12th Annual Patient Safety Summit
AUGUST 1, 2019
Hurst Conference Center

SAFER by the DOZEN!

Plus:
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Hall Render is dedicated to advancing the vision of our clients across the country, providing trusted legal counsel for over 50 years. Our team of national health care attorneys knows the industry and how to decipher its many complexities. It’s what we do. When you need practical advice, we’re here to support you.
Let’s help our uninsured Texans

I recently read a fascinating article by the Kaiser Family Foundation analyzing uninsured adults in states not expanding Medicaid coverage as part of the Affordable Care Act (ACA). The ACA expanded Medicaid coverage to nearly all adults with incomes up to 138 percent of the Federal Poverty Level (FPL).

In examining the Kaiser fact sheet, some interesting facts stood out:

• In the U.S., only 14 states have not expanded Medicaid;
• If all states expanded Medicaid, 4.4 million uninsured non-elderly adults would be eligible for coverage (1.4 million live in Texas);
• Of the Texans eligible under Medicaid expansion, 67 percent are childless adults historically excluded from the program;
• In Texas, 80 percent of the uninsured who would become eligible are in a family with at least one person employed in the workplace;
• In Texas, more than half (54 percent) are adults living below the FPL;
• In Texas, 758,000 women (more than 50 percent), are uninsured adults who would be eligible if Texas expanded coverage;
• Across the 14 non-expansion states, 50 percent of uninsured adults who would qualify are middle-aged and more likely to have substantial health needs. Research shows states that expanded Medicaid provided increased coverage, improved affordability, reduced medical debt and decreased uncompensated care costs.

One fact we should examine is our traditional Medicaid federal share payment is approximately 61 percent of the total and the ACA Medicaid expansion federal share payment is 90 percent. This is a significant difference.

With our 86th legislative session winding down, we thank our leaders for their public service. Regardless of differing viewpoints, please remember Texas public health policy should benefit all Texans. When the 2021 session convenes, please give serious consideration to helping our vulnerable Texans by expanding our Medicaid coverage.

We need to enhance Medicaid coverage because the Delivery System Reform Incentive Payments (DSRIP) will be expiring under the current Medicaid 1115 Waiver, and many of the participants are not eligible for traditional Medicaid. Thus, without Medicaid expansion, these individuals will be left with no coverage.

Let’s help our uninsured Texans.

Steve Love
President/CEO
Dallas-Fort Worth
Hospital Council
At CampbellWilson, LLP, we have a powerful mix of experience and expertise to help your organization thrive even as the regulations change. As always, we focus on providing regulatory solutions that protect revenue and optimize the fiscal health of the institution. Our Multi-Disciplinary team of consultants includes Medicare/Medicaid specialists, certified coders, CPAs, programmers and other management consultants.

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Accenture is committed to using innovation to improve the way the world works and lives. We are proud to support the Dallas-Fort Worth Hospital Council and its ongoing efforts to create innovative solutions for quality healthcare in our region.
SAVE THE DATE!
The Pulitzer Prize-winning reporters Bob Woodward and Carl Bernstein have been signed to serve as the keynote speakers during the DFW Hospital Council’s (DFWHC) 71st Annual Awards Luncheon on Oct. 8, 2019 at the Irving Convention Center (new location).

Woodward and Bernstein are perhaps best known for their work as reporters on The Washington Post when they broke the Watergate scandal in 1972. They followed their reporting with the bestselling book “All the President’s Men” in 1974. The book was the basis of the Academy Award-winning film “All the President’s Men,” released in 1976.

Today, Woodward continues to work at The Washington Post and has written 13 #1 national best-selling non-fiction books. Bernstein is an on-air contributor to CNN and a contributing editor of Vanity Fair magazine. He is the author of five bestselling books.

Woodward and Bernstein will discuss the 45th anniversary of Watergate and how the political climate of the era pertains to modern times.

A salute to North Texas hospital leaders, DFWHC’s Annual Awards Luncheon takes place every fall and honors individuals who have made an historic impact on healthcare. The Distinguished Health Service Award, the Young Healthcare Executive of the Year and the Kerney Laday, Sr. Trustee of the Year are presented during the event.

Award recipients will be announced this summer. For information, please contact Chris Wilson at chrisw@dfwhc.org.
DFWHC-rooted e-cigarette legislation dies in house

A BILL THAT WOULDN’T HAVE MADE IT MORE EXPENSIVE to obtain e-cigarettes and inspired by Dallas-Fort Worth Hospital Council President/CEO W. Stephen Love, died in the Texas House in May.

The potential state retail excise tax on e-cigarette and vape tobacco products was halted by North Texas Republican Jonathan Strickland with a point of order following lobbying from tobacco companies.

The idea was inspired by Love when he approached Senator Nathan Johnson of Dallas to talk about deterring minors from affording e-cigs.

House Bill 4013 would have added from $1 to $5 per purchase to consumers. It was projected to net the state an additional $16.6 million in its first year and more than $20 million a year starting in September 2021, with the revenue potentially helping to fund public schools.

Love was disturbed by findings announced by the Centers for Disease Control (CDC) that nearly 21% of American high-school students plus 5% of middle-school students had used e-cigs, the most commonly used tobacco product among youths.

“This was certainly a very disappointing action related to the serious epidemic of young people using vapor products and electronic cigarettes,” said Love. “The nicotine is very addictive and has become a public health crisis. Senator Nathan Johnson should be commended for caring about the health and safety of our young people as he worked conscientiously on this bill. The CDC has statistics that clearly give evidential proof of the dramatic increase in the use of these products by middle school and high school students. We should ask ourselves an important question routinely—Are we improving the public health of our community?”

The bill had also called for the state comptroller to certify training for vendors about not selling to minors, with fines or suspensions of the vendors sales tax if the plan was not followed.

According to The Dallas Morning News, Gov. Greg Abbott launched a late-hour push to change the legislation at the urging of the nation’s biggest tobacco company Altria Client Services, Inc., makers of Marlboro cigarettes and other products.

Following Stickland’s point of order, the bill had no realistic chance of revival because of legislative deadlines and the mandate that tax measures originate in the House, not the Senate.
THE DFW HOSPITAL COUNCIL (DFWHC) IS PROUD to announce Hall Render and CampbellWilson, LLP will return as its Year-Round Sponsors for 2019. The designation allows the two companies to be the top sponsors at all major DFWHC events including its 71st Annual Awards Luncheon on October 8.

“The Year-Round Sponsor is a designation the DFW Hospital Council does not take lightly,” said W. Stephen Love, president/CEO of DFWHC. “They must first be approved by our board of directors and their reputation must be impeccable. Hall Render and CampbellWilson have fallen into that category for many years.”

Hall Render has 50 years of experience in devoting its practice to the health care industry and having attorneys across the country serving health care industry clients. Hall Render is the nation’s largest health care-focused law firm. Their lawyers provide the nation’s best health systems, hospitals, physician organizations and other health care industry partners with legal and strategic counsel on all aspects of health care regulatory, business, compliance, litigation and operational matters. Commitment and experience complement the firm’s understanding of the evolving landscape of today’s health care industry, distinguishing Hall Render as one of the nation’s preeminent health care law firms.

Their firm has never wavered from the tradition of excellence on which it was founded. As client service is the cornerstone of Hall Render, they capitalize on the education and experience of each of their attorneys to provide the highest standard of service. And, with offices in Texas and nine other strategic locations across the country, Hall Render is uniquely positioned to understand and respond to current trends and changes within the health care industry, wherever they are occurring.

CampbellWilson, LLP are regulatory experts. Over the last 30 years, the U.S. healthcare system has faced some of the most profound changes in its history. Whether the changes resulted from the advent of managed care or the enactment of the Affordable Care Act, the regulatory landscape continues to morph and transform the business of healthcare. Founded in 1988 to help healthcare institutions, CampbellWilson, LLP understands these changes and continues to shift with the regulatory environment.

CampbellWilson, LLP has a powerful mix of experience and expertise to help your organization thrive even as the regulations change. They focus on providing regulatory solutions that protect revenue and optimize the fiscal health of the institution. Their multi-disciplinary team of consultants includes Medicare/Medicaid specialists, certified coders, CPAs, programmers and other management consultants.

