



INTERLOCUTOR

SUMMER 2018

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NEWS FROM THE DFW HOSPITAL COUNCIL

CHARTING THE COURSE

DALLAS-FORT WORTH
HOSPITAL COUNCIL'S

70TH ANNUAL AWARDS LUNCHEON

October 17, 2018

Arlington Convention Center



Distinguished Health
Service Award

CHARLIE POWELL



Young Healthcare
Executive of the Year

JYRIC SIMS



Kerney Laday, Sr.
Trustee of the Year

JIM L. TURNER



with Keynote Speaker

ALAN SIMPSON

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the great healthcare
leaders of North Texas.*

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Steve Love

President/CEO
Dallas-Fort Worth
Hospital Council

The uninsured conundrum

HENRY FORD ONCE SAID, “Coming together is a beginning, staying together is progress and working together is success.” Regarding the reduction of our uninsured and underinsured population, it’s time for Texas to strive for a similar success.

The latest survey for Gallup-Sharecare Well-Being Index showed the uninsured rate in 2017 rose by significant margins in 17 states, with Texas having the highest rate for the tenth straight year at 22.1 percent. So, the increase signals a frustrating reversal in the trend previously fostered by health insurance markets.

Admittedly, the uninsured rate is still below the high-water mark of 27 percent in 2013, but the numbers are clearly moving in the wrong direction. When you walk down a street in Texas, every fifth person you meet is uninsured. This does not take into account the underinsured who struggle with coverage and access to care.

Why has the uninsured rate started to climb? The open enrollment period for 2018 suffered from reduced public marketing, an enrollment period decreased by 50 percent and navigator budgets slashed by 86 percent. Many insurers have withdrawn from the marketplace, resulting in fewer choices. The elimination of the individual mandate penalty as part of the tax reform plan in December 2017 will surely reduce many participants which could trigger premium increases.

Many argue the majority of people on the exchanges receive subsidies protecting them from premium increases, but middle-class people who do not qualify will feel the brunt. Additionally, the recent federal actions weakening coverage requirements could prohibit individuals from purchasing short-term and association plans. It does not require a crystal ball to predict that the uninsured and underinsured rates will continue to rise creating higher premiums for everyone in Texas.

In January, the 86th Texas Legislature will convene in Austin. Hopefully, they will address expanding health coverage in Texas, prohibit short-term coverage from discriminating based on health status and limit the maximum time an individual may be enrolled to less than 364 days. All stakeholders need to come together, stay together and work together for a successful solution to our healthcare insurance issues in Texas. Texans deserve medical coverage and access rather than having to choose between feeding their family or paying for medical treatment. ■

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INTERLOCUTOR

EDITORIAL

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HOSPITAL COUNCIL

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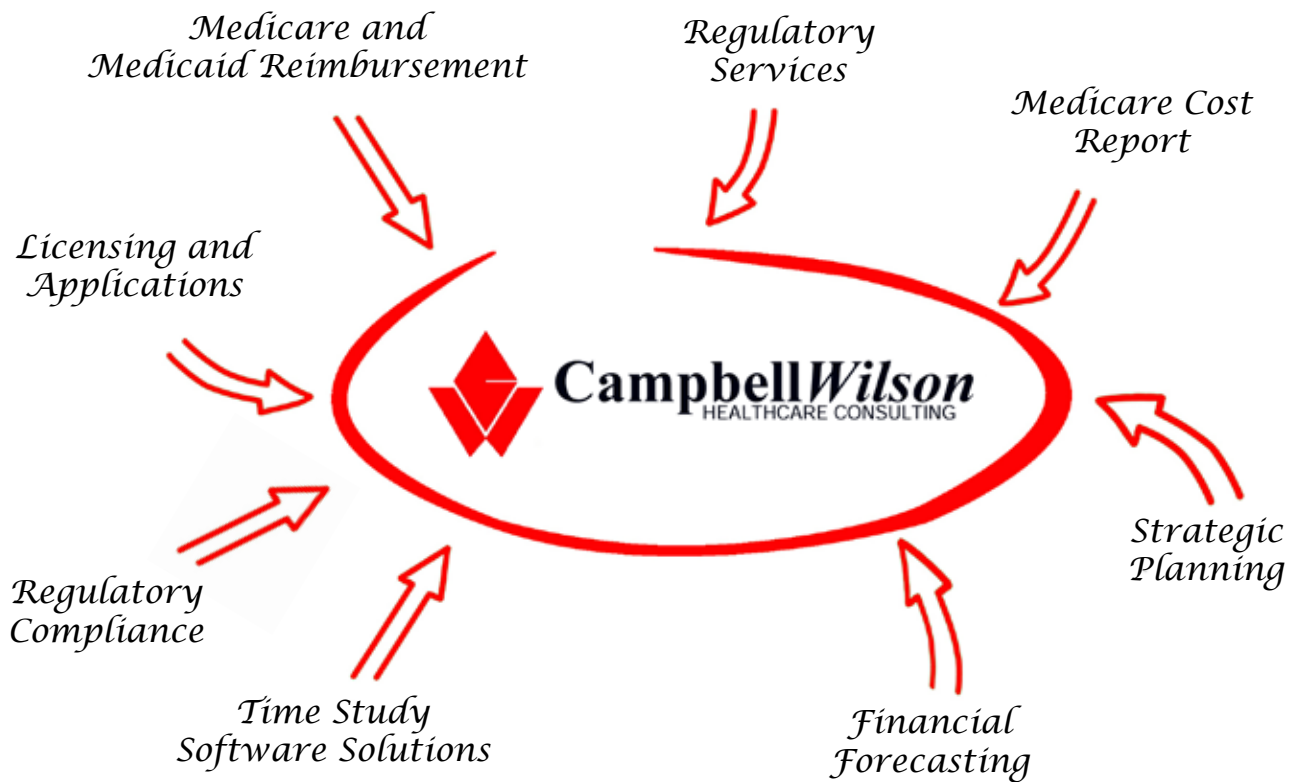
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INTERLOCUTOR

1: one who takes part in dialogue

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



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with Keynote Speaker

ALAN SIMPSON

SAY HAPPY BIRTHDAY to the DFW Hospital Council's (DFWHC) Annual Awards Luncheon as it will celebrate its 70th year on Wednesday, **October 17** in the main ballroom at the **Arlington Convention Center**. A reception will begin at 11:00 a.m. followed by the luncheon and awards from 12:00 noon to 1:30 p.m.

This year's luncheon is themed "Charting the Course," with **Charlie Powell**, the president/CEO of **Ciera Bank** and chairman of the board of **JPS Health Network**, to be the 2018 recipient of the Distinguished Health Service Award.

But he's not the only one charting the course towards healthcare quality, as DFWHC will also honor **Jyric Sims**, chief executive officer at **Medical City Fort Worth** as the Young Healthcare Executive of the Year; and **Jim L. Turner**, the former chair of the board of trustees at **Baylor Scott & White Health**, as the Kerney Laday, Sr. Trustee of the Year.

Alan Simpson, the spirited American politician who served as U.S. Senator of Wyoming from 1979-1997, will be the keynote speaker. DFWHC will also honor the chairs of the board of trustees of all member hospitals to open the program.

Since 1948, DFWHC's Annual Awards Luncheon has been an opportunity for area hospitals to honor friends of healthcare inspired by the belief that better health makes a better community.

Powell's leadership career spans over three decades with a reputation for mentoring countless young professionals. His community dedication includes tenures on the Fort Worth Economic Development Council, Fort Worth Chamber of Commerce, the Boy Scouts of America Longhorn Council, the Alliance for Higher Education and the Fort Worth ISD Young Men's Leadership Academy. In 2013, Powell

and his son James served as co-chairs of the Tarrant County United Way Campaign, the first father-son team in the 91-year history of the community organization.

