



DALLAS-FORT WORTH HOSPITAL COUNCIL

FALL 2021



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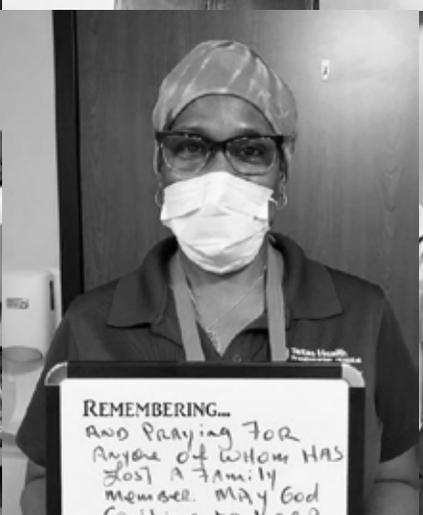
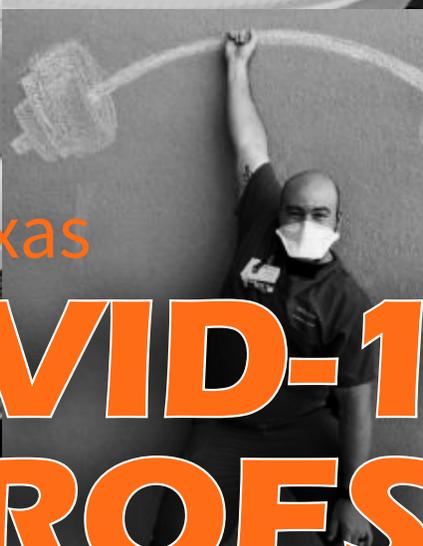
NEWS FROM THE DFW HOSPITAL COUNCIL



North Texas

COVID-19 HEROES

- PAGE 28



REMEMBERING...
AND PRAYING FOR
Anyone of whom HAS
lost a family
member MAY God
Call them home



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Steve Love

President/CEO
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Effective Texas collaboration and leadership

AS HAS BEEN THE CASE over the past 20 months, Texas hospitals are continuing to treat COVID-19 patients. We are thankful the numbers have decreased significantly, but with the holidays and winter on the horizon, we can't let our guard down.

Many Texas residents are still unvaccinated and there is always the potential for a deadly flu season that we thankfully avoided last year. On the health policy front, we are still striving for fair and equitable pricing transparency so consumers have appropriate information to make informed decisions about healthcare. Unfortunately, Texas has yet to pass legislation for Medicaid expansion that would assist 1.5 million Texans without coverage in the state. Even with the Medicaid expansion, approximately 3.5 million Texans would still be uninsured.

The Texas Health and Human Services Commission (HHSC) continues their diligent work with the Centers for Medicare and Medicaid Services (CMS) to secure a satisfactory 1115 Texas Healthcare Transformation Quality Improvement Program Waiver. This waiver is absolutely necessary to help provide the framework for the long-term stability of the Texas critical safety net healthcare system. There are many moving parts in this delicate negotiation so we hope CMS will move quickly to approve programs that will keep Texas' healthcare safety net funded for 2022. Texas is facing many health policy issues and we need effective solutions for the upcoming year.

Cecile E. Young is the executive commissioner for the Texas HHSC and has been very diligent in her efforts to negotiate on behalf of Texas. She is talented, level-headed and brings years of experience to the table. She accepted the CMS offer to extend Delivery System Reform Incentive Programs (DSRIP). She approved the Quality Incentive Payment Program (QIPP). She also temporarily renewed the Uniform Hospital Rate Increase Program (UHRIP). These actions demonstrate her collaborative spirit when working with CMS for the benefit of all Texans.

What can providers and advocates do to support the Texas HHSC team as they negotiate these issues? We can provide data, advocacy and public education while supporting the HHSC team with these sensitive negotiations. We realize only a few states have not expanded Medicaid, so these negotiations must be done in a cooperative manner to ensure long-term solutions for our most vulnerable residents.

Providers can clearly underscore the need for patient access and the impact of preventive and ongoing treatment of medical conditions, especially chronic illness. Yes, we need to keep our state and federal legislative leaders up to speed on all policy issues, but we also need to support the grassroots efforts of Young and her team because they represent long-term solutions.

Texas is very fortunate to have Young leading this collaborative effort because she represents effective leadership. If we support her, she will certainly succeed.

Thank you for your support of DFWHC. ■

FALL 2021 WWW.DFWHC.ORG

INTERLOCUTOR

EDITORIAL

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Interlocutor reaches more than 5,000 healthcare professionals in North Texas. It is published four times a year.



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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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HEROES

North Texas county judges honored with Distinguished Health Service Award during DFWHC's 73rd Annual Awards Luncheon

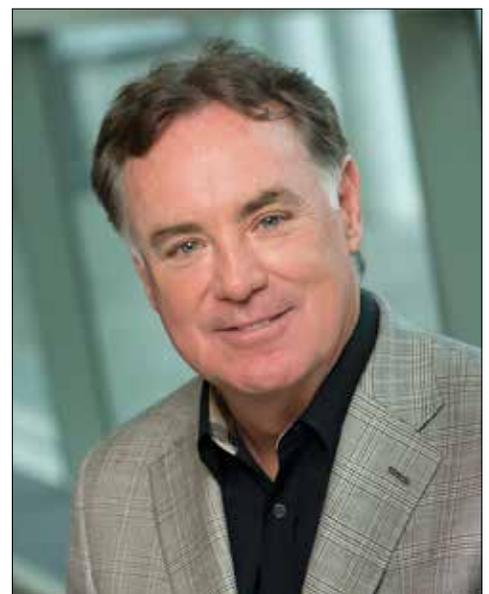
THE DFW HOSPITAL COUNCIL (DFWHC) hosted its 73rd Annual Awards Luncheon on October 20 with more than 300-attendees participating in the virtual event. Due to the COVID-19 pandemic, the traditionally in-person luncheon was cancelled for public health reasons. During the event, the Distinguished Health Service Award was presented to 17 North Texas county judges representing the entire locale of DFWHC's hospital membership.