Hall Render can be reached at 214-615-2000. CampbellWilson can be contacted at 214-373-7077.

For information, please contact Chris Wilson at chrisw@dfwhc.org.
IN 1894, PARKLAND HOSPITAL OPENED to fulfill a mission created by inherent goodwill. None envisioned the fledgling haven for medical treatment for the poor would one day become the institution it is today. Now, 125 years after first opening its doors, Parkland Health & Hospital System staff is celebrating more than a century of service to Dallas County residents.

“Parkland was created with the mission to care for our community’s most vulnerable residents,” said Fred Cerise, MD, MPH, Parkland’s President and CEO. “Over the past century, Parkland, in conjunction with the University of Texas Southwestern Medical School, has led advances in medical care and served as a training site to the benefit of not only uninsured residents of Dallas County, but individuals across Texas and the entire nation. For 125 years, Parkland’s commitment to our primary mission has remained true – we are Dallas County’s health system and proudly look forward to continue to serve those in need.”

Every day at Parkland, providers treat 811 inpatients, 2,842 outpatients, perform 31,540 lab tests and fill 28,742 prescriptions. Every day 34 babies are born, 73 infants are cared for in the Neonatal ICU and 62 surgeries performed. The nation’s busiest ER, Parkland’s Emergency Department treated more than 242,000 patients in FY2018. The system had more than 1 million outpatient clinic visits and more than 61,000 inpatient hospital discharges.

Milestones in Parkland’s 125 years of service include:

- **1894** – Parkland Hospital opens in a group of frame buildings at Maple and Oak Lawn Avenues.
- **1936** – Dallas City-County Hospital System is founded and includes the general city hospital.
- **1952** – Groundbreaking ceremonies for a new Parkland hospital facility are held at 5200 Harry Hines Blvd.
- **1954** – Parkland becomes the first civilian hospital in Texas to use an artificial kidney machine.
- **1961** – Parkland opens one of the largest civilian burn units in the U.S.
- **1962** – Parkland offers the first 24-hour staffed operating room in North Texas.
- **Nov. 22, 1963** – President Kennedy is brought to Parkland after he is shot by an assassin.
- **Nov. 5, 1964** – A team led by Paul Peters, MD, perform the first successful kidney transplant in Texas.
- **1971** – Parkland opens the first High Risk Maternity Unit in the U.S. and first Pediatric Burn Unit in North Texas.
- **1973** – Parkland opens the first Neonatal Intensive Care Unit in Dallas.
- **1982** – Dr. Ron Anderson is named chief executive officer.
- **1983** – Parkland is certified as the first Level 1 Trauma Center in Texas.
- **1984** – The North Texas Poison Center begins a 24-hour hotline staffed by registered nurse specialists.
- **1986** – Parkland plays a leadership role in creation of legislation to ban “patient dumping.”
- **1989** – Parkland begins the Community Oriented Primary Care program, building a network of neighborhood clinics.
- **1990** – Parkland launches the Homeless Outreach Medical Services (HOMES) program.
- **1996** – The name of Parkland Health & Hospital System is approved.
- **2008** – Voters overwhelmingly (82%) approve a bond measure to build a new Parkland Memorial Hospital.
- **2015** – Parkland shuts inpatient services at its 61-year-old facility and ushers in its new medical campus.
**DFWHC and Children at Risk host mental health event**

**MORE THAN 90 ATTENDEES** turned out for educational event “Growing Up in North Texas: Removing the Stigma Around Mental Health” on February 13 at Texas Scottish Rite Hospital for Children. The mental health speaker series was hosted by Children at Risk in coordination with the DFW Hospital Council (DFWHC) and the National Alliance on Mental Illness North Texas.

By way of New York City, Ciara Dockery, PhD, the director of NFL Life Line, served as keynote speaker with an introduction by Timmy Newsome, owner of Newtec Business Solutions, former Dallas Cowboys player and Children At Risk Advisory Board Chair.

Closing the program was a panel of experts moderated by DFWHC President/CEO W. Stephen Love. Panelists included Sherry Cusumano, RN, administrative director of community education at Medical City Green Oaks; Dr. Celeste Johnson, vice president of nursing and behavioral health at Parkland Health & Hospital System; and Niki Shah, system vice president, community health at Baylor Scott and White Health.

Dockery detailed the beginning of NFL Life Line in 2012, inspired by an unfortunate series of suicides by professional football players. The organization was established for players, coaches, staffs and family members who may be in crisis.

For information on the presentations, please contact Jenny Eyer at JEyer@childrenatrisk.org.

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**CBS Reporter Brian New pays a visit to the DFWHC offices**

CBS 11 NEWS REPORTER BRIAN NEW paid a visit to the DFW Hospital Council (DFWHC) offices on April 4 to interview President/CEO W. Stephen Love on hospital pricing.

With hospital pricing transparency rules taking effect January 1, CBS produced a news segment detailing North Texas hospitals’ efforts to post their price lists online in an effort to increase price transparency and empower consumers to make informed choices about care.

Under these new federal regulations, hospitals have to post a list of service prices, called chargemasters, on their websites. However, these lists don’t reflect the final costs most patients pay. The move was an effort by the Centers for Medicare & Medicaid Services to increase transparency and elevate the role of consumers when making healthcare decisions.

“Hospitals want to be fully transparent regarding pricing and North Texas hospitals fully support transparency,” Love said. “Hospital pricing is extremely complex. Pricing, costs and payments are different and consumers need to understand those differences.”

The segment aired April 26. It can be viewed at https://dfw.cbslocal.com/2019/04/26/feds-require-hospitals-post-prices-online/.
Webinar on decreasing ER wait times posted online

THE DFW HOSPITAL COUNCIL (DFWHC) and 6SigmaTek complimentary educational webinar “Decreasing Emergency Wait Times” originally hosted April 30 has now been posted online.

Stephen Griffin, CEO of 6SigmaTek, served as guest speaker. His presentation detailed opportunities to decrease wait times, crowding, length of stay and overall chaos in hospital emergency departments.

The webinar can be found on DFWHC’s YouTube channel at https://youtu.be/uut3rvQxhpU.

For info, contact Stephen at sg@6sigmatek.com or Chris Wilson at chrisw@dfwhc.org.

Lee named president at new Texas Health Frisco

TEXAS HEALTH RESOURCES has named Brett Lee as president of Texas Health Hospital Frisco, scheduled to open in late 2019. Lee spent the majority of his career in leadership roles in pediatric hospitals, including serving as vice president of operations and clinical services at Children’s Medical Center of Dallas, where he worked closely with UT Southwestern to open a new hospital in Plano. Lee is the former 2017 Chair of the Board of Trustees at DFW Hospital Council.

Fresquez is new president at Methodist Mansfield

METHODIST HEALTH SYSTEM has named Juan Fresquez the new President of Methodist Mansfield Medical Center. Fresquez began his career at Parkland Hospital in Dallas and has more than 28 years of acute care hospital management experience. He most recently served as COO of the Arizona Group – Carondelet St. Joseph’s Hospital, a 486-bed acute care facility. Prior to his three years at Carondelet, he served as the COO for Tenet’s Central region at Houston Northwest Medical Center for four years.
Around DFWHC

Medical City Women’s Hospital opens in Arlington

MEDICAL CITY ARLINGTON celebrated the grand opening of its new $60 million Medical City Women’s Hospital Arlington on April 8 with events offering attendees tours of a facility designed to be the destination of choice for women’s services in Arlington, Mansfield, Grand Prairie and surrounding communities.

The dedicated Women’s Hospital adds two floors, more than 125,000 square feet of new space and 55 beds to the existing building. A team of physicians and specially trained staff provide leading-edge treatment in a peaceful environment for women at all stages of life, including high-risk pregnancies and deliveries.

Medical City Arlington has cared for the unique needs of women, including those with high-risk pregnancies and deliveries, for more than 40 years. The hospital delivers more than 4,300 babies each year, and expects to deliver more than 5,800 babies annually in the new Women’s Hospital.

Flywire Health webinar detailing patient payments posted online

THE DFW HOSPITAL COUNCIL (DFWHC) AND FLYWIRE HEALTH webinar “Striking the Right Balance for Patient Payments” hosted on February 20 has now been posted online.

