



INTERLOCUTOR



SUMMER 2019

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NEWS FROM THE DFW HOSPITAL COUNCIL

71st ANNUAL AWARDS LUNCHEON

October 8, 2019
Irving Convention Center



Keynote Speakers
BOB WOODWARD
CARL BERNSTEIN

Pulitzer Prize-winning reporters of
The Washington Post discussing the
45th anniversary of Watergate and
"All the President's Men."

Distinguished Health
Service Award
ANDY STERN

AMN Healthcare Services;
Medical City Healthcare;
Texas Healthcare Trustees;
Club Oaks Consulting.



REMEMBERING THE PAST
**TO SHAPE
THE FUTURE**

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PLUS:
Young
Healthcare
Executive of
the Year

Kerney Laday,
Sr. Trustee of
the Year



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Texans fighting the proliferation of e-cigarettes among youth

“Only morality in our actions can give beauty and dignity to life.” —Albert Einstein

THE AMERICAN HEART ASSOCIATION REPORTS that one in five high school students uses vapor products. Roughly two-thirds of these teens believe the products represent a safe recreation activity with a colorful burst

of candy-like flavoring. The reality: Vapor products contain high concentrations of addictive nicotine oftentimes higher than traditional cigarettes.

Lately, elected leaders have been recognizing that electronic cigarettes are a growing public health problem among youth. In late June, San Francisco Mayor London Breed signed an ordinance banning the sale and distribution of e-cigarettes in the city — the first law of its kind in the U.S.

Here in Texas, the state

legislature briefly addressed vapor products at the end of its 2018-2019 session. In June, Gov. Greg Abbott (R) signed into law “Texas Tobacco 21,” which prohibits the sale of tobacco products, e-cigarettes, and vapor devices to people under age 21 (except for military personnel). The law takes effect September 1.

As President/CEO of the Dallas-Fort Worth Hospital Council, I commend the state for this action, but I believe there’s much more to do. For starters, let’s look under the hood before high-fiving. Vapor products do not fall under traditional Texas tobacco regulations. The products are not taxed, and vapor retail stores receive minimal oversight. Without strict enforcement, many shops won’t be cited for selling to adolescents. For my part, I continue to work with **State Sen. Nathan Johnson** to move vapor products under tobacco regulations.

WHAT ATTRACTS YOUTH

When I went online, I found numerous vapor products with enticing flavors of fruits, desserts, candies, beverages and menthol. A vapor product dubbed “Cookie King”

clearly targeted teens. Moreover, the menthol flavor has hooked many vapor users. The Centers for Disease Control reports that 88.5% of African American smokers ages 12 and older prefer menthol cigarettes. It’s even more attractive when the vaping device is shaped like a USB flash drive. Meanwhile, research on electronic cigarettes and vapor products continues, but the long-term impact might not be known for years.

PLAYING RUSSIAN ROULETTE

Adolescence is a pivotal time. The American Heart Association states that nearly 90% of smokers first try a tobacco product by age 18. Studies also show that if someone has not started using tobacco by age 26, the person is likely to never start. On the other hand, it’s possible that youth who use vapor products containing addictive nicotine could start down a path to other tobacco products, leading to serious medical consequences. It’s disconcerting to know young people are playing this kind of Russian Roulette with their health.

WHAT NEEDS TO HAPPEN ON POLICY

- We need state and federal regulations restricting marketing efforts, such as celebrity endorsements.
- Stop producing assorted flavors and sweeteners in the products, which appeal to young people.
- Manufacturers should be required to post warnings that detail nicotine and include language about addiction.
- Research should be conducted to verify the value of vapor products used for smoking cessation.
- We should step up education campaigns and enact comprehensive smoke-free and vapor-free ordinances in cities across the U.S. To that end, I am working closely with the American Heart Association to go city by city to enact smoke-free ordinances.
- We need to increase taxes on all vapor products.
- Finally, we need to ensure total enforcement of age bans for retail and internet sales, with penalties for the suppliers that sell to underage customers.

WHAT INDIVIDUALS CAN DO

Each of us has a responsibility to advocate for laws and regulations that strictly limit tobacco and vapor products. On a routine basis, we need to speak with young people about the health hazards and consequences. We should continuously move in the direction of curtailing vapor product use among young people. Then, we will be helping give beauty and dignity to their lives. ■



Steve Love

President/CEO
Dallas-Fort Worth
Hospital Council

YHEC participates in seminar at MC Plano



Joseph DeLeon (l to r), Bishop Michael McKee and Josh Floren during the YHEC Seminar on May 17.

THE DFW HOSPITAL COUNCIL (DFWHC) HOSTED the summer session of its Young Healthcare Executive Cohort (YHEC) on May 17 at **Medical City Plano**. Speakers included **Tabitha South**, assistant chief nursing officer at Medical City Plano, examining “Patient Expectations”; and **Jyric Sims**, chief executive officer of Medical City Fort Worth detailing “Leadership Traits.”

A panel discussion on “Palliative Care” included **Josh Floren**, president of Texas Health Presbyterian Plano Hospital; and **Bishop Michael McKee** of United Methodist Church. **Joseph DeLeon**, president of Texas Health Harris

Methodist Hospital Fort Worth, served as moderator.

The event also included a facility tour of Medical City Plano.

YHEC is a complimentary DFWHC program to provide education, networking and collaboration to area hospital executives 40 years of age or younger. It was started in 2018 by DFWHC president/CEO **W. Stephen Love** and **Fraser Hay**, president of Texas Health Harris Methodist HEB. This year’s sessions are being coordinated by Sims, a board member of DFWHC.

For information, contact DFWHC at **972-719-4900**. ■

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INTERLOCUTOR

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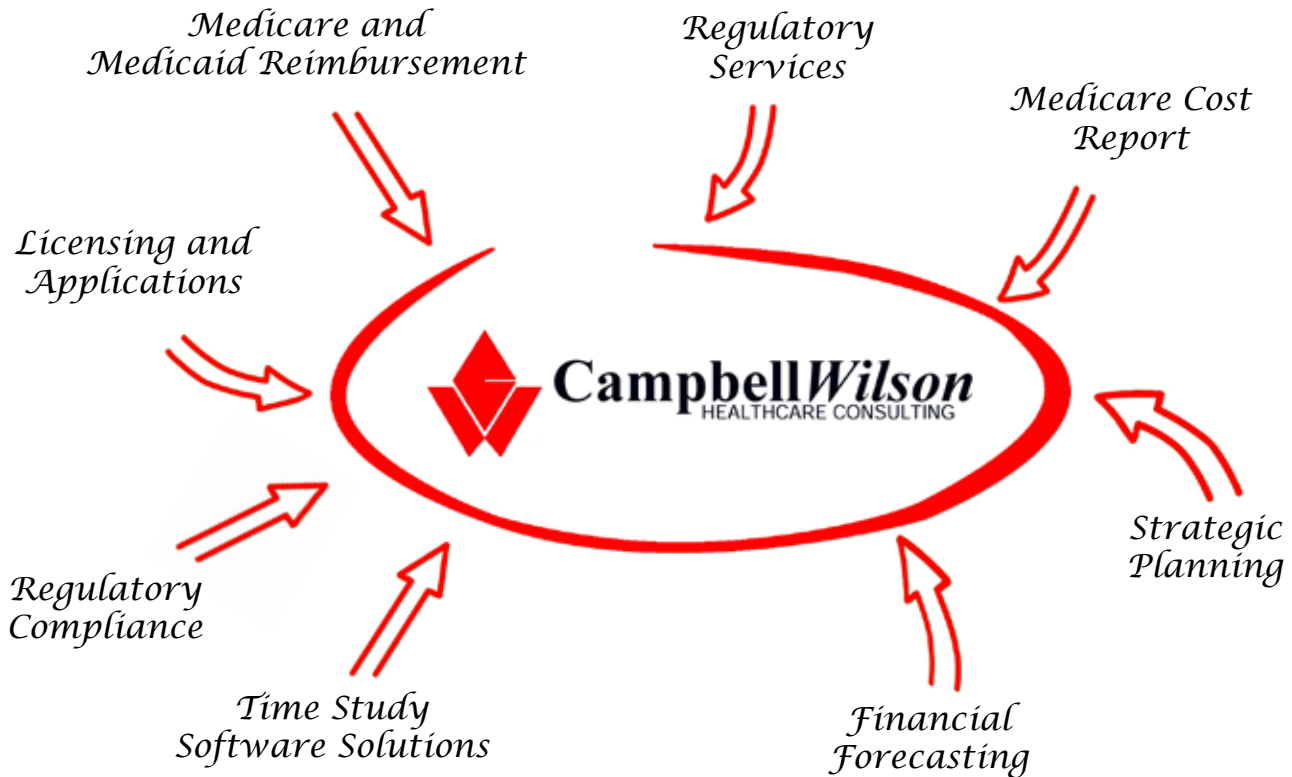
INTERLOCUTOR

1: one who takes part in dialogue

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

Congratulations to Andy Stern.