Additional honorees included **Christopher McLarty**, associate vice president and chief nursing officer, ambulatory services at **UT Southwestern Medical Center**, as the Young Healthcare Executive of the Year. This year's Kerney Laday, Sr. Trustees of the Year Award was presented to **Ross McKnight** of **Baylor Scott & White Health**, **Dr. Paula Dobbs-Wiggins** of **Parkland Health & Hospital System** and **James Young Wynne** of **Texas Health Resources**.

David Berry, chair of DFWHC and president of strategic capital projects at **Children's Health**, was the master of ceremonies, with **Jim Craig**, goalkeeper of the U.S. Olympic "Miracle on Ice" hockey team, serving as keynote speaker. DFWHC Chair-Elect **Blake Kretz**, president of **Texas Health Arlington Memorial Hospital**, conducted a "fireside-chat" interview with Craig and took questions from the audience.

Called the backbone of a team that accomplished one of the most memorable sports victories of the 20th century, Craig participated in what is today known as the "Miracle on Ice," a 1980 medal-round game during the Olympic men's hockey tournament between the U.S. and the four-time defending gold medalists, the Soviet Union. The youngest team in the tournament, the U.S. would win the match 4-3 and advance to win the gold medal.

"We were fortunate to have such an iconic and patriotic sports figure to serve as our keynote speaker," said **Stephen Love**, president/CEO of DFWHC. "Jim provided our hospital executives and employees an inspirational message during these difficult times of the pandemic. We were thrilled with



Jim Craig

Distinguished Health Service Award



Chris Hill



Clay Jenkins



Andy Eads



Todd Little



Alfonso Campos



Bill Magers



Ronald Massingill



Bobby Stovall



Roger Harmon



Hal Richards



H.M. Davenport, Jr.



Shane Long



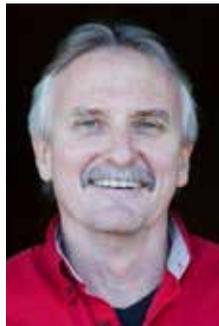
Pat Deen



David Sweet



Nathaniel Moran



Danny Chambers



Glen Whitley

his presentation and thank him for his participation.”

Since 1948, DFWHC’s Distinguished Health Service Award has been bestowed annually to North Texas residents who have dedicated their lives to improving healthcare. The DFWHC Board of Trustees decided to change tradition this year and recognize 17 North Texas county judges and their public health executives for their support of hospitals during the COVID-19 pandemic. Recipients included:

- **Hon. Chris Hill** of Collin County;
- **Hon. Clay Jenkins** of Dallas County;
- **Hon. Andy Eads** of Denton County;
- **Hon. Todd Little** of Ellis County;
- **Hon. Alfonso Campos** of Erath County;
- **Hon. Bill Magers** of Grayson County;
- **Hon. Ronald Massingill** of Hood County;
- **Hon. Bobby Stovall** of Hunt County;
- **Hon. Roger Harmon** of Johnson County;
- **Hon. Hal Richards** of Kaufman County;
- **Hon. H.M. Davenport, Jr.** of Navarro County;
- **Hon. Shane Long** of Palo Pinto County;
- **Hon. Pat Deen** of Parker County;
- **Hon. David Sweet** of Rockwall County;
- **Hon. Nathaniel Moran** of Smith County;
- **Hon. Danny Chambers** of Somervell County;
- **Hon. Glen Whitley** of Tarrant County.

“It has been such an unusual and difficult year due to the pandemic,” said Love. “Our North Texas hospitals were provided tremendous support by our county judges and their public health teams. Their tireless work in creating



Christopher McLarty



Ross McKnight



Paula Dobbs-Wiggins



James Young Wynne

With these awards, we are proud to acknowledge extraordinary community leadership.

awareness of the virus and supporting vaccination public health measures have been crucial in the communities they serve. Their dedicated work has saved lives and their leadership set an example for all of us to follow.”

The Young Healthcare Executive of the Year Award honors youthful professionals who display the impressive abilities of future North Texas leaders. Created in 2005, nominees must be 40 years of age or younger and employed by a DFWHC-member hospital. This year’s recipient **McLarty** has served as associate vice president and chief nursing officer, ambulatory services at UT Southwestern Medical Center since 2019. He played a lead role during the pandemic at his hospital’s command center and represented ambulatory operations while providing advice on the proper COVID-19 response. His diverse experience as a nurse and executive were crucial over the past year.

The Trustee of the Year honor was named in memory of **Kerney Laday, Sr.**, who served on the Texas Health Resources Board for a decade. The award was created in 2013 to honor trustees who have displayed excellence throughout their careers.

McKnight is the former chairman of the board of trustees of Baylor Scott & White Holdings and has served on the board since its founding in 2013. He previously served for 11 years as a member of the Scott & White Healthcare Board of Trustees, the governing body of one of the health system’s founding organizations.

Dobbs-Wiggins was named to the Parkland Board of Managers in 2013 by the Dallas County Commissioners Court. She has served on various Board committees and was selected by her fellow Board members to the offices of secretary in 2016 and vice chair in 2018. She was unanimously chosen to serve as chair in 2019.

Wynne has served Texas Health Resources in volunteer leadership roles since 1988, holding positions throughout the system including the Texas Health Presbyterian Hospital Kaufman Board of Trustees and the Texas Health Resources Board. He has been a member of the Texas Health Resources Board of Trustees since 2014.

“With these awards, we are proud to acknowledge the extraordinary community leadership of Christopher McLarty, Ross McKnight, Dr. Paula Dobbs-Wiggins and James Young Wynne. they have dedicated their careers to our community’s health and well-being,” Love said. “We are grateful for their contributions.”