Since June 2017, **Sims** has served as chief executive officer of the Medical City Healthcare hospital Medical City Fort Worth, a 320-bed medical center that includes more than 1,200 employees. During his career, he has received numerous accolades including the 2017 National Healthcare Executive of the Year by the National Association of Healthcare Executives and the 2016 *Modern Healthcare* Up and Comer.

Turner was chair of the board of trustees of Baylor Scott & White Health from 2015-2018 and continues to serve today. As the former chair of Baylor Health Care System, he was instrumental in the system's significant 2013 merger with Scott and White of Temple, Texas. He is the principal stockholder and chair of JLT Beverages, LP, and was recognized with the two of the industry's most coveted awards: "Man of the Year" from *Beverage Industry* and the *Beverage World's* "Hall of Fame" Award.

"Charlie Powell, Jyric Sims and Jim L. Turner have displayed unparalleled leadership in North Texas," said **W. Stephen Love**, president/CEO of DFWHC. "Their service to numerous community organizations plus their work with the hospitals they serve is extraordinary. We are looking forward to honoring them at our Annual Awards Luncheon."

Tickets/Tables are now on sale. Executive and Hospital sponsorships are also available. You can find them at <https://dfwhc.org/event/dfwhcs-70th-annual-awards-luncheon>.

For questions, please contact Chris Wilson at chrisw@dfwhc.org or call 972-719-4900. ■

Dallas-Fort Worth Hospital Council ANNUAL AWARDS LUNCHEON FACTS

WHEN:

October 17, 2018

WHERE:

Arlington Convention Center



TIME:

11:00 a.m. Reception

12:00 - 1:30 p.m.

Luncheon and Awards

MASTER OF CEREMONIES:

Scott Peek, Chair DFWHC,
COO, Baylor University
Medical Center

INVOCATION:

Michael Darrouzet, CEO,
Dallas County Medical Society

BENEDICTION:

Brian Swift, CEO, Tarrant
County Medical Society



We're Listening

DFWHC to sponsor Sept. 9 broadcast detailing depression awareness and suicide prevention

MARK YOUR CALENDARS AND SET YOUR RADIO DIALS for the September 9 two-hour broadcast **"I'm Listening,"** a program to inspire community awareness on depression while highlighting the start of **National Suicide Prevention Week.** The event is sponsored locally by the Dallas-Fort Worth Hospital Council (DFWHC) in a continuation of its 2018 mental health and substance misuse efforts in the community.

"The goal of the radio program is to create community awareness and to end the stigma surrounding mental health and suicide," said **W. Stephen Love**, president/CEO of DFWHC. "While the program will originate from Seattle and feature national celebrities, it will also include local medical professionals who will share stories and resources."

The live broadcast will air commercial-free from 7:00 a.m. – 9:00 a.m. on radio stations 98.7 KLUV, Jack FM, Alt 103.7 and 1080

KRLD; and from 8:00 a.m. – 10:00 a.m. on 107.5 La Grande.

Local hospital participants to help promote the radio broadcast are:

- **Ashley Rodriguez**, community health worker manager at Baylor Scott & White Health;
- **Sue Schell**, vice president and clinical director of behavioral health at Children's Health;
- **Sherry Cusumano**, vice president of community education at Medical City Green Oaks;
- **Kimberly Branum**, director of behavioral health and addiction recovery at Methodist Health System;
- **Catherine Carlton**, communications director at My Health My Resources of Tarrant County.
- **Teresita Oaks**, strategic planner at Parkland Health & Hospital System;
- **Catherine Oliveros**, vice president community health improvement at Texas Health Resources.

"As the 'Community Health

Needs Assessment Report' conducted by our Foundation in February revealed, the lack of behavioral healthcare in North Texas is troubling," Love said. "The time to start initiating change for our population is well overdue, and this radio program will play a vital role to inspire awareness and change."

The DFWHC Foundation report revealed seven North Texas counties have no psychiatric care beds and the number of behavioral care providers throughout North Texas are below national and state levels.

"This radio program is a first step in ongoing efforts to empower our community through research and education to take action against suicide numbers," said Love. "DFWHC and these crucial local experts are dedicated to saving lives and bringing hope to so many affected. We hope programs such as 'I'm Listening' can create a culture of support and empathy." ■

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- Create Efficiencies to Collections
- Maximize Net Revenues

Speakers:

Peter A. Ripper, President and Founder of PARA HealthCare Analytics, Inc.

Randi A Brantner, MBA-HA, Director of Financial Analytics at PARA HealthCare Analytics, Inc.

Registration:

<https://attendee.gotowebinar.com/register/4231753466800756482>

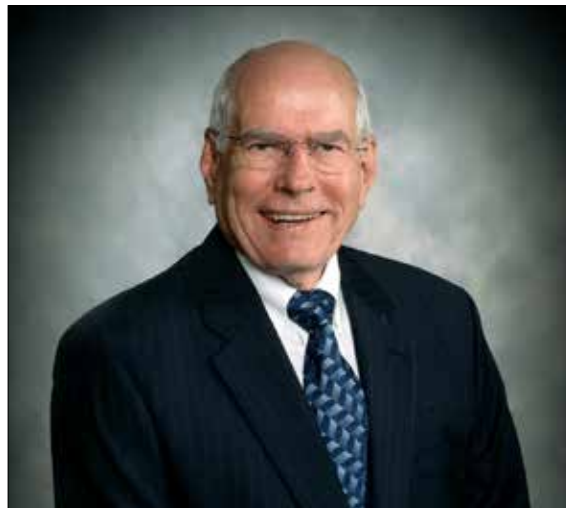
Information:

Chris Wilson at chrisw@dfwhc.org

Around DFWHC

In Memoriam - Ron Wensel, 1937-2018

IT IS WITH GREAT SADNESS THE DFW HOSPITAL COUNCIL learned of the passing of **Ronald Herman Wensel**, 81, on Aug. 1, 2018 in Greenville, Texas. Ron was born on Feb. 2, 1937, in Galveston. He married Julia Ann Henington on Aug. 29, 1959. Ron was chairman of the **Hunt Regional Healthcare Board** for over 10 years and was a dedicated attendee at DFWHC's Annual Awards Luncheons where he was seated at the head table. Ron was also the immediate past chair of the Texas Healthcare Trustees, a member of the Texas Hospital Association and was active with the American Cancer Society. Ron is survived by his wife, sons: Marc Wensel and wife Linda; Tom Wensel and wife Nancy; and Kirk Wensel and wife Lisa; daughter, Sandra Murphey and husband Jeff, 14 grandchildren and 17 great-grandchildren. We will miss his presence at our annual events and uncommon dedication to regional healthcare. ■



Hospitals Against Violence

IN HONOR OF THE SECOND ANNUAL NATIONAL DAY OF AWARENESS for "Hospitals Against Violence" on June 8, the DFW Hospital Council (DFWHC) Board of Directors stood for a photograph to display unity with hospitals across the U.S.

The campaign was the brainchild of the American Hospital Association (AHA) with a goal to focus national attention on ending all forms of violence through digital media to include tweets, photos and other online efforts.

"Hospitals Against Violence" is a day of awareness uniting hospitals, health systems, nurses, doctors and other professionals from across the country to combat violence through the use of digital media. The movement provides an important visual demonstration that the



Rick Antonisse (l to r), David Berry, Dr. Esmaeil Porsa, Kristin Jenkins, Delinda Bailey, Richard Carter, Jeffrey Cellucci, Jorie Klein, W. Stephen Love, Nancy Cychol, Scott Peek, Blake Kretz, John Phillips, Xavier Villarreal and Fraser Hay.

health care community stands together and with others to combat violence in our workplaces and communities.

"Today we welcome health providers, community organizations, clergy, law enforcement, clinics and other volunteer organizations to participate," said **W. Stephen Love**, president/CEO of DFWHC.