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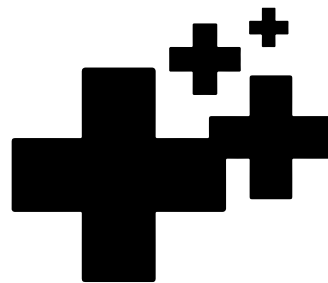
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BOB WOODWARD
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Pulitzer Prize-winning reporters of
The Washington Post discussing the
45th anniversary of Watergate and
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DALLAS-FORT WORTH
HOSPITAL COUNCIL

71st ANNUAL AWARDS LUNCHEON



Distinguished Health
Service Award

ANDY STERN

AMN Healthcare Services;
Medical City Healthcare;
Texas Healthcare Trustees;
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REMEMBERING THE PAST TO SHAPE THE FUTURE

October 8, 2019
Irving Convention Center

Reception - 11:00 A.M.
Luncheon/Awards
12:00 noon - 1:30 P.M.



YOU DO NOT WANT TO MISS the DFW Hospital Council's (DFWHC) 71st Annual Awards Luncheon on **October 8** in the main ballroom at the **Irving Convention Center** (new location).

This year's luncheon, themed "Remembering the Past to Shape the Future," will be highlighted by keynote speakers **Bob Woodward** and **Carl Bernstein**, the Pulitzer Prize-winning reporters of *The Washington Post* who broke the Watergate scandal in 1972.

During the event, DFWHC will present its 2019 Distinguished Health Service Award to **Andy Stern**, a long-time board member of Medical City Healthcare, AMN Healthcare Services and Texas Healthcare Trustees.

DFWHC will also honor the Young Healthcare Executive of the Year, the Kerney Laday, Sr. Trustee of the Year and the board chairs of all member hospitals.

Since 1948, DFWHC's Annual Awards Luncheon has been a traditional opportunity for area hospitals to honor friends of North Texas healthcare.

Woodward and Bernstein are perhaps best known as the men who uncovered the Watergate scandal as reporters for *The Washington Post*. The scandal began June 17, 1972, when burglars were arrested in the office of the Democratic National Committee, located in the Watergate complex in Washington, D.C. A series of articles by Woodward and Bernstein connected the crime to President Richard Nixon's administration, eventually resulting in his resignation.

Their reporting won them a Pulitzer Prize, inspiring their best-selling book "All the President's Men." The book was the basis of the Academy Award-winning film of the same name released in 1976.

During the luncheon, they will

discuss the 45th anniversary of Watergate, and how it pertains to today's political climate – a hot topic discussion not to be missed!

Stern's career spans four decades dating to 1975 when he served as staff assistant to **President Gerald R. Ford**. Since 2001, Stern has been on the board of directors of **AMN Healthcare**.

He also serves as co-chair of **Medical City Healthcare** and has been on the Medical City Dallas board since 1993. Statewide, he serves on the board of HOSPAC, the political action committee of the **Texas Hospital Association**. He served as chair of the Texas Healthcare Trustees and a member of the Texas Hospital Association board for two years.

Nationally, Stern has chaired both the **American Hospital Association's** Committee on Governance, its Leadership Development Committee and continues to serve on the board of the American Hospital Association.

Stern has been managing director of **Club Oaks Consulting** since 2017, when he sold Dallas-based Sunwest Communications, Inc., one of Texas' largest public relations firms.

"Andy Stern has been a respected leader in North Texas for many years," said **W. Stephen Love**, president/CEO of DFWHC. "As a volunteer trustee, he is always dedicated and engaged with the community. Andy is enthusiastic in his vision and has used his extensive experience to improve healthcare in both Texas and the U.S. We are looking forward to honoring him."

Tickets and sponsorships are available. You can find them at <https://dfwhc.org/event/dfwhcs-71st-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 8, 2019

WHERE:

Irving Convention Center



TIME:

11:00 a.m. Reception

12:00 - 1:30 p.m.

Luncheon and Awards

MASTER OF CEREMONIES:

John Phillips, Chair DFWHC,
President, Methodist Dallas
Medical Center

INVOCATION:

Michael Darrouzet, CEO,
Dallas County Medical Society

BENEDICTION:

Brian Swift, CEO, Tarrant
County Medical Society

AWARDS:

Distinguished Health Service
Young Healthcare Executive
Kerney Laday, Sr. Trustee

In Memoriam



Ross and Margot Perot at DFWHC's 2008 Annual Awards Luncheon.

Ross Perot: 1930-2019

Renowned patriot and healthcare contributor

ROSS PEROT, RENOWNED PATRIOT and advocate of North Texas healthcare, passed away on July 9 after a five-month battle with leukemia. He was 89.

A computer pioneer, Perot founded Electronic Data Systems Corp. (EDS) in 1962 and Perot Systems Corp. 26 years later. For his lifetime of work with North Texas hospitals, Perot and his wife of more than 60 years Margot were honored by the DFW Hospital Council in 2008 with the Distinguished Health Service Award.

The third child of Lulu May Ray and Gabriel, Ross Perot was born in Texarkana in 1930. Perot started throwing the *Texarkana Gazette* as an 8-year-old, later crediting his experience with shaping his entrepreneurial ways. As of July, *Forbes* estimated Perot's wealth at \$4.1 billion, making him the 478th-richest person in world.

Perot became a multimillionaire when he took EDS public in 1968, and a billionaire in 1984 when General Motors Corp. bought EDS for \$2.6 billion.

Throughout his life, Perot funded healthcare research in North Texas on the Gulf War Syndrome, diabetes,

regenerative medicine and the work of two Nobel Laureates, Dr. Michael Brown and Dr. Joseph Goldstein at **UT Southwestern University Hospitals**.

His significant gifts extended to many healthcare institutions including **Children's Health, Texas Health Resources, Baylor Scott & White Health, Texas Scottish Rite Hospital for Children, JPS Health Network, Cook Children's** and the **Ronald McDonald House of Dallas**.

In 1986, Perot received the Winston Churchill Award, only the third American to receive the honor, for his efforts on behalf of American POWs in Vietnam and for organizing a strike team to rescue two EDS employees from an Iranian prison in 1979. Prince Charles and first lady Nancy Reagan came to Dallas to personally bestow the Churchill medal.

In 1992, Perot was an independent candidate for U.S. President winning 19 percent of the vote, one of the largest percentages in history for an independent.

Perot is survived by his wife, Margot; their five children and spouses; and 16 grandchildren. ■

Dr. Wright Lassiter, Jr.: 1934-2019

Public servant and education leader

KNOWN TO NORTH TEXAS RESIDENTS as “Mr. Public Servant,” it was with great sadness the DFW Hospital Council (DFWHC) learned of the passing of **Dr. Wright Lassiter, Jr.** on July 2 from complications related to chronic lymphocytic leukemia. He was 85.

Lassiter entered the **Dallas County Community College District (DCCCD)** in 1986 as president of El Centro College. After 20 years he became chancellor of DCCCD, serving from 2006 until his retirement in 2014. His accomplishments include the launching of the school’s first medical campus and completing the largest capital improvement bond program in Dallas District history of \$450 million.

Lassiter was instrumental in forming partnerships with area hospital systems to accelerate graduation from Dallas system colleges with associate degree nursing programs. He led the formation of the **District Health Resources Center**, serving as an entry point for students interested in allied health and nursing careers.

For his lifetime of support of healthcare education, Lassiter was chosen by DFWHC as the 2014 recipient of the Distinguished Health Service Award.

Lassiter also served on various boards and commissions, including as chairman of the African American Museum of Dallas and on the National Advisory Council to the National Endowment for the Humanities.

Born in Vicksburg, Mississippi, Lassiter earned his bachelor’s degree at Alcorn State University, his master’s at Indiana University and his doctorate at Auburn University.

He worked at various institutions across the country including the historically black schools of the Tuskegee Institute and Morgan State University.

Lassiter was the first African American chairman of



Dr. Wright Lassiter, Jr. at the podium during DFWHC’s 2014 Annual Awards Luncheon.

the board of commissioners of the Tuskegee Housing Authority. He implemented the Civil Rights Act of 1965 and the first home ownership program in the Tuskegee Housing Authority; one of the first in the nation.

In 2013, the early college high school at El Centro College was renamed in his honor, The Dr. Wright L. Lassiter Jr. Early College High School.

In 2002, he was nominated by **President George W. Bush** and confirmed by the U.S. Senate to serve as a member of the National Advisory Council to the National Endowment for the Humanities. He previously served as a commissioner for the U.S. Commission of Minority Business Development.

An ordained minister, Lassiter taught at Concord Baptist Church and was an interim pastor at St. John Missionary Baptist Church, both in Dallas.

Survivors include his wife Demetria; son Wright Lassiter III; daughter Michele Lassiter-Ewell; and two granddaughters, Ryan and Loren. His first wife of 55 years, Bessie Lassiter, died in 2014. ■

Around DFWHC

STATE OF REFORM to host annual conference in NTX

STATE OF REFORM HAS A DATE in North Texas! After the past two years in Austin, the conference series bridging the gap between healthcare policy and political reality will host a busy agenda on **September 12** from 8:00 a.m. to 4:30 p.m. at the Irving Convention Center. **DJ Wilson**, president/CEO of State of Reform, will serve as host.

