



DALLAS-FORT WORTH
HOSPITAL COUNCIL

INTERLOCUTOR

SUMMER 2022

WWW.DFWHC.ORG

NEWS FROM THE DFW HOSPITAL COUNCIL

A photograph of the Texas State Capitol building in Austin, Texas, with a woman in the foreground. The woman is smiling and wearing a tan jacket and a pearl necklace. The Capitol building is in the background, with a large dome and a statue on top. An American flag is visible in front of the building.

A LIFETIME of Service

U.S. Rep.
Eddie Bernice Johnson
to receive
DFWHC's Distinguished
Health Service Award

PAGE 8

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Steve Love

President/CEO
Dallas-Fort Worth
Hospital Council

An inspirational leader in life and career

BEFORE HER LONG AND STORIED CAREER, the Honorable **Eddie Bernice Johnson** was born on Dec. 3, 1935, in Waco, Texas. She would graduate from A.J. Moore High School, the only school in the city for African American students. Yes, segregation in Texas schools still existed and would not end in her hometown until 1968.

The first signs of her tireless work ethic were evident during her high school years, where she was active in the Dramatic Art Club, Book Lovers’ Club, National Honor Society, Student Council and library staff. A dedicated student, Congresswoman Johnson would receive her nursing certificate from Saint Mary’s College of Notre Dame, a Bachelor of Science in nursing from Texas Christian University (TCU) and her master’s degree in public health from Southern Methodist University.

While attending TCU in 1956, she was hired as a psychiatric nurse at the **Veterans Administration Hospital** in Dallas. The administration did not know she was African American until the day she arrived at the facility. While her race did not cost her the important job, she was not allowed to live in the dormitory with other nurses and she was also denied participation in hospital projects. Nonetheless, Congresswoman Johnson would persevere for 16 years and become the first African American woman in the hospital’s history to serve as Chief Psychiatric Nurse.

Her political career began in 1972 when she would achieve another milestone, becoming the first African American woman from Dallas ever elected to public office. Congresswoman Johnson served for years in both the Texas House and Senate. In 1992, she became the first registered nurse ever elected to the United States Congress. Today, she is the oldest member of the U.S. House of Representatives, holding the 30th District seat for three decades.

Congresswoman Johnson has lived a life focused on equality, advancement and a desire to promote STEM education for all. Her dedicated efforts to the social drivers of health have helped many residents across the U.S. She chaired the Coalition for Hunger Solutions and has sponsored many bills addressing food insecurity.

While Congresswoman Johnson has announced her retirement, her remarkable accomplishments will continue well into the future. For her historic dedication, the DFW Hospital Council Board of Trustees announced this month she would be the 2022 recipient of its Distinguished Health Service Award, an annual honor dating back to 1948. The award will be presented during our 74th Annual Awards Luncheon on October 21 at the Irving Convention Center.

I cannot think of a more worthy recipient. Congresswoman Johnson has been an inspirational leader who championed improvements in healthcare, education, veteran affairs, minority rights and equality for all. As she recently noted, her first political campaign began with \$5,000, no staff, with her dining room serving as her office. She said of that first political run, “I was interested solely in the people and in reflecting the needs of the constituency.” We are thankful for her decades of interest. ■

SUMMER 2022 WWW.DFWHC.ORG

INTERLOCUTOR

EDITORIAL

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ADVERTISING

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INTERLOCUTOR

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

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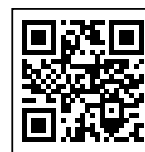


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MOSSADAMS

In Memoriam

Dr. Sherry Cusumano: 1951-2022

IT WAS WITH GREAT SADNESS the DFW Hospital Council (DFWHC) learned of the passing **Dr. Sherry Cusumano**, RN, LCDC, MS, DPN, beloved member of the North Texas community and a long-time partner of the DFWHC. Sherry served as the Administrative Director of Community Education and Clinical Development at **Medical City Green Oaks**. Since 1977, she has worked tirelessly in the mental health field providing treatment and care for people with behavioral health disorders.

Dr. Cusumano began her career at **Medical City Green Oaks** in 1993. During her time at Green Oaks she earned her Master's in Healthcare Administration. In 2022, she completed her work and acquired her Doctor of Nursing Practice degree from Nova Southeastern University with a focus on psychiatry and public policy.

