

DFWHC INTERLOCUTOR

FALL 2017

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News from the DFW Hospital Council



DALLAS-FORT WORTH
HOSPITAL COUNCIL

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Houston, Texas, August 25, 2017
JABIN BOTSFORD/THE WASHINGTON POST/GETTY IMAGES

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Steve Love

President/CEO
Dallas-Fort Worth
Hospital Council

Let's hope compassion becomes an epidemic

A STUDY BY ELIZABETH BRADLEY AND LAUREN TAYLOR found the U.S. spends a small amount on social programs like retirement, disability benefits, employment programs and housing when compared to other nations. The U.S. spends nine percent of its gross domestic product (GDP) on social services assisting the population.

If we combine the healthcare percent of GDP with social services spending, the U.S. ranks in the middle of the pack of the 13 high-income countries in the study. Norway is 25 percent, Netherlands 27, Germany 29, Switzerland 31 and Sweden and France 33. Maybe the lines are blurred as to what category we assign dollars spent on healthcare and social programs.

The countries that spend more on social programs spend less on healthcare. Many patients visiting emergency rooms need social services in addition to medical care. Hospitals spend resources helping patients on problems other than medical issues. It's difficult for people to be concerned about their blood pressure when they are worrying about a place to sleep. A diabetic without a refrigerator to store insulin may not really comprehend the discussions on A1C levels. Children who are hungry are not going to be focused on a good education in school.

These examples impact health, housing, education and income levels for so many in our country. Sometimes, serious medical issues become low priorities for people negatively impacted by the social determinants of health as they are struggling to exist.

The real question is who is ultimately responsible for assisting people with these social issues? Is it the providers, insurance companies, spiritual leaders, the government? The answer is *all of the above*. The time is now and all stakeholders must pool their resources in a collaborative initiative and take action to improve the health and safety of all citizens.

Ann Curry told us at our Annual Awards Luncheon on October 31 that compassion is contagious. It is obvious we all have a social and moral responsibility to help our fellow Texans. Please get involved with organizations that improve the lives of the most vulnerable in our society.

Let's hope that contagious compassion becomes an epidemic. ■

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DFWHC INTERLOCUTOR

EDITORIAL

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HOSPITAL COUNCIL

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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



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THE DAY AFTER THE HURRICANES

DFW hospitals put on disaster preparedness alert

THE RAINS HAVE CEASED and the winds subsided, but relief efforts from Hurricanes Harvey, Irma, Jose and Maria will continue well into 2018. As the skies finally cleared in October, massive devastation reigned supreme with 263 deaths and more than \$300 billion in damages making it the second-worst season in more than 50 years.

Relief efforts from North Texas hospitals began almost immediately as shelters were created and patients transported. While the number of evacuees did not reach the overwhelming totals from the combined destruction of hurricanes Katrina, Dennis, Cindy, Ophelia, Rita and Wilma in 2005 when an estimated 26,000 people arrived in Dallas, this year's storms nevertheless kept the region's hospitals on disaster preparedness alert.

"It was a trying time for residents in not only the Houston region, but Florida, Puerto Rico, Mexico and so many areas," said W. Stephen Love, president/CEO of the DFW Hospital Council (DFWHC). "These combined disasters were so disquieting for residents of North Texas. In many cases, the victims were our friends and family members here in Texas. The hospitals of North Texas responded in multiple ways and while the victims needing assistance were not as numerous as initially estimated, we were ready to assist."

Hurricane Harvey made landfall in Rockport, Texas on

August 25, becoming the second-costliest natural disaster worldwide. Over a four-day period, the rains refused to cease with areas in and around Houston receiving more than 60 inches as the system agonizingly stalled over Texas causing catastrophic flooding. Harvey would soon become the wettest tropical cyclone in U.S. recorded history.

The combined devastation of the hurricanes and tropical storms made 2017 the sixth most active season in over a century and the first season to ever record three Category 5 hurricanes.

Medical City Healthcare transported 34 patients from the Gulf Coast, with 12 of those arriving from the Baptist Hospital of Southeast Texas in Beaumont after losing its water supply. Twenty-two patients arrived from other HCA Healthcare hospitals in the region. In addition, nearly 40 Medical City Healthcare nurses were deployed to Houston to assist with medical emergencies.

Children's Health, UT Southwestern and Parkland



Dr. Ray Fowler (right) and Michael Darrouzet (center) at the Dallas “Mega Shelter.”

Health & Hospital System treated patients in its “Mega Shelter” located at the Kay Bailey Hutchison Convention Center in Dallas. At least 3,000 people were treated by medical providers in emergency medicine, pediatrics, primary care and nursing. UT Southwestern ER physician **Dr. Ray Fowler** led the project as medical director.

More than 450 evacuees were housed by the **Dallas County Health and Human Services** and the **Dallas County Medical Society** at shelters located at the Walnut Hill Recreation Center, Tommie M. Allen Recreation Center and the Samuel Grand Recreation Center.

Cook Children’s Health Care System cared for at least 10 critically ill babies from Driscoll Children’s Hospital on the South Texas coast.

Texas Health Resources treated more than 300 victims, with numerous Texas Health physicians and nurses assisting shelters in Tarrant and Dallas counties.

Baylor Scott & White Health started a donation drive through its Faith in Action Initiative, collecting hygiene kits to include soap, toothbrushes, toothpaste, lotion, razors, shaving cream and feminine hygiene products.

Methodist Health System offered medical help for evacuees at its Inwood Village urgent care clinic, treating an average of eight patients per day shuttled in from local shelters.

JPS Health Network, in association with **Carter Bloodcare**, hosted a major blood drive on September 15 to support hospitals in Southeast Texas, donating more than 40 units to the cause.

DFWHC, the DFWHC Foundation and GroupOne held a drive on September 1 with more than 1,820 items including diapers, food, soap and blankets collected and donated to **Trusted World** which, in turn, immediately shipped the resources to Houston.

“We were striving to help our fellow residents impacted by the hurricanes and most certainly the victims of Harvey here in Texas,” Love said. “When viewing the aftermath, every North Texas hospital rose to the occasion. No gesture or gift was too small during the intense time of assistance and recovery.” ■



Erol Akdamar (center) thanks the nurses and physicians prior to the team leaving for Houston.

Deadliest U.S. Hurricane Seasons



New England Hurricane of 1938.