The DFW Hospital Council (DFWHC) is a sponsor of the event, with a convening panel including **W. Stephen Love**, president/CEO of DFWHC; **Kristin Tesmer**, president of the DFWHC Foundation; **Joel Ballew**, vice president government and community affairs, Texas Health Resources; **Larry James**, CEO of City Square; **Senator Nathan Johnson**; **Christina Mintner**, vice president at Parkland Health & Hospital System; **Frank McStay**, senior policy advisor of Baylor Scott & White Health; and **Cristal Retana**, manager of community and government relations at Children's Health.

More than 20 educational sessions and 60 speakers are scheduled. DFWHC hospital and associate members will receive a 20 percent discount by using the code **"DFWHC20."**

This multi-silo event convenes leaders from across 12 different silos: health plans, hospitals, provider groups,



state agency leaders, elected officials, mental health, pharma, health IT, professional services, HR/employee benefits, public health, and local government. The idea is to bring together perspectives and opinions from across the broadest scope of Texas' healthcare sector.

For event and registration information, please go to <https://stateofreform.com/conference/2019-north-texas-state-of-reform/>. ■

Webinar detailing **patient transportation** posted online



THE DFW HOSPITAL COUNCIL (DFWHC) and **SendaRide** complimentary educational webinar "Patient Transportation: How important is it in today's industry?" held Wednesday, July 24 is now available online.

Greg Myers, director of strategic growth at SendaRide,

and **Laura Fleet**, founder and CEO of SendaRide, served as the keynote speakers with DFWHC President/CEO **W. Stephen Love** providing the introductions. Greg discussed how patient transportation can improve a community's health status while also being an extremely smart investment.

SendaRide founders spent over a year designing unprecedented safety and security features before ever providing their first ride. They are singularly focused on maintaining the highest levels of service, safety, security, transparency, and efficiency for their riders, their business partners and their families.

The webinar can be found at <https://www.youtube.com/watch?v=0M-YFqCF-Js&feature=youtu.be>.

For information, please contact Laura Fleet at laura.fleet@sendaride.com or Greg Myers at greg.meyers@sendaride.com. ■



Patient Matching webinar now available online

THE DFW HOSPITAL COUNCIL (DFWHC) and **NextGate** complimentary educational webinar “Patient Matching: Comparing Value and Performance for the Healthcare Enterprise,” held June 27 is now available online.

Duplicate patient records cost U.S. healthcare systems more than \$6 billion annually and individual hospitals \$1.5M per year. The problem not only negatively impacts a provider’s bottom line, but can lead to medical errors, skewed reporting and analytics, redundant medical testing, administrative waste and poor patient satisfaction.

David Bennett, regional vice president, B. S. E. E., of NextGate, served as the keynote speaker with DFWHC President/CEO **W. Stephen Love** providing the introductions. David discussed why patient matching is difficult in today’s IT and how an EMPI connects records across systems and settings.

The webinar can be found at <https://www.youtube.com/watch?v=Qo4i7M1o6cE&feature=youtu.be>.

For information, please contact **Melanie Hilliard** at melanie.hilliard@nextgate.com. ■



Mark Deno

Deno named CEO at Medical City North Hills

MEDICAL CITY NORTH HILLS has named **Mark Deno**, FACHE, as the new CEO, starting August 5. Deno has been part of HCA Healthcare, the parent company of Medical City Healthcare, since 2014. Most recently, he served as COO of The Medical Center of Aurora, part of HealthONE in Denver. Under his leadership, the hospital added key services and elevated standards in stroke care, rehabilitation and surgical services, increasing the lifesaving surgical care the hospital was able to provide. ■



Carlton Ulmer

Ulmer is the new CEO at Medical City Plano

MEDICAL CITY PLANO has named **Carlton Ulmer** as the new CEO, effective July 22. For the past 18 years, Ulmer has been with HCA Healthcare. Since 2017, he has served as CEO of West Florida Hospital in Pensacola, Florida. In 2012, he was named CEO of Gulf Coast Regional Medical Center in Panama City, Florida. During the aftermath of Hurricane Michael in 2018, he served as incident commander, leading emergency response and recovery efforts for the healthcare community. ■



Complimentary webinar hosted
by the **DFW Hospital Council**
and **AMG Equipment**.



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ILLUMINATING
THE BUSINESS OF
SURGERY

Thursday, August 22
2:00PM- 3:00PM CST



How can cloud-based data analytics help
Perioperative leadership gain visibility into
the key metrics that drive efficiency?

- Executive Action
- Nursing Optimization
- Suite Transparency
- KPI Confidence
- Improve Profitability

Speaker:

Blake J. Stock, MBA, CPM,
ORHuB, Inc.

Director of Product
Management and
Customer Success

INFORMATION:

Chris Wilson, chrsw@dfwhc.org, 972-719-4900

REGISTER:

<https://attendee.gotowebinar.com/register/7768648185119140867>



BUILDING A BETTER FUTURE

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.

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Associate Members

Conscience Rule and Protected Employees

By Robin Sheridan
and Lindsey Croasdale

ON MAY 2, 2019, THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (“HHS”) Office of Civil Rights (“OCR”) announced the issuance of the final conscience rule, which prohibits discrimination of individuals on the basis of their exercise of conscience in HHS-funded programs. On May 21, 2019, HHS published the final rule in the Federal Register. This rule is effective July 22, 2019.

This final rule replaces a 2011 rule with the aim of strengthening the enforcement of conscience and anti-discrimination laws protecting certain health care providers who refuse to participate in health care services they find religiously or morally objectionable. The rule implements several statutory provisions that the final rule refers to collectively as the “Federal conscience and anti-discrimination laws” (“New Conscience Rule”). In general, these laws provide conscience protections to certain employees when those employees refuse to participate in certain services, such as abortion, sterilization, the provision of compulsory health care services generally (e.g., vaccinations) or the performance of advanced directives and the provision of assisted suicide.

IS YOUR ORGANIZATION IMPACTED?

All employers who receive funding from HHS are subject to the New Conscience Rule. If your organization receives Medicare, Medicaid or HHS program-specific grants, you are impacted.

CAN YOU BE SUED FOR VIOLATION OF THE RULE?

There is no private right of action under the New Conscience Rule. This means that an employee cannot sue an employer on the basis of a violation. The New Conscience Rule does, however, allow any employee to file a complaint with OCR. The rule also requires OCR to promptly investigate all complaints. Be aware that the New Conscience Rule does not change an employee's existing remedies under Title VII of the Civil Rights Act and applicable state anti-discrimination laws.

WHAT IS THE PENALTY FOR VIOLATING THE RULE?

Penalties for noncompliance can include temporary or permanent withholding or termination of federal financial assistance or other federal funds, referral to the U.S. Attorney General to enforce rights of the U.S. or any other remedies legally available. Noncompliance would be published and could also jeopardize an entity's employee, patient and community relationships.

ARE THERE REQUIREMENTS FOR EMPLOYERS?

In addition to complying with their statutory obligations, the New Conscience Rule requires covered employers to maintain records, cooperate with OCR's investigations and compliance reviews and submit written assurances and certifications of compliance to HHS. The rule also prohibits retaliation against those asserting their rights. While employers are not required to post a notice of rights, a voluntary posting is encouraged.

ONGOING FEDERAL AND STATE DEVELOPMENTS

It is yet to be seen how broadly the New Conscience Rule will be interpreted. Commenters expressed confusion as to how the Emergency Medical Treatment and Active Labor Act ("EMTALA") and federal anti-discrimination statutes, such as section 1557 of the Patient Protection and Affordable Care Act ("ACA") will interact. For example, would the rule allow an employee to refuse to treat a patient based upon his or her sexual orientation if providing health services to them conflicts with the employee's religious directives?

In addition to the New Conscience Rule issued at the federal level, individual states have introduced further protections. The Texas legislature, for example, in its most recent session introduced bills to protect religious organizations from retaliatory action by the government

on the basis of an organization's belief that marriage is the union of one man and one woman, and the terms "male," "man," "female," and "woman" refer to an individual's biological sex at birth.

The New Conscience Rule is currently being challenged in court by a coalition of 23 states, cities, and municipalities.

PRACTICAL TAKEAWAYS

Between the pending court cases, there is a lot of uncertainty as to how these rules will intersect, be interpreted, and be applied. We recommend:


- Health care employers not refuse to hire someone, exclude an employee from an area of practice, terminate employment, demote an employee, deny benefits, impose a penalty on or otherwise adversely treat an employee on the basis of his or her protected objections.
- Health care employers provide reasonable accommodations to protected employees.
- Weigh risks and benefits as employers consider whether to require protected employees to disclose religious objections once they are hired.
- Use alternate staff or methods. In other words, the objecting RN may be replaced in the OR for that procedure but cannot be transferred to a different medical or surgical floor without the employee's agreement.

This information is provided solely for educational purposes and does not constitute legal advice. If you have questions about the New Conscience Rule, please don't hesitate to contact:

- **Robin Sheridan** at rsheridan@hallrender.com;
- **Lindsey Croasdale** at lcroasdale@hallrender.com; or
- Your regular Hall Render attorney.

