

**SPRING 2022** 

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**NEWS FROM THE DFW HOSPITAL COUNCIL** 



Complimentary Mental Health First Aid Training is available through August PAGE 30

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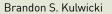


**HEALTH LAW IS OUR BUSINESS.** 



Dwayne U. Barrs, Jr.







Christie B. Davis

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James M. (Mac) Stewart



Steve Love President/CEO Dallas-Fort Worth Hospital Council

### Silver lining from the COVID-19 pandemic

**TRAGICALLY, MORE THAN ONE MILLION** Americans have died from COVID-19 since the pandemic began and that number is probably understated. We've surpassed the 675,000 Americans who perished in 1918 from the Great Influenza pandemic. We recognize the population increases from over a century ago, but this is still a staggering number of people to die from this virus.

One positive takeaway has been the use of telehealth services, especially for older Americans. The U.S. Department of Health and Human Services had the Office of the Inspector General (OIG) conduct a review of Medicare fee-for-service and Medicare Advantage telehealth claims comparing March 2019 through February 2020 to the same time period of March 2020 through February 2021.

The report, released in March, revealed some very positive findings. More than 28 million Medicare beneficiaries used telehealth during the first year of the pandemic. This represented more than 2 in 5 of these beneficiaries. They also used 88 times more telehealth services during the first year of the pandemic than the prior year. Telehealth usage remained high through early 2021, with most beneficiaries using the service as a substitute for office visits.

Many urban beneficiaries used telehealth. This represented a substantial shift as, prior to the pandemic, most beneficiaries could only use telehealth from rural medical locations. The most frequent uses included office visits, behavioral health services, nursing home visits and home visits. The Centers for Medicare & Medicaid Services (CMS) also expanded the use of audio-only telehealth visits, especially in areas with limited broadband access.

Certainly, some medical procedures must be performed in person. But this OIG study clearly documents key areas where telehealth could benefit both patients and Medicare beneficiaries. Detailing the use of telehealth during the first year of the pandemic sheds light on how Medicare beneficiaries accessed healthcare when travel and other obstacles prevented them from communicating with providers. We know some patients died indirectly from the pandemic because they were fearful of coming to a hospital, and many refused to call 9-1-1 when experiencing severe medical conditions.

This is just the tip of the iceberg. As we examine the social drivers of health, telehealth can be a part of the solution when patients are unable to seek medical care due to transportation and economic constraints. Future virtual healthcare success stories can be achieved, similar to those outlined in the OIG report.

This information can also help CMS, Congress and our Texas state legislature make decisions on how telehealth can best be used when delivering healthcare in the future.

Thank you for your support of DFWHC. ■

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#### EDITORIAL

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#### ADVERTISING

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- are appreciated.



INTERLOCUTOR 1: one who takes part in dialogue

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

# Supporting you, supporting patients.

CORONAMENTS

As the economy recovers from the COVID-19 pandemic, BKD continues to stand firm in our commitment to helping health providers mitigate the financial effects. When you're looking for audit, reimbursement, and operational assistance, our trusted advisors are here to help you reach your goals.

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# In Memoriam

# Jerry Carl Gilmore: 1933-2022

**IT WAS WITH GREAT SADNESS** the DFW Hospital Council (DFWHC) learned of the passing **Jerry Carl Gilmore**, beloved member of the Dallas community and a 2007 recipient of its Distinguished Health Service Award. Jerry devoted decades of his life to service and philanthropy in the Dallas area. He died on March 30 in McKinney, Texas. He was 88.

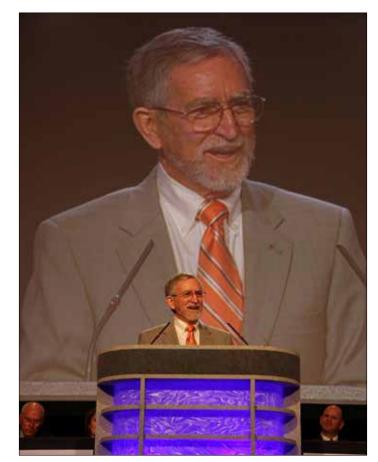
Jerry was a fiercely proud alumnus of the University of Texas at Austin, attending from 1951-1957 where he would obtain his law degree. He cared for the school mascot Bevo as a member of the Silver Spurs, and he fired the cannon at football games with the Texas Cowboys.

Such dedicated passion carried over into Jerry's professional life, as he served for decades as a board member of **Texas Scottish Rite Hospital for Children** from 1994-2022 and **Methodist Health System** from 1986-2010. His service also included successful tenures on the Dallas City Council from 1971-1975 and the Dallas County Community College District from 1976-1992.

Over the course of his career, Jerry practiced law at various law firms including Greene Gilmore Crutcher Rothpletz & Burke, Vial Hamilton Koch & Knox and Shannon Gracey Ratliff & Miller. He also served at various times as City Attorney for the cities of Murphy, DeSoto, Flower Mound, Cockrell Hill and Buckingham.

Born in Memphis, Texas in 1933 to Gladys and Bailey Gilmore, Jerry was proud of his panhandle roots. He moved to Dallas in the 1940s where he attended Adamson High School, graduating in 1951. He married Martha Louise Niendorff in 1956 at the Cliff Temple Baptist Church in Dallas.

Jerry loved music throughout his life. He sang in church choirs while attending Cliff Temple and later First Methodist Church of Dallas. After Martha's passing, Jerry



### Jerry Gilmore at the podium during DFWHC's 2007 Annual Awards Luncheon.

married Lois Jane Boles Means in 2008.

A man who never shied away from a challenge, he took up running in his early 40's and ran marathons in Dallas, Chicago, New York, Boston and even Barcelona. In his late 60's, Jerry traveled to New Zealand to run his 28th and final marathon.

Jerry is survived by his wife, Lois Jane Means, his children from his marriage of 50 years to Martha Niendorff Gilmore, son Daniel B. Gilmore and his wife, Susan Gregg Gilmore, of Chattanooga, TN, daughter Susan Moore of Plano, TX, son Charles A. Gilmore and his wife, Tricia Newman Gilmore, of Richland, TX, as well as step children Melinda Means, Richard Means, Robin Means Skinner, and Amy Means Bales, and her husband Jayson Bales, seven grandchildren, four great-grandchildren, ten step-grandchildren and one step-great-grandchild.

Jerry was a regular attendee of DFWHC's Annual Awards Luncheon, a welcome guest at the event's VIP table. He will be missed. ■



Jessica Long to serve as Keynote Speaker at October 21 event.

# DFWHC announces date and location of its 74th Annual Awards Luncheon

WELCOME BACK? WE CERTAINLY HOPE SO. The DFW Hospital Council (DFWHC) recently announced the date, location and speaker for its 74th Annual Awards Luncheon set for Friday, October 21, 2022, at the Irving Convention Center.

It will be DFWHC's first in-person luncheon since before the pandemic in 2019.

"Following approval from our Board of Trustees, we decided to move forward with the luncheon in October," said **Stephen Love**, president/CEO of DFWHC. "Most certainly we plan to take precautions and safety considerations will be announced in the coming weeks."

This year's keynote speaker will be **Jessica Long**, one of America's most decorated Paralympic champions. Born in Siberia and burdened by congenital defects in her legs, she was placed for adoption at 13 months old. At just 18 months old, Jessica's legs were amputated below the knee due to a rare bone disorder called fibular hemimelia. She was able to persevere to become one of the most decorated female athletes in U.S. history.

"We were thrilled to see Jessica was available to speak at our luncheon," Love said. "Her story is so inspirational and during these difficult times, her message is an important one."

As a Russian-American Paralympic swimmer, Jessica

has competed at five Paralympic Games, winning 29 medals, 16 of them gold. During her athletic career, she has won over 50 world championship medals.