Webinar topics included:
- Empowering Patients;
- Driving Revenue for Providers;
- New Technology;
- Improving Collection Performance.

John Talaga, executive vice president and general manager of Flywire Health, served as speaker. John offers more than 18 years of experience partnering with hundreds of healthcare providers to develop patient billing and payment solutions. In 2000, John co-founded Health-Com Partners, a leading provider of patient billing software and services for hospitals and health systems.

You can view the webinar on DFWHC’s YouTube channel at https://youtu.be/EmRfHoL8gqo.
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Unlock Measurable Results
PATIENT TRANSPORTATION

How to legally get patients in the door

PROVIDERS ARE OFTEN LOOKING FOR ADDITIONAL OPPORTUNITIES TO ENGAGE PATIENTS and ensure compliance with treatment regimens. By implementing patient transportation programs, providers are able to help alleviate this frequent hurdle facing their patients. In addition, providers are able to increase efficiencies, avoid missed appointments and limit late arrivals by assisting patients with transportation to and from appointments. OIG has issued guidance and an Anti-Kickback Statute safe harbor outlining the necessary criteria to offer patient transportation in a low risk environment – below we offer practical recommendations to connect patients with caregivers.

1. Provide Point-to-Point Transportation
Providers are able to offer transportation between a patient’s home (or other location) and a provider’s inpatient and outpatient facilities. This transportation option is typically the most convenient for patients, as it allows the patient to be picked up from his/her home and transported back home following the patient’s appointment. Providers utilize a vehicle owned or operated by the provider and hire individuals to transport
their patients. In order to do so, the provider must adopt a patient transportation policy that outlines the circumstances under which travel may be provided; for example: transportation may be provided to established patients seeking medically necessary services if the patient is located within a 25-mile radius of the provider location to which the patient is being transported (or 50 miles if the patient resides in a rural area as defined by OIG). The availability of transportation cannot be advertised to the public or used to promote other health care items and services during the transportation. The patient transportation safe harbor does not apply to air, ambulance or luxury transportation. If a provider chooses to provide patient transportation, it should bear the cost of the free or discounted transportation and should not shift this burden onto any federal health care programs, payors or individuals.

2. Consider Operating a Shuttle Service
Providers may also offer shuttle services instead of or in addition to point-to-point transportation services. Shuttle services must comply with many of the same requirements as point-to-point transportation, with the exception that shuttle services may publicly post the pick-up times and locations for which the shuttle operates and the shuttle service can be made available to individuals who are not established patients of the provider. Although there can be no more than 25 miles between any stop on the shuttle’s route and any stop at a location where health care items or services are provided (except that stops in rural areas, as defined by OIG, may be up to 50 miles from a location providing health care items and services), a shuttle service may allow providers to reach a broader geographic area depending upon the number of stops available on the shuttle route. A shuttle service may require additional planning and up-front costs as compared to point-to-point transportation due to the need to acquire a shuttle vehicle, identify shuttle stop locations and maintain a consistent schedule. Depending upon the needs of the provider’s patient base, this option could result in wasted resources if the shuttle is frequently running without any patients.

3. Need a Lyft?
Many third party rideshare transportation services, such as Uber and Lyft, are marketing unique services arrangements to health care providers. These arrangements permit health care providers to schedule transportation for patients and have the transportation service bill the health care provider directly for these services. If a provider desires to engage these types of services for patient transportation, it is recommended that the standard level vehicle (not luxury or extra-large vehicles) be utilized for these services and the program should still comply with the same guidelines as regular point-to-point transportation. In addition, in order to limit any associated risk, providers may want to consider engaging these third-party providers on a fixed fee basis instead of a per patient basis. Utilizing rideshare services enables providers to offer transportation without the need to obtain vehicles, hire drivers, etc., which allows providers to establish a patient transportation program with minimal start-up costs required. No matter which transportation option or combination of various transportation methods works best for your organization, transportation can be an effective tool to ensure continuity of patient care.

If you have any questions or would like additional information about this topic, please contact:
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• Your regular Hall Render attorney.
DURING THE PAST SEVERAL YEARS, THREE HOSPITALS IN THE NORTHEAST WERE ACQUIRED BY A LARGER HOSPITAL NETWORK. The parent network has more than 90 hospitals and 100 continuing care facilities, home care agencies and outpatient centers in more than 20 states. In order to simplify its expanding IT infrastructure, the network standardized on the Epic suite of enterprise software applications for electronic health records (EHRs).

When each of the three hospitals was acquired, it switched from its existing EHR to Epic. However, they still had patient and other information on their original systems. In addition, as the hospitals adopted more modern applications, they kept a number of older systems for ongoing access to their data.

As a result, the three hospitals had more than 40 applications that required read-only capabilities. The data in these legacy applications had to be retained, but the applications’ core functionality was no longer required. Each hospital was paying licensing, maintenance and support costs solely to have occasional access to data on its legacy systems. This resulted in higher IT costs and greater data management risks, because applications that no longer supported presented security vulnerabilities and had a greater chance of operational failure.

STRATEGIC HEALTHCARE IT PLANNING
“In the healthcare space, the ongoing trend of mergers and acquisitions has created complexity in application portfolios, as acquiring companies absorb the applications of their new organizations—which was the case for this series of hospitals,” said Regina Kershner, Vice President of Operations for Flatirons Digital Innovations (FDI).

For the first project, FDI worked with one of the hospital’s information systems teams to understand the objectives for its growing application portfolio. Primary among them were controlling increasing costs related to outdated or redundant EHRs as well as mitigating risks related to their information.

DATA ARCHIVING AND DECOMMISSIONING
To meet the hospital’s needs, FDI proposed a data archiving and application decommissioning solution based on OpenText™ InfoArchive—a secure, compliant, XML-based system of record to store, retrieve and present both structured and unstructured historical data. The solution would migrate data from the old EHRs and other legacy systems to a single archiving repository.

By moving data from multiple legacy systems to one modern archive, the hospital could:
1. Make it easier for clinicians and H.I.M. users to access historical patient information, from directly within Epic or the InfoArchive search interface;
2. Strengthen security controls for legacy data and apply records retention policies;
3. Eliminate the legacy systems, along with their recurring licensing, maintenance, and support costs.

Hospital network archives 30+ terabytes of EHR DATA
DRIVING $1 M IN SAVINGS
The first hospital proceeded with a project to archive Carelink, one of its primary legacy EHRs that was costing the hospital more than $1 million in annual licensing fees. For the Carelink project, FDI developed the technical architecture and built a solution that:

- Transferred 1.2 terabytes of data from the Carelink application to InfoArchive.
- Provided integration assistance between the archived Carelink application and Epic.
- Met the hospital’s requirements.
- Allowed legacy data to be used for business purposes, such as compliance requests and big data analytics.

Carelink data archiving and application decommissioning project allowed the hospital to save $1 million in hardware, licensing, maintenance and support costs in the first year alone, which covered the project payback costs within a few months.

DECOMMISSIONING MULTIPLE LEGACY SYSTEMS
Based on the success of the Carelink project, the hospital’s project sponsor identified a second legacy system to decommission. The application contained 1.5 TB of financial and patient accounting information related to the original Carelink system.

The scope of the second project included extraction, transformation and loading (ETL) of data from the second legacy system to the InfoArchive repository, along with continued post-project support for the Carelink archive.

This project included similar implementation to the Carelink archiving and decommissioning project and was completed within 24 weeks.

By archiving data from the legacy systems to InfoArchive and decommissioning the original applications, the project sponsor—whose responsibilities span multiple hospitals—progressively identified and executed additional data archiving and application decommissioning projects with FDI. During a three-year period, the three hospitals archived more than 30 terabytes of data from nearly a dozen systems.

BENEFITS OF A SINGLE ARCHIVING STRATEGY
The archiving and application decommissioning solution provided several benefits to the hospitals, particularly due to their relationship within the same network.

1. Shorter Project Timelines and Lower Project Costs
The three hospitals used one instance of InfoArchive and shared the supporting server infrastructure. After the first system was decommissioned, each subsequent project was completed faster.

2. Data Standardization
Archiving data from disparate EHRs to a single archive provided the opportunity to standardize dates and formatting across all legacy data.

