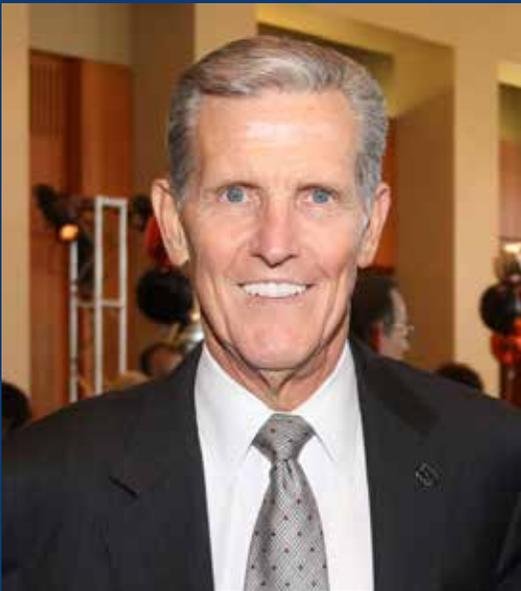
The new home of the DFW Hospital Council (DFWHC), the DFWHC Foundation and GroupOne Services is in the Fairway Centre office building at 300 Decker Drive in Irving's Las Colinas business district. DFWHC offices are located in Suite 300. Neighboring tenants include Health One Alliance, Cole-Parmer and Global Financial. ■



Did you know?

The first office for the Dallas Hospital Council was located in the Medical Arts Building (left) in downtown Dallas at St. Paul and Pacific streets. The building was constructed in 1923 and demolished in 1977. When the 18-story building first opened its doors, it supplied offices for more than 300 doctors and dentists. The Dallas County Medical Society opened its offices in the building in 1946, inspiring the Dallas Hospital Council to set up shop there years later. Bill Mays was the first paid executive of the Dallas Hospital Council, starting his tenure in the building in 1967. They don't make them like they used to, as the Medical Arts Building did not go quietly. The structure was so well built, the demolition took more than a year and half at a cost of millions more than the building's original construction price. ■

Around DFWHC



Allison to step down

JOEL ALLISON, THE LONGTIME PRESIDENT/CEO OF BAYLOR HEALTH CARE SYSTEM who led the hospital system through a merger to become Baylor Scott & White Health, announced in March he would step down early next year. The board has launched a search to find a replacement. Allison is a longtime supporter of the DFW Hospital Council and a 2008 recipient of its Boone Powell, Sr. Award of Excellence. Allison, 68, will resign as CEO on Feb. 1, 2017 and begin a new role as senior advisor to the chairman of the board. Allison became CEO in 2000, taking over for his mentor, Boone Powell Jr. He is the only CEO in the history of Baylor Scott & White Health, which became the state's largest health system after the merger in 2013. ■

MEDICAID EXPANSION OK IN OK?



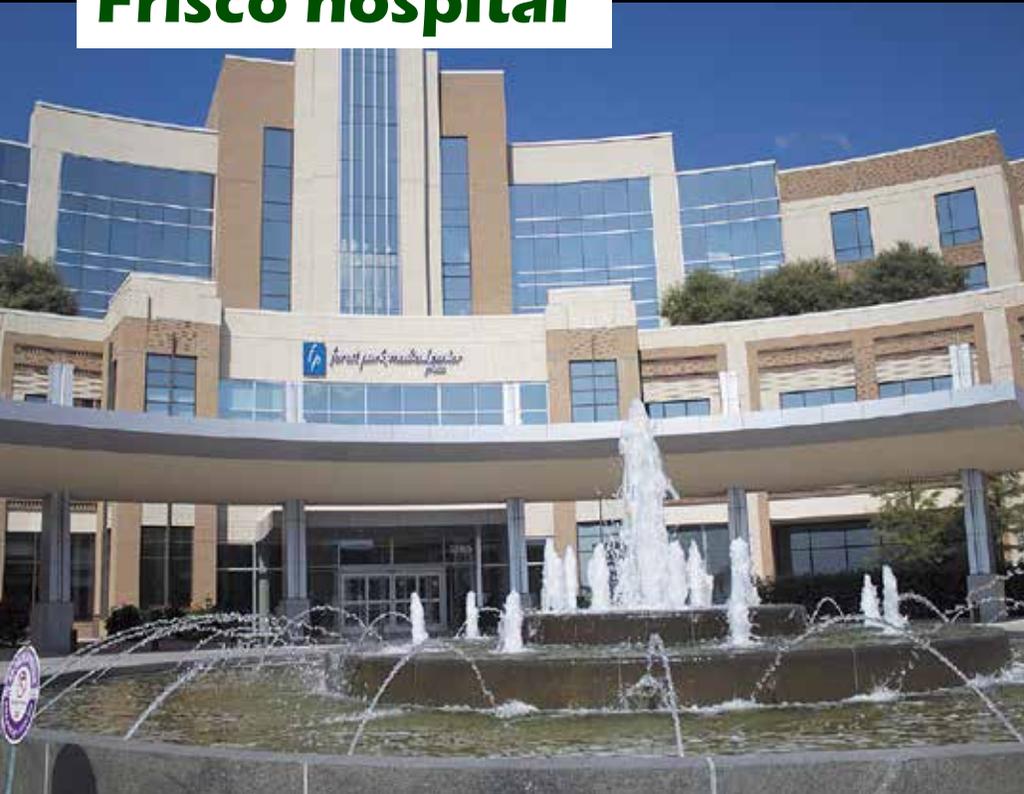
IN A SURPRISING TURN-OF-EVENTS in the conservative state of Oklahoma, leaders are now moving towards a plan to expand its Medicaid program to bring in billions of federal dollars from President Barack Obama's new health care system, according to Associated Press reports May 16. Oklahoma has denied expanding the program under Obama's Affordable Care Act, a sentiment echoed by the Texas Legislature. State money is low due to the fallout of the oil industry, and doctors and Medicaid providers face cuts of up to 25 percent. DFW Hospital Council President/CEO **W. Stephen Love** offered a comment on the shocking about-face in *D Healthcare Daily*: "Oklahoma is seriously considering Medicaid expansion now. Hopefully, we can look objectively at the uninsured population in Texas and develop a bipartisan comprehensive, collaborative initiative to increase coverage and access for our citizens. The economic benefits to Texas can be accomplished if all stakeholders work cooperatively for appropriate patient care." ■



Villarreal to lead HCA Gulf Coast

MEDICAL CITY DALLAS CEO TROY VILLARREAL HAS BEEN PROMOTED to lead HCA's Gulf Coast division, which will have him overseeing more than two dozen care sites throughout South Texas. The hospital's staff was notified of the departure May 6. Villarreal has led Medical City since 2013, after stints at both The Medical Center of Plano and Plaza Medical Center in Fort Worth. His last day will be June 10, and the system has already launched a national search to find a replacement. Villarreal is a former board member of the DFW Hospital Council. ■

HCA acquires Frisco hospital



Facility becomes thirteenth HCA hospital in DFW

HCA NORTH TEXAS OFFICIALLY OPENED ITS NEWEST HOSPITAL Medical City Frisco in April. The recently-acquired facility is located in Frisco Square near Main Street and the Dallas North Tollway. Medical City Frisco is operated as a campus of The Medical Center of Plano, which allows the hospital to accept Medicare patients immediately and continue uninterrupted service to the community.

