



INTERLOCUTOR

WINTER 2021

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NEWS FROM THE DFW HOSPITAL COUNCIL

RACE AGAINST TIME

Can the U.S.
vaccinate 75%
of its population
by the summer?

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Steve Love

President/CEO
Dallas-Fort Worth
Hospital Council

Now is the time for Medicaid expansion

OUR STATE HAS ENDURED A DIFFICULT YEAR OF COVID-19, not to mention unemployment and the loss of healthcare coverage for many Texas residents. Now is the time for us to strive for healthcare coverage for all Texans.

We ask our Texas legislative leaders to work collaboratively on Medicaid expansion. We now have close to 5.5 million unemployed people, a frightening amount boosted by recent job losses due to the ongoing pandemic. The number of uninsured residents in Texas has now climbed to approximately 20 percent, the highest rate in the nation.

Texans are having to pay billions of dollars in federal taxes, with many of those dollars going to neighboring states such as Louisiana, Arkansas and New Mexico to help fund their own Medicaid expansion. Our state is now effectively surrounded by expansion. Consider this—we are willing to spend our tax dollars on medical coverage for other states, but not for our own Texas residents. In a study in 2020, the **University of Michigan** estimated that 730 Texans die each year because we have refused to expand Medicaid.

Approximately 75 percent of the people eligible for Texas Medicaid expansion are living in a family with at least one worker employed in construction, food preparation and other service industries. According to a study by **Texas A&M University**, our state would comfortably draw 90 percent, or an increase annually of \$5.4 billion dollars, from the federal government with expansion. I shouldn't have to say this, but I will. This would create jobs, prevent closures of rural hospitals and help reduce pressure on property taxes to help fund healthcare services.

According to the website *Cover Texas Now*, a recent **Kaiser Family Foundation** report summarized over 400 Medicaid expansion studies. The conclusion was expansion universally contributes to better health outcomes, financial security and less medical debt. In addition, a 2020 poll by the **Episcopal Health Foundation** found that 64 percent of Texans support Medicaid expansion.

We thank our state leaders for their excellent work in securing an extension on our Medicaid 1115 Waiver. However, the waiver does not guarantee expansion for certain people caught within a coverage gap just below the poverty line. They have effectively been left without coverage.

According to **The Perryman Group**, Medicaid expansion would increase health spending and generate more business activity. Furthermore, it would also reduce uncompensated care, releasing public and private funds that could be redirected for other purposes. Finally, if we expand coverage, we reduce morbidity and mortality and increase our state's productivity.

We thank our legislators for their service on behalf of all Texans. Now is the time to work collaboratively on Medicaid expansion as it makes good economic sense and helps the health of all Texans. We must not make bad business decisions during this 87th Session. Refusing to expand Medicaid, especially after a trying year of COVID-19, is a bad business decision. Now is the time! ■

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INTERLOCUTOR

EDITORIAL

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ADVERTISING

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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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COVID-19 Vaccine:

A race against time

IT HAS BEEN A LONG YEAR of healthcare hero sacrifice in the lingering slog of COVID-19. With millions of Americans being vaccinated each week, it appears a possible end to the pandemic may finally be on the horizon. Over the past month, the number of coronavirus-related hospitalizations in the U.S. has decreased by more than 40 percent.

“This final stage is still dangerous,” said **Stephen Love**, president/CEO of the DFW Hospital Council. “There are large numbers of Americans dying and we must not let our guard down. We must continue to wear masks, wash our hands and practice social distancing. Our healthcare workers are exhausted. If anything, practice these safety measures to provide them much-needed relief.”

On February 5, more Americans were reported dead of COVID-19 than on any day in 2020. The U.S. is still on a frightening pace to have more than 80,000 COVID-19 fatalities a month. There is also the specter of the coronavirus variants that emerged in the United Kingdom, Brazil and South Africa. These threatening variants have now reached the U.S. and are even more contagious and lethal, according to a *New York Times* article in February.

Dr. Anthony Fauci, chief medical advisor to **U.S. President Joe Biden**, said the key is to accelerate the pace of vaccinations. He said it was important to vaccinate 75 percent of the U.S. population by the summer, a rate higher than the present pace of 1.5 million a day.

Biden’s administration announced on February 10 it will partner with Texas officials to build three new community vaccination centers in Dallas, Arlington and Houston. The centers, which are expected to be operational the week of February 22, will allow healthcare

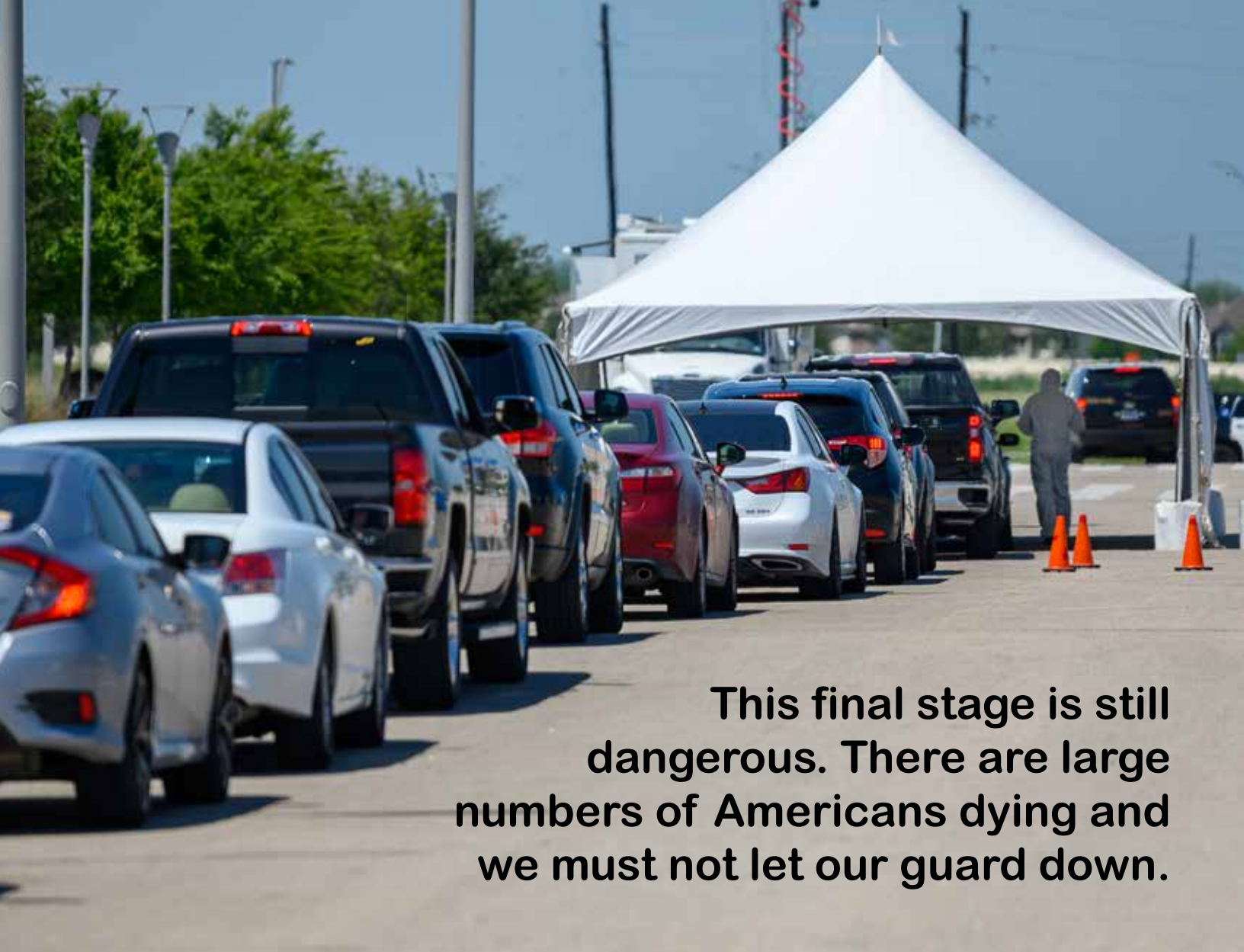


providers to administer more than 10,000 shots per day, according to **Jeff Zients**, Biden’s coronavirus response coordinator. “We are deploying teams immediately to work with the state and local jurisdiction,” he said.