Long was born Tatiana Olegovna Kirillova in Bratsk, Russia. At the time of her birth, her mother and father were unwed teenagers. She was abandoned by her mother in foster care and was later adopted by American parents.

Learning to walk with prostheses, Jessica has been involved in many sports including gymnastics, cheerleading, ice skating, biking and rock climbing. She began swimming in her grandparents' pool before joining her first team in 2002.

Jessica's story served as the inspiration of the nowfamous 2021 Super Bowl commercial, which highlights her story and the deep connections she has with her family. You can view the commercial at https://www.youtube. com/watch?v=Pr3jR2keirk.

During the luncheon, DFWHC will present the Distinguished Health Service Award, the Young Healthcare Executive of the Year and the Kerney Laday, Sr. Trustee of the Year. Award recipients will be announced this summer.

Ticket and sponsorship information will also be announced this summer. For questions, please contact **Chris Wilson** at **chrisw@dfwhc.org**. ■



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

# The Human Side of Health Care



with Stephen Love (left) and Thomas Miller.





CONTRACTOR STORES









THE DFW HOSPITAL COUNCIL (DFWHC) RADIO program

"The Human Side of Healthcare" is broadcast on a weekly basis through 2022 on **KRLD 1080 AM**.

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 listen to past broadcasts online at Spotify, Apple Podcasts, Google Play, Stitcher, YouTube and iHeart Radio.

Guests during the spring have included:

- Dr. Marisa Abbe, Children's Health;
- Dr. KC Bens, Methodist Dallas Medical Center;
- Lizzy Brown, Cook Children's;
- Cindy Burnette, Texas Health Resources;
- Sheyla Camacho, Parkland Health & Hospital System;
- Dr. John Carlo, Prism Health North Texas;
- Dr. Matthew Cavey, Texas Health Harris Methodist Hospital FW;
- Courtney Edwards, Parkland Health & Hospital System;
- Dr. Curtis Johnson, Medical City North Hills;
- Rose Johnson, Medical City Healthcare;
- Dr. Nasser Khan, Methodist Dallas Medical Center;
- Dr. Helen King, UT Southwestern;
- Wini King, Cook Children's;
- Flor Leal, Parkland Health & Hospital System;
- Dr. Nicolas Madsen, Children's Health;
- Dr. Andrew Miller, Texas Health Harris Methodist Hospital FW;
- Angela Morris, Parkland Health & Hospital System;
- Fabian E. Polo, Baylor Scott & White Institute for Rehabilitation;
- Dr. John Mark Pool, Texas Health Presbyterian Hospital Dallas;
- Dr. Kristen Pyrc, Cook Children's;
- Marjorie Quint-Bouzid, Parkland Health & Hospital System;
- Dr. Tony Su, Texas Heath Arlington Memorial Hospital;
- Dr. Amelia Tower, Texas Health Harris Methodist Hospital FW;
- Dr. Paul Whatley, Texas Health Presbyterian Hospital Denton.

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

# **Around DFWHC**

## DFWHC's Love makes first public appearance since pandemic began

**BACK TO NORMAL? WE'RE NOT SURE YET**, but DFW Hospital Council President/CEO **Stephen Love** made his first public appearance since the pandemic began during the **North Dallas Chamber of Commerce's** Annual Health Care Conference on March 4 at Westin Galleria in Dallas.

Love moderated the panel discussion "Crystal Ball: Divining the Future of Health Care," with **Dr. John Carlo** of Prism Health North Texas; **Lara Kent** of Holmes Murphy & Associates; and **Benjamin Isgur** of Fidelity Health Solutions.

The keynote speaker was **Admiral Brett Giroir, MD**, who formerly served as the 16th Assistant Secretary for Health in the U.S. Department of Health and Human Services, Admiral in the U.S. Public Health Service



Stephen Love (right) and Dr. John Carlo during the North Dallas Chamber of Commerce event.

Commissioned Corps., and a member of the White House Coronavirus Task Force.

The event is traditionally held every January but was postponed to March due to public safety concerns. ■

### Texas Health Resources awarded Foster G. McGaw prize



**TEXAS HEALTH RESOURCES WAS ANNOUNCED** as the 2022 winner of the **Foster G. McGaw Prize for Excellence in Community Service** during an award presentation by the **American Hospital Association (AHA)** in April.

The health system will receive \$100,000 to go towards programs that improve the overall health and well-being

of its community. The prize is sponsored by the Baxter International Foundation, the AHA and its non-profit affiliate Health Research & Educational Trust.

"Every single day Texas Health Resources advances the health and well-being of its communities," said **Rick Pollack**, AHA president/CEO. "Despite unprecedented challenges brought on by COVID-19, Texas Health Resources delivered hope and healing to patients, comforted families and protected communities."

Texas Health's noteworthy initiatives included: • Blue Zones Project Fort Worth: Community health initiative encourages residents to make healthy choices. Since 2014, Fort Worth has undergone a healthy transformation, exceeding targets and goals.

• **Community Engagement:** Texas Health proactively sought community input in determining local needs. This was accomplished through use of the Community Health Needs Assessment along with focus groups and surveys.

• **Response to COVID-19**: Texas Health's response to the pandemic prioritized at-risk residents for vaccination as well as through culturally and linguistically appropriate outreach and education about the virus and vaccines.

# U.S. death toll from **COVID-19** hits 1 million

**IT WAS ANNOUNCED ON MAY 16** that the U.S. death toll from COVID-19 officially hit one million.

For context, the confirmed number of dead is equivalent to a 9/11 attack every day for more than 330 days. It is equal to how many Americans died in the Civil War and World War II combined.

"In 2020, we would have never dreamed so many could possibly perish," said **Stephen Love**, president/CEO of the DFW Hospital Council. "It's going to be a long time before we can ever feel 'normal' again."

According to numbers released by The Centers for Disease Control and Prevention (CDC), three out of every four deaths were people 65 and older. White people made up most of the deaths overall. Black, Hispanic and Native American people have been twice as likely to die from COVID-19 as white residents.

The death toll less than three years into the outbreak is based on death certificate data compiled by the CDC's



National Center for Health Statistics. The pace has slowed considerably since the deadly winter surge fueled by the omicron variant.

The U.S. is averaging about 300 COVID-19 deaths per day, compared with a peak of about 3,400 a day in January 2021.

On May 12, **President Joe Biden** ordered flags lowered to half-staff.

"As a nation, we must not grow numb to such sorrow," he said. "To heal, we must remember."

And so, a moment of silence as we remember the one million lost.  $\blacksquare$ 

### Spring educational webinars have been posted online



**AS AN EDUCATIONAL SERVICE** to our members, the DFW Hospital Council co-hosts monthly webinars with its Associate Members. These webinars are complimentary to members and are posted online. A list of the most recent 2022 webinars are listed below.

#### March 24, 2022

#### "Maximizing ROI on Lab Service"

- DFWHC/Unity Medical Alliance LLC

Panel included **Terence Green**, president of Unity Medical Alliance LLC; **Marisca Carter**, CEO of Medi Marketplace Inc.; and **Erika Tatum**, VP of Medi Marketplace Inc. https://www.youtube.com/watch?v=louOk1FJFgU

#### April 14, 2022

#### "Moving Beyond the Pill with Pharma"

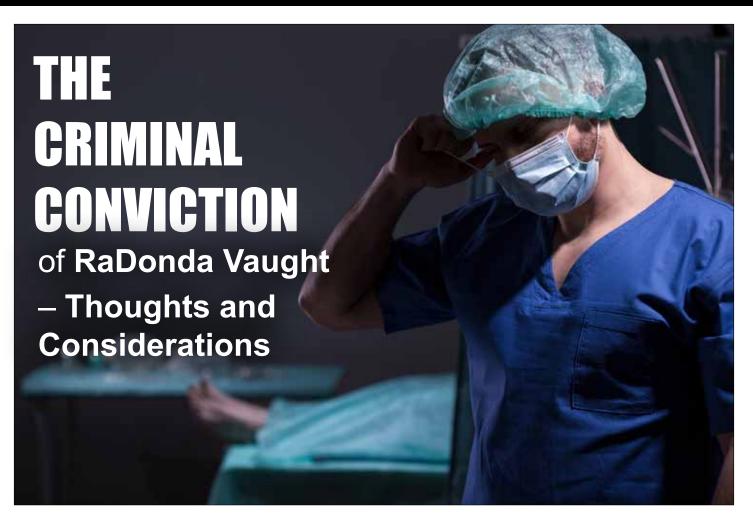
- DFWHC/Alexion Pharmaceuticals, Inc.