The virtual event was sponsored in part by **Hall Render and BKD, LLP.** ■



David Berry



Blake Kretz

HEROES



DALLAS-FORT WORTH
HOSPITAL COUNCIL

73rd
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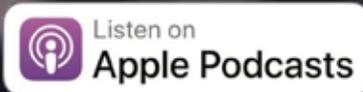


*Sunday's at
1:00 and 7:00 pm, CDT*

The Human Side **of Health Care**



with Stephen Love (left) and Thomas Miller.





THE DFW HOSPITAL COUNCIL (DFWHC) RADIO program “The Human Side of Healthcare” is broadcast 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 from 7:00-8:00 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.

You can also listen to past broadcasts online at Spotify, Apple Podcasts, Google Play, Stitcher, YouTube and iHeart Radio. The programs are listed as “The Human Side of Health Care.”

Guests during the fall have included:

- **Dr. Gary Alexander**, Methodist Mansfield Medical Center
- **Dr. Nikhil Bhayani**, Texas Health Resources;
- **Dr. Scott Burkhart**, Children’s Health;
- **Dr. Ryan Butts**, Children’s Health;
- **Dr. John Carlo**, Prism Health North Texas;
- **Walter Cassity**, Baylor Scott & White Health;
- **Dr. Sumeet Chhabra**, Texas Health Presbyterian Hospital Plano;
- **Ken Dakin**, Children’s Health;
- **Dr. Steven Davis**, Medical City Las Colinas;
- **Audra Early**, Kindred Healthcare;
- **Dr. Shaun Garff**, Methodist Mansfield Medical Center;
- **Cathy Glenn**, Texas Health Presbyterian Hospital Dallas;
- **Dr. Jenevieve Hughes**, Methodist Richardson Medical Center;
- **Cynthia Izaguirre**, WFAA TV;
- **Ken Jones**, Texas Health Arlington Memorial Hospital;
- **Dr. Vivian Jones**, Texas Health Presbyterian Hospital Plano;
- **Dr. Fuad Khan**, Parkland Health and Hospital System;
- **Dr. Sunita Koshy-Nesbitt**, Texas Health Resources;
- **Dr. Brian Lima**, Medical City Heart Hospital;
- **Dr. Yair Lotan**, Parkland Health & Hospital System;
- **Dr. Otto Marquez**, Texas Health Presbyterian Hospital Dallas;
- **Liz Petty**, Parkland Health & Hospital System;
- **Dr. Karen Saland**, Texas Health Presbyterian Hospital Dallas;
- **Dr. Ruby Shah**, Texas Health Presbyterian Hospital Plano;
- **Laura Swaney**, Medical City Healthcare;
- **Dr. Cesar Termulo**, Parkland’s Community Oriented Health Center;
- **Dr. Kevin Waldrep**, Medical City Dallas. ■



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

Around DFWHC

5 MINUTES of silence observed on Sept. 3

THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) observed five minutes of silence on September 3 from 12:00 noon to 12:05 p.m. in honor of the 18-month anniversary of the first diagnosed case of COVID-19 in Texas. The gesture was an opportunity for residents to reflect on the loss of life and the difficulties caused by the pandemic in Texas.

“This was our way of offering thanks to our physicians, clinicians, healthcare support staff and hospitals for their tremendous efforts to prevent and treat COVID-19,” said **Stephen Love**, president/CEO of DFWHC. “We wanted to create awareness of the ongoing danger of this virus. Our healthcare workforce has been dealing with this pandemic for a very long time.”

The first case of COVID-19 was diagnosed on March 3, 2020, when a resident of Fort Bend County tested positive. Less than two weeks later, **Texas Governor Greg Abbott** would declare a statewide disaster as the virus spread across the state.

Fall educational webinars have been posted online



AS AN EDUCATIONAL SERVICE to members, DFWHC hosts monthly webinars with Associate Members. These webinars are complimentary and are posted online.

October 7, 2021

“Change is Here: ESG”

– DFWHC/BKD, LLP.

National expert detailed environmental, social and

12 dfwhc interlocutor



“We asked everyone to focus on three important thoughts,” Love said. “First, offer condolences to everyone who has lost loved ones to this virus. Second, thank our healthcare heroes who have been working for so many long months. Finally, ask yourself, ‘What can I do to help stop this virus?’”

Over the past 18 months, almost 73,000 Texas residents have lost their lives to COVID-19. ■

governance (ESG) standards and how they affect North Texas hospitals.

<https://www.youtube.com/watch?v=3B5DVCCWB1s>

October 28, 2021

“Solving your Healthcare Labor Shortage”

– DFWHC/BookJane

National expert detailed current issues with inadequate staffing challenges, insufficient nursing staff and ways to provide consistency of care.

<https://www.youtube.com/watch?v=ZUuVTPWrRWY>

November 9, 2021

“Healthcare Workforce: Predictions Over Next Decade”

– DFWHC/Mercer

National experts provided an analysis of the available healthcare talent and demand in the U.S., with predictions over the next three, five and ten years.

<https://www.youtube.com/watch?v=AR7x89T7S9I>. ■

Robert Earley announces retirement

IT WAS ANNOUNCED ON NOVEMBER 2 that after 13 years at the helm of **JPS Health Network**, President and Chief Executive Officer **Robert Earley** will retire in March of 2022.

In a personal video message to JPS team members, Earley said the progress they have made together in improving the health of their patients through compassionate care leaves a lasting legacy for not just him, but the entire community.

“About nine months ago, my father was diagnosed with Alzheimer’s. The very next day, my mom fell down and broke her hip,” said Earley in the video. “I now need to give 100 percent to my parents. I want to be the son to them, as they were the parents to me.”

Under Earley’s leadership, JPS Health Network has flourished with Tarrant County’s only Level I Trauma Center and Psychiatric Emergency Center, and expanded and upgraded services including outpatient behavioral health offerings, telehealth, mobile street medicine, and residency programs that lead the nation.

The JPS Board of Managers will announce the start of



a nationwide search for the next president and CEO.

Earley served as a DFW Hospital Council (DFWHC) Board member from 2012-2013.