“Our goal is to deliver excellence always in quality, convenient, personalized health care,” said **Erol Akdamar**, president of HCA’s North Texas Division. “Medical City Frisco will help meet the community’s growing medical needs when and where residents need them.”

Medical City Frisco will operate as an acute care hospital with services including orthopedics, neurosurgery, gynecology, pediatric surgery, bariatrics, general surgery, ENT, robotics, and ER. Additional services, including OB and cardiovascular treatment, will be added in the future. Medical City Frisco currently has 54 beds, 12 state-of-the-art operating suites including two DaVinci robots, a 24/7 emergency room, a full-imaging department with a 64-slice CT, MRI and fluoroscopy, a fully accredited lab, and a blood bank. ■



O'Neal accepts position in Florida

ON APRIL 30, WEST FLORIDA HEALTHCARE ANNOUNCED the appointment of **Jessica O'Neal** to the position of chief operating officer. In her new role, O'Neal will oversee the functions of several hospital service lines, including surgical services, cardiology, diagnostic imaging and laboratory. She will also serve as a key member of the hospital's leadership team. O'Neal earned her undergraduate degree at Texas Christian University in Fort Worth, and her master's degree in health care administration from Trinity University in San Antonio. She began her career at Methodist Health System, where she completed an administrative fellowship. During the past five years, O'Neal served as chief operating officer and vice president of operations for Methodist Dallas Medical Center. O'Neal has been active in the American Cancer Society as a board member and was the DFW Hospital Council's 2013 Young Healthcare Executive of the Year. ■

Evans promoted to head of Tenet hospital operations

THE TENET HEALTHCARE CORPORATION IN MARCH promoted **Eric Evans** to president of Hospital Operations, overseeing 84 acute care hospitals, 170 affiliated outpatient facilities and more than 700 physician practices. He became the head of the for-profit system's Texas hospitals less than one year ago. Evans is the former CEO of Tenet's Lake Pointe Medical Center in Rowlett. He was a member of the DFW Hospital Council Board of Trustees in 2012. ■





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Fraud & Abuse Detection

**What every
executive should
be thinking about**

By Kevin L. Shrake, FACHE

Fraud and abuse exists in all organizations. There are best practices from other industries we should adopt.

IF YOU ARE A C-SUITE EXECUTIVE IN HEALTHCARE, how confident are you that there are no fraud and abuse issues related to your employees, vendors and supply chain transactions? It is typical for a medium-sized hospital to have 4,000 vendors and hundreds of thousands of transactions over the course of a year. How do we traditionally monitor the validity of our vendors, the integrity of our employees and the accuracy of our transactions?

Normally we accomplish this through a one-time vendor verification that may only require they fill out a W-9 and perhaps check their certificate of good standing. Then there's the normal check and balance of authorizations along with monitoring by an internal audit department, culminating with an annual external audit for the purposes of verifying the accuracy of tax filings and other required governmental reports. Despite our best efforts, we all have issues of fraud and abuse because our organizations are too complex and people are too creative.

Not every best practice resides in healthcare. Other industries have been using a forensic set of protocols tied to a series of critical databases that allow for continuous monitoring, detection and prevention of risk.



WHO HAS RISK?

Ignorance may be bliss, but the government states that lack of knowledge is no excuse. If you are found doing business with someone on the government sanction list, you're subject to fines reaching up to millions of dollars. Even if you monitor those lists once a month, changes occur daily that create risk. Not only is the institution at risk, but the government can hold executives as well as the board members personally responsible.

Arrogance may be bliss, but every organization in the country has some level of fraud and abuse, or just simply errors, in regards to their employee relationships and vendor master file. Assuming you have "everything covered" can be a very dangerous and costly mindset.

A TELLING STATISTIC

Experts in the area of accounts payable risk management estimate two percent of a healthcare facility's vendors are companies you should not pay for one reason or another. In the majority of the cases, there is no product or service being delivered. If you have a method to identify those vendors and eliminate them, major cost avoidance moving forward can be realized.

Let's do the math. A typical medium-sized hospital has 4,000 vendors. Using the two percent benchmark means you should avoid doing business with about 80 vendors. A typical average annual \$30,000 expenditure per vendor equates to \$2.4 million in potential cost avoidance.

IMPORTANCE OF TAKING ACTION

Healthcare executives have major incentives for taking action:

- Recover cash from simple errors;
- Avoid fines through diligent monitoring;
- Discover and eliminate conflicts of interest;
- Avoid fraud and abuse costs, and even jail time, through proper discovery.

BEST PRACTICES

Hospitals and healthcare systems should look to a best practice partner to capture the 5-10% of "leakage" across the continuum of what is referred to as the "Source to Settle" process.

•Spend Analytics- Organizations must "spend right." We all have situations where we are buying same or similar goods at different prices across the enterprise. Or we have duplication of the same goods in different ERP systems or regions. Best practice systems provide visibility into true item level margin and profitability.

- Supplier Information Management (SIM) System-

Organizations typically do an incomplete job of vendor onboarding or they apply too much internal labor to the process because they don't take advantage of technology as well as "people process" expertise from best of class companies. This creates hidden risks and compliance issues across the supply chain due to inaccurate or incomplete supplier data.

Best practice systems utilize technology and people process experts and wrap around a common platform to house a consistent set of data that lowers risk and avoids cost.

•Recovery Audit and Contract Compliance- Overcharges and errors are common in complex contracts as well as in disjointed procurement to payment processes.

Best practice systems utilize the expertise of experienced audit companies to recover cash from errors that are inherent in our complex systems.

•Have the ability to quantify cash recovery and cost avoidance that leads to direct margin improvement as a result of the monitoring efforts.

Best practice systems not only lower risk but are "Budget Positive."

IN SUMMARY

Errors, fraud and abuse exist in every organization regardless of the industry, and healthcare is no exception. Existing protocols to mitigate risk are inadequate and illustrated by numerous stories where people use their creativity to circumvent the system for their own benefit.

C-suite executives, board members and the organizations themselves are all responsible for identifying and eliminating fraud. No system is perfect, but many of the best practices in this area come from outside of healthcare. When evaluating systems, adherence to the best practice characteristics listed above should provide for the highest level of safety, best cash recovery and cost avoidance opportunities, and lowest risk in relation to potential governmental penalties or fines.

