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Keynote Speaker

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Steve Love

President/CEO
Dallas-Fort Worth
Hospital Council

A renewed partnership

AS RUBEN L. VELEZ, MD, NOTED, “the **Dallas County Medical Society (DCMS)** and Dallas-Fort Worth Hospital Council (DFWHC) leaders met in late January 2018 to start conversations and find opportunities for collaboration.” He wrote a nice article on the President’s Page of the *Dallas Medical Journal* describing new beginnings and a renewed partnership.

The DFWHC strives for collaboration with all medical societies in the counties where we have member hospitals. We have enjoyed a long history of meaningful projects and joint efforts with DCMS to improve the lives of people in the communities we serve. In fact, we are quite excited about a new joint initiative we are presently exploring with the DCMS regarding collaboration on clinician well-being. While it’s in the early stages, we believe it is a great way to have a new beginning.

Healthcare can be very complicated and confusing to consumers. Providers should always join forces as we strive towards better health, better care and better value. Sometimes it’s a bumpy road and we may not always agree on policy, but we can certainly agree on patient safety and good patient outcomes supported by evidenced-based data.

We are already experiencing disruptive innovation in the healthcare industry based on mergers such as **CVS** and **AETNA** and potentially **Express Scripts** and **Cigna**. The announcement by **Amazon**, **Berkshire Hathaway** and **JP Morgan** to form an independent healthcare company for their U.S. employees will certainly add a new business model for healthcare.

Hospitals and medical societies complement each other in the healthcare arena. The best way to prepare for the potential of future disruptions is collaboration today. We welcome a renewed partnership with DCMS and other medical societies in North Texas as we navigate the future in healthcare.

Thank you for your support of DFWHC. ■

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INTERLOCUTOR

EDITORIAL

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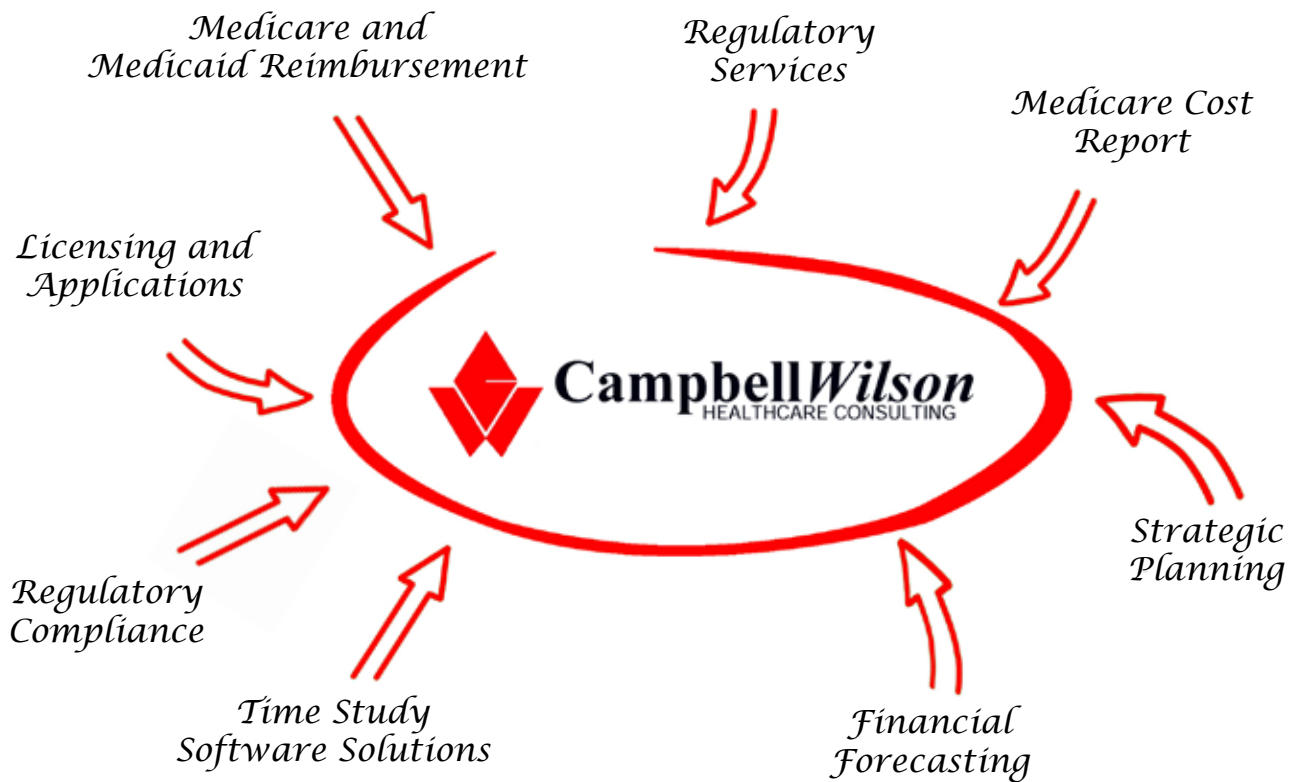
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INTERLOCUTOR

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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- **Ransomware and Medjacking**

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Speaker:

Navin Balakrishnaraja, CPHIMS, CHP

Healthcare IT Services at All Covered, IT Services from Konica Minolta

Navin Balakrishnaraja has 19 years of leadership experience across startups and diverse domains and technologies. He has successfully led several Healthcare M&A integration activities and implementation of EHR systems. He has deep experience in development and commercialization of consumer-driven new products, communications and business models. He holds a BS in Engineering from Anna University and leading professional services firms from Harvard Business School. He is also a certified professional in Health Information Management Systems and HIPAA Compliance.

Registration:

<https://cybersecuritylandscape.eventbrite.com>

Information:

Jourdan Pruitt at jpruit@dfwhc.org

Dr. Don Seldin

“Intellectual Father of UTSW,” dies at 97

DR. DONALD W. SELDIN, KNOWN AS THE “INTELLECTUAL FATHER” OF UT SOUTHWESTERN MEDICAL CENTER, died Wednesday, April 25 in Dallas. He was 97.

The enduring contributions of Dr. Seldin, Professor and Chairman Emeritus of Internal Medicine, placed him among the most distinguished academic medical educators in the history of internal medicine. Throughout his 67-year career at UT Southwestern, his dedication to educating generations of top medical professionals, as well as his success in transforming a small medical school housed in converted Army barracks into one of the nation’s premier medical centers, are all part of the lasting legacy of this giant of medicine and higher education.

Dr. Daniel K. Podolsky, President of UT Southwestern, said, “It is important to recognize the magnitude of Dr. Seldin’s many professional achievements. In his 36 years as Chairman of Internal Medicine at UT Southwestern, he held a singular view of what an academic department should be and built a world-class department around that vision – which has been emulated across the country.”

Dr. Seldin’s career at UT Southwestern started in 1951. The New York native was recruited to then Southwestern Medical School of The University of Texas from Yale University, where he had graduated from medical school in 1943 and, after serving in the Army, was subsequently appointed to the faculty. He accepted the Texas position sight unseen and was surprised to find a medical school housed in converted Army barracks known as “The Shacks.” Within one year, he became the sole remaining member of the Department of Internal Medicine.

Dr. Seldin led the Department of Internal Medicine from 1952-1988. During his tenure, he garnered renown for identifying talented students, residents and fellows who went on to become distinguished leaders. Dr. Seldin built a department recognized as one of the best in the country. He felt the greatest advantage UT Southwestern had over established Eastern schools was it wasn’t encumbered by tradition. At older schools, young professors had to wait their turn to become leaders.



Dr. Seldin told recruits they could make a name for themselves more quickly at UT Southwestern.

Among those who heard that message were **Dr. Michael Brown** and **Dr. Joseph Goldstein**, who in 1985 became the first UT Southwestern faculty to receive the Nobel Prize in Physiology or Medicine.

“Just the way a sculptor molds a figure out of clay, so Dr. Seldin has molded Joe and me, and many others,” said Dr. Brown, Director of the Erik Jonsson Center for Research in Molecular Genetics and Human Disease. “Dr. Seldin created a vision of medicine that was based on science and he brought it to fruition.”

Widely admired as one of the greatest chairs of internal medicine in American medical history, Dr. Seldin was a visionary and a demanding yet patient teacher. His grasp of medicine created a climate at UT Southwestern that attracted superior faculty. He garnered innumerable teaching honors, was an early member of the prestigious Institute of Medicine (now the National Academy of Medicine) and the American Academy of Arts and Sciences, served as President of seven major medical societies, and received six honorary degrees.

Dr. Seldin served as the only medical doctor on the committee that developed the Belmont Report by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research that helped establish ethical guidelines, including informed consent, for medical studies in humans.

During his Army service after World War II, Dr. Seldin was the sole American witness at the trial of a subsequently convicted Nazi medical officer, which was highlighted in the *Journal of Clinical Investigation*. ■



Gerber and DFWHC to co-host May 23 conference

FOR THE FIRST TIME, THE DFW HOSPITAL COUNCIL AND GERBER will partner together to co-host the **May 23** educational event “Leadership Conference: The Economic Burden of Allergies and Positive Patient Outcomes” at **Texas Scottish Rite Hospital for Children** from **8:00 a.m. to 10:00 a.m.**

This complimentary breakfast event will be highlighted by guest speaker **Andrea Papamandjaris, PhD**, the head of the medical, scientific and regulatory unit for Nestlé Maternal and Infant Nutrition in Canada and director of medical affairs for Nestlé Infant Nutrition in the U.S.

“We’re thrilled to partner with Gerber to host this meeting detailing the importance of patient safety,” said **W. Stephen Love**, president/CEO of DFWHC. “Their team’s wealth of knowledge when it comes to pediatric care is very impressive and we thought this would be a great educational opportunity for our hospital members.”