“Robert Earley helped shape our strategies within the region, especially in Tarrant county,” said **Stephen Love**, president/CEO of DFWHC. “His previous experience in the Texas legislature has proven beneficial to advocacy regarding Medicaid expansion and the work regarding a renewal of the Medicaid 1115 Waiver. We thank him for his compassionate service, keen sense of humor and caring for some of the most vulnerable in our society. We wish him well in his retirement.” ■

DFWHC sponsors national suicide prevention broadcast

FOR THE FOURTH STRAIGHT YEAR, the Dallas-Fort Worth Hospital Council (DFWHC) served as the North Texas sponsor of “**I’m Listening**,” a two-hour program to inspire community awareness on depression while highlighting National Suicide Prevention Month. The event was broadcast on September 23.

The program aired from 6:00 p.m. – 8:00 p.m. on local Audacy radio stations 100.3 Jack FM, 105.3 The Fan FM, 98.7 K-LUV FM, Alt 103.7 FM and 1080 KRLD AM. A Spanish language broadcast aired on 107.5 La Grande FM.

Local hospital employees were also recruited and taped personal and promotional messages for the radio broadcast. ■



Associate Members



Vaccine mandate: Litigation kicks into high gear

AS HALL RENDER DISCUSSED on November 4 (<https://www.hallrender.com/2021/11/04/cms-issues-vaccine-mandate-for-health-facilities/>), the Centers for Medicare and Medicaid Services (CMS) and Occupational Safety and Health Administration (OSHA) simultaneously released vaccine mandate rules.

These, along with the federal contractor vaccine mandate, will require a majority of the American workforce to be vaccinated by January 4, 2022. Since then, private parties and nearly half of the states have filed or noted their intention to file lawsuits challenging the federal government's authority to implement each of these requirements.

While litigation challenging the federal contractor requirements and CMS's Interim Final Rule have been and will be filed in federal district courts, the challenges to OSHA's vaccine mandate take a less familiar path. This article provides context for understanding the status of these challenges, the effect of current rulings and

the path forward for parties opposing OSHA's vaccine requirements. To be clear, the current OSHA litigation is a challenge to the November 4 OSHA Vaccine ETS; it is not a challenge to the OSHA Healthcare ETS from this past summer.

LEGAL CHALLENGES TO THE OSHA VACCINE ETS

With the ability for OSHA to issue emergency temporary standards (ETS) comes a fast-track process for challenging the agency's action. Parties may directly challenge the agency's order in a federal Court of Appeals. Since its release last week, the OSHA Vaccine ETS has already attracted multiple legal challenges in at least five Courts of Appeals across the country by organizations and dozens of states. These include challenges in the Fifth, Sixth, Seventh, Eighth, Eleventh and D.C. Circuits.

This past weekend, the Fifth Circuit became the first Court of Appeals to act on the initial challenges. In a case including the States of Louisiana, Mississippi, Texas,



South Carolina and Utah, the challengers petitioned the court to “stay” or temporarily stop enforcement of the ETS until the legality of the ETS gets determined by the Court during its expedited review. Citing “grave statutory and constitutional issues,” the Fifth Circuit temporarily put the newly released rule on hold pending an expedited briefing schedule. The Court instructed the government to respond to the request for a permanent injunction by Monday, November 8, and for the petitioners to reply by Tuesday, November 9.

But along with filing its response brief with the Fifth Circuit, the government notified the Court that it had begun special proceedings to effectively consolidate the various challenges across the country before one Circuit.

PROCEDURAL RULES FOR MULTIDISTRICT LITIGATION

Under federal law, the Judicial Panel for Multidistrict Litigation (JPML) may consolidate challenges to agency actions appealed directly to Circuit Courts. When, as is the case here, multiple challenges are filed in at least two courts of appeals within 10 days after issuance of the order, the agency must notify the judicial panel on multidistrict litigation.

Once notified, the panel must conduct a lottery to randomly select one federal Circuit Court of Appeals to hear the challenges. That Circuit will then conduct proceedings and rule on all the challenges to the OSHA Vaccine ETS that are pending across the country. The DOJ explained in its letter to the Fifth Circuit that it expects this lottery to proceed by November 16.

IMPACT OF THE FIFTH CIRCUIT’S STAY

The same law directing the process for consolidation of these challenges allows any Circuit before which a challenge is filed to decide on the agency action pending consolidation. Thus, the Fifth Circuit’s temporary stay remains in effect—at least within the Fifth Circuit—until either the Fifth Circuit or the receiving Circuit lifts, extends or modifies the stay.

The government argued in its briefing before the Fifth Circuit that given the procedures provided for by the JPML, and the timing of OSHA’s Vaccine ETS—there is no need to continue to enforce the stay and that the decision to stay the agency’s deadlines should be left to the receiving court.

STAY DOES NOT IMPACT OTHER AGENCY ACTIONS

Separate from OSHA’s Vaccine ETS, CMS issued an IFR imposing a COVID-19 vaccination requirement for certain health care entities and providers. Additionally, the Biden Administration set forth requirements for federal contractors. OSHA’s Healthcare ETS from this past summer is still in effect at least until December. None of these regulatory requirements are stayed by the Fifth Circuit’s ruling on OSHA’s Vaccine ETS.

Earlier this week, the United States District Court for the District of Columbia denied a request to enjoin the Biden Administration’s federal contractor requirements. And with several similar cases pending, decisions from other District Courts will follow, as well as appeals. Finally, CMS’s November 4 IFR has not yet been challenged in federal court—though many of the same states challenging OSHA’s Vaccine ETS have confirmed they will do so imminently.

PRACTICAL TAKEAWAYS

The fate of OSHA’s Vaccine ETS remains unclear and will depend on the ruling of the “randomly” selected federal Circuit Court—followed almost certainly by petitions to the Supreme Court of the United States. Similarly, a related but separate process will continue to play out in district courts across the country for the federal-contractor requirements and CMS’s IFR. Employers should work closely with counsel to determine the status of applicable requirements throughout this process.

For more information on these requirements and the evolving litigation related to them, please contact:

- **Dana Stutzman** at dstutzman@hallrender.com;
- **Drew Howk** at ahowk@hallrender.com;
- **Claire Bailey** at cbailey@hallrender.com; or
- Your primary Hall Render contact.