3. Reduced IT Costs
Each hospital was able to eliminate the hardware, software and support costs associated with its systems.

4. Lowered Risk
Proactively archiving legacy data from unsupported systems improved each hospital’s data security.

5. Facilitated Clinician Access to Patient Records
Consolidating patient information from several EHRs onto a single archive made it easier for clinicians working in the network hospitals to retrieve historical patient information from within Epic, contributing to improved care.

6. Easier Requests for Information
Providing access to legacy information on a single archive also made it easier for H.I.M. staff to respond to requests for information and perform audits and other tasks.

CONCLUSION
The healthcare network recognized that acquisitions had an impact on its growing IT portfolio. In the effort to standardize on Epic as its EHR, something needed to be done to address other systems. By proactively archiving data from legacy systems to InfoArchive, the hospitals simplified their IT infrastructures, reduced costs and improved patient care. Because they are sharing a single archiving infrastructure, they can continue to decommission other systems to further reduce costs and strengthen their data management capabilities.
DESPITE INTENSE EFFORTS AND SIGNIFICANT INVESTMENTS to implement EHRs, duplicate and disjointed medical records continue to plague providers. The financial impact is substantial—duplicate records cost the U.S. healthcare system more than $6 billion annually and individual hospitals $1.5M per year. The problem not only negatively impacts a provider’s bottom line, but incites medical errors, skewed reporting and analytics, redundant medical testing, administrative waste and poor patient satisfaction.

The issue of patient misidentification and duplicate records grows increasingly complex as more data is generated and more applications are introduced into the healthcare environment. As population health and accountable care take hold, organizations now find themselves under increased pressure to effectively identify, track and manage individuals across care settings.

As a result, organizations need unprecedented clarity and reliability into one’s medical record to avoid redundant or unnecessary tests and procedures, erroneous reporting and analytics, billing inaccuracies, administrative burdens, denied claims and lost revenue. A single, comprehensive view of patient information is essential for informed clinical-decision making, effective episodic care and cost management, and a seamless provider and patient experience during every encounter.

CHALLENGES TO PATIENT MATCHING AND IDENTIFICATION

Duplicate records often occur as a result of multiple name variations, data entry errors, and lack of data standardization processes. A typo or absence of a single digit in one’s birth date, address, or phone number can result in the creation of a duplicate. Patients move, marry, divorce and visit multiple providers in their community—where new records are created and the potential for duplicates grows.

Data fragmentation spread throughout the continuum contributes to the proliferation of duplicate and incomplete patient records. The disjointed nature of IT systems means that individuals receiving care and services from more than a single provider in the network often have medical records in several locations. Large-scale M&A and consolidations exacerbate the issue, as acquired EHR systems and legacy applications often reside in silos.

Reliance on EHR matching functionalities to manage
patient populations only add to the problem since EHRs are exceedingly limited in their ability to compare and match records from external sources, especially those outside of the network. Match rates can be as low as 50 percent when providers attempt to match records using the same EHR vendor.2

In an industry daunted by applications and IT systems that fail to communicate or share data effectively, another contributing challenge to patient identification is inconsistent use of standards. The result is inconsistent, unreliable demographic information, triggering further harm in data quality and synchronization.

TECHNOLOGY CONSIDERATIONS
Duplicate and incomplete records can severely impact a hospital’s bottom line. This is critically important as organizations become more dependent on initiatives such as ACOs, population health, HIEs and precision medicine, all of which rely on accurate and easily accessible patient data.

To improve operational efficiencies and performance, CFOs and revenue cycle leaders should consider investing in automated, enterprise-grade patient identification technology that facilitates fluid health information exchange while improving the integrity of their data.

Enterprise master patient indexes (EMPIs), for example, allow organizations to identify and link patient data spread throughout multiple disparate sources, systems and sites of care. Tired of proprietary EHR systems that only provide a limited view of a patient’s health history, progressive healthcare organizations are leveraging EMPIs as a strategic and competitive advantage for strengthening their organizations’ fiscal health.

For many institutions, automated patient ID matching software like EMPIs are rapidly transforming from a line of defense against duplicate records to the default approach for interoperability and enterprise-wide connectivity across various systems and locations. An enterprise unique identifier (EUID) generated by the EMPI serves as a link to an individual’s record in any given application, streamlining clinical and administrative workflows for patient data access points like medication history, lab results, and visit summaries. EMPIs can also provide extensive data stewardship capabilities to maintain the integrity of the patient record and minimize manual remediation by health information management (HIM) professionals. Primary growth in EMPI investments are taking place in the cloud which allow evolving organizations to scale with greater agility and integrate outside sources of information more easily, including social care and mental and behavioral health.

As healthcare becomes consumer-driven, it is equally critical to consider use of other identification mechanisms to ensure that patient demographic information is accurate and up-to-date. Use of personal smartphones, for example, to streamline registration and allow patients to play an active role in managing and updating their data can help to improve patient matching efforts at key stages where data errors often occur; during enrollment and at registration.

Third-party data, including public record and credit bureau information, is also being used in conjunction with an EMPI for real-time decisioning and instant validation of one’s identity, thereby avoiding the risks associated with duplicate record creation and identity fraud.

As value-based models occupy a larger share of healthcare reimbursement, an organization’s ability to gather accurate, longitudinal patient data and effectively put that data to work to influence costs of care will become imperative. With duplicate records reaching $1,950 per patient, leveraging patient identification technology as the foundation for robust interoperability and highly-coordinated care, will position one’s organization for success in an era of increased accountability.

David Bennett is Regional Vice President for NextGate, a global leader in healthcare enterprise identification.

As an HR professional, you are probably aware that 7 out of every 10 American workers are either disengaged or dislike their jobs. This shocking statistic is based on an extensive ongoing study conducted by Gallup regarding the American workplace. Management puts pressure on HR to improve these statistics at your company, but it is hard to do given everything else you have on your plate.

Based on the results of the Gallup study, it might stand to reason that a majority of employees who are disengaged or unhappy with their jobs are therefore working for lower-ranked companies. People who are unhappy at their jobs are certainly not going to give very high satisfaction rankings to their employer.

What can your HR department do if your company is among the majority that are not top-rated? One action you can take is to research why other employees rate their companies so highly, and implement methods in your own company to improve your rating. In reading employee reviews of top-rated companies such as the one found in Glassdoor’s “Best Places to Work” survey, three concepts appear frequently:

- Autonomy;
- Purpose;
- Transparency.

How Autonomy Leads to Happy, Productive and Engaged Employees

In his groundbreaking book “Drive,” Daniel Pink shows that employees work best when they have pure intrinsic motivation, much like children. According to the book, this motivation comes from having autonomy, purpose, and the freedom to practice mastery.

Autonomy is often inaccurately confused with just letting employees do whatever they please. This is actually the opposite of what employees with autonomy describe. When happy employees discuss autonomy, they first point out that their leadership defines a set of goals or objectives. It is then up to the employees to determine the best way to achieve those goals.

Whether or not employees need a little more structure or guidance, they all still feel autonomous. For example, whereas one employee may excel by just knowing the end goal for a project, another employee may require a break-down of smaller goals. This knowledge is important in ensuring each employee gains true intrinsic motivation. By definition, employees reach true intrinsic motivation on their own simply by choosing their own methods to reach a goal. Since there are various ways to manage a diverse set of employees, HR can
recommend different ways that autonomy can best be gained to those in management roles.

HOW PURPOSE LEADS TO HAPPY, PRODUCTIVE AND ENGAGED EMPLOYEES
As important as autonomy is, purpose is even more necessary to maintain happy, engaged, and productive employees for the long-term. Autonomy is usually considered short-term in nature as it applies to tasks that are completed on a daily basis to reach a specific goal. Once the goal is reached, new goals are provided.

But, if there is no all-encompassing reason for reaching those goals, employees run the risk of becoming disengaged, unhappy, and unproductive. Life begins to look like a never-ending treadmill if work becomes just a series of short-term goals.

Regardless of whether your company manufactures office supplies or provides life-saving care, the need to identify a purpose is real and required. In his book, Start With Why, Simon Sinek also provides answers to the question of why some people and organizations are more innovative, more influential, and more profitable than others. Through the use of his Golden Circle, he shows that inspirational companies and leaders lead from the inside out starting with the “why” or purpose, and then providing the “how” and “what.”