The Arlington site will be located at the Dallas Cowboys’ AT&T Stadium. Every team in the NFL has offered their stadiums as mass vaccination sites, following a February 5 letter from NFL Commissioner **Roger Goodell** to Biden.


Approximately 33 million out of 331 million Americans have received at least their first dose of Pfizer’s or Moderna’s two-dose Covid-19 vaccines, according to data compiled by the Centers for Disease Control and Prevention. Roughly 9.8 million of those people have received their second shot.

U.S. officials are also hoping the vaccine supply will increase after a Johnson & Johnson COVID-19 vaccine is authorized for emergency use by the Food and Drug Administration (FDA), which could happen as early as



This final stage is still dangerous. There are large numbers of Americans dying and we must not let our guard down.





It's important to engage our residents and communicate to them how these vaccines are very well tested and more closely examined than many things presently on the market. Bringing an end to this pandemic is a job for everyone—not just our healthcare heroes.

February. The FDA has scheduled a meeting of its Vaccines and Related Biological Products Advisory Committee on February 26 to discuss the vaccine, with the U.S. possibly authorizing its use the next day.

The race against the advancing COVID-19 variant could also be hampered by a large swath of Americans who say they do not want or need the vaccine. According to an Associated Press-NORC Center for Public Affairs Research poll, one-third of Americans say they will not

get the vaccine. If that number doesn't budge in the next several months, the variant could spread unchecked through certain demographics to include people under 40 and lower-income residents, with potentially devastating consequences.

To combat this, the **Texas Department of Health Services** released a series of videos (www.youtube.com/watch?v=YHMEqRJpBwg&feature=youtu.be) on February 12 as part of a \$2.3 million public awareness campaign.



The aggressive strategy is being launched to increase acceptance of the COVID-19 vaccine and inform the public on how to get the shots. Its arrival is inspired by fears that not enough people will choose to be vaccinated in order to stop the spread of the virus and its looming variant.

CVS Health began administering COVID-19 vaccines at select pharmacy locations across North Texas on February 11. As more supply becomes available the company plans to expand to additional states and to increase the number



of stores offering vaccinations. With CVS Pharmacy's nearly 10,000 locations nationwide, including those in North Texas, the company has the capacity to administer up to 25 million shots per month.

As of this writing, all of the major North Texas hospital systems were participating in administering vaccinations. Numerous locations have been set up at Fair Park, Kay Bailey Hutchison Center, the Theater at Grand Prairie, the Texas Motor Speedway, Hurst Conference Center, Esports Stadium, Amon Carter Stadium, Red Bird Mall, Baylor University Medical Center, Methodist Dallas Medical Center, Parkland Health & Hospital System, Texas Health Huguley Hospital, UT Southwestern West Campus, McKinney ISD Football Stadium and Stonebriar Mall, among many additional hub providers across the region.

In the U.S., the death toll of COVID-19 victims surpassed 500,000 before the end of February. In Texas, more than 40,500 residents have died, with 7,100 of those being from North Texas.

"It's important to engage our residents and communicate to them how these vaccines are very well tested and more closely examined than many things presently on the market," Love said. "Bringing an end to this pandemic is a job for everyone—not just our healthcare heroes. Our dedicated scientists have provided us a solution. Now it's our responsibility to take advantage of that solution as quickly as possible."

For vaccine information, please go to <https://dshs.texas.gov/coronavirus/immunize/vaccine.aspx>. ■



*Sunday's at
1:00 and 7:00 pm, CDT*

The Human Side of Health Care



with Stephen Love (left) and Thomas Miller.





Dr. Valerie Liao



Dr. John Carlo



Dr. Kamal Tamirisa



Dr. Jeffrey Kahn

THE DFW HOSPITAL COUNCIL (DFWHC) RADIO program “The Human Side of Healthcare” will continue on a weekly basis through 2021 on **KRLD 1080 AM**. The radio show airs Sundays from 1:00-2:00 p.m., with a repeat broadcast at 7:00 p.m., CDT.

Hosted by DFWHC President/CEO **Stephen Love** and KRLD’s **Thomas Miller**, the program has showcased the activities of North Texas hospitals while providing crucial COVID-19 updates.

Guests during the fall and winter have included:

- **Deana Adams**, Hope After Brain Injury;
- **Dr. Jennifer Attmore**, Texas Health Presbyterian Hospital Allen;
- **Dr. Kami Banks**, Texas Health Presbyterian Hospital Allen;
- **John M. Barry**, bestselling author;
- **Vivian Bradley-Johnson**, Parkland Health & Hospital System;
- **Dr. John Carlo**, Prism Health North Texas;
- **Dr. Mark Casanova**, Dallas County Medical Society;
- **Dr. Joseph Chang**, Parkland Health & Hospital System;
- **Sherry Cusumano**, Medical City Green Oaks;
- **Dr. Vivian Dimas**, Medical City Dallas;
- **Dr. Henry Ellis**, Scottish Rite for Children;
- **Patti Foster**, Hope After Brain Injury;
- **Catherine Glenn**, Texas Health Presbyterian Dallas;
- **Dr. Uma Gunasekaran**, Parkland Health & Hospital System;
- **Dr. Robert Haley**, UT Southwestern;
- **Dr. Glenn Hardesty**, Texas Health Presbyterian Plano;
- **Jessica Hernandez**, Parkland Health & Hospital System;
- **Dr. Philip Huang**, Dallas County Health and Human Services;
- **Dr. Jeffrey Kahn**, Children’s Health;
- **Dr. Diana Kerwin**, Texas Health Presbyterian Hospital Dallas;
- **Dr. Katherine Kester**, Texas Health Presbyterian Hospital Allen;
- **Dr. Thomas Kim**, Prism Health North Texas;
- **Jan Langbein**, Genesis Women’s Shelter;
- **Karrie Lawson**, Medical City Children’s;
- **Melanie Leonard**, Medical City North Hills;
- **Dr. Valerie Liao**, Medical City Healthcare;
- **Dr. Bartley Mitchell**, Methodist Health System;
- **Dr. Gonzalo Perez-Garcia**, Texas Health Presbyterians Dallas;
- **Marjorie Quint-Bouzid**, Parkland Health & Hospital System;
- **Carey Shore**, Methodist Dallas Medical Center;
- **Dr. Troy Smurawa**, Children’s Health;
- **Dr. Kamala Tamirisa**, Medical City Healthcare;
- **Karen Watts**, Parkland Health & Hospital System;
- **Dr. Srinivas Yallapragada**, Medical City Las Colinas. ■

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

Around DFWHC



Sharn Barbarin discusses career and the challenges of Black executives in *D CEO*

SHARN BARBARIN, CEO AT MEDICAL CITY LEWISVILLE, was interviewed for a *D CEO* feature in October detailing her career and the pressures facing Black executives.

Barbarin, a DFW Hospital Council Board Member, discussed her life and career in the “In My Reality” feature penned by **Will Maddox**.