For information on how you can help, please go to <https://www.aha.org/hospitals-against-violence>. ■

DFWHC/Mercer details “Workforce Redefined”



Matt Stevenson (l to r), Chris Schrader, W. Stephen Love and Bobby Dyke.

MORE THAN 60 ATTENDEES ATTENDED the DFW Hospital Council (DFWHC) and Mercer/Oliver Wyman educational event “The Workforce Redefined: Challenging our thinking in the wake of Data, Tech

and AI” on August 9 at Texas Scottish Rite Hospital for Children.

Christopher Schrader, a principal of health services in New York at Oliver Wyman and **Matthew Stevenson**, a partner at Mercer in Washington, D.C., served as keynote speakers. **W. Stephen Love**, president/CEO of DFWHC, and **Bobby Dyke**, a principal with Mercer in Dallas, hosted the event and provided introductions.

Topics included “Macro Workforce Trends,” “Healthcare Supply Challenges,” “Shifting Healthcare Demand,” “Technology as a Catalyst” and “The Road Ahead: A No Regret Posture.”

As noted by Schrader and Stevenson, hospitals and healthcare systems will need access to a different type of workforce than is in place today. They noted that 45 percent of jobs today can be automated across industries.

The event can be viewed at https://www.youtube.com/watch?v=Wtu72i_TMqc&feature=youtu.be. ■

Newton named president at Baylor University Medical Center

STEVE NEWTON WAS ANNOUNCED as the new president of the 914-bed Baylor University Medical Center in Dallas. Newton, who’s been with the system since 2004, became the new president on July 9. He will also oversee the system’s North Texas central region, which includes Baylor Scott & White Medical Center – Waxahachie and Baylor Scott & White Heart and Vascular Center. Newton is a former chair of the board of trustees at the DFW Hospital Council (DFWHC) and presently serves on the DFWHC Foundation Board. ■



Steve Newton

York promoted to president at Baylor Scott & White Grapevine

BAYLOR SCOTT & WHITE HEALTH NAMED CHRIS YORK, MBA, FACHE, as president of Baylor Scott & White Medical Center – Grapevine, beginning Aug. 20. York joined Baylor Scott & White in 2007 and most recently served as president of Baylor Scott & White Medical Center – Waxahachie. During York’s tenure as president in Waxahachie, his commitment to patient safety and patient experience positively impacted length of stay and readmission rates on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), a survey required by the Centers for Medicare and Medicaid Services (CMS). Under his leadership, the hospital achieved a 5-Star CMS Overall Hospital Quality Star Rating. ■



Chris York

Around DFWHC



Bob Walker (second from left), Mabrie Jackson (fourth from left), Lyndon Olson, Jr. (fifth from left), Henne Schuwer (center), Dr. Steve Richards (fourth from right), W. Stephen Love (third from right) and Dr. Mark Lester (second from right) during the May 16 tour at Texas Scottish Rite Hospital for Children.

Netherlands ambassador visits Texas Scottish Rite Hospital for Children to discuss U.S. healthcare

IT WAS AN INTERNATIONAL AFFAIR on May 16 at Texas Scottish Rite Hospital for Children in Dallas as Henne Schuwer, Ambassador of the Kingdom of the Netherlands, visited the hospital to learn more about North Texas and U.S. healthcare.

Schuwer is a friend of Lyndon L. Olson, Jr., chair of the board at Texas Scottish Rite and a former U.S. ambassador to Sweden. Olson was present for the event that included a tour of the hospital and a roundtable discussion on U.S. and

Texas healthcare.

The host contingent also included W. Stephen Love, president/CEO of the DFW Hospital Council; Mabrie Jackson, director of public affairs at HEB and Central Market and honorary consul to Royal Netherlands; Bob Walker, president/CEO of Texas Scottish Rite; Dr. Steve Richards, chief medical officer at Texas Scottish Rite; and Dr. Mark Lester, executive vice president and clinical leader at Texas Health Resources. ■

DFWHC works with Konica Minolta on summer events

THE DFW HOSPITAL COUNCIL HOSTED a pair of complimentary educational events in coordination with **Konica Minolta** this summer including “Cybersecurity and Compliance: Navigating the Landscape” on May 10 at Texas Scottish Rite Hospital for Children in Dallas and the webinar “exa-PACS: Taking WORKFLOW where you want it to go” on June 6 at the DFWHC offices in Irving.

An audience of 40-plus attendees turned out for the “Cyber Security” event with **Navin Balakrishnaraja, CPHIMS, CHP**, a director of healthcare IT services at All Covered, serving as keynote speaker.

More than 25 attendees participated in the “exa-PACS” webinar with **Andy Horning**, product manager at Konica Minolta, serving as speaker.

For information on the “Cybersecurity” event, please contact **Ron Otis** at rotis@kmb.konicaminolta.us. You



W. Stephen Love (l to r), Ron Otis, Shay McBurney and Jourdan Pruitt during the June 6 webinar at the DFWHC offices.

can view the “exa-PACS” webinar at <https://www.youtube.com/watch?v=VQ8yLg-hmnk&feature=youtu.be>. ■

Gerber and DFWHC host local conference on pediatric safety

THE DFW HOSPITAL COUNCIL AND GERBER co-hosted a conference of pediatric experts on May 23 during the educational event “The Economic Burden of Allergies and Positive Patient Outcomes” at Texas Scottish Rite Hospital for Children in Dallas.

Attended by 25-plus, the event was highlighted by the presentation of **Dr. Andrea Papamandjaris** making her first-ever appearance in North Texas. Dr. Papamandjaris is the head of the medical, scientific and regulatory unit for Nestlé Maternal and Infant Nutrition in Canada and the U.S.

Attendees were provided with booklets including “Primary Prevention of Allergic Disease through Nutritional Interventions: Guidelines for Healthcare Professionals” and The Journal of Pediatrics article “Economic Burden of Atopic Dermatitis in High-Risk Infants Receiving Cow’s Milk or Partially Hydrolyzed 100% Whey-Based Formula.”

Dr. Papamandjaris leads a team at Gerber with expertise in medical affairs that serves as a scientific



Chelsea Moffett (l to r), Lacy Contreras and Debbie Wood of Gerber; Dr. Sushma Sharma of the DFWHC Foundation; and Dr. Andrea Papamandjaris, Denise Willson and Mary Garland of Gerber during the May 23 event.

resource on maternal and infant nutrition.

“This was a great opportunity to work with Gerber today,” said W. Stephen Love, president/CEO of DFWHC. “Their team of experts were very impressive and we were happy to provide them a platform to educate our hospital members. This was a learning experience we would like to continue in the future.” The event was taped and can be viewed at <https://www.youtube.com/watch?v=RhvS0gvtEQY>. ■

DFW Intimate Partner Violence Coalition releases results of local hospital survey



By Jennifer Wright, MPH,
Dallas County-CFRT Coordinator,
Data Analyst Injury Prevention Center
at Parkland Health & Hospital System

ON BEHALF OF THE DFW INTIMATE PARTNER VIOLENCE (IPV) COALITION and the DFW Hospital Council, thank you for your responses to our intimate partner violence screening initiative. We are pleased to share our results and hope you will continue to participate in this effort by conducting a brief, three-month search of your hospital's domestic violence screens.

The DFW IPV Violence Coalition was formed as a subcommittee of both Tarrant and Dallas Counties' Fatality Review Teams. Together we have developed a process to determine how health care organizations are screening patients to best identify victims of domestic violence and how health communities can identify and support victims of this public health burden.

With our initial survey, we discovered that all 22 participants screen for Intimate Partner Violence/ Domestic Violence (DV), with the emergency department triage as the most common site (96%, 21) and standard procedure (91%, 20) as the most common prompt. From the follow-up survey, participants (8) reported standardized facility-based questions (87%, 7) as the most common screening tool for IPV/DV. Participants were split on how they feel their organization administers the IPV/ DV screen according to its purposes, almost always (50%, 4) or sometimes (50%, 4).