Visit the Hall Render Blog at <http://blogs.hallrender.com/> for more topics related to health care law. ■

Associate Members



By Laura Keidan Martin,
Kenya Woodruff
and Rachel Adams of
Katten Muchin Roseman LLP

CMS revisits HOSPITAL CO-LOCATION

ON MAY 3, CMS ISSUED A DRAFT LETTER to State Survey Agency Directors regarding **“Guidance for Hospital Co-location with Other Hospitals or Healthcare Facilities”** (Guidance) that is intended to provide clarity on how CMS/State Agency Surveyors will evaluate a hospital’s co-located space and staffing arrangements.¹ The Guidance was issued in draft form and the comment period closed on July 2, 2019. Healthcare facilities that are looking at innovative healthcare delivery models should be aware of this move by CMS.

CO-LOCATION

Under the Guidance, CMS provides that the Medicare Conditions of Participation (COPs) allow hospitals to co-locate (i.e., share common areas on the same campus/building) with other hospitals or health care entities as long as each entity demonstrates separate, independent compliance with the COPs. A hospital is required to have distinct spaces, including clinical spaces, over which it maintains control at all times. CMS explains that this is necessary for the protection of patients including their

right to privacy and to receive care in a safe environment.

CMS further clarifies that hospitals are allowed to share space consisting of public spaces and paths. Examples include public lobbies, waiting rooms, reception areas, restrooms, staff lounges, elevators, main entrances, and main corridors through non-clinical areas. Travel between separate entities utilizing a path through clinical spaces would not be acceptable for patient safety and privacy concerns. For example, a public path of travel through a main hospital corridor with distinct, identified entrances to departments is acceptable but a shared pathway through an inpatient nursing unit or clinical hospital department would be unacceptable. CMS notes that any non-compliance in a shared space may constitute non-compliance with the COPs for both entities.

CONTRACTED SERVICES

CMS states that a hospital may provide services under contract with another co-located hospital or health care entity such as laboratory, dietary, pharmacy, maintenance, housekeeping, security, food preparation, delivery

services, and utilities (e.g., fire detection and alarm systems). For clinical services provided under contract with a co-located entity, the hospital is not required to notify patients of all services provided under contract as the services still must be provided under governing body oversight like any other service provided by the hospital.

STAFFING CONTRACTS

CMS reiterates that a hospital is responsible for independently meeting COP staffing requirements. Particularly, when staff are obtained under contract from another entity (including co-located entities) they must be assigned to work solely for one hospital during any specified shift and cannot “float” between two separate entities during any given shift—including being on-call at one entity while providing services at the other. CMS clarifies that this does not preclude staff from providing services to two co-located entities, but the staff may not provide services to the two entities simultaneously. The medical staff also may be shared between co-located hospitals if the staff is privileged and credentialed at each hospital.² All staff providing services under contract must receive appropriate education and training on all relevant hospital policies and procedures and should receive the same training as provided to all employees.

EMERGENCY SERVICES

CMS directs that all hospitals must anticipate emergency scenarios of its typical patients. Contracting with another hospital for the initial evaluation and treatment of patients experiencing an emergency is permitted as long as the staff is not simultaneously providing duties at another hospital. CMS acknowledges that there may be situations when the initial treatment performed in one hospital requires an appropriate transfer to the other co-located hospital. Hospitals without emergency departments cannot arrange for a co-located hospital to respond to its patient emergencies in order to appraise the patient and provide initial emergency treatment. It is further clarified that if a hospital without an emergency department contracts for emergency services with another hospital’s emergency department it is considered to provide emergency services and must meet Emergency Medical Treatment and Active Labor Act (EMTALA) requirements.

IMPACT OF NEW REGULATIONS

The draft Guidance liberalizes the interpretation of the COPs and provider-based requirements contained in CMS staff advisory letters by permitting shared entrances, reception areas, waiting areas and corridors through non-clinical space. To determine how the Guidance may impact operations, co-located entities should:

- Review floor plans to ensure that clinical space is used solely by a single entity and that shared space consists of only non-clinical space.
 - If all or any portion of a co-located entity’s space is accessible only by traveling through the other entity’s space, the path of travel must be through non-clinical areas.
- Review all contracts for staffing services to ensure they provide adequate staffing levels, oversight/evaluation and training.
 - Contracted staff must have knowledge of and adhere to quality and performance standards of the hospital and the governing body should be able to demonstrate how it monitors, orients, and trains all staff.
- Review staffing schedules to ensure that staff is always immediately available and not simultaneously scheduled to provide services for two separate entities.
- For hospitals without emergency departments, review the process for responding to patient emergencies and whether staff is properly trained to use emergency equipment and to appraise emergencies, provide initial treatment and make appropriate referrals.

¹ CMS notes guidance is specific to general hospitals and does not address requirements of any other Medicare-participating entity such as psychiatric hospitals, ASCs, rural health clinics, IDTFs, etc.

² CMS notes if medical staff shared between co-located hospitals that are part of a multiple hospital system, the hospitals should refer to 42 CFR § 482.22. Section 482.22 discusses requirements for hospital systems with unified integrated medical staff. ■

Associate Members



BRYAN'S HOUSE

Building innovative pathways to inclusion

OVER THE PAST 30 YEARS, BRYAN'S HOUSE has served more than 23,000 children in the community. Founded in 1988 to serve children with HIV/AIDS, Bryan's House has relaunched to include a continuum of medically-managed care, early childhood education for medically fragile children, in center-based classrooms (ages 0-5) and home care services (ages 0-21).

With robust community partners, Bryan's House provides family supportive services – including homelessness prevention – helping families to rise out of poverty and thrive. Many clients are referred right out of the hospital, where they are living with their children.

The new model includes onsite care, with assessments for physical, occupational and speech therapies providing intensive physical and social intervention. Clinical and therapy managers oversee medical care that includes feeding children with gastrostomy tubes, administering breathing treatments, caring for children born to parents with HIV/AIDS, and monitoring children with heart defects and seizure disorders. All of these services are provided in

a nurturing atmosphere. Educational programming focuses on children with all types of delays and challenges.

At various healthcare forums last year, teams often comment on finding new and innovative programs to better serve their constituents. Bryan's House proposes their model be placed on or near existing medical sites. Through their honed continuum of care - parents can attend medical appointments, fees become more affordable, and overall community health (including mental health), improves.

"With funds invested to implement a medically-managed classroom using our model in new and existing medical facilities, we can have a bigger impact in the community," said **Abigail Erickson-Torres**, chief executive officer of Bryan's House. "I wonder who in our city will first see the true value of the programs we offer and partner with us? It's an exciting time."

Erickson-Torres said infants and toddlers need early evaluation and intervention.

"That can happen quickly and efficiently with new



partners,” she said. “Just imagine the waiting list halved, through a few simple steps and funds over time.”

Currently at Bryan's House, children referred from non-medical avenues are finding a medical home and swift access to diagnostic and therapy services. Referrals from Texas Scottish Rite Hospital, Children's Health, Medical City Healthcare, City Hospital, Parkland Health & Hospital System, Baylor Scott & White Health, Ronald McDonald House, Genesis Women's Shelter, Family Place, JWS, Community Council and other avenues come in daily. There is a long waiting list, according to Erickson-Torres.

“It's an area we want to sustainably grow to meet the need,” she said. “Funding access for at-risk special needs children is sorely lacking in North Texas.”

The case managers at Bryan's House works towards transitioning its children to public school after graduation from pre-K. Children who do not attend programs onsite are assisted to move into school districts around the city. The agency works with over 1,000 souls each year.

Families are also supported as they get their basic needs triaged to avoid homelessness. They can also obtain educational opportunities and find pathways to direct employment. Layering mental health services and excellence into everything they do, Bryan's House is making steady and life-changing differences for families.

Covering 83 zip codes and eight North Texas counties, Bryan's House has a \$1.9 million dollar budget that funds 28 staff members and volunteers. More than 65 percent of its funding comes from the community. In 2018, agency leadership enacted innovations to ensure children are cared for regardless of ability to pay.

Bryan's House is proud to have emerged as national leaders in the field, meeting high standards of care in accreditation and filling huge service gaps. The organization has served families with a series of fun, nurturing programs in creative environments. **Dr. Lisa Genecov**, a developmental pediatrician and board member, marvels at how the team at Bryan's House provides a home for children with special needs, with for early childhood education, after-school care, and home-based case management services.

“The staff at Bryan's House focuses on the whole child and their family, helping them reach their goals,” Dr. Genecov said. “The center provides two-generational programming, including infant mental health, early



intervention services, family support, parent training and more.”

