



DALLAS-FORT WORTH
HOSPITAL COUNCIL

INTERLOCUTOR

WINTER 2020

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NEWS FROM THE DFW HOSPITAL COUNCIL

2020 Vision: *A World of Opportunities*



24th Annual **Employee of the Year Luncheon**

April 23, 2020 • 11:00 a.m. to 2:00 p.m.

Hurst Conference Center - **Page 24**

PLUS:
Debut of
DFWHC/KRLD's
"Human Side of
Health Care"
- **Page 6**

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Steve Love
President/CEO
Dallas-Fort Worth
Hospital Council

Maternal mortality - a crisis situation

OUR NEW YEAR IS OFF TO A FAST START with quite a bit of healthcare news impacting Medicaid. The Centers for Medicare and Medicaid Services (CMS) has proposed major changes with the Medicaid Fiscal Accountability Rule (MFAR). The Department of Health and Human Services has also proposed the Healthy Adult Opportunity using a “block grant” approach. These changes could impact pregnant women covered by Medicaid.

A new report prepared by the National Center for Health Statistics (NCHS) details findings on maternal mortality in the U.S. Hopefully, we now have an accurate analysis because previously, not all states reported data in the same way. NCHS uses the World Health Organization (WHO) definition for maternal mortality as deaths of women while pregnant or within 42 days of being pregnant or from any cause related to pregnancy.

This new report states U.S. maternal mortality rates are 17.4 deaths per 100,000 births, exceeding other developed countries. Racial and ethnic disparities include 37.1 deaths per 100,000 for non-Hispanic blacks versus 14.7 for non-Hispanic whites and 11.8 for Hispanic women. This data confirms the U.S. has the highest maternal mortality rate when compared to nations with 300,000 or more live births. Simply put, in this country we have a crisis with women’s health.

The new data (after correcting death certificate reporting) is alarming as Texas ranked 13th highest among 25 states and is higher than the national average. Texas reported 18.5 deaths per 100,000 births in 2018, according to the NCHS report. A 2018 report investigating maternal mortality in Texas found that with appropriate intervention, nearly 80 percent of pregnancy-related deaths could have been prevented in 2012.

“That such a significant proportion of these deaths can be prevented speaks to all of us to do what we can to improve the health care of women,” said **Dr. Lisa Hollier**, a Texas Children’s Hospital obstetrician-gynecologist and the chair of the task force. “That means best policies from legislators, best practices from health facilities and physicians, and community efforts to provide education for pregnant and postpartum women.”

All stakeholders must work collaboratively to ensure pregnant women have coverage and access to medical care in Texas. We must have appropriate Medicaid coverage after childbirth based on improving maternal mortality rates, especially addressing racial and ethnic disparities. The new MFAR-proposed changes could negatively impact initiatives striving to improve maternal mortality rates. ■

INTERLOCUTOR

EDITORIAL

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DALLAS-FORT WORTH
HOSPITAL COUNCIL

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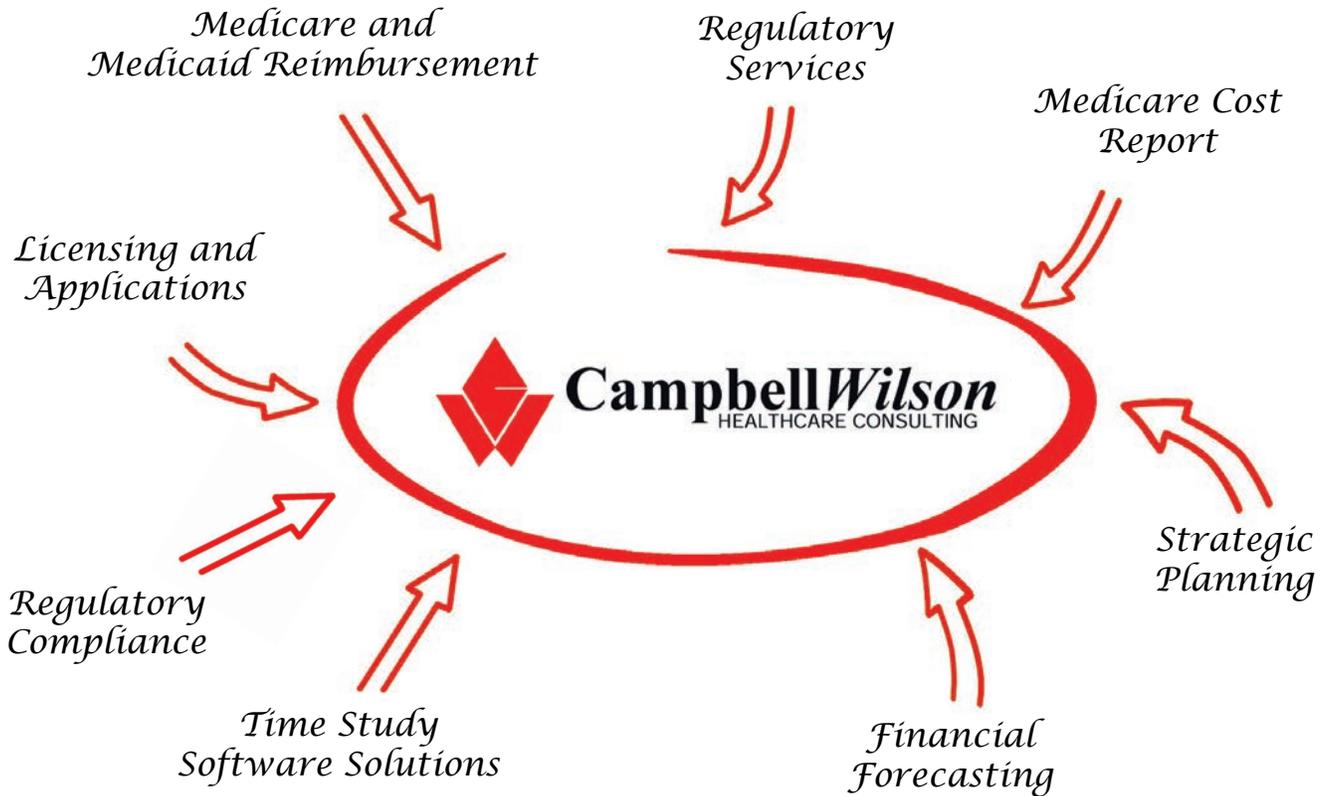
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INTERLOCUTOR

1: one who takes part in dialogue

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

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KRLD
NewsRadio
1080



Sunday's at 1:00 pm



ON AIR

The *Human Side* of Health Care



*Stephen Love (left)
and Thomas Miller*



Senator Nathan Johnson



Janet St. James



Niki Shah



Ron Sylvan

THE DFW HOSPITAL COUNCIL (DFWHC) RADIO PROGRAM

“The Human Side of Healthcare” officially debuted on January 5 on **KRLD 1080 AM** with guests including **Senator Nathan Johnson**. The weekly radio broadcast will air throughout 2020 on Sundays from 1:00 to 2:00 p.m. CST.

Hosted by DFWHC President/CEO **Stephen Love** and KRLD’s **Thomas Miller**, the program showcases the many activities of North Texas hospitals.

“We’re off to a great start,” Love said. “What we’re attempting to do is inspire community awareness on the many programs provided by our area hospitals. There is just so much work being done in the metroplex that you never hear about in the news. This is a chance to provide a forum highlighting our hospitals’ activities.”

