Caregivers MATTER!
A Survivor’s Story

with guest speaker
Rebekah Gregory
Inspirational survivor of the Boston Marathon bombings

22nd Annual Employee of the Year Luncheon
April 25, 2018 - Hurst Conference Center

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THE FUTURE OF HEALTH CARE MAY BE UNCERTAIN. OUR EXPERIENCE CAN GUIDE THE WAY.

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Maternal mortality - we own it

A TEXAS CONGRESSMAN ASKED ME if the alarming maternal mortality statistics within our state were true. Maternal mortality – when a mother dies from pregnancy related to complications while pregnant or within 42 days of giving birth – apparently doubled in Texas between 2010 and 2012. While the complete accuracy of the data is debated, black mothers accounted for just 11 percent of Texas births, but 20 percent of maternal deaths from 2012 to 2015.

In Texas, low-income women generally don’t have access to health insurance, birth control, substance abuse treatment and prenatal care. Writers in the journal Birth state there could be statistical skewing caused by misreporting on death certificates, but they do not dispute the increase of maternal mortality.

According to the Kaiser Family Foundation, Texas has the highest uninsured rate for women in the country approaching 20 percent. Lisa Hollier, chair of the Texas Task Force on Maternal Mortality and Morbidity, stated “Curbing Texas’ maternal mortality rate isn’t going to be a situation where there’s a single cause and single solution. I think the rate is likely rising based on the best information that we have right now. I think that having any maternal deaths that are preventable is too many.”

During the past year, Governor Greg Abbott thankfully signed several bills to reduce maternal mortality, including the state publishing best practices and protocols for reporting deaths. Some bills failed to pass the Legislative Session, including extending a mother’s eligibility for postpartum depression screening for a year.

In fairness, this is not just a government problem, but a statewide community crisis. Many religious-based programs, food banks, family centers and planned Parenthood affiliates throughout Texas offer many programs for these women’s issues. Services for prenatal care, birth control, pregnancy tests, postpartum care, diabetes and high blood pressure are available. Many local mental health agencies also provide services for pregnant women and postpartum disorders. But is more collaboration needed?

So, as I said to the Texas Congressman, yes, the maternal mortality statistics in Texas are quite alarming and we own this problem. It’s time for the state, local communities and all Texas stakeholders to join forces and work collaboratively to improve our women’s health programs. It truly is a matter of life and death and together – we will succeed!
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DFWHC announces 2018 Board of Trustees

THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) HAS ANNOUNCED its Board of Trustees for 2018. The Board of Trustees consists of the following individuals:

- Chair Scott Peek, COO, Baylor University Medical Center
- Chair-Elect Charles Gressle, CEO, Medical City Plano
- Trustee David Berry, President, Children’s Health System
- Trustee Jeffrey Cellucci, District COO, Kindred Hospitals
- Trustee Nancy Cychol, President, Cook Children’s Medical Center
- Trustee Dr. Will Daniel, VP, Chief Quality Officer, UT Southwestern Medical Center
- Trustee Joseph DeLeon, President, Texas Health Harris Methodist Hospital FW
- Trustee Jerri Garison, President, Baylor Scott & White Medical Center – Plano
- Trustee Blake Kretz, President, Texas Health Arlington Memorial Hospital
- Trustee John Phillips, President, Methodist Mansfield Medical Center
- Trustee Esmaeil Porsa, EVP, Strategy/Integration, Parkland Health & Hospital System
- Trustee Xavier Villarreal, CEO, Medical City North Hills
- Ex-Officio Richard Carter, President/CEO, Hunt Regional Medical Center
- Ex-Officio Robert Walker, President/CEO, Texas Scottish Rite Hospital for Children
- Ex-Officio Fraser Hay, VP, Professional/Support, Texas Health Presbyterian Plano

Completing their terms are Lillie Biggins, President, Texas Health Harris Methodist Fort Worth; Bill Whitman, Executive Vice President and COO at JPS Health Network; and Clint Abernathy, President, Texas Health Harris Methodist Hospital Alliance. New DFWHC Board Members include Kretz, Carter and Hay. Walker will continue to serve as ex-officio while Carter and Hay were appointed as new ex-officios.

“Our 15-member board represents a dedicated group of North Texas healthcare executives,” said W. Stephen Love, president/CEO of DFWHC. “They have an array of impressive talent and experience. We appreciate their commitment to helping lead North Texas healthcare in 2018. We would also like to thank Lillie Biggins, Bill Whitman and Clint Abernathy for their dedicated work over the past years.”
THE FORT WORTH CITY COUNCIL ON DECEMBER 12 voted 8-1 to approve updates to the city’s smoking ordinance. Beginning March 12, customers in Fort Worth bars and bingo parlors will no longer be able to smoke within the buildings. Fort Worth was one of the last major cities in Texas to still allow smoking in bars. The new law also prohibits the use of e-cigarettes.

The vote came after nearly 50 people spoke and submitted comment cards in favor of the new law. Among those 50 was DFW Hospital Council (DFWHC) President/CEO W. Stephen Love, who was present for the vote.

For almost a decade, DFWHC has advocated for smoking bans in public venues throughout North Texas. Love appeared at the Arlington City Council meeting on May 9 to detail public advantages and healthcare savings when smoking bans are enacted, with the Council passing a ban by a 7-2 vote.

Love’s presentations at city council meetings in the region have noted a 15 percent decrease in heart attack hospitalizations and a 16 percent decrease in stroke hospitalizations following the passing of similar smoking bans.

“Study after study show no impact to business occurs because of a smoke-free ordinance,” Love said. “Simply put, smoke-free ordinances save lives and communities save money with lower healthcare costs and greater productivity thanks to a healthier workforce.”
WITH WORKPLACE VIOLENCE ON THE RISE IN THE U.S., the Dallas-Fort Worth Hospital Council (DFWHC) and employment lawyers at Fisher Phillips invite hospital executives, employees and security professionals to attend the proactive presentation “Active Shooter Training: What to do in the Healthcare Workplace” on Wednesday, February 21 from 9:00 a.m. to 11:00 a.m. at Texas Scottish Rite Hospital for Children in Dallas.

