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NEWS FROM THE DFW HOSPITAL COUNCIL



COVID-19 in North Texas

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Steve Love

President/CEO
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COVID-19 - as we learn from history

MANY HISTORIANS, INCLUDING JOHN M. BARRY who wrote the book "The Great Influenza," believe in 1918 someone in Haskell County, Kansas had a mild H1N1 virus and carried it to a huge Army base. From there, it spread across the world transmitted largely by troops in close barracks on ships. The symptoms were so mild, many called it a "three-day fever." Physicians were not even sure the disease was a form of influenza. This fever became highly lethal and killed approximately 50 million people worldwide between the spring of 1918 and early 1920. Many medical experts believe it originated in Kansas and was transferred from a pig to a human, infecting troops in World War I and then passing into the civilian population.

The second wave of this virus impacted naval ships and medical workers, with the patients developing pneumonia depriving them of oxygen to the point many victims turned blue. Numerous countries were impacted including Italy, Mexico and India. U.S. cities hit especially hard were New York, Philadelphia, New Orleans and St. Louis. The public health director in San Francisco quarantined all naval installations and implemented a system urging people to wear masks. In our current COVID-19 pandemic, San Francisco's mayor was the first to order a citywide lockdown.

There was even a third wave of this epidemic in 1919, killing over 11,000 people in New York City and Chicago. Some cities such as Savannah, Georgia were forced to re-close public gathering places due to virus's resurgence. Previously, those public places had reopened in the belief the virus was contained. This terrible worldwide crisis lasted almost two years and ultimately had three waves of resurgence.

As we learn from history, there are many similarities between the 1918 H1N1 virus and our COVID-19 pandemic. There is another timeless characteristic when comparing the two diseases – victims relied on the tireless efforts of medical professionals who treated them while risking their own lives. In addition, since this virus emerged during World War I, many physicians and nurses were working overseas. Medical professionals at home were stretched dangerously thin but still performed as healthcare heroes.

We are facing a huge challenge with COVID-19. We are thankful for our first responders, healthcare workers and the men and women providing essential services such as groceries and transportation. As in 1918, U.S. citizens have displayed remarkable resilience when helping the community. Thank you for your service. ■

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INTERLOCUTOR

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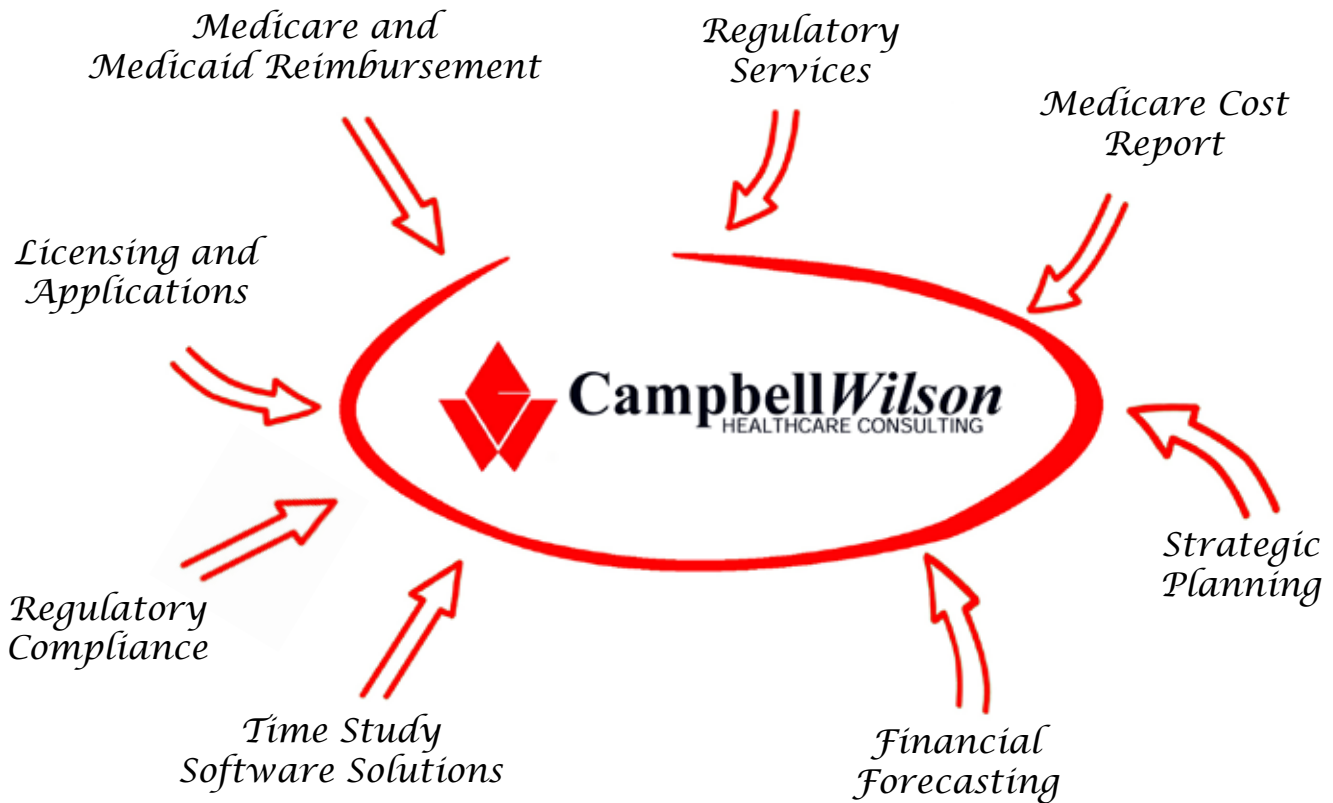
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INTERLOCUTOR

1: one who takes part in dialogue

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

We are thankful for our Healthcare Heroes!