“Like most minorities, the first experience of that racial divide was an experience when I was very young,” Barbarin said. “I was at a department store with my mother, and she allowed me to go upstairs to the toy department. I remember being there with my brother waiting for the elevator, and three Caucasian women, were also waiting for the elevator. When the elevator came, they walked in and used a racial slur and said, ‘You can’t get into this elevator with us.’ I certainly recognized that it was coming from a place of anger and hate.”

Barbarin said similar occurrences in youth created a

professional drive to understand different cultures.

“What do people think? What goes into who they are? What shapes your belief system? I knew that I wanted to go into the healthcare industry because I wanted to create an environment where care was always provided equitably, regardless of race, creed or color,” said Barbarin. “In being in healthcare administration, I would have the power to influence that, and I could influence equity.”

Barbarin said as a Black executive, she feels an exceptional responsibility.

“I embrace it because I know that others don’t have the opportunity to sit in the seat that I sit in,” she said. “With that responsibility comes a duty to represent well and to inform the conversations then. That’s informing the conversations around what’s needed to establish a pipeline for other minority leaders within our organization. I need to step into my voice and own that.”

The *D CEO* “In My Reality” series allows executives to share their personal experiences of diversity and bias.

Read the full story at <https://www.dmagazine.com/healthcare-business/2020/10/my-reality-lashandra-barbarin-on-formative-moments-and-creating-equity/>. ■



David Berry



Blake Kretz



Jessica O'Neal

DFWHC announces 2021 Board of Trustees

THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) HAS ANNOUNCED its Board of Trustees for 2021. The Board consists of the following individuals:

- Chair **David Berry**, President – Strategic Capital Projects, Children’s Health
- Chair-Elect **Blake Kretz**, President, Texas Health Arlington Memorial Hospital
- Past Chair **John Phillips**, President, Methodist Dallas Medical Center
- 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 **Audra Early**, Senior VP, Strategy, Network Development, Kindred Hospitals
- Trustee **Dr. Roberto de la Cruz**, Chief Clinical Officer, Parkland Health & Hospital System
- Trustee **Dr. Seth Toomay**, Chief Medical Officer, UT Southwestern Medical Center
- Trustee **Christopher York**, President, Baylor Scott & White – Grapevine
- 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 **Dustin Anthamatten**, VP Operations, Methodist Charlton Medical Center

Completing their terms are **Scott Peek**, Senior VP Joint Ventures, Baylor Scott & White Health; **Dr. William Daniel**, VP Chief Quality Officer, UT Southwestern Medical Center; and **Kyle Armstrong**, President, Baylor Scott & White Medical Center – McKinney. New to the Board for three-years terms are de la Cruz, Toomay and York. Anthamatten was appointed as new ex-officio.

“We’re excited about the new additions this year to our 15-member board representing a talented group of North Texas healthcare executives,” said **Stephen Love**, president/CEO of DFWHC. “They have a range of talent and experience valuable to our mission to improve quality healthcare in the region. We would also like to thank Scott Peek, Dr. William Daniel and Kyle Armstrong for their dedicated board work.” ■

Hall Render and BKD announced as top DFWHC Year-round Sponsors for 2021



THE DFW HOSPITAL COUNCIL (DFWHC) IS PROUD to announce **Hall Render** and **BKD CPAs and Advisors** will serve as Year-round Sponsors for 2021. The designation allows the two companies to be the top sponsors at all major DFWHC events including the 25th Employee of the Year Luncheon and the 73rd Annual Awards Luncheon. They will also host a series of complimentary webinars in 2021 for hospital members.

Hall, Render, Killian, Heath & Lyman, P.C. 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. Clients include large and small business entities from a wide variety of industries, nonprofit organizations, private individuals and major health care providers. Hall Render's Texas office in Dallas serves the hospital and health care industry throughout the South. As the nation's

largest law firm focused exclusively on matters specific to health care, Hall Render's team of health law attorneys is dedicated to serving its clients in the South and across the nation. Hall Render can be reached at **214-615-2000** and <https://www.hallrender.com/office/dallas-office/>.

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For information on Year-round Sponsorships, please contact **Chris Wilson** at chrisw@dfwhc.org. ■

"Hot Topic" webinar hosted by the
DFW Hospital Council and Hall Render!



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Employment Practices 2021: Preparing for Change



**Thursday, March 18
3:00-4:00 p.m., CDT**

Speaker:

Robin Sheridan

Hall Render Attorney

The new Administration is making (and planning to make even more) sweeping changes in employment and labor laws that will dramatically impact employers' daily operations. In this webinar, we'll discuss the changes anticipated in wage and hour law, leave management, labor relations, and more.

INFORMATION

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

REGISTER

<https://attendee.gotowebinar.com/register/3834680255965932045>



Associate Members

Hospitals becoming frequent targets of IJ citations

By Hall Render Attorneys
**Laetitia Cheltenham,
Katherine Kuchan
and Jennifer Skeels**

NONCOMPLIANCE CITED AS IMMEDIATE JEOPARDY (“IJ”) IS ONE OF THE MOST SEVERE survey findings for certified Medicare and Medicaid provider entities. According to the Centers for Medicare & Medicaid Services (“CMS”), IJ “represents a situation in which entity noncompliance has placed the health and safety of recipients in its care at risk for serious injury, serious harm, serious impairment or death.”

Although situations cited at the IJ-level have long been associated with non-acute care surveys involving clinical laboratories, skilled nursing facilities and other long-term care providers, recent IJ citations have expanded beyond those provider types. Acute care hospitals, often to their surprise and dismay, are also becoming more frequent targets of IJ-level citations.

In March 2019, CMS revised the State Operations Manual Appendix Q – Core Guidelines for Determining Immediate Jeopardy to standardize certain procedures for determining an IJ deficiency. CMS made additional, minor revisions to these guidelines in September 2019 (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R192SOMA.pdf>). Since these updates were made, acute care providers in CMS regions across the country have received IJ-level citations for alleged noncompliance with certain Medicare Conditions of Participation. A single condition-level deficiency can become the impetus for an IJ citation when the survey team establishes noncompliance with one or more of the federal health, safety and/or quality regulations.

Acute care hospitals need to recognize that CMS will cite IJ when surveyors believe noncompliance warrants such a finding. Importantly, IJ violations may be cited not only when an entity’s noncompliance has caused or is causing serious injury, harm, impairment or death, but also when the noncompliance has made serious harm, injury, impairment or death likely. From a process standpoint, the survey team must gather sufficient evidence through observation, interview and record review to support the IJ citation. The survey team must be able to explain to its supervisor and the CMS Regional Office why the noncompliance rises to the level of the IJ. When IJ is cited, not only is the hospital placed on a Medicare provider termination track, as is the typical course with condition-

level noncompliance, but the IJ may also carry fines and penalties.

Key Components of the Revised Guidelines

Under the Revised Guidelines, Surveyors must verify that all three of the following components exist:

- 1. Noncompliance:** The entity has failed to meet one or more federal health, safety and/or quality regulations;
- 2. Serious Adverse Outcome or Likely Serious Adverse Outcome:** As a result of the identified noncompliance, serious injury, serious harm, serious impairment or death has occurred, is occurring or is likely to occur to one or more identified recipients at risk; and
- 3. Need for Immediate Action:** The noncompliance creates a need for immediate corrective action by the provider/supplier to prevent serious injury, serious harm, serious impairment or death from occurring or recurring.