The target audience for this event will include CNOs, Nurse Directors, Clinical Nurse Educators, Mother Baby Unit Nurse Managers, Labor and Delivery Nurse Managers, Pediatric Nurse Managers and Registered Dietitians. Topics will also include:

- **Importance of Breastfeeding – First Feed Matters;**
- **Economic Burden of Atopic Dermatitis.**

You can register at <https://www.eventbrite.com/e/economic-burden-of-allergies-positive-patient-outcomes-tickets-44381720922>.

For additional information, please contact **Debbie Wood** at **Deborah.Wood@US.nestle.com**. ■



Their team’s wealth of knowledge when it comes to pediatric care is very impressive and we thought this would be a great educational opportunity for our hospital members.

Baylor's Dr. Testa named to TIME 100



GIULIANO TESTA, MD

TIME MAGAZINE NAMED GIULIANO TESTA, MD, to the 2018 TIME 100, its annual list of the 100 most influential people in the world.

Dr. Testa is the chief of abdominal transplantation at **Baylor University Medical Center at Dallas** and the principal investigator of the uterine transplant clinical trial, which successfully delivered the first two children by women who received a uterus transplant in the U.S.

"This is truly an incredible honor and a testament to the team and process we have in place at Baylor University Medical Center. I am proud our work is contributing to the body of knowledge on transplantation across the world and that we have been able to achieve our goal of helping women who have been previously unable to have a baby," said Dr. Testa.

Baylor University Medical Center, a part of **Baylor Scott & White Health**, is among the first in the U.S. to explore uterus transplantation. As a major academic medical center with one of the nation's top transplant programs, it is committed to accelerating medical breakthroughs and innovating new treatment models. Administered through Baylor Scott & White Research Institute, which oversees the health system's research programs, the trial explores the use of uterus transplantation as an option for women with

absolute uterine factor infertility, meaning their uterus is nonfunctioning or non-existent. Plans are currently underway for a second uterine transplant research study enrolling 10 more patients.

"Building on an internationally-recognized, pioneering legacy of transplantation that dates back to 1984, Dr. Testa exemplifies our commitment to excellence and innovation," said **Jim Hinton**, chief executive officer, Baylor Scott & White Health. "We are so proud of the entire team behind this landmark clinical trial, which is providing families with hope for what they previously thought was impossible."

The list, now in its fifteenth year, recognizes the activism, innovation and achievement of the world's most influential individuals. TIME editors have said of the list in the past, "The TIME 100 is a list of the world's most influential men and women, not its most powerful, though those are not mutually exclusive terms. While power is certain, influence is subtle. As much as this exercise chronicles the achievements of the past year, we also focus on figures whose influence is likely to grow, so we can look around the corner to see what is coming."

The full list and related tributes appear in the April 30, 2018 issue of TIME. You can also find it online at <http://time.com/collection/most-influential-people-2018/>. ■

Around DFWHC

DFWHC announces its Year-round Sponsors for 2018

THE DFW HOSPITAL COUNCIL (DFWHC) IS PROUD to announce **Hall Render** and **CampbellWilson, LLP** will return as its Year-Round Sponsors for 2018. The designation allows the two companies to be the top sponsors at all major DFWHC events including the 70th Annual Awards Luncheon on October 17.

Hall Render is the nation's largest law firm focused exclusively on health care matters. More than 200 health law attorneys provide the nation's best health systems and hospitals with legal and strategic counsel on all aspects of health care regulatory, business, compliance and operational matters. Hall Render can be reached at **214-615-2000**.

CampbellWilson, LLP is a nationally recognized healthcare consulting firm specializing in provider reimbursement and overall hospital operational improvement. CampbellWilson can be contacted at **214-373-7077**.

For information on Year-Round Sponsorships, please contact **Chris Wilson** at chrisw@dfwhc.org. ■



NBC's Carter interviews Love on medical billing

NBCDFW TV REPORTER WAYNE CARTER was at the DFW Hospital Council offices February 28 to interview President/CEO **W. Stephen Love** on healthcare billing.

Carter, NBC's Consumer Investigative Reporter, was working on a comprehensive report detailing the perceived inconsistency of healthcare cost, frustrations over billing and the perception that the system doesn't work in North Texas.

His series aired March 2 and March 7.

You can view the March 2 segment at <https://www.nbcdfw.com/news/local/Medical-Debt-Epidemic-Hospital-Billing-Explained-475695703.html>.

The March 7 report is at <https://www.nbcdfw.com/news/local/Hospitals-Offer-Charity-Care-to-Families-Who-Cant-Afford-Medical-Bills-476050513.html>. ■

DFWHC/Hall Render detail “HACKED” data



Mac Stewart (l to r) and Mark Swearingen of Hall Render and W. Stephen Love of DFWHC.

MORE THAN 60 ATTENDEES TURNED OUT for the DFW Hospital Council (DFWHC) and Hall Render complimentary event “HACKED: The case of a hospital’s data held HOSTAGE” March 29 at the Meadows Conference Center in Dallas.

Mark Swearingen, Hall Render attorney who oversaw the case of a recent U.S. hospital system where hackers demanded \$55,000 in bitcoin payment or they would delete more than 1,000 encrypted files, served as keynote speaker.

Mark detailed the case first-hand when he was immediately called in to assist the 20-plus facility health system. He discussed pre-incident conditions, incident response, legal analysis, hospital preparation and prevention.

DFWHC taped the presentation and can be seen online at <https://www.youtube.com/watch?v=8OWIP4I6gEQ>. ■

Cole named president at Baylor Scott & White - Lake Pointe

DONAS H. COLE WAS NAMED the new president of **Baylor Scott & White Medical Center – Lake Pointe** in April. The 112-bed hospital is undergoing a major expansion including a new three-floor patient tower that will allow the neonatal intensive care unit, well-baby nursery and postpartum department to be housed on the same floor. The new building will feature two 16-bed medical and surgical units and a new patient registration area. Cole most recently served as interim president at **Baylor Scott & White Medical Center – Garland**, which he joined in 2012 as a physician liaison. Prior to joining Baylor Scott & White, Cole was vice president of operations and co-ethics and compliance officer for **Medical Center of McKinney**, an HCA facility. ■



Donas Cole



Love, Campbell to speak May 15

DFW HOSPITAL COUNCIL President/CEO **W. Stephen Love** and CampbellWilson partner **Manie Campbell** will join forces during the HFMA Lone Star Chapter Spring Institute on **May 15** at The Clubs of Prestonwood in Dallas. The Spring Institute will include seven educational sessions from 8:30 a.m. to 4:30 p.m. Love and Campbell discuss the Wage Index from 2:30 p.m. – 3:30 p.m. Additional speakers include **Jerry Berlanga**, system director, process improvement at CHRISTUS Health and **Jennifer Banda**, vice president advocacy, public policy and HOSPAC at the Texas Hospital Association. Eight hours of CPEs will be available. You can register at <http://lonestarhfma.org/events/hfma-lone-star-spring-institute/>. ■

Around DFWHC



DFWHC teams with **PARA Healthcare Analytics** to provide services for North Texas hospitals

THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) and **PARA HealthCare Analytics** are pleased to announce a strategic partnership effective immediately. The teaming is expected to benefit North Texas hospitals by enhancing the value DFWHC offers its members through the wide range of revenue cycle management solutions provided by PARA HealthCare. The partnership continues a long-standing DFWHC trend to team with select companies that provide valuable services to its healthcare members.

W. Stephen Love, president/CEO of DFWHC said, "We are pleased to have PARA HealthCare Analytics partner with DFWHC. Their team of experts provide reimbursement, pricing, coding and contract management services to hospitals encompassing all aspects of the healthcare revenue cycle."

PARA HealthCare was founded in 1985 to provide

reimbursement, pricing, coding and contract management services to hospitals. During the past 32 years, PARA services have resulted in significant financial improvement for healthcare providers across the U.S.

"PARA HealthCare is honored to be selected to partner with the DFW Hospital Council. We appreciate the opportunity to work with providers and help them perform at their best," said **Peter A. Ripper**, president and founder of PARA HealthCare. "We are looking forward to providing support and cost savings to the hospitals of North Texas."

PARA HealthCare Analytics is a comprehensive single source for Revenue Cycle Management solutions and is comprised of individuals with extensive experience to support the revenue cycle process. You can access their weekly newsletter detailing timely healthcare updates at <https://www.para-hcfs.com/newsletter>. ■

Alzheimer's Association event attracts 50-plus

MORE THAN 50 ATTENDEES TURNED OUT for the DFW Hospital Council (DFWHC) and **Alzheimer's Association's** educational event "**Alzheimer's Research Update: Early Detection Resources and Tools**" on March 8 in the main auditorium at Texas Scottish Rite Hospital for Children in Dallas.

This complimentary seminar was highlighted by the comprehensive presentation of **Dr. Mary Quiceno**, associate professor of neurology at UT Southwestern Medical Center and an associate professor of medical education at Texas Christian University. Additional presenters included **Rebecca Logan**, PA-C of UT Southwestern Medical Center and **Debra Adams** of the Alzheimer's Association Greater Dallas Chapter.

"This was a fascinating topic," said **W. Stephen Love**, president/CEO of DFWHC. "Alzheimer's disease is an affliction suffered by more than 5 million Americans and that is just a staggering number. I appreciated these experts providing details on the disease and the ongoing research to find a cure."



Dr. Mary Quiceno (l to r), W. Stephen Love, Rebecca Logan and Debra Adams following the March 8 educational event.