Guests during the first month have included:

- **Stacie Goran** of Children’s Health;
- **Jason Isham** of Children’s Health;
- **Lara Burnside** of JPS Health Network;
- **Richard Carter** of Hunt Regional Medical Center;
- **Ryan Eason** of Medical City Healthcare;
- **Janet St. James** of Medical City Healthcare;
- **John Phillips** of Methodist Dallas Medical Center;
- **Sherry Cusumano** of Medical City Green Oaks;
- **Ron Sylvan** of Mothers Against Drunk Driving (MADD);
- **Dr. Phillip Huang** of Dallas County Health and Human Services;
- **Kellie Rodriguez** of Parkland Health & Hospital System;
- **Dr. Don Sewell** of Baylor Scott & White Health;
- **Niki Shah** of Baylor Scott & White Health;
- **Dr. Karen Schultz** of Cook Children’s;
- **Charles Smith** formerly of Texas Health and Human Services Commission;
- and **Dr. Ben Levine** of UT Southwestern and Texas Health Resources.

KRLD 1080 AM serves North Texas with a news/talk radio format. It has a listening range covering a 30-county across North Texas and beyond. It is also broadcast nationwide on **Radio.com**.

Each broadcast will be posted online at Spotify, Apple, Google, Stitcher, YouTube and iHeart Radio. Links to all broadcasts are also available online at **www.dfwhc.org**. ■

Your feedback is welcome. For information, please do not hesitate to contact radio@dfwhc.org.



DFWHC announces 2020 Board of Trustees



John Phillips



David Berry



Sharn Barbarin

THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) HAS ANNOUNCED its Board of Trustees for 2020. The Board consists of the following individuals:

- Chair **John Phillips**, President, Methodist Dallas Medical Center
- Chair-Elect **David Berry**, President System Clinical and Scientific Operations, Children's Health
- Past Chair **Scott Peek**, Senior VP Joint Ventures, Baylor Scott & White Health
- Trustee **Blake Kretz**, President, Texas Health Arlington Memorial Hospital
- Trustee, **Jessica O'Neal**, CEO, Medical City Children's Hospital
- Trustee **Sharn Barbarin**, CEO, Medical City Lewisville
- Trustee, **Dr. Karen Duncan**, Executive VP, Community Health, JPS Health Network
- Trustee **Rebecca Tucker**, President, Texas Health Harris Methodist Hospital SW FW
- Trustee **Michael Sanborn**, President, Baylor Scott & White All Saints – Fort Worth
- Trustee, **Dr. William Daniel**, VP Health System Affairs, UT Southwestern
- Trustee **Audra Early**, Senior VP, Strategy Network Development, Kindred Hospitals
- Ex-Officio **Richard Carter**, President/CEO, Hunt Regional Medical Center
- Ex-Officio **Natalie Wilkins**, Chief of Staff to President/CEO, Cook Children's
- Ex-Officio **Kyle Armstrong**, President, Baylor Scott & White – McKinney

Completing their terms are **Joseph DeLeon** of Texas Health Harris Methodist Hospital Fort Worth; **Nancy Cychol** of Cook Children's Medical Center; **Jerri Garison** of Baylor Scott & White Medical Center – Plano; **Robert Walker** of Texas Scottish Rite Hospital for Children; and **Jyric Sims** of Medical City Fort Worth. Former board member **Dr. Esmaeil Porsa** of Parkland Health & Hospital System, also stepped down as he accepted a new position in Houston. New to the Board are Duncan, Tucker and Sanborn. Wilkins and Armstrong were appointed as new ex-officios.

"We've had some great additions this year to our 14-member board," said **Stephen Love**, president/CEO of DFWHC. "We would also like to thank Joseph DeLeon, Nancy Cychol, Jerri Garison, Robert Walker, Jyric Sims and Dr. Esmaeil Porsa for their dedicated board work over the past year." ■



DALLAS-FORT WORTH
HOSPITAL COUNCIL



DALLAS-FORT WORTH
HOSPITAL COUNCIL'S
**72nd ANNUAL
AWARDS
LUNCHEON**

October 14, 2020
Irving Convention Center



KEYNOTE SPEAKER:

JIM CRAIG

Goaltender of the 1980
U.S. Olympic hockey
team discussing the
"The Miracle on Ice"

Miracle on Ice

Olympic goaltender Jim Craig signed as keynote speaker of DFWHC's Annual Awards Luncheon in October

MARK YOUR CALENDARS as **Jim Craig**, the goaltender of the 1980 U.S. Olympic hockey team that achieved what is known as the "Miracle on Ice," will serve as keynote speaker during the DFW Hospital Council's 72nd Annual Awards Luncheon on **October 14, 2020** at the Irving Convention Center.

This year marks the 40th anniversary of what *Sports Illustrated* has called the "top sports moment of the 20th century." The "Miracle on Ice" was a medal-round game during the men's hockey tournament at the 1980 Winter Olympics in Lake Placid, New York, between the U.S. and the four-time defending gold medalists, the Soviet Union.

The U.S., the youngest team in the tournament while the Soviet Union consisted primarily of professional players, would win the match 4-3.

With the final seconds of the game ticking down, ABC's **Al Michaels** would declare "Do you believe in miracles? Yes!" The U.S. team would advance to win the gold medal. Perhaps the most famous photograph from the victory was taken of Craig, the flag draped over his shoulders, as he searched the stands looking for his father.

Today, Craig has worked as a market service representative for over 20 years and provides first-hand insight into what it takes to overcome long odds to become a champion. You don't want to miss this great patriotic presentation!

DFWHC's award recipients will be announced this summer. Tickets and sponsorships will also be available this summer. For information, please contact **Chris Wilson** at chrisw@dfwhc.org. ■

Around DFWHC

Uninsured children detailed in DFWHC national blog

COULD EXPANSION OF MEDICAID solve the growing problem of children lacking health insurance in Texas? According to a national blog posted January 8 on the **American Communities Project** website by DFW Hospital Council (DFWHC) President/CEO **Stephen Love**, the proof is in the numbers.

Titled “Time to Tackle the Problem of Uninsured Children in Texas.” Love’s blog explored the health and socioeconomic trends of children living in the state while revealing several disturbing trends.

“A direct correlation exists between states that did not expand Medicaid and children’s high uninsured rates,” according to Love. “Yes, Texas was one of those states that stood firm in its refusal to expand Medicaid. However, public opinion in Texas has been shifting. An Episcopal Health Foundation survey taken last year showed that



64% of Texas residents support expanding Medicaid.”

Love also noted that half of the nation’s uninsured children reside in six states, with Texas leading the way with 21.5% of that total.

You can read the full blog at <https://www.americancommunities.org/time-to-tackle-the-problem-of-uninsured-children-in-texas/>. ■

Love hosts panel at North Dallas Chamber Conference



Stephen Love (l to r), Marianne Fazen, Michael Horne and Dr. John Siburt.

DFW HOSPITAL COUNCIL (DFWHC) PRESIDENT/CEO STEPHEN LOVE moderated a panel on January 17 during the **North Dallas Chamber of Commerce’s Annual Health Care Conference** in the main auditorium at Texas Scottish Rite Hospital for Children. The event was sold out with

200-plus in attendance.

Love’s panel was titled “The Impact of Health Care on the Local Economy” and included guests **Marianne Fazen**, CEO of the Dallas Fort Worth Business Group on Health; **Michael Horne**, president/CEO of the Parkland Foundation; and **Dr. John Siburt**, president of City Square.

Rob Kaplan, president/CEO of the Federal Reserve Bank of Dallas, served as keynote speaker discussing “Key Structural Economic Drivers and their Implications on Health Care.”

An additional panel moderated by **Paul Hain** of Blue Cross Blue Shield of Texas included **Senator Kelly Hancock** and **Senator Nathan Johnson** detailing “The ‘State’ of Texas Health Care Spending.”