The survey team is also asked to identify, to the best of its ability, when the IJ began. The duration of IJ is dependent on the nature and extent of noncompliance and the patients at risk. CMS has also made it clear that a hospital will not be able to defeat a potential IJ citation by claiming that the noncompliant behavior was limited to a single “rogue” employee or other actor, since an entity cannot disown the acts of its employees, operators, consultants, contractors or volunteers.

When an IJ concern is identified, the survey team will document its initial findings on the IJ Template. The IJ Template will be used to convey critical information to the entity. Hospitals should keep in mind that the initial IJ Template prepared by the survey team is subject to review by the survey team supervisor and the CMS Regional Office, and does not reflect official findings against a Medicare provider or supplier; CMS Form-2567 is the only form that contains official survey findings. The IJ Template outlines the three components of the IJ deficiency and provides details on the entity’s alleged noncompliance with each component. Although the IJ Template is merely a preliminary indication of survey findings, it can be used by the provider to begin working on a plan to remove and/or correct the underlying situation that resulted in

the IJ. Even if the entity disagrees with the preliminary IJ determination, quickly addressing the noncompliance is critical. Unlike a plan of correction, an IJ removal plan does not need to completely correct all noncompliance; rather, it must ensure that serious harm will not occur or recur. The removal plan must include a date by which the entity asserts the likelihood for serious harm to any recipient no longer exists.

Recommendations

With the recent increase in IJ citations for acute care providers, many of these providers could benefit from involving experienced legal counsel early in the process to assist in evaluating and identifying next steps. Providers are also finding some success in promptly removing and/or disputing an IJ citation. Given the severity of an IJ citation, it is important that providers take immediate actions to correct any identified deficiency. Whenever possible, this action should begin while the surveyors are still onsite at the facility. Such actions may include but are not limited to: (1) identification of the issues that led to the IJ; and (2) immediate actions to remove the actual or alleged noncompliance (e.g., immediately implementing a new process and training to keep patients safe and free from serious harm) that led to the IJ. Once the removal plan is approved, providers can then turn their attention to implementing additional corrective actions and ongoing monitoring to ensure that such measures are effective.

While taking immediate action to address any preliminarily identified deficiency should be the first order of business for hospitals facing potential IJ citations, hospitals that receive IJ Templates should also consider promptly requesting a conference with the survey team supervisor, or even the CMS Regional Office, in order to attempt to resolve surveyor concerns prior to issuance of a final IJ finding on the Form 2567.

If you have questions related to an Immediate Jeopardy citation or would like assistance with other matters, please contact your primary Hall Render contact.

Hall Render posts and articles are intended for informational purposes only. For ethical reasons, Hall Render attorneys cannot—outside of an attorney-client relationship—answer specific questions that would be legal advice. ■

Associate Members



By Charles Snyder,
Senior Managing Consultant
BKD CISM, CISA, PMP

RANSOMWARE ATTACKS AGAINST THE HEALTHCARE INDUSTRY have been in the news frequently. On Oct. 28, 2020 the FBI and U.S. Department of Homeland Security assembled a conference call with healthcare industry executives warning about an “imminent cybercrime threat to U.S. hospitals and healthcare providers.” The Cybersecurity and Infrastructure Security Agency (CISA) updated their notice on Nov. 2, 2020 to include additional technical details.¹ The key findings of that alert include:

- Malicious cyber actors are targeting the healthcare and public health sectors with specifically designed malware, often leading to ransomware attacks, data theft, and the disruption of healthcare services.
- These issues will be challenging for organizations within the COVID-19 pandemic; therefore, administrators will need to balance this risk when determining their cybersecurity investments.

According to an article published on Jan. 19, 2021 on Health IT Security, 560 healthcare facilities were impacted by ransomware attacks in 2020². A subsequent article

published Feb. 3, 2021 indicated that data exfiltration jumped 20 percent in the fourth quarter of 2020, and now 70 percent of all ransomware attacks include data exfiltration.³ Therefore, healthcare organizations that are the victim of any kind of ransomware attack should consider the privacy breach ramifications.

These attackers are continuing to develop new functionality, tools and methods in order to stay ahead of law enforcement and cybersecurity experts. Typically, the most common method used to deploy malware is through social engineering techniques such as email phishing.⁴ However, there is growing evidence that cybercriminals have been combining these social engineering techniques with open-source intelligence (OSINT), exploiting vulnerabilities on networks and servers, and leveraging other traditional technical “hacking” methods.

For example, attackers may identify and exploit weak passwords to gain access to the email and calendar system. This access combined with knowledge gained about key stakeholders and their roles via publicly available sources, could enable them to obtain and assess detailed calendars and travel itineraries. With

these capabilities and knowledge, they could design a custom phishing attack that is more likely to succeed and one that can be initiated at such time as to exploit potential absences of key decision makers.

How can your organization protect itself from these risks? In order to effectively address the threats and vulnerabilities that lead ransomware attacks, organization should develop a comprehensive cybersecurity program that is based on an industry proven framework and combines assessments of its culture, governance, and control processes. Two commonly used security frameworks in the healthcare industry are:

1. National Institute of Standards and Technology Cybersecurity Framework (NIST CSF), which includes functions related to the organization's ability to Identify, Protect, Detect, Respond, and Recovery from risks deriving from various cybersecurity threats and vulnerabilities.
2. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule identifies various control processes related to Administrative, Physical, Technical and Organizational safeguards that need to be in place for a comprehensive security program.

While contemplating the need for a compressive risk assessment based on such frameworks, healthcare systems should shore up their cybersecurity without delay.

To prepare for and mitigate any possible ransomware attacks, organizations should immediately consider taking the following steps:

1. Make sure your critical data is backed up and recoverable on a server off your network.
2. Along with system images, applicable source code or executables should be available (stored with backups, escrowed, license agreement to obtain).
3. Ensure all administrative passwords are not using default passwords and strong password policies are in place.

4. Where possible, organizations should segment their networks.
5. Remind your system users of social engineering prevention best practices. These include not clicking on links within emails from unknown or suspicious senders, never giving out your username and password in email or on the phone, etc.
6. Alert your information security monitoring teams or service providers about this threat.
7. Review your information security incident response, business continuity, and disaster recovery plans, and prepare your teams for possible action. Include contact information for the FBI field offices (www.fbi.gov/contact-us/field) or FBI's 24/7 Cyber Watch at (855) 292-3937/CyWatch@fbi.gov within your incident response plans.

For more information, reach out to your **BKD Trusted Advisor™**.