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Associate Members

What is the future of the U.S. healthcare labor market?

THE HEALTHCARE WORKFORCE is burned-out and traumatized following an 18-month face-off against COVID-19. In the wake of the pandemic, the demands placed on healthcare workers are unrelenting.

As with the broader labor market, the pandemic had an accelerated impact, depending on the type of job, the location, and several other factors. While nursing shortages are top of mind in some locations, in others there will be an oversupply of nurses but a lack of mental health professionals. Healthcare organizations are facing tremendous challenges and all of us will feel the effects.

THE LANDSCAPE

Overall, there will not be enough healthcare workers to fill demand in the future. The exact shape of this deficit depends on the specific role and geography considered. First, some bad news, many critical healthcare roles will be difficult to fill nationally. In the next 5 years, approximately 6.5 million lower-wage healthcare workers

(e.g., home health aides, certified nursing assistants, etc.) will permanently leave their occupations, resulting in a shortage of 3.2 million workers by 2026. In the DFW metro area labor supply is projected to be short of demand by ~12k workers within five years.

Hiring demand for mental health workers will be intense with more than half of US states projected be short a total of 55k mental health workers by 2026. In those 27 states alone, the hiring need is for 310k new mental health workers in five years. The state of Texas will need to replace more than 20k mental health workers in the next 5 years – the DFW metro area will need to hire ~7k mental health workers.

And there is some uncertain news. Physician retirement is likely to accelerate, which stands to create shortages. At the same time, “physician-based care” is transitioning to “physician assistant” and “nurse practitioner”-based care. It remains to be seen whether shifts in care models will compensate for shifts in

workforce makeup. Consider that 19% of primary care physicians in Texas, and in the DFW area, will be 65 years or older by 2026 – posing substantial retirement risk to primary care physicians. Meanwhile, the shift to practitioner-based care will depend largely on the actions of individual healthcare organizations.

There is also news that varies widely by region. In at least 29 US states the Registered Nurse workforce is projected to be painfully short of demand (~100k short within 5yrs.). Other states may be in a surplus situation, particularly in the south, where organizations have done a better job recruiting and retaining nursing talent. States like Pennsylvania, Massachusetts, and Illinois are likely to suffer from inadequate supply of RNs by 2026. Texas (and the DFW metro area), on the other hand, is likely to have adequate RN labor available by 2026. The question for individual healthcare organizations in Texas will be – “how do we enhance retention in anticipation of increased recruiting demand from other states?”

WHAT DO YOU DO?

Get specific about the workforce shortage issues your organization actually faces. As noted above, the landscape is not the same everywhere, nor is the future easily predictable. Using the workforce predictive analytics available from Marsh McLennan can help organizations understand the type and magnitude of the issues they face.

RECRUIT AND RETAIN – GET SMARTER!

Digitalize and automate recruitment and onboarding.

Hospital and health HR systems are struggling to maintain pace with the volume of hiring and onboarding, as well as greater turnover. As the economy rebounds, this pace will only intensify.

Modernize your employee value proposition. CHROs have realized that traditional efforts that simply standardize and harmonize compensation and benefits often miss the mark with key workforce categories. With the graying of doctors and nurses, CHROs that are winning the talent war are taking a more segmented approach to employee comp-and-benefits. For example, while Gen Xers may be drawn more to 401K match and no-match health benefits, Gen Zers are looking for maximum



schedule flexibility, work-from-home options, and same-day pay.

Upend traditional work environments to make them more appealing and sustainable. The reality is that healthcare organizations face a tight labor market and need to build a highly attractive employee value proposition based on pay, flexibility, and other factors. A war for talent is certain to break out: This is true both for highly educated physicians and nurses, as well as lower-wage positions such as home health aides and nursing assistants.

People, however, base career choices and job decisions on more than just pay and perks. Looking beyond the traditional dollars-and-cents levers, healthcare systems should take a hard look at their workplace culture and identify the elements that may be contributing to attrition and difficulty in recruiting.

The year of COVID, admittedly, has been exceptionally hard for health workers, but healthcare has always been a stressful field. That stress is part of the terrain and sometimes unavoidable; but at times leaders’ work expectations and communication styles are simply vestiges of an outmoded and outdated culture.

Workforce specific actions will not be enough. Shifts in workforce availability will require broader shifts in strategy. Even if healthcare organizations make all the right moves, there are risks associated with the complex labor market that they need to be prepared for.

In association with the DFW Hospital Council, Mercer hosted the webinar “Healthcare Workforce: Predictions Over the Next Decade” on November 9. The webinar is now posted online. You can view the program at: <https://www.youtube.com/watch?v=AR7x89T7S9I>. ■



Does your marketing need an infusion?

The right diagnosis for your marketing can be tricky. At Agency Creative, we help healthcare brands identify the challenge, prescribe the treatment, and deliver an authentic connection that will have your campaign running at full strength.

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PERSPECTIVES

INSIGHTS & INSPIRATION IN HEALTHCARE MARKETING

Marketing automation could take you to the next level

Having insight into your marketing effectiveness can be difficult today. What if you could identify the number of qualified leads you are obtaining and where they are in the “shopping” phase – even before you speak to them? In our world of advertising, we incorporate the sales funnel when developing a marketing strategy. The sales funnel helps us plan our marketing based on each type of lead.



To garner specific information on each lead, marketing automation can be integrated to determine the most effective content and marketing tactics. So, what is marketing automation?

Marketing automation is a SaaS (software as a service) technology that will simplify your marketing programs, while managing and streamlining your marketing output. It enables you to target audiences with tailored messaging across all of your

marketing platforms (email, social, text, articles, etc). The creative and content is created beforehand, but then repurposed over and over through automation – minimizing employee time involvement. Your custom dashboard allows you to monitor and modify the messaging and tactics to improve revenue and efficiency.

Marketing automation is a SaaS (software as a service) technology that will simplify your marketing programs, while managing and streamlining your marketing output.