<u>YEAR</u>	<u>HURRICANES</u>	<u>DEATHS</u>	<u>DAMAGE (BILLIONS)</u>
1900	GALVESTON, TX	8,000	\$104.3
1928	OKEECHOBEE, FL	2,500	\$35.3
2005	KATRINA, DENNIS, CINDY	1,225	\$211.2
1938	NEW ENGLAND, NY, CT, RI	600	\$41.1
1915	GALVESTON, NEW ORLEANS	550	\$74.3
1957	AUDREY	426	\$4.0
1935	LABOR DAY, FL	414	\$9.2
1926	MIAMI, FL	408	\$169.4
1909	VELASCO TX, GRAND ISLE, LA	406	\$3.0
1906	FL, SC, MS, FL	298	\$4.1
1919	FLORIDA KEYS, FL	287	\$14.4
2017	HARVEY, IRMA, JOSE, MARIA	263	\$300.0
1969	GERIDA	256	\$22.3
1955	CONNIE, DIANE, IONE	218	\$24.4
1954	CAROL, EDNA, HAZEL	193	\$37.5



Fraser Hay



Anne T. Bass

Thank you for
recognizing true leaders.

Texas Health is honored to congratulate Fraser Hay and Anne T. Bass for their outstanding leadership and innovative contributions to health care in North Texas. Fraser Hay, vice president, professional and support services at Texas Health Presbyterian Hospital Plano, has been named 2017 Young Healthcare Executive of the Year. Anne Bass, former chair of the Texas Health Resources Board of Trustees, is the 2017 recipient of the Kerney Laday, Sr. Trustee of the Year Award.

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Ann Curry

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**69TH ANNUAL
AWARDS LUNCHEON**

October 31, 2017

Arlington Convention Center

*DFWHC's annual event
attracts 700-plus attendees*

Photos by Jerry McClure

THE 69TH ANNUAL AWARDS LUNCHEON



Larry and Brenda James



Fraser and Lindsay Hay

WITH AN AUDIENCE OF 700-PLUS in attendance, the DFW Hospital Council (DFWHC) hosted its 69th Annual Awards Luncheon on October 31 at the Arlington Convention Center. Themed “The Difference Makers,” the event was highlighted by a keynote address from **Ann Curry**, former co-anchor of NBC’s *Today* show.

Honorees included **Larry James** of CitySquare with the Distinguished Health Service Award; **Fraser Hay** of Texas Health Presbyterian Hospital Plano as the Young Healthcare Executive of the Year; and **Anne T. Bass** of Texas Health Resources as the Kerney Laday, Sr. Trustee of the Year.

“We are honored to provide an opportunity to applaud these historic friends of North Texas healthcare,” said **W. Stephen Love**, president/CEO of DFWHC. “They have played a crucial role in contributing to the quality of local healthcare. It is with great pride that we host this luncheon to celebrate their extraordinary careers.”

Additional participants included Dallas jazz musician **Freddie Jones** performing the National Anthem; **Michael Darrouzet** of the Dallas County Medical Society providing the invocation; and **Brian Swift** of the Tarrant County Medical Society presenting the closing benediction. **Scott Peek**, chair of the DFWHC Board of Trustees and chief operating officer at Baylor University Medical Center, served as master of ceremonies.

Hay’s Young Healthcare Executive of the Year Award presentation opened the program and he noted his inspiration for working in the profession.

THE 69TH ANNUAL AWARDS LUNCHEON



Anne T. and Robert Bass

“We get into healthcare to help others but often find ourselves on the receiving end,” Hay said. “I was searching for a career that I believed in. And it was because of a couple of hospital leaders who let me know what it meant to them that got me hooked for life.”

Nominees of the Young Healthcare award were also honored to include **Julie Do**, vice president of finance at Methodist Dallas Medical Center; **Natalie Wilkins**, chief of staff to the president/CEO at Cook Children’s Health Care System; and **Niki Shah**, vice president of care redesign, equitable care and digital health at Baylor Scott & White Health.

Bass received a standing ovation and noted the work of the award’s namesake Kerney Laday.

“This award goes to the heart of who Kerney Laday was,” she said. “He had the philosophy of looking forward in healthcare, and that’s what he did during his tenure with Texas Health Resources. To be the recipient of an award named for him means the world to me.”

James, who also received a standing ovation, noted the residents cared for by CitySquare.

“I accept this honor on behalf of the Community Health



Freddie Jones

Services partnership that we created at CitySquare, along with all of our patients and neighbors, so many of whom struggle with poverty on a daily basis,” he said.

Curry closed the program acknowledging healthcare employees in the audience.

“Listening to your awardees and your achievements, and looking at all of you who have spent so many efforts to make sure that our sick are so well cared for, I feel as though I have arrived at an oasis from what can feel like chaos outside of this room,” she said.

The top Platinum Sponsors of the event were **Hall Render** and **CampbellWilson**. Additional sponsors included GroupOne Background Screening; Denitech – A Xerox Company; Agency Creative; Accenture; ELEVATE340B; H-Source; VITAS Healthcare; Texas Health Resources; Baylor Scott & White Health; JPS Health Network; Cook Children’s Health Care System; Kindred Healthcare; and Medical City Healthcare.

VIPs in attendance included Dallas County Judge **Clay Jenkins**; Tarrant County Judge **Glen Whitley**; Arlington Mayor **Jeff Williams**; Wylie Mayor **Eric Hogue** and Texas Hospital Association President/CEO **Ted Shaw**. ■



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W. Stephen Love (l to r) Julie Do, Natalie Wilkins and Scott Peek.



Fraser Hay



Anne T. Bass



Larry James



Scott Peek



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Around DFWHC



Michael Lee Kim

Hall Render series attracts 300-plus

THE DFW HOSPITAL COUNCIL (DFWHC) and Hall Render teamed together to host the “Hot Topic Healthcare Educational Series” at locations in both Dallas and Irving this summer.

The four complimentary sessions were presented by Hall Render’s team of national experts, bringing together six speakers and a combined 325 attendees. The series included “Foreign Physician Recruitment and Green Card Options for Foreign Healthcare Employees” on July 26 with **Michael Lee Kim**; “Bullying & Workplace Harassment and Discipline & Discharge” on August 16 with **Robin Sheridan**; “False Claims Act Litigation and Internal Investigation Matters” on August 31 with **David French** and **Ritu Cooper**; and “Timeshare Arrangements for Visiting Physicians” on September 20 with **Robert Hicks**.