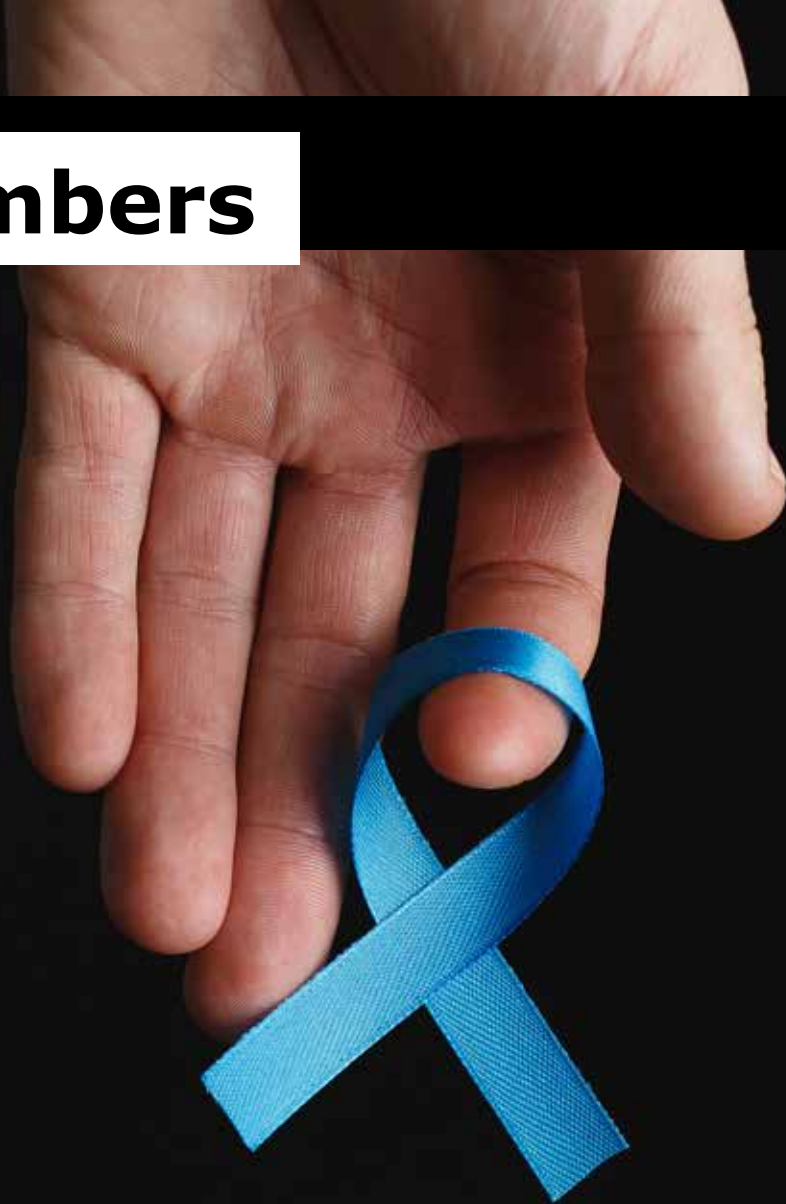
Bryan's House is also a practicum site and training facility for OT/PT and speech therapy students from UT Dallas Human Development and Early Childhood Disorders Program. Four local nursing schools train students in the classrooms throughout the year. Two teachers from the Dallas Independent School District lead the pre-K classrooms at Bryan's House in a partnership with the school district.

A Texas Rising Star Agency, the organization is also accredited by the National Association for the Education of Young Children (NAEYC), received a federal CACFP award for their “Healthy Steps” Food Program, and established a weather emergency classroom, among other recent achievements.

A special forum is being convened by Bryan's House and the Dallas Foundation to discuss new pathways towards inclusion. It's set for September 12, 2019, from 11:00 a.m. to 1:00 p.m. at Old Parkland. Foundations, individuals and corporate funders will convene to discuss aspects of caring for children with special needs, funding innovations, partnerships and methods to streamline delivery of exceptional service. To register, please e-mail aerickson@bryanshouse.org. ■

Associate Members

Opening eyes about the realities of survivorship



By Mirchelle Louis, LCSW, CEO,
Cancer Support Community North Texas

GREAT NEWS! MORE PEOPLE ARE SURVIVING CANCER than ever before. In fact, according to the latest American Cancer Society stats, there will be roughly 1.25 million survivors in Texas by 2026 (an increase of nearly 17 percent).

This uplifting reality was felt this past June, during **National Cancer Survivorship Month**, as thousands of people across the country celebrated surviving this “thief” of a disease. Rest assured, we were also celebrating here in DFW at our Cancer Support Community North Texas Clubhouses.

Yet, survivorship is never as simple as it sounds. How do you mentally shift one day from being a patient in the difficult throes of medical treatment to a survivor the next?

This perspective is so often overlooked. With celebration comes fear of the cancer’s return, survivor’s guilt and the lingering physiological effects of treatment itself.

Meet **Scott Swindell**. Diagnosed with Stage II B Hodgkin's Lymphoma at age 24, Scott says the last thing he was thinking about at that age was cancer. And thanks to aggressive medical treatment, a year later, he was in remission. But the effects of cancer were far from over. It was only after seeing a therapist nearly 15 years later to address some couple's issues that he realized cancer had left its psychological mark.

According to Scott, his therapist told him: "You don't have a relationship issue, you have a cancer issue." The doctor pointed him to Cancer Support Community North Texas so he could surround himself with people who also experienced a similar emotional journey that began with a cancer diagnosis. He wasn't thrilled with the idea but promised his therapist he'd go and participate.

"I decided to trust the process," said Scott.

Today, he can't imagine what his life would've been like without the support.

"I don't think I ever cried about the cancer before going there," Scott said. "I remember getting teary eyed for the first time. In 15 years, I had never really talked about the cancer. I walked out of my first support group very emotional. It's about trusting this was the right thing to do. I had buried this for 15 years. It was time for me to let go."

In survivorship, Scott had a "hunker down" mentality – he didn't want to get married and would sabotage good relationships because he knew it'd ultimately mean having kids.

"The last thing I was going to do is take a chance of my child going through this cancer," he said. "I didn't want the chance of leaving a child without a father."

He didn't want to buy a car or a house because he was afraid of the financial commitment. He didn't want to take any risks or step beyond his comfort zone.

The bottom line is that the transition from patient to survivor can be difficult and an emotional rollercoaster, and many treatment plans neglect to prepare cancer patients for survivorship. Like Scott, survivors are often unknowingly "stuck" and only partially living their lives anticipating what's to come.

Emotional and psychological support can be the game-changer. Scott recalls one support group as the seminal turning point for him.

"I was part of a 2-hour conversation session with 10 other cancer survivors, and the conversation ended up

being all about me," he said. "I'll never forget a man in the group, Joseph. He had gone through remission, gotten married and lived a full life, and the cancer reoccurred. And he just pushed through it. It was one of those moments that I realized I could do what Joseph did...I can live beyond the cancer. It was an amazing conversation for me to have with him. I would have never had that conversation had it not been for CSCNT."

With more people surviving – and thriving – with cancer than ever before, we need to open our eyes to the realities of survivorship and all that it brings. Survivorship isn't a one-day event. It's a journey, and one that deserves support.

Scott is now married with a young son. He and his wife, Jane, now own their first house and car.




For more information, visit www.cancersupporttexas.org.

Locations:

Dallas County Clubhouse
Cancer Center
8196 Walnut Hill Lane, LL10
Dallas, Texas 75231
214-345-8230

Collin County Clubhouse
6300 W. Parker Rd., MOB 2, Suite 129A
Plano, TX 75093
972-981-7020

Tarrant County Clubhouse
10840 Texas Health Trail, Suite 120
Fort Worth, TX 76244
682-212-5400 ■

A close-up photograph of a hand wearing a teal-colored nitrile glove. The fingers are extended, and each finger is wearing an orange-colored nitrile glove. The background is plain white.

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PERSPECTIVES

INSIGHTS & INSPIRATION IN HEALTHCARE MARKETING

Standing out in a sea of sameness.

You may have heard the old phrase, “No one ever got fired for choosing IBM.” IBM must have just loved hearing this. At the time, IBM was the safe bet. Folks would say, “They are the top known brand. If it doesn’t work, it’s not my fault. I made the right decision.”

In my many years of advertising, rarely have healthcare organizations wanted to “step outside the box.” I get it. Marketers typically don’t want to take a risk in doing something different. Perceptions with “different” *must* mean there is risk involved. Some have thought, “What if it doesn’t work? I could lose my job.” Safe is always the easy solution. But is it really the right choice for your hospital or practice? Taking the safe approach typically won’t help you stand out in the crowd.

So, what does *stepping outside the box* mean for you and your facility? It means your community takes notice. It places you in a different light, and your audience respects you for it. They are tired of the noise they hear each day. If it makes them laugh or makes them feel good, then you have touched an emotional cord with them and will create an emotional connection between you and them.

This may require “stepping outside of the box.” Doing something different so you get noticed. I love the following quote:

“The world accommodates you for fitting in, but only rewards you for standing out.”
— Matshona Dhliwayo

If you don’t step outside of the box, it’s hard to get rewarded, much less noticed. But, when you do step out, your brand will be more popular, in addition to you.

Let me share with you a simplified version of our proven methodology that generates rewards. Following these six steps will help you in differentiating your brand.

Step 1 – In the world of “sea of sameness,” differentiating your brand requires some upfront work. You need to evaluate your competitors’ messaging and offerings. Observe their brand colors, messaging and positioning within their websites, print ads and social media channels, as well as their tagline – if they have one. Create a sheet for each competitor of your analysis in addition to a screen grab of their website home page.

“The world accommodates you for fitting in, but only rewards you for standing out.” – Matshona Dhliwayo

Step 2 – Create an analysis for your own facility. Do the same as indicated in step 1. How do you compare?