DFWHC served as a Supporting Sponsor of the event. Gold Sponsors included Baylor Scott & White Health, Blue Cross Blue Shield of Texas, BKD, Children’s Health, Medical City Children’s Hospital, Texas Scottish Rite Hospital for Children and UT Southwestern. ■



JIM SCOGGIN

New Chief Executive Officer
Methodist Health System

Scoggin named CEO of Methodist Health System

JIM SCOGGIN WAS NAMED Chief Executive Officer of **Methodist Health System** in December after serving as interim CEO since April.

Scoggin’s 34-year healthcare career includes a several years as president of the Hospital Corporation of America’s North Texas division. At Methodist, Scoggin succeeds **Stephen Mansfield**, the recipient of the *D CEO* Excellence in Healthcare Lifetime Achievement Award, who led the Oak Cliff-based health system for 13 years.

Scoggin began his career with **Humana** in 1980 and rose to be Chief Financial Officer and Chief Operating

Officer. He joined Methodist Hospital in San Antonio as COO in 1987, eventually becoming CEO of Methodist Hospital in San Antonio and was Executive Vice President for the San Antonio system in 2000. From 2006-2013, he was President of the North Texas Division of HCA.

“Jim has a unique gift for building authentic relationships which in a very short time has made an invaluable contribution to the mission, culture, and values that distinguish Methodist,” says **Julie Yarbrough**, Chair of the Board of Directors of Methodist Health System via release. ■



Dr. Duncan

Dr. Duncan named new COO at JPS Health Network

KAREN DUNCAN, MD, MBA, a board-certified pediatrician with more than 20 years of medical and executive leadership experience, was named Chief Operating Officer for **JPS Health Network** in January. Dr. Duncan joined JPS in 2017 as Executive Vice President of Community Health Services. She will begin her new role at the end of January 2020, when Senior Executive Vice President and Chief Operating Officer **Bill Whitman** retires. Dr. Duncan received an MD from Emory University School of Medicine. ■



Johnson

New President/CEO named at Texas Health Huguley

PENNY JOHNSON was named the new President/CEO for the **Texas Health Huguley Hospital Fort Worth South** and **AdventHealth’s Southwest Region** in January. The hospital is a joint venture between AdventHealth and Texas Health Resources, and the Southwest Region includes hospitals in central and North Texas. Johnson was formerly the senior vice president of finance at AdventHealth. She began working for AdventHealth in 2002 and has served at multiple AdventHealth facilities. ■

Associate Members



Fate of **OBAMACARE** remains uncertain during election season

By **Adele Merenstein**
and **Dwayne U. Barrs**

ON JANUARY 21, 2020, THE SUPREME COURT denied a motion to expedite consideration of a petition for certiorari in a case directly challenging the constitutionality of the Affordable Care Act (“ACA”).¹ Given the Supreme Court’s decision, it is likely that the fate of Obamacare will not be decided until sometime after the 2020 presidential election.

In *Texas v. United States*², multiple plaintiffs challenged the ACA in the District Court for the Northern District of Texas. On December 14, 2018, **Judge O’Connor** ruled that the individual mandate requiring individuals to purchase

health insurance under the ACA was unconstitutional because the penalty for non-compliance was reduced to zero dollars. A zero-dollar penalty could not be considered a “tax” pursuant to Congress’s taxing power. Judge O’Connor deemed the individual mandate to be a vital centerpiece of the landmark legislation and declared the entire ACA invalid because the remaining portions of the legislation could not be severed from the individual mandate.

The Department of Justice, certain Democratic states, and the House of Representatives appealed Judge O’Connor’s ruling to the Fifth

Circuit.³ In an opinion issued on December 18, 2019, the Fifth Circuit affirmed that the individual mandate was unconstitutional but declined to strike the down entire ACA. The Fifth Circuit remanded the case back to the District Court for further consideration as to whether any of the provisions of the ACA could be severed from the individual mandate and preserved.

To avoid putting the fate of the ACA back in the hands of Judge O’Connor, the Democratic states and House of Representatives filed a petition for certiorari with the United States Supreme Court and requested expedited review. Without comment,

This article was submitted by **Hall Render**. For information, please contact Chris Wilson at chrisw@dfwhc.org.

the Supreme Court announced that the request for expedited review was denied. Presumably, the Court will consider the request for cert at a later date. Go to <https://www.hallrender.com/2020/01/10/texas-v-united-states-house-of-representatives-and-defender-states-petition-supreme-court-for-review-will-obamacare-fall/> for a detailed discussion of *Texas v. United States*.

ANALYSIS

The Supreme Court's denial of expedited review could be viewed as a political win for the Trump administration in a presidential election year.⁴

A Supreme Court decision striking down, or eviscerating the ACA, could cause a vitriolic backlash from the millions of individuals who would lose insurance coverage and/or providers whose uninsured populations would undoubtedly rise. It is unlikely that Judge O'Connor will issue a new ruling before November 2020.

While a Supreme Court decision may not play a role in the presidential election, the ACA is likely to remain an important issue during election season. On January 21, 2020, **Senator Joe Biden** tweeted his reaction to the Supreme Court's announcement: "Coverage for millions of Americans and protections for pre-existing conditions are on the ballot. We have to protect the progress we've made and show up to the polls to defend the Affordable Care Act."⁵

Senator Biden's response suggests that the ACA is a big issue for voters that will be addressed at the polls.

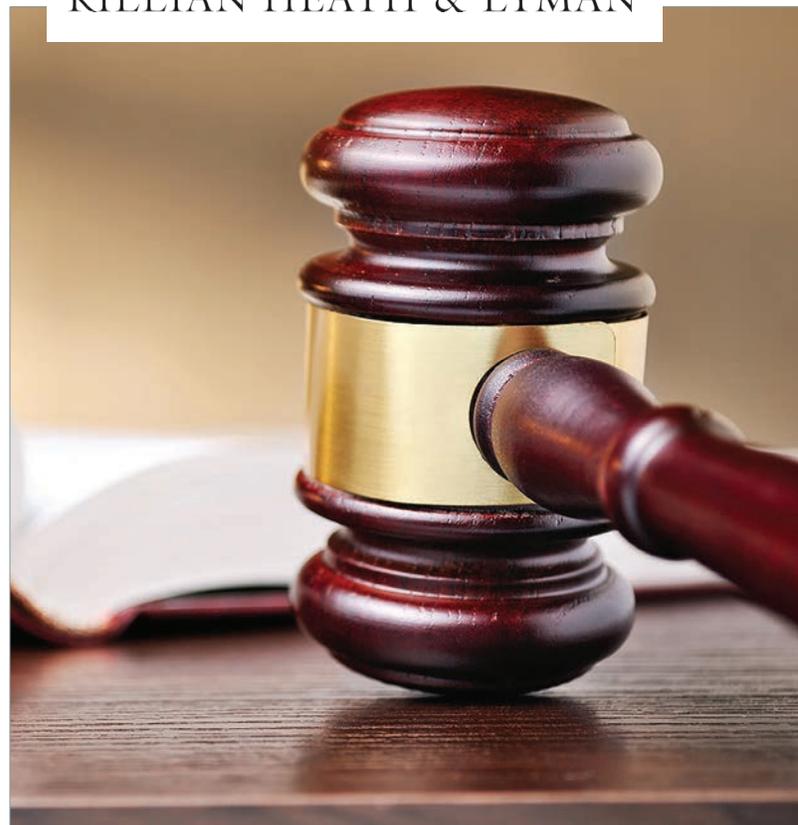
Although the outcome of this case remains uncertain, many commentators believe the Supreme Court would likely uphold the ACA based on its current composition.⁶

If the case drags on and **President Trump** is reelected, some worry that another conservative Supreme Court Justice would place the ACA in greater jeopardy.⁷

Stay tuned for further updates.