Beginning in 2006, Sherry was instrumental in developing a region-wide system of Mental Health Crisis Intervention Training for law enforcement officers. This training significantly increased officer effectiveness in crisis situations and improved the outcomes for people experiencing behavioral health crisis. Sherry won many local, statewide and national awards for her efforts, including Instructor of the Year by the Dallas Police Department.

Sherry was an active member of the **National Alliance on Mental Illness (NAMI)**, beginning with NAMI Collin County. She served as a volunteer, teacher and trainer for more than 20 years. Sherry was elected to the NAMI Dallas Board of Directors in 2008, serving as Vice President. In 2010, she was elected to serve as President, a position she held for 10 years. She orchestrated growth of the organization to reach national standards and the expansion of the organization now known as NAMI North Texas, merging Collin County, Denton County and Dallas.



Dr. Sherry Cusumano

In 2014, Sherry was selected to serve on the Board of Directors of NAMI Texas in Austin. She was a dedicated advocate for people with mental illness and substance use disorders. She walked miles on the marble floors of the State Capitol in Austin and the US Capitol in Washington, D.C. providing education and information on public policy considerations.

At the NAMI Texas Conference in 2021, she was recognized as the recipient of the Jackie Shannon Enduring Service Award.

From its inception in 2011, Sherry was appointed by the Dallas County Commissioners Court to serve as a member of the Dallas County Behavioral Health Leadership Team. She was also named Vice Chair of DFWHC Foundation's Community Health Collaborative Advisory Board in 2020. She was a valued, trusted and respected member, and her contributions helped to shape improvements in the region's behavioral health system. She will be missed. ■

A LIFETIME of Service



October 21, 2022
Irving Convention Center

U.S. Rep. Eddie Bernice Johnson to receive DFWHC's Distinguished Health Service Award

THE DFW HOSPITAL COUNCIL'S (DFWHC) BOARD OF TRUSTEES has announced Congresswoman **Eddie Bernice Johnson** will be the 2022 recipient of its Distinguished Health Service Award, an annual honor dating back to 1948. The award will be presented during DFWHC's 74th Annual Awards Luncheon on **October 21** at the **Irving Convention Center**.

This year's luncheon, themed "A Lifetime of Service," will also be highlighted by keynote speaker **Jessica Long**, America's most decorated Paralympic champion.

During the Luncheon, DFWHC will also honor the Young Healthcare Executive of the Year, the Kerney Laday, Sr. Trustee of the Year and the board chairs of all member hospitals.

Congresswoman Johnson is serving her 15th term representing the 30th Congressional District of Texas. After three decades in office, she announced she would retire after her present term expires.

Johnson is the first African American and female to chair the House Committee on Science, Space and Technology and is the Dean of the Texas Congressional Delegation. She is also Dean of the Texas, New Mexico, and Arizona Democratic Congressional Delegation, and was the first Registered Nurse (RN) elected to the U.S. Congress.

She began her career as the first female African American Chief Psychiatric Nurse at the **Veterans Administration Hospital** in Dallas. In 1972, she became the first RN elected to the Texas State House and achieved the same distinction upon her election to the Texas Senate in 1986.

"I cannot think of a more worthy recipient," said **Stephen Love**, president/CEO of DFWHC. "Congresswoman Johnson has been an inspirational leader who championed improvements in healthcare, education, veteran affairs, minority rights and equality for all. She has lived a life focused on equality, advancement and a desire to promote STEM education for all. Her dedicated efforts to the social drivers of health have helped many residents across





Congresswoman **Eddie Bernice Johnson (left)** will receive DFWHC's Distinguished Health Service Award. **Jessica Long (above)**, one of America's most decorated Paralympic champions, will serve as the Keynote Speaker.

the U.S. She chaired the Coalition for Hunger Solutions and has sponsored many bills addressing food insecurity. We are looking forward to honoring her.”

While a proud Paralympic champion representing the U.S., Long was born in Siberia. Burdened by congenital defects in her legs, she was placed for adoption at 13 months old. A few months later, Jessica’s legs were amputated below the knee due to a rare bone disorder. She was able to persevere to become one of the most decorated female athletes in U.S. history.