Interactive session explored partnership opportunities with pharma to improve healthcare delivery and outcomes.

https://www.youtube.com/watch?v=jqAysA7ON6g

For info, contact Chris Wilson at chrisw@dfwhc.org. ■

# **Associate Members**



**ON MARCH 25, 2022, A TENNESSEE JURY** found Nurse **RaDonda Vaught** guilty of "criminally negligent homicide" and "gross neglect of an impaired adult." Nurse Vaught was sentenced in May and could have faced a jail term of three to six years. This case has captured a great deal of attention. Many health care practitioners and associations, such as the **American Nurses Association**, have expressed significant concern.

In particular, these individuals and groups fear that criminally convicting a nurse in relation to a medication error will: (a) prevent "transparent, just and timely reporting of medical errors, which is crucial to maintain safe patient care environments;" and (b) will have a "long-lasting negative impact on the profession" of nursing, which is already strained. Given these concerns, it is important to understand the facts of this case, the charges, and whether the matter presents learning opportunities.

The alleged facts in the case:

- **Charlene Murphey**, age 75, was admitted to the Neurological Intensive Care Unit at Vanderbilt University Medical Center, due to a brain bleed.
- On December 26, 2017, the patient's physician ordered a PET scan. Since the patient was known to be claustrophobic, her physician ordered Versed for anxiety. Nurse Vaught sought to carry out this order.
- Nurse Vaught was not able to locate Versed in the automated dispensing cabinet, as she was searching for the brand name and not the generic (midazolam). As a result, Nurse Vaught "overrode" the system and searched again for "VE." She then pulled vecuronium, which is a paralytic.
- The vecuronium carried a red warning label ("Warning- Paralyzing Agent") and was in powder and not liquid form. Nurse Vaught reconstituted the medication. She testified she did not observe the name on the label and did not observe the warning.
- Prior to administering the medication, Nurse Vaught

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

did not scan the patient's wristband. She also allegedly did not remain with the patient following administration. The patient died 20 minutes later.

Nurse Vaught promptly disclosed the error and participated in all levels of investigation. While Nurse Vaught made no excuse for the error, she did note that it was common to override the medication cabinet (due to constant EMR and technical issues) and that she was unable to scan the patient's wristband because there was not a scanner available.

In addition to action taken by the Tennessee Board of Nursing, Nurse Vaught was ultimately convicted of "criminally negligent homicide" and "gross neglect of an impaired adult."

The charge of criminally negligent homicide required the state to prove that the defendant engaged in "criminal negligence" that caused a person's death. "Criminal negligence" requires a "substantial and unjustifiable risk," and the risk must be of such a nature that "the failure to perceive it constitutes a gross deviation from the standard of care that an ordinary person would exercise under all the circumstances as viewed from the person's standpoint."

Simple negligence, as defined in civil law (and as would be applied in a medical malpractice claim), is not sufficient for liability under the criminally negligent homicide standard. The charge of "gross neglect of an impaired adult" required the state to prove the defendant "knowingly, other than by accidental means, physically abuse or grossly neglect an impaired adult if the abuse or neglect results in serious mental or physical harm."

### WILL THIS CASE IMPACT MEDICAL ERROR REPORTING?

It certainly will not help – as it is easy to understand how fear of criminal prosecution could bear on decisionmaking. Medical errors are already under-reported. Fear of job loss and litigation clearly play a role. Many suggest this case will only make matters worse. This does not, of course, alter the legal and ethical obligation to report unanticipated outcomes. Pertinent federal rules and accreditation standards also require reporting, including disclosure to the patient.

# HALL RENDER KILLIAN HEATH & LYMAN

#### WILL CHARGES INCREASE AGAINST PROVIDERS?

Although we suspect likely not, we can certainly appreciate why a provider may have concern. A few considerations:

- This particular case is not about a single medical error. Several mistakes were made in this case which then resulted in the patient's death.
- Many individuals have suggested this case was outcome driven. In other words, they believe the patient outcome, bad publicity and hospital's position contributed to increase the chance of prosecution.

#### WHAT ELSE SHOULD WE CONSIDER?

Though many individuals are troubled by this case, most agree there are lessons to be learned. A few thoughts:

- Consider whether there are opportunities at your own organization to improve medication controls. Many health care professionals have noted that Nurse Vaught's candor has resulted in operational improvements and safety. One source notes her hospital has moved paralytic drugs out of automated dispensing cabinets and into secured areas. Others now prevent overrides.
- Consider disclosure obligations. Relevant legal requirements and accreditation standards require the disclosure of certain medical errors, the relevant Hospital/Medical Staff quality committee, and to the patient. While these disclosures need to be made, the manner in which they are communicated is important. Consider appropriate education and training of staff.

If you have questions or would like more information, please contact:

- Chris Eades at ceades@hallrender.com; or
- Your primary Hall Render contact.

Hall Render 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**

# **TELEMEDICINE:** The Future of Healthcare

#### THE GLOBAL TELECOMMUNICATIONS

**BOOM** is one of the most significant impacts of the COVID-19 pandemic. The day-to-day experiences of most Americans confirm this reality. These last two years, almost every single person in the United States has participated in countless virtual alternatives to in-person experiences: children learning at school on **Zoom**, offices conferencing via **Google Meet**, friends and family **Skyping** one another, churches worshiping over **Facebook**, and more.

A distinctive area of life that moved online is in our healthcare. Before the pandemic arrived, the adoption of digital health platforms had stalled, as bad user experiences had soured consumers on telemedicine's efficacy.

Yet, with the highly contagious COVID-19, telemedicine as a healthcare method saw an unexpected renaissance. Read on to learn how telemedicine began (and continues to evolve) and how **ACU Online** is equipping its healthcare students to work in this new competency.

#### HISTORY OF TELEMEDICINE

Despite its associations with the Internet, telemedicine is not new. Broadly speaking, telemedicine is simply "the use of technology to provide medical information and services." Some historians trace its emergence as early as medieval Europe, when information about the



bubonic plague was communicated via bonfire smoke. In contemporary American medical history, telemedicine began as a recognizable practice over 150 years ago. Here are some highlights:

- In the Civil War, **telegraph technology** was used to transmit casualty lists and order medical supplies.
- By 1900, physicians were early adopters of the **telephone** in their medical practices.
- Field medics began using radio communication in World War I. By the Korean and Vietnam Wars, it was ubiquitous.
- In the Space Race, NASA scientists established biomedical telemetry systems to monitor astronauts'

Article was submitted by **Abilene Christian University**. For information, contact Chris Wilson at chrisw@dfwhc.org.

physiology and facilitate treatment remotely.

- In 1967, the first complete **telemedicine system** linking two hospitals was developed. Physicians diagnosed patients via television, transmitted x-rays, medical records, and laboratory data.
- Over the next 50 years, the government invested in development of telemedicine programs—especially for **rural areas** with medical understaffing.

In the ensuing half-century, telemedicine remained confined to rural areas with spotty medical access. Americans generally viewed it as a stopgap measure: a substitute for traveling to obtain medical care, a method of coordination for large institutions, and an emergency link in situations where physician access wasn't immediately possible.