Marketing automation tools help you identify your leads and determine the best content for them based on their actions. It will nurture these leads as they move down the sales funnel. The automation delivers ongoing efficiency, driving revenue and improving ROI. The platform also allows you to incorporate more features as your company scales.

Through automation, you can determine the best features and tools needed for your website and conversion landing pages, as well as customize the content for each lead throughout the customer or patient journey.

To get better results and more from your marketing and sales team, marketing automation could be a great solution for you. Go online to check out these top marketing automation providers:

- Hubspot: hubspot.com
- Adobe Marketo: marketo.com
- Salesforce Pardot: pardot.com

There are other platforms you can also research that may be a better fit for you.

Feel free to reach out to me if you have further questions on this subject matter and I'll be glad to offer additional advice.



About the author
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mwyatt@agencycreative.com



Congratulations

to a leader

among leaders.

Texas Health congratulates James "Jimmy" Young Wynne for receiving the 2021 Kerney Laday, Sr. Trustee of the Year Award by the Dallas-Fort Worth Hospital Council. It's our honor to see his exceptional leadership and legacy in health care recognized, including 33 years of service to Texas Health as a governance leader. Thank you, Jimmy, for your passion and dedication to the communities we serve.

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On the front lines.

UT Southwestern Medical Center salutes the recipients of this year's Dallas-Fort Worth Hospital Council Awards.

Serving the health needs of our community is a privilege and a sacred responsibility.

We are proud to serve with you.

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Congrats to those who make us Better

Leader. Champion. Humanitarian. These are just a few words that describe what Ross McKnight means to us. Thank you, Ross, for working to bring Better healthcare to everyone, every day. Congratulations on your Trustee of the Year award from the DFW Hospital Council.



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When care goes above and beyond, everyone wins.

Children's HealthSM would like to congratulate our Dallas Fort Worth Hospital Council Young Healthcare Executive of the Year nominee, Lindsey Tyra. We'd like to thank all of the nominees for their enthusiasm, passion and dedication to keeping the communities of North Texas healthy and safe.



2021 Nominee

YOUNG HEALTHCARE EXECUTIVE OF THE YEAR NOMINEE

Lindsey Tyra
Senior Vice President, Chief Strategy Officer
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Jennifer Miff

President, DFWHC Foundation
Senior Vice President, DFWHC

Data-driven community impact

AT THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) FOUNDATION, we focus on a wide variety of research and educational programs to benefit hospital members and the community. Our team is usually working on projects involving patient safety, quality, workforce and community health.

Arching across these efforts is the primary constant of the DFWHC Foundation – our North Texas Healthcare Information & Quality Collaborative (NTHIQC). Spanning close to 20 years, this data asset has proven to be invaluable to hospitals and their research teams. It’s an important tool for our educational partners seeking to understand patient outcomes in North Texas.

Beyond the obvious business intelligence use for hospitals, NTHIQC has been leveraged for readmissions analysis, ED utilization, domestic violence reviews, behavioral health, telemedicine, CHNA support and understanding the social determinants of health. The NTHIQC data also supports clinical research to study the long-term impacts of COVID-19.

Our data asset is quite unique in the U.S., and we’re proud of that. It has depth, matching capabilities and timing. It also has market coverage when it comes to uncompensated care, Medicare and Medicaid, which are typically lacking in commercially available datasets for purchase.

We hosted our 5th Annual IQSC Data Summit on November 3-4, with the event focusing on a diverse set of data analytics topics. We’d like to thank our esteemed speakers. Their topics included system evolutions due to the pandemic; the importance of tracking opioid use; executive dashboards; the value of social determinants; and interdisciplinary cooperation to improve health outcomes.

I was so impressed with how our speakers addressed the power and challenges of data. Balance is critical as we seek to leverage data to transform both our work and our communities.

We want to thank our members for their continued support of this incredible regional resource and for their ongoing sharing and collaboration. We are proud to be your data stewards as we continue to grow both our capabilities and our partnerships to better leverage this incredible regional data asset. ■

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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Around DFWHC Foundation



Recent graduates from the Methodist Dallas Medical Center Nurse Apprenticeship Program.

Department of Labor Grant has trained 2,000 apprentices

IN RECOGNITION OF NATIONAL APPRENTICESHIP WEEK from November 15-20, the DFW Hospital Council (DFWHC) Foundation has been working with nine North Texas healthcare partners on the Dallas College Department of Labor Apprenticeship Grant.

In July 2019, a \$12 million Department of Labor grant was awarded to Dallas College to support training for 7,500 apprentices in critical health care occupations for providers in North Texas and across the U.S. Dallas College included a cash match of \$4.2 million dollars which totals a \$16.2 million grant project.

By increasing the number of apprenticeships available, the healthcare workforce can be significantly increased while providing pathways to careers. The grant develops apprenticeships that provide on-the-job training that is competency-based. The program will save employers money by eliminating the gap between graduation and job preparedness required in the real world.

Dallas College partnered with the DFWHC Foundation to bring North Texas healthcare employers to the grant

including **Children's Health, JPS Health Network, Medical City Healthcare, Methodist Health System, Parkland Health & Hospital System, Texas Health Resources, UT Southwestern, Acadian Ambulance Services and Capital Senior Living.**

At the halfway point of the four-year project, the grant has provided training for approximately 2,000 apprentices in 21 occupations. The apprenticeships being developed include nursing, medical office assistant, clinical informaticist, administrative resident, sterile processing tech, cardiovascular tech, critical care tech, respiratory therapist, biomed equipment tech, nursing assistant, EMT and LVN, among many others.

In addition, outstanding employers have been recognized at quarterly meetings to include Children's Health, Medical City, Methodist, Parkland and Texas Health Resources.

For more information, contact **Sally Williams**, DFWHC Foundation Workforce Center Director, at swilliams@dfwhcfoundation.org. ■



North Texas

COVID-19 HEROES

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North Texas COVID-19 Heroes is now live – check out our healthcare heroes!