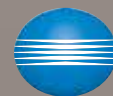
In over five years of case reviews, the Dallas and Tarrant County IPV Fatality Review Teams have found that hospitals are often the only systemic intersection a victim has before her death, but many times, domestic violence screenings are not completed at intake. An effective domestic violence screening protocol is not only a standard put forth by The Joint Commission on Accreditation of Healthcare Organizations, but it could have also alerted medical professionals to the danger these victims were in and potentially saved lives.

Due to these findings, we are requesting that each hospital system conduct a retrospective search within a three-month time period in their emergency department and one in-patient department to determine the number of people that came in, number screened for domestic violence, and how many of those were positive.

One hospital where a murdered victim was not screened decided to improve their screening process due to the death. After completing the above-described searches, they created a multi-disciplinary team to assess and improve issues with the process. Since then, the hospital has seen a significant increase in the number of patients screened for domestic violence and an increase in positive screens, which allows more victims to get the help and resources they deserve. We are confident that these positive results can be replicated across DFW.

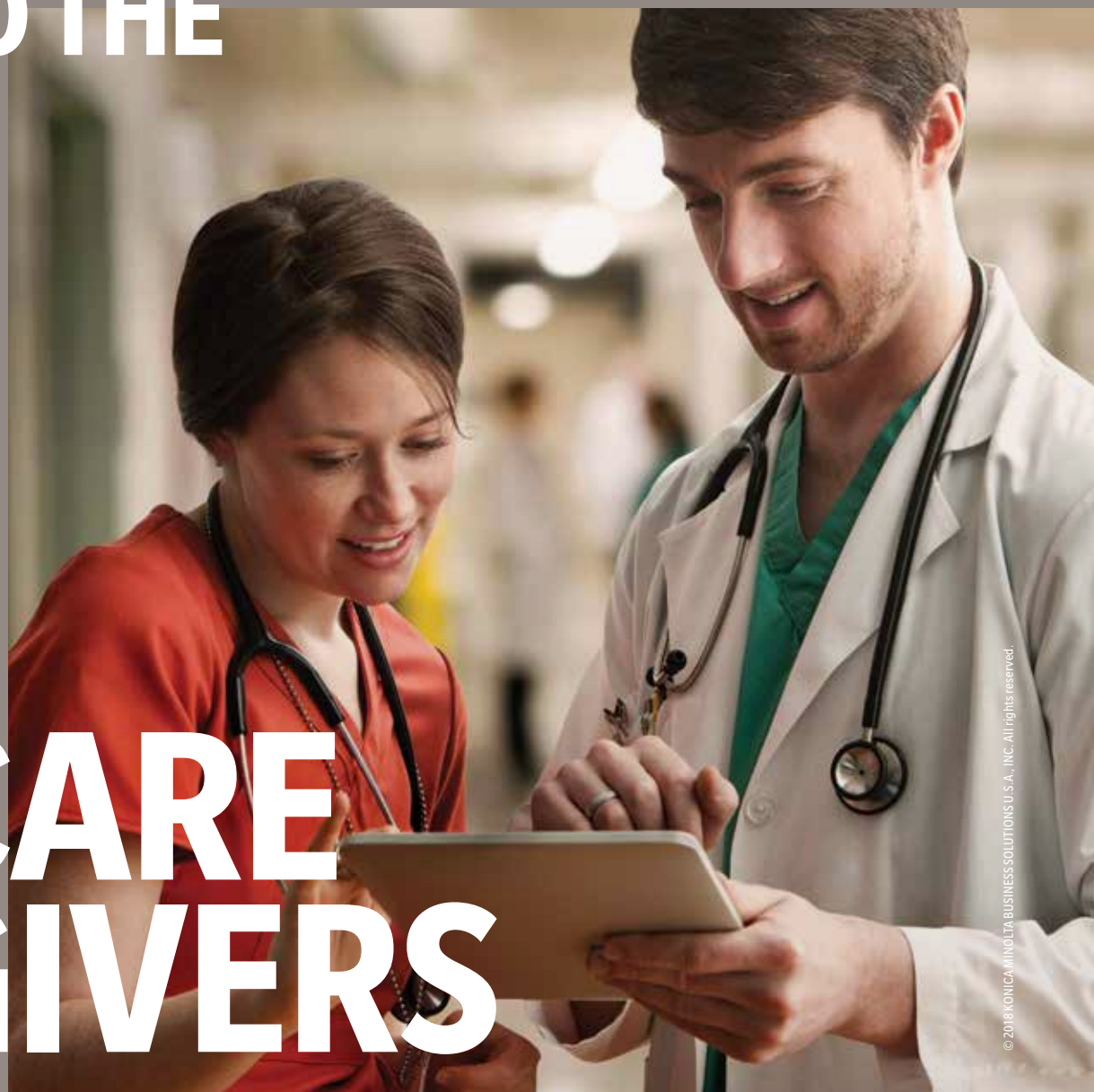
When you have completed your retrospective search, please input your data at <https://ccaw.typeform.com/to/QX6Xo9>. Data will only be available to the DFW IPV Coalition and will be de-identified before the results are shared. Once we have received your responses, we will follow-up with you to discuss next steps of this initiative. Thank you for your participation and for helping us make DFW a safer place for victims of domestic violence. ■

HERE'S TO THE



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THE POSITIVE PATIENT EXPERIENCE

(and how collecting
payment can ruin it)

By Amanda Ward

HEALTHCARE ORGANIZATIONS THESE DAYS all seem to be focused on creating the most extraordinary patient experience. It has become a competitive differentiator of sorts with new hospital construction touting the likes of high-tech concierge check-ins, upscale dining facilities with cooked-to-order food, soaring atriums with cascading waterfalls and access to nature, aromatherapy with the smell of clean linens pumped through HVAC systems, and more.

Many organizations have learned the hard way that they can do everything right from admission to discharge and deliver the most magical experience, only to break the spell in the end when asking for payment. Today, with first-party and bad debt collection agencies popping up overnight, healthcare systems are in need of proven approaches from agencies to maintain the positive patient experience.

Being polite and courteous to improve the patient experience is not a new concept; most agencies have changed their commanding-approach because of the TCPA and FDCPA requirements. In addition, having the appropriate number



of agents - trained and readily available – is an important supporting element in the extension of a positive collection experience as well as improved recovery rates. But since these considerations are now standard, they alone no longer distinguish one agency from the next. What else can a first-party or bad debt agency do to keep patients satisfied, yet still be effective?

The answer stems from my favorite quote by **Maya Angelou**. It goes, *“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”*

A big part of how a person responds to an interaction is rooted in social science. Telling patients they owe money is challenging in itself, but something that can be done well with a thoughtful approach.

Listed below are tips on how to effectively collect medical payments without offending or alienating patients.

Start with a satisfaction survey.

Administer patient satisfaction surveys by phone to give the guarantor an opportunity to share any concerns. “Asking,” in and of itself, can improve customer satisfaction. Be sure to use the survey responses to identify and correct any issues. Reach out to particularly vocal patients and tell them what you’ve done to rectify the situation. Now that any potential road blocks to collection have been removed, send the first statement.

Put the patient first and LISTEN.

This is the most important rule. Patients always have a story to tell and they need to tell it, so listen to them. Especially if the patient is angry or irate, let him blow off steam. Only after the patient has finished talking (or ranting) is he likely to be open to anything you are suggesting. Speak too soon and the patient may become even angrier because of the interruption.

Take your time.

Slow down, build a rapport, but keep it professional. Speak in a calm, even, well-paced voice. You will carry more authority, your phone messages will be clear and well understood, and you will perform more effectively.

Show compassion.

Calling patients to let them know they have an outstanding balance due is a delicate task. They may already be embarrassed by the call, so be sensitive to their feelings. They did not intentionally “rack up” medical debt.