Virtual healthcare was not seen as on par with regular, in-person care administered by a physician. In fact, digital health tools' use decreased substantially between 2018 and 2020—the result of widespread skepticism about the effectiveness of virtually administered doctor's appointments and medicine.

#### **TELEMEDICINE IN THE ERA OF COVID-19**

This changed rapidly with the emergence of COVID-19. For example, VA hospitals virtually treated 79% more veterans in 2020 than in 2019. In September 2020, they completed more than 37,000 video appointments, a more than **1,000** percent increase from February of that same year.

Veterans weren't the only ones who flocked to telehealth platforms. A CDC study found a 154% increase in telehealth visits during the last week of March 2020, compared with the same period in 2019. This move was fueled by pandemic-related telehealth policy changes and public health guidance. But telemedicine's resurgence was also driven by employers and healthcare providers expanding coverage and developing more robust telehealth platforms.

As stay-at-home orders lapsed and pandemic restrictions loosened, telemedicine options have remained. The pandemic proved "virtual healthcare works," says **Ron Moody**, chief medical officer at Accenture Federal Services. "Now we need to take what we've learned during the current crisis and transform healthcare into a virtual-first system."



#### **TELEMEDICINE'S FUTURE**

COVID-19 catalyzed a mindset shift for patients and providers, and that shift is driving huge changes in the healthcare system. As more people have experienced receiving and providing virtual health services, more are preferring it.

To sustain telemedicine as a viable field of legitimate healthcare, governments, providers, and physicians must improve and invest in these platforms and the people who run and produce them. Dr. Moody argues for innovation: "in a more virtual future, providers can send patients home from the hospital with iPads. Medicare and Medicaid can reimburse devices and connectivity when they're needed for healthcare. And the use of bots can help supplement shortage of physicians and nurses."

For our part, **ACU Online** has already been intentionally engaging the realities of telemedicine in the classroom in order to equip the next generation of medical professionals in this changing world of healthcare. According to **Dr. Catherine Garner**, a professor in our online **Doctor of Nursing Practice (DNP) program**, "telemedicine is a new competency" for nurses and everyone working in healthcare. She weaves in discussion and strategy about telemedicine into every one of her classes. The DNP program focuses on developing leaders in nursing who can think about these new methods of connecting with and treating patients.

Because, if there's one thing that the pandemic taught us, substantive connection is more important than ever: whether on a computer, over the phone, or in-person.

Want to be on the forefront of telemedicine innovation? Check out how you can accelerate your career with our online certificates, bachelor's, or graduate degrees. If you want to learn more, visit <u>acu.edu/dfwhc</u> or call 855-219-7300.

Also, don't forget about the **June 2 webinar** we are hosting with the DFW Hospital Council to discuss nursing's future and telehealth! Register at **<u>bit.ly/dfwhcwebinar</u>**. ■





# NURSING'S FUTURE: Technology Opportunities &TELEHEALTH

Educational Discussion Thursday, June 2 1:00 p.m. - 2:00 p.m., CST

#### **Guest Speakers**

**Catherine Garner**, DrPH, MPA, MSN, RN and ACU Professor

Rhonda Howard, ACU Dissertation Mentee

Stephen Love, President/CEO, DFW Hospital Council

Hot Topic webinar hosted by the DFW Hospital Council and Abilene Christian University!



**INFORMATION:** Chris Wilson, chrisw@dfwhc.org, 972-719-4900 REGISTER: https://attendee.gotowebinar.com/register/777844426080128016



### **MENTAL HEALTH FIRST AID for YOUR EMPLOYEES**

### FREE CLASS! for your

employees age 18+. that Live, Work, Play, or Worship in these counties:

- Ellis
- Erath



- GraysonHood
- Hunt
- Johnson
- Kaufman
- Navarro
- Parker
- Rockwall
- Somervell
- Wise

If your employees are Veteran, or in the LGBTQ+ Community, they can participae for FREE in four additional counties! *Their families can participate too*.

- Dallas
- Tarrant
- Collin
- Denton

## **TIME IS RUNNING OUT!**

The DFW Hospital Council Foundation has a DSHS grant that will expire Aug. 31, 2022. This grant provides the opportunity for employees, community members, healthcare workers or church groups to get trained in Mental Health First Aid for FREE. Training can be virtual or in person.

#### Find the latest class listings on our website: www.healthyntexas.org

Join an existing class or form a group of 10 - 25 for a private session. Class is six hours long with two hours of prep work prior. Once you take the class, you are certified for three years.

#### Why take the class?

**1.** Teaches you to identify, understand and respond to signs of mental illness and substance use disorders.

2. Gives you the skills to provide support to someone who may be developing a mental health or substance use problem and connect them to the appropriate care.

#### Who should take it?

- Employers
- Community Members
- Caring individuals
- Police officers
- Hospital Staff
- First Responders
- Faith Leaders, & more!

TO FIND A COURSE OR CONTACT AN INSTRUCTOR IN YOUR AREA, VISIT www.healthyntexas.org or email mhfantx@dfwhcfoundation.org



**Guniagis** Collin County: Jessica Phillips (jphillips@lifepathsystems.org) • Dallas, Ellis, Navarro, Kaufman, Rockwall, Hunt: Amy Sanders (asanders@nthba.org) • Denton County: Phyllis Finley (phyllisf@dentonmhmr.org) • Grayson County: Lenae Conner (lconner@texomacc.org) • Tarrant County: Rebecca Dell (Rebecca.dell@mhmrtc.org) • Somervell, Hood, Johnson, Parker, Erath: Colton Cherryhomes (ccherryhomes@pecanvalley.org) • Wise county: Denise French (frenchg@helenfarabee.org)

# **Associate Members**

# No Suppises Act and the Good Faith Estimate Workflow

AS PART OF THE SEPTEMBER 30, 2021,

Interim Final Rule, the Department of Health and Human Services (HHS) promulgated regulations implementing the No Surprises Act's (NSA) requirement that providers furnish certain notices and good faith estimates (GFEs) to self-pay patients in specified circumstances.

Unlike the NSA's provisions prohibiting surprise billing for certain services furnished in specified facilities (i.e., hospitals, freestanding emergency departments, and ambulatory surgery centers), the GFE requirements apply to a much broader category of providers furnishing items or services for self-pay patients.

Effective January 1, 2022, a provider must furnish

a self-pay patient with the notice and GFE prior to all scheduled services or by request if the patient is shopping for care (and not yet at the point of scheduling). This includes, but is not limited to, office visits, therapy, diagnostic tests, infusions, and surgeries.

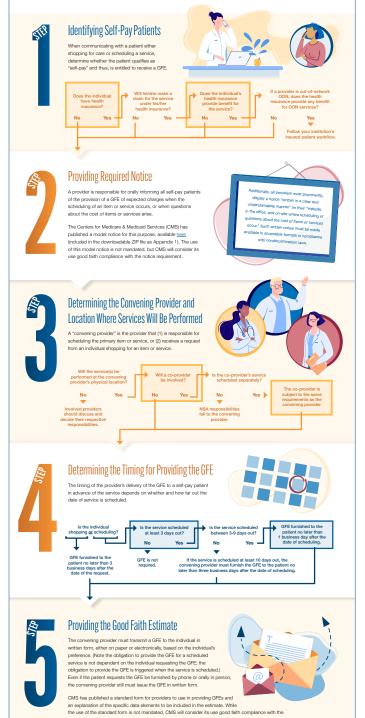
A provider's duty to provide notice and a GFE applies to self-pay patients, i.e., an individual who (1) does not have benefits for an item or service under a group health plan, group or individual health insurance coverage offered by a health insurance issuer, federal healthcare program, or a health benefits plan; or (2) chooses not to use his or her coverage benefit for the item or service.