For information on the presentation, please contact **Kathy Shockley** at kshockley@alz.org. ■

DFWHC and Fisher Phillips host Active Shooter Training

A TIMELY SUBJECT, MORE THAN 120-PLUS ATTENDEES turned out for proactive presentation "Active Shooter Training: What to do in the Healthcare Workplace" on February 21 at Texas Scottish Rite Hospital for Children in Dallas.

Co-hosted by the Dallas-Fort Worth Hospital Council (DFWHC) and **Fisher Phillips**, the event included **Captain Dan Birbeck** of the Dallas County Hospital District Police Department discussing the Avoid, Deny and Defend (ADD) method to assist employees escape potential workplace tragedy.

According to Captain Birbeck, the preferred option when dealing with an active shooter is awareness of one's environment prior to the hostile act.

"Have a plan regarding what you would do and know your escape routes," he said. "If avoidance isn't possible, find ways to prevent the attacker from having access to you by locking doors and barricading doorways. As a last resort, never forget that you have a right to defend yourself if your life is in danger."



Captain Dan Birbeck

Additional presenters included Fisher Phillips lawyers **Arthur Lambert** and **Amy Strauss** discussing "Workplace Violence."

According to their presentation, healthcare employees suffer 50 percent of all workplace assaults, with a list of common risk factors and best practices detailed to attendees.

DFWHC President/CEO **W. Stephen Love** and Fisher Phillips Regional Managing Partner **Mike Abcarian** provided event introductions. ■

Associate Members

TAX REFORM BILL: Takeaways for Healthcare Practitioners

By Evie Lalangas and Dan Kroll,
Gray Reed & McGraw LLP

THE NEW TAX REFORM BILL SIGNED BY PRESIDENT TRUMP

at the end of 2017 (the “Tax Act”) has many taxpayers wondering what its exact effects will be. For healthcare professionals, doctors included, there are several relevant provisions to understand. The first significant change is the personal income tax bracket adjustments.

Prior law had graduated tax rates ranging from 10 percent to 39.6 percent. The Tax Bill lowered bracket thresholds and rates, which now range from 10 percent to 37 percent, lowering the highest tax rate by almost 3 percentage points. Notably, these new brackets and rates expire after 2025. Although personal exemptions for individuals are eliminated, standard deductions have doubled.

The standard deduction is now \$12,000 for individual taxpayers and \$24,000 for married couples filing joint returns. The Tax Act also limits the amount of property taxes and state and local income taxes that may be deducted. For physicians, who typically have higher incomes, the takeaway here is that their overall tax burden may actually increase as a result of the Tax Act.

For providers who own their practice, there are certain advantages and disadvantages of the Tax Act law to note resulting from the form of business entity in which the provider operates. One of the most publicized pieces of the Tax Act is the overall reduction in the corporate tax rate which is now at a flat 21 percent - a significant cut from prior rates which ranged from 10 percent up to 35 percent. However, this rate reduction must be balanced with the change to interest expense deductions as prior



law allowed for a full deduction of interest payments, but the Tax Act caps interest deductions to 30 percent of EBITDA (earnings before interest, taxes, depreciation, and amortization).

Some analysts have projected that this may raise net taxes after 2017 as well as increase the cost of borrowing by highly leveraged businesses. In addition, the Tax Act provides for a “pass-through” deduction of up to 20 percent of qualifying business income for “S Corporations”, limited liability companies, partnerships and sole proprietorships.

For physicians with taxable income in excess of \$157,500 (\$315,000 if married), this deduction for income from providing medical services will be phased out over a range of \$50,000 (\$100,000 if married) and completely eliminated at \$207,500 (\$415,000 if married). For other income of those physicians from pass-through entities which is not attributable to the provision of medical services, the deduction related to such income will likely be limited by complex calculations based on the amount of W-2 wages the entity pays to non-owners and the amount of capital invested by the entity.

Private practitioners should review these changes with their counsel, since the lower corporate tax rate might encourage a practice to restructure as a corporation from a pass-through entity. The advantage of a corporation that



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is not an “S Corporation” is that for providers who do not qualify for the pass-through break, the top income-tax rate would be at the personal level – which would be at most 37 percent. However, corporate status would still subject the practice entity to double taxation, meaning income would be first taxed at the entity level a rate of 21 percent, with any dividends being taxed to the individual at their personal tax rate.

Caveats abound – switching entity types could be a taxable event and may cost more money than necessary in the long run, and elective entity classification changes are permitted only once every five years.

The Tax Act significantly increased bonus depreciation for personal property (i.e., medical equipment) from 50 percent to 100 percent for several years before it will decrease to zero. Importantly, bonus depreciation now applies to used property rather than only new property. Physician practices acquiring qualifying property may be able to immediately deduct 100 percent of the cost in the current tax year rather than taking depreciation over several years.

Physicians employed by a tax-exempt entity, such as a hospital, could see a significant change in compensation schemes. For tax years beginning January 1, 2018, a tax-exempt organization (including many hospitals) will have to pay an annual excise tax of 21 percent on compensation over \$1 million to “covered employees”. There are several caveats:

- The excise tax does not apply to payments made to a licensed practitioner for their professional, medical services;
- A “covered employee” includes the five highest paid current (or former) employees for a particular tax year. It also includes any former employees from 2016 onward who still receive post-termination payments, meaning the number of “covered employees” may not actually be limited to five per year;
- Compensation subject to the excise tax includes cash compensation, deferred compensation, and parachute payments to any top five employee in excess of three times the five-year average of their total compensation;
- For hospitals with a layered system, this tax applies at each entity level. So, if two tax-exempt entities within a hospital system have five or more employees compensated \$1 million or more each, compensation payments to all of these employees would be subject to the excise tax.

Although the excise tax is not imposed on the individual employee, it may force tax-exempt entities to review their corporate structure and payment schemes, potentially hamstringing talent acquisitions and increasing attrition rates. Tax exempt entities are now at a distinct disadvantage in obtaining physician services when compared to for-profit entities which do not have to pay a tax on their highest paid employees.

Finally, and possibly to the chagrin of many Democrats, the Tax Act also eliminated the penalties on individuals without health insurance mandated by the Affordable Care Act (“ACA”). Also known as “Obamacare”, the ACA imposed a penalty on individuals without health insurance that increased as each year passed. It was most recently set at the higher of \$695 or 2.5 percent of household income.

This change may affect providers, particularly primary care practitioners, since data has shown an uptick in patients generally seeing primary care practitioners and using health services due to the ACA’s expanded coverage access. Similarly, hospital systems experienced a reduced amount of uncompensated care or charity care that was otherwise written off since the overall number of insured individuals was on the rise. It will take at least a year or two to note any difference in uninsured patient levels attributable to the elimination of this penalty.

The new tax law is multi-layered and still being absorbed by experts and the public alike. As such, this article is not an exhaustive recap of the tax law provisions that will affect physicians. We recommend meeting with an attorney for assistance.

ABOUT THE AUTHORS

Evie Lalangas, Associate, Healthcare Section

Having worked for health-related nonprofits and the U.S. Department of Health and Human Services, Evie understands legal issues surrounding healthcare industry as well as policy and business concerns.

Dan Kroll, Partner, Tax Section

A former certified public accountant, Dan advises companies on federal income tax issues related to joint venture formations, acquisitions, operations and dispositions. ■