If you have any questions or would like any additional information about this topic, please contact:

- **Adele Merenstein** at amerenstein@hallrender.com or (317) 752-4427;
- **Dwayne Barrs** at dbarrs@hallrender.com or (214) 615-2008; or
- Your regular Hall Render attorney.



RESOURCES

¹ *California, et al., Petitioners v. Texas, et al.* No. 19-10011

² *Texas, et al. v. United States, et al.*, No. 4:18-cv-00167 (U.S. Dist., N.D. Tex. Dec. 14, 2018).

³ *Texas, et al. v. United States, et al.*, No. 19-10011 (5th Cir. Dec. 18, 2019 as revised Dec. 20, 2019)

⁴ The U.S. Department of Justice specifically asked the Supreme Court not to review the case until after the case is reconsidered in the District Court for the Northern District of Texas. Katie Keith, *Trump Administration, Plaintiffs Urge Against Expedited Review in Texas*, Health Affairs Blog, Jan. 11, 2020 @ <https://www.healthaffairs.org/doi/10.1377/hblog20200111.835640/full/> (last visited on Jan. 22, 2020).

⁵ Susannah Luthi, *Supreme Court Won't Fast-track Obamacare Case*, Politico, Jan. 21, 2020 @ <https://www.politico.com/news/2020/01/21/supreme-court-wont-review-obamacare-lawsuit-before-the-election-101356> (last visited on Jan. 22, 2020).

⁶ Peter Sullivan, *Democrats' Worries Grow as ObamaCare Court Fight Drags On*, The Hill, Jan. 5, 2020 @ <https://thehill.com/policy/healthcare/476733-dem-worries-grow-as-obamacare-court-fight-drags-on> (last visited on Jan. 23, 2020).

⁷ *Id.* ■

Associate Members

Christus Hospital and HHS UPGRADE CLEANING & DISINFECTING Protocols with State-of-The-Art Technology Effective Against Coronavirus



IT ALL STARTED OUT, LIKE MOST CHANGES DO, with a problem that needed to be solved. The team at **Christus Trinity Mother Francis Health System** in Tyler, Texas was tired of the residues left behind by the bleach wipes they were using for disinfection and they were on a mission to find a solution.

At the time, the hospital's contracted EVS company, HHS, was using Virex 256 for general disinfection. They also used Clorox Bleach Germicidal in instances where C-diff was a concern. They were introduced to R-Water, a San Marcos, Texas-based company that claimed to offer a residue-free disinfectant with a one-minute contact time.

“Because TK60 has a one-minute contact time, we have confidence that our staff is allowing sufficient time for TK60 to do its job.”

Toni Polk, Infection Preventionist
Christus Trinity Mother Francis



Timing Results	REGULAR DISCHARGE CLEANING PROCEDURE		C. DIFF DISCHARGE CLEANING PROCEDURE	
	Using TK60	Using Virex 256	Using TK60	Using Germicidal Bleach & Virex 256
Average Room Turn Time	28 minutes	65 minutes	37 minutes	86 minutes

NOTE: C. diff discharge cleaning procedures include the disinfection of walls. Regular discharge cleaning procedures do not include disinfection of walls.

Initially, the team was skeptical, thinking R-Water’s disinfecting and cleaning technology was too good to be true. However, after a product demonstration, everyone was impressed, and in late 2018 R-Water’s technology was implemented.

After initial success in the hospital’s operating rooms, Christus leadership was curious to explore the impact using a one-minute contact time disinfectant would have on patient room turn times. They worked with their HHS EVS Team Members and R-Water to conduct a controlled evaluation, comparing the previous cleaning and disinfecting processes to the new standard. The results were clear and astounding.

ROOM EVALUATION RESULTS

- Because Virex 256 dries after approximately three to five minutes, multiple applications were needed to ensure compliance with its 10-minute contact time.
- Using TK60 during Regular Discharge Cleaning resulted in an average 37-minute decrease in patient room turn time.

- Using TK60 during C. diff Discharge Cleaning resulted in an average 49-minute decrease in patient room turn time.

TK60 One-Step Disinfectant and its counterpart, FC+ All-Purpose Cleaner, are conveniently produced on-site using R-Water’s compact, wall-mounted device.

While TK60 kills pathogens, including MRSA, C. diff spores, TB, and Black Mold with lightning speed, FC+ powers through stains, dirt, grease, and grime.

These highly effective solutions replace most of the cleaning and disinfecting products used in healthcare, including disinfectants, wipes, sanitizers, window cleaners, all-purpose cleaners, floor cleaners, grout cleaners, and carpet cleaners. Both solutions have superior safety ratings and are non-irritating to skin and lungs.

In healthcare, every minute counts. If you’d like to learn more about how R-Water’s state-of-the-art technology can save you time and money while improving outcomes, please visit www.r-water.com or contact them at **512.808.4100** or info@r-water.com. ■

Associate Members

BLOCKCHAIN'S NEXT DISTRIBUTION



Preventing hospital distributed counterfeit pharmaceuticals

DISTRIBUTOR AND DISPENSER DEADLINES for the Drug Supply Chain and Security Act (DSCSA) are fast approaching. This act was passed to help combat the problem of counterfeit pharmaceuticals. Existing technologies either do not work or poorly position healthcare organizations for efficient compliance with this act. In the interest of patient safety, healthcare providers should act now to shape an optimal solution for the entire supply chain. Here is why we believe the most secure – and cost-effective solution for DSCSA – is blockchain.

COMBATTING THE COUNTERFEIT-DRUG EPIDEMIC
The U.S. enacted The Drug Quality and Security Act after revelations of counterfeit and dangerous pharmaceuticals. Legislative support from the two major political parties and industry leaders was strong, especially after awareness of how illegitimate contaminated steroids contributed to the largest fungal meningitis outbreak in history.

As prices for medications rise, sometimes astronomically, counterfeits have become a global temptation and an epidemic. Interpol's Operation Pangea investigation revealed eye-opening statistics: 2.4 million counterfeit pills seized in 2011 and 20.7 million in 2015.

Due to the vast quantity, complexity and number

of supply chain players, the testing of pharmaceuticals to validate they are genuine when purchased would be extremely challenging. Title II of The Drug Supply Chain Security Act addresses the issue by requiring all manufacturers, distributors, dispensers and healthcare providers to provide detailed data tracing pharmaceutical ownership of all pharmaceuticals in their possession. With blockchain's inherent objective to maintain consensus and accessibility, it may be the best solution for DSCSA.

PLAN NOW TO MEET FDA TIMELINES

DSCSA has many different deadlines for each of the parties involved in getting pharmaceuticals from the manufacturing plant to the patient. The FDA announced a one-year delay on enforcement of the provisions requiring sterilization on prescription drug packages, other deadlines have not changed. Near the end of the drug supply chain, healthcare providers are the primary point for collecting the growing cache of data. Even though the Nov. 27, 2020 deadline may seem like the distant future given other matters and priorities, including instability in the health-insurance marketplace, providers should be proactive to help establish a solid framework that is cost-effective.

The Act's most challenging requirements from a

healthcare provider's perspective call for "interoperable traceability." Upon receipt of pharmaceuticals, there must exist transmission of transaction information (TI), transaction history (TH) and transaction statements (TS). Altogether these are known as the "3Ts." The flow of 3T data, which is designed to thwart counterfeits, must be maintained for six years. A major hurdle in this process is tracking the transaction history of verified FDA licensed handlers back to the manufacturer for lot-level serialization, including returns or inter-hospital transfers.