While companies providing a purpose is helpful, HR knows that shaping the purpose correctly is critical. If the purpose is too abstract, such as “we save lives,” it runs the risk of being ignored as too general to follow. Conversely, very detailed purposes are also difficult to follow. In larger companies, especially, it might be necessary to set a purpose per group or department that is aligned to an overarching company goal.

HOW TRANSPARENCY LEADS TO HAPPY, PRODUCTIVE AND ENGAGED EMPLOYEES
Does your HR department know what employees mean when they say they like transparency? As with autonomy and purpose, transparency is defined differently among employees. Based on reviews of top-rated companies, employees say transparency means visibility into a company’s operations, including its decision-making.

Ray Dalio, founder of the investment firm, Bridgewater Associates, revealed in a Ted Talk just how important transparency is to his company’s culture and success. Using the term “radical transparency,” Dalio explains how every employee’s decisions are tallied in meetings and rated based on the reliability score for each employee. Doing so uses an analytics-driven process that removes emotion from the equation to create an idea meritocracy.

What can HR do if employees want to see more transparency? An important first step is to work with employees to determine what transparency means to them. HR can then work with the leadership team to provide the tools necessary to show employees the importance transparency has in your company, and the steps the company is willing to take to increase transparency.

HOW CAN EMPLOYMENT VERIFICATION ADD TO EMPLOYEE HAPPINESS?
One thing you know for sure in HR is that worker happiness isn’t just about what happens in the workplace. Employees have lives outside the office, and often bring what happens at home to work with them. If they are focused on the fact that they do not have a place to live, cannot get to work, or are having problems qualifying for certain social services, then getting work done will be the last thing on their mind. This greatly affects productivity, job retention and employee morale, and can make your department look ineffective.

i2Verify is a free outsourced employment verification system for employers and your current or former employees that helps with this issue. i2Verify automates the processing of employment verification requests that banks and others rely on to enable your employees to buy a home, rent an apartment or receive government benefits. Rather than having banks, background check vendors and others request employment verification information directly from your HR department, i2Verify handles all requests for you securely and instantly. i2Verify reduces your HR team’s administrative burden, allowing more time to focus on core competencies, reducing the risk for error, and eliminating possibility for fraud.

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How informed are you with the **Hispanic market**?

Because of the major growth of Hispanics in our state, it is important to understand this audience and their healthcare needs. Even with the quickly changing landscape in the U.S., experts think healthcare systems aren’t prepared to adequately treat the Hispanic population.

Hispanics have drastically changed the demographics within the U.S. This market represents over $1.5 trillion buying power today. At nearly 59 million Hispanics in this country, 18% of the population, they are the key driver of the U.S. demographic shift. In Texas alone, Hispanics represent 39% of the population — 10,405,000 million people. This is an increase of 42% over the last 10 years.

The term Hispanic was adopted by the U.S. government in the early 70’s as a universal term encompassing all Hispanic subgroups to better track their social and economic progress. However, today the name “Latino” is also used to identify this ethnic group. Latino is generally referred to anyone of Latin American origin or ancestry. While Hispanics are typically referred to as anyone of Spanish-speaking origin or ancestry. In the Western U.S., the term Latino is preferred, and in the Eastern U.S., the preferred term is Hispanic.

Let me give you a simple overview of the Hispanic segments and their culture.

### The four behavioral acculturation segments of Hispanics living in the US.

**Nationalists** - They are foreign-born and Spanish speaking dependent. They live a traditional cultural life-style and tend to have no credit and no U.S. driver’s license.

**Eager Adopter** – These are foreign-born and are U.S. residents. They prefer speaking Spanish and are aspirational in improving their lives. The majority also have no credit.

**Fusionist** – These are U.S. born. They are considered first-generation Hispanics and are bilingual and bicultural. They are also aspirational and tend to have poor credit.

**Integrator** – These are also U.S. born and are considered second generation. They are English speaking dependent and are influential in acculturating their family members.

Experts think healthcare systems aren’t prepared to adequately treat the Hispanic population.

### Understanding their culture

Hispanics have tight-knit families and it is their most important social unit. This social unit also includes their extended family members. Moreover, religion plays a significant role in their day-to-day life. They come from a collectivistic culture where group activities are dominant. Responsibilities are shared and accountability is collective. In the last ten years, Bachelor degrees among Hispanics have increased 85% and their income is outpacing non-Hispanics by 1.3%.

### Knowing the difference in marketing to Hispanics

General market advertising does not translate well to the Hispanic audience. The messaging has to resonate with their culture. Given this, it is important to understand their behaviors, attitudes, beliefs, values, and norms. Language is also an important aspect when marketing to Hispanics. Given it has more to do with the cultural meanings attached to their language, basic English translation does not work. Spanish language TV continues to be important — even for English fluent speakers who also watch English language TV. Hispanics today consume every type of media, but they have a special affinity to television and radio.

The primary healthcare audience is Hispanic women. Their family structure is a matriarchy, so females are making most decisions about diet and how the family receives healthcare. In addition to traditional advertising, consider sponsoring community events they participate in. An important point to note, they value word of mouth recommendations within their social circles over advertising. So be sure to deliver on your brand promise.

An approach our advertising agency has found successful is digital marketing. Given smartphones are their primary form of communication, digital advertising is highly effective. You should also consider providing your website in Spanish.

Today, Integrators and Fusionist will most likely be the audience of choice for healthcare providers. However, as the Hispanic segments continue to grow, you may consider adapting to the other segments as well.

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About the author

Mark Wyatt  Founder & CEO, Agency Creative
mwyatt@agencycreative.com
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Recognition creates resilience and health

WE HAVE QUITE A BIT OF WORK UNDERWAY LOCALLY through educational events and collaboration to address clinician burnout. Our goal is to create work environments that promote resilience and health within our valuable employees.

We recently conducted a survey to obtain data on this subject. Three in 10 of the respondents cited a “lack of support or recognition from leadership” as fueling their burnout. Through collaboration with North Texas hospitals, we hope to encourage people to simply say “thank you” when our staffs do their jobs well. Research shows companies with high-recognition cultures benefit from less turnover and better performance. This is likely due to less stressful environments and the always-welcome expressions of gratitude enabling our staffs to better cope with the demands they face on a daily basis.

Last year, Deloitte U.S., a national professional services company, announced a year-end shutdown for all employees. This “collective disconnect” between Christmas and New Year’s provided welcome recognition of employees for their hard work. To celebrate the 200th birthday of founder William Welch Deloitte, the company repeated the “thank-you” with another collective week off in February.

Certainly a hospital environment is different from a national corporation as we must care for our patients 24/7. But discovering creative ways to allow our dedicated employees time away from the stressors of patient care can only benefit our workforce.

In the July 31, 2018 Harvard Business Review article “How Managers Can Prevent Their Teams from Burning Out,” Jen Fisher recommends three strategies to prevent burnout in colleagues at work. They include encouraging time off from work, expanding wellness programs and “creating a culture of recognition.”

On April 25, North Texas hospitals demonstrated their “culture of recognition” by participating in the DFW Hospital Council Foundation’s Annual Employee of the Year Luncheon. It was a joy to host our many nominees as our hospital leaders learned about their heroic deeds and great dedication. Thank you for taking just a few hours out of the year to honor these outstanding team members for their lifetime of tireless work.

In our quest to lead others, we must remind ourselves why we serve our patients. I hope you found joy in learning of the accomplishments of this year’s nominees and you will join us in continuing this “culture of recognition” tradition in 2020.

Kristin Tesmer
JD, MBA, FACHE
President, DFWHC Foundation
Senior Vice President, DFWHC

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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.
WASHING YOUR HANDS IS ONLY THE BEGINNING! The DFW Hospital Council (DFWHC) Foundation hosted a five-day Sterile Processing Certification Prep Class from May 13-17 at the Hurst Conference Center.

The class was coordinated by Patti Taylor, the director of quality and patient safety services at the DFWHC Foundation. More than 20 students from sterile processing departments of North Texas hospitals participated as they prepare to eventually pass the International Association of Healthcare Central Service Material Management (IAHCSMM) certification exam.