Kevin L. Shrake is a 35-year healthcare veteran, a fellow in the American College of Healthcare Executives and a former hospital CEO. His role as EVP/COO of MDR™ is to identify best practices and bring them to colleagues to solve problems. MDR™ has named PRGX a best practice provider in the area of vendor management. ■

Associate Members

Waiving Patient Payments

By Martin Merritt,
Healthcare Attorney

A kind but problematic gesture

THE HHS OFFICE OF INSPECTOR GENERAL HAS LONG TAKEN THE POSITION

that routine waiver of patient responsible amounts can constitute a type of healthcare fraud.

Today, I discuss collection of copayments and coinsurance topic with Amanda Ward, President of Dallas based BPO, Best Receivables Management.

MARTIN MERRITT:

As early as 1994, the OIG published a Special Fraud Alert warning that routine waivers of copayments can constitute Medicare fraud. Why?

AMANDA WARD:

The OIG takes the position that a doctor who routinely waives Medicare copayments or deductibles is misstating the actual charge. The example cited in the Special Fraud Alert states, if a doctor states that his charge for a visit is \$100, but routinely waives the 20 percent copayment, the OIG feels the actual charge is \$80. Medicare should be paying 80 percent of \$80 (or \$64), rather than 80 percent of \$100 (or \$80). As a result, the Medicare program is paying \$16 more than it should for this item.

***INTERVIEW
with an expert***

MARTIN:

Private insurance companies are picking up on this?

AMANDA:

Insurance network contracts have long contained a provision that the physician will seek to collect the patient-responsible portion. As dollars become increasingly scarce, benefit managers or insurance auditors have begun to request evidence of attempts to collect coinsurance. More recently, manuals state that the physician must actually collect this payment. If the physician cannot provide proof, the insurance company may demand repayment of benefits or terminate the contract. More troubling, the insurance company can pick and choose when to enforce this provision; often targeting physicians with the highest utilization rates.

MARTIN:

But a requirement that a physician actually collect seems to run contrary AMA Ethics Opinion 6.12 “Forgiveness or Waiver of Insurance Copayments”; which I discussed in *Physicians Practice* in December 2013.

AMANDA:

A March 2015 cover story in *Money Magazine* states that 39% of people earning \$75,000 a year would not be able to cover a \$1,000 unexpected expense from savings. It is frankly absurd to think that the average person can afford to pay the out of pocket annual limit, say \$7,500 for an individual, or \$15,000 per family, particularly where the illness occurs in December, and the new annual limit must be met beginning January of the next year.

MARTIN:

So what is your advice to physicians?

AMANDA:

First, always read your network provider manual and check your state’s medical board rules. As AMA Opinion 6.12 states, it’s never a good idea to advertise that you waive copayments or are willing to accept what insurance will pay; writing off the rest. This can be considered insurance fraud or unfair competition. Advertising that you waive coinsurance may also violate your state board rules. Secondly, when an insurance plan goes too



Amanda Ward

far, requiring actual collection of coinsurance, which is discussed in Opinion 6.12, this can act as a barrier to necessary care. This can be taken up with your state board of insurance.

In many cases, there simply is no clear rule. It is best to approach this with a common sense plan which takes into account the interests involved. While it is not possible to always collect the entire patient responsible amount, it is important a physician make the attempt. At BRM, we take a sensible and compassionate approach. We contact patients to find out if they have the ability to pay and offer a payment plan. If they cannot, we document the attempt so our physicians can demonstrate good faith. Sometimes, that makes all the difference.

The key is treating everyone with courtesy and respect and that includes the insurance plan. We find insurance companies can be reasonable, if there is evidence that the physician’s office is attempting to respect the provisions of the insurance plan.

It is the failure to do anything, albeit with the best intentions, which can land physicians on the wrong side of an insurance audit or on the wrong side of the OIG. ■

Associate Members



SAFE PATIENT HANDLING

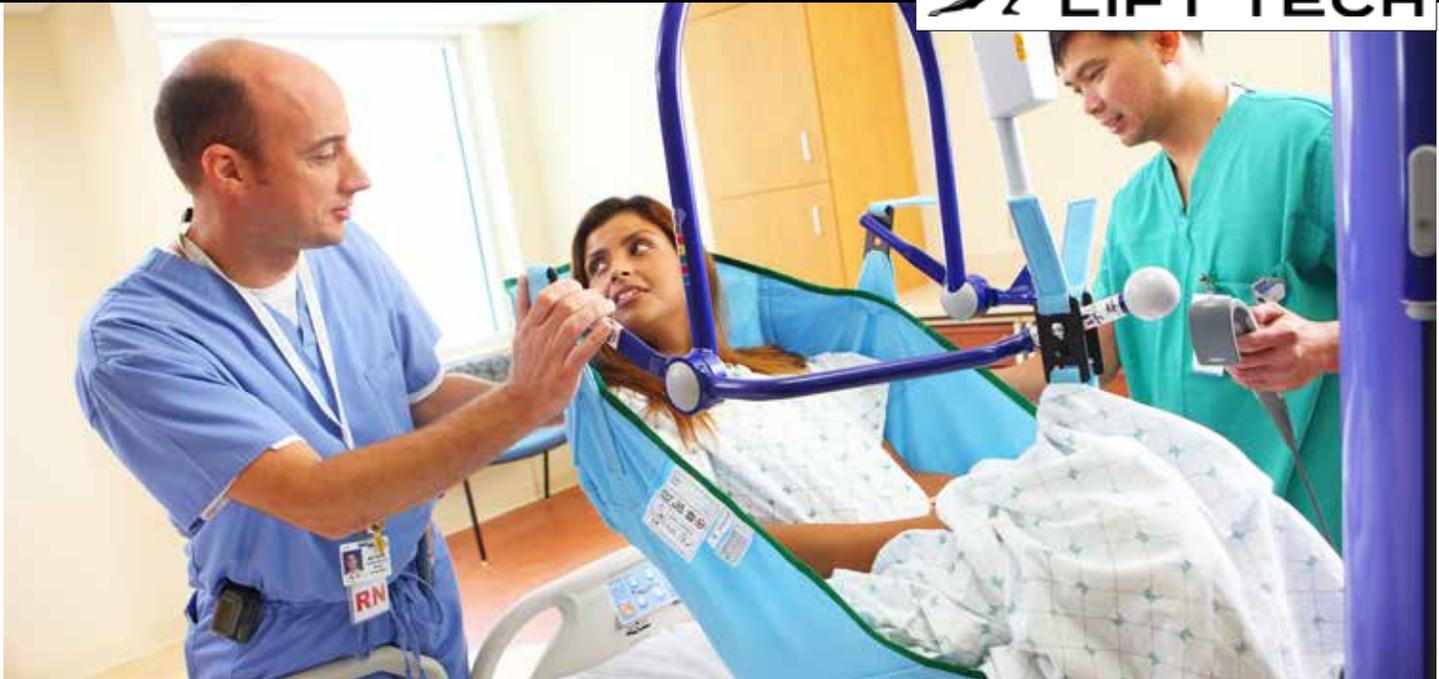
Building an exploration of industry best practices

By Jillian Einck, Atlas Lift Tech

WITH SAFE PATIENT HANDLING AND MOBILITY (SPHM) LEGISLATION ENACTED IN TEN STATES, and pending national legislation creating a groundswell of discussion around patient and caregiver safety, facilities around the nation are finding themselves at an impasse. They need to institute a SPHM program quickly, but oftentimes do not know how to begin or where their existing practices measure on the scale of compliance and sustainability. How is value being quantified? Are there best practices for developing a comprehensive program? I know what my state's legislation says, but how do I turn that into a successful and maintainable practice? These questions, and many more just like them, can leave the individual at their facility tasked with championing a safe patient handling program frozen in place with multiple paths to go down and goals to achieve.