UNDERSTAND BLOCKCHAIN (IT'S NOT BITCOIN)

Often known as the electronic structure for Bitcoin transactions, the applications of blockchain and distributed ledger technologies are far reaching and are being implemented in multiple industries. Banks, capital markets firms and insurers are engaged in proof-of-concept studies and initial solutions. Blockchain's audit and data-tracking capabilities are also beginning to be deployed in settings such as payments, reference data and trade finance. Given all the hype, you would think this would be a technology requiring a PhD to understand, but its invention was born out of simplicity.

Accurate record keeping is an age-old problem that even with our vast networks and complex systems continues to be a challenge. We have self-driving cars, grain-sized microchips and create 2.5 quintillion bytes of new data each day, yet businesses cannot reconcile their internal records. Instead of business A and business B creating separate records of a transaction with one another for goods on February 17, Blockchain resolves potential discrepancies by making one record that both business A and B verify is correct. Since both business A and B need these records, they share this journal. Now business A and B will always have accurate, verified, matching records.

Let's make this even better, since there are thousands of other businesses that would like to match records, not only will these other businesses share the journal of all transactions, they will verify that every transaction between any party is accurate before adding it to the universal shared journal (i.e. business A gave business B items that everyone agrees are in existence). This is the blockchain.

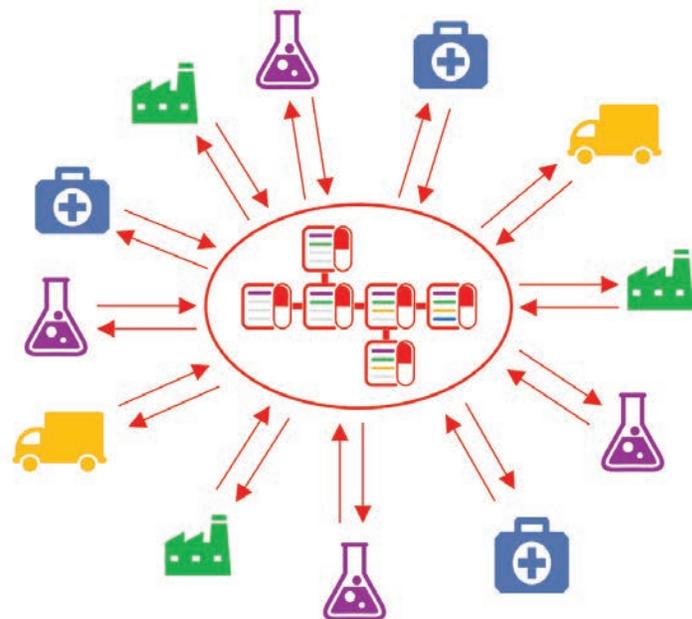
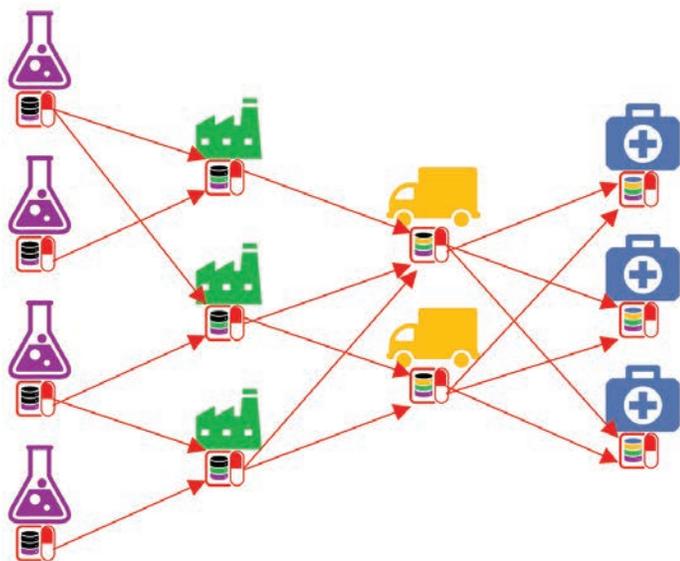


The block is the individual record and the chain is the database or journal of all records. With blockchain, there is not a single record or block stored in a centralized database, there are thousands of copies stored on computers around the world. When an entry is made to a block, each one of these computers confirm that the transaction is authorized and legitimate before updating the block. Each copy of this updated block on the chain has to match up perfectly before the transaction can be approved.

To write a transaction to the shared database, each owner in the chain must agree to a process of verification which requires:

1. All parties be authorized to write an addition of data to the database. Each approved party must do this with a specific private key.
2. Data that is written to the database must be accurate.

Data is heavily encrypted and reading the entire database without having the key pairs is almost impossible with today's computing power. No one entity has the power to delete or alter records once written, making it nearly impossible to insert information about pharmaceutical fakes into the supply chain. To insert fake transactions into the blockchain would require simultaneous hacking of each instance of a block which would be virtually impossible. Blockchain helps ensure a higher level of



security and trust in the data for pharmaceuticals in the blockchain.

Blockchain technology calls for each verified party in the supply chain to maintain an exact copy. This might seem like excessive data redundancy; however, today's computing power and data throughput now makes this option viable.

ADVANTAGES OF USING BLOCKCHAIN FOR A SAFER DRUG SUPPLY

For healthcare providers, and for all parties in the pharmaceutical supply chain, blockchain offers these advantages:

- A shared platform for communication, no single company owns the contents and rights of use.
- Through verification, blockchain reinforces the use of standards by each party and a "single undated source of truth." This leaves little need for healthcare providers to confirm the existence of proper data.
- Addresses and incorporates the FDA licensure requirement when transacting pharmaceuticals across vendors.
- Greatly reduces compliance-related costs for healthcare providers who can avoid annual payments for software, investing in a large system overhaul, or hiring additional resources.

- Reduces risk by inherently being the most secure database option connected to the Internet.

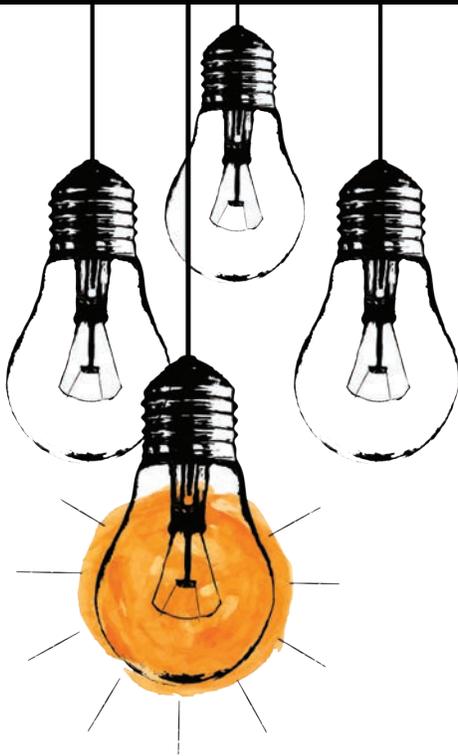
Blockchain is designed to provide reliable, secure tracking, not only across drug supply chains, but also in many other business applications and industries.

WEIGHING THE ALTERNATIVES

Three different technical architectures could be used to meet DSCSA requirements:

- 1) Building upon existing Electronic Data Interchange (EDI)/Application Programming Interface (API) transmission standards to send data between multiple central databases
- 2) Creating a central database for manufacturers, pharmaceutical distributors and providers to interact with and share data across parties
- 3) A mixture of #1 and #2 using blockchain technology as the standard transaction platform.