“These topics detailed crucial issues hospitals are encountering today within our rapidly changing industry,” said W. Stephen Love, president/CEO of DFWHC. “The speakers were impressive and the subjects fascinating. We are looking forward to working with Hall Render in the future to provide more complimentary sessions.” ■

Sold-out audience turns out for Royer presentation

A CAPACITY AUDIENCE OF 80-PLUS found out on September 15 what the health care future holds during the DFW Hospital Council (DFWHC) and **Vestagen** educational event “The Acute Care Hospital of the Future: A Dangerous Place” at the Las Colinas Country Club in Irving. The complimentary event was highlighted by speaker **Dr. Thomas Royer**, former president/CEO of CHRISTUS Health and author of the new book “Breaking Out of the Health Care Abyss.”

Dr. Royer discussed the need to implement a future road map in addition to the importance of employee protection and infection control. Since 1999, Dr. Royer has worked on leadership challenges, predicting years ago many of today’s health care issues.

Vestagen also put on a demonstration as to the abilities of its new Vestex scrubs and lab coats. For information, contact **Ben Favret** at ben.favret@vestagen.com or **Gene Deutscher** at gene.deutscher@vestagen.com. ■



Ben Favret (l to r), Dr. Thomas Royer and Gene Deutscher at the September 15 event.

SMOKE FREE!

DFW HOSPITAL COUNCIL (DFWHC) PRESIDENT/CEO W. Stephen Love and **Abilene Christian University (ACU) Nursing Professor Dr. Tonya Sawyer-McGee** hosted the “Hot Topic” webinar “Clinicians Role in Advocating Smoking Cessation” on October 11 at the DFWHC offices in Irving. The educational event was attended by more than 25 registrants representing hospitals across North Texas. The webinar was introduced by Love, who also participated in the Q&A. ACU came aboard as a DFWHC Associate Member in 2017, offering a 10 percent discount to DFWHC members to online healthcare graduate programs operating out of its Dallas campus. For almost a decade, DFWHC has advocated for smoking bans in public venues throughout the metroplex. Dr. Sawyer-McGee, a former acute care nurse at Parkland Health & Hospital System, detailed how cigarette smoking is the leading cause of preventable mortality and morbidity in the U.S. For information on the webinar, please contact **Jourdan Pruitt** at jpruit@dfwhc.org. ■



W. Stephen Love and Dr. Tonya Sawyer-McGee.



Photo by Kevin Fujii

JPS event attracts 700 attendees

MORE THAN 700 PEOPLE attended JPS Foundation’s second annual “You Make Lives Better Breakfast” on November 1, gathering in a 13,000-square-foot tent to share stories detailing the role **JPS Health Network** will play in Tarrant County’s future. In a video presentation, **County Administrator G. K. Maenius** says JPS will play a significant role in determining quality of life in Tarrant County as the population grows by a projected one million new residents over the next 20 years. JPS President/CEO **Robert Earley** (left photo) told the crowd, “It is critically important for Tarrant County that JPS is successful.”

The family of trauma patient **Courtney Utter** reconstructed the day that Utter took a young niece on an ill-fated ATV excursion. The ATV overturned, pinning Utter to the ground and crushing her left arm. First responders transported her to the Level I Trauma Center at JPS. Utter’s arm would eventually require amputation, but she credits the care she received at JPS for saving her life. Utter made a surprise appearance at the breakfast, bringing guests to their feet for a standing ovation. ■

Trevor Fetter steps down as Tenet CEO

TENET HEALTHCARE CORPORATION ANNOUNCED TREVOR FETTER has stepped down from his role as CEO and resigned as a director of the company, effective October 23. The Board of Directors has appointed **Ronald A. Rittenmeyer**, executive chairman, to serve as chief executive officer while the company continues its search for a permanent chief executive officer. Tenet previously announced on August 31 the planned departure of Fetter, the commencement of a search for a new chief executive officer, and the appointment of Mr. Rittenmeyer as executive chairman and principal executive officer. ■



Around DFWHC



“Super Scrubs” - DFWHC teams with Vestagen

THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) AND VESTAGEN Protective Technologies, Inc. announced in August a partnership to promote the company's VESTEX® Active Barrier healthcare apparel. The **VESTEX** fabric combines fluid repellency and antimicrobial technologies into comfortable healthcare worker scrubs and lab coats. The teaming is expected to benefit North Texas hospitals by introducing them to new groundbreaking technology that has the potential to revolutionize traditional hospital uniforms. VESTEX apparel has earned the exclusive endorsement of the **American Hospital Association**.

More hospitals are requiring staff to wear uniforms with “active barrier” technology to protect the fabric from unanticipated exposure to body fluids that may contribute to germ transmission. A large portfolio of peer-reviewed published science suggests soft surfaces akin to apparel and linens can attract and retain microorganisms. VESTEX protects the uniform fabric from fluids and retains fewer germs than the traditional uniform used in hospitals.

Designed for wear throughout the work shift, VESTEX minimizes the risks associated with unanticipated exposures by repelling fluid splatter and spills from the fabric. It contains an EPA-registered antimicrobial agent shown in hospital settings to inhibit the growth of certain bacteria on the fabric. A study in The Society for Healthcare Epidemiology of America's peer-reviewed hospital-based publication, “Infection Control

and Hospital Epidemiology,” showed reduced acquisition and retention of certain microorganisms on VESTEX scrubs compared to conventional uniforms.

“Vestagen's solution stands out for its potential to contribute to the culture of safety that is a concern for all of our North Texas healthcare institutions,” said **W. Stephen Love**, president/CEO of DFWHC. “We are thrilled to have them join the DFWHC team. VESTEX is designed to address risks confronted by our employees and patients every day and we welcome the chance to work with Vestagen to inform our members about these benefits.”

Valerie Craig, RN, a vice president, clinical effectiveness and patient safety at Methodist Health System, said historic approaches to preventing hospital acquired infections have required extreme diligence.

“To have a sustainable impact, all members of the healthcare team must put forth constant effort,” she said. “As a nurse and healthcare executive, I am excited about innovative advances in technologies like VESTEX fabric as it offers nurses, physicians and all members of the care team a layer of defense against splatters while reducing the risks of exposure.”