Step 3 – On a separate sheet, identify what prospective patients are looking for. List everything you can about the needs and wants of your current and prospective patients.

Step 4 – On a white board, create a triangle with competitors at one point, your facility at the other, and then patients at the third point. Now, understanding the needs and wants of your consumer and the positioning of the competitors, what can you say about your facility that is authentic and unique among the competitors and will resonate with your

prospective patients? Sometimes your offering is the same as others. In this case, identify what makes you special: Your outcomes. Your friendly staff. Your uniquely trained physicians. Your location convenience. Your ease of access. And so on. Once you lock in on your point of difference based on the triangle effect, test it to see if it still holds up.

Step 5 – Once you have identified your point of difference, put it into a sentence or short phrase. Again, this phrase must be unique among competitors and resonate well with patient prospects. You now have a *unique selling proposition* (USP).

Step 6 – Now that you have your strategic USP, this will be the foundation of your brand message. It should influence and become the essence of all your marketing. Furthermore, this messaging must be consistent in all your marketing.

Finally, get the respect and awareness your facility deserves. It’s as simple as being authentic and making your message sound different from the humdrum heard each day. And don’t forget, branding also happens at the point of care.



About the author

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WEBINAR

ENTERPRISE RISK MODELING for Health Care Systems



Complimentary Educational Webinar
hosted by DFWHC and Mercer.

Wednesday,
August 28, 2019
2:00 p.m. - 3:00 p.m. CST

Speakers:

Meggan O'Shea, Partner, Lead Not-for-Profit Health Care, Mercer
Christian Grimm, Principal, Senior Investment Consultant, Mercer

- Pavilion, A Mercer Practice, provides investment consulting services to not-for-profit entities. Through our health care segment, we deliver expertise across multiple pools of capital, working with over 125 clients that have \$250B in assets.
- We apply an enterprise wide strategic modeling process for the asset allocation analysis of the health care system's operating assets. This analysis integrates projected income and balance sheet data into a traditional asset/liability management framework.
- This analysis is a powerful tool to assist health care systems in the efficient allocation of capital resources. It has been helpful in predicting when non-compliance with bond covenants may occur.

INFORMATION:
Chris Wilson, chrisw@dfwhc.org, 972-719-4900

REGISTER:
<https://attendee.gotowebinar.com/register/2094124749284238849>

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

Thank you to my mentors and friends

IN SEPTEMBER, MY SERVICE WITH THE DFW Hospital Council (DFWHC) Foundation will end after 10 years. There are so many people to thank for their partnership. The success of the DFWHC Foundation over the last decade is a result of their hard work and vision. I apologize in advance for being unable to thank everyone individually in this publication, but a few people deserve special thanks.

Thanks to **Dr. Ron Anderson**, who led me to this opportunity prior to his passing. Ron cared about the mission of improving health in our community, but he also spent time mentoring individuals. I was one of his lucky mentees.

Thanks to **Harvey Fishero**, our board chairman of nine years. Harvey always promoted the work of the Foundation, made board service fun and meaningful for our trustee volunteers, and supported my leadership unflinchingly.

Thanks to **Ruben Esquivel**, our board member, vice chairman and chairman for 10 years. Ruben is a kind person, respectful of everyone. He taught me how to conduct myself in the best ways as a leader by his very presence and example.

Thanks to **Pam Stoyanoff**, our current chair. You are a joy to work with, and your example as a female leader is invaluable. I apologize for putting you in the position of spending the time to recruit and select a successor for my former role! I owe you.

Thank you to our more than 400 committee and community volunteers, including our current board of trustees. You are the engine of our Foundation and your expertise and generosity are beautiful to behold.

Thanks to our past-President, **Susan McBride**, who gave us the “foundation” for our current Foundation. Individuals she selected for the team have brought strength and sustainability to our programs. Special thanks to Lise, Theresa, Sushma, Patti and Sally.

And finally, thank you to **Steve Love**. Steve advocated for me to be seated as the Foundation President and has supported our growth ever since. He has always supported me as the Foundation’s leader and believes in our mission. Without his unparalleled energy and advice, we would have been unable to bring healthcare support to our partners and region.

Thank you to everyone else, too many to describe, for their contributions here. It has been a joy for me to serve you, and I hope to continue that service in all my endeavors in the future. See you soon! ■

How to contact us
972-717-4279
info@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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DFWHC Foundation

Kristin Tesmer named new President/CEO of Dallas Medical Resource

RAY HUNT, CHAIRMAN OF THE BOARD OF DALLAS MEDICAL RESOURCE (DMR) and executive chairman of Hunt Consolidated, Inc., announced in July that **Kristin Tesmer**, president of the DFW Hospital Council (DFWHC) Foundation, will be **Dallas Medical Resources'** (DMR) next president and chief executive officer

"Dallas Medical Resource has benefited tremendously from outstanding leadership in the past and we are pleased that Kristin has accepted this important leadership role," said Hunt. "With her highly acclaimed track record, we know the transition will be seamless and insure that DMR continues to be a positive force in making sure that North Texas has the outstanding healthcare needed in our communities."

Tesmer begins her new position on September 1, becoming the third president of DMR. Her predecessor, Margaret Jordan, who is retiring this year, has managed DMR since 1995.

Tesmer called her selection an honor. "I am grateful to Dallas Medical Resources' trustees and health system leaders for their confidence and support," she said. "I look forward to working with our partners in Dallas, North Texas and Austin to fulfill DMR's mission."

Jordan, current DMR CEO, said, "Kristin is an exceptional health care executive. She is well

known and respected throughout the region and Texas for her deep knowledge of health, health services and community health needs. She is the right leader for DMR in its next phase and will guide it with creativity, vision and passion."

Prior to joining the DFWHC Foundation, Tesmer served for 10 years as a senior vice president and administrator at **JPS Health Network** after practicing health law at Bishop, Payne, Williams and Werley, LLP and the Tarrant County District Attorney's office. She currently serves as adjunct faculty at the Jindal School of Management at UT Dallas and as an advisory board member to the Master of Business Administration in Healthcare program at Texas Christian University (TCU).

She is a former chair of the American Cancer Society of Tarrant County, and serves a board member of the American Heart Association, Susan G. Komen Tarrant County, and Health Access San Antonio. She is a Fellow of the American College of Healthcare Executives and a former member of its North Texas Board. She has received the DFWHC's Young Healthcare Executive of the Year, Fort Worth 40 under 40 and *Modern Healthcare* Up and Comer awards. She is an ex-officio member of the Texas Hospital Association Quality Improvement



Policy Committee.

Tesmer earned her Bachelor of Business Administration in Finance from TCU, her Doctor of Jurisprudence from The University of Texas School of Law in Austin and her Master of Business Administration from the University of Texas at Dallas. She and her husband, David, are the parents of one son, Austin Tesmer, and two daughters, Georgia and Sarah Jenkins.

Dallas Medical Resource is an organization of business, community and healthcare leaders dedicated to the development and maintenance of the region's vital healthcare infrastructure. It serves as a forum to inform major stakeholders as they address critical issues impacting medical and health care services. ■



Patti Taylor (top left, l to r) and keynote speaker Rich Bluni; Carrie Schirato (lower right, l to r), Carrie Taylor and Kristin Tesmer.

Patient Safety Summit

12th Annual event attracts 350-plus

IT WAS A PACKED HOUSE on August 1 as 350-plus attendees participated in the DFW Hospital Council (DFWHC) Foundation's **12th Annual Patient Safety Summit** at Hurst Conference Center. For the first time in the event's history, this year's Summit was a sellout.

There were nine educational sessions and 12 speakers with topics including "Clinician Burnout," "Health Literacy," "Suicide Prevention," "Cyber Security," "Drug Diversion" and "Human Trafficking."

"It was a great day with tremendous attendance," said **Patti Taylor**, event coordinator and director of quality and patient safety at the DFWHC Foundation. "This event serves as an opportunity for the healthcare community to discuss past patient safety errors and, most importantly, to make plans for the future to keep these issues from happening again. We're inspired by the growing attendance and participation."

This year's theme was "Safer by the Dozen." More than 20 abstract poster presentations detailing North

Texas patient safety projects were also on display.

Keynote speaker **Rich Bluni**, a registered nurse and author of the bestseller "Inspired Nurse," closed the Summit. With over 21 years of nursing experience, Bluni utilized his knowledge for a savvy and comedic presentation.

An additional highlight was the presentation of the inaugural "Good Catch Hero Award." It was presented to the **Methodist Dallas Medical Center Emergency Department** for their recent efforts in detecting a major human trafficking operation. Great job!

The Summit's Platinum Sponsors were **The Joint Commission, TapRoot, Methodist Health System, Texas Health Resources** and **UT Southwestern**. Gold Sponsors included **Hillrom** and **Verge Health**. Bag Sponsor was **Methodist Dallas Medical Center** while **Global Impressions** served as the Print Sponsor.

For information, please contact **Patti Taylor** at ptaylor@dfwhcfoundation.org or 972-719-4900. ■

12TH Annual Patient Safety Summit THANK YOU SPONSORS!