Upon request from a self-pay patient, the convening provider must transmit a GFE to the individual in written form, either on paper or electronically, based on the individual's preference. Even if the patient requests the GFE be furnished by phone or orally in person, the Article was submitted by **PYA P.C**. For information, please contact Chris Wilson at chrisw@dfwhc.org.

#### No Surprises Act

Good Faith Estimate Workflow

Among its many mandates, the No Surprises Act (NSA) requires all providers to furnish good faith estimates (GFEs) to salf-pay patients prior to **all services scheduled at least 3 days in advance** or by request if the patient is shopping for care (and not vet at the coint of schedulino). The following workflow specifies the who, when, and what for this new requistor requirement.



requirement to inform an individual of expected charges. The template is available at the Appendix 2). Note: If the convening provider anticipates a change in service, a new OFE must be issued to the patient no later than one business day the items or services are scheduled to be furnished. Also, for recurring services, the regulations permit a convening provider to issue a off E none every 1 months.



convening provider still must issue the GFE in written form.

A convening provider is responsible for orally informing all self-pay patients of the availability of a GFE of expected charges when the scheduling of an item or service occurs, or when questions about the cost of items or services arise.

Additionally, any provider (including both convening providers and co-providers) must prominently display a notice "written in a clear and understandable manner" on its "website, in the office, and on-site where scheduling or questions about the cost of items or services occur." Such written notice must be made available in accessible formats in compliance with nondiscrimination laws. HHS "anticipates providing a model notice" for this purpose, although its use will not be mandated.

CMS has published a standard form (<u>https://www.</u> <u>cms.gov/files/zip/cms-10791.zip</u>) for providers to use in providing GFEs and an explanation of the specific data elements to be included in the estimate, available here (included in the ZIP file as Appendices 2 and 11). Again, use of the standard form is not mandated, but CMS will consider its use good faith compliance with the requirement to inform an individual of expected charges.

If the actual billed charges received by the self-pay patient are at least \$400 more than the total amount of expected charges listed on the GFE, the self-pay patient may initiate the patient-provider dispute resolution process by submitting a notification to HHS. The matter is then presented to a Selected Dispute Resolution (SDR) entity. If the SDR entity determines the provider should have known the information provided was not accurate, it will adjust the billed charges accordingly (including requiring no payment for any service not properly listed on the GFE).

We have created a helpful infographic on the provision of the GFE. You can find it at <u>https://dfwhc.org/</u><u>wp-content/uploads/2022/05/PYA\_INFO.pdf</u>. For more information, please contact Martie Ross at mross@pyapc.com or Kathy Reep at kreep@pyapc.com. ■



### Your advertising shouldn't be.

No matter if you're a doctor, a hospital or a healthcare organization, each of you have a story to tell. At Agency Creative, we help healthcare brands find, shape and share their stories in ways that create deeper, more authentic connections with their audiences. It's time to move away from the sterile healthcare marketing status quo. It's time to talk to Agency Creative.





#### MARKETING



# Understanding How Branding Plays into Business Success

**INSIGHTS & INSPIRATION IN HEALTHCARE MARKETING** 

When most people look at a product, the first thing to catch their eye is the branding. Companies with reputable branding often have loyal consumer bases that won't hesitate to grab their favorite product that they easily recognize. The average shopper doesn't want to have to think about what they purchase – typically they want to move quickly. Brand recognition encourages a purchase without hesitation.

### Building a brand is more than just developing a good logo

Branding extends into the consumer experience and how it resonates with them. Investing in brand development can help ensure that your target consumer feels appreciated and understood. Creating a positive association between your product and your overall brand is pivotal. Consider branding empires like Apple and Starbucks that have become synonymous with quality and status. Around the world, people recognize these brands and buy-in without a second thought. Their brands convey an experience that transcends a good product and creates a consumer pride that comes with an association with the brand.

### Branding also gives shape to your company

It is the direct roadmap to your consumer. Understanding what makes your company different from competitors is critical. Building a foundation around the characteristics of your company helps you focus on your desired audience. Creating targeted content that your consumer responds to allows for increased opportunities for repeat business.

Investing in your company's brand development is investing in yourself It results in the direct cultivation of increased revenue. When you can focus your branding efforts on a specific cause, you reduce the waste of marketing efforts. Having a developed brand helps you apply only relevant marketing tactics while reducing waste.

In conclusion, be consistent in everything you produce and be clear and concise about who you are and what you are offering your consumer. Understand the value of building your brand and how it is a direct investment in your business.



About the author **Mark Wyatt** Founder & CEO, Agency Creative mwyatt@agencycreative.com



### **MENTAL HEALTH FIRST AID for Veterans & their families**

**FREE** if you Live/Work/Play or Worship in these counties:

- Collin
- Dallas
- Denton
- Ellis
- Erath
- Grayson
- Hood
- Hunt
- Johnson
- Kaufman
- Navarro
- Parker
- Rockwall
- Somervell
- Tarrant
- Wise

#### Class **DEDICATED** for you

& your loved ones (10-25 students) Age 18+

Gain **INSIGHT** into effective support and services for yourself and for others in your community.

You help create a safer **COMMUNITY** for all of us.

### **FREE COMMUNITY CLASS**

Hurry! The DFW Hospital Council Foundation has a DSHS grant that expires **Aug. 31, 2022**. This grant provides the opportunity for Veterans and their families to be trained in Mental Health First Aid for FREE. Training can be virtual or in person. Find out more:

#### www.healthyntexas.org

Join an existing class or form a group with a minimum of 10 for a private class. Course is six hours long with 2 hours of prep work prior. Once you take the class, you are certified for three years.

#### Why take the class?

1. Teaches you to identify, understand and respond to signs of mental illness and substance use disorders.

2. Gives you the skills to provide support to someone who may be developing a mental health or substance use problem and connect them to the appropriate care.

#### TO FIND A COURSE OR CONTACT AN INSTRUCTOR IN YOUR AREA, VISIT www.healthyntexas.org or email mhfantx@dfwhcfoundation.org



**GUNIAGIS** Collin County: Jessica Phillips (jphillips@lifepathsystems.org) • Dallas, Ellis, Navarro, Kaufman, Rockwall, Hunt: Amy Sanders (asanders@nthba.org) • Denton County: Phyllis Finley (phyllisf@dentonmhmr.org) • Grayson County: Lenae Conner (lconner@texomacc.org) • Tarrant County: Rebecca Dell (Rebecca.dell@mhmrtc.org) • Somervell, Hood, Johnson, Parker, Erath: Colton Cherryhomes (ccherryhomes@pecanvalley.org) • Wise county: Denise French (frenchg@helenfarabee.org)



# **Associate Members**



# Alzheimer's and Dementia:

A growing workforce shortage, addressing mild cognitive impairment, and a health system initiative

**By Shanna Howard**, communications specialist, Alzheimer's Association Capital of Texas Chapter

#### THE ALZHEIMER'S ASSOCIATION'S ANNUAL

Alzheimer's Disease Facts and Figures report (<u>https://</u> <u>www.alz.org/alzheimers-dementia/facts-figures</u>) shares new data on the number of people living with Alzheimer's, the growing dementia workforce shortage and new insights on challenges in understanding mild cognitive impairment (MCI).

Currently, 6.5 million people in the U.S. are living with Alzheimer's, including 400,000 in Texas. By 2050, the number of people age 65 and older with Alzheimer's in the U.S. is projected to nearly double to 12.7 million. To address the increasing need, the Association launched a health systems initiative to help facilitate and enhance dementia care in the clinical setting.

#### **Workforce Shortage**

The report shows a growing dementia workforce shortage. "As the global prevalence of Alzheimer's disease increases, so does the need for members of the paid workforce who are involved in diagnosing, treating and caring for those living with the disease," states the report.