“We have received very positive feedback from hospitals across the country that have implemented VESTEX,” said **Ben Favret**, founder and president of Vestagen. “We are honored to work with DFWHC to present the benefits of VESTEX to North Texas hospitals.” ■



Community Council honors Love with service award

THE COMMUNITY COUNCIL OF GREATER DALLAS awarded DFW Hospital Council President/CEO **W. Stephen Love** with the Distinguished Community Service Award on November 2 during its Annual Nonprofit and Community Leadership Luncheon held at Mockingbird Towers in Dallas. Love was one of four to receive the award including the **Hon. Eddie Bernice Johnson** of the 30th Congressional District; **Regina Montoya** of Mayor Mike Rawlings' Taskforce on Poverty; and the **Hon. Royce West** of State Senate District 23. Community Council President **Levi Davis** and CEO **Ken Goodgames** presented the award to Love. The mission of the Community Council is to serve the community by providing leadership in the human services arena and to increase awareness of access to services. ■

W. Stephen Love (l to r), Ken Goodgames and Levi Davis at the Community Council Luncheon.

Daniel, Porsa and Villarreal named to DFWHC Board

Will Daniel, MD, Esmaeil Porsa, MD and Xavier Villarreal have joined the Dallas-Fort Worth Hospital Council (DFWHC) Board of Trustees effective in August. Dr. Daniel is the VP and chief quality officer at UT Southwestern Medical Center, Dr. Porsa is executive VP and chief strategy and integration officer at Parkland Health & Hospital System and Villarreal is the CEO of Medical City North Hills. ■



Dr. Will Daniel



Dr. Esmaeil Porsa



Xavier Villarreal



Love speaks at Oak Cliff event

DFW HOSPITAL COUNCIL PRESIDENT/CEO **W. Stephen Love** was one of several speakers during the September 28 "Legislative Summit" panel hosted by the Oak Cliff Chamber of Commerce in the Hitt Auditorium at **Methodist Dallas Medical Center**. Love's discussion was titled "Update on State & Federal Legislation Affecting Business" and included **Dallas County Judge Clay Jenkins** and **Scott Chase**, partner at Farrow-Gillespie & Heath. The event was sponsored by Children's Health and La Calle Dolce Restaurant. ■

Associate Members

Fair Labor Standards Act



*Take heed Texas
healthcare employers*

THE FAIR LABOR STANDARDS ACT (“FLSA”) is a federal law that establishes, among other things, when time spent by an employee is compensable. Because the Texas Payday Law defers to the FLSA on the question of compensable time, Texas employers need to comply with the federal **Department of Labor’s (“DOL”)** guidance with respect to enforcement standards.

Two common practices in health care have come under intense DOL scrutiny in the past few years: work off-the-clock and auto-deducted meal breaks. It is easy to understand how both of these practices run afoul of the law. Pre-shift huddles, for example, are an important way of transitioning responsibilities and care concerns between care providers from shift to shift. Additionally, hospital and other health care staff often put patient care first and take breaks only when they can, if they can. Notwithstanding the patient-centered focus of the above, the DOL and courts have enforced the regulations strictly, resulting

in millions of dollars of expense to health care providers across the country. Of particular interest, a California court recently gave preliminary approval to a \$6.255 million settlement in a lawsuit against a California-based medical group.

There, the plaintiff nurses claimed they did not receive pay for time spent opening and closing software applications that were necessary to performing their jobs. Specifically, their complaint alleged the computer startup process took four to ten minutes daily; however, they were not on-the-clock until the programs were actually running. In addition, they alleged that the shutdown process took four or five minutes daily, but they were not allowed to begin the process earlier than three minutes before the end of each shift (resulting in one to two minutes of additional unpaid time per nurse per shift).

The plaintiffs also claimed that although the employer automatically deducted thirty minutes daily for unpaid meal breaks, the nurses were not “completely relieved” from their

Interlocutor is publishing articles submitted by Associate Members. This was provided by **Hall Render**. For information, contact Chris Wilson at chrisw@dfwhc.org.



duties during those breaks. Accordingly, the nurses claimed that they were entitled to not only overtime pay under the FLSA, but also wages and penalties under the state labor code.

According to forensic accountants engaged by the plaintiffs, the medical group's potential exposure for damages and penalties ranged between \$18 and \$20 million. A \$6.255 million settlement has preliminary approval.

PRACTICAL TAKEAWAYS

Generally, an employee's time must be paid if it is suffered or permitted by the employer for the benefit of the employer, specifically:

- No **meal breaks** are required for adult employees. But, if a meal break is given, it must last 30 minutes or longer, and the employee must be fully relieved of duties—that is, the employee must perform no work and the break must be uninterrupted. Otherwise, it is likely a paid break.
- An employee's day starts with any activity that is **"integral and indispensable"** to the employee's principal activities and that likely includes logging in and huddles.

To protect your organization from a lawsuit and/or DOL audit:

- **Train your employees and managers**, and keep documentation of the training. Train employees on the proper use of the time-clock, the proper process for adding missed punches, what to do if lunch is interrupted or missed and the sequence of shift start (coffee, punch in, prep and huddle – in that order). Train your managers on state and federal wage and hour laws so they know how to schedule compliant employee shifts and how to react to an employee's request for time correction.
- **Audit your payroll practices**, going back two years, on a regular basis, under the confidentiality of attorney-client

privilege. Your considerations should include:

- If you use automatic meal period deductions, look closely at any exception reports for missed breaks. If an entire department has no missed breaks for any employee during the review period, that means each employee received his or her break every day. Is that realistic? If the answer is no, you should look closer.
- Update your policies. When the DOL visits, detailed policies are good evidence that you had a proper process, such as a meal break policy that explains automatic meal deductions and notifies employees of their obligation to report interruptions and missed lunches. However, if your policy is not in compliance, or if employees are not familiar with the terms of the policy, it can hurt more than it can help.
- By auditing regularly, you can identify issues and resolve them early. If you have a concern, contact counsel for an opinion letter. Good faith reliance on the opinion of counsel may save you from liquidated damages.

This article is educational in nature and is not intended as legal advice. Always consult your legal counsel with specific legal matters. If you have any questions or would like additional information about this topic, please contact:

- **Robin Sheridan** at rsheridan@hallrender.com;
- **Heather Mogden** at hmogden@hallrender.com;
- or your regular Hall Render attorney.