This complimentary educational event will include Captain Dan Birbeck of the Dallas County Hospital District Police Department discussing the ADD Method – A-Avoid, D-Deny, D-Defend – that may help you and your employees escape potential workplace tragedy. The lawyers from Fisher Phillips will also provide a best practice update for employers regarding workplace violence.

“Recent injuries and losses of life have made it imperative that hospitals commit to strategies that minimize the risk and devastation of a potential active shooter,” said W. Stephen Love, president/CEO of DFWHC. “We consider this an important meeting and with great respect to our hospital members wanted to work with Fisher Phillips to spread the word on what could be life-saving steps.”

You can register for the event at https://activeshootermedical.eventbrite.com. For information, please contact Jourdan Pruit at jpruit@dfwhc.org or 972-719-4900.
ADOPTING “ACTIVE BARRIER” APPAREL IN HEALTHCARE UNIFORMS is an important step towards patient safety, according to research conducted in 2017 by the Center for Health Organization Transformation (CHOT).

The research was funded by the National Science Foundation (NSF) and Texas health organizations to reveal steps in supporting major management, clinical, and information technology innovations in healthcare. CHOT is based at Texas A&M University with the mission to advance the knowledge and practice of transformational strategies.

The research states that the adoption of “active barrier” technology in hospital uniforms will protect employees and patients by reducing exposures to microorganisms, infectious materials and body fluids. The study also noted that “intensive care unit settings saw decreased incidents of hospital-acquired surface bacteria on active barrier uniforms.”

Healthcare worker attire has been deeply rooted in tradition for hundreds of years, according to the report. “White coat” ceremonies throughout universities encourage this tradition, implying that the attire of health workers is necessary to uphold the dignity of the profession.

“Recent years have revealed the potential role of health worker apparel in the transmission of healthcare-associated infections,” the report stated. “Healthcare workers often face the most dangerous work conditions and are at risk of becoming ill or infected by exposure to infectious diseases, and can be exposed to pathogenic microorganisms and fluids capable of transmitting disease. Procedures are in place to clean and disinfect most hard surfaces that patients come in contact with. Yet, the most mobile surface of all, the healthcare worker uniform, is often overlooked.”


For additional information, please contact Ben Favret, president and founder of Vestagen Textile Technologies, at ben.favret@vestagen.com. Vestagen is an associate member of the DFW Hospital Council.
Children’s Health report reveals hunger issues

CHILDREN’S HEALTH RELEASED on November 14 the 15th edition of Beyond ABC: Assessing the Well-Being of Children in North Texas, a 98-page report examining the quality of life for children in Dallas, Collin, Cooke, Denton, Fannin and Grayson counties. Produced in collaboration with the Institute for Urban Policy Research at UT Dallas, Beyond ABC is a comprehensive assessment of the four factors – pediatric health, economic security, safety and education – that shape children’s lives across the region. Highlights from the report show:

- Rates of uninsured children in Dallas, Cooke, Fannin and Grayson counties are still twice the national average;
- One in 5 children in North Texas live in poverty;
- Food insecurity still exceeds the national average;
- One in 10 homeless children live in Texas.

Children’s Health has produced Beyond ABC since 1996. For the full report, please go to https://www.childrens.com/keeping-families-healthy/community-resources/health-information-resources/beyond-abc-reports.

DFWHC wraps up volunteer efforts with record contributions

THE DFW HOSPITAL COUNCIL (DFWHC), THE FOUNDATION AND GROUPONE have wrapped up volunteer efforts for 2017, with record contributions from staff members. For the Hurricane Harvey Campaign, a total of 1,876 items including food, toiletries, diapers and blankets were collected. The items were donated to Trusted World, which in turn immediately shipped the resources to Houston. The annual food drive for the North Texas Food Bank generated 78 pounds of food which will provide 65 meals for chronically hungry children, families and senior citizens. Additional donations included $130 in cash. The holiday’s DFW Salvation Army Angel Tree efforts provided gifts for 15 infants, children and senior citizens. Forty gifts were donated with a value of more than $1,000. Finally, a March of Dimes drive generated $350 in donations.

Executives of DFWHC, the Foundation and GroupOne would like to thank staff members for their generosity in 2017.
CONGRATULATIONS TO EROL AKDAMAR, president of Medical City Healthcare, for being awarded the D CEO Excellence in Healthcare Award for 2017 in the category of “Outstanding Healthcare Executive.” In 2016, Akdamar successfully rebranded HCA North Texas to Medical City Healthcare, an effort that united the division’s hospitals under a shared name and a common vision. He led a $1.5 billion capital investment initiative dedicated to improvement and expansion, and was integral in the strategic purchase of three new hospitals. The award was announced in December. Finalists included Keri Kaiser of Children’s Health and Dr. Daniel K. Podolsky of UT Southwestern Medical Center.

THE DFW HOSPITAL COUNCIL (DFWHC) HOSTED its first webinar of the year with “Digital Health Technology Trends” on January 25. The complimentary educational session was co-hosted with Accenture and attracted more than 150 attendees. Dr. Kaveh Safavi, a senior managing director and head of global health practice at the company, served as speaker. Dr. Safavi discussed artificial intelligence in healthcare, ecosystem power plays, the workforce marketplace, new designs for humans and definitions for the future. A new DFWHC Associate Member, Accenture solves clients’ toughest challenges by providing services in strategy, digital, technology and operations. The webinar was recorded and distributed to DFWHC membership. For questions, contact Jourdan Pruitt at jpruit@dfwhc.org.