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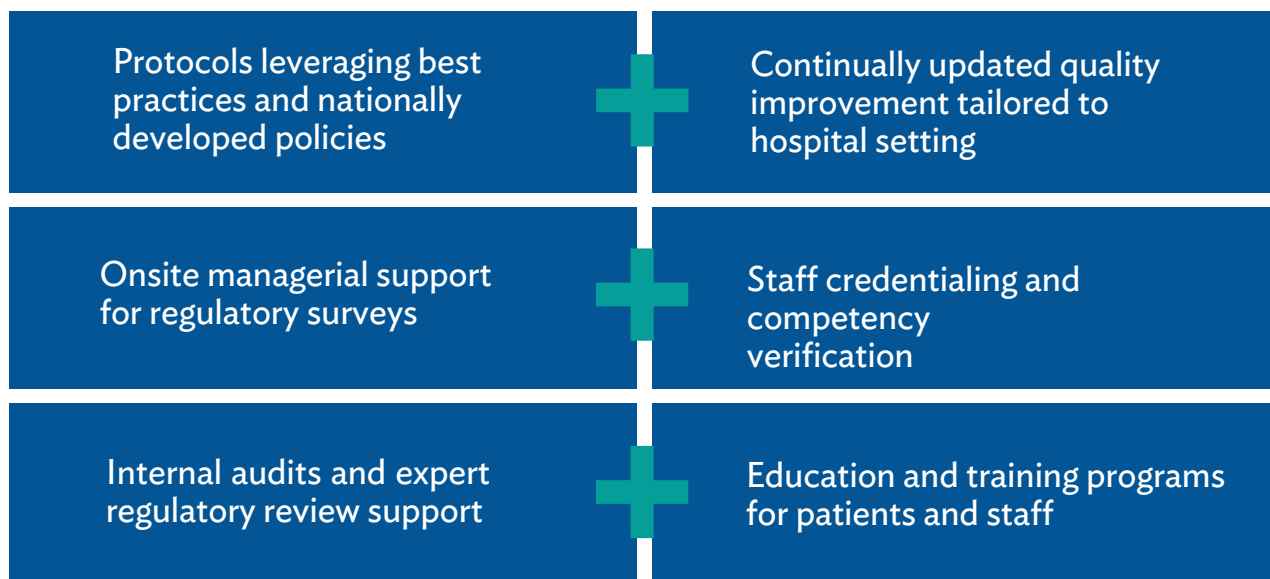
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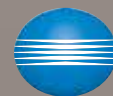
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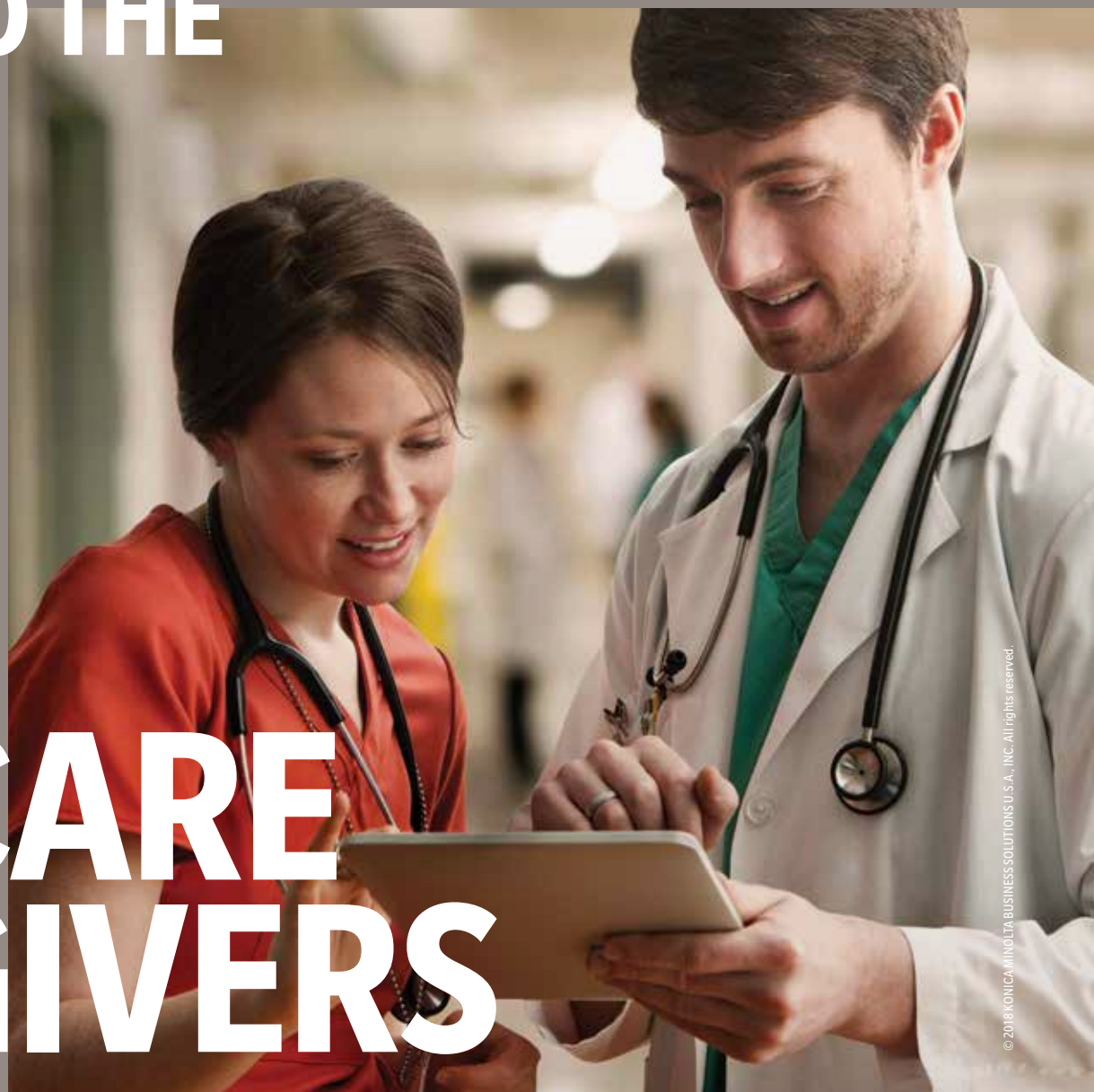
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**DID YOU
KNOW?**

The Probiotic benefits for the breastfed baby

PROBIOTICS ARE LIVE MICROORGANISMS THAT PROVIDE HEALTH BENEFITS when ingested in adequate amounts¹. Bifidobacterium lactis strain Bb-12 (B. lactis) and Lactobacillus reuteri strain DSM-17938 (L. reuteri) are two probiotic strains that have been clinically shown to provide health benefits in infants²⁻⁴. Breastmilk contains beneficial bacteria, and exclusive breastfeeding promotes the development of a healthy microbiota^{5,6}. However, there are situations when even the breastfed baby may benefit from probiotics, such as after a C-section delivery or when common feeding problems develop^{3,4,7}.

The mode of delivery impacts the development of the infant gut microbiome⁸. During a C-section delivery, the infant is not exposed to the vaginal canal where it would normally be exposed to maternal microbiota⁸. Vaginally delivered infants tend to have a microbiome with earlier colonization and higher levels of bifidobacteria than their C-section delivered counterparts especially in the very early months of life⁸. These differences in microbiota may explain the correlation seen between C-section deliveries and the development of chronic immune diseases later in life⁹. Supplementation with the probiotic, B. lactis, has been clinically shown to increase levels of bifidobacteria in C-section delivered infants and help support the developing immune system by increasing levels of secretory IgA, the key immunoglobulin of the gut-associated immune system^{2,7}.



Infant regurgitation is the most common gastrointestinal symptom among infants in the U.S. with a reported prevalence estimated at 30%¹⁰. Although symptoms can be expected to self-resolve in the majority of cases, frequent spit-ups cause parental anxiety and is a common reason for pediatric office visits^{11,12}. The intestinal microbiota has an influence on gastric motility via the gut-brain axis¹³. The probiotic, *L. reuteri*, has been clinically shown to improve gastric emptying time and reduce the frequency of spit-ups in healthy breastfed infants and infants with uncomplicated regurgitation^{3,14,15}.

Another common issue during infancy is colic, which affects approximately 20% of infants¹⁰. Although the exact causes of colic are unknown, abnormal gastrointestinal tract function may play an important role^{16,17}. Studies have shown that colicky infants have an immature mucosal barrier, altered gut motility, and an imbalanced gut microbiota compared to their non-colicky counterparts^{16,17}. The probiotic, *L. reuteri*, may positively impact GI function and alleviate symptoms of colic in three ways; strengthening the mucosal barrier, increasing gastric motility and balancing the gut microbiota^{14,15,18,19}. Additionally, *L. reuteri* is the only probiotic repeatedly shown to reduce crying time in colicky infants in studies⁴.

The American Academy of Pediatrics (AAP) recommends that all breastfed and partially breastfed infants consuming less than one liter of infant formula per day receive 400 IU of vitamin D daily via supplementation beginning in the first few days of life²⁰. Vitamin D supplements are now conveniently available with *L. reuteri* included in the formulation so that infants can receive the benefits of vitamin D and this probiotic in one convenient product.

In conclusion, the probiotics *B. lactis* and *L. reuteri* can

benefit the breastfed baby by supporting the developing immune system and reducing symptoms of common feeding issues, such as frequent spit-ups and colic^{2,3,4}.

REFERENCES:

1. Hill C, et al. *Nat Rev Gastroenterol Hepatol*. 2014;11(8):506-514.
2. Holscher HD, et al. *J Parenter Enteral Nutr*. 2012;36(1 Suppl):106S-117S.
3. Finn K, et al. *J Pediatr Gastroenterol Nutr*. 2017;107;65(Suppl2):S186-187. [ABSTRACT]
4. Bird SA, et al. *J Pharm Pract*. 2017;30(3):366-374.
5. Soto A, et al. *J Pediatr Gastroenterol Nutr*. 2014;59(1):78-88.
6. Davis EC, et al. *Gut Microbes*. 2017;82(2):143-171.
7. Yuniaty T, et al. *Paediatr Indonesiana*. 2013;53(2): 89-99.
8. Rutayisire E, et al. *BMC Gastroenterol*. 2016;16(1):86.
9. Sevelsted A, et al. *Pediatrics*. 2015;135(1):e92-98.
10. Vandenplas Y, et al. *J Pediatr Gastroenterol Nutr*. 2015;61(5):531-538.
11. Smart J, Hiscock H. *J Pediatr Child Health*. 2007;43:284-290.
12. Rouster AS, et al. *J Pediatr Gastroenterol Nutr*. 2016;62(6):847-51.
13. Carabotti M, et al. *Ann Gastroenterol*. 2015;28(2): 203-209.
14. Indrio F, et al. *J Phys Pharm*. 2009;60(Suppl 6):27-31.
15. Indrio F, et al. *Eur J Clin Invest*. 2011;41(4):417-422.
16. Lothe L, et al. *Acta Paediatrica*. 1990;79(4):410-416.
17. Savino F, et al. *Acta Paediatrica*. 2004;93(6):825-829.
18. Rosenfeldt V, et al. *J Pediatr*. 2004;145(5):612-616.
19. Savino F, et al. *Pediatrics*. 2010;126(3): e526-e533.
20. Wagner CL, et al. *Pediatrics*. 2008;122:1142-1152. ■

Associate Members



MANAGED CARE

Reimbursement, Reconciliation and Recovery

HOSPITALS ACROSS THE COUNTRY ARE AT RISK OF LOSING BILLIONS OF DOLLARS of reimbursement each year due to denied and incorrectly paid claims buried within the details of remittances from managed care payers. This contributes to substantial financial issues at a time when hospitals need every penny of reimbursement due to them.

The burden of identifying reversible denials and inaccurate short-payments falls solely on the shoulders of the facility business office. Eventual recovery of appropriate payment on short-paid claims requires the Revenue Cycle Management team to rework and resubmit claims and often medical records. This process takes precious time and resources, affects productivity, and directly impacts cash flow.