THANK YOU HEALTHCARE HEROES! The DFW Hospital Council (DFWHC) Foundation finally dropped its “North Texas COVID-19 Heroes” campaign on September 28, with the official booklet and video posted online.

“We would like to thank the hospitals for honoring so many of our healthcare heroes,” said **Sally Williams**, Workforce Center Director at the DFWHC Foundation. “We received more than 1,000 submissions from hospitals across North Texas and our team worked throughout this month to make sure we honored every single one of them. This is a tribute to the sacrifice and dedication our healthcare workforce has displayed over the past year.”

The DFWHC Foundation announced in June it would postpone the 2021 Employee of the Year Luncheon to 2022 and replace the event with its virtual “North Texas COVID-19 Heroes” campaign. For the past year, hospitals have submitted individuals and teams displaying uncommon dedication during the pandemic.

“The efforts of our hospital employees during the COVID-19 pandemic have been amazing,” said **Jen Miff**, president of the DFWHC Foundation. “With our healthcare heroes continuing to work tirelessly during these difficult months, the booklet and video is the least we can do to

offer our thanks. We would also like to thank our sponsors for making this project possible.”

The booklet is 140-plus pages detailing more than 1,000 hospital employees and teams from 44 North Texas hospitals. Each of the employees’ accomplishment are detailed. The campaign was sponsored by:

- **Hall Render;**
- **BKD, LLP;**
- **Alexion Pharmaceuticals, Inc.;**
- **Baylor Scott & White Health;**
- **Carter BloodCare;**
- **Children’s Health;**
- **Cook Children’s;**
- **Medical City Healthcare;**
- **Methodist Health System;**
- **Parkland Health & Hospital System;**
- **Texas Health Resources;**
- and **UT Southwestern.**

You can find the booklet and video at: <https://dfwhcfoundation.org/covid-19-heroes/>.

For questions, please contact **workforce@dfwhcfoundation.org** or call **972-719-4900**. ■

Around DFWHC Foundation



Patient Safety Summit attracts 400-plus

THE DFW HOSPITAL COUNCIL (DFWHC)

FOUNDATION'S 14th Annual Patient Safety Summit attracted more than 400 attendees to the four-day virtual event on September 9, 16, 23 and 30. The educational webinar took place each day from 10:00 a.m. to 12:00 noon.

This year's Summit was themed "Healthcare Heroes United," and was highlighted by Keynote Speakers **Darryl Ross** and **Eric Kidwell**. Their energetic presentation was titled "Power of Two!"

The Summit also featured five additional sessions including "COVID Processes," "Care for the Caregiver," "Burnout to Wellness," "Behavioral Health – Challenges and Opportunities" and "Performance Improvement Poster Presentations."

More than 20 poster submissions were submitted by the hospitals, with the top-three selected for presentation including:

- Baylor University Medical Center – "COVID Multimodal Communication Model," **Bethany Ferguson** and **Courtney Brumit**;
- Children's Health – "Improving Pediatric Healthcare Workers Personal Safety Through the Implementation

of a Behavioral Rapid Response Team," **Jennifer Brown** and **Diana Montoya**;

- Baylor University Medical Center – "Joy in Work," **Cindy Cassity** and **Chick Deegan**.

Sponsors included:

Platinum -

- **JPS Health Network**;
- **Methodist Health System**;
- **Texas Health Resources**;

Silver -

- **ACHE of North Texas**;
- **DFW CHW Association**;
- **Texas Association of Healthcare Interpreters and Translators**;
- **UTA Multi-Interprofessional Center for Health Informatics**.

The presentations and posters can be found at: <https://dfwhcfoundation.org/about/events/patient-safety-summit/>.

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

5th Annual Summit details COVID-19 data collection

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION hosted its 5th Annual Information and Quality Services Center's (IQSC) Data Summit on November 3-4. The virtual event took place each day from 9:00 a.m. to 12 noon, with more than 90 attendees participating.

The Summit was highlighted by **Dr. Philip Huang**, director of the Dallas County Health and Human Services, serving as keynote speaker as he discussed the challenges and analytics utilized for COVID-19 data collection. There were a total of six sessions including:

- "A Multi-State Data Collaboration to Understand the Burden of Care for Opioid Substance Use Disorder," **Gloria Kupferman**, Chief Data Strategy Officer, American Hospital Association;
- "Data Governance," **John Vo**, Manager of Clinical Data Management, Methodist Health System, **John Brower**, Manager of Epic Data Analytics, Methodist Health System;
- "Executive Analytics – What's Important and Not" **Michael Sanborn**, President/CEO, Baylor Scott & White All Saints Fort Worth;
- "An Ecosystem for Health Equity & Community

Improvement: 1+1=3," **Dr. Mari Tietze**, Myrna Pickard Endowed Professor in Nursing, UT Arlington;

- "Using Data to Expand Value in Serving Populations Impacted by Violence, Power and Control," **Mary Ann Contreras**, Injury and Violence Prevention Manager, JPS Health Network.

Methodist Health System, Parkland Health & Hospital System, Baylor Scott & White Research Institute and **Texas Woman's University** submitted six educational posters detailing 2021 data projects. You can see the posters at <https://dfwhcfoundation.org/about/events/iqscdatasummit/>.

Sponsors included:

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- **Teknion**;
- **Vizient Sg2**;

Silver -

- **Quadramed**.

For information, please contact **Theresa Mendoza** at tmendoza@dfwhcfoundation.org. ■



Danny Davila

Director, FCRA Regulatory Risk & Consumer Compliance Advisor
GroupOne Background Screening

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The talent selection process

THE BASIC PREMISE OF OUR SOCIETY is that organizations require labor to execute their tasks, inspired by a mission to deliver quality services. The practice of identifying, acquiring and onboarding new talent is a process requiring much more than “instinct” or “technology.” Finding the best employee requires a comprehensive process.

This begins with the development of a measurable job description that captures the skills and abilities required. Some companies build the job description around a highly successful incumbent. But it’s important to consider expectations for the role and qualities needed to succeed in the position.