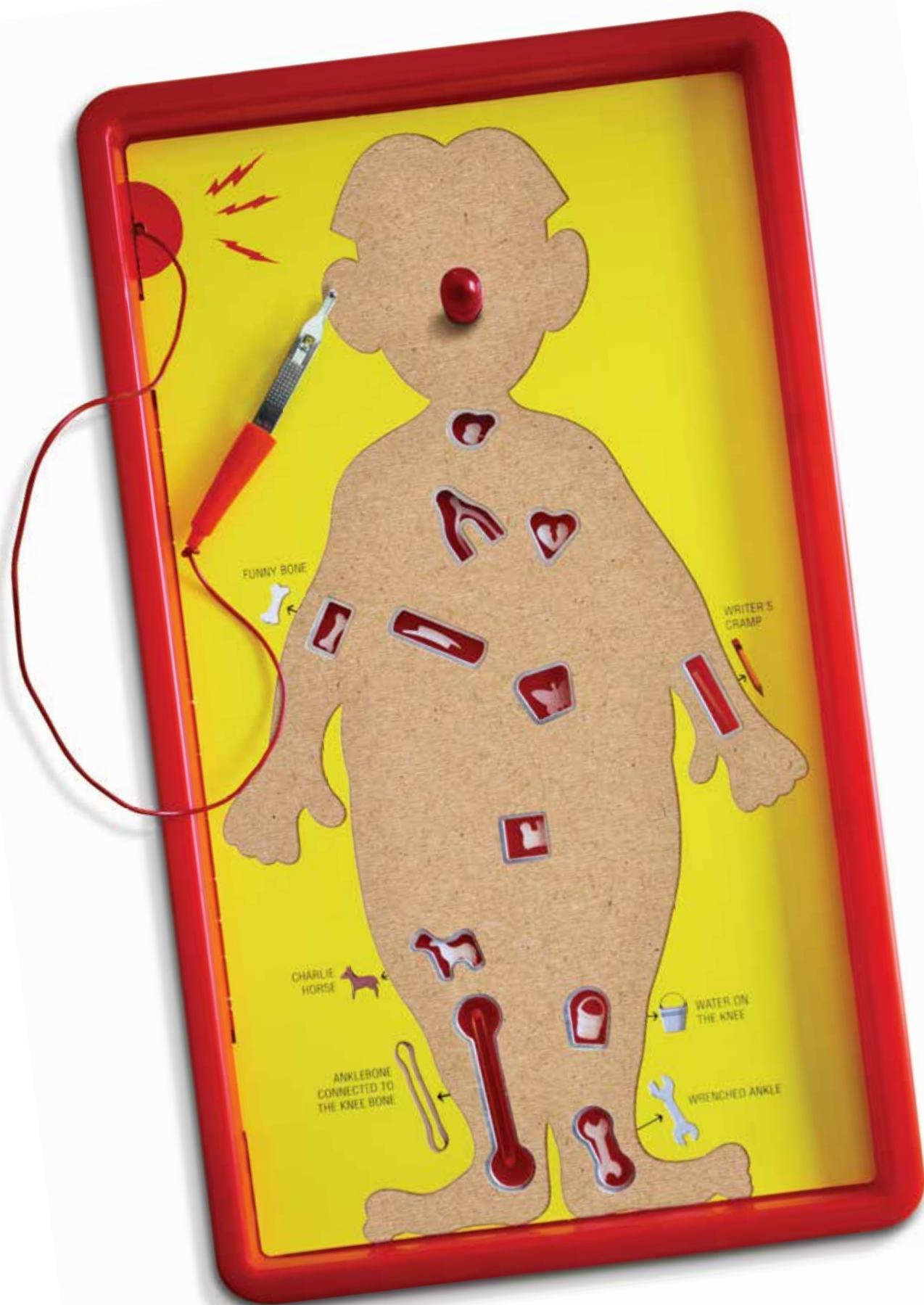
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¹"Alert (AA20-302a) Ransomware Activity Targeting the Healthcare and Public Health Sector", Cybersecurity and Infrastructure Security Agency, November 2, 2020, <https://us-cert.cisa.gov/ncas/alerts/aa20-302a>

²"560 Healthcare Providers Fell Victim to Ransomware Attacks in 2020", Davis, Jessica, Health IT Security, January 19, 2021, <https://healthitsecurity.com/news/560-healthcare-providers-fell-victim-to-ransomware-attacks-in-2020>

³"70% Ransomware Attacks Cause Data Exfiltration; Phishing Top Entry Point", Davis, Jessica, Health IT Security, February 3, 2021, <https://healthitsecurity.com/news/70-ransomware-attacks-cause-data-exfiltration-phishing-top-entry-point>

⁴Ibid. ■



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PERSPECTIVES

INSIGHTS & INSPIRATION IN HEALTHCARE MARKETING

Deadly duo: COVID and the arctic blast

This will certainly be the winter we'll never forget. Just when things were slightly improving with COVID, the arctic blast brought record low temperatures, major destruction, major automobile wrecks, water/power outages, residential fires, more closings and deaths. We all are asking ourselves, "how bad can it get?"

Our economy has been hit hard - affecting every Texan. Can marketing help in these troubling times? Yes. But the best way to get your name out there is by providing goodwill to others. Many of our citizens are experiencing very difficult times. Ask your employees how you can help those in need. Then allow them time off to volunteer in your local communities. There are so many needs - food, water, housing, blankets, heaters, home clean-up, diapers and more.

Another option - does your business have products or services that can be donated to improve their lives right now?

Doing some form of goodwill can bring joy to both your employees and those in need. We all need to express more love among others. To even show more support, consider producing custom t-shirts (long-sleeve of course) printed for your employees. This will bring more comradery among them.

Back to marketing. How you can improve your company's revenue? First, clearly

identify your target audience and then break it down by gender, ethnicity, income, geography, etc. Once you better understand each sub-group of your target audience, brainstorm on ways your marketing can cost-effectively cross their paths. But you may first ask yourself, "what should my marketing budget be?"

Doing some form of goodwill can bring joy to both your employees and those in need.

There are a few ways to help determine a realistic marketing budget. One way is identifying a percentage of your company's gross revenue. A good benchmark would be 5%. B2B companies may spend closer to 4%, while B2C companies may spend up to 10% to 12%. Another way to determine your marketing budget is based on an acceptable cost per lead and cost per patient (customer, sale, etc.). Your cost per patient (sale, etc.) will always be higher than the cost per lead given your close ratio is never 100%. As an example, if a new lead cost

you \$50 and your close rate is 10%, then your average cost per sale (new patient, customer, etc.) is \$500. Then identify how many sales per week or month you require to be profitable. If you need 10 customers per month using the example above, your marketing budget would be \$5,000 per month.

Once your budget is identified, you will then need to plan out marketing activities you can afford and which ones would be the most productive. Using the example budget above, you won't be able to afford radio, bill-board or TV in the DFW market. You would need to look at digital, email, or other forms of marketing that will fit within your budget and will also generate enough leads.

It may be best to find a marketing partner with the right expertise to help plan this out with you.

Stay safe.



About the author

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A photograph of a rowing team of four people in a yellow boat on a lake. The team is rowing in unison, and the water is a deep blue-green color. The background shows a forested shoreline.

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Financial Wellness & Student Loans

By Justin Kribs
MS, CFP® & Molly Rimes

NORMAL. HISTORICALLY, THE WORD “NORMAL” TYPICALLY WASN’T USED TO DESCRIBE ANYTHING NEW AND EXCITING. It isn’t a word a person would use to describe change, or a word you would expect a tech company to slap on the marketing campaign for their newest phone or table. However, today “normal” is something we are trying desperately to achieve.

COVID has changed normal. We see it, we live it, we realize it. And as COVID has changed our daily lives and routines, it has also changed the landscape in terms of what could be considered a beneficial employer benefit.

That dry cleaning perk or discounted gym benefit may not have the same luster as it did in previous years. The company pool table isn’t being used and people may not find much benefit from the café discount. As we learn to adjust to what we find desirable, employers must also look at what they are providing to their employees and the accessibility of those benefits.

This is where Financial Wellness can help provide that missing piece.

A majority of Americans experience some level of

financial stress¹, which can contribute to a lack of focus at work. That in turn can lead to work errors, absenteeism, and other such factors that can lead to lost revenues for employers². Additionally, financial stress can lead to future marital problems, which can in turn, also lead to both personal and professional consequences³.

Financial Wellness is more than just knowledge; it is a state of being. Achieving financial wellness is not something that can be easily done through a quick video on budgeting or the importance of credit scores. Most of us already know those concepts, even if we may not be applying it successfully to our own lives. This can be remedied, thus achieving financial wellness, through an actual established program for employees that provides counseling, education, and content in the areas that matter most to your members.