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Around DFWHC Foundation

Foundation's 2018-2019 Annual Review

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION RELEASED its 2018-2019 Annual Report in July. The 28-page document themed “Better Health, Better Care,” details a record number of projects the Foundation participated in over the past 12 months. Activities and overall numbers of each department are also included.

“The Annual Review is a great way to communicate our efforts to identify the best interventions to improve community health through data analysis and research,” said **Kristin Tesmer**, president of the DFWHC Foundation. “We hope our information will encourage awareness and innovation among our many healthcare partners.”

Hard copies were distributed last month.

You can find an electronic copy at <https://dfwhcfoundation.org/wp-content/uploads/2019/07/AnnualReport2019LOW.pdf>. ■



Second Annual Sepsis Challenge set for Sept. 14



THE SECOND ANNUAL DALLAS FORT WORTH SEPSIS CHALLENGE, a community 5K run and walk, is set for **September 14** at 9:00 a.m. at Trinity Park in Fort Worth. The DFW Hospital Council (DFWHC) Foundation is serving as an event sponsor.

Hosted by the **Sepsis Alliance**, the event will officially kick off Sepsis Awareness Month throughout September. The purpose of the challenge is to raise sepsis awareness and funds for education programs.

“This is an enjoyable event and a great way to bring attention to this crucial patient safety issue,” said **Patti Taylor**, the director of quality and patient safety at the DFWHC Foundation. “We have been working for several years now at the DFWHC Foundation to raise awareness on this issue and to decrease North Texas occurrences.”

To register, go to <https://donate.sepsis.org/event/dallas-fort-worth-sepsis-challenge-2019/e224235>. ■

National Workforce Conference held in Dallas



Stephanie Huckaby (l to r), Winnie Neal, Sally Williams, Andrea Glispie and Sheila Rawlins.

IT WAS A MEETING OF GREAT WORKFORCE MINDS when **The National Fund for Workforce Solutions 2019 Convening** was held in Dallas, June 25-27 at the Fairmont Hotel. Two North Texas hospitals were honored while our own **Sally Williams**, workforce center director at the DFW Hospital Council Foundation, participated in a panel discussion.

The National Fund for Workforce Solutions is a network of more than 30 partner communities across the U.S. that invests in innovative projects to connect residents to in-demand skills including healthcare.

“It was a great event with an emphasis on national workforce development and its impact upon the economy,” Williams said. “The National Fund for Workforce Solutions has provided grant funding to the United Way of Metropolitan Dallas in support of the ‘Better Skills, Better Jobs’ project we’ve been working on over the past year.”

The “**Better Skills, Better Jobs**” funds provide patient care technician mentoring. North Texas hospital positions promoted by the project include registered nurses, surgical technicians, respiratory therapists, pharmacy technicians and radiologic technologists.

During the conference, **Methodist Health System** and **Parkland Health & Hospital System** were recognized as CareerSTAT Frontline Healthcare Worker Champion Organizations. The national award recognizes healthcare employers for innovations in workforce development.

The workshop Williams participated in was titled “Healthcare Industry Partnership Use of Job Quality to Improve Frontline Worker Retention,” a panel discussion also including **Winnie Neal** of Methodist Health System; **Sheila Rawlins** of Parkland Health & Hospital System; and **Stephanie Huckaby** of UT Southwestern; with **Andrea Glispie** of United Way of Metropolitan Dallas serving as moderator. ■

Around DFWHC Foundation

Department of Labor's \$12 million grant to DCCCD to support healthcare training



Grant Coordinators, including U.S. Secretary of Labor Alexander Acosta (center), DFWHC's Harmona Epps (left of Acosta) and the DFWHC Foundation's Sally Williams (right of Acosta).

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT is the recipient of a \$12 million apprenticeship grant from the **U.S. Department of Labor** that will promote successful training and serve as a model for programs to strengthen the workforce with trained and credentialed workers.

U.S. Secretary of Labor **Alexander Acosta** was on hand to make the announcement on June 25 at El Centro College. Executives of the Dallas-Fort Worth Hospital (DFWHC) Council and the DFWHC Foundation were also present, having served as the intermediary in the project to bring North Texas hospitals aboard.

Acosta also participated in a roundtable discussion about the importance of apprenticeships in workforce development with the district's chancellor, **Dr. Joe May**, other DCCCD leaders and healthcare industry advocates.

The \$12 million grant will support training for 7,500 apprentices in approximately 50 critical healthcare occupations for healthcare providers, locally and

nationally. Of the 7,500 apprentices, it is projected nearly 3,700 will be women, more than 2,500 people of color, and over 1,100 transitioning service members, military spouses and veterans.

"Apprenticeships in healthcare are not as prevalent as in other industries, and this initiative is meant to change that," May said.

The healthcare industry is highly reliant on H1-B visas to fill employment gaps, and apprenticeships have not been a traditional method of finding employees.

Among the new or expanded apprenticeships are nurses, cardiovascular technicians, flight medics, radiology technicians and behavioral health technicians.

The project's industry partners also include: **UT Southwestern Medical Center, Texas Health Resources, VA Healthcare System, Children's Health, Parkland Health & Hospital System, Methodist Health System, Capital Senior Living, Medical City Healthcare, Acadian Ambulance Services and JPS Health Network.** ■

Complimentary Educational Event

HIGH-LEVEL Disinfection: What Surveyors are looking for

CNE's will be available.

WHEN

August 12, 2019 from 8:00 a.m. - 10:00 a.m.



WHERE

Texas Scottish Rite Hospital for Children - Dallas



SPEAKERS

Dodjie Guioa - CMS Program Lead

Lane Vause - CLIA Surveyor

QUESTIONS

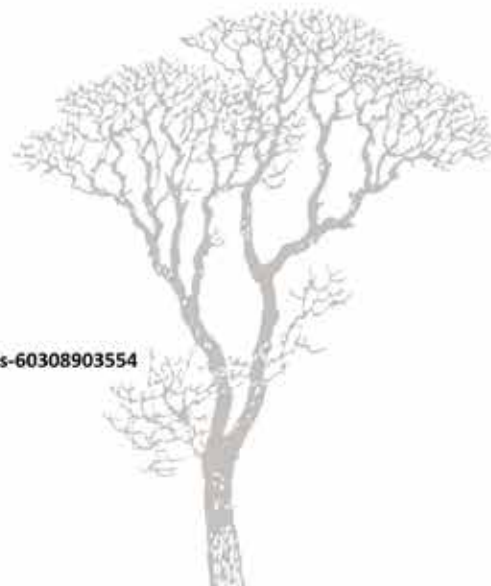
Questions should be sent in advance to **Patti Taylor** at ptaylor@dfwhcfoundation.org. Deadline to submit questions is **August 5**.

REGISTER

<https://www.eventbrite.com/e/high-level-disinfection-what-surveyors-are-looking-for-tickets-60308903554>

INFORMATION

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Criminal Research: Fact and Fiction

IT'S IMPORTANT TO UNDERSTAND the difference between fact and fiction. First, let's agree there is not a single data source to provide all criminal history appropriate for pre-employment reports. Criminal history is assembled by county court record systems. A consumer reporting agency such as GroupOne Background Screening can obtain the information directly from the courts. The "urban myth" of having a single criminal data source was created by vendors who claimed they could provide millions of items at the click of a button. **Fact No. 1:** such data is stale, dated and unverified.

Don't get me wrong, there are some advantages when collecting instant criminal data. For example, you can save time, money and labor. Instant criminal databases can provide over three billion records and reach out to 1,700 sources with multiple filters.

Fact No. 2: There are risks when using instant databases.

These criminal reports do not cover every county in the state. While the agency using instant criminal data may note their search as complete, that's obviously fiction. Most of the data produced in instant criminal reports is rarely updated, and as a result could include charges that have been redacted or expunged.

A growing trend within our industry is to monitor the absence of key identifying elements in certain jurisdictions. In Georgia, some counties will return a "name match" only, or just provide the year of birth. Missouri only provides the year of birth, and a reporting agency must go to the courts to obtain additional information. Hawaii does not provide the date of birth. And so on.

Fact No. 3: Good criminal research combines "in court" work to support national criminal database searches. You've got to have both if you want to be safe. Information gathered "in court" includes updated expungements, "hit" confirmations and validation. Adding a strong quality assurance review to close the research is the best practice. The QA process can reduce risk and litigation while enhancing accuracy. **Fact No. 4:** It is important to ensure your work can be relied upon for compliance purposes. A single search through an instant criminal database will not provide such assurance.

Here at GroupOne, we would never settle for such fiction. ■



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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GroupOneREPORT

Did you know
GroupOne
provides
drug testing?



A SAFE WORKPLACE IS A HAPPY WORKPLACE, with decreased absenteeism, improved production and minimal turnover. An effective drug testing program is a crucial part of that safety equation.

Here at GroupOne Background Screening, we've been providing effective drug testing programs for over a decade. We offer state-of-the-art screenings, providing a convenient one-stop shop.

Pre-employment, post-accident and even random drug tests are available. But our services don't stop there. You want reasonable-cause testing? We've got it. How about return-to-duty testing? You bet. Electronic scheduling or MRO services? Yes, to all of the above.

HOW EFFECTIVE IS DRUG TESTING?