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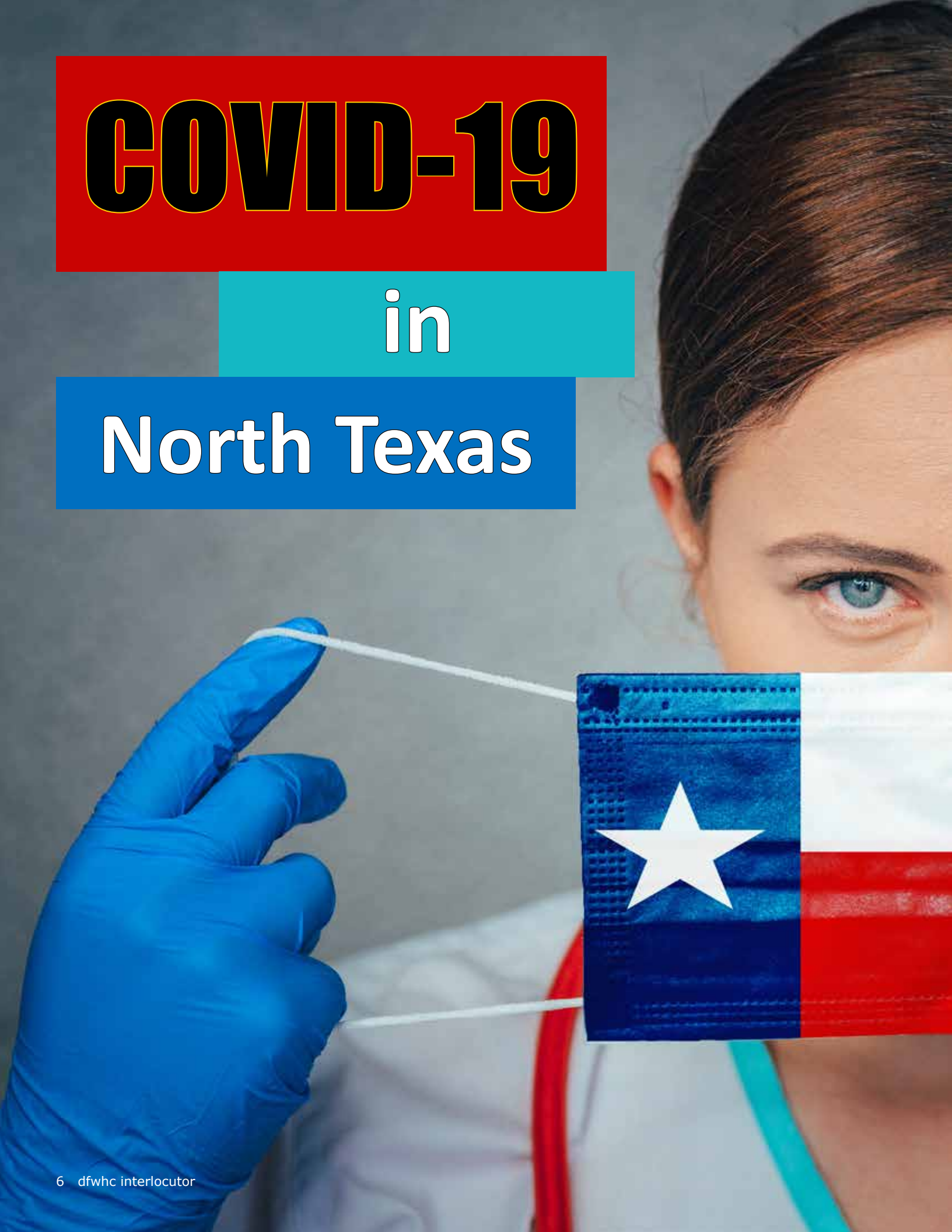
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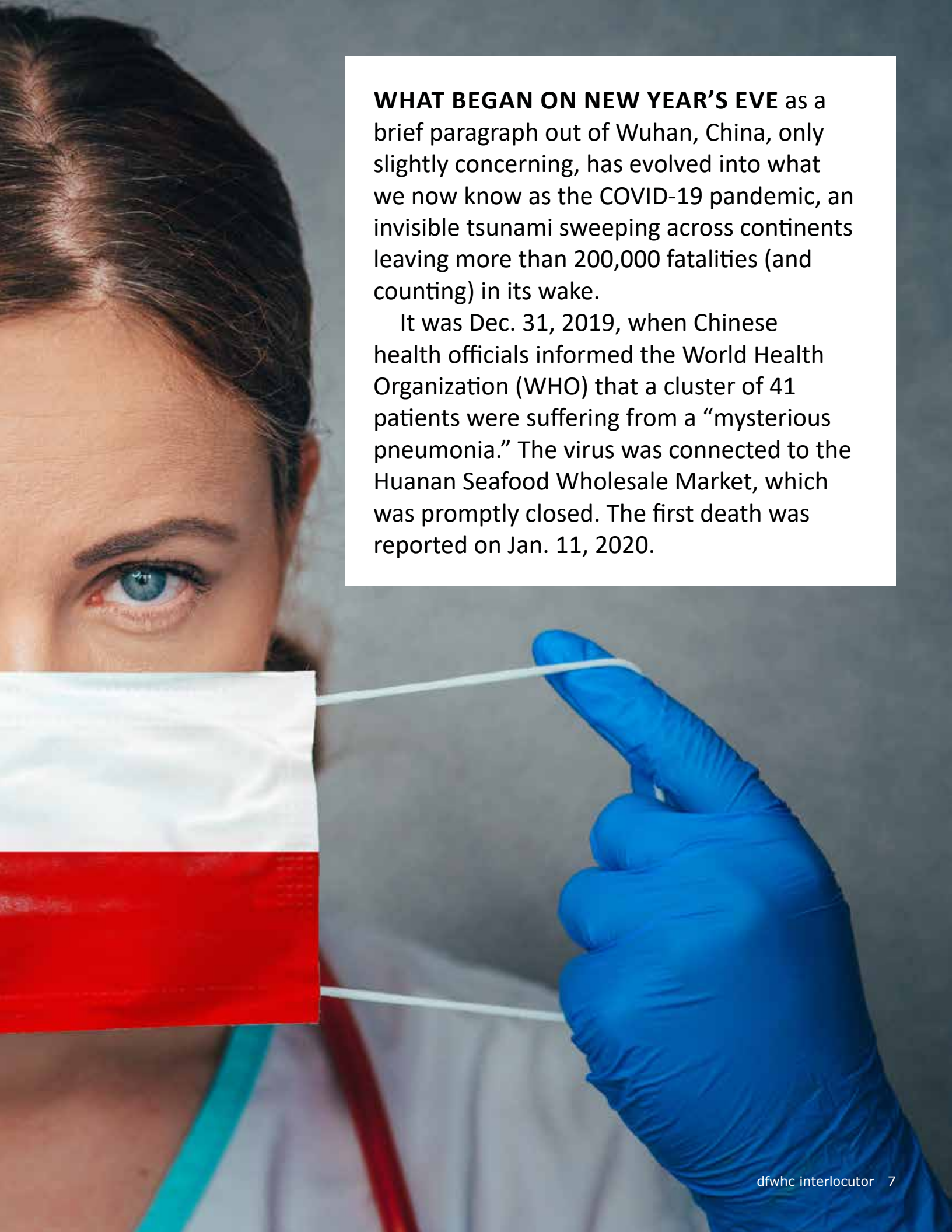
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COVID-19

in

North Texas





WHAT BEGAN ON NEW YEAR'S EVE as a brief paragraph out of Wuhan, China, only slightly concerning, has evolved into what we now know as the COVID-19 pandemic, an invisible tsunami sweeping across continents leaving more than 200,000 fatalities (and counting) in its wake.

It was Dec. 31, 2019, when Chinese health officials informed the World Health Organization (WHO) that a cluster of 41 patients were suffering from a “mysterious pneumonia.” The virus was connected to the Huanan Seafood Wholesale Market, which was promptly closed. The first death was reported on Jan. 11, 2020.



BEFORE THE FIRST WAVE hit the U.S., **Janet St. James**, vice president strategic communications at **Medical City Healthcare** and former WFAA Ch. 8 reporter, said it best when visiting the DFW Hospital Council (DFWHC) in February, “The coronavirus is coming to North Texas. Be ready.”

Her premonition was correct. On February 29, the first death from COVID-19 on U.S. soil was recorded. By April 7, more than 1,900 would die in one day in the U.S., the highest toll reported in the world over a 24-hour period.

A terrified populace began hoarding food and most famously, toilet paper. Shelves at local grocery stores were empty of paper products. Meat and egg shortages would become the norm.

“There’s no shortages — other than people are buying anywhere from three to five times what they would normally buy,” said **U.S. President Donald Trump**.

Concern over the virus reached historic proportions, evolving into what is now considered the crisis of a generation rivaling the terrorist attacks of Sept. 11, 2001. Here’s a look back at a story not yet ended.

March 9, 2020

The Dallas-Fort Worth area has its first confirmed case of COVID-19. A Frisco father in his 30s had traveled to California and returned to Collin County. In the days to follow, city, county and state leaders quickly implemented various preventative measures in hopes of fighting the growing crisis. By March 11,

WHO declared the outbreak a pandemic.

“We cannot say this loudly enough: countries can still change the course of this pandemic,” said WHO Director-General **Tedros Adhanom Ghebreyesus**.

March 12, 2020

Dallas County declares a local disaster in response to COVID-19 after 13 people are infected in North Texas. Dallas County immediately bans gatherings of more than 500 people.

March 13, 2020

Texas Governor Greg Abbott declares a statewide health disaster as the virus continues to spread. Throughout the day, officials across North Texas make emergency declarations in response to the pandemic.

At DFWHC offices, it becomes clear the DFWHC Foundation’s 24th Annual Employee of the Year Luncheon on April 24, a celebratory event honoring regional hospital employees, would have to be postponed.

“After consideration, we decided the community’s health was crucial at this difficult time,” said **Jennifer Miff**, president of the DFWHC Foundation. “This is not the time for celebration. It’s time for all of us to work together to ensure the safety of our community.”

March 15, 2020

While North Texas hospital executives prepare for what is expected to be a huge surge of COVID-19 patients, DFWHC President/CEO **Stephen Love** is asked to be a spokesperson for the media and the community. Immediately, Love is scheduled to speak online with the Oak Cliff and the North Dallas Regional chambers of commerce. He also represents



After consideration, we decided the community's health was crucial at this difficult time. It's time for all of us to work together to ensure the safety of our community.



Jennifer Finley (l to r), Dr. John Carlo, Stephen Love and Dr. Philip Huang at the Perot Museum on March 15.



Dallas County Judge Clay Jenkins



Tarrant County Judge Glen Whitley

area hospitals during a “COVID-19 Science Spotlight” at the Perot Museum in Dallas broadcast live over the Internet.

“Hospitals have a plan, and we’ve worked with the county health departments,” said Love. “Hospitals are implementing visitation restrictions to prevent the spread of the disease.”

March 16, 2020

President Trump recommends Americans avoid groups bigger than 10 and to do schooling from home.

The Dallas, Fort Worth and Richardson school districts immediately announce they are closing indefinitely. Dallas County orders all bars, taverns, gyms and theaters to close. Restaurants must shutter their dining rooms and only provide takeout or drive-thru service. Fort Worth enacts a mandatory reduction in occupancy at businesses.