The ability to efficiently identify and prioritize claims which are not paid according to contract terms is essential in minimizing the impact on cash flow and the most valuable resource - time.

PARA's powerful data analytics solutions provide visibility to hidden charge capture, denial management and managed care contract payor issues. Analyzing 835 remit data with managed care contract settlement terms and PARA's proprietary charge capture analysis tool, allows the facility to identify opportunities to improve cash flow and maximize managed care reimbursement.

The PARA Solution

PARA HealthCare Analytics invites facilities to test the contribution that PARA offers by undergoing an initial 3-phase assessment process. The PARA web-based proprietary software tool, the PARA Data Editor (PDE), is utilized in each phase of the assessment.

1. Process managed care 835 remits and payer contract settlement terms using the PARA Data Editor (PDE);
2. Generate actual vs expected reimbursement reports using PDE Claim/RA/835 Remit - Settlement tab;
3. Review Assessment findings and prioritize issues identified.

The initial assessment will identify, at the payer contract level, where there are shortfalls and where

reimbursement can be improved. The comprehensive report package generated from the assessment includes the following tabs:

- Inpatient claims;
- Hospital All Other - all OP claims;
- Profee - review professional fee claims;
- Negative - reversed payments or takebacks;
- Zero Paid - denied claims with no payment;
- Secondary Claims - claims where the payer is secondary, the primary payer paid the bulk;
- Claims paid as expected per the contract terms loaded in the PDE;
- Profee – claims paid as expected per contract terms.

This information is used by hospital managed care and billing staff to rebill (if necessary) and improve billing processes or charge master pricing.

For more information on our "free" assessment for DFW Hospital Council member hospitals, please contact:

Faye Openshaw, Account Executive

PARA HealthCare Analytics, Inc.

Phone: 888-999-3332, Ext. 239

Email: fopenshaw@para-hcfs.com. ■

Associate Members



R-WATER Cleaner can be GREENER in healthcare

Texas-based cleaning solution is revolutionizing the market

A COMPANY IN TEXAS is creating a new product in the fight against deadly hospital acquired infections.

R-Water, based in San Marcos and Dallas, is an eco-friendly alternative to chemical-based disinfectants. This is a greener, safer and cheaper disinfecting and cleaning solution for everyday hospital use.

The insight comes from data and conversations with supply chain, clinical and finance leaders from the 800-plus hospitals who use OpenMarkets for equipment research, quoting, budgeting and purchasing.

"We have adopted this technology for all facilities of **Cuero Health** because R-Water addresses the need for disinfection and cleaning, while reducing chemical exposure to our patients and the environment," says **Gary Loftin**, Director of Integrated Facilities Management for Hospital Housekeeping Systems and Cuero Health.

The R-Water disinfecting and cleaning solutions are created onsite in a machine that replaces the old J-fill systems that traditionally hang on the wall of housekeeping closets. This equipment is hooked to

a water line, filled with pure salt and plugged into a standard wall outlet. A patented internal electrolysis process creates two solutions: one for routine cleaning and one for heavy disinfection. Environmental Services teams fill buckets and bottles right from the equipment.

There have been zero hospital-acquired infections at Cuero Health due to the cleaning process since R-Water was adopted in February 2017.

A women-owned business with a mission to reduce the spread of preventable infectious diseases, R-Water is competing against massive chemical and solutions companies and the big hospital distributors they partner with including Chlorox.

"It doesn't take harsh chemicals to disinfect a hospital," said **Rayne Guest**, R-Water's founder and CEO. "It may be shocking for many infection control experts and environmental services specialists, but simpler solutions disinfect and clean better. Plus they are safer for the patient, the staff and the environment. R-Water is simple. Our TK60 disinfecting solution is 99.98 percent water and

only .02 percent HOCl, a highly effective germ killer.”

The clinical trials and outcomes from hospital use demonstrate that R-Water is better, safer and cheaper than traditional cleaning chemicals.

From an outcomes standpoint, R-Water is disinfecting surfaces with a shorter contact time than traditional chemicals. TK-60, R-Water’s disinfecting solution, is a one-step healthcare grade product with a one-minute contact time in comparison to three minutes for the Ecolab OxyCide and 10 minutes for the Diversey Virex II 256. The R-Water TK-60 kills C.diff Spores in one minute, compared to OxyCide’s three minutes claim. Diversey does not make a claim for C.Diff Spore disinfection.

This decreases room turn-times and is far easier on staff. For healthcare systems like Cuero Health, R-Water is also saving them money.

“Cost savings comes quickly, as hospitals don’t need to constantly reorder the costly chemicals. This is cheaper than the status quo,” Guest said.

The R-Water cleaning solution, FC+ is clear and odorless, which leads to skepticism on its capability to clean floors, carpets and other surfaces.

Guest gets a chuckle out of people’s response to the performance of R-Water’s FC+ product. Oftentimes, demos of the two solutions last for hours.

“People, of course, love that TK60 kills pathogens so quickly and doesn’t leave any residues behind, but once they start seeing how the solutions works on their carpets and floors, the EVS teams start taking us to all the areas in their facilities that are challenging for them to keep visually clean, because patient satisfaction tends to also be determined by this factor,” said Guest.

“I really get a kick out of the look of disbelief people have on their faces when they see both solutions work so well,” Guest added. “Oftentimes, our biggest hurdle is that our products seems too good to be true, but once they see the solutions perform, it changes the game.”

Franklin Park Senior Community outside of San Antonio, decided to implement the R-Water system in response to a tough flu season in 2016. Since implementing the system across the 50,000 sq-foot facility

the following year, Franklin Park has seen a 65 percent decrease in employee sick days, has seen only four cases of the flu in a building with over 250 residents, and is on pace for a five-year cost savings of \$35,025. The cost savings is from the dramatic reduction in the amount of cleaning chemicals purchased.

“When I first started using R-Water, I was skeptical



After several months of using the product, I can tell you that this is the most extraordinary cleaning solution I have ever used in my 20-plus years of housekeeping.

that this product could do what it claims to do,” said **Susanne Hutchinson**, housekeeping supervisor at Franklin Park. “After all, it doesn’t smell like a chemical-cleaned surface and it looks like plain water. But after several months of using the product, I can tell you that this is the most extraordinary cleaning solution I have ever used in my 20-plus years of housekeeping.”

For information, please go to the R-Water website at <http://www.r-water.com/>. ■

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education • networking • collaboration

85 HOSPITAL MEMBERS
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For information, contact Chris Wilson at chrisw@dfwhc.org.

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| Dallas Regional Chamber | Metromark Market Research | |
| Deloitte | Metropolitan Anesthesia | |



Kristin Jenkins

JD, MBA, FACHE

President, DFWHC Foundation
Senior Vice President, DFWHC

GOING GREEN and good community health

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION IS PARTICIPATING in a region-wide collaborative Park Project involving a partnership between the **City of Dallas**, the **Trust for Public Land**, **Parkland Health & Hospital System** and the Foundation's own Information and Quality Services Center.

The Trust for Public Land (TPL), led by **Robert Kent** in the organization's North Texas offices, has been engaged by the City of Dallas to provide analytics to the Dallas Parks Division to plan green space for public use throughout the city, with potential connections to neighboring cities.

This initiative has multiple goals, one of which is to improve the health of the city's residents.

Parkland Health & Hospital System has requested use of the DFWHC Foundation's data assets to inform the team regarding "high incident" areas of asthma, pulmonary disease, depression, heart disease and other conditions.

The information from our data warehouse will be correlated to other data assets related to city services and available green space with a goal to prioritize areas of park development that will be geographically near the neighborhoods of greatest health needs.

In meeting with city planners and the Trust for Public Land, we have refined the data planning in order to render the community transparent so choices for future park development can be strategically made.

Numerous studies have shown that the use of public parks contribute to health in a number of ways including promoting physical activity, improving mental health and reducing health care costs.

The DFWHC Foundation is so excited to be participating in such a unique and innovative program.

Many thanks and have a "green" day! ■

How to contact us

972-717-4279

info@dfwhcfoundation.org



www.dfwhcfoundation.org

Foundation Mission

To serve as a catalyst for continual improvement in community health and healthcare delivery through education, research, communication, collaboration and coordination.

Foundation Vision

Act as a trusted community resource to expand knowledge and develop new insight for the continuous improvement of health and healthcare.

Foundation Trustees

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WHEN

June 8, 2018 at 1:00 p.m. CST

SPEAKER

Jackie Conrad, RN, BS, MBA - Improvement Advisor for Cynosure Health

TOPICS

The time has come to reverse the epidemic of immobility. Such "inaction" is harming patients and stalling efforts to reduce fall-related injuries. Join this **DFW Hospital Improvement Innovation Network (HIIN)** webinar to learn how early, progressive mobility is delivering unprecedented positive patient outcomes. Learn productive ways to reduce multiple harms, readmissions, length of stay and worker injury. In addition, the three "must haves" to be discussed include:

- **Walk-in-walk-out:** perform a mobility assessment upon admission and progress a patient's mobility;
- **Grab and go mobility devices:** have gait belts and other mobility devices readily available;
- **Three laps a day keep nursing homes at bay:** document patient mobility and aim for three episodes outside the room a day.

REGISTER

<https://attendee.gotowebinar.com/register/5714890196388139009>

INFORMATION

Please contact Patti Taylor at ptaylor@dfwhcfoundation.org.

This activity has been submitted to the Texas Nurses Association for approval to ward contact hours. Texas Nurses Association-Approver is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Home Run For Safety!

11TH Annual Patient Safety Summit

AUGUST 13-14, 2018

Arlington Convention Center

Aug. 13 - 1:00 - 5:00 p.m.

Aug. 14 - 7:30 a.m. - 3:30 p.m.