Stay on task.

Go ahead and let patients share their personal experiences, but wait for a pause and bring them back to the task at hand. While it is fine for the patients to share their personal experience, it is not appropriate for you to share your own. Patients will not be entertained, but rather, offended by you wasting their time. Stay professionally engaged and do not get distracted.

Be compliant.

Stay within the bounds of collection laws; do not act outside of the guidelines set by your organization. Say the wrong thing and you or your organization will pay the price. If patients are miffed that they are receiving a balance due after insurance, let them know that their insurance company contract requires that they are to be notified. Treat all patient accounts the same and offer a charity care program when applicable.

Have Fun.

This will put patients (guarantors) at ease and they are likely to match your mood when you are pleasant. It really depends on attitude. Stay positive, show your fun side, and always remember to SMILE!

A positive patient experience is one of the most important drivers of the success of a healthcare organization. Creating an extraordinary collection experience is inherently difficult because few people actually enjoy asking people to pay their bills. Those who do, and do it well, they are a rare breed and are to be celebrated.

Amanda Ward is the President of Dallas-based BPO, Healthcare Solutions by SWC. ■

Associate Members



HUMIDITY
impacts
infection
spread and
susceptibility

Our health and bodies are connected to indoor moisture

OUR HEALTH AND OUR BODIES are directly connected to indoor moisture. Viable or infectious viruses are far more potent in low humidity than higher humidity. To compound this, while our immune system depends on well-hydrated tissues inside, our respiratory system depends on well hydrated mucus that lines surfaces from sinuses to lungs. When we are hydrated, we give up 43 g/m³ (grams/meter³) of warm moist air during exhalation. Only a fraction of that returns upon our next inhalation. The sweat glands within our lungs must rehydrate to make up the difference. When our bodies are dehydrated, this doesn't occur. With a loss of moisture in the lungs, neutrophil and other immune system activity is weakened. When hydration falls below 65%, your immune system becomes ineffective against most inhaled pathogens, as is the case with cystic fibrosis.¹

Viruses are 10-100X more viable in dry air

A virus exhaled into drier air has droplet sizes from 100-2000 nanometers. These are instantaneously dried and potent and can be infectious for months. This relationship has been observed and tested by releasing virus laden mucus into varying levels of relative humidity (RH). An overwhelming volume of viable virus laden nano-droplets are dispersed and found in low RH conditions.² As even the lowest grade fever is associated with viral shedding, the presence of most any fevered person in a low moisture environment is a highly contagious combination.

Dry lungs lead to inactive immune cells

While relative humidity (RH) between indoor and outdoor seem to have nothing in common, both indoor and



outdoor absolute humidity (AH) are near identical when the outdoor is below room temperature. Therefore, if outdoor AH changes in a region from moist to dry then it follows that the indoor AH of homes and buildings in the region do the same. The dehydrated mucous linings of the respiratory tracts of that regional population will become more susceptible to infection. This occurs when temperature and/or dew point is below 70°F. The lower the AH or dew point, the more likely transmission of virus will occur.

Dryness or moisture changes in weather

All large scale airborne epidemics and pandemics are viral and are spread indoor during times of low AH or low dewpoint. **welloWatch** is a free app that signals risk of disease spread and susceptibility in real-time using a three color, **red**, **yellow**, **green** scale. Severe, super-spread risk is when RH is at 28% or lower, high risk is between 29-39% RH, and RH above 40% correlates to low risk. Similarly, when the changes in dew point averaged over the prior 3 days is -15°F or greater, susceptibility is severe. A 5-15°F change in dew point equates to high risk susceptibility. Changes less than 5°F in dewpoint are low risk for susceptibility.^{2,3}

Historical Data from **welloWatch** reveals SARS

During March 2003, Hong Kong experienced their normal subtropical high level of humidity. An otherwise healthy 27-year-old checked into the esteemed Prince of Wales Hospital in Hong Kong with influenza symptoms in early March that turned out to be SARS. He and six others had been exposed from a fevered spreader at a hotel in late February they had no casual or direct contact with. The spreader had merely stayed on the same floor of the hotel after being infected from treating patients with “atypical pneumonia” in Mainland China.⁴ The incubation period for SARS in healthy adults is two to seven days.

welloWatch illustrates spreader conditions

Weather patterns contained in the Wello historical data reveal that five days before the widespread and deadly SARS outbreak, Hong Kong had an unusual drop in dew point, absolute humidity, and indoor relative humidity resulting in an increased susceptibility of the population from a more potent excretion of viable SARS virus. A

population of six million residents in an island-like region were susceptible to these super-spreading conditions. **welloWatch** shows low indoor humidity before SARS outbreak

By March 6, the indoor humidity of most apartments and offices dropped to approximately 15 g/m³. The hydration of the well population’s respiratory system was compromised due to these dry conditions. By noon on March 7, 2003, the residents of Hong Kong, patients and non-patients at Prince of Wales Hospital were subjected to extremely dry conditions now 6 g/m³ or 14% of their breath’s moisture.

Catastrophic conditions detected by **welloWatch**

By March 10 and 11, over 50 more people were afflicted including eighteen healthcare workers. By the time this new SARS outbreak was detected on March 10th, the moisture level in Hong Kong almost tripled resulting in a cessation of the super-spread conditions. These events were then detectable and avoidable by rigorous sub-acute fever screening and improved indoor isolation of the acutely ill to protect the healthcare workers.

Download the Free **welloWatch** App

WelloWatch is a free mobile app available on both iOS and Android platforms that keeps you alerted to local weather conditions conducive to viral spread and susceptibility. Limit your risk of catching and spreading disease during high-risk conditions by humidifying your sleeping area and drinking 4-8 ounces of water hourly in dry conditions.

Sources

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⁴ Hung LS, MD FFCM. The SARS epidemic in Hong Kong: what lessons have we learned? *JR Soc Med.* August 2003; 96:374-378 ■



Associate Members

DECREASING WAIT TIMES


in your Emergency Department

By Stephen Griffin
Managing Partner - Lean Six Sigma
Business Transformation at 6SigmaTek, LLC

IS YOUR HOSPITAL EXPERIENCING LONG LENGTHS OF STAYS? Perhaps patients leaving without being seen or even against medical advice? Lean Six Sigma Business Transformation has created a high-level approach that has worked for other systems in the U.S.

The emergency department at a hospital is important from two perspectives. It is the generation of revenue and the beginning of reimbursement. It is also the “front door” of your company that serves as an important link to the community.

From the patient’s perspective, it is quite simply a lifeline.

A photograph showing the lower legs and feet of several people standing in a line, separated by silver stanchions. The people are wearing various types of pants and shoes, including jeans, khakis, and dress pants.

This is a unique way for hospitals to target critical aspects of patient flow, patient access, service-cycle time and your admission/discharge processes.

Working with multiple hospitals, we have been able to decrease the turnaround time of emergency departments with our new approach bolstered by years of research.

At Our Lady of the Lake Regional Medical Center in Baton Rouge, Louisiana, our system decreased the emergency department turnaround time from 300 to 100 minutes.

Here are the simple steps we would need to take when working together on decreasing your hospitals' wait times:

- 1.** Provide 6sigmaTek with one year of Emergency Department data from your electronic medical records.
- 2.** From this data, 6SigmaTek will create an electronic model and analyze the busiest day, busiest time of day, volume of patients and level of patients.
- 3.** From data analysis and predictive modeling, we will choose the most probable day and time to perform a secret patient visit. A member of the 6SigmaTek team will arrive as the secret patient. The diagnosis will be a severe stomach ache. This patient will have no identification and no insurance, but they will have a cell phone with a Value Stream Map APP and with the ability to time how long each process takes to complete. They will also be able

to gather all previously agreed to information about the overall process.