Sitting at the end of the drug supply chain, healthcare providers are making a mistake if they delay and do not help to shape a solution. The option most convenient for a manufacturer or distributor might be cumbersome and expensive for a healthcare provider. Of the three options, blockchain architecture best fits the requirements of the Act, almost as if it was designed to solve the problem.



TAKE THE ESSENTIAL NEXT STEPS

To be ready for the DSCSA requirements for health providers in 2020, Accenture believes that healthcare providers should start taking the following steps:

1. Determine a strategy for how they will be able to store and send information for both pharmaceuticals that are purchased through a distributor and those that are purchased directly from a manufacturer. While some healthcare providers plan to leverage their primary distributors to store information, this ignores the hundreds of other channels that pharmaceuticals are purchased through.
2. Begin to write language into contracts with pharmaceutical manufacturers and distributors now that requires them to provide FDA required data in advance of the FDA deadlines to allow sufficient time for testing transactions between the pharmaceutical manufacturer/distributor and provider's purchasing system
3. Start incorporating global standards such as National Drug Code (NDC) and Global Trade Item Number (GTIN) in their purchasing systems and purchase 2-d bar-code scanners. Manufacturers have been required to include 2-d barcodes and readable labels since November 2017, and

serialization which includes a unique product identifier, manufacturing date, expiration date and lot number is already under way.

4. Document and determine all the channels that they will need to obtain pharmaceutical data from. Determine how to handle situations where today the pharmacists go to the gray market to purchase, since this will not be an option in the future.

Just as important, healthcare providers need to insert themselves in industry discussions on The Drug Quality and Security Act and prepare for requirements in 2020. Improving patient safety with medications is something every health organization desperately needs.

Providers should consider how the Act's requirements may impact each business decision from contracting with a pharmaceutical distributor to something as small as editing guidelines for master data management.

Blockchain has the potential to drive profound, positive changes throughout healthcare, and the implications are likely to reach far beyond FDA compliance.

The shared chain of electronic blocks of data, serving as a single source of truth, could lead to streamlined billing and crediting, increased knowledge of patients and deeper sources of business intelligence. ■

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Jennifer Miff

President, DFWHC Foundation
Senior Vice President, DFWHC

Data stewardship and collaboration

AS I WRITE THIS, I am entering my fourth month with the DFW Hospital Council (DFWHC) Foundation. I continue to be awed by the dedicated collaboration across our community. Working together, we advance the DFWHC Foundation’s vision to inspire collective improvement of health outcomes.

Last month, the DFWHC Foundation Board approved a three-year strategic plan. Our first objective will be to continue to highlight our role as data stewards – how we protect and oversee use of the North Texas Health Information & Quality Collaborative (NTHIQC) data. Second, we will place a greater emphasis on partnerships to expand programming. Third, we will leverage national expertise and best practices to supplement member and data-driven insights. We will also continue to optimize our data warehouse and work to deliver our new data reservoir to drive expanded analysis opportunities.

In addition, you will continue to see the DFWHC Foundation use the NTHIQC data to identify areas for community improvement. For example, we plan to look at social disparities in aging populations in North Texas as it relates to falls and chronic conditions. As a region, we can connect resources to clinical care to drive improvement.

Beyond our data focus, 2020 priorities will include:

- 1) An Opioid Management Task Force focused on education and best practices;
- 2) Patient and family advisory councils (PFACs) to improve patient outcomes;
- 3) Mental Health First Aid training (80% of 10,000 goal achieved) via a grant from the Texas Department of State Health Services (DSHS);
- 4) DSHS grant to evaluate referral programs between diabetes clinics and community-based CDC-recognized lifestyle change programs;
- 5) Workforce apprenticeships grant with the Department of Labor (DOL) and the Dallas County Community College District (DCCCD);
- 6) Grants to develop front-line worker job definitions and skills development; and
- 7) Education detailing the issues of workplace violence.

Finally, I want to thank our data team at the DFWHC Foundation, our IT team at DFWHC and our partner Teknion for delivering our new data warehouse in the cloud by year-end. As your data stewards, we take the responsibility of protecting the NTHIQC data seriously. We will continue to work tirelessly to maintain your trust every day. ■

How to contact us

972-717-4279

info@dfwhcfoundation.org



www.dfwhcfoundation.org

Foundation Mission

Inspire continuous improvement in community health and healthcare delivery through collaboration, coordination, education, research and communication.

Foundation Vision

As the trusted “go to” resource, inspire collective improvement of health and healthcare outcomes.

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- | | |
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Foundation announces 2020 Board of Trustees

THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) FOUNDATION HAS ANNOUNCED its Board of Trustees for 2020. The Board consists of the following individuals:

- Chair **Pamela Stoyanoff**, Executive VP/COO, Methodist Health System
- Vice Chair, **Dr. Matt Murray**, Pediatric Emergency Physician, Cook Children's
- Secretary, **W. Stephen Love**, President/CEO, DFWHC
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- Trustee **Kenya Scott Woodruff**, Partner, Katten Muchin Rosenman LLP
- Ex-Officio **Jennifer Miff**, President, DFWHC Foundation

Those who have moved off the board are **Aaron Bujnowski**, **Laura Irvine**, **Brett Lee**, **Steve Miff** and **Dr. Irving Prengler**. The DFWHC Foundation thanks them for their service. Stoyanoff will serve as chair while Murray remains as vice chair. ■



2020 Vision: ***A World of Opportunities***

24th Annual

Employee of the Year Luncheon

Celebrating the Best Healthcare Employees in North Texas

April 23, 2020 • 11:00am - 2:00pm

Hurst Conference Center

THE DFW HOSPITAL COUNCIL FOUNDATION'S 24TH ANNUAL EMPLOYEE OF THE YEAR LUNCHEON is set for Thursday, **April 23, 2020** at the Hurst Conference Center. We hope you mark your calendar for this great opportunity to honor hospital employees from across North Texas. Last year, 15 recipients were honored from a pool of more than 140 nominees.

This will be the fourth straight year the event is held at the **Hurst Conference Center**, located at 1601 Campus Drive in Hurst, Texas, 76054. This year's theme is **"2020 Vision: A World of Opportunities"** with the energetic **Christine Cashen** serving as keynote speaker.

Cashen is the author of the bestselling books **"The Good Stuff"** and **"It's YOUR Business."** A member of the **CPAE Speaker Hall of Fame**, she's noted across the nation for her expertise in conflict resolution, stress management and cultivating a happier more productive workplace.

Cashen has a bachelor's degree in communication and master's degree in adult education. In 2016, she received an honorary doctorate from Central Michigan University.

Before embarking on her journey as a speaker, she worked as a university admissions officer, corporate trainer and broadcaster. She is a mother of two, wife of a "hottie engineer," and caregiver of Murphy, a chocolate lab. You can find more information on Cashen at **christinecashen.com**.

"Christine Cashen is a highly recommended inspirational and motivational keynote speaker," said **Jen Miff**, president of the DFWHC Foundation. "We look forward to her unique presentation."

For 24 years, the Employee of the Year Luncheon has honored more than 1,300 exceptional hospital employees. The luncheon serves as a salute to the North Texas hospital workforce. In the fashion of an awards show, recipients will be announced and come to the stage to receive their honor.

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

- Employee of the Year (hospital employees below management level);
- System Employee of the Year (employees who work at the system or corporate level);



Christine Cashen

- Physician of the Year;
- Volunteer of the Year;
- Preceptor of the Year;
- Rex McRae Scholarship (student/employee in the last year of nursing program).