In recognizing this issue and wanting to provide guidance to those searching for a direction, Atlas Lift Tech, a national SPHM solutions company based in California, and the American Nurses Association (ANA) have partnered to create a tool that provides facilities just that; a stepping stone in the direction of SPHM compliance and

The *Interlocutor* is publishing articles submitted by Associate Members. This article was provided by **ATLAS Lift Tech**. For guidelines, contact Kristin Alexander at kalexander@dfwhc.org.



standardization. Built as a 40-question SPHM self-assessment, the tool leverages the ANA's Safe Patient Handling and Mobility Interprofessional National Standards, producing simple, objective multiple-choice questions that will allow a program champion and other SPHM professionals at the facility a consistent and unprejudiced analysis of their program and associated strengths and gaps.

Each question and standard is weighted and scored by leading industry professionals according to relevance and precedence to the development of a SPHM program. From there, a scoring dashboard is generated displaying the facility's results in a "stoplight" fashion (red/yellow/green) and percentage rating of compliance with the ANA Standards. An explanation of the ANA Standards, as well as several resources and tools on developing and implementing a sustainable SPHM program are provided to the participant as well.

When developing the self-assessment tool, it was imperative that questions and scoring be quantified against established and accepted professional standards, so as to detach any third-party bias from the formation of an industry best practice case. This is where the ANA Standards came in as the basis for the tool.

Developed in 2013, the ANA Safe Patient Handling and Mobility Interprofessional National Standards consist of eight evidence-based canons, devised for preventing injury and building a culture of safety. A survey conducted by the ANA in 2011 revealed that 62% of registered nurses identified that suffering a disabling musculoskeletal injury ranked in the top three of workplace safety concerns, and 80% reported working despite facing recurrent back and musculoskeletal pain.¹

According to data from the Bureau of Labor Statistics, nurses rank sixth among all occupations for the highest incidence of musculoskeletal disorders (MSDs), resulting in lost work days and workers' compensation claims.² The single greatest risk factor for these injuries is manually handling and mobilization of patients, and the ANA Standards were developed in response to these findings. Covering every facet of a SPHM program, from establishing a culture of safety and SPHM equipment inventory and maintenance, to education and competence training and post-injury return to work protocol, the ANA Standards have become a de facto foundation by which SPHM programs are developed and implemented.

Currently, several existing state legislations and the pending national legislation has structured their base criteria around these standards. This has bolstered the creation of a universally-sanctioned benchmark, which can now be used to gauge various facility's programs, allowing them to see where they measure not only within a set base of standards, but across a national continuum of healthcare organizations, all who have measured and developed their programs based on the same ANA Standards. By utilizing the nationally-recognized ANA Standards to measure a facility's comprehension and compliance with SPHM methods, an industry archetype is defined, allowing for objective analysis and implementation to take place across the healthcare sector, and ultimately, setting a unified concept and practice for safe patient handling and mobility. ■

¹ 2011 health and safety survey, American Nurses Association, 2011

² Bureau of Labor Statistics, U.S. Department of Labor, 2012

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

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| BKD, LLP | Mary Crowley Cancer Research Centers | TCU - Neeley School of Business |
| Blue Cross Blue Shield of Texas | MD News DFW | Texas Woman's University - College of Nursing |
| CampbellWilson, LLP | MEDCO | University of Phoenix |
| CareFlite | Metromark Market Research | U.S. Army Medical Recruiting |
| Carter BloodCare | Multicultural Alliance | VITAS Innovative Hospice Care |
| Children at Risk | NCTTRAC | Wilson Elser, LLP |
| The Concilio | Oncor Electric Delivery | Winstead PC |
| Crowe Horwath | Perkins + Will | Witt/Kieffer |
| DFW Business Group on Health | Pinnacle Partners in Medicine | YMCA of Metropolitan Dallas |
| Dallas Regional Chamber | Polsinelli Shughart | |
| Dentons US LLP | PwC | |
| Gladney Center for Adoption | | |



Kristin Jenkins

JD, MBA, FACHE

President, DFWHC Foundation
Senior Vice President, DFWHC

Thank You North Texas Regional Extension Center

IT IS WITH A HEAVY HEART THAT WE SAY GOODBYE to an outstanding program – the North Texas Regional Extension Center (NTREC). We are so grateful to **Dr. Matt Murray** of Cook Children’s Health Care System and **Dr. Richard Howe**, the executive director of NTREC. Their valuable leadership brought more than 1,900 primary care physicians to meaningful use of electronic health records. We are also thankful for the contributions of NTREC’s first executive director **Mike Alverson**. And let’s not forget our current NTREC staff **Patrick Casey** and **Patricia Hawkins**. We appreciate their hard work for seeing this grant through to its completion.

Six years ago, we began what was supposed to be a mere two-year journey to bring physicians to meaningful use of certified electronic health records. After two extensions from the Office of National Coordinator for Health Information Technology, most of the physicians using REC services met their Stage I Meaningful Use goals. It was a great success.

We now move on to a new stage of support for physician partners as they tackle the new Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 requirements. We stand ready to serve these physicians as they approach the Centers for Medicare & Medicaid Services’ new reimbursement challenge. Six years ago, most of our physicians used paper records. Look how far we’ve come!

It has been an honor to work with our staff and the community’s physicians to start a foundation of information sharing through electronic recording of patient encounters. Thanks team, you have served our patients and hospitals well. ■



Dr. Richard Howe



Dr. Matt Murray



Mike Alverson

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.