Akdamar receives DCEO Award

DeLeon named new president at Texas Health Fort Worth

TEXAS HEALTH RESOURCES EXECUTIVE JOSEPH DELEON was named president of Texas Health Harris Methodist Hospital Fort Worth, effective January 21. He succeeded Lillie Biggins, who retired after serving as president of the hospital since 2012. The appointment marks a return to Fort Worth for DeLeon, who joined Texas Health in 2005 as vice president of professional services and business development at Texas Health Fort Worth. Since 2013, DeLeon has been president of Texas Health Harris Methodist Hospital Southwest Fort Worth. DeLeon is a member of the DFW Hospital Council (DFWHC) Board of Trustees. Biggins was a former chair of the DFWHC Board in 2016.
REACHING INSIDE A WELL-WORN PLASTIC BAG, Marilyn White pulls out a holiday-wrapped chocolate treat. As her ever-present smile grows, she says, “I’m giving you my first ‘kiss’ of the day.” With that, she bounds out the door in search of another person whose day she can brighten.

For 38 years, White has been a volunteer at Parkland Health & Hospital System. Her first foray into Parkland came when she was visiting a friend who was hospitalized with one of the earliest insulin pumps. “It was on that visit that I looked around and thought, ‘I want to be here’.”

But five decades ago there weren’t many women physicians, White recalled. “Most were nurses or teachers. So I earned a degree in mathematics, got a job and started working as a volunteer at Parkland and began ‘practicing medicine’ without a license!”

To White, practicing medicine involves lifting the spirits of every patient, staff and visitor. Whether it’s her infectious smile, a gentle hug or a chocolate kiss, she treats everyone at Parkland as family because, she says, “they are family.”

Every Monday and Thursday, White signs the registry in Parkland’s Volunteer & Guest Services department. These days she logs in with a few clicks on a computer, whereas in days gone by it was signing a well-worn journal. But every volunteered hour — all 11,275 of them — is close to her heart.

Mondays are spent in Palliative Care where patients are facing a serious illness. The program’s goal is to improve the quality of life for both the patient and the family. And she has.

“Marilyn is really quite a miraculous person and a real hero. She brings genuine warmth and love to the patients in the Palliative Care clinic in such a way that she makes everyone — patients, providers, and families — feel better,” said Elizabeth Paulk, MD, who leads Parkland’s Palliative Care Program, is a professor of Internal Medicine and was named Distinguished Professor in Palliative Care at UT Southwestern Medical Center.

Thursdays are spent in Parkland’s Emergency Department where she trains new volunteers who are often just embarking on what may prove to be a lifetime of service to others.

White began her volunteer career in Parkland’s newborn nursery and laughs as she talks about the ACC, another of her early assignments. “Oh my gosh, the Ambulatory Care Clinic...it’s not even there anymore! And pedi-trauma on 2 South South,” she said, her smile fading for a brief instant. “That was hard.”

Gathering her thoughts, her grin quickly reappears and she smiles at a familiar face that has entered the room. “Watch out, this one’s trouble,” jokes Parkland Chaplain Stacey Merlin.

All jokes aside, Merlin said, “Marilyn has a rare gift of being both approachable and compassionate. She has helped me with many of my patients as I’ve provided pastoral care services over the years in the trauma center. We don’t usually use volunteers in this critical area of Parkland.”

Once she made her decision in October 1979 to become a Parkland volunteer, there have been very few weeks that White hasn’t donned her uniform. Well, except for homecoming at her beloved alma mater The University of Texas at Austin. The die-hard Longhorn fan may wear orange, but to use her words, “she bleeds purple – Parkland purple.”
First U.S. baby delivered from uterus transplant born locally

DOCTORS AT BAYLOR UNIVERSITY MEDICAL CENTER (BUMC) in Dallas announced December 1, that a woman with a uterus transplant delivered a baby November, making the delivery the first of its kind in the U.S. While uterus transplants have occurred in recent years, the delivery marks a breakthrough in medical research.

A clinical trial at BUMC began last year when a team of doctors completed uterine transplant surgeries on four women. Similar trials have worked in Sweden, but Texas’ go at the procedure was the first successful try outside of Europe.

The women taking part in the trial either have nonfunctioning or nonexistent uteruses, which had them believing they would never be able to get pregnant. In this case, the woman was born without a uterus. Although some transplants have failed, one of those four women gave birth via a scheduled C-section.

“I’ve delivered a lot of babies, but this one was special,” Dr. Robert T. Gunby Jr., the obstetrician and gynecologist who delivered the baby. “When I started my career, we didn’t even have sonograms. Now we are putting in uteruses from someone else and getting a baby.”

The parents have chosen to remain anonymous, but the uterus donor, Taylor Siler, said she was inspired to donate her organ after learning about the transplant program. Already a mother and knowing she & her husband would not have more children, she thought it was unfair that some women struggle to get pregnant and wanted to provide the option.
YOU CAN’T TURN ON THE TELEVISION or open a news site today without being bombarded by new sexual harassment scandals. Given the current spotlight, and significant liability under both state and federal law, employers must understand how to conduct an effective sexual harassment investigation in order to protect the organization and its employees.

As a preliminary matter, the law imposes liability on employers who either knew or should have known of the harassment and failed to conduct a prompt and thorough investigation. Therefore, the first step is to identify the issues requiring investigation, with specificity. Meet immediately with the accuser to obtain the whole story, and document in writing so that a proper investigation can be completed (and the allegations don’t change over time).

Next, form an investigative team. Team members should be impartial and capable of navigating the delicate nature of the allegations. Depending on the circumstances, you may want to consider implementing security precautions at this time to protect the accuser, witnesses, and the integrity of the investigation.

Once the investigative team is identified, create a plan for the investigation and establish a time frame. Who will interview who? When? Where? Witnesses with the most knowledge should be interviewed first to help guide subsequent discussions. Also determine how the interview will be documented: will witnesses prepare their own written statements, or will interviewers prepare documents for review, edit and acknowledgement by witnesses?

As the investigation ramps up, it will be paramount to minimize potential witness intimidation. This may involve separating the accused and accuser via shift or location changes or, if deemed necessary, via suspension of the accused. Be careful not to “punish” the accuser either directly or indirectly (e.g. through an unwanted shift change). If the accuser requests changes to his/her schedule/shift/location, be sure to document the voluntary nature of the request in writing.