Robin Sheridan and Heather Mogden are attorneys with Hall, Render, Killian, Heath & Lyman, P.C., the largest health care-focused law firm in the country. Please visit the Hall Render Blog at <http://blogs.hallrender.com/> for more information on topics related to health care law. ■

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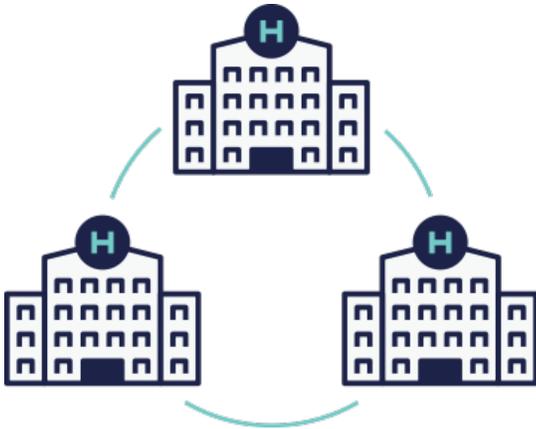


to all North Texas hospitals for putting
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Associate Members

The importance of **BIG DATA** in the healthcare industry

*By Don Navarro, Chairman, KPN Health and
David Hultsman, Chief Technology Strategist, KPN Health*

BIG DATA IS NOT A NEW CONCEPT. It is a better marketing “word” to describe the increasingly vast amount of data that is available for consumption by an authorized consumer. The challenge is making the data accessible, accurate, secure and available only to the authorized consumer while being presented in a manner that presents insight into the need or questions asked. Data stored in source systems, data marts, enterprise data warehouses or other storage formats is rarely useful on its own. Just like any raw material, data must be processed to be useful. This processing is how data starts to become the information and insight needed to understand and impact the operations of a healthcare organization.

When a quality improvement specialist, executive or clinician asks for data, the request is rarely for just data. Requests for data typically result from a need to better understand a problem, identify quality and performance issues or evaluate patient outcomes and the effects of quality improvement activities.

2. WHAT SHOULD BE DONE WITH THE DATA?

How can we turn untapped data into meaningful insight that enables better administrative and clinical decision making? The first step in understanding an organization and its processes is knowing the data itself, its context



Know what DATA you have!

and how it relates to the business. To provide meaningful insights that can begin to help decision makers, the analytical results must use data that accurately reflects the status of patients and the performance quality associated with clinical and business process workflows. It's often said in healthcare settings that "you can't manage what you can't measure." Organizations need to ensure that the data being worked with is an accurate reflection of what they are measuring.

3. HOW IS THE DATA STORED?

In what kind of system is the data kept, such as an enterprise data warehouse or other format? How is the data physically stored on the database? Is the data type stored by integer, character or date? How might that storage format constrict what can be done with the data? At the database level, the data type that's assigned to a field controls what kind of information can be stored in that field, such as numbers, words, character strings or a selection of menu choices. This helps to ensure the integrity of stored data so that when the data is read back from the database, the software knows how to interpret.

4. WHAT IS THE DATA TYPE?

Regardless of how data might be physically stored in a database, it's important to know what value the data represents. This knowledge allows for meaningful analysis of the data. If the type of analysis performed is not appropriate for the data type or what the data represents, the results will more than likely be nonsensical

and a waste of valuable time. Given the type of data and storage, discretion must be carefully applied when deciding the kind of database manipulations and mathematical operations that are to be performed so the results are worthwhile.

5. WHAT IS THE PROBLEM?

Critical to any useful analytics is an understanding of what clinical or business problems decision makers need to solve. With the availability of large volumes of data, and relatively inexpensive computing power that can perform deep data analysis, there's a temptation to take the "shotgun approach" and unleash all available tests and analysis on a data set. Not to discourage this; such data explorations can reveal insight, uncover unknown relationships in data and satisfy intellectual curiosity.

The result of analysis must be information that drives decision making and enables clinicians, administrators and quality improvement stakeholders to take appropriate action to achieve the goals and objectives of the organization. The Data Scientist of today is always remarking, "Make sure you answer the question." Healthcare organizations are generating and using unprecedented volumes and varieties of data. Despite advances in data collection, management, analysis and insight-generation, basic principles about data analysis still (and will always) apply: know what data you have, know what it means, know what you can do with it and be sure to answer the original question. ■



Associate Member

What you wear matters!

Hospital uniforms - a great opportunity for improvement

UNIFORMS – WHAT YOUR STAFF WEARS – are one of the most overlooked strategic opportunities for improvement on the Nurse Magnet, Quadruple Aim and High Reliability journey. With scrubs and lab coats, you must perfectly balance the desire for style and comfort, known to drive staff engagement, with patient satisfaction factors such as color preferences, employee role identification and communication. At the same time, you must re-enforce your culture of safety for both staff and patients. To help you achieve these critical initiatives when implementing your uniform program, we have developed a high impact, no or low cost and potentially profitable Donabedian Model. Our model is rooted in the **Nurse Magnet Hospital Recognition Program** and the principals of change management.

STRUCTURE

The first step is to gain commitment of a guiding coalition of leadership and staff that have urgency to take action based on the evidence. Transformational leadership is committed to evidence-based best practices that build your hospital brand, culture of safety, patient satisfaction and employee engagement. The urgency is driven by multiple studies documenting how apparel is part of protecting healthcare staff and patients; apparel color selection improves patient identification, communication and satisfaction; fit and comfort are all measurable. With an understanding of the evidence, informed decisions guide the Process leading to defined measurable Outcomes which can be developed and clear vision of how these key initiatives can be achieved. Once agreed upon, then clear and concise communication outlining the Process-outcomes is disseminated to staff.

PROCESS

Successfully executing implementation of a new uniform program begins with a well-defined process that has gone through multiple cycles of learning and has well-developed best practices. Having successfully executed implementations

Interlocutor is publishing articles submitted by Associate Members. This article was provided by **Vestagen**. For guidelines, contact Chris Wilson at chrisw@dfwhc.org.

VESTAGEN
- PROTECTIVE APPAREL TECHNOLOGIES -



at some of the top health systems in the U.S., such as **Northwell Health, Mercy Health, Baptist Health and HCA West Florida Division**, we have developed proprietary best practices to quantitatively and qualitatively evaluate the effectiveness, safety, comfort, fit, function, and durability of healthcare worker (HCW) attire. This part of the Process validates staff preferences and educates staff to make choices that support achieving the defined initiatives. The Process allows you and your staff to set clear roles and responsibilities, identify success criteria, and select implementation options that ensure your success.