Foundation Trustees

Ruben Esquivel

UT Southwestern Medical Center

Harvey Fishero

Chair of the Foundation Board

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Texas Health Resources

Dr. Stephanie L. Woods

Texas Woman’s University

Around DFWHC Foundation



Foundation debuts e-newsletter

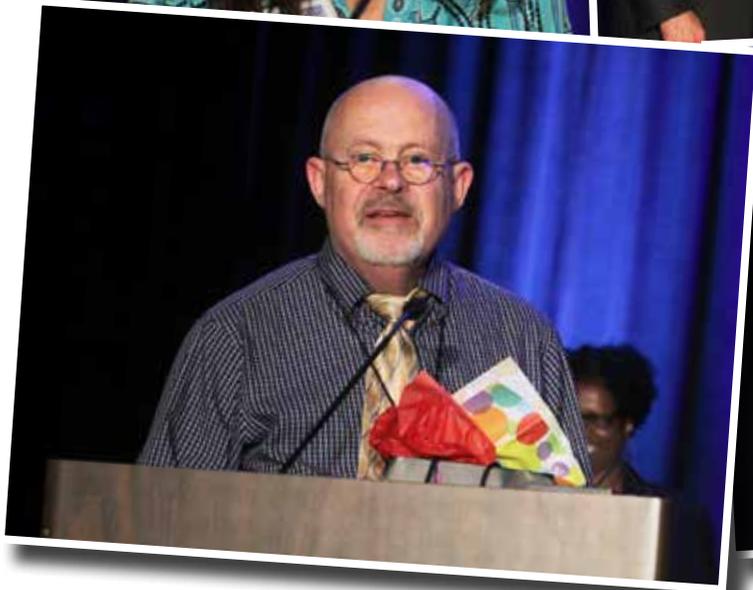
THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION IS EXCITED TO ANNOUNCE its new *Online Newsletter*, a monthly e-newsletter which debuted in May.

DFWHC Foundation staff members have been dedicated to produce timely and dependable data and research services. An important part of that dedication includes providing timely news on the latest projects and partnerships.

“Our goal in producing this newsletter is to keep our friends and clients involved,” said Kristin Jenkins, president of the DFWHC Foundation. “We have a goal for all of our communications to be timely. This e-newsletter is one way we hope to achieve that.”

The *Online Newsletter* will be e-mailed to clients each month. Articles from the first issue can be found on the following pages. ■

Employee of the Year Luncheon



Photographs by Jerry McClure

Kristin Jenkins (top left, left) presents the Volunteer of the Year Award to **Anna Mae Walter**; **Derreck Kayongo** (top right) served as keynote speaker; **Amy Davis** (middle left) receives her Special Recognition Award; **Harvey Fishero** (middle right, l to r), **David Murphy**, Jenkins and **Chris Durovich** during the System Award presentation; **Gary Gullede** (lower left) receives his Employee of the Year Award; **Deanna Lusty** (lower right) receives her Employee of the Year Award.

Do Great Things!

North Texas hospital employees honored at April 27 luncheon

A SALUTE TO THE NORTH TEXAS HOSPITAL

WORKFORCE, the Dallas-Fort Worth Hospital Council Foundation's (DFWHC Foundation) 20th Annual Employee of the Year Luncheon was held April 27 at the Irving Convention Center. More than 700 attendees turned out to honor 139 nominees and 14 winners from a pool of 57 area hospitals.

"The participation this year was overwhelming," said **Kristin Jenkins**, president of the DFWHC Foundation. "It is such a gratifying experience to honor and perhaps inspire these great hospital employees. For two decades, the goal of this luncheon has been to make a difference by helping to boost morale in our hospitals and improve quality of care."

Derreck Kayongo, the founder of the Global Soap Project, served as keynote speaker in support of the theme "Do Great Things!" Kayongo discussed his Global Soap Project, which takes donated and purified hotel soap and redistributes it to vulnerable populations around the world.

"In the U.S., you don't realize how lucky you are to have daily access to soap," Kayongo said. "Such a quality of life does not exist in other countries. You would be amazed how much sickness could be avoided by simply having a bar of soap to wash your hands with on a daily basis."

A highlight of the luncheon was the presentation of the Volunteer of the Year Award to **Anna Mae Walter** of Texas Health Presbyterian Hospital Denton. The 98 year-old volunteer has been working at the hospital for more than 15 years.

Lillie Biggins, president of Texas Health Harris Methodist Hospital Fort Worth and chair of DFWHC, and **Harvey Fishero**, chair of the DFWHC Foundation, served as masters of ceremonies. Additional recipients included:

Rex McRae Scholarship

- **Grant Stephens**, Methodist Mansfield Medical Center/El Centro College

Nurse Preceptor Award

- **Jeff McKee**, Registered Nurse, HCA's Medical Center of Lewisville

Physician Award

- **Dr. Alan Taylor**, Methodist Mansfield Medical Center

Community Service Award

- **Jenny Reynolds**, Advanced Clinical Specialist, Baylor Institute for Rehabilitation

System Award

- **David Murphy**, Physician Services Associate, Children's Health System

Special Recognition Awards

- **Esther Flores**, Revenue Cycle Specialist, Baylor Jack and Jane Hamilton Heart and Vascular Hospital
- **Nhor Nho**, Registered Nurse, Texas Health Harris Methodist Hospital Southwest Fort Worth
- **Amy Davis**, Occupational Therapist, Texas Health Arlington Memorial Hospital
- **Gwen Johnson**, Registered Nurse/Care Transitions Manager, Texas Health Harris Methodist Hospital Fort Worth

Employee of the Year Awards

- **Jennifer Bullock**, Physical Therapist, Texas Health Presbyterian Hospital Allen
- **Gary Gullede**, Unit Secretary, Tenet's Doctors Hospital at White Rock Lake
- **Linda Hastings**, Executive Assistant, HCA's Plaza Medical Center of Fort Worth
- **Deanna Lusty**, Physical Therapist, Children's Health System

Board members of the Dallas-Fort Worth Healthcare Human Resources Association judged nominations on April 12.

Individual and hospital names were removed in advance and selections were based entirely on the facts presented within the form letter. Nominees were separated into four categories of hospitals between 1-99 beds, 100-250 beds, 251-499 beds and more than 500 beds. Names of the recipients were a closely guarded secret until the award presentations on April 27. ■

Award Recipients



Rex McRae Scholarship:
Grant Stephens, Methodist Mansfield Medical Center/
El Centro College



Nurse Preceptor Award:
Jeff McKee, Registered Nurse,
HCA's Medical Center of
Lewisville



Physician Award:
Dr. Alan Taylor,
Methodist Mansfield
Medical Center



Community Service:
Jenny Reynolds, Advanced
Clinical Specialist, Baylor
Institute for Rehabilitation



Special Recognition:
Esther Flores, Revenue Cycle
Specialist, Baylor Jack & Jane
Hamilton Heart/Vascular Hospital



Special Recognition:
Nhor Nhoi, Registered Nurse,
Texas Health Harris Methodist
Hospital Southwest FW



Special Recognition:
Gwen Johnson, Registered
Nurse/Care Transitions, Texas
Health Harris Methodist FW



Employee of the Year:
Jennifer Bullock, Physical
Therapist, Texas Health
Presbyterian Hospital Allen



Employee of the Year:
Linda Hastings, Executive
Assistant, HCA's Plaza Medical
Center of Fort Worth

Employee Nominees



Susan Latterell
Registered Nurse
Baylor Scott & White
All Saints Medical Center



Aimee Lanier
Oncology Nurse Navigator
Baylor Scott & White
Medical Center - Carrollton