Before conducting the interviews, review and preserve the relevant documents pertaining to the matter. The relevance
of the documents depends upon the specific facts giving rise to the allegations, but personnel files, incident reports, video surveillance, emails, badge (location) tracking reports, time records, etc. may be important and should be reviewed to assure the interviews are as thorough as possible.

During the interviews, strive to obtain the maximum amount of detail – do not summarize or interpret information provided by witnesses. Instead, capture the discussion with quotations whenever possible, and don’t exclude profanity or graphic detail when part of the incident description. Be sure to ask each interviewee to identify potential other witnesses and evidence, and follow-up on each.

Following the initial round of interviews, consider if there is new information, potential inconsistencies between the testimony, or additional considerations regarding a witnesses’ credibility such that second interviews are needed.

Once you’ve completed the investigation, make a decision regarding the outcome and needed next steps. You may conclude that: unlawful harassment occurred; inappropriate conduct (but not unlawful harassment) occurred; nothing inappropriate occurred; or that there is insufficient evidence to conclude any of the above. In “he said she said” scenarios, a final determination of “inconclusive” is not unusual. Nonetheless, the law requires that the employer take remedial action calculated to end the harassment. Therefore, even inconclusive investigations must end, at a minimum, with warnings about future conduct and non-retaliation.

Regardless of the final determination, you must close the loop with the accuser. That doesn’t mean that you have to provide details of the remedial action taken against the accused, but it does mean that you have to meet again with the accuser, inform him/her that the investigation is complete, and require that s/he report any retaliation or future concerns.

Finally, it’s time for the employer to document a thorough summary of the investigation. Document the proactive and corrective actions taken to resolve the incident, including any disciplinary action, training, education, etc. The investigation summary, with all documentation attached, should be marked confidential and filed in the Human Resources or Legal departments (rather than in an employee’s personnel file).

Ultimately, however, employers should take proactive steps to ensure that sexual harassment does not occur in the first place. Ensure that you have a robust and well-communicated anti-harassment policy that meets legal standards. Conduct regular anti-sexual harassment training for all employees, especially those who may act in a supervisory role or a position of apparent authority (e.g. physicians).

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 questions or would like additional information, please contact:

• Robin Sheridan, 414-721-0469 or rsheridan@hallrender.com;
• Richard Davis, 414-721-0459 or rdavis@hallrender.com; or
• Your regular Hall Render attorney.

Robin and Richard 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 healthcare law.
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ALICE ARRIVED IN THE EMERGENCY ROOM TODAY by ambulance after fainting just four days post-discharge. The emergency room staff recommended readmission as she was dehydrated, very weak and disoriented. What went wrong?

Alice did not qualify for skilled nursing care at discharge. So, the 74-year-old was sent home in a de-conditioned state with balance problems, vision issues, eight medications and a referral to home health. Home health had approved Alice for care, but the first home visit had not yet occurred. Alice’s only household support was provided by her loving, but ailing 78-year-old husband. Alice simply did not get the help she needed at home with wellness basics.

How many times a week does this situation present itself in your hospital?

It happens with troubling frequency in Dallas-Fort Worth, according to the Central Dallas Coalition of the TMF Quality Innovation Network-Quality Improvement Organization (QIN-QIO). Its tracking data revealed that over 60 percent of Medicare patients discharged home return to the hospital within 14 days, 38.2 percent within 7 days or less, and 26.6 percent between eight and 14 days.

Would integrating non-medical home care into discharge plans reduce the rates of unnecessary readmissions?

“Lack of consistent, home-based support with activities of daily living can lead to a regression of patient progress made in the hospital or with other post-acute services,” says Ron Greeno, MD, founder of Cogent Healthcare, TeamHealth Senior Advisor for Medical Affairs, and an Advisor to Honor, a non-medical home care provider serving Dallas-Fort Worth as well as San Francisco, Los Angeles and Albuquerque.
“Non-medical home care is a valuable option for patient support, which is often overlooked by hospital discharge planners and social workers, primarily because it’s not funded by government programs,” says Greeno. “But quality home care can be critical to supporting patient needs like medication reminders, continued mobility, and making it to follow-up physician visits.”

Despite these issues, there is still a lack of awareness about non-medical home care as well as the benefits to patient outcomes post discharge. Non-medical home care, also called private duty or personal care, helps discharged patients with activities of daily living (ADLs) and provides support for family caregivers in the home. Home care can supplement home health and hospice services while supporting the goal to reduce unnecessary re-hospitalization.

Non-medical home care typically includes reminders to ensure medication compliance, transportation to and from follow-up physician appointments, help with daily walks or completing rehab exercises, grocery shopping and meal preparation to encourage proper nutrition, and assistance with personal care, toileting, and bathing, plus companionship to avoid isolation.

“Hospitals and health systems tell us they want reliable, quality home care partners to extend their care team into the patient’s home, providing appropriate support and also reporting wellness insights.” said Seth Sternberg, CEO of Honor. “Honor has partnerships with several health systems, post-acute organizations, and non-medical home care companies. The learning from these partnerships has been incredible and led to improvements in patient care.”

Learning from Honor’s existing partnerships, the requirements of health systems and managed care, plus a deep understanding of the challenges that home care companies face today, has sparked an entirely new concept, the Honor Care Network.

Launched in November, the Care Network enables Honor to share its advanced operational capabilities and sophisticated technology with partners along the care continuum, delivering in-home care with exceptional quality and reliability. The Care Network offers operational support to other independent home care companies and also provides excellent non-medical home care service with measurable outcomes.

Adding non-medical home care services to the discharge planning process could have helped Alice. The Honor Care Network can help prevent this outcome by providing non-medical care at home to support patients and their families.