IAHCSMM is the premier association representing healthcare Central Service (CS) professionals worldwide. Because CS professionals are responsible for cleaning, decontaminating, sterilizing and distributing medical and surgical instrumentation, they are among the most vital contributors to the delivery of safe, high-quality patient care.

For more than 60 years, IAHCSMM has been providing these professionals with the broadest range of certification and continuing education offerings available, along with the unsurpassed support that only a full-service membership organization can bring.

Mary Olivera, the director of sterile processing at Nexera Consulting, Inc. in New York, was flown in to serve as the main instructor for the classes.

“We have been thrilled by the number of students participating,” Taylor said. “This is a crucial prep class to provide information and knowledge these students will need to take the certification test. From regulations and standards to infection prevention, these classes are crucial to improving healthcare quality and patient safety in North Texas.”

For information, contact Patti at ptaylor@dfwhcfoundation.org.
Eleven North Texas counties have deaths attributed to drugs and alcohol higher than state averages, while seven counties have death totals higher than national averages, according to a Substance Abuse/Misuse Community Needs Assessment Report of North Texas released this week.

The 214-page document by the North Texas Community Health Collaborative was a first-of-its-kind study rendering regional diagnoses transparent across 16 counties including the cities of Dallas and Fort Worth. The study offers detailed statistics revealing levels of drug and alcohol misuse, available treatment and the most common types of diagnoses.

Dallas-Fort Worth Hospital Council (DFWHC) Foundation President Kristin Tesmer said the report renders North Texas transparent when deciding what resources are necessary and where they are needed to improve drug and alcohol treatment.

“This is the first time such a detailed study on North Texas alcohol and drug misuses has been produced,” Tesmer said. “We now have a better understanding of areas of need when attempting to improve awareness and strengthen treatment and care. This report allows us to more accurately set strategic goals in North Texas.”

Details of the study covered 2017 data from 16 counties including Collin, Dallas, Denton, Ellis, Erath, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Parker, Rockwall, Somervell, Tarrant and Wise.

The report was created by utilizing the DFWHC Foundation’s patient data warehouse including comprehensive hospital-visit information from more than 95 facilities in the region.

Included in the study are annual totals detailing hospital visitors from each county diagnosed with alcohol and drug misuse. Gender, age, race-ethnicity, insurance status and resident zip codes are also detailed.

“Our goal is to promote collaborative efforts within the community,” said Catherine Oliveros, vice president of community health improvement at Texas Health Resources and chair of the Community Health Collaborative. “Substance misuse is a public health challenge that affects many of our communities. With
the information available through this report, we have an opportunity to bring communities together to promote data-driven solutions across North Texas.”

According to the Centers for Medicare & Medicaid Services (CMS), more than 15,000 people die from overdoses of prescription opioids on an annual basis in the U.S. And 88,000 people die each year from alcohol-related injuries, the third most common preventable cause of death in the U.S.

Substance misuse also harms the economy, with the National Institute on Drug Abuse estimating U.S. healthcare costs as $232 billion a year and $740 billion overall to include crime and lost work productivity.

Notable details in the report include:

- Ellis, Erath, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Parker, Somervell and Wise counties have an overall average of deaths attributed to drugs/alcohol of 965.6 per 100,000 residents, higher than the state average of 699.9 per 100,000;
- Erath, Grayson, Hood, Hunt, Navarro, Somervell and Wise counties have an overall average of deaths attributed to drugs/alcohol of 1051.4 deaths per 100,000 residents, higher than the U.S. average of 863.8 per 100,000;
- Dallas and Tarrant counties had an overall average of deaths attributed to drugs/alcohol of 635.25 deaths per 100,000 residents, well below state and national averages;
- Nine out of every 1,000 babies born in North Texas suffered from drug toxicity, above CMS' estimates in the U.S. of 6 out of 1,000;
- Opioids (to include Codeine and Vicodin) were the number one prescribed medication in North Texas with a total of 4,840,563 dispensed prescriptions; Benzodiazepines (Valium and Xanax) were the second most with a total of 1,840,039;
- An average of 33 percent of drug/alcohol misuse patients did not have health insurance, compared to overall Texas averages of 17 percent and U.S. averages of 8.8 percent;
- An average of 76 percent of misuse cases in North Texas were attributed to nicotine addiction.

“The high numbers in rural counties were troubling,” said Dr. Sushma Sharma, director of population health research at the DFWHC Foundation. “We believe the lack of healthcare providers in those areas were a contributing factor.”

According to the study, over 80 percent of care in North Texas is provided by urban counties due to more healthcare resources, better choices and efficient connectivity.

Due to these dynamics, according to Dr. Sharma, the report reveals significant patient migration in North Texas.

“Inadequate access to health services can subject rural residents to a variety of health risks,” Dr. Sharma said. “This is concerning particularly for vulnerable groups, such as those suffering from substance misuse. Two important goals of this report are to create awareness on the potential health risks of rural residents in addition to the over-crowding of our urban hospitals.”

Additional North Texas characteristics include:

- Nine out of every 1,000 babies born in North Texas suffered from drug toxicity, above CMS' estimates in the U.S. of 6 out of 1,000;
- Opioids (to include Codeine and Vicodin) were the number one prescribed medication in North Texas with a total of 4,840,563 dispensed prescriptions; Benzodiazepines (Valium and Xanax) were the second most with a total of 1,840,039;
- An average of 33 percent of drug/alcohol misuse patients did not have health insurance, compared to overall Texas averages of 17 percent and U.S. averages of 8.8 percent;
- An average of 76 percent of misuse cases in North Texas were attributed to nicotine addiction.

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 community health services in the region.

The Substance Misuse Community Needs Assessment Committee was chaired by Brad Walsh of Parkland Health & Hospital System and Jennifer A. Gilley of Challenge of Tarrant County.


For questions, please contact Dr. Sharma at ssharma@dfwhcfoundation.org.
SAFER by the DOZEN!

12th Annual Patient Safety Summit
AUGUST 1, 2019
Hurst Conference Center
8:00 a.m. to 4:00 p.m.

Keynote Speaker
Rich Bluni, RN
Nationally known author of "Inspired Nurse"

Health Literacy
Workplace Violence
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Human Trafficking

For more information visit: dfwhcfoundation.org/about/events

*CNE’s will be offered- Dallas- Fort Worth Hospital Council Research and Education Foundation is an approved provider of continuing nursing education by the Texas Nurses Association - Approver, an accredited approver with distinction, by the American Nurses Credentialing Center’s Commission on Accreditation.

**CPHQ and ASRHM CE’s have been requested
THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION’S 12TH ANNUAL PATIENT SAFETY SUMMIT is set for August 1 from 8:00 a.m. to 4:00 p.m. at the Hurst Conference Center. This year’s theme is “Safer by the Dozen,” in honor of its 12th anniversary, with Rich Bluni, RN, the nationally known author of “Inspired Nurse,” serving as keynote speaker.

Kicking off the event is Elisa Arespacochaga, vice president of the American Hospital Association’s Physician Alliance, with the topic “Clinician Well-Being/Burnout/Resilience.” She will be followed by an energetic panel discussion on “Health Literacy” with Dr. Teresa Wagner of UNT Health Science Center; Dr. Carol Howe of Texas Christian University; Brennan Lewis of Children’s Health; and Tracy Adame of Medical City Healthcare. That’s quite a lineup!

“We are thrilled about the speakers participating in the program this year,” said Kristin Tesmer, president of the DFWHC Foundation. “We have a famous author, a great team of panelists and representatives from the American Hospital Association, the Joint Commission and the Office of Inspector General. This is one of the most knowledgeable and prominent group of speakers we’ve ever had for the Summit. We are looking forward to hosting them.”


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 healthcare costs.

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. More than 350 attendees are expected to participate, including healthcare employees, nurses, patient safety advocates, chief nursing officers and hospital executives.


Sponsorships are still available. For information, contact Patti Taylor at ptaylor@dfwhcfoundation.org or 972-719-4900.
Chief Richard Picciotto (top left) served as keynote speaker; more than 700 were in attendance (top right); Heather Scroggins (middle left) of JPS Health Network accepts the Community Service Award; Farhenaaz Ajani (middle right, center) of Parkland Health & Hospital System is named Employee of the Year; Robby Fuson (lower left, center) of Texas Health Harris Methodist Alliance receives Special Recognition; Mindy Rodriguez (lower right), of Texas Health Harris Methodist Stephenville is named Preceptor of the Year.
Engage your Heart!