Keynote Speaker

Sorrel King

Creator of the
Josie King Foundation

Plus

Dave Dravecky

Former MLB pitcher
for the SF Giants



Registration:

<https://pss2018.eventbrite.com>

For information, please contact
Patti Taylor at
ptaylor@dfwhcfoundation.org
or 469-648-5023.

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION'S 11TH ANNUAL PATIENT SAFETY SUMMIT is scheduled for **August 13-14** at the Arlington Convention Center. This year's theme is "Home Run for Safety," with **Sorrel King**, the creator of the Josie King Foundation, and **Dave Dravecky**, the former pitcher for the San Francisco Giants, serving as keynote speakers.

Sessions on August 13 are from 1:00 to 5:00 p.m. and on August 14 from 7:30 a.m. to 3:30 p.m.

Kicking off the event is Sorrel, whose daughter Josie tragically died in 2001 as a result of medical errors. Consumed by grief, Sorrel was determined to honor Josie's memory and created the Josie King Foundation. Today, Sorrel is a nationally known patient safety advocate with the **Josie King Foundation** creating such projects as care journals, disclosure programs and a patient journal app implemented by hospitals across the country.

"We are thrilled about Sorrel King's participation this year," said **Kristin Jenkins**, president of the DFWHC Foundation. "One of the most important ways to reduce accidental harm and improve patient safety is to learn from our close calls. Addressing these problems within the Patient Safety Summit not only results in safer systems, but it focuses our efforts on the need to identify future problems and solutions."

Additional speakers will include **Lieutenant General Paul Kendall Carlton Jr.**, 17th Surgeon General of the US Air Force. Poster abstracts will also be displayed throughout the two-day event.

Since patient safety was first brought to light in the 1990s, studies have shown a large number of patients harmed by preventable errors such as system failures, human factors, prolonged hospital stays and cost-cutting measures. Such errors can cause serious injury or death and result in billions of dollars in excess health care costs.

The Patient Safety Summit serves as an opportunity for hospital employees to discuss past errors and to make strategic plans on how to keep them from happening again. More than 350 attendees are expected to participate, including healthcare employees, nurses, patient safety advocates, chief nursing officers and hospital executives.

You can register at <https://pss2018.eventbrite.com>.

Sponsorships are still available. For information, contact **Patti Taylor** at ptaylor@dfwhcfoundation.org or 972-719-4900. ■



Sorrel King



Dave Dravecky



**Lieutenant General
Paul Kendall Carlton Jr.**

Employee of the Year Luncheon



David Clubb (top left, l to r) and **Ashley Laible** of Texas Health Presbyterian Allen; **Rebekah Gregory** (top right), keynote speaker; **Crystal Dillon-Foster** (middle left) is congratulated by her Kindred Tarrant County Fort Worth SW Hospital co-workers; **Lea Goad** (middle right) of Baylor Scott & White Institute for Rehabilitation; **Brandii Price** (lower left, l to r) of Methodist Mansfield Medical Center and Kristin Jenkins; **Candace Hamilton** (lower right, l to r) and **Ardell Taylor** of Baylor Scott & White Medical Center Plano.

Photographs by Jerry McClure

Caregivers Matter: A Survivor's Story

North Texas hospital employees honored at April 25 luncheon

A SALUTE TO THE NORTH TEXAS HOSPITAL

WORKFORCE, the Dallas-Fort Worth Hospital Council (DFWHC) Foundation's 22nd Annual Employee of the Year Luncheon was held April 25 at the Hurst Conference Center. More than 700 attendees turned out to honor 135 nominees and 16 announced winners from a pool of 56 area hospitals.

"What a great day it was. We appreciate the opportunity to honor these great North Texas hospital employees," said **Kristin Jenkins**, president of the DFWHC Foundation. "The goal of this luncheon is to make a difference in the quality of care by helping to boost morale of our hospital staffs and recognize the importance of each employee. All of the nominees deserved to be recognized."

Rebekah Gregory served as keynote speaker in support of the theme "Caregivers Matter: A Survivor's Story." Gregory is an inspirational survivor of the Boston Marathon bombings in 2013 and discussed the care she received from the many nurses, physicians and local residents over a period of several months.

Scott Peek, chief operating officer of Baylor University Medical Center and chair of DFWHC, and **Ruben Esquivel**, vice president of community and corporate relations at UT Southwestern and chair of the DFWHC Foundation, served as masters of ceremonies.

One of the highlights was the Volunteer of the Year Award presented posthumously to **Stella Bressler** of UT Southwestern William P. Clements Jr. University Hospital. Bressler, who passed away this year, had served as a volunteer at her hospital since 1969. Her family was present to accept the award.

Additional recipients included:

Rex McRae Scholarship

- **Brandii Price**, Methodist Mansfield Medical Center/ Mountain View College

Nurse Preceptor Award

- **Rowena Samonte**, VA North Texas Health Care System

Physician Award

- **Dr. Abeezar Shipchandler**, Baylor Scott & White Medical Center – Plano

- **Dr. Erik Axene**, Medical Center McKinney

Volunteer Award

- **Janice Holmes**, Children's Health

System Award

- **Molly Grinstead**, Program Manager for Patient Safety, Children's Health

Community Service Award

- **Lea Goad**, Recreational Therapist, Baylor Scott & White Institute for Rehabilitation

Special Recognition Awards

- **Ashley Laible**, Coordinator of Cardiac Rehab, Texas Health Presbyterian Hospital Allen
- **Ardell Taylor**, Registered Nurse, Baylor Scott & White Medical Center – Plano
- **LaDonna McKee**, Registered Nurse II, Texas Health Harris Methodist Hospital SW Fort Worth
- **Anthony Karanja**, Registered Nurse, Texas Health Presbyterian Hospital Dallas

Employee of the Year Awards

- **Crystal Dillon-Foster**, Admissions Coordinator, Kindred Hospital Tarrant County Fort Worth SW
- **James Sullivan**, Nurse Supervisor, Baylor Scott & White Medical Center – Carrollton
- **Chad Mitchell**, Facility Tech 3, Methodist Mansfield Medical Center
- **Brendy Kirkland**, Registered Nurse, Texas Health Harris Methodist Hospital Fort Worth

Board members of the **Dallas-Fort Worth Healthcare Human Resources Association** judged nominations on March 28. Individual and hospital names were removed in advance and selections were based entirely on the facts presented within the form letter. Nominees were separated into four categories of hospitals including 1-99 beds, 100-250 beds, 251-499 beds and 500-plus beds.

Top sponsors of the event were **Hall Render**, **CampbellWilson, LLP**, **GroupOne Background Screening**, **Accenture**, **Baylor Scott & White Health**, **Cook Children's** and **Texas Health Resources**. ■

Award Recipients



Employee of the Year:
James Sullivan,
Nurse Supervisor,
Baylor Scott & White Carrollton



Employee of the Year:
Chad Mitchell,
Facility Tech 3
Methodist Mansfield



Employee of the Year:
Brendy Kirkland,
Registered Nurse,
Texas Health Harris Methodist FW



Special Recognition:
LaDonna McKee,
Registered Nurse II,
Texas Health Harris Meth. SW FW



Special Recognition:
Anthony Karanja,
Registered Nurse,
Texas Health Presbyterian Dallas



System Award:
Molly Grinstead,
Program Mgr. Patient Safety,
Children's Health



Physician Award:
Erik Axene,
Medical City McKinney



Physician Award:
Abeezar Shipchandler,
Baylor Scott & White Medical
Center Plano



Preceptor Award:
Rowena Samonte,
Clinical Nurse Leader,
VA North Texas



Volunteer Award:
Stella Bressler,
UT Southwestern Clements
University Hospital



Volunteer Award:
Janice Holmes,
Children's Health

Employee Nominees



Rick Green
Registered Nurse
Baylor Jack & Jane Hamilton
Heart and Vascular Hospital



Mary Johnson
Registered Nurse
Baylor Scott & White All Saints
Medical Center - Fort Worth



Angela Maxwell
Labor and Delivery Nurse
Baylor Scott & White
Medical Center - Grapevine



Megan Autrey
Registered Nurse
Baylor Scott & White
Medical Center - Irving



Jackie Villa
Director of Informatics
Baylor Scott & White
Medical Center - Lake Pointe



Mary Beckham
Registered Nurse
Baylor Scott & White
Medical Center - McKinney



Aurea Macalalad
Nursing Assistant
Baylor Scott & White
Medical Center - Sunnyvale



Brittani Rahn De Vu
Registered Nurse
Baylor Scott & White
Medical Center - Waxahachie



Patricia Rogers
Admin. Asst. Critical Care
Baylor University
Medical Center



Lamar Parrott
Registered Nurse
The Heart Hospital -
Baylor Plano



Stacy Smith
Clinical Nurse Ethicist
Children's Health
System



Gordon Jay Burton
Sr. Surgical Biomedical Tech
Cook Children's
Health Care System



Vicki Burch
Clinical Specialist
JPS Health
Network



Sara King
Nurse Supervisor
Kindred Hospital
Arlington



Craig McCabe
Licensed Vocational Nurse
Kindred Hospital
Dallas



Phillip Bull
Transplant Coordinator
Kindred Hospital
Dallas Central



Ciaran Wright
Patient Advocate
Kindred Hospital
Fort Worth



Jimmy Tra
Radiology Supervisor
Kindred Hospital
Mansfield



Keri Spillman
Registered Nurse, Neonatal
Medical City
Alliance



Kimber Wingard
Registered Nurse, Neonatal
Medical City
Arlington

Employee Nominees



Orpheulia Davis
Apheresis Supervisor
Medical City
Dallas



Mistie Brown
Registered Nurse, Emergency
Medical City
Denton



Kimberly Haymon
Registered EEG Technician
Medical City
Fort Worth



Shaheena Tharwani
Registered Nurse, Neonatal
Medical City
Las Colinas



Brenda Cannedy
Emergency Services
Medical City
McKinney



William Harn
Registered Nurse Cardiac Unit
Medical City
North Hills



Angela Rodriguez
Clinical Dietician
Medical City
Plano



Chris Frazier
Reimbursement Coding
Methodist Charlton
Medical Center



Jennifer McDougal
Registered Nurse, Neonatal
Methodist Dallas
Medical Center



Mani Leibetseder-Jarchow
Education Specialist
Methodist Richardson
Medical Center