Call Mike Boggs, Honor’s DFW general manager at 817-975-6854, to learn more about how the Honor Care Network can help serve the needs of your patient population and your organization’s goals.
THERE ARE MORE BACTERIAL CELLS IN OUR BODY THAN HUMAN CELLS. In fact, the human microbiota is made up of trillions of cells, and they outnumber our own cells tenfold. The biggest populations of microbes reside in our gut - the gut microbiota – and each of us harbors anywhere between 10 trillion and 100 trillion microbial cells; all of the genes inside these microbial cells are what constitute our microbiome.¹ Thus, keeping a healthy balance of good bacteria in our microbiota is an important factor for our health.²

The composition of our gut microbiota is affected by many factors, and influenced by early exposure to microbes – for instance, our genetics, whether we are breastfed or formula-fed, if we are delivered vaginally or by caesarean-section, our environment, and our diet.³ Breastmilk, which is the best way to nourish an infant, is a natural source of good bacteria and other factors that help support the developing microbiota. Breastfed infants have a predominance of good bacteria, such as bifidobacteria and lactobacilli.⁴

PROBIOTICS

The importance of good bacteria in promoting health
Benefits of a balanced gut microbiota have increased interest in probiotics. Probiotics are non-pathogenic, live microorganisms in the food supply that, when consumed or ingested in adequate amounts, are capable of conferring a health benefit to the host. The basic characteristics of a probiotic include that it:

- Is a microbial organism;
- Remains viable and stable during use and storage prior to consumption;
- Is able to induce a host response as part of the intestinal ecosystem;
- Is beneficial to the host when consumed.

Another characteristic of probiotics is that they transiently colonize in the gut. Therefore, they should be consumed in adequate amounts each day in order to provide a continued benefit to the host.

Humans have consumed bacteria and yeasts with probiotic characteristics for hundreds of years. Different probiotics have different benefits, which are genus, species, and strain specific. Bifidobacteria and Lactobacilli are among the most predominant genera of bacteria in breastmilk, and have been extensively studied.

Among these genera, Lactobacillus reuteri (L. reuteri), strain DSM 17 938 and Bifidobacterium lactis (B. lactis), strain Bb-12 are two probiotic bacteria (among others) that have been well-researched in infants and children. Both probiotics, B. lactis and L. reuteri, are GRAS (Generally Regarded as Safe) for use in infant formula for healthy infants from birth.

Both B. lactis, strain Bb12, and L. reuteri, strain DSM 17 938, have been shown to help support a balanced microbiota and promote digestive health. B. lactis has also been shown to support the developing immune system by increasing key antibodies in formula fed infants, and a large body of evidence has shown L. reuteri is successful in reducing crying time in colicky breastfed infants.

The exponentially growing body of scientific evidence continues to explore new ways in which probiotics can be used to promote long term health.

References:
TEXAS RECORD!

STA tops mark for lives saved for second year in a row
SOUTHWEST TRANSPLANT ALLIANCE (STA), A NON-PROFIT ORGAN PROCUREMENT ORGANIZATION (OPO) BASED IN DALLAS, made a record-breaking 1,267 organs available for transplant in 2017 because of the selfless, lifesaving gifts of 385 organ donors. This marks STA’s highest number of organs transplanted and organ donors in a single year, topping last year’s record of 1,210 from 380 donors.

STA also enhanced and improved the lives of 326 persons through the recovery of tissue.

The 1,267 figure is the largest number of organs transplanted in the state of Texas in a given year. It represents a 76 percent increase since 2013.

“It’s inspiring and humbling to know that thousands of lives have been saved and enhanced because of the families that made the incredibly generous decision to donate and those who registered to be donors,” said Patti Niles, president/CEO of STA. “We are very grateful to all those who have made life possible.”

STA is the bridge between those who make the decision to donate their organs and those in need of a lifesaving organ transplant. STA’s dedicated and compassionate staff work in hospitals to guide grieving families through the donation process and provide the clinical services needed to recover, prepare and transport organs and tissues to those awaiting a lifesaving or life-enhancing transplant.

The organization works with 11 transplant centers and more than 200 acute care hospitals throughout the state of Texas.

Even with STA’s remarkable milestones, there are still not enough organs available to meet the need. As a result, 22 people in the U.S. die each day waiting. The growing need for organ transplants is due in large part to an increase in diabetes, heart disease and other conditions for which a transplant is the only cure. Currently, more than 10,000 people in Texas and more than 115,000 nationally are in desperate need of a second chance at life and will not survive without an organ transplant.

STA is committed to educating the public about the need for donation and the importance of donor registration by supporting the Donate Life Texas registry. Go to DonateLifeTexas.org to register to become an organ, eye and tissue donor.

About Southwest Transplant Alliance
For more than 40 years, STA has been saving lives by recovering donated organs for individuals awaiting a life-saving transplant. STA is among the largest of 58 federally designated, non-profit organ procurement organizations (OPO). Founded in 1974, STA has facilitated more than 24,000 organs for recovery and enhanced the lives of more than 100,000 people. STA is a member of the United Network of Organ Sharing (UNOS) and is accredited by the Association of Organ Procurement Organizations (AOPO). The organization serves communities in North Texas, Beaumont, Bryan/College Station, Corpus Christi, El Paso, Galveston, Midland/Odessa, Temple, Wichita Falls and Tyler. For more information, go to www.organ.org.

Sign up to be an organ donor at www.DonateLifeTexas.org.
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ON JANUARY 23, THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION hosted the first Meadows Smart Justice Project Collaborative meeting here at our offices. In attendance were representatives from Texas Health Resources, Parkland Health and Hospital System, Baylor Scott and White Health, Meadows Policy Institute, Loopback Analytics and the North Texas Behavioral Health Authority. Additional partners and systems are expected to participate in the future.

The Smart Justice Project increases treatment and promotes efficient use of those resources to help patients with mental health and substance misuse. These patients frequently use our health systems’ emergency rooms and have multiple encounters with the Dallas justice system. The project’s goal is to improve the health of these patients and reduce their encounters with the justice system and emergency services.