Dallas County Judge Clay Jenkins announces there will be two drive-thru testing centers in Grand Prairie at Verizon Theater and at American Airlines Center in Dallas. Parkland Health & Hospital System begins drive-thru COVID-19 testing for Parkland patients who meet medical criteria with a Parkland physician’s order.

To avoid being overrun, hospitals ask residents to please avoid their emergency rooms for COVID-19 testing.

March 17, 2020

With DFWHC’s Love serving as hospital spokesperson, he is flooded with over 50 media requests in a span of two weeks, speaking with *The New York Times*, *Dallas Morning News*, *Fort Worth Star-Telegram*, *Austin American-Statesman*, *Houston Chronicle*, *San Antonio Express-News*, *The Texas Tribune*, *Denton Record Chronicle*, *D CEO Healthcare*, *Dallas*

Business Journal, CNN, WFAA, NBC, CBS, FOX, KERA, KRLD 1080 AM and WBAP 820 AM.

“People say, ‘Well 20,000 people die every year of the flu,’ But that is a number over an entire year,” said Love. “Look how many people have died in just three weeks. Over 12 months, the number of deaths would far exceed 20,000.”

March 22, 2020

On behalf of North Texas hospitals, DFWHC’s Love sends a letter to Governor Abbott requesting a statewide “shelter in place” order, federal aid and the removal of licensing restrictions for nursing students to boost the workforce. The governor agrees to the latter two requests. He refuses to implement the “shelter in place” order, leaving it up to local authorities.

DFWHC stated if nothing changes, more than 200,000 Texans

could be hospitalized overwhelming an estimated 50,000 beds available.

“As we looked at the projected volume, we felt it imperative that we suggest ways to flatten the curve,” said Love. “We wanted to reduce the number of infected residents and prevent deaths.”

Jenkins promptly issues a “shelter in place” order, making Dallas County the first to do so in Texas.

March 24, 2020

Tarrant County Judge Glen Whitley issues a “shelter in place” order for Tarrant County. All businesses deemed nonessential are required to close. Businesses may continue minimum operations as long as social distancing is maintained.

“Shelter in place” orders sprout up across the state and politicians balk. They claim the mortality rate is only two percent, making it unnecessary to shut down daily

business. When it’s pointed out two percent of the Texas population could potentially mean 400,000 deaths, the political groundswell is silenced.

March 29, 2020

Governor Abbott announces **Kay Bailey Hutchison Convention Center** in Dallas will become an overflow hospital for COVID-19 patients. A total of 250 beds will be set up.

March 31, 2020

Governor Abbott issues an order that only allows Texans to leave their homes for essential activities.

April 2, 2020

Working with **Agency Creative**, DFWHC releases a video thanking North Texas healthcare heroes for their work during the COVID-19 crisis. The video is shared across social media and runs as a public service announcement on television.





April 3, 2020

President Trump announces guidelines recommending Americans wear face coverings. The Centers for Disease Control and Prevention encourages people to use T-shirts, bandannas and non-medical masks to cover their faces.

Dallas County commissioners vote to extend the local disaster

want, but you've got to staff those beds. But if a lot of the things we put in place, like stay-at-home, can flatten the curve, we can at least push it out over a longer period."

April 5, 2020

COVID-19 spreads across North Texas, with more than 2,000 cases reported. Results show the virus is

counties," said **Trisha Cunningham**, president/CEO of the North Texas Food Bank. "The humanitarian effort will provide a helping hand to increase distribution efforts."

Love said sheltering in place appeared to be flattening the curve in an interview with FOX Ch. 4.

"If we did nothing, the surge would be two to three times greater

If we did nothing, the surge would be two to three times greater than what we have. There's going to be a surge, but it would have been much higher with even more deaths.

declaration until May 20. Jenkins extends stay-at-home orders until April 30.

"The order is there to give our healthcare workers the best chance of having the capacity to take care of people and not have the hospitals overrun," Jenkins said.

"What concerns me is the workforce," said Love speaking with KERA. "You can have all the beds you

hitting younger people especially hard, even with no underlying health conditions.

April 6, 2020

More than 250 members of the Texas National Guard are mobilized to help the **North Texas Food Bank**.

"They arrived in Plano this weekend with a mission: feeding our community's most needy across 13

than what we have," said Love. "There's going to be a surge, but it would have been much higher with even more deaths. The question is how big is the surge? That's when we're going to stretch our resources."

April 8, 2020

For the first time in history, Dallas and Fort Worth close all parks to prevent the spread of COVID-19 over



the Easter holiday weekend.

April 11, 2020

The **Texas Department of Health and Human Services** provides test totals.

They include:

- Dallas County - 9,456 tests;
- Tarrant County - 6,290 tests;
- Denton County - 3,207 tests;
- Collin County - 2,605 tests.

April 14, 2020

Dallas announces 10 COVID-19 deaths, its highest one-day total.

“These deaths represent infections that occurred a couple of weeks ago,” said **Dr. Philip Huang**, director of Dallas County Health and Human Services. “We expect these to continue to increase for a while.”

April 15, 2020

Testing capacity for the coronavirus in Dallas County will more than double. **U.S. Health and Human Services** gives permission to up the number of tests at drive-thru sites from 250 to 500.

A letter on behalf of North Texas hospitals is sent to Judge Jenkins by DFWHC’s Love.

“Since March 22 – when models suggested a large surge of COVID-19 patients – Dallas County residents have done a great job following orders regarding health habits, social distancing and staying at home,” Love said. “If the trend continues, we believe the hospitals in Dallas County will have the capacity to handle the expected COVID-19 volumes.”

The letter helped county commissioners change plans for the use of the military hospital at Kay Bailey Hutchison Convention Center.

JPS Health Network partners with **Texas Health Resources** and **Cook Children’s** to combine resources for COVID-19 testing. JPS provides in-house testing, while Texas Health Resources shares materials



and Cook Children's volunteers the use of its lab. The partnership reduces the time physicians confirm a patient's COVID-19 status from days to an hour.

April 16, 2020

Judge Jenkins announces Dallas County will require residents to wear cloth coverings over their mouths.

"To better protect you and our frontline heroes, we are requiring visitors to essential businesses, essential business employees and riders of public transportation to wear cloth coverings," Jenkins said.

April 17, 2020

Governor Abbott requests that public schools remain closed for the remainder of the academic year. He lifts restrictions on hospital elective surgeries and reopens state parks. He plans to further loosen some restrictions by April 27.

"Deaths, while far too high, will not come close to the early predictions," Abbott said.

With the highest patient surge expected to hit North Texas hospitals over the next three weeks, the COVID-19 story is far from over.

As of this writing, there are 6,000-plus COVID-19 cases covering a 10-county area of North Texas, with more than 170 deaths. In Texas, there are over 23,000 cases and 600 deaths. Those numbers are expected to climb throughout the summer.

"Hospitals are working diligently to conduct 'business as usual' under unimaginable circumstances," said Love. "We must continue to stay at home and practice social distancing. This is the only way we will be able to stay ahead of the curve."

Or as Dr. Huang put it, "We're not out of the woods yet and we need to be vigilant." ■



Hospitals are working diligently to conduct 'business as usual' under unimaginable circumstances.





Sunday's at
1:00 and 7:00 pm



ON AIR

The *Human Side* of Health Care



*Stephen Love (left)
and Thomas Miller*



Lara Burnside



Brett Lee



Mirchelle Louis



Matt Dufrene

THE DFW HOSPITAL COUNCIL (DFWHC) RADIO program “The Human Side of Healthcare” has successfully cruised through its first four months on **KRLD 1080 AM**. The weekly radio show airs Sundays from 1-2 p.m. CDT. Ratings have been so strong, KRLD is now repeating the broadcast at 7:00 p.m.

Hosted by DFWHC President/CEO **Stephen Love** and KRLD’s **Thomas Miller**, the program initially showcased the activities of North Texas hospitals. Since the COVID-19 pandemic exploded across the region, they have been scrambling to provide weekly updates.

“The program’s focus has been dramatically changed since COVID-19,” Love said. “We’re attempting to become a community service as we provide weekly updates. This crisis has also influenced our guests as we attempt to highlight our many healthcare heroes.”