Padma Nair
Staff Nurse
Baylor Scott & White
Medical Center - Garland



Mary Ellen Conway
Patient Care Technician
Baylor Scott & White
Medical Center - Grapevine



Ryan Coone
ER Department Technician
Baylor Scott & White
Medical Center - Irving



Noemi Garcia
Pharmacy Clinical Coordinator
Baylor Scott & White
Medical Center - McKinney



Shirley Vaughan
Coordinator Retail Store
Baylor Scott & White
Medical Center - Plano



Ronald Mehaffy
Registered Nurse
Baylor University
Medical Center



Megan Roe
Registered Nurse
The Heart Hospital
Baylor Plano



Marsha Hampton
Rehab Technician
Cook Children's
Health Care System



Bridgette Turkdil
Registered Nurse
HCA's Denton Regional
Medical Center



Mary Herald
Clinical Nurse Auditor
HCA's Green Oaks
Hospital



Renee O'Dell
Endoscopy/IR Supervisor
HCA's Medical Center
Alliance



Monica Pitcher
Licensed Master Social Worker
HCA's Medical Center
of Arlington



Barbara Parham
Human Motion Institute Coord.
HCA's Medical Center
of Lewisville



Marquita Adams
Laboratory Supervisor
HCA's Medical Center
of Plano



Rick Reddick
House Supervisor, RN
HCA's Medical City
Dallas Hospital



Dorie Bennett
Sepsis Coordinator, CNL
HCA's North Hills
Hospital



Lori McQueen
Case Manager
Hunt Regional
Healthcare - Greenville



Lisa Guest
Registered Nurse, Team Lead
JPS Health Network

Employee Nominees



Meadow Jones
Registered Nurse
Kindred Hospital
Dallas Central



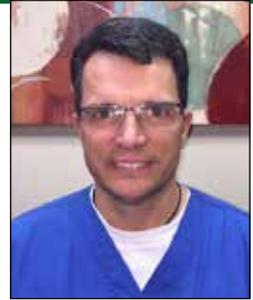
Steffanie Hayes
Wound Care Coordinator
Kindred Hospital
Fort Worth



LaWanda Vaughn
Registered Nurse
Kindred Hospital
Fort Worth Southwest



Pamela Rickard
RN Infection Control
Kindred Hospital
Mansfield



Richard Riddle
SCU Nurse Supervisor
Kindred Hospital
Tarrant County Arlington



Kim Pormasodoro
Registered Nurse
Kindred Hospital
White Rock



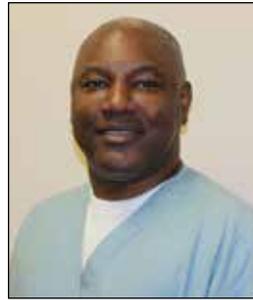
Barbara Eaton
Registered Nurse
Methodist Charlton
Medical Center



Emma Briggs
Critical Care RN
Methodist Dallas
Medical Center



Sherry Turner
Operating Room Supervisor
Methodist Hospital
for Surgery



Reuben Armstrong
PCT/EMT
Methodist Mansfield
Medical Center



Nonnie Breytspraak
Nurse Clinical Coordinator
Methodist Richardson
Medical Center



Marcy Floyd
Social Worker II
Parkland Health
& Hospital System



Gloria Thomas
Registered Nurse
Tenet's Centennial
Medical Center



Matt Miller
General Maintenance Tech II
Tenet's Lake Pointe
Medical Center



Kathy Edwards
Registered Nurse IV
Texas Health Harris Methodist
Hospital Alliance



Robin Antonucci
Patient Care Technician
Texas Health Harris Methodist
Hospital Azle



Tonua Rubell
Registered Nurse
Texas Health Harris Methodist
Hospital Cleburne



LillyKutty George
Registered Nurse IV
Texas Health Harris Methodist
Hospital HEB



Debra London
Operating Room Change Nurse
Texas Health Harris Methodist
Hospital Southlake



Lacie Tidwell
Infection Prevention Nurse
Texas Health Harris Methodist
Hospital Stephenville

Employee Nominees



Kristina Shaw
Medical/Surgical Educator
Texas Health Huguley
Fort Worth South Hospital



Sean Faulkner
Clinical Educator ER/PCCU
Texas Health Presbyterian
Hospital Dallas



Daniel Donnegan
Chest Pain/Stroke Coordinator
Texas Health Presbyterian
Hospital Denton



Kyle Milberger
Staff Pharmacist
Texas Health Presbyterian
Hospital Kaufman



David Wolf
Registered Nurse IV
Texas Health Presbyterian
Hospital Plano



Tonya Farrar
Unit Secretary
Texas Health
Specialty Hospital



Karen Wilson
CT Technologist
UT Southwestern
University Hospital



Dara Mariani
Registered Nurse
UT Southwestern
Zale Lipshy Hospital



Dr. Kelly Blake
Baylor Scott & White
Medical Center - Carrollton



Dr. Tiffany Jackson
Baylor Scott & White
Medical Center - Garland



Dr. Ronak Desai
Baylor Scott & White
Medical Center - Grapevine



Dr. Randall Crim
Baylor Scott & White
Medical Center - Irving



Dr. Valerie Gorman
Baylor Scott & White
Medical Center - Waxahachie



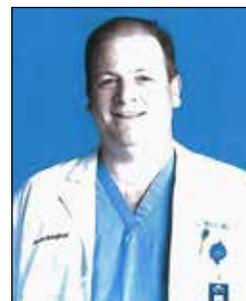
Dr. William Sutker
Baylor University
Medical Center



Dr. David Moore
The Heart Hospital
Baylor Plano



Dr. Ramon Kinloch
Children's Health System
of Texas



Dr. Jason West
HCA's Denton Regional
Medical Center



Dr. Joel Holiner
HCA's Green Oaks
Hospital

Physician Nominees



Dr. Jeff Morgan
HCA's Medical Center
of Arlington



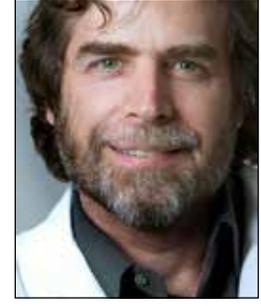
Dr. Theodore Belanger
HCA's Medical Center
of Plano