The reported results of this Process provide actionable data addressing specific success criteria you established and a detailed roadmap with key insights from your staff that provide a clear path forward for a successful implementation. This structural engagement Process builds the desire, knowledge and ability of staff and is a vital “Win” for staff and leadership to have data that supports the implementation decision.

OUTCOMES

After being vetted by the proprietary due diligence process of the **American Hospital Association (AHA)** and conducting an in-depth analysis of the VESTEX market performance, track record and commitment to health care, VESTEX is the first and only apparel to earn the exclusive endorsement of the AHA. Two case studies on successful Outcomes driven by this VESTEX implementation model have been documented by **Baptist Health and Northwell Health’s Cohen Children’s Medical Center**.

Baptist Health, Jacksonville, Florida, is a five-hospital system adopted VESTEX in 2014. **Diane Raines, CNO**, said they implemented VESTEX “as not just an investment in uniforms and patient garments, but as an innovative technology that will make our environment safer. This (VESTEX) is a symbol of our

commitment to our staff and their families and our patients and their families.”

The hospital had also launched a new branding campaign, “Changing Healthcare for Good” and wanted to increase community brand awareness for the health system. In support of the new campaign, Baptist Health received eight strongly positive local television stories and 51 print media stories related to their VESTEX implementation.

Cohen Children’s Medical Center, Long Island, New York, was the first of the 23 Hospital Northwell Health System to wholly adopt VESTEX. The nursing team was working toward attaining Magnet recognition. They were also finding that patients and their families were struggling with identifying the difference between nurses, nursing assistants, physicians, housekeepers, practice care assistants and other care providers by their roles. Additionally, the health system had recently changed its name, so the hospital wanted to reflect that change in its entire care team’s uniforms.

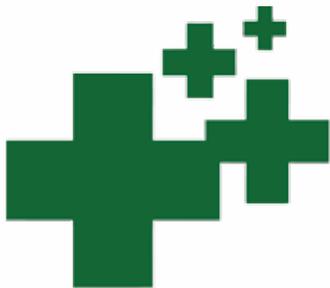
The VESTEX implementation model resulted in 93 percent of Cohen staff agreeing that VESTEX should be adopted as part of their daily work attire. Cohen staff engagement scores improved from the 72nd to the 87th percentile, while participation rates increased across disciplines from 81 to 95 percent. “Engagement in the product selection and overall engagement in the organization’s safety work, led to this positive trend in our scores,” said **Carri Quinn, CNO**. The Northwell Health System continues to receive local television and print coverage with each new VESTEX implementation.

What you wear matters! Achieving success in key strategic initiative Outcomes are attained by finding the balance between desires and preferences of hospital staff and patient. Our Structure – Process – Outcome model provides a clear path forward rooted in well-established best practices, scientific principals and published medical literature. ■

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Kristin Jenkins

JD, MBA, FACHE

President, DFWHC Foundation
Senior Vice President, DFWHC

Improving mental health and substance misuse in Texas

WITH A GROWING NORTH TEXAS FOCUS on improving the mental health and substance misuse of residents, the DFW Hospital Council (DFWHC) Foundation is supporting the efforts with new collaborations.

The DFWHC Foundation’s Community Health Collaborative Advisory Board, representing 11 area health systems, has selected the improvement of mental health and health services as its number one strategic goal over the next three years. The group has established the following projects:

1. Finalize a 16-county Community Health Needs Assessment focused on mental health and substance misuse;
2. Train more than 10,000 lay-people in the national Mental Health First Aid curriculum throughout the 16-county region;
3. Support the Dallas County ReCAST grant program, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), which is designed to strengthen community resilience in the face of civil unrest in the community;
4. Convene health systems to exchange information through the Meadows Smart Justice project to provide more meaningful outpatient mental health and substance misuse services to patients at high risk of interaction with law enforcement and regional emergency departments who are better served with consistent outpatient mental health care services.

The Community Health Collaborative has invited area organizations to participate in these initiatives. Five subcommittees have been formed and are actively working on these benefits for our community. If you have an interest and would like to lend your expertise, please contact **Dr. Sushma Sharma**, our director of public and population health research, at ssharma@dfwhcfoundation.org.

Finally, our DFWHC Foundation team would like to extend its heartfelt thanks to **Mr. Harvey Fishero**, our Chairman of the Board of Trustees, and **Chuck Lyles**, an original trustee, for service on the Foundation’s board for nearly 10 years. These gentlemen have been an inspiration to our team, our health systems and the community. Their last meeting will be Nov. 20, 2017. Please help us in thanking them both for the numerous volunteer hours they have provided for our organization in addition to making North Texas a better place to live. ■

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.

32 dfwhc interlocutor

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Around DFWHC Foundation



Teresa Wagner (l to r), Dr. Abdulsalami Nasidi and Kristin Jenkins on day two at the Patient Safety Summit.



The Foundation's 10th Annual Patient Safety Summit attracted a two-day total of 625 attendees.

Foundation's 10th Annual Patient Safety Summit attracts 600-plus

IT WAS A CROWDED HOUSE on both days of the DFW Hospital Council (DFWHC) Foundation's 10th Annual Patient Safety Summit on August 9-10 at the Marriott Las Colinas in Irving. More than 600 local healthcare employees attended the two-day event highlighted by an Ebola panel discussion including **Dr. Abdulsalami Nasidi**, executive director of the Regional Centre for Disease Control of the Economic Community of West African States (ECOWAS), **Dr. Sam Bagchi** of CHRISTUS Health and **Dr. Daniel Varga** of Texas Health Resources.

It was the first-ever Dallas appearance for Dr. Nasidi, the former director of the Nigeria Center for Disease Control, who worked on the front lines during the recent Ebola outbreak in Africa. NBCDFW TV was on hand to interview Dr. Nasidi.

Additional speakers included **Thi Dang**, an HAI

Epidemiologist, **Keri Cain**, a State Hospital Preparedness Program Coordinator and **Joseph Schmider**, a State EMS Director discussing "Ebola Preparedness Efforts and the Role of the Designated Infection Control Officer."