Guests during the first quarter have included:

- **Dr. Glenn Hardesty** of Texas Health Resources;
- **Kellie Rodriguez** of Parkland Health & Hospital System;
- **Mirchelle Louis** of the Cancer Support Community North Texas;
- **Dr. Trish Perl** of UT Southwestern and Parkland Health;
- **Dr. Charles Herlihy** of Medical City North Hills;
- **Sheri Mathis** of Mammogram Poster Girls;
- **Charla Gauthier** of Methodist Dallas Medical Center;
- **Doris Cheng** of Methodist Richardson Medical Center;
- **Shelli Stephens-Stidham** of Parkland Health & Hospital System;
- **Catherine Oliveros** of Texas Health Resources;
- **Dr. Don Wesson** of Baylor Scott & White Health;
- **Sandy Potter** of Texas Health Resources;
- **Stephanie Campbell** of Parkland Health & Hospital System;
- **Lara Burnside** of JPS Health Network;
- **Dr. Allison Liddell** of Texas Health Presbyterian Dallas;
- **Matt Dufrene** of Texas Health Resources;
- **Dr. Merlyn Sayers** of Carter BloodCare;
- **Robert Walker** of Texas Scottish Rite Hospital for Children;
- **Dr. Madge Barnes** of Texas Health Family Care;
- **Brett Lee** of Texas Health Frisco;
- **Caryn Paulos** of Texas Health Resources;
- **Curt Hazelbaker** of Metropolitan Dallas YMCA;
- **Hazel Thomas** of Texas Health Resources;
- **Dr. Julia Cartwright** of Children’s Health;
- **Joseph DeLeon** of Texas Health Harris Methodist Hospital Fort Worth;
- **DJ Wilson** of State of Reform;
- and **Trisha Cunningham** of the North Texas Food Bank.

KRLD 1080 AM serves North Texas with a news/talk radio format covering 30 counties across North Texas. It is also broadcast nationwide on **Radio.com**. ■

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

Around DFWHC

DFWHC produces video honoring “Healthcare Heroes”

THE CREATIVE FIRM AGENCY CREATIVE graciously donated their time on April 2 to produce a “Thank You” video honoring first responders and healthcare workers in North Texas working through the COVID-19 crisis.

Produced on behalf of the DFW Hospital Council (DFWHC), Agency Creative’s 30-second clip will run throughout the month as a public service announcement on television.

An award-winning Dallas marketing firm, Agency Creative has been a long-standing partner of DFWHC over the past decade producing its “**Stop C-Diff Now**” and “**Growing Little Minds**” campaigns.

“Agency Creative offered to donate a video honoring our healthcare heroes in North Texas,” said **Stephen Love**, president/CEO of DFWHC. “This will be a long month as



our hospital employees work to save lives and in so many ways save our community. We thank Agency Creative for producing such a wonderful work. This video is a small token of our deepest gratitude to essential healthcare workers. Thank you for your service.”

You can view the video at <https://www.youtube.com/watch?v=3ZGSNDZPLsM&feature=youtu.be>. ■

Hall Render creates online COVID-19 Resource Center



WITH HOSPITALS NAVIGATING THE IMPACT OF COVID-19 in the health care sector, **Hall Render** wanted to ensure executives and employees alike have access to valuable resources. The Dallas-Fort Worth Hospital Council (DFWHC), in partnership with Associate Member Hall Render, created the **COVID-19 Resource Center** for

its membership to assist in managing all guidance being issued related to this pandemic.

“When it comes to the COVID-19 pandemic, it’s important to have the correct information,” said **Stephen Love**, president/CEO of DFWHC. “We appreciate the diligent work Hall Render has put in to making this resource available.”

The page contains information from Hall Render attorneys, consultants and outside resources that may be helpful to organizations, and it will continue to be updated regularly. If you have any questions about COVID-19, please call Hall Render’s dedicated hotline anytime, day or night, at **317-429-3900**.

Hall Render focuses its practice on health law and is recognized as one of the nation’s preeminent health law firms. With more than 50 years of experience in the health law business, Hall Render is the largest health care-focused law firm in the country.

You can find the resource center at <https://www.hallrender.com/coronavirus/?lk>. ■



Should you be tested? DRC flyers provide the scoop

AS PART OF AN ONGOING EFFORT to educate the community, the **Dallas Regional Chamber** released a pair of flyers on March 24 detailing COVID-19 drive-thru and virtual screening testing in the community. Working with the DFW Hospital Council (DFWHC), the Dallas Regional Chamber flyers include information on symptoms for testing, convenient locations and step-by-step considerations.

“We would like to thank the team at Dallas Regional Chamber for putting together these crucial flyers,” said **Stephen Love**, DFWHC president/CEO. “It’s so important

for the public to know the criteria for being tested. Not everyone needs to be tested and most certainly not everyone needs to go to a hospital. Our goal is to make sure North Texas hospitals are not overloaded with residents who do not need to be tested for COVID-19.”

The flyer states, you do not need to be tested unless:

- You are showing a temperature of 99.6F or higher;
- plus a cough or shortness of breath.

For information, please go to <https://dfwhc.org/drc-flyer-provides-the-scoop-on-covid-19-virtual-screenings>. ■

Wello webinar “Ending Epidemics” posted online

THE DFW HOSPITAL COUNCIL and **Wello, Inc.** webinar “Ending Epidemics” has been posted online. Originally broadcast on February 25, this “hot topic” webinar details trends contributing to such global threats as COVID-19.

Dr. Murray Cohen, president of Consultants in Disease and Injury Control, served as keynote speaker. Dr. Cohen, formerly of the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO), is an Epidemiologist and Certified Industrial Hygienist.

His topics included strengthening healthcare, the coronavirus, risk factors, high-risk situations, protecting employees and protecting patients.

You can view the webinar at <https://www.youtube.com/watch?v=TWisoKAvXso&t=569s>.

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



Associate Members

The ADA and COVID-19

By Robin Sheridan

WHILE THERE HAS BEEN AN ONSLAUGHT of new legislation related to the COVID-19 pandemic, employers don't want to lose sight of traditional employment laws. The **Fair Labor Standards Act, Family and Medical Leave Act** and **Title VII of the Civil Rights Act** continue in full force and effect during these trying times. And now more than ever, the **Americans with Disabilities Act (ADA)** may arise as a challenging issue for employers.

The ADA prohibits discrimination against disabled employees and applicants, as well as employees and applicants who are regarded as disabled by the employer. Whether or not an employee infected with coronavirus is disabled under the ADA will require an individualized assessment. Some employees will

experience only mild, temporary symptoms and, like a broken arm, the condition will not rise to the level of a protected disability. Others may experience such severe reactions that they will be considered disabled under the law.

Not only is it possible that an employee's COVID-19 infection would qualify as a disability under the ADA, but even if there is no actual infection or impairment, employees who might be "regarded as" being infected (or having a "record of" infection) could also be protected under the ADA.

In response to numerous employer inquiries concerning the ADA and COVID-19, the Equal Employment Opportunity Commission (EEOC) recently revised its 2009 publication on "Pandemic

Preparedness in the Workplace and Americans with Disabilities Act (ADA)" and on March 27, issued a webinar clarifying and expanding on that guidance. The guidance can be found at https://www.eeoc.gov/facts/pandemic_flu.html.

Impact on Current Employees

As a preliminary matter, the EEOC has made clear that the ADA and Rehabilitation Act allow employers to follow the Centers for Disease Control and Prevention (CDC) guidelines and suggestions, as well as those from state and local public health officials. Specifically, the EEOC advises:

- Employers may ask employees, including those that call in sick, if they are experiencing symptoms or if they have been tested for

the virus. For COVID-19, these symptoms include fever, chills, cough, shortness of breath and sore throat. Although considered a medical examination, employers are permitted to measure employees' body temperatures at the workplace during a pandemic. Employers must maintain this information as a confidential. An employee who refuses to permit the employer to take their temperature may be barred from the physical workplace.

- Under the Genetic Information Nondiscrimination Act, an employer may not make employment decisions based on the health of an employee's family member. Therefore, the employer should not ask an employee who is physically coming into the workplace whether they have family members who have COVID-19 or symptoms. The employer may ask whether an individual has had contact with anyone that has been diagnosed or has symptoms.
- Employees who become ill with symptoms of COVID-19 should be instructed to leave the workplace immediately and may be instructed to stay home until the period of non-contagion has passed.
- When an employee is ready to return to work, an employer may require a return to work certificate to confirm fitness for duty. As a practical matter, employers are instructed to be flexible about what the documentation might look like given the current strain on health care providers.
- To protect co-workers, vendors or visitors, employers can advise co-workers that some employee has been diagnosed with COVID-19; however, the employer cannot reveal the identity of the employee.
- An employer may not exclude from the workplace employees 65 or older, pregnant employees and someone without COVID-19 solely because the CDC has identified this group as a higher risk of severe illness. The Age Discrimination in Employment Act and Title VII, respectively, prohibit employers from differing treatment due to the age/pregnancy.