Dr. Roxana Cruz
Hunt Regional
Healthcare - Greenville



Dr. Frank Lonergan
JPS Health Network



Dr. Edward Ferree
Kindred Hospital
Fort Worth



Dr. Jill Waggoner
Methodist Charlton
Medical Center



Dr. Patricia LeRue
Methodist Dallas
Medical Center



Dr. Laurie Havran-Nelson
Parkland Health
& Hospital System



Dr. Michael Cowart
Tenet's Lake Pointe
Medical Center



Dr. Nikhil Bhayani
Texas Health Arlington
Memorial Hospital



Dr. Long Nguyen
Texas Health Harris Methodist
Hospital Alliance



Dr. Gregory Schwartz
Texas Health Harris Methodist
Hospital Azle



Dr. Alvin Mathe
Texas Health Harris Methodist
Hospital Fort Worth



Dr. Jeff Livingston
Texas Health Harris Methodist
Hospital HEB



Dr. Jeff McGowen
Texas Health Harris Methodist
Hospital SW Fort Worth



Dr. Eric Berg
Texas Health Presbyterian
Hospital Allen



Dr. Noah Appel
Texas Health Presbyterian
Hospital Dallas



Dr. Michael Deck
Texas Health Presbyterian
Hospital Plano



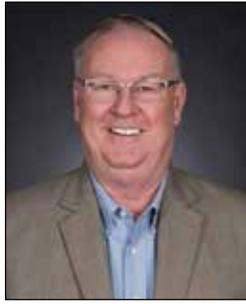
Dr. Siobhan Kehoe
UT Southwestern Clements
University Hospital



Volunteer Nominees



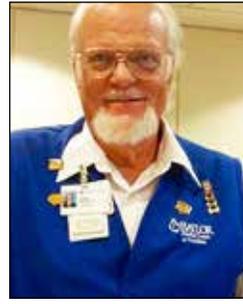
Patti Foster
Baylor Institute for
Rehabilitation



Bob Howard
Baylor Jack & Jane Hamilton
Heart and Vascular Hospital



Winkie Myers
Baylor Scott & White All Saints
Medical Center - Fort Worth



David Sponhour
Baylor Scott & White
Medical Center - Carrollton



Betsy Weathermon
Baylor Scott & White
Medical Center - Garland



Barbara Stewart
Baylor Scott & White
Medical Center - Grapevine



Guy Spalding
Baylor Scott & White
Medical Center - Irving



Clyde Owen
Baylor Scott & White
Medical Center - McKinney



Charles Mays
Baylor Scott & White
Medical Center - Plano



Mary Ann Sachs
Baylor Scott & White
Medical Center - Waxahachie



Alan Kohn
The Heart Hospital
Baylor Plano



Karla Gustaf
Cook Children's
Health Care System



Evva Morris
HCA'S Medical Center
of Arlington



Sandi Ball
HCA'S Medical Center
of Lewisville



Judith Heasley
HCA's Medical Center
of McKinney



Mark Holmgren
HCA's Medical City
Dallas Hospital



Joyce Johnson
Hunt Regional
Healthcare - Greenville



Betsy Klaer
Methodist Charlton
Medical Center



Mary Ingram
Methodist Dallas
Medical Center



Janice Womble
Methodist Mansfield
Medical Center

Volunteer Nominees



Jane Paschal
Methodist Richardson
Medical Center



Marilyn White
Parkland Health &
Hospital System



Marion Smith
Tenet's Doctors Hospital
at White Rock Lake



Charlene Schwaneke
Tenet's Lake Pointe
Health Network



Shirley Volluz
Texas Health Arlington
Memorial Hospital



Dennis Moore
Texas Health Harris Methodist
Hospital Alliance



Diana Burks
Texas Health Harris Methodist
Hospital Azle



Melita Hines
Texas Health Harris Methodist
Hospital Cleburne



Donald Austin
Texas Health Harris Methodist
Hospital Fort Worth



Beatrice Austin
Texas Health Harris Methodist
Hospital Fort Worth



Phyllis Somma
Texas Health Harris Methodist
Hospital HEB



Frank Reidinger
Texas Health Harris Methodist
Hospital SW Fort Worth



Bob Wallace
Texas Health Presbyterian
Hospital Allen



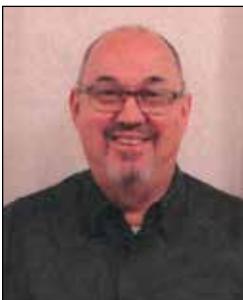
Margaret Wallace
Texas Health Presbyterian
Hospital Allen



Sara Rudick
Texas Health Presbyterian
Hospital Dallas



Irving Upshaw
Texas Health Presbyterian
Hospital Plano



Jeff Kenner
UT Southwestern Clements
University Hospital



Preceptor Nominees



Laura Platt
Staff Nurse
Baylor Scott & White All Saints
Medical Center - Fort Worth



Shanling Chang
Registered Nurse
Baylor Scott & White
Medical Center - Garland



Angela Wren
Registered Nurse
Baylor Scott & White
Medical Center - McKinney



Laurin Price
Registered Nurse
The Heart Hospital
Baylor Plano



Ulla-Brit Wilson
Registered Nurse
Cook Children's
Health Care System



Michelle Yeatts
Magnet Coordinator
HCA's Denton Regional
Medical Center



Cathy Peterson
RN Specialty Coordinator
Methodist Dallas
Medical Center



Alesha Johns
Registered Nurse
Methodist Mansfield
Medical Center



Shanna Choate
Nurse Educator
Parkland Health
& Hospital System



Emily Java
Registered Nurse II
Texas Health Harris Methodist
Hospital Alliance



Thuy Nguyen
Registered Nurse
Texas Health Presbyterian
Hospital Dallas



Deborah Ann Spitzer
Clinical RN Educator
UT Southwestern
Medical Center



Sharon Souvannarath
Registered Nurse
VA North Texas
Healthcare System



System Nominees



Josh Waits
Director of Facility Safety
Baylor Institute
for Rehabilitation



Ashley Davis
Donor Relations/Fund Coordinator
Methodist Health System
Foundation



Barbara Dome
Material Services Manager
Parkland Health
& Hospital System



Danny Davila

Executive Director
GroupOne Services

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Background reports - opportunities and challenges

THE ULTIMATE CHALLENGE FOR A TALENT ACQUISITION

PROFESSIONAL is sourcing, recruiting and landing the appropriate candidate for their hard-to-fill job opening. After the difficult work has been addressed, a third-party outside company, known as a “consumer reporting agency,” plays a key role in how quickly a new employee can begin. Has the candidate falsified their credentials? Does the candidate have a criminal history impacting their job responsibilities?

GroupOne is a consumer reporting agency. We must adhere to ever-changing regulations ranging from what content can be reported to what verification process must be utilized. The volume of information processed is significant due to the time constraints delivered by the client and the consumer. Increasingly, companies and data sources outsource their data distribution and GroupOne is adjusting its research to address these challenges.

For the past several years, GroupOne has obtained employment verification information from The Work Number, Equifax and Thomas and Company. We have also received education verification from the National Student Clearinghouse and criminal history from vendors such as I Docket. Rest assured, just as our clients have expectations for GroupOne, we have similar expectations regarding time, quality and service for these vendors.

In the last 12 months, GroupOne has reduced the volume of vendors by approximately 40 percent. Each vendor is examined for reliability, accuracy and quality. In an effort to improve service to clients and ensure processes are unilateral and cohesive, vendor management is becoming a significant priority for GroupOne.