Meadows Policy Institute is leading this initiative with funding from the Caruth and Arnold Foundations. The institute has engaged Loopback Analytics to provide a platform to exchange information to treat patients engaged in the program. Healthcare providers affiliated with the North Texas Behavioral Health Authority in addition to the health systems participating in the collaborative have agreed to share patient information to better assist these patients in need.

Working together, these community leaders strive to improve the lives of these residents in a manner that honors not only their mental health needs and privacy, but provides assistance to help them avoid further incarceration.

It is a privilege for the DFWHC Foundation to facilitate this work by providing an opportunity for partners to discuss operational issues, evaluate outcomes and receive the expert advice of Meadows and Loopback Analytics. We will continue to update you on the projects’ activities and outcomes throughout the year.

Smart Justice Project is new program to help area patients

How to contact us
972-717-4279
info@dfwhcfoundation.org
The Dallas-Fort Worth Hospital Council (DFWHC) Foundation has announced its Board of Trustees for 2018. The Board of Trustees consists of the following individuals:

- Chair Ruben Esquivel, VP Community/Corporate Relations, UTSW Medical Center
- Vice Chair Pamela Stoyanoff, Executive VP/COO, Methodist Health System
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- Trustee Stephanie L. Woods, Associate Dean/Professor, Texas Woman’s University

Completing their terms are Harvey Fishero, the longtime chair of the Foundation Board; and Chuck Lyles, an original trustee. New DFWHC Board Members include Lee and Miff. Esquivel will serve as the new chair while Stoyanoff becomes vice chair.

“It’s an honor to have such talented medical executives on our board of trustees,” said Kristin Jenkins, president of the DFWHC Foundation. “We appreciate their shared knowledge and work in serving the North Texas community. We thank Harvey Fishero and Chuck Lyles for their years of leadership and service.”

Fishero, Lyles honored at January reception

The DFW Hospital Council Foundation Board of Trustees honored outgoing board members Harvey Fishero and Chuck Lyles during a reception January 22 at its headquarters in Irving. Fishero, the long-time chair, and Lyles, were both original trustees serving for over nine years. New Chair Ruben Esquivel, of UT Southwestern Medical Center, served as host of the reception. “This was a great opportunity to honor these gentlemen for their years of service on the Foundation’s board,” he said. “Their dedication has been an inspiration to our team and to the hospitals of North Texas.”

Chuck Lyles (photo, l to r), Ruben Esquivel and Harvey Fishero.
Caregivers MATTER!
A Survivor’s Story

22nd Annual Employee of the Year Luncheon
April 25, 2018 - Hurst Conference Center
Reception - 11:00 a.m. Event 12:00-2:00 p.m.

Honoring the best hospital employees of North Texas

with guest speaker Rebekah Gregory
Inspirational survivor of the Boston Marathon bombings

Benefiting the DFWHC Foundation Workforce Center
THE DFW HOSPITAL COUNCIL FOUNDATION’S 22ND ANNUAL EMPLOYEE OF THE YEAR LUNCHEON is set for Wednesday, April 25, 2018 at the Hurst Conference Center. We hope you mark your calendar for this great opportunity to honor hospital employees from across North Texas. Last year, 15 recipients were honored from a pool of more than 100 nominees.

This will be the second straight year the event is held at the Hurst Conference Center, located at 1601 Campus Drive in Hurst, Texas, 76054.

This year’s theme is “Caregivers Matter: A Survivor’s Story” with Rebekah Gregory serving as keynote speaker.

Rebekah was a small-town wife and mother whose life was forever changed due to the events of the Boston Marathon bombings on April 15, 2013. This horrible act of terrorism left her as one of the names of the 17 amputees and permanently handicapped at the young age of 26 years old.

Instead of being bitter, Rebekah has used her platform to encourage others worldwide. Speaking about her story and daily obstacles, she believes that life’s struggles are not only meant to teach us lessons, but make us better versions of ourselves.

Co-author of the book “Taking My Life Back,” Rebekah will discuss that terrifying day and provide an interesting perspective on the care she received from nurses, doctors and numerous bystanders.

“During this time of increased need for emergency preparedness, we thought Rebekah Gregory would be the perfect speaker for hospital employees of North Texas,” said Kristin Jenkins, president of the DFWHC Foundation. “From Hurricane Harvey to numerous other public tragedies, such perspectives are not only educational but inspirational. We are looking forward to her timely presentation.”

For 22 years, the Employee of the Year Luncheon has honored more than 1,100 exceptional hospital employees. The luncheon serves as a salute to the North Texas hospital workforce making a difference in the health of our residents. In the fashion of an awards show, recipients will be announced and come to the stage to receive their honor.

Nominees are separated into four categories including hospitals with 1-99 beds, hospitals with 100-250 beds, hospitals with 251-499 beds and hospitals with more than 500 beds. Two recipients are selected from each category.

Nominee forms and sponsor packets will be distributed in February.

For information, contact workforce@dfwhcfoundation.org, chrisw@dfwhc.org, or call 972-719-4900.
THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION’S FIRST ANNUAL Information Quality Services Center (IQSC) Data User’s Educational Event was held November 16 at the Texas Woman’s University campus in Dallas. Titled “Healthcare Data: Descriptive, Predictive, Prescriptive,” the all-day seminar attracted a full-house of more than 125 attendees and included 13 speakers and six presentations.

“We were thrilled by this year’s participation,” said Kristin Jenkins, president of the DFWHC Foundation. “Big Data is the future and this seminar was a great educational opportunity for healthcare employees here in North Texas.”

Katherine Rowell opened the event with the presentation “You Have the Data, But Can You See the Story?” Rowell is co-founder and principal of Katherine S. Rowell & Associates and HealthDataViz, a Boston firm that specializes in helping healthcare organizations design visual displays of data to inform decisions.

She was followed by Derek Garrison and Shrujan Amin discussing “Practical Steps Towards Building a Data Quality Program.”