Impact on Applicants

If an employer is in the hiring process, they may screen job applicants for symptoms of COVID-19, including taking the applicant's temperature, after making a job offer. However, the employer must ensure all entering

employees for the same job are subject to the same screening process. Additionally, an employer may delay a start date or withdraw a job offer because the individual cannot safely enter the workplace.

Direct Threat

Employers should be aware that even in the current pandemic environment, if a disability interferes with an employee's (or applicant's) ability to perform the functions of their job, an employer is generally required to provide a reasonable accommodation to that employee. For example, a disabled employee may need extra breaks, or special tools, in order to perform their job. One exception is when the employee poses a direct threat. According to the ADA, a "direct threat" is "a significant risk of substantial harm to the health or safety of the individual or others that cannot be eliminated or reduced by reasonable accommodation." If an employee or applicant with a disability poses a direct threat despite reasonable accommodation, he or she is not protected by the nondiscrimination provisions of the ADA.

The ADA requires that the employer objectively assess whether an employee poses a direct threat in the workplace based upon factual information, "not on subjective perceptions [or] irrational fears." The EEOC's regulations identify four factors to consider when determining if an employee poses a threat: (1) the duration of the risk; (2) the nature and severity of the potential harm; (3) the likelihood that potential harm will occur; and (4) the imminence of the potential harm.

Based upon findings of the CDC and public health authorities as of March 2020, the EEOC has announced that the COVID-19 pandemic meets the direct threat standard. Accordingly, there is no question that a significant risk of substantial harm would be posed by having someone with COVID-19, or symptoms of it, present in the workplace. Therefore, an employer can rely on the EEOC's finding of direct threat in applicable situations.

Robin Sheridan is an attorney with Hall Render, the largest health care-focused law firm in the country. Please visit <http://blogs.hallrender.com/> for more information. ■

Associate Members

What happens in the **BASEMENT** might prevent the spread of **COVID-19**

By **Mary Olivera,**

MHA, CRCST, CHL, FCS,
President/CEO, OSPECS Consulting

THERE IS AN UNSUNG HERO IN THE FIGHT AGAINST COVID-19: the sterile processing department of your local hospital. The **Sterile Processing Department (SPD)** and its technicians are charged with cleaning, preparing and sterilizing any reusable medical device used on patients.

Often overlooked—it is frequently located in the basement of your hospital—this department is as crucial as doctors treating patients. Without careful decontamination, disinfection and sterilization of life-saving equipment, doctors might not have the tools they need to save lives and hospitals might spend hundreds of thousands of dollars to buy new what is otherwise reusable equipment.

After surgeries or procedures, a sterile processing technician must transport contaminated (read: used) instruments from the operating room to the decontamination area and remove all bioburden that remains on the tools. This is more than simple soap and water. Techs must decontaminate delicate and expensive equipment, disassemble complex instruments, use special brushes to reach small spaces, deploy powerful disinfectants and detergents, and adhere to manufacturers' instructions for correct processing.

Most important, a sterile processing technician must keep themselves safe. The personal protective equipment, or PPE, required to process contaminated equipment is

no different than what might be used in the OR. These include heavy duty gloves, impervious gowns, surgical mask and a face shield to protect against contaminants found in the surgical devices.

Never before has the sterile processing department been so consequential while being so under siege. COVID-19's high contagion rate requires that we reexamine what is already-strict processing protocol to protect the health of techs who may have just a few days of on-the-job training. After working with a preceptor, they are soon responsible for protecting the health of patients and doctors who will be exposed to the sterilized and decontaminated tools.

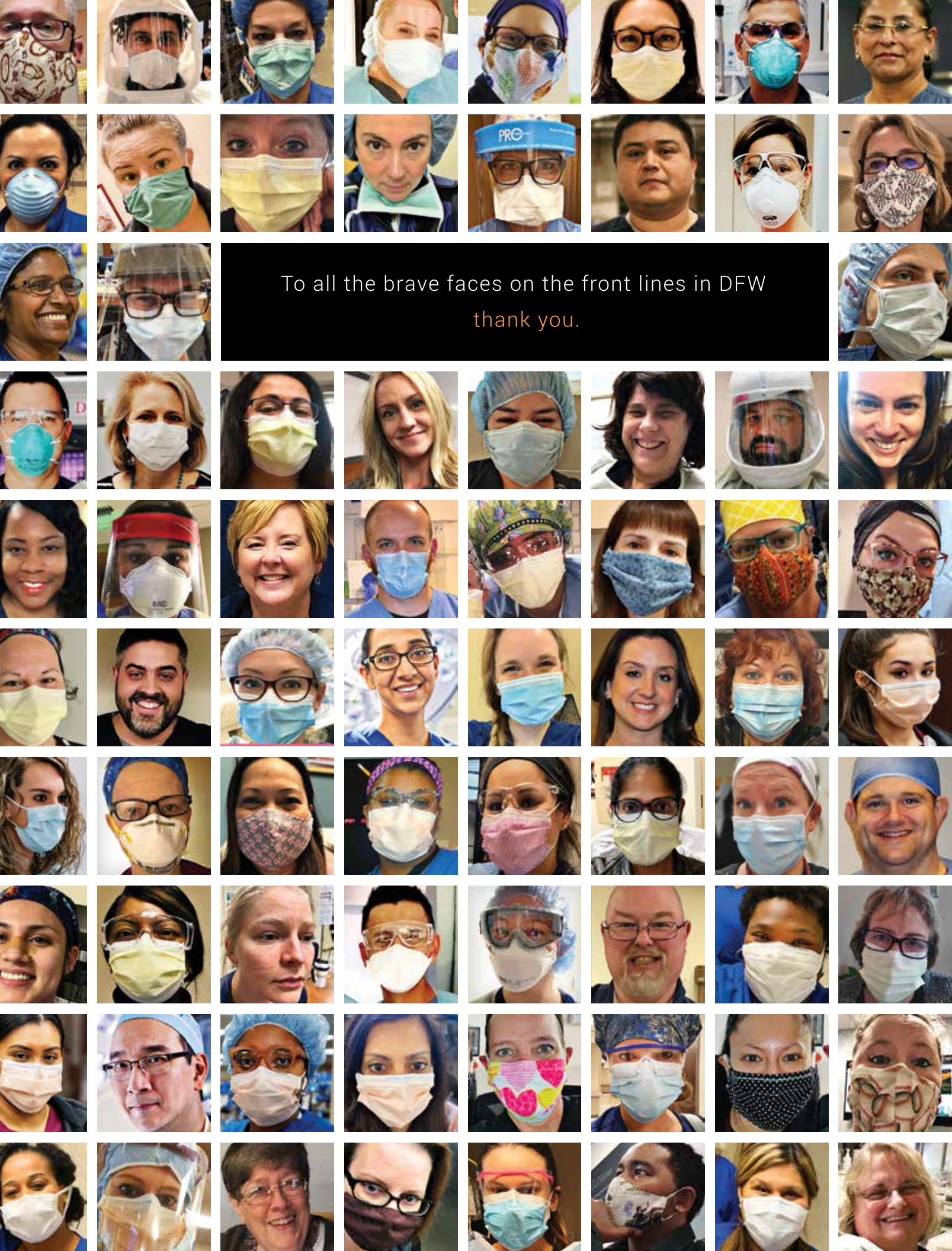
Here are a few crucial steps we can take to protect our techs, doctors and patients from the spread of COVID-19:

- **Continue to follow universal precautions.** Everything that arrives in the decontamination area should be considered contaminated.
- **Follow recommended standards for reprocessing surgical instruments.**
 - ▶ AAMI ST79 Comprehensive guide to steam sterilization and sterility assurance in health care facilities.
 - ▶ AAMI TIR68 Low and intermediate level disinfection for medical devices and sterile processing environmental surfaces.