Primary care physicians caring for people living with

Alzheimer's report there are not enough dementia care specialists, including geriatricians, in their communities to meet patient demands. This shortage of specialists creates a barrier to a timely and accurate diagnosis, which delays treatments, care delivery and support services.

As of last year, there were 333 practicing geriatricians in Texas. It is estimated that a 276.9% increase in practicing geriatricians will be needed to meet the care needs of Texas seniors living with Alzheimer's by the year 2050.

The workforce shortage will be felt across the healthcare field. The demand for direct care workers is projected to grow significantly, while their availability is expected to decline. The numbers of home health and personal care aides in Texas will need to increase 32.3% to meet the demand by 2028.

#### **Mild Cognitive Impairment**

MCI is characterized by subtle changes in memory and thinking. "Mild cognitive impairment is often confused with 'normal aging,' but is not part of the typical aging process," said **Maria Carrillo, Ph.D.**, chief science officer,

Article was submitted by the **Alzheimer's Association**. For information, contact Chris Wilson at chrisw@dfwhc.org.

One of the most important reasons for an individual to be diagnosed early is that it affords them the opportunity to participate in clinical trials. We will have a first survivor of Alzheimer's disease one day and that person will come from a clinical trial.

Alzheimer's Association. "Distinguishing between cognitive issues resulting from normal aging, those associated with MCI and those related to MCI due to Alzheimer's disease is critical in helping individuals, their families and physicians prepare for future treatment and care."

A major goal of current research is identifying which individuals living with MCI are more likely to develop dementia to help enable earlier disease intervention and treatment. Benefits of early diagnosis include giving families time to make legal, financial and care decisions for the future based on a patient's preferences and lower overall health care costs.

"While currently there is no cure for Alzheimer's disease, intervening earlier offers an opportunity to better manage the disease and to potentially slow progression during a time when individuals are functioning independently and maintaining a good quality of life," Carrillo said.

Patients and physicians expressed optimism with new treatments to combat Alzheimer's disease on the horizon. A significant increase in the development of a new class of medicines that target the underlying biology and aim to slow the progression of Alzheimer's disease has occurred over the last 20 years. There were 104 disease-modifying treatments being evaluated in clinical trials or at various stages of regulatory approval as of Feb. These potential therapies are aimed at slowing the progression of MCI due

# alzheimer's R association

to Alzheimer's disease and mild Alzheimer's dementia.

"One of the most important reasons for an individual to be diagnosed early is that it affords them the opportunity to participate in clinical trials," said **Kathy Shockley, MA, LNHA**, director, Programs and Services, Alzheimer's Association Dallas and Northeast Texas Chapter. "We will have a first survivor of Alzheimer's disease one day — and that person will come from a clinical trial."

#### **Health Systems Initiative**

Alzheimer's, the most expensive disease in the U.S., adds to the difficulty and cost of managing care for adults, creating more expensive hospitalizations and increased emergency department visits. In 2022, the total national cost of caring for people living with Alzheimer's and other dementias is projected to reach \$321 billion, not including unpaid caregiving. Through an initiative, the Association is engaging health systems across the country.

"As a leader in dementia care and a trusted resource by all those affected, the Association is uniquely positioned to work with health systems on strategies to support clinicians across networks as the number of patients with dementia increases," said **Laura McEntire**, **LCSW**, health systems director, Alzheimer's Association Region 7 Texas.

This September, the Association and Texas Healthy at Home are partnering with the DFW Hospital Council Foundation to offer two one-hour virtual events. A Sept. 13 event will target hospital CEOs and CMOs, and a Sept. 20 event will focus on strategies to support patient care leadership.

The goal of these presentations is to share information about the impact of Alzheimer's disease and opportunities to improve health outcomes, enhance the patient experience, reduce the burden on clinicians and more effectively manage the cost of care within their health systems to help overcome current barriers to care. For a complete listing of available resources to support health systems and clinicians, visit <u>alz.org/clinicalcare</u>.

Visit <u>alz.org</u> for more information or to locate your area chapter or call the 24/7 Helpline at **800.272.3900**. ■

# **DFW HOSPITAL COUNCIL** education • networking • collaboration



90 HOSPITAL MEMBERS90 BUSINESS MEMBERS52 YEARS OF SUPPORT







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- Tap Report
- Tarrant County College District
- TCU and UNTHSC School of Medicine
- TCU Harris College of Nursing and Health Sciences
- Texas Healthcare Advisory Council
- Texas Healthcare Staffing, Inc.
- Texas State University
- Texas Tech University Health Sciences Center School of Nursing
- Texas Woman's University College of Nursing
- The Beck Group
- U.S. Army Medical Recruiting
- Unity Medical Alliance, LLC
- University of Texas at Arlington
- University of Texas at Dallas
- VNA of Texas
- Wello, Inc.
- YMCA of Metropolitan Dallas



Jennifer Miff President, DFWHC Foundation Senior Vice President, DFWHC

# Free Mental Health First Aid still available to North Texas counties

WHILE I HAVE WRITTEN PREVIOUSLY about the importance of Mental Health First Aid for our community, today our efforts are more critical than ever because of the need to support workforce resiliency. Due to the COVID-19 pandemic and its related toll on our workforce, we are conducting outreach to employers across North Texas to offer **FREE** Mental Health First Aid Training for employees.

We hope this effort will enable our healthcare employees to watch out and help each other to obtain the right resources when they are facing mental health challenges. Our Department of State Health Services' Community Mental Health Grant may be used for three specific adult groups, age 18-plus:

- 1) The LGBTQ+ community, or their family members, in any of the 16 rural North Texas counties;
- 2) Veterans, or their family members, in any of the 16 rural North Texas counties;
- **3)** Rural Communities anyone who lives, works, plays, worships, or goes to school in a rural county, where mental and behavioral health resources may be more limited.

Please note the rural counties include Ellis, Erath, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Parker, Rockwall, Somervell and Wise. Additional counties for veterans and LGBTQ+ training include Dallas, Tarrant, Collin and Denton.

Classes can be virtual (6 hours online and 2 hours of prep) or in person (8 hours). With a minimum of 10 people, the trainers will come to the employers' site. The maximum class size is 25, and again, the training is completely paid for by the grant and is conducted at no cost to employers or participants.

The goals for employers would be to enable employees to identify, understand and respond to signs of mental illness within their work peer groups and to provide each other with support and connect those in need to the appropriate care.

If you have interest in the program for your employees or have a referral, please reach out to **Patti Taylor**, our Director of Community Health at the DFW Hospital Council Foundation, at **ptaylor@dfwhcfoundation.org**. ■

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#### 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.

#### Foundation Trustees

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Jennifer Miff DFWHC Foundation



# Recognizing Maternal Sepsis When it Matters Most

Complimentary Webinar

Tuesday, May 31 11:00 a.m. - 12 noon, CST



THE DFW HOSPITAL COUNCIL FOUNDATION'S Sepsis Strike Force in association with JPS Health Network will continue the 2022 educational series with the complimentary webinar "Recognizing Maternal Sepsis When it Matters Most" on Tuesday, May 31 from 11:00 a.m. to 12:00 noon, CST.

The Sepsis Strike Force was created by the DFWHC Foundation in 2017 and includes representatives from Baylor Scott & White Health, Children's Health, Children's Hospital Association of Texas, Cook Children's Health System, Houston Northwest, JPS Health Network, Methodist Health System, Texas Health Resources and UT Southwestern.

Speakers will include Jess Aguilar, Clinical Sepsis RN at

JPS Health Network; and **Jess Brozio**, AP Perinatal Levels of Care Coordinator at JPS Health Network.

There will be one hour of free virtual CNE provided by JPS Health Network. This educational event is open to any healthcare worker.

You can register at <u>https://www.eventbrite.com/e/</u> <u>sepsis-recognizing-maternal-sepsis-when-it-matters-</u> <u>most-tickets-330613161867</u>.