Every group has its differences, and a financial wellness curriculum must take that into consideration, especially in socioeconomically diverse environments. Without it, the new perk is about as useful as the free coffee in the office was in 2020. Additionally,



consideration should be applied to the tone of the content. Finances are never a comfortable topic, and the workplace, while it is an extremely important setting in which to discuss financial wellbeing, is not always the most relaxing environment.

Take, for instance, the topic of student loans. This is a topic that crosses the bounds of both financial and personal wellbeing.

Student loans are a major financial burden for much of today's workforce. For medical professionals that's especially true. Given the years of training involved, it's not uncommon for hospital employees to carry student debt in excess of \$100,000. Such a large financial obligation can prevent them from tackling other financial goals and can be an obstacle to building long-term wealth.

In a study conducted by accounting and consulting firm, **PriceWaterhouseCoopers**, 40% of millennial workers believe that student loans prevent them from taking other steps to secure their financial futures⁴. This trend is not surprising given the fact that educational debt has only increased over the last decade.

What a financial wellness program looks like and the shape that it takes will depend on the demographics of the organization. Is it a program that focuses on the basics, or is it a program that provides loan repayment as outlined in the **CARES Act**?

Does the program provide access to a live counselor that employees can schedule with, or is it simply a series of asynchronous recordings that are made available to employees?

When we look at where we are as a nation in terms of financial literacy and wellbeing, it is safe to assume that creating increased access to resources wouldn't necessarily be a negative thing.

Of course, one of the main issues with creating and implementing any program is employee engagement. This is where COVID has helped drive innovations in the virtual world and made remote forms of meeting and communicating less awkward, as well as more readily available and accessible.

A virtual benefit doesn't need to live where the employees work, but can live anywhere and can be accessible at almost any given time. Give employees the information they need to access the benefit and the ability to make the decision on their own.

This is where we feel we can help. We have been working in the medical field for over 25 years and have grown our company to address concerns as the landscape has evolved and changed.

This evolution led to the creation of InsMed Loan Advisory Services which is a company dedicated to financial education and wellbeing with a focus on student loan repayment.

With our background in helping medical professionals make informed decisions about their student loan obligations, InsMed Loan Advisory Services is also able to assist parents in making smart choices about paying for college. We can help your employees at all stages of the college planning process, from making their first 529 plan deposit to evaluating financial aid award letters.

InsMed Loan Advisory Services has counseled thousands of medical professionals, helping them to make better financial decisions regarding their student loan obligations, repayment options, and risk management strategies.

There are many ways to engage with employees and address their diverse wellness issues. We can help you navigate what works best for your workforce.

For information, contact **Justin Kribs, MS, CFP®**, Director of Financial Planning and Student Loan Services, at jkribs@insmedinsurance.com.

¹Bethune, S. (2015). Money stress weighs on Americans' health. American Psychology Association, Money stress weighs on Americans' health (apa.org)

²Reilly, C. (2020). Crisis: Worker Financial Stress Costs Employers Billions of Dollars Annually. *Forbes*. Crisis: Worker Financial Stress Costs Employers Billions Of Dollars Annually (forbes.com)

³Dew, J. P., & Stewart, R. (2012). A Financial Issue, a Relationship Issue, or Both? Examining the Predictors of Marital Financial Conflict. *Journal of Financial Therapy*, 3 (1) 4. <https://doi.org/10.4148/jft.v3i1.1605>

⁴PwC's 9th annual Employee Financial Wellness Survey COVID-19 Update, PwC US, 2020. ■

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Jennifer Miff

President, DFWHC Foundation
Senior Vice President, DFWHC

Collaborative effort to address drug misuse

SINCE 2014, THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION HAS BEEN

working towards addressing opioid-related disparities in North Texas. Over the years, our work has focused on collaboration with hospitals, community partners, the Dallas Division of the Drug Enforcement Agency (DEA), NTX Poison Control Center and local mental health authorities.

In 2020, our Community Health Collaborative (CHC), coordinated by **Dr. Sushma Sharma** at the DFWHC Foundation, identified an urgent need for community education in response to new issues identified during the COVID-19 pandemic. As a result, we have started a series of events on opioid and substance misuse education. Our goal is to facilitate conversation between experts/providers and the community.

This latest effort stems back to work conducted through our Patient Safety & Quality Committee (PSQC) and coordinated through **Patti Taylor** at the DFWHC Foundation. The PSQC evaluated adverse drug events (ADE's) in specific surgeries, which required high rates of post-operative pain control. In 2015, the length of stay without complications was 6.22 days vs 15.04 days with complications. Similarly, the average charges filed with and without complications were \$194,851 vs \$91,987. The study demonstrated the need for an opioid safety program and taskforce to develop regional best practices.

In 2017, while witnessing the worsening opioid epidemic, our CHC published a substance abuse/misuse needs assessment of North Texas in January 2019. The key findings indicated the following:

- A total of 191,909 deaths due to drugs/alcohol in Texas;
- 11 North Texas counties had more deaths due to drugs/alcohol than Texas state rate;
- 172,777 cases of maternal and infant substance abuse/misuse were diagnosed;
- 35,082 infants were born with substance abuse/misuse diagnoses;
- over 7 million opioid-related prescriptions were dispensed in North Texas.

Today, the most recent data show a surge in drug overdose and mortality cases during the pandemic, making educational events more critical than ever.

Please join us on **March 5** at 11:00 a.m. for our second event of the series. We appreciate the support of all area hospitals and 40-plus community partners as we continue to address these disparities and serve those who need us most. ■

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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**Dr. Matt
Murray**

Foundation announces 2021 Board of Trustees

The Dallas-Fort Worth Hospital Council (DFWHC) Foundation has announced its Board of Trustees for 2021. The Board of Trustees 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
- Trustee, **Julie Hall-Barrow**, SVP, Network Innovation, Children's Health
- Trustee, **Dr. Miguel Benet**, Division Chief Medical Officer, Medical City Healthcare
- Trustee, **Matt Chance**, Senior VP Operations, Scottish Rite for Children
- Trustee, **Jan Compton**, Chief Patient Safety Officer, Baylor Scott & White Health
- Trustee **Shelley Hawkins**, Associate Dean Dallas Campus, Texas Woman's University
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- Trustee **Karen Watts**, Executive VP/CNO, Parkland Health & Hospital System
- Trustee **Kenya Scott Woodruff**, Partner, Katten Muchin Rosenman LLP
- Ex-Officio **Jennifer Miff**, President, DFWHC Foundation

Stoyanoff will continue to serve as chair while Murray remains as vice chair.

"We appreciate the important contributions of our 15-member board representing an accomplished group of North Texas healthcare executives," said **Jen Miff**, president of the DFWHC Foundation. "They bring a wide array of experience that will assist us to achieve our mission in 2021 to improve healthcare through collaboration, education and research. We offer our thanks to Pamela Stoyanoff and Dr. Matt Murray for continuing to lead the DFWHC Foundation Board." ■

Around DFWHC Foundation



Employee of the Year Luncheon 2021 postponed to September

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION ANNOUNCED in February it will postpone its **Employee of the Year Luncheon** to a date to be determined in September. For the past 25 years, the event has been held each April to honor 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.

The live event was cancelled in 2020 due to the COVID-19 pandemic, with a virtual video created detailing both recipients and nominees.

“Our luncheon committee, made up of representatives from the hospitals of North Texas, believed April was just too early to host a large luncheon due to the pandemic,” said **Jen Miff**, president of the DFWHC Foundation. “Our healthcare heroes have been working tirelessly over the past 12 months and it has never been more important to honor them. Virtual or live, we will host this event in September.”