Jessica’s story served as the inspiration of the now-famous 2021 Super Bowl commercial which highlights her life and the deep connections she has with her family. You can view the commercial at <https://www.youtube.com/watch?v=Pr3jR2keirk>.

Tickets and sponsorships are now available. You can find them at <https://dfwhc.org/>.

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

DFW HOSPITAL COUNCIL ANNUAL AWARDS LUNCHEON FACTS

WHEN: October 21, 2021

WHERE: Irving Convention Center

TIME: 11:00 a.m. Reception;
12:00 - 1:30 p.m. Luncheon/Awards

MASTER OF CEREMONIES:

Blake Kretz, Chair DFWHC,
President, Texas Health Arlington Memorial

AWARDS:

Distinguished Health Service Award
Young Healthcare Executive of the Year
Kerney Laday, Sr. Trustee of the Year



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with Stephen Love (left) and Thomas Miller.





Lizzy Brown



Dr. Glenn Hardesty



Dr. Amrita Nanda



Dr. Stevie Puckett-Perez

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 summer have included:

- **Dr. Bhagya Boggaram**, Medical City North Hills;
- **Lizzy Brown**, Cook Children’s;
- **Dr. Donna Casey**, Texas Health Presbyterian Hospital Dallas;
- **Dr. Shadi Damanpour**, North Dallas Dermatology Associates;
- **Dr. Amit Desai**, Texas Health Presbyterian Hospital Dallas;
- **Dr. Florian Dibra**, Medical City Frisco;
- **Lisa Elliott**, Cook Children;
- **Dr. Tonya Fuqua**, Cook Children’s;
- **Dr. Robert Haley**, UT Southwestern Medical Center;
- **Dr. Glenn Hardesty**, Texas Health Presbyterian Plano;
- **Dr. Imran Iqbal**, Texas Health Presbyterian Hospital Dallas;
- **Dr. Saima Naeem Kayani**, Children’s Health;
- **Dr. Diana Kerwin**, Texas Health Presbyterian Hospital Dallas;
- **Micha Koentz**, Cook Children’s;
- **Dr. Nikisha Kothari**, Texas Health Resources;
- **Dr. Otto Marquez**, Texas Health Presbyterian Hospital Dallas;
- **Dr. Amrita Nanda**, Medical City Las Colinas;
- **Chris Noah**, Parkland Health and Hospital System;
- **Dr. Theresa Patton**, Methodist Dallas Medical Center;
- **Dr. Jeffrey Phelps**, Medical City North Hills;
- **Dr. Alice Phillips**, Cook Children’s;
- **Dr. Stevie Puckett-Perez**, Children’s Health and UTSW;
- **Dr. Bibas Reddy**, Medical City Healthcare;
- **Betsy Richter-Gifford**, Texas Health Resources;
- **Dr. Brandon Roane**, Methodist Dallas and Methodist Charlton;
- **Susan Salka**, AMN Healthcare;
- **Dr. Christopher Shank**, Texas Health Harris Methodist Fort Worth;
- **David Tesmer**, Texas Health Resources;
- **Reverend Elizabeth Watson-Martin**, Texas Health Resources. ■

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

Around DFWHC

DFWHC announces support of “Safety from Violence” bill

THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) announced in June its support of the **Safety from Violence for Healthcare Employees (SAVE) Act of 2022**. The legislation, introduced by Reps. **Madeleine Dean**, D-PA, and **Larry Bucshon**, M.D., R-Ind., would extend federal protections to healthcare workers against workplace violence, similar to those afforded to aircraft and airport employees.

“Our healthcare heroes work conscientiously every day and clearly deserve a safe environment while delivering compassionate patient care,” said **Stephen Love**, president/CEO of DFWHC. “We hope everyone will urge our Congressional leaders to enact this needed bipartisan legislation, and we would like to thank



Representatives Madeleine Dean and Larry Bucshon for introducing this important bill.”

DFWHC is asking residents to enlist representatives in the House to support the legislation. ■

Texas Health Resources names new presidents



TEXAS HEALTH RESOURCES ANNOUNCED new presidents for five of its hospitals, starting July 3.