Employment drug testing is a powerful tool that provides far-reaching company benefits. Today, more than 65% of companies utilize drug testing programs. Here's a few of the advantages:

- Drops in absenteeism by as much as 50%;
- Drops in workers' compensation rates by 50%;
- A 19% increase in productivity rates;
- A 16% decrease in turnover rates.

Those are substantial numbers that translate, quite simply, into money in your company's pocket.

WHAT ARE THE MOST ABUSED DRUGS?

The drugs abused evolve over time. While marijuana is still the number one most-abused drug, prescription drugs have moved into second place, overshadowing cocaine.

Prescription medication and designer drugs must now be considered for testing. Synthetic opiates such as hydrocodone and oxycodone, also known as Vicodin or Oxycontin, are also becoming increasingly popular.

Designer drugs such as synthetic marijuana and synthetic amphetamines should also be on your testing radar. Known as K2/Spice and Bath Salts, these drugs are manufactured and marketed in such a way as to avoid legal roadblocks to distribution.

MONITOR TRENDS WITH LEGAL COUNSEL

By monitoring industry trends, you can maintain your program's effectiveness by understanding which drugs are being abused. Laws and regulations will help dictate what can be tested and how that testing should be conducted.

GroupOne strongly recommends that employers retain legal counsel specializing in drug testing to review laws in the states where applicants and employees reside.

Here at GroupOne, workplace safety is our goal. There is no better way to promote a safe environment than an effective employee drug testing policy. For more information, please contact us at sales@gp1.com. ■



BANKRUPTCY!

Will it show up on your background check?

HERE AT GROUPONE BACKGROUND SCREENING, we receive daily questions on a number of issues, but one of the most common is if a background check will reveal a Chapter 7 bankruptcy? If so, from how long ago?

The simple answer is, yes bankruptcies can be discovered. While they are often seen as a negative, it also shows you've taken steps to get your financial life back in order.

Although you may have endured hard times in the past and are concerned that a future employer will disqualify you as a candidate, according to the Fair Credit Reporting Act, bankruptcies more than 10 years old are not allowed to be on an employee background check.

In fact, government employers are forbidden by law to refuse employment to someone solely because they filed for bankruptcy. This law applies to federal, state and local levels.

Usually, if bankruptcy is the only red flag on your

background check, it should not be an issue when getting hired. However, if other flags pop up on your screening in addition to the bankruptcy, then it could be grounds for denying employment.

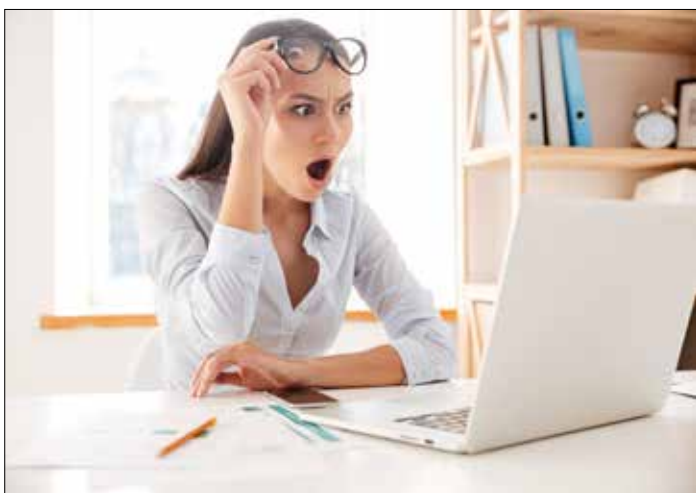
Private employers do not have the same restrictions, so laws do not forbid them from refusing employment because of bankruptcy.

If you have concerns about what is revealed on your background report, GroupOne recommends you do a check on yourself to see what shows up.

If any red flags appear, including a bankruptcy, you may want to disclose this information to your potential employer at the very beginning of the process. Many employers are understanding and know people can potentially face hardships throughout life.

It's always best to be a step ahead of potentially bad news, thus discussing your past hardships in advance may be able to save you a lot of headaches. ■

Continuous background checks becoming a growing safety trend



WITH SUCH HIGH-PROFILE INCIDENTS as an Uber Eats driver in Atlanta who allegedly shot and killed a customer in February, employers have increasingly been inspired to root out problematic employees. And for good reason! Today, studies show 33% of employees admit to stealing money from employers and that 30% of business failures are related to employee theft.

Trying to balance privacy concerns with mounting pressure to create safe work environments is never easy. GroupOne Background Screening recommends a policy of continuous background checks on employees. Healthcare and financial service workers have utilized periodic screenings for years, but the practice of continuous checks – or GroupOne’s package of “**ReChecks**” – is spreading to other sectors including manufacturing and retail.

The growing trend is inspired by a fear that an employee may have committed a serious crime since being hired. At GroupOne, we see some of our clients have adopted periodic criminal monitoring, oftentimes on hourly workers with access to cash.

Today, continuous background checks are easier to do because more police departments and court systems are online, meaning more data is readily available.

Organizations recently adopting such programs include Hartsfield-Jackson Atlanta International Airport, which

moved last year to continuous screening of its employees after previously doing checks every two years. The Chicago public school system, responding to a *Chicago Tribune* exposé last year on sexual abuse in schools, promptly rechecked the backgrounds of 45,000 employees and thousands more vendors and volunteers before the school year began. Periodic screening will soon become the norm, according to a school spokesperson.

The Fair Credit Reporting Act, which governs how and when companies conduct background checks, requires employee consent, and if a company plans to discipline or fire a worker based on **ReCheck** findings, it must give the employee an opportunity to review the data for errors or explain any mitigating circumstances.

While there are legal risks in doing background checks, there are always negligent-hire risks in not doing them. GroupOne recommends employers strike a proper balance when doing **ReChecks**.

Uber is planning to reveal its process for conducting continuous background checks on its drivers, one of the first large companies to go public with such plans. Uber and Lyft are both under fire from local governments to keep better tabs on drivers’ criminal records and traffic infractions.

To date, 31 states have adopted “**ban-the-box**” policies, which prohibit government agencies from asking about criminal records on an initial application, in the hope that candidates will get a fair chance at a job.

While more companies are adopting continuous background checks to root out misbehavior, other U.S. companies are hiring ex-felons to fill jobs in a country with a 3.8 percent unemployment rate. While the two trends appear to contradict each other, GroupOne supports the “ban-the-box” movement and also believes our **ReChecks** packages can help you avoid any potential liability.

Employee and customer safety are top priorities at GroupOne, and our **ReChecks** packages are a consistent way for your company to continue to meet safety standards in an ever-changing marketplace.

Clear your **VOLUNTEER** – GroupOne’s volunteer background screening provides FCRA coverage

DO YOU “CLEAR YOUR VOLUNTEER?” Here at GroupOne Background Screening, we’ve been checking on volunteers of our clients for over 20 years. Volunteers are screened for the same reason employers conduct background checks – to verify identity and weed out problems that could arise from an undisclosed criminal history.

Laws requiring volunteer screening ask for a check of criminal history and sex offender registries, especially in programs involving children.

Even without a legal requirement, most volunteer organizations believe it a necessity to “clear” their staffs. As with businesses, nonprofit organizations must respond to the needs of clients in order to provide safe environments for employees and children alike.

Parents have a legitimate right of assurance their children are safe, whether at school or weekend softball practice. But it goes much further. For adults responsible for their elderly parents, they want to know their loved one is not the target of abuse or crime.

Failure to maintain safety can destroy the hard-earned

trust your organization has achieved through the years, leading to loss of community support, loss of funding or even a lawsuit for negligent hiring.

In addition, for your volunteer background screening to be covered by the Fair Credit Reporting Act (FCRA), it should be conducted by a third-party screening company such as GroupOne Background Screening.

When conducting proper volunteer screening, it’s not just about providing a “good faith” effort. It is about protecting those who oftentimes cannot protect themselves – our children and our elderly.

Some advantages of GroupOne’s Volunteer Background Screening include:

- Public safety;
- Legal compliance;
- Limitation of liability;
- Protection of the vulnerable;
- Customer assurance;
- Avoidance of loss of business.

Here at GroupOne, let us “Clear your Volunteer.” ■

Employers paid out \$174M in background-check lawsuits

OVER THE PAST DECADE, employers resolving class-action lawsuits over alleged background check violations paid out a total of **\$174 million**, according to court records. Companies that provided those reports to employers paid another **\$152 million** when they were sued directly by individuals for allegedly violating the **Fair Credit and Reporting Act (FCRA)**. The FCRA may not be at the top of the list of concerns for HR professionals compared to discrimination or sexual harassment legislation, but it still carries risks. With hiring occurring regularly and many employers admitting that they don’t do regular screenings, the risk of violating the law — and making poor hiring decisions — can’t be ignored. Employers commonly run afoul of background check rules when negative information pops up during a check. To avoid common pitfalls in this area, GroupOne recommends employers regularly audit their background check forms to spot problem areas and train managers and supervisors on compliance with applicable laws like the FCRA. ■





CLEAR your
VOLUNTEER!

GroupOne
BACKGROUND SCREENING

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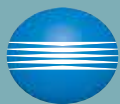


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**Konica Minolta congratulates the award recipients of the
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