In the role that a consumer reporting agency serves to a talent acquisition department, it is important for GroupOne to expand practices that reduce time and increase quality. GroupOne employees, leaders and vendors take this responsibility seriously and pledge continuous efforts towards improvement. ■



www.gp1.com

GroupOne Services

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.

GroupOne Trustees

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Texas Health Resources

Queen Green

Baylor Scott & White Health

Jeremy Howell

Texas Scottish Rite Hospital for Children

David Knowles

Children's Medical Center Dallas

Connie Lowe

Sierra Search Consultants, LLC

James O'Rielly

Methodist Health System

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Fax: 469-648-5088

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Kim Hines:

khines@gp1.com

Around GroupOne



THE WHITE HOUSE PROPOSED NEW REGULATIONS MAY 2 that would prohibit federal agencies from asking about a job applicant's criminal history until after a conditional job offer has been made.

The U.S. Office of Personnel Management (OPM) rule would ban hiring managers from using forms that request screening information typically collected during a background investigation until later in the hiring process, with some exceptions. The public will have until July 1, 2016, to submit comments before a final rule is issued.

"The intended effect of this proposal is to better ensure that applicants from all segments of society, including those with prior criminal histories, receive a fair opportunity to compete for federal employment," the agency said.

President Barack Obama directed OPM on Nov. 2, 2015, to remove from federal job application forms the check box requiring applicants to indicate if they have a criminal history and to delay

criminal history inquiries until later in the hiring process—a practice that is commonly known as "banning the box."

Current regulations allow agencies to administer the Optional Form 306 to applicants as part of an advance screening process. The form contains a variety of questions about an applicant's background, including several questions about an applicant's criminal history.

OPM Acting Director Beth Cobert said in a press release that the proposed standards are already effectively practiced in a number of federal agencies. "The proposed rule takes the important step to formalize, expand and codify this best practice," she said. Cobert noted that the regulation does not apply to excepted service positions, which include many federal intelligence and law enforcement jobs.

"There are certain times when an agency might be justified in disqualifying an applicant with criminal history, or collecting information on their background, earlier in the process," she said. OPM will set up a mechanism

for agencies to request exceptions to be granted on a case-by-case basis. "These exceptions could be granted either by individual position or by class of positions, depending on the specifics of the case," Cobert said. For example, cases could include certain law enforcement jobs that require the ability to testify in court or jobs where applicants undergo extensive and costly training before they are offered a job.

"In any event, the applicant would have notice of the process, an opportunity to rebut any issues that arose and the ability to appeal any adverse suitability action to the Merit Systems Protection Board," she said.

BAN-THE-BOX MOMENTUM

A nationwide push to ban the box has grown exponentially in recent years. Currently, 23 states have adopted a policy, at least for jobs in the public sector: California, Colorado, Connecticut, Delaware, Georgia, Hawaii, Illinois, Maryland, Massachusetts, Minnesota, Missouri, Nebraska, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Rhode Island, Tennessee, Vermont, Virginia and Wisconsin. Seven states—Hawaii, Illinois, Massachusetts, Minnesota, New Jersey, Oregon and Rhode Island—have also removed the criminal history check box on job applications for private employers.

Melissa Sorenson, executive director of the National Association of Professional Background Screeners (NAPBS) said that her organization commends the federal government for its efforts to reintegrate those with criminal histories into the workforce.

"In its capacity as an employer, the federal government is best positioned to identify appropriate changes to its hiring process that allow for reintegration while mitigating risk." ■

-- by Roy Maurer of SHRM.org

The GP1REPORT



INGREDIENTS

By Danny Davila,
GroupOne Executive Director

of a background report

AS A FORMER TALENT ACQUISITION LEADER, the review of background reports presented a challenge to perform a sound screening of candidates. As a current leader of GroupOne Services, a consumer reporting agency, there is a different perspective on the urgency needed to accurately address these reports. Here are some items that require time and attention.

Reports are created based on the “package” the client wishes to use. The following example is one that includes components used by hospitals. This may not fit the template for non-hospitals, but as shown by the content, it is comprehensive. Such reports include:

- criminal history verification ranging from counties, state, and federal sources;
- licensure verification for occupations that require licensing;
- education attainment confirmation;
- employment history verification.

An average search time-frame is usually 7-10 years, driven by the information provided by the client and applicant (also known as the “consumer”). Most of the research is carried out

by employees of GroupOne, though portions are conducted by vendors known as “resellers.” It is imperative for a consumer reporting agency to hold these resellers to specific quality standards.

Employment verification is obtained directly from human resource (HR) offices, though companies routinely outsource this function to services such as Equifax/The Work Number. Education verification is provided by some institutions, however, a larger number of colleges, schools and universities use the National Student Clearinghouse, a primary source for obtaining college graduation data. Licensure verification is conducted through the source that issues the license. All of these services are expected to be carried out within days.

The reality of the background research industry is that unlike benchmark data provided by national recruitment or HR industry sources, comparative turnaround time lacks cohesiveness and standardization.

The background service industry has high expectations when complying with federal regulations and reviewing the information provided by sources. At GroupOne, a responsible consumer reporting agency, we must continue to be supportive of our partners and their crucial deadlines. And we must also make sure the reports are correct. ■



Security Tip! Ransomware on the rise

RANSOMWARE MIGHT SOUND LIKE A NEW line of outdoor adventure apparel, but the reality is much worse than even the worst fashion victim would experience. In brief, ransomware is a potential breach of your data, or worse, delivered by extortion. It manifests as a virus that encrypts or blocks all access to your systems and may even block your view of the screen by displaying, let's politely say, inappropriate content until you do the kidnappers' bidding. The most common ask of these hacks is financial, though demands for other items of value such as trade secrets, strategies and databases are also common.

The ransomware trend has moved well beyond the fad stage and is not going away anytime soon. Just one of hundreds of ransomware tools net over \$18 million from less than 1,000 known

firms between 2014 and 2015. We say 'known firms' because the FBI estimates that less than 30 percent of victims ever report the data security faux pas.

These infections are the height of "hack-ware" and very hard to stop once the infection occurs. In fact, the infections are so efficient the FBI has recommended firms without viable backups should "just pay the ransom." Most of these hackers are true to their word. After all, it would be bad for business otherwise. The success of these hacks over the past few years has created a proven path to easy money for honest thieves everywhere. Fortunately, you have more options than just waiting for embarrassing content to pop up on your screen. they include:

1. First, **don't click on ads**, links or

email attachments if you are not sure who is behind them, no matter how amazing that new adventure outfit looks. This seems like common sense, but is still the most common method for delivery.

2. If you do receive a ransomware note, **disconnect from the internet** immediately. You have an infection and should take immediate action to stop the transmission of all your data. Fastest response: Turn off the infected computer.

3. **Back up your data** offsite. Instead of paying the ransom, you can wipe the infected device and restore the backup prior to the infection.

4. Consider **fighting software with software**. Akati Consulting has published a list of known tools. ■

Finding Truth. Protecting You.

Background Checks
Screening Solutions
Student Screening
Faculty Screening
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