Nomination and sponsorship materials will be distributed in March. For information, please contact **Sally Williams** at workforce@dfwhcfoundation.org. ■

“COVID-19 Heroes” deadline is March 31

DUE TO THE ONGOING EFFORTS of our North Texas healthcare heroes during the COVID-19 pandemic, the deadline to the DFW Hospital Council (DFWHC) Foundation’s “COVID-19 Heroes” campaign was extended to **March 31, 2020**.

A tribute to the regional healthcare workforce, the “COVID-19 Heroes” campaign is available to any employee in a North Texas hospital who has exhibited uncommon courage over the past year. All submissions will be posted online and honored after March 31.

Submissions can be entered at https://www.surveymonkey.com/r/DFWHC_covid19hero. For questions, contact workforce@dfwhcfoundation.org. ■



STRATEGIES for the **OPIOID** Epidemic

Friday, March 5

11:00 a.m. - 1:00 p.m., CDT

**Exclusive
Free
Webinar**

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION and the Dallas field division of the U.S. Drug Enforcement Administration (USDEA) will co-host the live virtual event “Strategies for the Opioid Epidemic” on Friday, **March 5** from 11:00 a.m. – 1:00 p.m., CDT.

This complimentary event is ideal for clinicians, physicians, nurses, healthcare workers, community health workers and community members/consumers. Speakers will include **Dr. Artee Gandhi**, director pain management at Cook Children’s; and **Lisa D. Sullivan**, diversion program manager of the USDEA Dallas Field Division.

Join the DFWHC Foundation’s Community Mental Health Program to discuss the opioid epidemic and what strategies are being employed to ensure patients and communities are better prepared. This program will be the first of a series of opioid education and best practices events over the next two years through the DFWHC Foundation’s Mental Health Grant Program.

You can register at MHFANTX@dfwhcfoundation.org.

For information, please contact **Dr. Sushma Sharma** at ssharma@dfwhcfoundation.org. ■





RECOVERY 101: HOW TO BECOME A ROCC STAR

Virtual Presentation
on Mental Health Recovery



UT Southwestern
Medical Center

Foundation's Community Health Collaborative to roll out “Recovery 101” mental health program

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION'S Community Health Collaborative (CHC) announced on February 11 it would roll out the peer-led mental health and substance abuse recovery program “**Recovery 101: How to Become a ROCC Star**” across North Texas.

Working with **UT Southwestern Medical Center (UTSW)**, the **Association of Persons Affected by Addiction (APAA)** and the **National Alliance of Mental Illness North Texas (NAMI)**, the program is expected to create awareness and educate participants about the key concepts of mental health and addiction recovery.

The seminars will be interactive and are suitable for all participants no matter their experience with mental health and substance abuse.

“We are thankful to the CHC’s partners and health systems for making mental health and recovery a priority during this ongoing pandemic” said **Dr. Sushma Sharma**,

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director of population health research at the DFWHC Foundation. “We plan to roll out this program to 16 counties in North Texas.”

The seminar will be available in the counties of Collin, Dallas, Denton, Ellis, Erath, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, Wise, Grayson, Somervell, Hood and Navarro.

For more information and to register, please go to <http://www.healthyntexas.org/Recovery101>.

The program is supported by the Community Mental Health Grant Program from the Texas Health and Human Services Commission (HHSC). The Community Mental Health Grant Program was established by House Bill 13, 85th Legislature, Regular Session, 2017 and authored by Representative Four Price. The 86th Legislature appropriated \$45 million in 2019 to continue the Community Mental Health Grant Program in 2020 and 2021. ■

More than 200 registrants participate in Foundation's "Resiliency" webinar



THE DFW HOSPITAL COUNCIL (DFWHC)

FOUNDATION'S webinar "**Mindful Journaling Session for Resiliency**" originally broadcast on January 28 has now been posted online.

The event turned out to be a popular one, with more than 200 registrants. It was hosted by **Beth Guyton**, founder and president of **Interactive Quality, LLC**. A Certified Executive Coach, Certified Professional in Healthcare Quality, Certified Mindfulness Instructor and Six Sigma Green Belt, Guyton has worked with hospitals for over a decade to optimize performance. She is passionate about developing leaders and creating positive work environments in which individuals flourish.

The virtual class included tips on meditation, journaling and maintaining compassion while under

stress.

"One of our goals has always been to find effective ways to promote healthcare quality," said **Patti Taylor**, event coordinator and director of patient safety services at the DFWHC Foundation. "We hope this program will provide a resource to our many healthcare heroes to discover ways to create resiliency during their daily routines. In the presence of continued stress during the pandemic, we believe this is an important class to be offered and we were thrilled to have Beth Guyton provide her expertise."

You can view the webinar at <https://www.youtube.com/watch?v=KUKQJJ77P0w&feature=youtu.be>.

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



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Future changes to background reporting

CHANGE IS COMING. Government transitions impacted by the 2020 elections are going to influence legislation involving background reports. With oversight of the Fair Credit Reporting Act managed by the Consumer Federal Protection Bureau (CFPB), we anticipate an examination of consumer right violations in background reporting to include inaccurate data. Here are some predictions for 2021:

Consumer Right Advocates: As the economy improves, candidate rejections for employment due to background reports will also increase. It will be critical for us to ensure we follow recommended policies when providing reports. The CFPB has increased its scrutiny of credit reporting. Legal challenges filed by candidates not selected due to background reports will be closely monitored. Therefore, the validation of information obtained from our sources will be carefully reviewed.

State Background Report Changes: Several state legislations will be updating their background reporting laws and enacting new regulations. Two states – Georgia and Missouri – will be initiating new changes. Georgia's new Second Chance Law will allow residents a chance to seal misdemeanor and felony records. In addition, Georgia employers will receive protection if they hire residents with criminal records. St. Louis has enacted Ban the Box legislation, and officials are expected to provide guidance to employers when removing language involving criminal history.

Criminal report data delivery: Employers expect background reports to be provided quickly and accurately. Fair enough. With this increased emphasis on rapid turnaround time, data miners are changing their algorithms to extract criminal history from databases to produce "fast" data. The concern is the accuracy of the data, as it may include outdated information due to the absence of primary identification sources such as date of birth. While these data sources are fast, they are also too good to be true. The accuracy is not guaranteed and should not be used without an intense level of quality assurance.

GroupOne Background Screening is continuously studying trends and expanding its software expertise to ensure the delivery of accurate and reliable background reports. We look forward to working with you in 2021! ■



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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GroupOne to host March 18 webinar detailing a “Reference Revolution!”



IT'S EXTRAORDINARY, IT'S SENSATIONAL! It's a “Reference Revolution!” Don't miss the first webinar of the year hosted by GroupOne Background Screening on Thursday, **March 18** from 1:00-2:00 p.m., CDT.

The complimentary event will detail GroupOne's new online reference tool so easy-to-use it's amazing. **Steve Fischer**, GroupOne's business operations guru will provide the expert commentary. **David Graves**, GroupOne's HR

kingpin, and **Kaitlyn Ellis**, our marketing master, will serve as co-hosts.

Secure, convenient and confidential, GroupOne's new online reference tool just made your job easier.

You can register at <https://register.gotowebinar.com/register/5237874796308658960>.

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

Political conversations at work are a recipe for disaster

POLITICAL VIOLENCE, DISPUTED VOTING RESULTS

— there has rarely been a more controversial political climate in the U.S. than what has recently taken place. So, the possibility for political conversations in the workplace have never been more palpable.

There is no upside to employees discussing politics at work. Everyone has a political opinion and people can become very emotional about their beliefs. Discussing politics is not allowed at the offices of GroupOne Background Screening. Such conversations are almost always disruptive. If employees begin discussing political viewpoints, it could result in a hostile environment in which employees hold grudges.