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

JPS Health Network is accredited with distinction as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. This activity is jointly provided by JPS Health Network and the DFW Hospital Council Foundation. ■

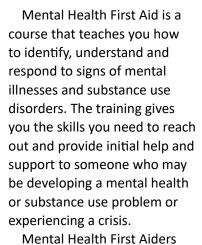
# **Around DFWHC Foundation**



# **Complimentary Mental Health First Aid Training available through August**

**TIME IS RUNNING OUT!** Did you know complimentary **Mental Health First Aid Training Classes** are still available to North Texas counties? The DFW Hospital Council Foundation has a **Texas Department of State Health Services (DSHS) Grant** that will expire **August 31, 2022**. The grant provides the opportunity for employees, community members, healthcare workers or church groups to get trained in Mental Health First Aid for free.





are teachers, first responders and veterans. They're neighbors, parents and friends. They're people in recovery, and those supporting a loved one They're First Ladies and Mayors. Mental Health First Aiders are anyone who wants to make their community healthier, happier and safer for all.

More than 2.5 million people across the U.S. have been trained in Mental Health First Aid by a dedicated base of more than 15,000 Instructors.

Training is virtual with some live classes. You can find the latest class listings on our website at <u>www.</u> <u>healthyntexas.org</u>. Join an existing class or form a group



of a minimum of 10 for a private session. Class is six hours long with two hours of prep work prior. Once you take the class, you are certified for three years.

The class covers common signs and symptoms of mental illness and substance use; and how to interact with a person in crisis and connect them with help.

Counties where the class is available includes:

- Ellis;
- Erath;
- Grayson;
- Hood;
- Hunt;
- Johnson;
- Kaufman;
- Navarro;
- Parker;
- Rockwall:
- Somervell;
- Wise.

Additional counties for veterans and LGBTQ+ training include Dallas, Tarrant, Collin and Denton.

To find a course or contact an instructor in your area, email **mhfantx@dfwhcfoundation.org**. ■



# **Around DFWHC Foundation**

American

Lung Association.

**Climb** 

Fight For Air

### Fight for Air Climb raises more than \$125,000

THE AMERICAN LUNG ASSOCIATION hosted its annual Fight for Air Climb Event for North Texas on May 14 at the Dallas Cowboys' AT&T Stadium in Arlington.

Participants, including representatives of the DFW Hospital Council Foundation, raised funds to support the mission of the American Lung Association while climbing stadium stairs and walking the concourse of AT&T Stadium.

Former Dallas Cowboy football players **Ed "Too Tall" Jones** and **Drew Pearson** were at the event to meet and greet runners. There were 1,000-plus participants raising more than \$125,000.

For information on future events, please contact **Dolores Johnson** at **dolores.johnson@lung.** org or 214-631-6854. ■





### Performance Improvement Group to meet **June 30**

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION in coordination with the Center for Improvement in Healthcare Quality will host the third meeting of its new Healthcare Performance Improvement Group on Thursday, June 30 from 12:00 noon to 1:30 p.m., CST.

This complimentary virtual meeting titled "Leadership, Change Management and Innovation Through a Performance Improvement Lens," will include speakers **Lorie Thibodeaux**, Sr. Quality Performance Improvement Manager at Parkland Health & Hospital System; **Brett Lee**, President of Texas Health Frisco; **Laura Weber**, VP, Clinical Effectiveness and Patient Safety at Methodist Health System; **Jen Miff**, President of the DFWHC Foundation; and **Stephen Love**, President/CEO of DFWHC.

You can register at <u>https://www.eventbrite.com/e/</u> <u>pi-education-leadership-change-management-and-</u> <u>innovation-tickets-327497793717</u>.

The DFWHC Foundation's second meeting of the Healthcare Performance Improvement Group on **March** 



### Workforce Tribute video coming soon

#### THE DFW HOSPITAL COUNCIL FOUNDATION'S

Workforce Center will be releasing a tribute video to North Texas healthcare employees. Titled **"Together We Create a Better Community,"** the video will honor the efforts of the healthcare workforce during the COVID-19 pandemic and beyond. Created by **Agency Creative**, the video was sponsored in part by **Hall Render** and **BKD**, LLP. Details coming soon! ■



24 was recorded and has been posted online.

Titled "Quantification of Performance Improvement/ Quality Outcomes ROI," speakers included **Rusty Lewis** of Parkland Center for Clinical Innovation; **Drew Shea** of Methodist Health System; and **April Taylor** of The Johns Hopkins Hospital.

You can view the video at <a href="https://www.youtube.com/watch?v=h\_er3GYcen0">https://www.youtube.com/watch?v=h\_er3GYcen0</a>.

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

### Mental Health Recovery Workshop set for June 26



THE DFW HOSPITAL COUNCIL FOUNDATION'S Community Health Collaborative (CHC) will be hosting its "Recovery Workshop: ROCC Stars Unite" program on Sunday, June 26 from 1:00 to 3:30 p.m. at the PLAN @1221 Rock Center in Richardson.

Working with UT Southwestern Medical Center, the Association of Persons Affected by Addiction and the National Alliance of Mental Illness North Texas, the program creates awareness about mental health.

You can register at <u>https://www.eventbrite.com/e/</u> <u>recovery-workshop-rocc-stars-unite-in-person-event-</u> <u>tickets-331907051927</u>. ■



#### Danny Davila Director, FCRA Regulatory Risk &

Consumer Compliance Advisor GroupOne Background Screening

#### LinkedIn

https://www.linkedin. com/pub/danilio-davilalpi/1/7b9/962

#### E-mail ddavila@gp1.com

### What is important to our employees?

**TODAY'S WORKFORCE IS EQUIPPED** with unique experience that makes them invaluable to employers. It is understood that employers must be competitive with their compensation, but one overlooked variable is the available support service.

Talent management requires an employer to have a dependable service that can address employment verification for their employees. Here are several situations where the workforce needs dependable and fast employment verification:

**1. Residency/Apartments/Mortgages/Auto Finance** – Employees require verification of employment to obtain an apartment lease, secure a home loan or apply for refinancing.

**2. Professional Employment/Certification/Licensure** – Employees looking to proceed with career development require their employment be validated.

**3.** Social Services/Public Assistance – Employees who work in low-paying jobs oftentimes require federal, state and local support. Public assistance relies upon verification of employment to qualify for aide.

**4. Public Service Loan Forgiveness** – Physicians and nurses rely upon federal public service loan forgiveness programs administered by the government.

The content needed in these situations can impact employee well-being and satisfaction. Talent management and payroll offices allowing GroupOne Background Screening the opportunity for verification have realized crucial value-added services including:

**1. Employee Service Efficiency** – By focusing solely on employment/date/job information, we can relieve the Talent Management teams to address other tasks.

**2. Convenience** – GroupOne's system **"WEBVerify"** provides 24/7 access to an online system that produces the service within minutes.

**3. Employee Friendly** – Employees can at their discretion request and receive a free report from the system.

**4.** No Cost – The talent management budget does not have to be impacted. There is no fee to our clients.

We encourage you to consider this service. Now is the time to make the call. For information, email **ddavila@gp1.com** or call **469-648-5052**. ■

# Group **One**

BACKGROUND SCREENING

#### 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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#### **Contact us**

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972-719-4208 800-683-0255 Fax: 469-648-5088

#### Danny Davila:

ddavila@gp1.com

www.gp1.com

# Groupfine REPORT

# **GroupOne's WEBVerify** is free, confidential and secure!



**HERE AT GROUPONE BACKGROUND SCREENING**, we know that in today's uncertain times, providing VOEs may be difficult. Offices are closed. Employees are working remote. Turnaround times are confusing.

GroupOne is proud to provide **WEBVerify**, an advanced tool designed to speed up and standardize the process of verifying the history of prospective employees. By automating a manual process, time and money is saved with more accurate information provided.