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 23rd Annual Employee of the Year Luncheon was held April 25 at the Hurst Conference Center. More than 700 attendees turned out to honor 130 nominees and 14 announced winners from a pool of 55 area hospitals.

“We hope this is a memorable day for these great North Texas hospital employees,” said Kristin Tesmer, president of the DFWHC Foundation. “The goal of this luncheon is to make a difference in the quality of care by boosting the morale of our hospital staffs, maintaining retention of a strong workforce and recognizing the importance of each employee. All of these nominees deserved to be recognized and it was our honor to applaud every one of them.”

Chief Richard Picciotto served as keynote speaker in support of the theme “Engage your Heart.” Chief Picciotto was the highest-ranking firefighter to survive the World Trade Center attacks on September 11, 2001. He discussed his attempts at attempting to save both civilians and fellow firefighters prior to the collapse of the buildings.

Charles Gressle, chief executive officer of Medical City Plano and Frisco and chair of DFWHC, and Pam Stoyanoff, chief operating officer of Methodist Health System and chair of the DFWHC Foundation, served as masters of ceremonies.

One of the highlights was the Rex McRae Scholarship presented to Palma Savala, a nurse extern at Methodist Mansfield Medical Center and a student at Tarrant County College. Savala will be the first in her family to obtain a college degree, graduating with an expected 3.12 GPA.

Additional recipients included:

Physician Award
• Dr. Dustin Loveland, Children’s Medical Center – Plano

Volunteer Award
• Gene Anderson, Texas Health Harris Methodist Hospital Fort Worth

Preceptor Award
• Mindy Rodriguez, Texas Health Harris Methodist Hospital Stephenville

System Award
• Olicia Day, Parkland Health & Hospital System

Community Service Award
• Heather Scroggins, JPS Health Network

Special Recognition Awards
• Loraine Erwin, Recreational Therapist, Baylor Scott & White Institute for Rehabilitation
• Robby Fuson, Maintenance Specialist I, Texas Health Harris Methodist Hospital Alliance
• Eli Cruz, Food Services Host, Texas Health Harris Methodist Hospital Southwest Fort Worth
• Aaron Gonzalez, EMS Program Manager, Texas Health Presbyterian Hospital Dallas

Employee of the Year Awards
• Jennifer Roady, Senior Child Life Specialist, Children’s Medical Center – Plano
• Jennifer Waters, Physical Therapist, The Heart Hospital Baylor Plano
• Matthew Hatcher, Security Services Investigator, Cook Children’s Health Care Center
• Farhenaaz Ajani, Trauma Nurse Clinician II, Parkland Health & Hospital System

Board members of the Dallas-Fort Worth Healthcare Human Resources Association judged nominations on March 27.

Photographs from the luncheon can be found at https://www.actionphotosdfw.com/DFWHC/042519-2019-DFWHC-EOY-Awards-Luncheon/.

Top sponsors of the event were Hall Render, CampbellWilson, LLP, GroupOne Background Screening, Konica Minolta, Baylor Scott & White Health, Cook Children’s and Texas Health Resources.
Award Recipients

Employee of the Year:
Jennifer Roady
Senior Child Life Specialist
Children’s Medical Center – Plano

Employee of the Year:
Jennifer Waters
Physical Therapist
The Heart Hospital – Baylor Plano

Employee of the Year:
Matthew Hatcher
Security Services Investigator
Cook Children’s Health Care System

Employee of the Year:
Farhenaaz Ajani
Trauma Nurse Clinician II
Parkland Health & Hospital System

Special Recognition:
Loraine Erwin
Recreational Therapist
Baylor Scott & White Rehabilitation

Special Recognition:
Robby Fuson
Maintenance Specialist I
Texas Health Harris Meth. Alliance

Special Recognition:
Eli Cruz
Food Services Host
Texas Health Harris Methodist SW FW

Special Recognition:
Aaron Gonzalez
EMS Program Manager
Texas Health Presbyterian Dallas

Rex McRae Scholarship:
Palma Savala
Methodist Mansfield Medical Center
Tarrant County College

Physician Award:
Dr. Dustin Loveland
Children’s Medical Center – Plano

Volunteer Award:
Gene Anderson
Texas Health Harris Methodist FW

Preceptor Award:
Mindy Rodriguez
Texas Health Harris Methodist
Stephenville

System Award:
Olicia Day
Parkland Health & Hospital System

Community Service:
Heather Scroggins
JPS Health Network

In the hospital, every role matters. The patient experience can never be achieved without you.
Employee Nominees

EMPLOYEE
Michelle Johnson, Baylor Scott & White All Saints
Marcie Krivacek, Baylor Scott & White - Centennial
Leon Stewart, Baylor Scott & White - Grapevine
Curtis Arthur, Baylor Scott & White - Irving
Vicki Johnson, Baylor Scott & White Lake Pointe
Carrieann Hill, Baylor Scott & White - McKinney
Karen Talcott, Baylor Scott & White - Plano
Brett Moore, Baylor Scott & White - Sunnyvale
Melinda Wallace, Baylor Scott & White Waxahachie
Peggy Smith, Baylor University Medical Center
Jerithea Tidwell, Children's Health
Tracey Killgore, Children's Health - Our Children's House
Dora Duncan, Kindred Hospital - Dallas Central
Donald Tucker, Medical City Arlington
Christy Hogue, Medical City Dallas
Adam Walthall, Medical City Denton
David Jones, Medical City Las Colinas
Courtney Shaddox, Medical City Lewisville
Debra Miller, Medical City McKinney
Cathy Barnett, Medical City North Hills
Lindsay Pederson, Medical City Plano
Dina Mejia, Methodist Charlton
Victor Dominguez, Methodist Dallas
Salve Tawaran, Methodist Mansfield
Jessica Montgomery, Methodist Richardson
JoAnna Messimer, Texas Health Arlington Memorial
Laci Harris Patton, Texas Health Harris Methodist Azle
Heather Aguilar, Texas Health Harris Methodist Cleburne
Lisa Leffingwell, Texas Health Harris Methodist FW
David Butler, Texas Health Harris Methodist HEB
Muranda Wysong, Texas Health Harris Methodist Stephenville
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Lynda Gilley, Cook Children's
Hugo Cantu, JPS Health Network
Julie Lander, Medical City Arlington
Lauren Moore, Medical City Dallas
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Kimberly Walker, Methodist Charlton
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Workforce attends Nursing Task Force meeting in Austin

OUR DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION WORKFORCE CENTER Director Sally Williams took a road trip to Austin on March 25 to participate in a Texas Board of Nursing Task Force discussion at the William P. Hobby Building downtown.

The event was an opportunity for healthcare educators to discuss the transition of nursing graduates to hospitals. Additional local attendees included Jill Benns and Sarah Towery of Parkland Health & Hospital System; and Winnie Neal from Methodist Health System.

The mission of the Texas Board of Nursing is to protect the welfare of Texas residents by ensuring each person holding a license as a nurse is competent to practice safely in the state.

Jill Benns (l to r), Sally Williams, Winnie Neal and Sarah Towery in Austin on March 25.

The Board fulfills its mission through projects such as this task force and the approval of nursing education. A follow-up meeting in Austin is scheduled for July 15. For information on the task force, please contact Sally at swilliams@dfwhcfoundation.org.

Foundation interns present study at TPHA Conference

DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION INTERNS Rachel Blaydes and Alex Fernandez displayed their work with a poster presentation on North Texas behavioral health during the Texas Public Health Association (TPHA) Annual Conference on March 18 in San Antonio.

Coordinated by Dr. Sushma Sharma, the DFWHC Foundation’s director of population health research, the University of North Texas Health Science Center interns’ presentation detailed disparities associated with mental health treatment in North Texas.

The study is the first effort to identify characteristics associated with behavioral health and substance misuse across 16 North Texas counties.