Fraser Hay will lead **Texas Health Presbyterian Plano**, where he served as vice president of professional and support services from 2015-2017 before becoming the president of Texas Health Harris Methodist Hospital Hurst-

Eules-Bedford (HEB).

Ajith Pai was named president of **Texas Health Harris Methodist Hospital Southwest Fort Worth** after serving as president of Texas Health Cleburne for four years.

Amanda Thrash will be the president of **Texas Health Presbyterian Hospital Allen**. Thrash last served as vice president of professional and support services at Texas Health Plano.

Jared Shelton becomes the new president of **Texas Health Harris Methodist Hospital HEB**. Before that, he spent six years at Texas Health Dallas in various administrative leadership roles.

Christopher Leu will move into the role of president of **Texas Health Harris Methodist Hospital Cleburne** after serving as president of Texas Health Stephenville for 15 years. He started his career there on the finance team in 1993 and moved to Texas Health Arlington Memorial Hospital in 1998.

“We are delighted to promote five seasoned and talented hospital leaders,” said **Kirk King**, Texas Health’s Hospital Channel chief operating officer. “They have made valuable contributions to Texas Health’s success.” ■

Barbarin is new CEO at Medical City Arlington

LASHARNDRA “SHARN” BARBARIN, FACHE, was named chief executive officer for **Medical City Arlington**, starting June 27.

Since 2015, Barbarin has served as CEO at **Medical City Lewisville**. Under her leadership, the hospital experienced historic growth, expanding the breadth and depth of services including emergency/trauma, robotics, orthopedics, spine, breast oncology and colorectal. Under her leadership, the hospital has achieved an “A” Leapfrog safety score for seven consecutive years, was recognized as a Joint Commission Top Performer and named “Best Hospital to Have a Baby” in Denton County by *DFWChild Magazine*.

“Sharn is an inspiring leader with a proven track record of strategic leadership and focus on growth, physician collaboration, colleague engagement and a mission-driven commitment to delivering an exceptional experience for patients and families,” says **Erol Akdamar**,



Sharn Barbarin

FACHE, president of Medical City Healthcare. “I’m confident that Sharn will help lead Medical City Arlington to the next level of excellence.”

Barbarin brings more than 25 years of experience in the Medical City Healthcare system to this new role. She began her career as an administrative fellow at Medical City Las Colinas and was quickly promoted to COO at Medical City McKinney. She advanced to COO at Medical City Arlington before being named CEO of Medical City Lewisville.

Barbarin also serves on the DFW Hospital Council Board of Trustees. ■

Summer 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.

June 2, 2022

“Nursing’s Future: Technology and Telehealth”

– DFWHC/Abilene Christian University

Panel included **Catherine Garner**, DrPH, MPA, MSN, RN and Abilene Christian University Professor; and **Rhonda Howard**, Abilene Christian University Dissertation Mentee.

<https://www.youtube.com/watch?v=0ABAO7D3OUI>

July 20, 2022

“Stark Law: Back to Basics”

– DFWHC/Hall Render

Panel discussion included Hall Render Attorneys **Keith Dugger**, **Alyssa James**, **Katherine Schwartz** and **Kerry Dutra**.

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

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

Associate Members



Emergency reproductive health care under EMTALA

Guidance released by HHS and CMS

ON JULY 11, DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) Secretary Xavier Becerra issued a letter outlining obligations and protections under the Emergency Medical Treatment and Active Labor Act (EMTALA) with regard to the clinical judgment and treatment undertaken by health care providers in their care of pregnant patients.

On the same day, the Centers for Medicare and Medicaid Services (CMS) released surveyor guidance intended to “remind hospitals of their existing obligation to comply with EMTALA.” Both the letter and the surveyor guidance (collectively, the Guidance) underscore the Biden administration’s position that EMTALA requires health care providers to provide abortion services when services are necessary to stabilize a pregnant patient with a medical emergency. The Guidance further sets forth the administration’s position that EMTALA preempts any state laws with conflicting requirements, including state laws that restrict the provision of abortion services.