**WEBVerify** is offered at no charge and could save you multiple FTE's. It gives employees convenient access to obtain a Personal Information Number (PIN) for income verification. Whether a lender, apartment manager or pre-employment service, **WEBVerify** makes getting verifications easy. It is the fastest and most accurate

method available. In addition, frequent purchasers can set up a monthly invoice account.

There are many advantages. Social Service Agencies can verify employment and income to determine eligibility. In addition, employees can request their own employment and income verification at no charge.

The systems is easier and faster, with improved confidentiality. No more time-consuming requests will need to be filled out by HR, with a week or more of work reduced to minutes!

The system is secure, with GroupOne's website using Secure Socket Layers (SSL), an encryption standard based on a public key/private key encryption scheme.

For information, please do not hesitate to contact us at **info@gp1.com** or **1-800-683-0255**. ■

# Groupfine REPORT

# **DRUG TEST:** Watch out for the popular Hempinfused drinks

WE RAN ACROSS THIS STORY in May involving a Rockstar energy drink potentially causing soldiers to fail drug tests. The new PepsiCo drinks, dubbed "Rockstar Unplugged," are infused with hemp seed oil as well as B vitamins, spearmint and lemon balm.

"A single use of some hemp products may result in a positive drug test," said Army Spokesperson **Matt Leonard** in an interview with *The Military Times*. "Regulation AR 600-85 prohibits soldiers from using products made or derived from hemp, regardless of the product's claimed or actual tetrahydrocannabinol (THC) concentration and whether such product may be lawfully sold in the civilian marketplace."

Rockstar Unplugged has become the latest energy drink to add a hemp seed oil to their recipe. Hemp oil is not psychoactive and contains little to no cannabidiol (CBD). But food and drinks infused with CBD are still subject to federal restrictions.

For years, Rockstar drinks soused with a walloping 240 milligrams of caffeine were all the rage for young U.S. males. The new Rockstar Unplugged is looking to chill out, so to say, containing only 80 milligrams of caffeine in addition to the already-mentioned hemp oil to "lift the mood."

Hemp plants actually contain more CBD than cannabis, which contains more THC. Although unlikely, there's no guarantee hemp or CBD users will avoid testing positive for THC, which is what the Army tests for.

"No test exists to identify the source of THC in a urine sample to determine if it was derived from illegal marijuana or other products such as hemp energy drinks," Leonard said.

So, soldiers have been warned to avoid getting "Unplugged." But it's not just the U.S. Army raising the alarm.

An advisory was distributed in April by the Naval



War College's Drug and Alcohol Program Advisor stating, "Sailors and Marines are prohibited from using any product made or derived from hemp, regardless of whether such a product may lawfully be bought under the law applicable to civilians. Rockstar now produces an energy drink infused with hemp seed oil that will cause you to pop-positive on drug tests."

It might be a good idea to read the fine print on the can of that trendy beverage you consume, especially if you're scheduled for a drug test. ■

# Bus system says **drug testing** applies to drivers, not bosses

**INTERESTING STORY FROM APRIL INVOLVING** the drug testing policy of the Baton Rouge, Louisiana bus system **Capital Area Transit System (CATS)**. Over the past several years, CATS has enforced a "zero-tolerance drug policy," which is to be expected when men and women are responsible for driving residents across the community. But should the policy also apply to executives?

The controversy began when local television station **WBRZ-ABC** revealed the CATS comptroller had tested positive for illicit drugs. The executive, who controls an estimated \$30 million CATS budget, remains on the job.

Upon learning of the incident, the **Amalgamated Transit Union (ATU)** immediately issued a call to rehire any employees terminated for a failed drug test. According to ATU Vice President **Anthony Garland**, CATS is selectively enforcing its zero-tolerance drug policy.

What a mess. CATS' CEO **Bill Deville** said they were investigating the issue and later released a statement.

"Capital Area Transit System (CATS) is shocked and disappointed that WBRZ would run a story about the drug test of one of CATS' managerial employees," the statement read. "An employee's drug test results are protected as confidential pursuant to Louisiana law."

According to the statement, CATS' existing drug policy only authorizes random testing of safety sensitive positions such as bus operators and mechanics.

"The comptroller has steadfastly denied consuming or taking any illicit drugs of any type," read the statement. "It has since been confirmed that CATS' comptroller had been prescribed Adderall. Certain medical professionals have opined that Adderall can produce a false positive result."

There's a lot to unpack here and as we write, the CATS' Board of Trustees is having a series of emergency meetings. Let's start with the drug test going public. An employee who takes a drug test should have reasonable confidence their results will not end up on the TV news.

Generally, drug test results, like all employee medical information, should be kept strictly confidential. According



to the **Equal Employment Opportunity Commission**, "if the results of a drug test reveal the presence of a lawfully prescribed drug or other medical information, such information must be treated as a confidential."

As a best practice, all drug test results should be filed in a confidential medical file separate from the general employee file.

State drug testing laws or privacy laws may apply as a matter of personal privacy. Also, the **Americans with Disabilities Act (ADA)** and the **Health Insurance Portability and Accountability Act (HIPAA)** may apply to drug test results depending on the facts involved.

Employers who implement a drug testing program should be sure to:

- Have a written drug policy in employee handbooks;
- Require employees to sign an acknowledgment of receiving the employee handbook;
- Identify safety-sensitive positions and have clear documentation to support these designations;
- Train supervisors on the importance of applying the policy evenhandedly;
- Finally, make sure employees are treated fairly and equally in accordance with clear written policy.

We are not aware as to the written policy at CATS, but it will be key when resolving this extremely tangled issue.

The information and opinions expressed are for educational purposes only and are based on current practice, industry related knowledge and business expertise. The information shall not be construed as legal advice, express or implied. ■

# Groupfine REPORT

# What employers need to know about **workplace recordings**

ALMOST EVERYONE THESE DAYS has a mobile recording device in their pocket. Employees can record employers and employers can record employees at the touch of a button.

But legal and business risks can arise when people don't know they are being recorded in a workplace, which could lead to potential violations of wiretapping laws, along with privacy laws.

Though wiretapping laws traditionally apply to audio recordings, some have been expanded to also include video recordings. Additionally, many recordings, whether audio or visual, can lead to invasion of privacy claims.

#### All-Party vs. One-Party Consent State Statutes

Eleven states ban recording conversations without consent of all parties. This means employers or employees could violate state laws if they secretly record discussions with co-workers, their boss or anyone else.

Employers need to be aware of the laws that apply in each state to avoid litigation. For example, a recent settlement was approved for \$28 million in Illinois federal court, in which customers claimed that a national lender was recording their calls without consent.

#### **Expectations of Privacy**

To claim that a communication was recorded without permission, someone must have a "subjective expectation" of privacy that's backed by societal norms. As a result, workplace privacy claims are highly factspecific and hard to predict, whether they are brought as violations of wiretapping laws or invasion of privacy.

Recent rulings can provide insight on the scenarios that may or may not afford an expectation of privacy that is objectively reasonable—both in and out of the



workplace. Courts have found that there was not a reasonable expectation of privacy when:

- The conversation was held in an area open to staff with a recorder visible and near a desk;
- A secretly recorded shareholder meeting was conducted via telephonic conference call;
- A conversation was held in an individual's place of business, unless there were unique circumstances that demonstrated privacy.

#### Workplace Recording Bans

Organizations can limit an employee's ability to record in the workplace through an internal policy. This can protect the company from employees capturing trade secrets or violating privacy regulations like HIPAA.

To place a ban on workplace recordings, an employer must identify a legitimate business reason for the move, such as protecting trade secrets. Otherwise, it can look like an employer is trying to stifle its employees and their federally protected rights. If you put workplace recording programs in place, it is essential to give notice to your employees in advance, and ask for consent in writing.

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