- **Follow the medical device, detergent and disinfectants manufacturers' instructions for use.**
 - ▶ Know what it takes for a medical device to be considered decontaminated. Learn how it is disassembled for cleaning, and know which parts need to be cleaned.
 - ▶ Apply the correct, validated detergents and disinfectants for each device.
 - ▶ Rinse thoroughly before applying the disinfectant solution.
 - ▶ Adhere to the proper contact time for each solution. This is the amount of time the solution must remain wet on the device surface to .
- **Follow the standards for handling, collection and transportation and containment of contaminated medical devices.**
 - ▶ AAMI ST79: Section 6: provides guidelines for handling and transport of contaminated items.
 - ▶ OSHA standards for exposure of blood-borne pathogens.
 - ▶ Use leakproof bins in closed carts for transport. Ensure the cart is labeled as a biohazard.
 - ▶ Do not leave cart unattended during transport.
 - ▶ Disinfect bins and carts after each use.
- **Do not perform any tasks in the decontamination area without the appropriate PPE.**
 - ▶ Follow the proper sequence for putting on (donning) and removing (doffing) PPE. Download the CDC poster at <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf> with an easy-to-follow photo sequence.
 - ▶ Wear appropriate PPE. Long-cuff gloves prevent the water from touching skin, and leak-proof gowns prevent the technician from getting wet during the cleaning procedures. Face shields will protect from splashes.
 - ▶ Immediately change the PPE if it gets wet.
- **When handwashing devices, follow steps listed in a device's IFU.**
 - ▶ Brush devices under running water to prevent aerosolization.
 - ▶ Clean the sink after each tray.
 - ▶ Use disposable sponges or wash cloths and dispose them after each use.
- **Disinfect all contact surfaces in the decontamination area.**
 - ▶ Clean with disinfectant solution all countertops and carts; washer decontaminator panels; ultrasonic cleaner; doser buttons and panels; water facets; magnifying glasses; cabinet handles; and doorknobs.
 - ▶ Follow the brushes' IFUs. Some may be disinfected, other may be thrown out.
- **Practice frequent, effective handwashing.** Scrub for :20 seconds with soap and water or a hospital-approved hand sanitizing solution.

Visit our webpage at www.ospecsconsulting.com to learn more about how OSPECS Consulting can help transform your readiness processes. Staying prepared and educated can save lives, especially during these unprecedented times. ■



To all the brave faces on the front lines in DFW
thank you.



Your courage. Your energy.
Your sacrifice inspires us all.



PERSPECTIVES

INSIGHTS & INSPIRATION IN HEALTHCARE MARKETING

Our unsung *heroes*.

Speaking to marketing in this issue is far from my priority.

It is scary times for all of us right now. 26 million people in our country have lost their jobs. 1 billion people worldwide are confined to their homes. We are in times our world has never seen. We have been warned this would happen. But most of us believed it was more a Hollywood story. Surely, it isn't possible. But it did. We are in a war. A battle for our lives.

We ask if we are at the peak of COVID-19 deaths? We ask how many unknown affected people are out there? We ask how long this will continue? So many questions. With so few comforting answers.

Through all of this, we have heard about our unsung heroes. Yet not enough. Our healthcare workers are the brave souls on the front lines of this deadly pandemic. Those who are sacrificing so much. Their personal lives. Their family. Their physical health. Their mental health. And so much more.

But thankfully today, their passion and determination keeps them going. Their calling won't let them slow down. The word care from healthcare, is more than a description. It is a word that describes their reason for being. It comes from their heart. It is in their blood. They are dedicated to saving our lives.

Many have had to purchase their own safety devices to protect themselves. To not risk infecting their family members, they stay in hotels and Airbnb – which drastically affects their financial health. They experience so much pain and death each day. Not only of their patients, but their own coworkers too. It is nearly impossible for them to see the light at the end of the tunnel. Many are in a state of depression. They must cope with the difficult decisions they must make each day. Because of the toll on them, many will soon become patients themselves.

Sadly, many of us on social media seem to be unaware of the trauma these heroes face each day. We are at home complaining about our confinement. We're wrangling our kids, trying to keep them busy, and remain quiet while we have a

video conference call. We are self-focused about having to invent ways to address our boredom.

We really should be asking ourselves – have we truly thought about these heroes and what they are going through? Have we reached out to show compassion? Have we done enough to help ease the pain and stress of these heroes? Have we thanked them for their service and sacrifice?

When all our lives get back to normal, our health workers will be far from normal because of what they have endured.

This article is a dedication to all you heroes in North Texas. We salute you.



About the author

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Associate Members

Managing Hospital Patient *FLOW*

ONE OF THE ONGOING CHALLENGES HEALTHCARE SYSTEMS FACE is managing hospital patient flow—the movement of patients through the hospital from entry to discharge. If not managed effectively, patient flow can have negative ripple effects throughout the health system.

Efficient hospital patient flow allows newly admitted patients to get to the right place as soon as they enter the hospital, current patients to seamlessly transition to the right unit, and patients who are ready for discharge to leave the hospital with as little delay as possible. When hospitals manage hospital patient flow effectively, both the health system and the patients' benefit—hospitals don't keep patients longer than necessary, and patients spend the minimum amount of time at the hospital, making room for new patients who need care.

Improve Hospital Patient Flow with Machine Learning

One way for health systems to improve hospital patient flow is by leveraging machine learning (ML) to understand processes and obstacles better. Because hospital patient flow is so complex and full of moving parts, ML offers

predictive models to assist decision makers with flow information based on near real-time data—insight to improve hospital patient flow and alleviate capacity strain burdens. The goal of ML is not only to create predictive models but to ultimately improve, and in some cases fix, the challenges that arise from poor hospital patient flow.

Three Keys to ML Success

Key 1: Build support for data science.

Introducing data science requires strong leadership support at the highest level. Executive leaders must understand the value of data science and how a centralized approach to all data analytics within the health system enables data science to succeed. With C-suite support and a data science team, data scientists are ready to work with other departments and turn data into intelligence that drives better decision making.

Key 2: Create a ML pipeline to aggregate all data sources.

To leverage all the data available to a health system, the data science team should create an end-to-end ML



pipeline that aggregates the data. The pipeline should include all data sources, storage, transformation and modeling, and visualization components. The ML pipeline must include every data source—if the data isn't accurate or doesn't provide a complete picture, the predictive models won't identify the right areas for opportunity, resulting in wasted effort.

Key 3: Form a leadership team to govern data.

Another essential piece for ML success is to include leaders from other departments. Leadership inclusion has two benefits: 1) It ensures multiple viewpoints when discussing the data science strategy within the health system, and 2) it helps garner support for data science from a variety of departments throughout the organization.

For example, a comprehensive leadership team could include leaders from departments—such as operations, nursing, patient satisfaction, case management, and providers/clinicians—so that the data science team can develop champions for data science across other departments. Creating data science champions who are not members of the data science team makes data science implementation more likely to succeed. It helps team members trust it more when they see their leaders—whom they already trust—support it.

Back-Testing Models Is Key to Garner ML Support

Another critical step in achieving long-lasting institutional support for ML is back-testing models. Back-testing involves meeting with team members to show them how well the model performed compared to what actually happened. This increases transparency and sets realistic team member expectations about predictive models (i.e., that they aren't perfect).

Another valuable practice when discussing ML models with team members is to use a variety of models and compare which models are the most accurate. Comparisons help team members understand that different models have varying degrees of accuracy and that no models are ever 100 percent accurate.

In the process of refining the model, leaders and team members become invested in the model, offer suggestions for improvement (such as adding new data variables), and



eventually own the model. This strategy for increasing participation and support for data science also contributes to data democratization.

ML with Expertise Improves Hospital Patient Flow

Hospital patient flow challenges are not a single department problem but an issue the entire health system should strive to overcome. An agile approach to data science allows leaders to experience the data, not just review it. Agility within ML is crucial because, with each model iteration, participation from a clinician or an administrative leader increases their understanding and, as a result, the accuracy of the predictive model. At this point, leaders throughout the organization are referencing data and then leveraging it to make decisions.

ML models can improve hospital patient flow but only do so effectively when leadership adds valuable perspectives by suggesting new variables to consider in the predictive models. When ML and committed team members come together, ML is more accurate because it is sensitive to a health system's needs, schedules, insurance plans, and, most importantly, its patients. ■

Associate Members



CLINICAL CANCER TRIALS:

Removing the mystery
and opening eyes
to the potential

By **Dr. James Strauss**,
Clinical Scientific Director at Mary Crowley Cancer Research
and **Mirchelle Louis, LCSW**,
CEO of Cancer Support Community North Texas

MORE TREATMENT OPTIONS ARE AVAILABLE to cancer patients than ever before. Treatment is no longer about choosing a single path; rather, with research and innovative therapies rapidly evolving, treatment may include several courses of action that complement each other. Cancer clinical trials are a great example.

For years, clinical trials were stigmatized as being only for patients facing later-stage cancer and searching for needle-in-a-haystack solutions. Now, thousands of trials exist – and the numbers continue to grow – and patients are being encouraged to consider a trial earlier in their diagnosis as a complement to their primary treatment.

This reality is why two, Dallas-based nonprofits – **Cancer Support Community North Texas** and **Mary**

Crowley Cancer Research – are partnering in May, as part of National Cancer Research Month, to put a spotlight on debunking the myths of clinical trials and to encourage more people to explore their clinical trial options.

The organizations have joined forces to bridge a gap between their two communities of cancer patients: those participating in clinical trials and needing whole-person social and emotional support to help them along their journey, and those receiving whole-person support who may be unaware of clinical trials available to them.