Once a job description is decided upon and a posting is issued, the prospect of sourcing and recruiting candidates becomes essential. Sourcing requires a keen insight to understand the applicant. Sourcing can also screen and vet out candidates who have exaggerated their qualifications and fail to meet requirements for the position.

Successful sourcing provides the right job applicants. They are then assessed to ensure alignment with the organization’s standards. The assessment process also allows continuous screening to ensure the candidate meets expectations for the job.

After candidates have been screened and assessed, interviews serve a traditional part of the selection. Utilizing behavior-based interviews will provide evidence of the candidate’s ability to perform in work-related situations. A strong, structured interview can provide clarity on the candidate’s interest.

At the conclusion of an interview, the Talent Acquisition Team can conclude if a job offer is forthcoming. The next stage is important, making the conditional offer once the background report and drug testing requirements are met.

The background report requires the candidate to provide signed releases allowing the screening company to obtain the proper information. Content such as criminal history and education verification are conducted, providing the Talent Acquisition Team the information to confirm the assessment and interview process. It can also provide information that contradicts what was learned during the same process.

In summary, finding and hiring good talent is difficult, and has become overwhelming in these times with increased resignations and job retention volatility. Leaders must realize that integrating effective processes, vendors and updated training of their Talent Acquisition Team can produce improved turnaround times and hiring. ■



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Created by a board of hospital CEOs in 1989, GroupOne was the nation’s first healthcare pre-employment screening program. Today, GroupOne provides convenient web-based solutions, automated employment verification and student background checks. It has grown into one of the most dependable human resource partners in the healthcare community.

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THREE costly background check mistakes – avoid these land mines!

DETAIL ORIENTATION, DETAIL ORIENTATION, DETAIL ORIENTATION – it’s a requirement for proper background screening. While this may not be headline news, we should all be reminded of this rule, and often.

Our profession is defined by precise rules and regulations, with potentially stiff fines for violations. All of us working in HR, and GroupOne Background Screening’s staff has decades of experience in the field, can attest to the many areas requiring extreme caution. Fair Credit Reporting Act (FCRA) compliance is no exception.

The FCRA covers both consumer credit reporting and criminal history. Getting reports on someone’s poor credit or prior convictions requires strict regulations as to how the information is used. Otherwise, you might step on a figurative land mine and, it won’t be pretty. Background screening errors usually fall into three categories.

1: Be detail-oriented with forms

Sometimes it seems like we’re buried in paperwork. We get it. But don’t be tempted to minimize the forms you require applicants to sign. We’ve heard of companies combining items for consent, and this is always a mistake. The FCRA’s procedures are prescribed with exact detail, down to the font size. Do not deviate!

The consent to collect credit or criminal history must be requested on separate forms. There have been costly fines for employers failing to meet this FCRA requirement. Adding provisions in the document not required by the FCRA will also land you in court.

2: No background checks without consent

A certain national retailer was hit with a class action suit alleging they routinely ran background checks on employees without their consent. The application did not ask for written consent for a third-party reporting agency to obtain a report. In one case, weeks after the consumer report was obtained, employees were finally given a disclosure and authorization form.

The company had to pay \$1,000 for each FCRA violation, and more than 1,000 employees were on the payroll. Now that’s a land mine.



To avoid this costly mistake, simply follow the FCRA language and ensure a separate form requesting written consent to credit or criminal history screening – to include any check by a qualified third party such as GroupOne – is incorporated into your basic hiring procedures.

3: Be careful with negative information on a report

The FCRA requires a notification process to include allowing time for an applicant to respond to and correct an erroneous report. During the notice and correction period following a negative report, applicants cannot suffer adverse consequences such as being denied the job. This means if you receive a negative background report, the job must be held open for a reasonable amount of time for the applicant to verify its accuracy.

If an employer fails to follow this process, with an applicant not receiving an opportunity to correct a false report, then prepare for yet another liability land mine. A federal court found a certain employer’s screening process to be “reckless” in this regard, and punitive damages were awarded. Once again, the cost did not amount to that of a speeding ticket. Rather, it was thousands of dollars.

Please note, class action lawsuits related to FCRA violations are growing across the U.S., with some companies with experienced staffs having to pay millions of dollars due to mistakes. No matter the size of the company, it’s always important to remember – detail orientation, detail orientation, detail orientation. It’s a good way to avoid those land mines. ■

Applicant drags feet on background check: Can offer be pulled?



THE EMPLOYER WAITED FOR FINGERPRINTS AND A DRUG TEST. And waited. And waited some more.

It eventually convinced the federal appeals court that a newly hired teacher's employment contract offer could be revoked. The teacher delayed required fingerprinting and did not undergo drug testing before the start of a school year. When she signed a contract, the teacher had over 20 years of teaching experience.

The contract said the district employed her subject to conditions. The conditions included the "acceptable outcome of the criminal history records review."

The contract did not set a deadline to meet the conditions. A few days she signed the contract, the teacher signed a form titled "Acknowledgment and Understanding of Drug Screen and/or Physical Process." This document indicated that if she failed to get a drug test within 24 hours, the job offer would be void.

UNACCEPTABLE DELAY

About three weeks after the teacher signed the contract, the district rescinded the offer. Why? Because she did not

undergo fingerprinting and drug screening.

The teacher completed her fingerprinting and offered to take a drug test the same day. But the district said it had rescinded the contract. She sued the school district in a federal court, which dismissed her case.

It ruled that the district rescinded the contract before it became effective. On appeal, the Ninth Circuit found the contract explicitly conditioned the job offer on completion of the background check requirements.

Further, the teacher acknowledged that she was required to submit to urinalysis drug testing within 24 hours after she signed the Acknowledgment and Understanding document. The document indicated her failure to report for drug screening would result in the voiding of the job offer.

The court explained that when parties agree that a contract is not binding until stated conditions are met, no binding contract exists until they are.

Finding that the conditions precedent was not met in this case, the court held for the school district. If employers can't procrastinate, neither can employees. ■

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