OVERVIEW

The Guidance emphasizes that EMTALA’s requirements are not affected by the U.S. Supreme Court decision in *Dobbs*

v. Jackson Women’s Health, and seeks to remind providers that EMTALA protects the clinical judgment and legal duty of hospital providers in determining whether a patient has an emergency medical condition. The Guidance further states that if abortion services are required to stabilize an emergency medical condition, the hospital must either provide such services or, if the services are not within the capability of the hospital, arrange an appropriate transfer.

The Guidance clarifies that if the patient has an emergency medical condition requiring abortion services and the hospital is capable of providing such services, neither the hospital nor individual providers may cite State Law restricting abortion as the basis for transferring a patient instead of providing abortion as a stabilizing treatment. Finally, the Guidance states that when a State Law prohibits abortion and does not include an exception to protect the life and health of the pregnant patient, or draws the exception more narrowly than EMTALA’s definition of an emergency medical condition, State Law is preempted.

In the surveyor guidance, CMS provided examples of how EMTALA may be implicated in situations involving pregnant patients, including ectopic pregnancy,

complications of pregnancy loss or preeclampsia with severe features. CMS went on to say that if in the provider’s medical judgment, necessary stabilizing treatment for a given medical emergency includes abortion services, the provider must provide such stabilizing treatment regardless of State Law restricting or prohibiting the provision of abortion services. The surveyor guidance also emphasizes that EMTALA requires the provision of stabilizing treatment to “prevent material deterioration and compels hospitals and physicians to act prior to the patient’s condition declining.”

EMTALA AS A SHIELD

The Guidance states that EMTALA’s preemption of State Law can be used to protect health care providers in a number of ways, including “as a defense to a state enforcement action, in a federal suit seeking to enjoin threatened enforcement, or, when a physician has been disciplined for refusing to transfer an individual who had not received the stabilizing care the physician determined was appropriate, under [EMTALA’s] retaliation provision.”

EMTALA AS A SWORD

While simultaneously highlighting EMTALA’s potential use as a defense for actions against health care providers, the Guidance also reiterates the enforcement mechanisms available to CMS and HHS for hospitals and health care providers that fail to comply with the Guidance. Specifically, the Guidance emphasizes that a hospital violating EMTALA may be subject to civil monetary penalties or termination of its Medicare provider agreement, and individual physicians violating EMTALA may be subject to civil monetary penalties or exclusion from Medicare and state health care programs.

RISK LANDSCAPE

The Guidance immediately resulted in public challenges from states that have significantly restricted the availability of abortion services. On July 14, the State of Texas filed a complaint against HHS and CMS, alleging that the Guidance constitutes an overreach of federal authority and introduces new regulatory obligations affirmatively requiring hospitals to provide abortion services. Until litigation more definitively resolves the issues raised by the Guidance, Medicare participating hospitals and health care providers that provide emergency services to

pregnant patients in states with restrictive abortion laws will be navigating murky waters.

State laws restricting abortion may impose significant civil or criminal penalties on both hospitals and individual health care providers. At the same time, the Guidance communicates to the public that CMS views failure to provide abortion services, when those services constitute necessary stabilizing treatment for an emergency medical condition, as an EMTALA violation that may subject the provider to monetary penalties or exclusion from federal health care programs.

PRACTICAL TAKEAWAYS

Health care providers should consider undertaking the following actions in response to the Guidance:

- Closely monitoring developments;
- Reviewing standards of care;
- Reminding physicians and staff that the Dobbs decision did not change providers’ responsibilities under EMTALA;
- Reviewing current hospital EMTALA policies and procedures, and revising them as necessary, to ensure they are consistent with the Guidance, particularly with respect to conduct that may also be addressed by a state’s abortion laws; and
- Working with professional organizations, hospital associations and state legislators to clarify obligations with respect to emergency treatment of pregnant patients.

If you have questions regarding the Guidance or your responsibilities to treat pregnant patients under EMTALA, or would like assistance in reviewing and updating your EMTALA policies and procedures, please reach out to your primary Hall Render contact.

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

Associate Members



BKD completes merger to become **FORVIS**

BKD LLP AND CHARLOTTE, NORTH CAROLINA-BASED DHG on June 1 completed their merger, yielding a new company name. **FORVIS**, a combination of the words “forward” and “vision,” as well as a reference to unnamed partners, is the new name of the combined public accounting company, according to a news release. The name was unveiled in April, following the merger announcement in February.