“We want cancer patients and their families to have the information they need to weigh the options available to them including participation in clinical studies,” says **Dr. James Strauss**, Clinical Scientific Director, Mary Crowley Cancer Research.

“Our goal is to remove the mystery surrounding clinical trials and offer patients who have already walked through our welcoming red doors – or who will in the future – easy-to-access information so they know their options and continue to fuel hope,” says **Mirchelle Louis**, CEO of Cancer Support Community of North Texas.

A QUICK PRIMER

What are clinical trials? Clinical trials for cancer are research studies that compare the most effective known treatment for a specific type or stage of cancer with a new approach. This can be a new drug, or combination of drugs or a different way of using established therapies. There are trials that involve new approaches to surgery and radiation therapy. There are clinical trials for every type of cancer. While many trials focus on late stage disease, there are also trials to prevent cancer, improve early diagnosis, stop the cancer from coming back, reduce side effects or improve quality of life.

What are the biggest myths about clinical trials?

Most often, patients and their caregivers are concerned with mention of clinical trials, as they assume it means the worst. The reality is that clinical trials can be an option at every stage of cancer. Mary Crowley Cancer Research, for example, has access to hundreds of Phase 1 and Phase 2 clinical trials.

Their advice: Connect with your treatment team and discuss potential clinical trial options as a complement to existing treatment or perhaps if a certain treatment isn't working. Even if you aren't ready to participate in a clinical trial yet, the earlier you consult with Mary Crowley in your cancer journey about your treatment options, the quicker they will be able to enroll you onto a trial when the time comes.

Another myth is that an organization like Mary Crowley Cancer Research replaces a patient's regular oncologist. Instead, Mary Crowley works in tandem with your oncologist to keep them informed of your cancer trials progress to help make decisions regarding next steps. Along those same lines, a patient doesn't have to wait for their oncologist to refer them to Mary Crowley; the patient can always reach out and the team will determine if any trials are a good fit.

GETTING INFORMED

For patients looking to learn more about specific trials that may be available to them, Mary Crowley Cancer Research has developed an "Active Clinical Trial" app (<https://www.marycrowley.org/physician/learn-about-our-clinical-trials-app/>) that provides patients and the



public with an ever-growing list of available cancer clinical trials. The app is available for free and searchable with just a few clicks.

For patients looking to learn more about clinical trials – how do they work, when to consider them, and how they fit into treatment and emotional support for the “whole person,” Cancer Support Community nationally offers a variety of resources through their website within a “Frankly Speaking About Clinical Trials” section at <https://www.cancersupportcommunity.org/learn-about-cancer-topics/cancer-clinical-trials>. ■





preparation
prevention
perspiration
isolation
inspiration
compassion
exhaustion
determination

There are no words to
truly capture what our
healthcare professionals on
the front lines of COVID-19
have endured. Except one.
[appreciation.](#)

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- YMCA of Metropolitan Dallas



Jennifer Miff

President, DFWHC Foundation
Senior Vice President, DFWHC

COVID-19 story is still being written

OUR COVID-19 STORY IN NORTH TEXAS is still being written. We hope Spring 2020 will go down in history as a public health victory, but there is still a chance that impatience and fear could get the better of us. Regardless of the outcome, I will always remember this time as a shining example of how our hospitals came together to support each other at unprecedented levels. At the DFW Hospital Council (DFWHC) Foundation, we have seen our members share not only best practices and policies, but also smiles and laughter, and positive energy to keep us each healthy and happy.

In the past issue, I wrote about our mission to be the trusted partner that inspires improvement through collaboration. During the COVID-19 response, we have brought even more people together – executives, HR professionals, clinical educators, patient safety champions, analytics experts, and community health leaders. Through daily collaborations, we have delivered rapid data tracking, capacity forecasting, daycare support, and discharge planning. Our data warehouse insights on co-morbidities by zip code supported COVID-19 education and planning.

While COVID-19 challenges abound, this unique time is also driving innovation. Supply chains are being redefined and we've identified new ways to clean and re-use PPE. We are exploring opportunities for virtual Mental Health First Aid without face-to-face training. Our Employee of the Year event will evolve as well -- to recognize the healthcare heroes emerging from our hospitals. Being able to stand up and cheer for these healthcare workers is No. 1 on my list when this crisis is finally a memory.

For the rest of 2020, we will refocus the use of patient advisory councils to improve experiences identified during the pandemic, and we will continue to collect data as it relates to COVID outcomes. Our grant work on diabetes clinic referrals to CDC-recognized Lifestyle Change programs and our workforce grants on apprenticeships and skills development program will move forward -- with chronic disease and unemployment peaking, these programs will be more important than ever to keep people healthy and stimulate the economy.

As we enter the fifth week of "Stay Safer at Home" in North Texas, I am counting my blessings for our incredible members who are working together to support the community, for the dedicated DFWHC Foundation staff, for my family, and for my friends who are there for me virtually. We are all in this together. Thank you for everything you do – I am blessed to now count you all as colleagues and friends. ■

How to contact us

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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.

34 dfwhc interlocutor

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2020 Vision: *A World of Opportunities*

24th Annual

Employee of the Year Luncheon

Celebrating the Best Healthcare Employees in North Texas

September 16, 2020
Hurst Conference Center

Guest Speaker



Christine Cashen

Dynamic Motivational Speaker



**DATE
CHANGE!**

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION has set **September 16** as the rescheduled date for its **24th Annual Employee of the Year Luncheon** at Hurst Conference Center. Originally set for April 23, the luncheon honoring North Texas hospital employees had been postponed due to the COVID-19 pandemic.

Attendees who already purchased tables and tickets will be honored for the rescheduled event.

Keynote Speaker **Christine Cashen** (<https://christinecashen.com/>) graciously readjusted her schedule and will participate in the new event.

The new deadline for nominations has been tentatively set for **June 19**, with hospitals encouraged to send nominations if they have not already done so.

The Employee of the Year Luncheon honors exceptional hospital employees in North Texas. In the tradition of an awards show, winners are announced at the luncheon and asked to come to the stage to receive their award.

"It's never been more important for us to honor our North Texas healthcare heroes," said **Jennifer Miff**, president of the DFWHC Foundation. "Working tirelessly during this pandemic, they are truly demonstrating how crucial they are to our families, to our children and to our community. September 16 will be a day of celebration for an extraordinary job well done. We are looking forward to honoring them."

For questions, contact **EOY@dfwhcfoundation.org**. ■

Around DFWHC Foundation

HIIN PROJECT comes to an end

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION'S Hospital Improvement Innovation Network (HIIN) program officially came to an end on March 31. Selected in 2016 to become a subcontractor of the Health Research and Educational Trust (HRET) of the American Hospital Association, the DFWHC Foundation was one of 16 organizations recruited to reduce hospital-acquired conditions and readmissions.

"We're proud of the goals we were able to achieve," said **Patti Taylor**, the DFWHC Foundation's director of patient safety services. "We worked towards goals of a 20 percent decrease in patient harm and a 12 percent reduction in 30-day hospital readmissions."

HRET encompassed 32 U.S. states with more than 1500 hospital partners. CMS monitored the activities of the HIIN to ensure that they were generating improvements. Final results are expected to be released later this year.

"We would like to thank the participating hospitals," Taylor said. "They were able to receive free education



provided by HRET along with specially requested topics generated by meetings between hospital representatives."

Educational topics included wound care; sterile processing; Excel proficiency; Lean Six Sigma Yellow Belt and Green Belt classes; patient safety; conflict resolution; family engagement; readmissions; and fall prevention.

There were 56 participating hospitals/systems including **Baylor Scott and White Health; Dallas Medical Center; JPS Health Network; Medical City Healthcare; Methodist Health System; Parkland Health & Hospital System; UT Southwestern; Wilson N. Jones Regional Medical Center; and Wise Health System.**

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

Child care resources available in NTX



THE DFW HOSPITAL COUNCIL FOUNDATION WAS ASKED to spread the word about child care resources in the metroplex. The **YMCA of Metropolitan Dallas'** announced on March 26 that it was starting an effort to

help families who are serving on the front lines during the COVID-19 crisis.

The organization was given special approval by **Dallas County Health and Human Services** to offer Emergency YMCA Child Care for children of first responders, healthcare and hospital workers, government officials, grocery workers and others who must continue to work during this difficult time.

For information, please go to www.YMCADallas.org/EmergencyYMCAChildCare.