The second day was opened by **Britt Berrett**, author of "Patients Come Second," followed by **Leah Binder**, president/CEO of The Leapfrog Group.

The Patient Safety Summit was held in coordination with the Texas Department of State Health Services' 2017 TDSHS Healthcare Safety Conference.

"We were thrilled by the participation," said **Patti Taylor**, event coordinator and director of quality and patient safety at the DFWHC Foundation. "The speakers and topics were a great draw. This event has always been a unique opportunity for the hospitals of North Texas to come together in a non-judgmental fashion and share best practices." ■

Around DFWHC Foundation



Foundation to work with Dallas on “ReJUVenATE”

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION, in collaboration with **Dallas County**, the **City of Dallas**, **Dallas County Juvenile Department**, the **Caruth Police Institute** and **UT Southwestern University Hospitals**, was awarded a federal grant in October from the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide trauma response training over the next two years for community residents.

Termed **“ReJUVenATE,”** or Revitalize Juveniles through Acknowledgement, Training and Empowerment, the grant was one of two awarded nationwide to communities suffering the recent trauma of events involving mass shootings, in the case of Dallas, the attack of police officers on July 7, 2016.

During the two-year span of ReJUVenATE, more than 3,500 people will be provided the skills and access to resources to appropriately respond to traumatic events within the community.

“We hope ReJUVenATE can inspire youth, their

families, first responders and local community organizations through evidenced-based training to recognize those who have experienced trauma due to civil unrest,” said **Dr. Sushma Sharma**, director of public and population health research at the DFWHC Foundation. “This is a great opportunity to promote healthy responses by the community to events that could potentially cause anxiety, aggression and other consequential behaviors.”

ReJUVenATE team members are expected to collaborate with local governments, health systems, law enforcement agencies, academic institutions and other community-based organizations to help residents suffering from the complex traumatic effects caused by civil unrest.

For information, please contact Shay Cathey at **shay.cathey@dallascounty.org** or 214-653-6587; or Ruby Blum at **ruby.blum@dallascounty.org** or 214-653-7829; or Dr. Sharma of the Foundation at **ssharma@dfwhcfoundation.org** or 469-648-5031. ■



TQI publishes “Operative Mortality” report

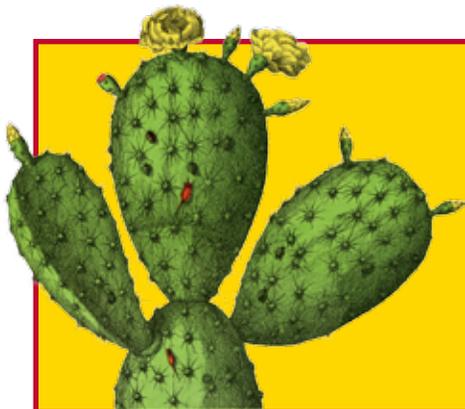
A NEW REPORT by the DFW Hospital Council (DFWHC) Foundation’s **Texas Quality Initiative (TQI)** found an excessive number of unknown statuses for patients following coronary artery bypass surgery. Titled “Impact of Accurate 30-Day Status on Operative Mortality: Wanted Dead or Alive, Not Unknown” and published in September in *The Annals of Thoracic Surgery*, the study is now available online.

TQI was created in 2012 with a mission to improve the quality and safety of care for cardiovascular surgery patients. The group is led by cardiothoracic surgeons affiliated with **Baylor Scott & White Health, Medical City Healthcare, Methodist Health System, Texas Health Resources** and **UT Southwestern** and administered through the DFWHC Foundation.

Coordinated by **Dr. W. Steves Ring** of UT Southwestern, colleagues examined if the use of administrative data in conjunction with clinical data would improve the accuracy of knowing a patient’s mortality within 30-days after having cardiac surgery. The findings revealed improved accuracy of clinical data could be achieved to reveal patient outcomes.

The goal of TQI is to merge clinical data with administrative data to provide overall transparency and improved accuracy when determining patient outcomes.

For information, please contact **Dr. Judy Bezanson** at jbezanson@dfwhcfoundation.org or 469-648-5032. ■



New Mexico trip addresses “Border Readmission”

The DFW Hospital Council Foundation along with the **Texas Hospital Association**, the **New Mexico Hospital Association** and the **Hospital Improvement Innovation Network (HIIN)** hosted a “Border Readmission Symposium” October 13 in Las Cruces, New Mexico. Sponsored by HIIN, the event attracted 65 attendees. The symposium examined challenges for hospitals on the U.S. and Mexico border when facing 30-day readmissions. Patti Taylor, the Foundation’s director of quality and patient safety, presented a report detailing the success of the North Texas Community Health Paramedic Program. For information, please contact ptaylor@dfwhcfoundation.org. ■

WhitePaper

Readmissions in North Texas:

A Comprehensive Overview of Statistics, Demographics
and Charges to Identify Disparities 2013-2015

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



Readmissions 2013-2015

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION released the white paper “Readmissions in North Texas: A Comprehensive Overview of Statistics, Demographics and Charges to Identify Disparities 2013-2015” in October. The report details statistics and charges illuminating the disparities of 30-day readmissions over three-years in North Texas. Findings included charges for 30-day readmissions increased from \$4,352,747,692 in 2013 to \$4,763,558,429 in 2015; and 30-day readmission rates decreased from 14.72 percent in 2013 to 14.40 percent in 2015. For information, contact **Dr. Sushma Sharma** at ssharma@dfwhcfoundation.org. ■

Around DFWHC Foundation



“Wound Care” classes hosted in Tarrant County

The DFW Hospital Council (DFWHC) Foundation in association with the **Hospital Improvement Innovation Network (HIIN)** hosted a Wound Care Certification (WCC) class October 9-12 at the Comfort Suites in North Richland Hills. Following the classes, Texas representatives administered official certification tests. More than 50 attendees were present, representing hospitals participating in the HIIN including **Baylor Scott & White Health**, **JPS Health Network**, **Medical City Healthcare**, and **UT Southwestern**. Patti Taylor, the DFHWC Foundation’s director of quality and patient safety, coordinated the sessions. The Centers for Medicare & Medicaid Services awarded the Health Research & Educational Trust (HRET) a two-year HIIN contract to continue efforts to reduce inpatient harm by 20 percent and readmissions by 12 percent by 2019. The HRET HIIN is the largest and most diverse HIIN with over 1,600 participating hospitals and 32 state hospital associations. The DFHWC Foundation is one of the association participants. For information, please contact ptaylor@dfwhcfoundation.org. ■