Debbie Lewis-Washington
Service Call Representative
Parkland Health
& Hospital System



Joni Belz
Registered Nurse Trauma
Texas Health Arlington
Memorial Hospital



Joel Maas
Clinical Pharmacist
Texas Health Harris Methodist
Hospital Alliance



Amie Penrod
Patient Care Facilitator
Texas Health Harris Methodist
Hospital Azle



JoBeth Lind
Lead Ultra-Sonographer
Texas Health Harris Methodist
Hospital Cleburne



Patsy Celestine
Patient Care Technician
Texas Health Harris Methodist
Hospital HEB



Monica Taylor
Registered Nurse
Texas Health Harris Methodist
Hospital Stephenville



Jessica Milne
Blood Bank Lead Technologist
Texas Health Presbyterian
Hospital Denton



Charlotte Heafer
Registered Nurse Supervisor
Texas Health Presbyterian
Hospital Kaufman



Catherine Bywaters
Physician Relations Specialist
Texas Health Presbyterian
Hospital Plano

Employee Nominees



Linda Chan
Registered Nurse II
UT Southwestern Clements
University Hospital



Edwin McLarry
Floor Tech
UT Southwestern Zale Lipshy
University Hospital



Dr. Daud Ashai
Baylor Scott & White All Saints
Medical Center - Fort Worth



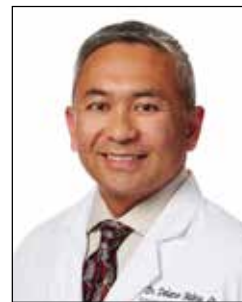
Dr. Trenton Stephenson
Baylor Scott & White
Medical Center - Carrollton



Dr. Alexander Hatcher
Baylor Scott & White
Medical Center - Grapevine



Dr. Robert Israel
Baylor Scott & White
Medical Center - Irving



Dr. Delano Fabro
Baylor Scott & White
Medical Center - Lake Pointe



Dr. Zachary Drain
Baylor Scott & White
Medical Center - Waxahachie



Dr. Robert Gunby
Baylor University
Medical Center



Dr. Ted Laetsch
Children's Health
System



Dr. Jason Terk
Cook Children's
Health Care System



Dr. Camelia Mitchell
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Medical City
Alliance



Dr. Kevin Gordon
Medical City
Arlington



Dr. Matthew Bush
Medical City
Dallas



Dr. Harry Stinger
Medical City
Denton



Dr. Anna Tran
Medical City
Plano



Dr. Jeffrey Butterfield
Methodist Charlton
Medical Center

Physician Nominees



Dr. Les Cler
Methodist Dallas
Medical Center



Dr. Shantala Samart
Methodist Mansfield
Medical Center



Dr. Ellen O'Connell
Parkland Health
& Hospital System



Dr. Christopher Norris
Texas Health Arlington
Memorial Hospital



Dr. Tu Le
Texas Health Harris Methodist
Hospital Alliance



Dr. Keegan Miller
Texas Health Harris Methodist
Hospital Azle



Dr. Oladapo Afolabi
Texas Health Harris Methodist
Hospital Fort Worth



Dr. Stephen Hurlbut
Texas Health Presbyterian
Hospital HEB



Dr. Jill Chilcoat
Texas Health Presbyterian
Hospital SW Fort Worth



Dr. Shaun McMurtry
Texas Health Presbyterian
Hospital Allen



Dr. Natalia Palacio
Texas Health Presbyterian
Hospital Dallas



Dr. Nancy Donachie
Texas Health Presbyterian
Hospital Plano



Dr. Francesca Lee
UT Southwestern
University Hospitals



Georgia Papaliodis
Baylor Scott & White All Saints
Medical Center - Fort Worth



Patricia Hefko
Baylor Scott & White
Medical Center - Carrollton



Bud Hand
Baylor Scott & White
Medical Center - Grapevine



Don Mikelson
Baylor Scott & White
Medical Center - Irving



Donna Wall
Baylor Scott & White
Medical Center - McKinney

Volunteer Nominees



Patti Williams
Baylor Scott & White
Medical Center - Plano



Pat Redding
Baylor Scott & White
Medical Center - Waxahachie



Melvin Jones
Baylor University
Medical Center



Glenna Neswahdahmie
Cook Children's
Health Care System



Linda Carlisle
JPS Health
Network



Pinkie Lee Hoover
Medical City
Alliance



Bobby Calhoun
Medical City
Arlington



Ginger Camp
Medical City
Dallas



Bob LaCroix
Medical City
Lewisville



Kathie LaCroix
Medical City
Lewisville



Suzanne Tucker
Medical City
McKinney



David Reinig
Medical City
Plano



Ivory Hendrix
Methodist Charlton
Medical Center



Mike Koenig
Methodist Mansfield
Medical Center



Marilyn White
Parkland Health &
Hospital System



Norma Dixon
Texas Health Arlington
Memorial Hospital



Patricia Mitchell
Texas Health Harris Methodist
Hospital Alliance



Anne Carlson
Texas Health Harris Methodist
Hospital Azle



Carolyn Ashcraft
Texas Health Harris Methodist
Hospital Cleburne



Elaine Welgehausen
Texas Health Harris Methodist
Hospital Fort Worth

Volunteer Nominees



Glenda Nixon
Texas Health Harris Methodist
Hospital HEB



Nancy Lynch
Texas Health Presbyterian
Hospital Allen



Mike Stovall
Texas Health Presbyterian
Hospital Dallas



Tim Davis
Texas Health Presbyterian
Hospital Denton



Claire Copeland
Texas Health Presbyterian
Hospital Plano



Christy Beltran
Registered Nurse
Baylor Scott & White
Medical Center - McKinney



Kathryn Eland
Sterile Processing Tech 2
Baylor Scott & White
Medical Center - Plano



Shannon McNeil
Respiratory Therapist
Baylor University
Medical Center



Krista Kuntze
Registered Nurse
Children's Health
System



Chad Martin
Registered Nurse
JPS Health
Network



Stephanie Myers
Registered Nurse
Medical City
Alliance



Trang Nguyen
Registered Nurse, NICU
Medical City
Arlington



Peter Hoang
Registered Nurse Educator
Medical City
Denton



Traci Richards
Registered Nurse, Clinical Ed.
Medical City
Lewisville



Jeff McManus
Registered Nurse
Medical City
Plano



Kiah Bennett
Registered Nurse
Methodist Charlton
Medical Center



Lacye Lemke
Nurse
Methodist Mansfield
Medical Center



Shasha Niederhaus
Registered Nurse
Parkland Health
& Hospital System

Preceptor Nominees



Tanya Stahlecker
Registered Nurse III
Texas Health Harris Methodist
Hospital Alliance



Cary Orrick
Clinical Nurse Educator
UT Southwestern Clements
University Hospital



Kristin P. Wallis
Clinical Research Nurse
Baylor Scott & White Health



Carol Roberts
Research Nurse Coordinator II
Cook Children's
Health Care System



Sentayehu Kassa
Senior Lead Physician
Parkland Health
& Hospital System



Somate Hayes
HR Talent Acquisition
Texas Health Resources



Liffy Cherian
Clinical Educator
UT Southwestern
University Hospitals

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Around DFWHC Foundation

Behavioral Health Report covers 16 North Texas counties



SEVEN NORTH TEXAS COUNTIES HAVE NO PSYCHIATRIC CARE BEDS and the number of behavioral care providers in the region are below national and state levels, according to a Behavioral Health Community Needs Assessment Report released February 22.

The 130-page report by the **North Texas Community Health Collaborative** was the opening bell of a strategic goal of improving mental health services in the region over the next three years. The study outlines challenges for North Texas in tackling issues troubling the state such as patient access to mental health and substance misuse services; increasing the number of beds available; and expanding the region's mental health workforce.

Dallas-Fort Worth Hospital Council (DFWHC) Foundation Director of Research **Dr. Sushma Sharma** said the report renders North Texas transparent when deciding what resources are necessary and where they are needed.

"This is one of the first times North Texas has had such a detailed study on this issue," Dr. Sharma said. "We now have a better understanding as to the approaches necessary to improve behavioral health treatment and care. This serves as a map allowing us to set strategic goals and move forward with improving mental healthcare and substance abuse treatment in North Texas."

The study covered 2016 data from 16 counties including Collin, Dallas, Denton, Ellis, Erath, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Parker, Rockwall, Somervell, Tarrant and Wise.

The report utilized the DFWHC Foundation's patient data warehouse including comprehensive hospital visit information from 86 hospitals in the area. Additional information was culled from the Department of State Health Services, the Merritt Hawkins Physician Workforce Report and the U.S. Census Bureau.

The study includes annual totals detailing hospital patient visits from each county diagnosed with mental health and drug issues. The gender, age, race-ethnicity and insurance status of each patient and the zip codes where they live are also detailed. In addition, the number of psychiatric beds for each county is listed.

Notable details include Ellis, Erath, Hood, Johnson, Rockwall and Somervell counties have no psychiatric care beds available; 10 counties have no psychiatric hospitals; and Dallas and Tarrant counties maintain more than 60 percent of the total psychiatric care beds in the region.