- 4.** If need be, the secret patient will drink a gastrointestinal, or GI, cocktail.
- 5.** After discharge of the secret patient, we will create a real-time Value Stream Map to display process breakdowns within your Emergency Department.
- 6.** Once all data is collected, an electronic simulation model will be created to detail staffing, volumes and patient levels.

The final result will be a complete statistical analysis, with an electronic model for scenarios to be created and simulated for predictive outcomes.

This is a unique way for hospitals to target critical aspects of patient flow, patient access, service-cycle time and your admission/discharge processes. The electronic model will also be a great way to identify and remove bottlenecks or inefficiencies in the system. As a result, you will potentially see a positive impact on patients, staff and the bottom line.

For more details, please do not hesitate to visit www.6sigmatek.com today. ■

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

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Kristin Jenkins

JD, MBA, FACHE

President, DFWHC Foundation
Senior Vice President, DFWHC

Local coalition formed to boost clinician resilience

A NATIONAL SURVEY CONDUCTED this year of more than 15,000 physicians reveals that 42 percent of them suffer from burnout, with an additional 15 percent admitting depression. Of those reporting burnout, 33 percent admit it effects patient care and 42 percent say it effects their work relationships. Those are not encouraging numbers.

The number one factor contributing to their condition? Their jobs. In addition, the suicide rate for physicians stands at twice that of the remainder of the population.

Comparable nursing statistics are not available - but nursing organizations across the country report increasing rates of burnout and abandonment of the profession.

North Texas is responding. A coalition has created the North Texas Alliance for Clinician Resilience (NTACR) to focus on improving clinician satisfaction with their professions. This July, the Dallas and Tarrant County Medical Societies, North Texas Organization for Nurse Executives and Dallas-Fort Worth Hospital Council Foundation formed NTACR by filing an organization commitment to the National Academy of Medicine's (NAM) Clinician Resilience Initiative (<https://nam.edu/initiatives/clinician-resilience-and-well-being/>).

NTACR will focus on:

1. Encouraging health system leaders and clinicians to adopt initiatives;
2. Advocating for the reduction of regulatory and administrative burdens on providers;
3. Promoting crises intervention programs for clinicians;
4. Supporting research and surveys promulgated by the NAM Action Collaborative.

Four workgroups will be formed this fall and a participant orientation will be held in November. Workgroups will begin meeting and forming tactics in January of 2019.

NTACR hopes to save lives - both patient and clinician - by pursuing this regional approach to clinician resilience. If you have interest in volunteering in any of the workgroups, feel free to reach out to me at kjenkins@dfwhc.org and we will provide you with information. Let's improve patient safety and clinician satisfaction together. ■

How to contact us

972-717-4279

info@dfwhcfoundation.org



www.dfwhcfoundation.org

Foundation Mission

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

Foundation Vision

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

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Lieutenant General Paul Kendall Carlton, Jr. (l to r), Kristin Jenkins, Sorrel King and Patti Taylor.

11th Annual Patient Safety Summit

More than 330 attendees participate in 10 educational sessions

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION'S 11TH ANNUAL PATIENT SAFETY SUMMIT took place August 13-14 at the Arlington Convention Center with an overall total of 333 attendees participating.

This year's theme was "Home Run for Safety," with **Sorrel King**, the creator of the Josie King Foundation, opening the program to discuss "Creating a Culture of Patient Safety Together."

An additional speaker was **Lieutenant General Paul Kendall Carlton Jr.**, 17th Surgeon General of the US Air Force. His session was titled "Combat Casualty Care and Lessons Learned."

Additional speakers included

Dave Dravecky, cancer survivor and former MLB pitcher for the San Francisco Giants discussing "Teamwork and Resilience," **Coleen Smith**, director of high reliability initiatives at The Joint Commission with the presentation "Key Factors in Creating an Effective Safety Culture" and **Captain Dan Birbeck** of the Dallas County Hospital District Police with the topic "Active Shooter Training – Avoid, Deny and Defend."

In all, the Patient Safety Summit provided 10 educational sessions with 11 speakers. Platinum Sponsors included **The Joint Commission**, **Mallinckrodt Pharmaceuticals**, **Texas Health Resources** and **UT Southwestern**. **Konica Minolta** was the Print Sponsor while **Verge Health**

hosted the speakers' dinner.

Additional sponsors included Fusion, Methodist Health System, Abbott Point of Care, Children's Health, AvKare, Clorox Healthcare, Gojo, JPS Health Network, LanguageLine Solutions, Molnlycke, RL Software, R-Water, T. Boone Pickens Hospice and Palliative Care Center, UT Arlington, Wello and GroupOne Background Screening.

The Patient Safety Summit serves as an opportunity for hospital employees to discuss past errors and to make strategic plans to keep them from happening again. Poster abstracts from participating hospitals were displayed throughout the event.

For info, contact **Patti Taylor** at ptaylor@dfwhcfoundation.org. ■

Around DFWHC Foundation



United Way visits offices to film promotional video

THE UNITED WAY OF METROPOLITAN DALLAS visited the DFW Hospital Council (DFWHC) Foundation offices on August 6 to film segments of a promotional video touting the **Better Skills Better Jobs Grant**. The video will highlight the patient care technician job efforts with United Way Dallas and the National Fund for Workforce Solutions.

Sally Williams, the director of the DFWHC Foundation Workforce Center, was the star of the hour as she discussed her work on the project. Each of the hospitals represented including **Methodist Health System**, **Parkland Health & Hospital System** and **UT Southwestern University Hospitals**, are receiving grant funds to provide

patient care technician mentoring and support.

"This grant is the first step towards creating opportunities for high-quality jobs to residents in North Texas," said Williams. "There is a workforce shortage for hospitals across the U.S. Hospitals participating in this grant are attempting to recruit from a large pool of residents to provide education and development."

Hospital positions to be promoted include registered nurses, surgical technicians, respiratory therapists, pharmacy technicians and radiologic technologists.

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

Foundation to host "Ligature Risk Standards" class on Oct. 1



THE DFW HOSPITAL COUNCIL FOUNDATION WILL HOST the complimentary educational event "Ligature Risk Standards" on Monday, October 1 from 9:00 a.m. to 11:00 a.m. at Texas Scottish Rite Hospital for Children in Dallas.

The class is intended for healthcare employees who may not be familiar with the best practices for spotting ligature risks in the workplace. Representatives from the Centers for Medicare and Medicaid Services will serve as speakers to discuss expectations while also detailing safeguards for patients at risk.

You can register at <https://www.eventbrite.com/e/ligature-risk-standards-tickets-48805688127>. ■

SMART JUSTICE

Foundation to participate in innovative new program



John Petrila and Catherine Oliveros

THE NUMBERS MAKE THE ISSUE OBVIOUS, but they are still hard to believe.

Twenty to 25 percent of people in Texas county jails are diagnosed with mental illness, with annual costs to incarcerate them a staggering \$450 million per year. In 2016, Dallas County-based hospitals had 427,157 visits from patients seeking care for mental health and substance misuse conditions with charges for these encounters totaling over \$21 million. In addition, 32 percent of the patients were uninsured.

There are far too few long-term community treatment slots available to Dallas County residents suffering with mental illness, making the emergency department or the jail the only places many citizens receive care.

Meadows Mental Health Policy Institute saw the troubling situation as an opportunity for improvement. **Andy Keller** and **John Petrila** of the Institute began working together to attract partners from around the

county to create the “Smart Justice” program. The initiative is designed to provide better care to patients with mental illness and to avoid the expense associated with repeated emergency room visits and arrests.

“When presented with the Smart Justice program, we thought it made sense to coordinate the care of our emergency room patients with their mental health providers in real time,” said **Catherine Oliveros**, vice president of community health for **Texas Health Resources**. “We believe knowing a patient’s condition from their doctor’s point of view while the patient is seeking emergency care will improve the outcome.”