A morning panel included Janet Burkhard, Mary-Grace Reed and Erin Clayton from UT Southwestern Medical Center detailing “Using Data in the Performance Improvement Journey.”
They were followed by Joshua Milligan’s and Will Grey’s presentation “Descriptive to Predictive: The evolution of healthcare analytics and how modern tools empower you to make a difference”; and Robert Felps, a data security expert from Third Rock, providing participants a “Cure for the HIPAA Headache.”

Dan Watson closed the event by moderating a panel made up of Jimmy Shah of Methodist Health System; Dr. Oanh Nguyen of UT Southwestern; and Shawn Sutherland of UT Southwestern discussing “Data Analytics to Outcomes.”

This year’s event also included abstract poster presentations highlighting the utilization of hospital discharge data, with more than 20 submissions.

Platinum Sponsors included Quadramed, Teknion and Axis Group/Qlik. DataBay Resources served as a Gold Sponsor.
DID YOU KNOW THE PRESENCE OF A GUN during a domestic violence incident increases the risk of homicide by 500 percent? Or that domestic violence is 11 times more likely to occur on days of heavy alcohol or drug use? You can learn these and hundreds of other facts in the Dallas County Adult Intimate Partner Violence Case Review Report released in November.

The report was created by the Dallas County Intimate Partner Violence Fatality Review Team (IPVFRT). Established in 2010, the team operates in accordance with Chapter 672 of the Texas Health and Safety Code to conduct a system-wide review of adult intimate partner violence (IPV) fatalities in Dallas County.

The IPVFRT conducts confidential, system-wide reviews of resolved cases resulting from homicides and murder-suicides of adults over the age of 17, with the purpose of improving prevention and intervention services that will lead to a decrease in the incidence of deaths.

The report details from 2009-2013, 115 people in Dallas County died as a direct result of intimate partner violence, one of the highest numbers of any county in Texas. Of these victims, 82 percent were female.

The DFW Hospital Council (DFWHC) Foundation is a part of the Dallas County team, to include the Dallas Police Department, Dallas Children’s Advocacy Center, Genesis Women’s Shelter, Methodist Health System, Parkland Health & Hospital System and Texas Health Presbyterian Hospital Dallas.

The DFWHC Foundation’s extensive data warehouse was also utilized when providing statistics detailed in the study.

“Our goal is to protect public health and safety and to provide services that improve the well-being of Dallas County and its residents,” said Dr. Sushma Sharma, director of public and population health research at the DFWHC Foundation. “We hope to promote communication and coordination among the agencies involved in responding to domestic violence deaths.”


For additional information, please contact Dr. Sharma at sssharma@dfwhcfoundation.org.
“Six Sigma” yellow belt classes attract 30-plus

STARTING IN NOVEMBER, the DFW Hospital Council (DFWHC) Foundation hosted the Lean “Six Sigma” Yellow Belt presentations at its offices in Irving for more than 30 participants to include area nurses, quality directors and pharmacists. Classes concluded January 18 and graduates were presented certificates and Six Sigma Yellow Belts from instructor Stephen Griffin.

Six Sigma’s Yellow Belt Certification is a program providing insight into the techniques of improvement methodologies. The training provides introductions to process management and teamwork while enabling individuals to achieve objectives. Participants gather data and work together in problem solving exercises.

Patti Taylor of the DFWHC Foundation’s Patient Safety and Quality Committee served as official host to attendees. Today’s graduates were from Baylor Scott & White Grapevine, Baylor Scott & White Irving, Baylor Scott & White Marble Falls, Baylor Scott & White Round Rock, Baylor Scott & White Temple, Baylor Scott & White Waxahachie, Medical City Arlington, Medical City Denton, Medical City Las Colinas, Medical City North Hills, Methodist Charlton, Methodist Dallas and Methodist Mansfield.

For information, please contact Patti at ptaylor@dfwhcfoundation.org.

Behavioral Health Network webinar set for Feb. 7

WOULD YOU LIKE TO LEARN how a U.S. health system resolved issues with inappropriate admissions while improving behavioral healthcare for patients? The DFW Hospital Council Foundation in association with Blaze Advisors will discuss this growing healthcare trend during the complimentary webinar “Creation of High Performance Behavioral Health Network” on February 7 from 11:30 a.m. - 1:00 p.m. Mike Rhoades, CEO of Blaze Advisors and Marya Upchurch, a healthcare population risk data and technology strategist, will serve as speakers. You can register at https://register.gotowebinar.com/register/5609925316830452995.
CHC presents report on behavioral health needs

SEVEN NORTH TEXAS COUNTIES have no psychiatric care beds and the number of behavioral care providers are below national levels, according to a report released January 9 by the North Texas Community Health Collaborative (CHC). Before a room of 70-plus attendees, the CHC presented findings from its Regional Behavioral Health Needs Assessment at the DFW Hospital Council (DFWHC) Foundation headquarters in Irving. Details of the report covered the behavioral health needs of 16 counties including Collin, Dallas, Denton, Ellis, Erath, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Parker, Rockwall, Somervell, Tarrant and Wise. Coordinated by the DFWHC Foundation, the North Texas CHC represents 11 area health systems with a goal of improving mental health services over the next three years. The report will be made public in February on the DFWHC Foundation’s Healthy North Texas website at http://www.healthyntexas.org/. For information, contact Dr. Sushma Sharma at ssharma@dfwhcfoundation.org.