Please note only one nominee per hospital per category can be accepted. Deadline for nominations is Monday, **March 16**.

Nominee forms and sponsor packets will be available in February. You can find all forms at **www.dfwhcfoundation.org/employee-of-the-year/**.

For information, contact **EOY@dfwhcfoundation.org** or call **972-719-4900**. ■

Around DFWHC Foundation

OPIOID MANAGEMENT

Safety discussed at sold-out event

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION'S complimentary educational event **"Opioid Management: A Path for the Future"** attracted a sold-out audience of 100-plus attendees on November 13 at Texas Scottish Rite Hospital in Frisco. Topics included an update on U.S. strategies, diversions and resources.

Lisa Sullivan of the Drug Enforcement Administration (DEA) opened the event with a session on "Drug Diversion – Safety Implications."

She was followed by **Dr. Judy Embry** of Baylor Scott & White Health discussing the "Broad Approach to Address Pain Management" and **Dr. Artee Gandhi** of Cook Children's with "Hospital – Safe and Sound Pain Management Program."

The event closed with a panel discussion on "Resources Available in the Community" with **John Haenes** of Challenge of Tarrant County, **Dr. David Nilasena** of The Centers for Medicare & Medicaid Services, **Crystal**



Jen Miff (l to r), John Haenes and Patti Taylor.

Walker of My Health My Resources of Tarrant County and **Cynthia M. Velazquez** of the DEA. **Stephen Love**, president/CEO of DFWHC, served as moderator.

"Opioids in the U.S. are such a hot topic," said **Patti Taylor**, the DFWHC Foundation's director of quality and patient safety. "It was a great turnout with excellent speakers. Discussions such as this are a productive way to create awareness locally."

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

North Texas SHRM is to be reactivated



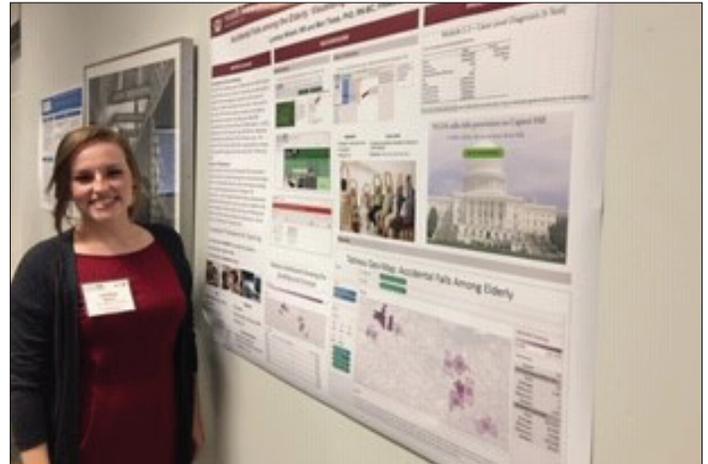
A MEMBERSHIP DRIVE TO REACTIVATE the North Texas chapter of the Society for Health Care Risk Management (<https://www.ashrm.org/>) began in January. The chapter is open to health care risk professionals in Texas, Oklahoma, Louisiana and New Mexico.

Established in 1980, the **American Society for Health Care Risk Management (ASHRM)** is a membership group of the **American Hospital Association** with nearly 6,000 members representing risk management, patient safety, insurance, law, finance and other related professions.

ASHRM promotes effective and innovative risk management through education, advocacy, publications, networking and interactions with leading health care organizations and government agencies.

Board positions are open. For information, please contact Annabelle.Zakarian@bswhealth.org. ■

Annual IQSC Data Summit attracts 100-plus attendees



MORE THAN 100 ATTENDEES turned out for the DFW Hospital Council (DFWHC) Foundation Information and Quality Services Center's (IQSC) Third Annual Data Summit on November 15 at Brookhaven College.

Themed "Data Driven Decisions," the event was highlighted by 12 speakers, six sessions and 10 hospital poster abstracts detailing recent data projects.

"It was a great event and we would like to thank all attendees and sponsors," said **Theresa Mendoza**, event coordinator and director of data services at the DFWHC Foundation. "I know first-hand that innovations in computers and information technology are moving incredibly fast. Our IQSC Data Summit provides valuable information on current data and the different tools the healthcare industry is developing."

A panel detailing "Physician Performance Measures" with **Dr. Eugene Chu** of Parkland Health & Hospital System; **Dr. Brandon Pope** of Baylor Scott & White Health; and **Dr. Brian Kenjarski** of Methodist Health System received high marks on post-event surveys.

Additional highlights included **Katherine S. Rowell** of HealthDataViz discussing the "Importance of Risk-Adjustment for Measuring and Reporting Healthcare Outcomes"; "Value-Based Healthcare: A Perfect Care Approach for Managing Acute Pancreatitis Patients" with

Jimmy Shah of Methodist Health System; **Dr. Brett Moran** of Parkland Health & Hospital System; and **Dr. William Daniel** of UT Southwestern.

The winning poster abstracts included:

- "The Road to Behavior Change is Paved with Data" by **Valerie Lund** of JPS Health Network;
- "Taming Healthcare Data – Practitioner's View" by **Priyanka Kharat** of Parkland Center Clinical Innovation;
- "AI-Powered Early Prediction of Post-Acute Care Need" by **Albert Karam** of Parkland Center Clinical Innovation.

"There's something new happening in data sciences daily," said Mendoza. "We tried to provide speakers who were at the forefront of healthcare developments. Healthcare data is the future, and the tools we use to collect and decipher it has implications for not only our industry, but every other human activity."

The top sponsor was **Stratason**. Based in Nashville, Tennessee, Stratason partners with more than 1,000 hospitals from the nation's top healthcare systems, across 40-plus states, providing software and services to equip them to make better, more efficient strategic growth decisions.

For information on future events, please contact Theresa at tmendoza@dfwhcfoundation.org. ■

Around DFWHC Foundation



Lean Six Sigma grads receive Green Belts

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION HOSTED its annual **Lean Six Sigma Green Belt** graduation on January 9 at Texas Scottish Rite Hospital in Frisco. Presented in coordination with 6SigmaTek, the event honored 31 students from eight Texas hospitals.

“We are so proud of these graduates and the great work they put into their projects,” said **Patti Taylor**, project coordinator and the director of quality and patient safety at the DFWHC Foundation. “Classes took place the week of August 21 and they had four busy months to prepare. The training provides introductions to process management and teamwork while enabling individuals to achieve objectives at their hospitals.”

For the past four years, the DFWHC Foundation has been hosting Lean Six Sigma classes to promote hospital patient safety. Sponsored by the **Hospital Improvement Innovation Network (HIIN)**, the certification program provides insight into the techniques of improvement methodologies.

Final results for participating hospitals included:

- **Baylor Scott & White Health** – Decreased opportunities for defects from 6 to 2. Decreased percentage of inappropriate testing from 50 percent

to 18 percent with an estimated savings of \$17,260;

- **Baylor Scott & White Medical Center Grapevine** – Decreased Sepsis readmission from 15.7 to 9.7 percent while implementing Sepsis traveling road show, tip sheet and Sepsis patient education;
- **HCA Houston Northwest Hospital** – Readmission rate decreased 60 percent with a savings of \$825,000;
- **JPS Health Network** – Decreased patient fall rate from 2.7 to 1.20 with no injuries;
- **Medical City Arlington** – Decreased Ventilator-associated pneumonia (VAP) from 145 incidents to 32;
- **Medical City Las Colinas** – Decreased Surgical Spine Infections (SSI) from 15 in 2017 to 4 in 2019;
- **Medical City North Hills** – Sepsis One compliance improved from 37 percent to 64 percent;
- **Methodist Dallas Medical Center** – Reduced Surgical Spine Infections (SSI) from 2.30 to 1.53 per 100 procedures.