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

FORVIS



“This firm will be truly committed to the meaningful growth of our employees’ careers and ultimate success of our clients,” said **Tom Watson**, FORVIS CEO and former BKD CEO. “Together, our combined teams will be infinitely stronger, empowered by an enhanced focus on the future.”

Former DHG CEO **Matt Snow** is serving as chair of FORVIS.

With BKD and DHG now combined, FORVIS has more than 5,400 employees spanning 68 markets in 27 states, as well as the United Kingdom and the Cayman Islands. BKD serves as a Year-Round Sponsor of the DFW Hospital Council.

“We’ve always believed there’s a real opportunity for a different kind of professional services firm on the national stage – one that is defined by a high-touch approach to the client experience but is backed by robust resources that fuel a commitment to innovation and problem-solving,” said Snow.

As FORVIS gets underway, company officials said key goals include expanding into new markets, launching new

services and creating employee value propositions.

“It was a very comprehensive process with many interviews conducted with leaders and employees of both firms throughout,” said **Danielle Cimato**, chief brand officer at FORVIS, when detailing the renaming process. “There were more than 20 leadership reviews and three focus groups conducted during the process. It was truly a team effort, and it was important to have this level of involvement and input.”

Moving forward, new signage will be installed over the summer amid an advertising campaign and communications plan.

“The excitement around the new name will help carry us forward as we look ahead to our next 100 years,” Cimato said.

You can view the new Forvis website at <https://www.forvis.com/>.

A list of upcoming webinars and events can be found at <https://www.forvis.com/events-webinars>.

For more information, contact **Chris Clark** of the Dallas-Fort Worth branch at Chris.Clark@forvis.com. ■

Associate Members



EVIDENCE-BASED SOLUTIONS

to help prevent physician burnout

By Dr. Kim Pittenger
Director, Lean Health Care
Practice, Moss Adams

PHYSICIAN BURNOUT IS A MAJOR THREAT and turnover by doctors in primary care is estimated to add \$1 billion in additional costs to a system already burdened.

Task burden—the inbound knowledge work that causes constant shifting of cognition and attention from patient to inbox task throughout a clinic day—is often the cause of burnout. The more tasks a provider takes on during the workday, the greater their risk of burnout. Fortunately, evidence-based health care tools rooted in lean methodologies can help reduce physician burnout.

A Mayo Clinic systematic review demonstrated lean-like process improvements towards team-based care can help reduce clerical tasks and documentation burden, decrease burnout, and improve job satisfaction.

RISKS OF BURNOUT

Burnout can have serious consequences. With surging

patient loads during peak hours, providers start to rush and can demonstrate poor process flow as the hours progress. They increasingly defer complex decisions, experience decision fatigue, and lurch into low-value care decisions and practice patterns.

Falling behind can lead to risks including:

- Antibiotics increasingly prescribed for viral infections, which are useless and can cause increased resistance to bacterial infections;
- Opiate prescriptions for painful conditions increase;
- Statins for vascular disease patients decrease;
- Mammograms and colon cancer screens decrease.

Research estimates 25% of health care is wasteful, costing \$1.3 trillion annually with a range approaching \$1 trillion in waste and upwards of \$300 billion in opportunity savings through waste reduction interventions.



HOW CAN PROVIDERS REDUCE BURN OUT?

Interventions to reduce task burden involve improving flow, which boosts quality and lessens burnout. Engineering care into a better flow preserves precious time for making high-value health care decisions. In 2021, the Joint Commission on Quality and Patient Safety demonstrated that for every 10% decrease in provider task load, the odds of experiencing burnout fell 33%.

Workflow process improvement projects and clinical quality improvement projects are also proven to reduce provider burnout scores. Providers naturally care more about clinical quality than clinical finances as such efforts align with their professional ethos and intrinsic motivations, improving the meaning in their work and their sense of efficacy. Loss of meaning and efficacy are core attributes of burn out.

Combined efforts that restructure care, reduce duty hours, and offer mindfulness programs can address this drop in morale. However, process improvements that restructure care and save time are more powerful than mindfulness offerings, which are helpful palliatives.