Additional child care for essential workers can be found at:

- State of Texas: <https://frontlinechildcare.texas.gov/>;
- Dallas County: <http://northtexasfamilies.org/>;
<https://www.care.com/texasfrontline>;
- Tarrant County: <https://bestplace4kids.com/covid-19-resources/>. ■



DFWHC Foundation develops COVID-19 “Tip Sheet”

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION DEVELOPED a COVID-19 Tip Sheet on March 16 providing information to North Texas families forced to stay at home during the COVID-19 pandemic .

Created by **Dr. Sushma Sharma**, the DFWHC Foundation’s director of population health, the one-page document provides helpful information so families can work through the healthcare challenge of self-quarantine.

The tip sheet includes seven helpful suggestions for North Texas families to stay physically and emotionally healthy.

“Today, as we are facing the COVID-19 pandemic we are attempting to understand a new way of living,” said Dr. Sharma. “This includes restrictions on social activities, social distancing and practicing higher standards of hygiene. We wanted to provide an easy-to-use flyer with suggestions to assist the community.”

The seven tips include:

1. INFORMATION IS POWER

COVID-19 is a threat. To learn how government authorities are addressing this, visit your county health department’s website. You can also visit www.cdc.gov for national information.

2. SHARING THE RIGHT INFORMATION

Keep family members, including the elderly and children,

informed with the right information.

3. TALK TO CHILDREN

When talking to children, remain calm and reassuring. Make yourself available. Avoid language that leads to stigma. Pay attention to what children see online.

4. TALK TO ELDERLY FAMILY MEMBERS

The 65-plus age group is at a high risk for COVID-19. It is important to keep them informed about safety measures.

5. DEALING WITH PHYSICAL AND MENTAL STRESS

Select physical and mental exercises you can do from home while following social distancing guidelines. Humor is a great tool. Watch a movie that makes you laugh.

6. ADAPTING TO WORK FROM HOME

Create a formal workplace at home. Stay away from televisions or other distractions. Get ready every morning for work just as you normally do.

7. COMMUNICATION DURING SOCIAL DISTANCING

Avoid in-person meetings. Utilize virtual social gatherings and other creative ways of connecting.

“Please prioritize self-care and support your community while maintaining a social distance,” Dr. Sharma said.

“Take the time to stay informed as we get through this difficult time together.”

Download the flyer at <https://dfwhc.org/wp-content/uploads/2020/03/Family-Tips-During-COVID-19.pdf>. ■



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Background screening impacted by COVID-19

AFTER WORKING FOR TWO MAJOR HEALTHCARE SYSTEMS, the importance of emergency response planning was drilled into the workforce regularly. At GroupOne Background Screening, we understood once the COVID-19 pandemic was declared, it was important for us to execute our business continuity plan (BCP) for the safety of our employees. I'm proud to say GroupOne has continued to consistently produce background reports during its BCP. This is a tribute to the dedication of our team.

As an employer, especially hospitals attempting to hire foreign-born nurses, physicians and allied health professionals, you wish to ensure experience and education are verified from the source. Every aspect of creating a background report requires the accurate attainment of information so you can determine the next stage in onboarding a new employee. During these difficult times with potential staff shortages, this has never been more important.

Incomplete information is not an option for GroupOne. This is a challenge in today's COVID-19 environment. Accessing data once provided in less than 24 hours has dramatically changed. Reliable data that could be verified by physical sources in courthouses are now delayed due to closures. Some screening providers may resort to using criminal reporting data obtained through online databases.

This is a risk GroupOne avoids because this information lacks recent verification with quite a bit of detail slipping through the cracks. This questionable practice of weighing profit over risk is unwise and we advise clients to rely only on data that can be validated. It is vital for clients to ask vendors where the criminal history was gathered from.

Employers that have elected to close their human resource departments are not able to conduct primary source employment verification requests. As a result, candidates who may have recently worked at a clinic, physician office or small hospital may not be able to have their employment verified. As you can imagine, the list of difficulties go on. At GroupOne, these difficulties do not exempt us from continuing to investigate until we obtain the correct information.

COVID-19's impact will not keep us from producing high quality results, and we will continue to serve as your trusted screening partner during this difficult time. ■



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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Trapped at home, **David Graves** begins new GroupOne video series

WORKING FROM HOME due to the COVID-19 crisis, GroupOne Background Screening Sales Associate and HR guru **David Graves** began posting videos on April 2 to discuss screening tips and even a few timely recommendations for those suffering from “cabin fever.”

The videos are the first of many Graves expects to post throughout the year detailing the advantages of GroupOne’s services when providing background, pre-employment, student and drug screenings.

You can view his videos at https://www.youtube.com/channel/UCktLakdK_mQI5NapciiMzZA.

“We’re always looking at new ways to communicate with our clients,” said Graves. “Since the GroupOne staff is now working safely from home, I thought it might be a good opportunity to provide informal information and maybe just say ‘hello’ to our partners. These are difficult times and I wanted to let our clients know we are still working with them.”

Graves and GroupOne Marketing Associate **Kaitlyn Ellis** plan to start a video series this year to highlight multiple human resource topics.

For info, email David at dgraves@gp1.com. ■

WEBINAR

GroupOne

BACKGROUND SCREENING



GroupOne opens web series with “My Top-10 HR Horror Stories”

FROM “ZOMBIE-LIKE” BEHAVIOR in the workplace to one of the most shocking background checks in history, GroupOne Background Screening kicked off its 2020 Webinar Series with “**My Top-10 HR Horror Stories**” on March 12.

GroupOne’s own **David Graves**, a sales consultant and an HR soldier for over two decades, served as speaker. David discussed a few of his own HR horror stories while providing solutions to oftentimes surreal affairs and how he was able to negotiate through the “uncomfortable” situations.

This complimentary educational webinar, equal parts humorous and informative, was co-hosted by **Kaitlyn Ellis**, GroupOne’s marketing associate.

The webinar has been posted online at <https://www.youtube.com/watch?v=9tYF1CPvy7E&feature=youtu.be>.

GroupOne’s 2020 Webinar Series will continue throughout the year with five additional programs to follow. Details coming soon!

For information, please contact Kaitlyn at **kellis@gp1.com** or **972-719-4208**. ■

HR Surveys

available for purchase

GROUPONE'S THREE ANNUAL HR SURVEYS are now available for purchase. Conducted in February, the surveys provide valuable benchmarking data from across Texas. Reports are available for \$225 each. For non-participants, surveys are \$625. 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.

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



Employee drug testing during the pandemic



THERE'S A RUMOR on social media that employee drug testing is not required during the COVID-19 pandemic. **False!** Granted, during this crisis workplace drug testing will require new rules. The CDC has recommended taking extra precautions around body fluids, for face shields to be worn and fresh gloves used for each individual drug test. If employees express concern about reporting for a drug test, you can assure them guidelines are in place to protect them from the virus. If an employee refuses a drug test for any reason — even COVID-19 concerns — it's reported as a refusal to test. Collectors document the refusal. A well-documented report is key. It allows the employer to decide how to handle the situation. Employers not held to government regulations may also want to consider updating their drug-free policies and procedures. ■



Best Practices for remote work

WITH COVID-19 DOMINATING THE NEWS over the past month, it's likely many organizations have asked their employees to work at home. It's important to remember that while health risks may decrease, other risks could unexpectedly surface.

Almost all organizations today have information they must protect. Have you considered the potential of cyber risks? Here's a few issues to consider:

- **WIFI networks:** Secure home WIFI networks with a robust password and try to avoid the use of public networks.
- **Personal devices:** Your employees should only conduct work on their employer-issued computers. If this is not possible, personal laptops should not be allowed to leave the home.
- **Transferring corporate data with personal e-mail accounts:** Advise employees against sending sensitive company data to their personal email accounts. They should also permanently delete any corporate data remaining on their email accounts after they return to their normal work routine.
- **Hard copy document management:** Advise

employees about the proper destruction of hard copy documents and to avoid disposing of documents at home or in a public place without shredding.

- **Unsecure connections:** Absent a secure virtual private network (VPN), employees may attempt to connect to systems in an insecure manner. Investigate the viability of configuring a VPN for employees accessing your systems.
- **Cloud storage accounts:** Employees working remotely may use a personal cloud account to transfer documents or data to and from office that may be less secure – Employers should always monitor, recommend and advise.
- **Vendor relationships:** Most organizations rely on third-party vendors to support internal and external mission-critical services. These services could be impacted should these companies also ask their employees to work from home. Reach out to these vendors to inquire as to their plans to continue to support your organization and to keep your data safe. Review the contracts in place to be aware of your rights and remedies. ■

To our Healthcare Heroes

Thank you for
your dedication
and sacrifice.



GroupOne
BACKGROUND SCREENING

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