The North Texas Community Health Collaborative has begun efforts for prevention and early detection, with a commitment to train 10,000 lay persons over the next three years in Mental Health First Aid.

Coordinated by the DFWHC Foundation, the North Texas Community Health Collaborative represents 10 area hospital systems, behavioral health authorities and community-based organizations with a goal of improving behavioral health services.

For a copy of the report, please contact Dr. Sharma at ssharma@dfwhcfoundation.org. ■

Foundation on the road to host data informatics classes

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION WAS “ON THE ROAD” the week of March 26 to host a pair of Data Informatics classes sponsored by **Hospital Improvement Innovation Network (HIIN)** at **Baylor Scott & White Medical Center – College Station**.

More than 20 attendees today participated in the educational events hosted by **Dr. Kim Smith** of the **UT Health Science Center at Houston**. The event detailed the importance of healthcare data in today’s market and included hands-on practice in analyzing “Big Data” through Excel.

HIIN is a nationwide effort to reduce preventable hospital-acquired conditions and hospital readmissions. The Centers for Medicare & Medicaid Services awarded the Health Research & Educational Trust (HRET) a two-year HIIN contract to continue efforts to reduce inpatient



Dr. Kim Smith of UT Health Science Center Houston.

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 DFWHC Foundation is one of the association participants.

Additional Data Informatics classes will be scheduled in Dallas this summer. For information, please contact **Patti Taylor** at ptaylor@dfwhcfoundation.org. ■

Second Preceptor Academy held at UT Southwestern

THE DFW HOSPITAL COUNCIL FOUNDATION WORKFORCE CENTER hosted its second North Texas Nurse Preceptor Academy of the year April 13 at the **UT Southwestern William P. Clements, Jr. University Hospital**. The day-long event attracted 75 attendees.

The Preceptor Academy is for healthcare professionals interested in learning about precepting, with sessions designed to help the beginner and the experienced preceptor. Speakers included nursing and allied health representatives from North Texas hospitals and schools.

Additional preceptor academies are expected to be held throughout the year at a hospital near you.

For information, contact **Sally Williams** at **972-719-4900** or workforce@dfwhcfoundation.org. ■





Danny Davila

Executive Director
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Maintaining a safe workforce

MOST EMPLOYERS TAKE A GREAT DEAL OF TIME on the accurate and thorough validation of a candidate at the time of their initial interview. Whether a candidate goes through extensive interviews or the expansive background screening, your new “hire” should be evaluated as completely as possible.

Your clients, patients, employees and administrators should have the utmost confidence your new employees will fit into the workplace and have the capability to deliver quality service.

After the employee has been working for your organization for several months, what changes in their background could possibly occur? The always-changing movement of litigation impacts employees at every level. It’s not unusual for criminal convictions to be released and posted six months after they took place meaning, you could have hired someone with a criminal record.

The practice of conducting “rechecks” on recently hired employees has increased over the last 10 years. At least 15 percent of the employers who participated in the July 2017 **National Association of Professional Background Screening** survey indicated that reports are conducted at times other than the initial hiring process because of company requirements.

Post-employment background screening takes place for various purposes. The most common types of reports conducted after hiring is an annual (or even quarterly or monthly) criminal check. Health care employers also request annual sanction rechecks to be run on their employees. Transportation companies will usually request post-hire motor vehicle checks.

The tools used to implement post-employment reporting have evolved and the expenditures are reasonable when adhering to safe workplace standards. As a human resource and talent management official, it is a practice consider. ■



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HR Surveys now available for purchase

YOU DON'T WANT TO MISS OUT on the 2018 GroupOne HR Surveys! Published May 1, they are now available for purchase. The surveys provide valuable benchmark data for Texas and especially the North Texas region. The three surveys available include:

Pay Practices Survey

(Texas with a breakout of North Texas)

Report includes Certification Pay, Differential and Shift Pay, Holiday Pay, Call Pay, Charge & Preceptor Pay, Critical Shortage & Seasonal coverage, Pay Budgets, Incentive Programs, Retention Programs, Clinical Ladders, Bilingual Pay, and more.

Benefit Practices Survey

(Texas)

Report includes Time Off plans, Retirement Plans, Health Insurance, Dental, Vision, Prescription Drugs, Disability & Life Coverage, Tuition Reimbursement, and Supplemental Benefits, and Benefit policies.

Vacancy & Turnover Survey

Report includes current vacancy statistics for Nursing (by department) and other critical Allied Health positions. Also included are turnover statistics for Full and Part-time employees, Full and Part-time Nurses, PRN employees and PRN Nurses.

Results are available for purchase by hospitals, healthcare organizations, institutions of higher education and DFWHC Associate Members. To purchase, please contact **Stephen Dorso** at stephend@dfwhc.org or **469-648-5014**. ■



Signs you've made a "Bad Hire"



MAKING IT THROUGH THE HIRING PROCESS CAN BE EXHAUSTING. GroupOne Background Screening has been there, done that. You found the right person with a great résumé who has the skills needed. Yet once they start work, you notice things are off.

The harsh reality is sometimes the person you saw in the job interviews isn't the same person who works for you.

Sure, it's important to recognize the learning curve and everyone deserves an adequate amount of time to reach their potential. But at the same time, failure to recognize what is obviously a "bad hire" can have far-reaching consequences for your company, affecting everything from productivity to morale. But how can you tell if you've made a bad hire?

First of all, make sure your new employee is getting the necessary training. If that's the case and the same mistakes are occurring regularly, it's a sign of laziness or incompetence. Either way, it doesn't bode well for the employee's future.

Work schedules were laid out in advance and

contracts signed. Yet suddenly during the first couple of weeks, your new employee is asking for special privileges. That's a red flag.

If everyone works Monday through Friday from 8 to 5, and that was clearly conveyed to the new hire, then it's a problem if they are asking for a four-day workweek or leaving early every Wednesday. If there was a problem with the schedule, it should have been addressed during the interview. Besides, catering to a new employee while forcing existing workers to stick to the norm will create big problems.

If all you've heard from a new hire in the first couple of weeks is how the company is lacking and the coffee isn't up to par, it's possible you've made the bad hire. Constructive criticism is fine, but those are much different than complaints. If your new hire is just bringing up negatives without solutions or positivity, they are probably not going to have a good impact.

Creating a productive atmosphere is an important part of the hiring process. Unfortunately, one bad hire can pollute the entire organization. If everything was working

Drug screenings through your fingertips

A WAVE OF NEW FINGERPRINT-ANALYSIS

TECHNIQUES is proving to be concerning as new ways have been developed to extract intimate information. These new techniques can determine, from a single fingerprint, whether you have ingested drugs.

The new methods analyzes biochemical traces in sweat found on the ridges of a fingerprint. Those chemicals can reveal whether you have ingested cocaine, opiates, marijuana or other drugs. A new technique developed in England can detect cocaine and opiate use from a fingerprint in as little as 30 seconds.

Researchers say they hope to expand the range of controlled substances detected, which could include methamphetamines, amphetamines and marijuana. The test can be modified to detect therapeutic drugs prescribed by physicians too.

The new technology has interested law-

enforcement officials, and it may have useful applications for professionals working in drug treatment, elder-care centers and other inpatient and outpatient facilities.

For all its potential, the new technology has many observers feeling a bit uncomfortable about how, where and to whom they are applied. More accurately, the ability to glean information about a person from a mere fingerprint—Do they smoke cigarettes? Use marijuana? Enjoy fatty foods? Drink alcohol?—raises a number of complex questions of privacy and consent.

Though the technology is evidently “coming soon” to the U.S., there are concerns this type of testing could lead to punitive measures, dismissals or not hiring applicants, and outright denials of health care or life insurance. And then, of course, who has a right to access such information? More to follow as this technology soon arrives. ■

fine before and suddenly, your existing employees are unhappy because no one is getting along with the new hire, there's an issue.

There are two sides to every story, so make sure you talk to both groups. But if you've hired someone and suddenly your workplace is unhappy and unproductive, it might be because you've made the bad hire.

You go through the painstaking hiring process and finally decide on someone. But when you bring them in, instead of acclimating to your business, all you hear is “Well this is how we did it at my old company.”

Remember, there's a difference between having trouble acclimating and being unwilling to adapt.

While good ideas from other jobs can always be implemented, employees shouldn't be of the mindset there's only one way to do things. This isn't the new hire's old company – it's your company. And you need to make sure you've hired someone who can adapt or else you'll need to restart the hiring process.

In sports, great team chemistry can lead to

championships. It's no different in the workplace. If your workers like each other and enjoy coming to work every day, it's vital you hire with that in mind. If the balance has been upset and the only change is the new hire, you need to think about excising the new employee from the situation. Happy employees are productive employees.

There's nothing worse than thinking you've hired a go-getter only to find out that's not the case.

The first few weeks of a new employee's tenure should be a time when they're trying to impress. A stellar employee will come in and try to make a positive mark immediately, going above and beyond. So, if a new hire arrives and turns down work, says no to projects or develops the incredibly irritating habit of saying “that's not my job,” consider the “bad hire alarm” raised.

Great employees try to impress, while bad hires either don't take initiative or shirk responsibilities.

If you've made a mistake and need to go back to the rehiring drawing board, it's not the end of the world. It's just the dreaded bad hire. ■

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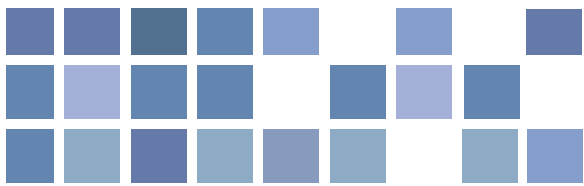
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