Summer Institute details “Innovation & Technology”



THE DFW HOSPITAL COUNCIL FOUNDATION WORKFORCE CENTER hosted the North Texas Nursing Consortium Summer Institute on August 8 at Texas Woman’s University in Dallas. The theme was “Innovation & Technology in Healthcare.” More than 100 attendees participated, with **Julie Hall-Barrow**, vice president, virtual health and innovation at **Children’s Health**, serving as the keynote speaker. Other speakers included **Trudy Sanders** and **Elisabeth Rodgers** of **JPS Health Network** discussing the patient safety benefits of “Telesitter;” **Theresa Mendoza** and **Judy Bezanson** sharing “Big Data;” and **Alex Klacman** and **June Marshall** detailing the Texas Health Resources Resuscitation Quality Improvement (RQI) Program. For information, please contact **Sally Williams** at workforce@dfwhcfoundation.org. ■



IQSC Data User's Educational Event

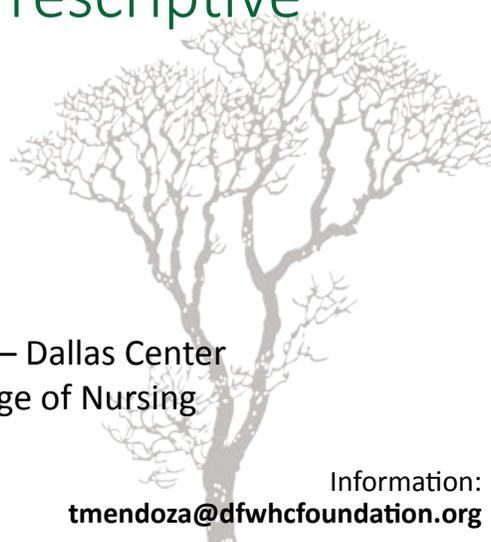


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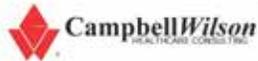


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The state of consumer reporting

HR PROFESSIONALS ARE EXPECTED TO ACQUIRE TALENT by utilizing multiple tools to ensure new hires comply with expectations. GroupOne's background checks are valid investigative summaries compiled by licensed personnel. In 2017, a survey issued by the National Association of Professional Background Screeners (NAPBS) was completed by 1,528 HR professionals.

The biggest challenge identified in the survey was the time it takes to have a background report completed. While 98 percent of the respondents indicated accuracy is important, it's interesting to note that 62 percent stated the length of time for results is the most significant challenge. Other interesting notes confirm the start of the background check begins after the job offer, with 86 percent conducting the screen after the interview, including 55 percent waiting until after a conditional offer. During my tenure in talent acquisition, I had senior leaders ask whether the background report could begin as early as the interview. I stated then to delay the request until a conditional offer is made.

Expectation of faster turnaround time does not coincide with the data providers making the information available quickly. For example, it's probable that more court systems will redact critical information - such as date of birth - from court conviction records, thus extending the research time. High school diplomas issued by home schools, charter schools and private proprietary schools can be falsified and require extended validation.

The advancement of "Ban the Box" has provided increased applications from candidates with convictions. With 29 states and over 150 cities having adopted the legislation, employers will be monitored on their screening process.

Other factors impacting the industry include the pressure to have background reports completed more rapidly; the complexity of obtaining information from primary sources; and the growing request of information through social media. The role of social media in talent assessment contributes to the complexity of evaluating candidates and is deserving of a column in and of itself. The factors that must be considered when evaluating social media requires thoughtful consideration from all HR professionals.

A well-researched background report is a singular component of a comprehensive talent assessment program. Background report companies are held to stringent standards and will continue to increase their proficiency to produce a safer workplace for all. ■



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What if a candidate disguises their appearance at an interview?

TATTOOS, BODY PIERCINGS, DREADLOCKS – the Millennial generation (and perhaps workers from the “flower power” era) oftentimes have adopted fashions that could be considered “non-traditional.” These days, this issue has become increasingly relevant. According to a February 2016 Harris Poll, three in 10 Americans have a tattoo and usually they do not stop with just one.

So what can a business do if a job applicant disguises his or her appearance for an interview by hiding tattoos and piercings? Can an organization legally fire a candidate who then arrives at work with body modifications for all to see?

In many corporate environments, the cultural norm has not kept up with Millennial trends. Human Resource departments across the country have never considered adding body modifications to dress code policies. This is an issue that should definitely be addressed.

Title VII of the Civil Rights Act of 1964 states companies with 15 or more workers “must reasonably accommodate employees’ religious practices unless doing so would impose an undue hardship on the employer.” Quite a few states have

extended similar protections to employees at businesses with less than 15 workers.

But what happens if job candidates cover their tattoos with makeup or perhaps dye their hair a different color and then show up on the first day with “tats” and green locks? GroupOne Background Screening believes the intentional hiding of personal characteristics is akin to claiming a skill the candidate doesn’t possess.

Human Resource departments should inform applicants about workplace expectations during the candidate’s evaluation to include policies regarding tattoos and other non-traditional hair styles and body modifications. Companies should also reestablish policies for dress and appearance in a written document for all new employees to sign prior to employment.

Such a policy will put new employees on notice they will need to cover up non-traditional body modifications or face possible termination. For more on the subject, read the article “Is Hiding Body Art During Interviews, Then Revealing It on the Job, Deceptive?” at The Society for Human Resource Management blog at <https://blog.shrm.org/>. ■

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Share Patient Information

Electronically share any information critical to a care plan, a referral or an entire transition of care, improving your care coordination workflows, which result in a better experience



Information On Demand

Electronically query records from other providers, retrieving patient information on demand. No longer wait on error-prone,



Route Patient Information

Easily deliver patient information to and from your patient charts—whether in folders or an EMR, removing the burden of unnecessary manual faxing and



This new Healthcare MFP Solution, connected by Kno2, is a clinical document exchange cloud service that helps healthcare professionals access, search & route patient information to millions of providers across the country. This cloud solution allows healthcare providers securely share electronic & paper patient information using a HIPPA compliant workflow from their ConnectKey MFP.

Visit Denitech.com for more information

Preferred Pricing available to Dallas-Fort Worth Hospital Council Members

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