It should be noted that our country's First Amendment right to free speech isn't protected in most private companies. The First Amendment only protects us against government retribution for speaking our mind. It does not say anything about what private employers can regulate on the job. Private employers have the discretion to limit political expression during work hours.

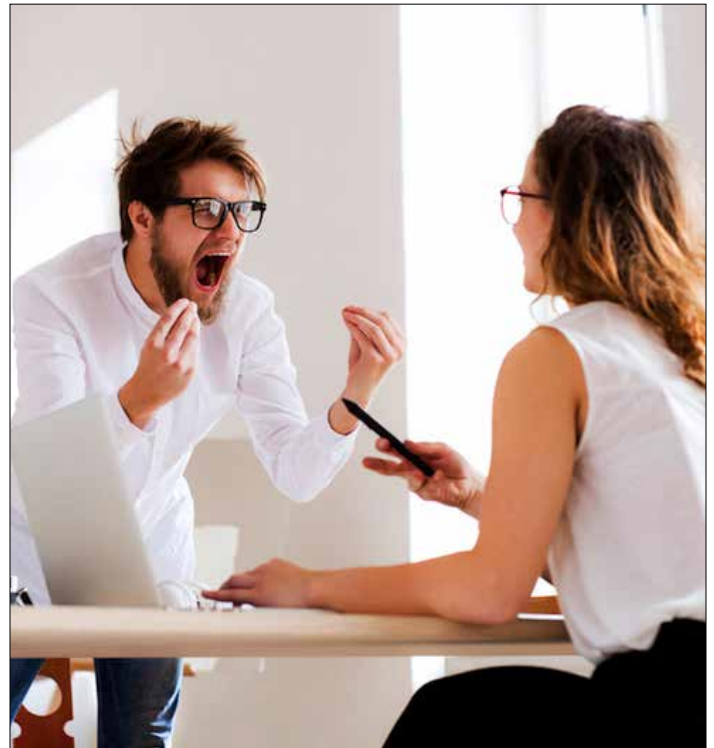
Here's a few tips for controlling the potential hostility associated with talking politics at work.

1. Establish a policy

Set expectations for employees about limiting political speech in the workplace by having a written policy explaining what is not permissible.

What you can ban:

- Conversations on work premises about politics;
- Campaigning on work premises;
- Sending political emails on company computers;



- Wearing political attire to work;
- Decorating one's office with political messages.

2. Consistently apply rules

Companies must always be consistent in limiting behaviors in the workplace.

3. Monitor workplace discussions

Stop any conversations that can negatively impact the working environment, customer service or your team's performance. Employees discussing a political candidate's position on race, religion or gender can trigger discrimination complaints.

4. Periodically remind everyone of the rules

Reminders of no-politics rules are important, especially as elections approach or certain events with the potential to inflame emotions have taken place.

In Conclusion

Discussing politics at work is never a good idea. If you're a private employer, you have the power to take control of the situation and regulate what is discussed in the workplace. During these stormy political months, it's a policy worth reviewing. ■

Following suit, Nike updates policy with transparent masks

WE RAN ACROSS THIS CASE and thought it might be of interest to GroupOne Background Screening clients. Last summer, Nike retail stores, like almost all businesses in the U.S., began requiring its employees to wear masks to combat the spread of COVID-19. A few weeks later, **Cali Bunn** entered one of its San Diego stores to purchase shoes. Ms. Bunn is deaf and relies on her ability to read lips to communicate.

Ms. Bunn promptly sued Nike in federal court in California (**Bunn vs. Nike Inc.**), claiming violations of the **Americans with Disabilities Act**. Ms. Bunn argued the cloth and surgical masks worn by Nike employees caused communication difficulties because they “muffle sound and conceal the wearers’ mouths and facial expressions.”

Nike settled the lawsuit in January, agreeing to provide transparent masks as well as pens and paper to its employees so they could more easily communicate with deaf and hearing-impaired customers.

Riding to the rescue is the **Ford Motor Company**, announcing in February that it had created clear face masks so people with hearing loss could read lips while protecting themselves from COVID-19. A patent is pending, awaiting approval to qualify for N95 status from the National Institute for Occupational Safety and Health.

According to **Fizz Izagaren**, a pediatric doctor in England who has been legally deaf since the age of two, it’s almost impossible to communicate with people wearing face masks.

“I can hear one or two words but it’s random, it makes no sense,” she said in an interview with the *BBC News*. “When someone is wearing a face mask, I’ve lost the ability to lip read and I’ve lost facial expressions – I have lost the key things that make a sentence.”

According to the **World Health Organization**, it’s a problem she shares with more than 466 million people around the world who have disabling hearing loss.

Part of the guidance issued by the **Occupational**



Safety and Health Administration (OSHA) in January included a recommendation “that employers consider acquiring masks with clear coverings over the mouth for all workers to facilitate lip-reading for employees who are deaf or have a hearing deficit.”

The trend towards transparent masks appears to be growing. In November, *The Wall Street Journal* released a report showing the company ClearMask had sold 12 million transparent masks over the past seven months.

Transparent face shields would seem to be an obvious alternative, but they are open at the bottom and not recommended by the **Centers for Disease Control and Prevention (CDC)** “for normal everyday activities or as a substitute for cloth face coverings.”

Under Title III of the American with Disabilities Act (ADA) in the U.S., entities such as hospitals, businesses and nonprofit organizations are required to provide effective accommodations upon request, including auxiliary aids, with transparent face masks considered an auxiliary aid.

Many companies, according to *Infection Control Today*, store a supply of transparent face masks to be used when communicating with employees or customers who are deaf or have a hearing deficit. ■

OSHA updates guidance on COVID-19

DURING HIS FIRST FEW DAYS IN OFFICE, President Joe Biden asked the Occupational Safety and Health Administration (OSHA) to release updated guidance for employers to keep workers safe from COVID-19 exposure. OSHA followed the request by issuing the press release “Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace.”

According to the release, the agency is requesting “stronger safety guidance to help employers and workers implement a coronavirus protection program and better identify risks which could lead to exposure.”

The updated recommendations detail multiple steps employers should take to ensure a safe workplace. Many of the recommendations are already being used by employers, though the release has a renewed focus on prevention.

OSHA lists 15 points for employer plans:

1. Assignment of a workplace coordinator;
2. Identification of where workers might be exposed to COVID-19 at work;
3. Identification of a multiple measures that will limit the spread of COVID-19 in the workplace;
4. Consideration of protections for workers at higher risk for illness;
5. Establishment of a system for communicating effectively with workers;
6. Educate and train workers on COVID-19 policies using available formats and in a language they understand;



7. Instruct workers who are infected or potentially infected to stay home and quarantine;
8. Minimize the negative impact of quarantine on workers;
9. Isolating workers who show symptoms;
10. Performing enhanced cleaning and disinfection after people with suspected COVID-19 have been in the office;
11. Providing guidance on screening and testing;
12. Reporting COVID-19 infections and deaths;
13. Implement protections from retaliation and setting up an anonymous process for workers to voice concerns about hazards;
14. Making a COVID-19 vaccine available at no cost to eligible employees;
15. Not distinguishing between workers who are vaccinated and those who are not.

At the moment, OSHA does not have specific COVID-19 regulations, though it requires employers to provide a workplace free from any hazards. OSHA’s guidance is an indication of the actions the agency believes are “feasible.”

It’s believed a number of these provisions will be part of the final OSHA regulations to be announced in March.

It’s a good idea for employers to evaluate their compliance with these newly released guidelines. ■

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