Congratulations to all graduates! For information, please contact Patti at ptaylor@dfwhcfoundation.org. ■



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Social media's role in talent screening

OUR WORKFORCE IS TRULY a connected population. Today, talent acquisition has incorporated social media extensively when sourcing and recruiting. This comes with its own unique risks HR professionals should be aware of.

In a *CareerBuilder* survey, it was reported 70 percent of companies use social media screening. In 2018, there were 282 million internet users and 192 million social media users. The growth of social media initiates aggressive monitoring by HR to ensure candidates are not participating in unfavorable behaviors. It is concerning to have HR staffers stalking Facebook, Twitter and Instagram to determine candidates. I'm sure you're thinking, "but how can I be certain I'm hiring the right person?"

With increasing numbers of employees terminated due to social media each year, companies have started to develop policies. Such rules may be basic, focusing on privacy and security. They can also include a list of what cannot be posted.

From the presentation, "The CRA Guide to Social Media Background Screening" by Bianca Lager of Arnall Golden Gregory, LLP, she stated social media can be used in hiring decisions and serve as consumer reports. While social media reports are different from traditional background reports, they are governed by permissible purpose, adverse action and the use of policies concerning accuracy. The social media report must also ensure it follows FCRA guidelines.

A company's HR department may decide to assign these reports to their teams, but the time required may be not support department goals. One of the most concerning issues is once your staff has viewed the content, it cannot be "unviewed." Such situations can put organizations at risk. Some goals to consider during social media screening:

- Applicants must be informed their information is being collected;
- Applicants must provide consent;
- These records may not be kept for longer than necessary.

Employers should avoid declining a candidate based on social media profiles alone. HR teams should include the candidate's application, interviews and background reports to make final hiring decisions. For more info, please contact me at ddavila@gp1.com. ■



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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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GroupOne REPORT



HR Surveys are here! *February participation has begun*

FEBRUARY IS SURVEY TIME AT GROUPONE, with three annual HR surveys conducted from **February 1-29**.

The annual **Pay Practices Survey** and **Benefit Practices Survey** provide valuable benchmarking data from across Texas. Participation is free and reports are available for \$225 a survey. If you choose not to participate in the surveys, you may still purchase them for \$625. Survey links will be sent to GroupOne clients and other healthcare entities on February 1. Please pass the information on to your teams.

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

All North Texas hospitals have received a link to participate. You will receive the Vacancy & Turnover

results free of charge. Details of the surveys include:

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

To participate, contact **Stephen Dorso**, at **469-648-5014** or **stephend@gp1.com**. ■



DELIVERY WORKERS

New bill to require background checks

A NEW BILL FILED IN FLORIDA aims to require background screening for all delivery drivers who enter customers' homes.

According to **Representative Mike Caruso**, the bill titled HB 1129 would call for level two background checks on all delivery persons who cross the threshold of a person's home.

The bill is in response to the murder of 75-year-old Evelyn Udell. Police in Boca Raton said Jorge Lachazo attacked Udell, poured a toxic chemical on her, then set her on fire, all while he was supposed to be installing a washer and dryer from Best Buy.

The new law would also require companies such as Best Buy to tell their customers when it uses a third-party delivery service.

"There's an implied credibility that exists when you go to a store that has a name and they stand behind their

name," Caruso said. And there's this implied credibility that somebody reputable is coming to your door to install," said Caruso.

If HB 1129 passes, any person who "contracts for or engages in the loading, transportation or shipment, or unloading of household goods as part of a home delivery service" must go through two levels of background checks before they enter someone's home. If these background checks are pending, delivery service providers cannot enter the customer's home or they cannot enter unsupervised. If a company uses a third party for their delivery, they must disclose that to its customers.

The bill states that if a company willfully fails to conduct background checks or complete the specified documentation, they have committed a third-degree felony. If passed, the bill would go into effect on July 1, 2020. ■

NO SMOKING at U-Haul!

U-HAUL IS TAKING A STAND ON SMOKERS and nicotine users. The moving and storage rental company announced that, effective Feb. 1 in 21 states, it will no longer hire nicotine users. Employees hired before that date will be unaffected by the new policy. U-Haul, headquartered in Phoenix, employs more than 30,000 staffers across the USA and Canada. The nicotine-free policy will be enacted in states that lawfully allow the decline of nicotine users. Along with Arizona, those states are Alabama, Alaska, Arkansas, Delaware, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Maryland, Massachusetts, Michigan, Nebraska, Pennsylvania, Texas, Utah, Vermont, Virginia, and Washington. U-Haul has a wellness program that includes nicotine cessation assistance for members, along with nutrition and fitness features. ■



24-7



SERIOUS SECURITY!

AT GROUPONE BACKGROUND SCREENING, we are always in “lockdown.” We understand how important your data is, so we go to great lengths to keep your information safe!

All connections are via HTTPS and have a minimum of 128-bit encryption. A 256-bit AES encryption is the goal we aim for whenever applicable.

Your organization’s users can be configured to access only what you need them to see. Multi-factor authentication and IP-specific access is also available to ensure users are unable to enter the system outside of the workplace.

GroupOne went live with its current software in 2015. To date, we are proud to say we have never experienced a single moment of downtime! That is “Serious Security” you can count on 24-7. ■



Did you know we do **Electronic I-9** and **E-Verify?**

AN I-9 IS REQUIRED FOR EVERY SINGLE EMPLOYEE, but there's no reason why I-9s or E-Verify checks should be cumbersome. GroupOne's online system make I-9 and E-Verify processing quick and easy so you can focus on what matters most: hiring exceptional candidates.

Let GroupOne take the hassle out of your employment eligibility checks. And it's automatic – every step of the way! A few highlights:

- Our system sends the new hire an e-mail and lets them fill out, sign and submit their easy-to-understand I-9 before their first day of work (with reminders them to complete the form). With our technology, you can also use a tablet to fill out the form, and the employee can use a mouse, stylus or fingerprint to submit a "wet" signature.
- Our system makes it easy for employers to fill out Part 2 and logically walks them through any paperwork within the first three days of employment (and sends regular reminders until completed).
- Our system creates a compliant PDF I-9 form the employer can store electronically.
- Our process captures all information needed for E-Verify and automatically submits it upon completion.

- The employer can automatically purge I-9 forms according to the three-year/one-year rule.
- Our solution is native to our system — there are no additional third-party providers involved.
- Our method reduces inaccurate data entry by making sure all required fields are filled and the information matches what was provided during the screening process. It also flags improper date formatting.
- Our system allows you to upload supporting documentation and can even warn you when documents are about to expire.
- Our solution generates the appropriate letters and forms if you get a tentative non-confirmation (TNC) from E-Verify and allows DHS to post back the results when they're cleared.

Think of the time you'll save when using GroupOne's online I-9 and E-Verify system. You'll bypass all tracking and forms. You won't have to catch inconsistencies. And if you're audited by Immigration and Customs Enforcement, you can be confident your I-9 process is standardized, traceable and able to hold up under the closest of scrutiny. Please do not hesitate to contact us for more information. ■



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All Saints Fort Worth



Dr. William Daniel
Trustee
UT Southwestern
Medical Center



Audra Early
Trustee
Kindred
Hospitals



Richard Carter
Ex-Officio
Hunt Regional
Medical Center



Natalie Wilkins
Ex-Officio
Cook Children's
Health Care System



Kyle Armstrong
Ex-Officio
Baylor Scott &
White McKinney