The mission of the TPHA is to protect and promote the health of Texas citizens. This was its 95th annual conference. For information, please contact Dr. Sharma at ssharma@dfwhcfoundation.org.
MORE THAN 30 ATTENDEES FROM HOSPITALS ACROSS NORTH TEXAS were present to discuss plans for a new community-wide Patient and Family Engagement Council on February 19 at the DFW Hospital Council Foundation offices in Irving. Tanya Lord, PhD, the director of patient and family engagement at the Foundation for Healthy Communities in New Hampshire, served as speaker.

A national expert, Lord discussed strategies behind collaborative patient and family engagement to build centered healthcare systems. Within such systems, patients and families are supported as essential members of the healthcare team with meaningful opportunities to serve as partners in quality improvement, patient safety and healthcare design.

For information on this new regional council, please contact Patti Taylor at ptaylor@dfwhcfoundation.org.

EMTALA educational event

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION in association with the Centers for Medicare and Medicaid Services (CMS) hosted “EMTALA (Emergency Medical Treatment and Active Labor Act): How to be Compliant” for more than 75 attendees at Texas Scottish Rite Hospital for Children on May 7.

Dodjie Guioa, a hospital program lead of the enforcement branch of the CMS, served as keynote speaker.

EMTALA is a federal law that requires hospital emergency departments to medically screen every patient who seeks emergency care and to stabilize or transfer those with medical emergencies, regardless of health insurance status or ability to pay.

On May 3, CMS issued guidance addressing hospital location arrangements under the Medicare hospital Conditions of Participation. Given the inconsistent interpretations, hospitals have struggled to identify which spaces could be shared.

For information, please contact Patti Taylor at ptaylor@dfwhcfoundation.org.
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Job candidates have evolved

THE STRUGGLE CONTINUES as we try to build the ideal pipeline of qualified candidates for healthcare systems. A significant amount of resources is invested annually in training, marketing, advertising and development to tap into potential candidate pools that may not exist. This challenge has been an obstacle to professionals for several years. We must continually examine the various “talent mining” tactics to increase our efficiency.

The candidate marketplace has evolved, with increased value now being placed on flexibility rather than long-term, permanent employment. Such histories were once highly regarded when a candidate had 10-plus years of continuous employment. In today’s market, this type of tenure is becoming a rarity. According to the U.S. Bureau of Labor Statistics, the median number of years employees work for their current job is 4.6 years. The median tenure for workers 25-34 is 3.2 years. For employees 65 and over, the tenure averages 10.3 years. Workers in service occupations had the lowest median tenure with 3.2 years.

One significant strategy that continues to evolve is the option of developing talent internally. The key is creating an infrastructure to provide opportunity, training and counseling for technical and direct care providers. Benefits from such a program include the formation of an environment of loyalty. Solving your staff shortages by increasing sign-on bonuses to “sweeten” the deal are no longer as effective as, say, providing a student loan repayment plan.

It’s critical your talent acquisition team looks beyond tradition and explores creative options attractive to new generations and lifestyles. In addition, we must work harder to retain and engage our employees to ensure they find their job worthwhile and satisfying. Creating a positive, transparent environment will always contribute to trust and support.

It’s unfortunate - but it happens - when you spend thousands of dollars to recruit a top talent and after only a few months they walk out the door because of the perceived absence of appreciation of their skills. Our patients and customers are served by the people we should value and support. And that is our employees.
DID YOU KNOW 33% OF EMPLOYEES ADMIT TO STEALING a product or money from employers and that 30% of business failures are directly related to employee theft? And this is after pre-employment screening.

Almost all companies across the globe have now embraced pre-employment screening, with 92% subjecting potential employees to criminal background checks.

While pre-employment screening plays a critical role in protecting companies from hiring dishonest employees, too few realize that post-employment screening, conducted at regular intervals throughout an employee’s tenure, is equally important in protecting company assets.

One-time background checks minimize the risk of bad hiring; periodic GroupOne ReChecks minimize risks for the long haul.

There are two types of ReChecks:

1. Criminal ReChecks: Screening employees to detect recent criminal activity or convictions which occurred after they were hired. The ReChecks can take place monthly, bi-monthly, quarterly or annually.

2. Sanctions/Exclusions ReChecks: Screening employees to detect if they have been added to government sanctions or watch lists making them ineligible to work in certain capacities.

Protect your assets with GroupOne ReChecks!

For information, please contact David Graves at dgraves@gp1.com.
Does your kid’s summer camp do background checks?

WHEN IT COMES TO CHOOSING SUMMER CAMPS, parents are urged to look beyond the picturesque marketing photos of beautiful lakes and pristine forests. While the scenery can be breathtaking, there could be risks for your children attending these camps. Today, thanks in no small part to the age of the Internet, there are many resources available for parents to identify potential areas of risk.

It is always a good idea to start with a website review. Checking a website goes beyond looking at what activities a camp offers or how many years it has been in existence. Parents should focus on a camp’s policies and procedures for dealing with everything from water sports to preventing sexual abuse. Summer camps with organized and exceptional systems will always post such policies on their websites.

SCREENING CAMP EMPLOYEES
It is always important to ask how a camp screens its employees. One should never simply accept the answer, “We do background checks.”

While background checks are always good policy, only 4 to 5 percent of offenders actually have criminal histories. Many summer and youth camps hire young people for their staffs. Unfortunately, many young staff members are not necessarily going to have a documented criminal history, and even if they do those records are often sealed.

GroupOne recommends parents to ask if the summer camp checks employment histories and references of all of their employees.

EMPLOYEE TRAINING
Parents should also ask how the camp trains its employees and how it supervises those supervising your kids. This also includes asking a camp how it prevents “hanky-panky” between young campers.

Oftentimes, this is referred to as “the rule of three or more.” This term is defined by the rule of two counselors and a youth or a counselor with two kids.

Parents should also make sure a potential summer camp has policies that allow campers and staffers to easily report problems as well as policies on how a camp deals with reported problems.

In addition, parents should ask for the staff code of conduct or information they have about abuse prevention policy and procedures.

Some additional questions families can ask:

- How are staff supervised?
- Can you explain how staff are trained?
- How do you ensure staff are working together?
- What is the policy to minimize the times a staff member is left alone with a camper?
- What is camp’s policy for medication and storage?
- Do you conduct criminal background checks on all adults involved in the camp?

With that said, GroupOne would like to wish everyone a happy and safe summer!
GROUPONE BACKGROUND SCREENING’S DAVID GRAVES slipped on the hairnet and plastic gloves on April 4 to participate in the “Fearless Food Fight,” a campaign to fight hunger sponsored by Blue Cross Blue Shield of Arkansas.

In all, 30-plus volunteers at the SHRM HR Conference and Expo in Hot Springs Arkansas did their part to provide healthy food and fight food insecurity in the region. Graves was hosting a booth at the event promoting GroupOne’s background screening services.

“This is a great cause and GroupOne is proud to contribute,” Graves said. “We’re working elbow to elbow packing meals in order to stock food banks and pantries for the state’s most vulnerable areas.”

The United States Department of Agriculture (USDA) ranks Arkansas second in the country for the number of people facing food insecurity. According to the report, 19.7 percent, or roughly 1 in 5 Arkansans, do not know where their next meal will come from.

Volunteers at the conference worked together for two hours packing over 28,800 nutritious meals to be shipped to the community.

For additional information, drop David a line at dgraves@gp1.com.

Starbucks settles lawsuits over background checks

TWO LAWSUITS ACCUSING STARBUCKS of violating the Fair Credit Reporting Act by using flawed background reports are being prepared for settlement. An estimated 8,000 job candidates were the subject of adverse background reports supplied by Accurate Background. The plaintiff said he applied for a job in Colorado, but was turned down when his background check showed he had multiple felonies. The plaintiff was able to convince Accurate Background he was a victim of identity theft. Despite the corrected report, the plaintiff was not able to resuscitate the job. Another class action was filed in Atlanta from an employee who worked at Starbucks when Accurate Background provided a report claiming he had been convicted of several domestic violence incidents. The employee had never lived in the state where the offenses took place; nonetheless, he was barred from working. Starbucks typically does not provide applicants with a copy of their consumer reports before it takes adverse action, a violation of the requirements of the FCRA, the complaints said. The parties have reached an agreement to settle the cases.
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Konica Minolta congratulates the award recipients of the 2019 Dallas Fort Worth Hospital Council’s Employees of the Year.

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