Petrila, the vice president of adult policy at the Meadows Institute, is appreciative of the generous gifts to the Smart Justice program from the **Caruth and Arnold Foundations**. Additional partners include the Dallas-Fort Worth Hospital Council (DFWHC) Foundation, the **Dallas County Sheriff’s Department**, **Loopback Analytics**, **Methodist Health System**, the **North Texas Behavioral Health Authority**, **Parkland Health & Hospital System** and **Texas Health Resources**.

The real-time exchange of patient care information is happening now. Using a data exchange platform designed for Smart Justice patients, Meadows and Loopback Analytics provide a secure structure to share information to stabilize patients quickly and efficiently. The DFWHC Foundation provides a neutral location for participants to evaluate the efficiency and to govern the data exchange.

Petrila anticipates bringing aboard several new providers and the Dallas County Jail over the next few months. Geographic expansion is also being considered, with interest having been expressed by providers in other North Texas locations including Tarrant County.

If the Smart Justice program is a success, it is expected to reduce healthcare costs.

“The state could benefit from coordinating the care of chronically mentally ill patients,” Petrila said. “Funding these programs for Medicaid participants, the uninsured and others can reduce cost and improve outcomes.”

For information, please contact the DFWHC Foundation at info@dfwhcfoundation.org. ■

Around DFWHC Foundation

Foundation's 2017-2018 Annual Review

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION RELEASED its 2017-2018 Annual Report in June. The 24-page document themed "Partners," details the many business associates from across the state the Foundation has worked with over the past year. Activities and overall numbers of each department are also included.

"The Annual Report is a great way to communicate about the valuable partners we've worked with," said **Kristin Jenkins**, president of the DFWHC Foundation. "With more than 100 volunteers donating their valuable time on research projects and committees, we wanted to emphasize their contributions. The Annual Report is our way of honoring their dedication throughout the year."

Hard copies were distributed last month.

You can find an electronic copy at <https://dfwhcfoundation.org/wp-content/uploads/2018/06/AnnualReport2018LOW.pdf>. ■

PARTNERS



**2017-2018
ANNUAL REVIEW**



Community 5K!

THE DALLAS FORT WORTH SEPSIS CHALLENGE, a community 5K run and walk, is set for September 1 at 9:00 a.m. at Trinity Park in Fort Worth. The DFW Hospital Council (DFWHC) Foundation is serving as one of the event sponsors.

Hosted by the **Sepsis Alliance**, the event will officially kick off Sepsis Awareness Month throughout September. This is an inaugural event to raise awareness of sepsis as a medical emergency and to raise funds for the Sepsis Alliance.

To register, please go to <https://www.sepsis.org/event/dallas-fort-worth-sepsis-challenge/>.

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

CPPS review course hosted by the Foundation



THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION'S HOSPITAL IMPROVEMENT INNOVATION NETWORK (HIIN) hosted a Certified Professional in Patient Safety (CPPS) review course on August 15 at the Arlington Convention Center.

More than 60 attendees turned out for the course. The CPPS credential is earned by professionals who have

demonstrated a high level of proficiency in the core standards of patient safety. This credential is awarded through an examination covering five patient safety domains:

- Culture;
- Leadership;
- Patient Safety Risks and Solutions;
- Measuring and Improving Performance;
- Systems Thinking and Design/Human Factors.

John Hertig PharmD, MS, CPPS, an associate director at the Purdue University College of Pharmacy Center for Medication Safety Advancement (CMSA) and a representative of the Institute for Healthcare Improvement, served as teacher.

HIIN is a nationwide effort to reduce preventable hospital-acquired conditions and hospital readmissions. The Centers for Medicare & Medicaid Services awarded the Health Research and Education Trust (HRET) a two-year HIIN contract to continue efforts to reduce inpatient harm by 20 percent and readmissions by 12 percent. ■

Yellow belts presented to 69 6Sigma graduates

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION completed its third series of Lean "Six Sigma" Yellow Belt presentations on May 30 at Texas Scottish Rite Hospital for Children in Dallas. The graduation ceremony honored 69 participants from hospitals across North Texas.

A total of 19 hospital groups participated in the program involving problem-solving exercises to assist with patient safety. The team from **Methodist Mansfield Medical Center** received the Fire Starter Award for best presentation and most productive results.

Sponsored by the Hospital Improvement Innovation Network (HIIN), Six Sigma's Yellow Belt Certification is a program providing insight into the techniques of improvement methodologies. The training provides



Top Prize - Methodist Mansfield Medical Center

introductions to process management and teamwork while enabling individuals to achieve objectives.

This is the third straight year the DFWHC Foundation has hosted the Six Sigma classes.

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

Around DFWHC Foundation



REPRESENTATIVES OF THE NORTH TEXAS COMMUNITY HEALTH COLLABORATIVE were invited to the nation's capital on April 22-25 to discuss "Accelerating the Impact of Population Approaches to Mental Health First Aid" during the National Council for Behavioral Health Conference at the Gaylord National Resort & Convention Center in Maryland.

The event attracted more than 5,000 healthcare and business leaders to discuss innovation, improvement, financing, technology and advocacy.

Dr. Sushma Sharma, the DFW Hospital Council Foundation's director of public and population health research and a member of the Collaborative, was one of three presenters during the Mental Health workshop.

Additional presenters included **Dr. Arthur Evans, Jr.**, CEO of the American Psychological Association; and **Meagan van Harte**, senior director of the New York City Department of Health and Mental Hygiene.

Dr. Sharma's presentation detailed the work of the North Texas Community Health Collaborative which

represents 11 area health systems. The team has set a strategic goal of improving mental health services in North Texas over the next three years by training 10,000 residents and health employees in mental health first aid.

"An additional focus of the workshop was to explain the collaboration between health systems to develop a data-driven approach to identify areas of need for mental health first aid," Dr. Sharma said. "By establishing training in high hospital-visit zip codes, we can decrease and prevent mental health hospitalizations in those areas."

The North Texas Community Health Collaborative released the Behavioral Health Community Needs Assessment Report in February, a 130-page document detailing annual totals of patient visits for mental health and drug issues in 16 counties across North Texas.

Dr. Sharma was accompanied on the Washington, D.C. visit by **Lisa Boone**, director of training and development at **My Health My Resources of Tarrant County** and co-chair of the North Texas Community Health Collaborative's Mental Health First Aid Committee. ■

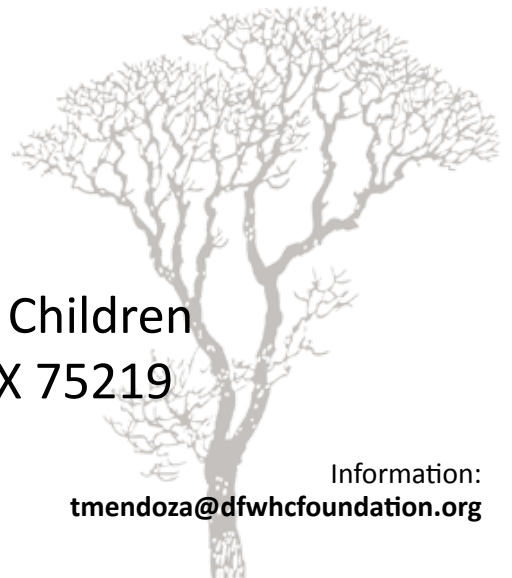


IQSC Data Summit 2018



Second Annual Event
November 6, 2018

Texas Scottish Rite Hospital for Children
2222 Welborn Street, Dallas, TX 75219
8:00 a.m. - 4:00 p.m.



Information:
tmendoza@dfwhcfoundation.org



Danny Davila

Executive Director
GroupOne Services

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Serving with integrity and compliance

THE NEWS IS LITTERED with accounts of companies that obtain the trust of their clients and squander it to increase the bottom line. Oftentimes, this compromises the security of their client information. The aggressiveness of companies that perform background reports increases each year. GroupOne Background Screening has been in business since 1988. We have produced numerous background reports for each major hospital system in the DFW market. The mission of GroupOne is to ensure clients receive an accurate background report as part of their standard hiring process.