Health Literacy Meeting

THE DFW HOSPITAL COUNCIL FOUNDATION hosted its first Health Literacy Collaborative Committee meeting October 23 at its offices in Irving. The forum was attended by 22 people representing hospitals and schools in North Texas. The Committee was created for the purpose of inspiring a health literate culture in North Texas with a goal of establishing leadership and research. Health literacy is the degree to which a community has the capacity to understand basic health information and services in order to make appropriate health decisions. Dr. Teresa Wagner, an assistant professor at the UNT Health Science Center, was voted as the committee chair person. For information, please contact Patti Taylor at ptaylor@dfwhcfoundation.org.
Workforce hosts first Preceptor Academy of the Year

THE DFW HOSPITAL COUNCIL FOUNDATION Workforce Center’s first Preceptor Academy of 2018 was held January 25 at Medical City Dallas Hospital with an audience of 70-plus. Speakers included Shannon Bowling, professional development specialist therapy services at UT Southwestern Medical Center; Dr. Tony Paterniti; Dr. Susan Sheriff, professor and director of graduate programs at Texas Woman’s University; Marci Ayers, division manager onboarding programs at Medical City Healthcare; Judy Bezanson, faculty school of nursing at Texas Tech University Health Sciences Center. The Workforce Center will host it’s next Academy on April 13 at UT Southwestern. For info, contact Sally Williams at 972-719-4900 or workforce@dfwhcfoundation.org.

Mental Health First Aid

MY HEALTH MY RESOURCES (MHMR) of Tarrant County hosted the first of what is expected to be many training classes of Mental Health First Aid to attendees December 6 at its offices in Fort Worth. MHMR of Tarrant County is a partner of the North Texas Community Health Collaborative (CHC) which has set a goal of improving the behavioral health needs of the region.

Coordinated by the DFW Hospital Council (DFWHC) Foundation, the CHC represents 11 area health systems with a strategic goal of improving mental health services over the next three years. One of the goals was to train more than 10,000 lay-people in the national Mental Health First Aid curriculum throughout the region.

The eight complimentary hours of training were sponsored by MHMR of Tarrant county with more than 15 attendees participating.

Lisa Boone of MHMR of Tarrant County and Ashley Rodriguez of Baylor Scott and White Health coordinated the event as representatives of the CHC.
What are the 2018 HR priorities?

THE CAREER OF AN HR LEADER is filled with opportunities to increase engagement and expand workforce knowledge. It’s important we understand how changes in 2018 are going to impact operations. Of the 386 current bills the National Association of Professional Background Screening (NAPBS) team is tracking, the primary issues surround Data Security, Ban the Box and Salary History.

Data Security
Increased measures to ensure the safety and security of private information is at the forefront of consumer reporting agencies such as GroupOne. Compliance with data security standards will be increased because of the Equifax data breach. State legislators are increasing compliance reviews to ensure systems are compliant with data security standards.

Ban the Box
While “Ban the Box” laws should be consistent with the Fair Credit Reporting Act and the Fair Chance Pledge, there is discernment of how the legislation is impacted by local government. The New York Commission on Human Rights reads the statute to require a two-step process. In lieu of submitting one consumer release and disclosure that would include both the criminal report and employment verification report, the proposal recommends the separation of the two processes. These adjustments are being addressed by NAPBS and stakeholders in the region.

Salary History
There are at least 39 bills related to salary history in progress across the U.S. The reason to ban discussion of an applicant’s prior salary is to avoid considering past salary levels that may have been influenced by gender. There were bills in 12 different states addressing salary history provisions for employers.

The growing expectation to ensure fairness among the HR landscape will increase due to our nation’s growing concerns regarding equal pay, fair hiring practices and compliance. It is critical for each of us to continuously inform ourselves and keep abreast of these rapid changes.

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February participation to begin for HR Surveys

FEBRUARY IS SURVEY TIME AT GROUPONE, with three annual HR surveys conducted from February 1-28.

The annual Pay Practices Survey and Benefit Practices Survey provide valuable benchmarking data from across Texas. Participation is free and reports are available for $225 a survey. Survey links will be sent to GroupOne clients and other healthcare entities on February 1. Please pass the information on to your HR, Benefits and Compensation teams.

The third survey is the Annual Vacancy & Turnover Survey for North Texas. This provides benchmarking information for hospitals and education partners. The survey is usually completed by the employment or nursing department.

All hospitals in North Texas have received a link to participate in this on-line survey. Participants will receive the Vacancy & Turnover results free of charge. Details of the surveys include:

- **PAY PRACTICES SURVEY** – key compensation measures, certification pay, differential and shift pay, call pay, charge and preceptor pay, critical shortage pay plans;
- **BENEFITS PRACTICES SURVEY** – time off, retirement plans, medical, dental, vision, prescription plans, wellness programs, short and long-term disability, life insurance, tuition assistance, and professional development;
- **VACANCY & TURNOVER SURVEY** – (North Texas only; results free to participants) – vacancy rates for nursing and allied health positions; turnover for staff, nursing and PRN.

To participate, please contact Stephen Dorso, director of compensation and benefits, at 469-648-5014 or stephend@gp1.com.
GroupOne REPORT

Verification

GroupOne teams with i2Verify for income and employment verification

GROUPONE IS PLEASED TO ANNOUNCE it has teamed with i2Verify to offer clients a customizable employment and income verification solution that is trusted by verifiers, accessible and hassle-free. The strategic agreement will assist GroupOne clients by offering a secure process that responds instantly to wage and employment verification requests.

i2Verify is an income and employment verification solution designed to provide instant access to employment and wage data. i2Verify automates the processing of wage and employment verification requests by instantly and securely delivering employment.

Launched in 2011, i2Verify is a verification solution built around the employee experience. It is a solution that allows employees to see what information is being provided on their behalf. With i2Verify, not only do employees have complete visibility into the verification process, they can block access to their data, add security features, and receive notifications when someone views their data — all at no cost to the employer.

“i2Verify brought some unique and attractive benefits to the table that made them a perfect choice to work with,” said Danny Davila, executive director of GroupOne. “Just as important, it provides a user-friendly and intuitive experience. They provide free and unlimited employee-run reports, an option for verification and security keys and an employee opt-out from nongovernment data sharing. We are looking forward to working with them.”

For more information, please contact Danny Davila at ddavila@gp1.com or go to www.i2Verify.com.
A verification solution that has it all.

i2Verify is a customizable employment & income verification solution that is trusted by verifiers, accessible to employees, and hassle-free for employers.

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