Each report produced by GroupOne goes through an extensive review, in addition to a quality assurance assessment to ensure the information is produced with fair and objective reporting. We exist primarily to ensure companies have a safe workplace. In addition to criminal history checks and sanction reviews, GroupOne also provides verification of employment, education and professional licensure attainment. These services offset the labor that would ordinarily require multiple internal sources to collect, assemble and analyze information on a constant basis.

GroupOne has added new services to strengthen its ability to assist HR officials. Services such as pre-employment drug screening, post-employment compliance screening and HR surveys can be adjusted to a client's budget and needs. Ultimately, each of our services are provided to ensure client maintains a safe workforce and comply with all regulations.

A new service provided by GroupOne in conjunction with **i2Verify** is designed to provide HR and payroll offices with an automated employment verification service. These offices receive numerous inquiries from employees who need mortgage and auto-loan employment verification. GroupOne can assist HR offices by the implementation of an integrated system that provides a cost-efficient solution that reduces expenses and allows you to reallocate resources to other roles.

We believe GroupOne provides an essential service to clients. We are available to discuss options on how we can support you in addressing compliance and screening needs. Please feel free to contact me at ddavila@gp1.com to discuss our services. ■



GroupOne Services

Created by a board of hospital CEOs in 1989, GroupOne was the nation's first healthcare pre-employment screening program. Today, GroupOne provides convenient web-based solutions, automated employment verification and student background checks. It has grown into one of the most dependable human resource partners in the healthcare community.

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Do you need your employment verified?

At times throughout your employment, there may be instances when you are required to verify your wage or employment history.

These instances include; securing a mortgage, buying a car, or providing information to a government agency for a social service entitlement. To facilitate these transactions, we are pleased to announce that your workplace has partnered with i2Verify® to fulfill these requests.



What is i2Verify?

i2Verify is a leading provider of employment and income verifications. It is used by lenders, property managers, pre-employment screeners, social service agencies and others who need to verify your employment status or income.



How does it work?

It's simple. If an organization needs to verify your wage or employment history, simply direct them to i2Verify at www.i2verify.com. i2Verify will then register the requestor, validate that they have your consent, as well as a permissible purpose to view your data.



What information does a lender or other verifier get from i2Verify?

i2Verify provides different types of verifications for different purposes. For example, if you are looking to rent an apartment, your landlord may want to verify your current employment. A mortgage company will typically need to verify your income before providing you with a loan. If you apply for public aid from a social service agency, they too will need an enhanced verification. i2Verify can meet each of these needs.



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THE HIJACKING OF AN EMPTY COMMERCIAL AIRLINER

at Seattle's SeaTac Airport on August 10 suggests an urgent need to review pre-employment background screening policies. When an event this shocking occurs, one involving supposed weak screening policies, employers across all industries should immediately review pre-employment background screening practices.

While the stunning heist of a large commercial airplane took no other lives than the pilot's, the incident has intensified worries about gaps in American aviation security,

forcing questions about how Richard Russell, a baggage handler, could take control of the aircraft, get it in the air and fly it recklessly over a major U.S. metropolitan area for almost an hour.

The tragedy is under investigation and screening policies are now being debated. According to published reports, Congress is seeking to tighten the screening of airport employees and may do so with more urgency said the former inspector general of the U.S. Transportation Department.

The United States has approximately 900,000 aviation workers, according to the most recent federal data, and screening procedures are reportedly "rudimentary."

Certainly, background screenings should be conducted on flight crews, mechanics and maintenance personnel. But a robust and

comprehensive pre-employment background check to include criminal background records goes a long way in providing valuable information to decision makers.

A best practice for businesses is to work with a well-qualified background screening agency. Combined with other related investigative tools such as interviews and reference checks, pre-employment background screening can prove invaluable with regards to public safety.

GroupOne Background Screening can provide compliant solutions for all screening requirements. From pre-employment to post-hire screening, as well as volunteer, student checks and drug screenings, GroupOne provides background screening services across all industries. Remember, the public's safety just might be at stake. ■





THE COMMON APPLICATION

Movement to stop asking about students' criminal histories

THE NONPROFIT ORGANIZATION BEHIND THE COMMON APPLICATION, a single form that students can fill out to apply to any college that uses it, announced in August that, starting next year, it will no longer ask students about their criminal history. The shift could alter the life course for many students with college aspirations who have a misdemeanor or felony.

Many colleges have for years included questions about criminal backgrounds and disciplinary records on their applications. The Common App has been asking about criminal records since 2006. In the last two years, however, many groups have been urging colleges to drop the question, noting the discrimination faced by young minority individuals in the criminal justice system and a lack of evidence that colleges are trained to analyze the answers or to tell whether someone in fact poses a threat because of a past criminal record.

The Education Department (under the Obama administration) urged colleges to reconsider their use of the question. The State University of New York in September decided, based in part on research that

qualified students were not applying because of the question, to drop it.

The Common App's criminal question asks, "Have you ever been adjudicated guilty or convicted of a misdemeanor or felony?"

An email that the Common Application sent to members said of the criminal question that "the solution we implement must meet the diverse needs of our 700 members while also being responsive to the concerns of students and counselors."

More than 1 million prospective undergraduates every year apply to college using the Common App, which is consulted for admissions decisions by more than 830 institutions worldwide.

"Many people who see the question just don't go down the road of finishing an application," said Marsha Weissman, a senior policy fellow at the Center for Community Alternatives. "Any college asking the question should demonstrate the answers on the question provide meaningful security to a campus and are not just based on stereotypes of those with a criminal record." ■

Doris Dennis, GroupOne's former long-time director has passed away

GROUPONE BACKGROUND SCREENING'S FLAG WAS FLYING HALF-MAST last month as we learned the sad news of the passing of **Doris Dennis** on July 22. Doris was the former director of GroupOne from 1995 until her retirement in 2007.

She led a storied life, enjoying a long career with the Garland Police Department before retiring in 1995 after 30 years of service. Her tenure with the police department was an historic one as she was Garland's first female police officer.

Doris received several awards for her work in law enforcement, including the Ayers B. Compton Humanitarian Award for Texas Police Officers; the Outstanding Law Enforcement Officer Award from the Garland Jaycees; and a Garland PTA Lifetime membership for her service to the community. After retiring from the police department, she worked at GroupOne until her retirement.

Doris was a huge football fan and loved the Garland Owls, the Texas Longhorns and the Dallas Cowboys. She was always a major participant in the annual UT/OU Football Fridays at GroupOne, decorating her office, wearing burnt orange and going head-to-head with fans of



OU. Doris loved her family and friends and was always the life of the party. Though she was small in stature, she was bigger than life.

Born March 5, 1941, throughout her life Doris always put others first and was a tireless worker admired and loved by her employees. She was one of the good people and she will be missed. ■



Know the FCRA rules

Pepsi to pay \$1.2 million settlement

A \$1.19 MILLION SETTLEMENT HAS BEEN PROPOSED in a class action lawsuit alleging Pepsi Beverages Company violated the Fair Credit Reporting Act (FCRA) by procuring background reports for employment purposes without making required disclosures. A former Pepsi employee filed the lawsuit in 2017, claiming the company violated the FCRA by failing to make necessary disclosures prior to obtaining background checks for employment purposes. Plaintiff Altareek Grice says he applied for a job at Bottling Group LLC, a PepsiCo subsidiary, in 2016. He claims the company failed to disclose that it would obtain a consumer report for employment purposes in a document consisting solely of the disclosure, in violation of the FCRA. The Pepsi defendants deny any wrongdoing but agreed to settle the FCRA class action lawsuit in May to avoid the expense of ongoing litigation. ■

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