IMPROVING PROCESS FLOW AND WORK BURDENS

Lean principles can be especially effective in reducing task burden; therefore improving care quality and mitigating risk of burnout. Lean interventions often start with the principles of 5S—sort, set-in-order, shine, standardize and sustain, expanded as follows:

- **Sort.** Remove what isn't needed.
- **Set-in-order.** Organize the remaining necessary supplies, equipment and processes.
- **Shine.** Conduct cleaning of physical environment to keep work area organized and safe.
- **Standardize.** Create standardized schedule for process shining by following the sort, set-in-order and shine methods.
- **Sustain.** Make 5S a part of your organization's mission by following the first four methods.

By organizing the real and virtual—for example, the InBasket—workplace, staff can declutter materials and processes.

STRATEGY DEPLOYMENT

Everyone, from the executives to frontline teams, is clearly

organized around the must-do, can't fail initiatives, which are visible and present, and tracked in all meetings daily.

STANDARD WORK

Each team member should have standard work that sets up other team members with standard handoffs and protocols that speed the flow of information.

FLOW

Improving flow can help reduce the cognitive burden and incessant choice-making that fuels burnout. Rather than batching a cache of activities at the end of the day, everyone in the practice should take on bits of work throughout the day.

EXTERNAL SETUP

Standardize the setup process for patient visits so staff can more efficiently receive information around patient histories, documents, review of systems, care gaps, standing orders, and procedures. This effort includes teaming up on clerical processes to standardize and manage them by protocols, so providers just add a signature or bits of clinical information.

LEVELING, TEAM-BASED CARE

Promote skill-task alignment, which matches the right person to the right task. Electronic Health Record (EHR) improvements reduce burnout and can be accomplished using 5S methods and lean principles that take documentation from batch to flow.

In lean redesigns, people at the point of care decide what task burdens to reduce by elimination and spreading tasks across the team. This counters the EHR's architecture, which concentrates tasks on the provider. Lean harnesses the experience and creativity of the people who do the work to align tasks to each team member's skills and reduce time and task burdens.

WE'RE HERE TO HELP

To learn more about lean principles and how to reduce physician burnout, contact a Moss Adams. You can also visit our Health Care Practice at mossadams.com/services/consulting/specialty/health-care for additional resources. ■



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NEED A JOLT?



Sometimes your healthcare marketing needs to be recharged. At Agency Creative, we elevate brands and help create authentic connections.

Let's create something real.



PERSPECTIVES

INSIGHTS & INSPIRATION IN HEALTHCARE MARKETING

Marketing during this tough economy

In today's climate, no pun intended, consumers are getting more and more financially strapped each day. When looking at their budgets, the first thing they cut is self care. Furthermore, a recession is most likely on the way that will create even more challenges for us all.

In regards to healthcare marketing during these times, I'm sure you have been asking yourself: "What is the best approach for attracting new patients?" Before you come to that decision, it's important to understand the mindset and challenges with consumers right now. Where are they reducing their costs? How have they changed their lifestyle? Where are they spending their time? How are they absorbing information? These are all important nuggets of information before determining the best approach of getting your brand in front of them.

The most efficient form of advertising in today's world is on social media platforms.

Individuals are using social platforms to easily stay connected, entertained and informed. Adults between 45 and 54 in the US spend an average of 1 hour and 39 minutes every day on social. Close to half of these get their news on social media. Furthermore, social media users overwhelmingly trust other users and influencers to base their own decisions.

Top social platforms for advertisers

It's important to understand the social platforms that will achieve the best results for you. To understand the restrictions for healthcare advertising on social, spend some time doing research. But I'll give you a little help here.

Facebook is still the leading social media site having the largest portion of American adults. Two-thirds of US adults use the social media platform and spend an average of 42 minutes per day. With Instagram, 41% of US adults use it and almost six in ten US adults log in at least once a day.

Another interesting fact, the average American adult spends 24 minutes a day on YouTube. When it comes to TikTok, start paying close attention. It's the fastest-growing social network with an amazing 105% user growth rate in the US over the last two years. 29% of US adults regularly get their news from TikTok.

Advertisers

Many healthcare organizations drive awareness and achieve growth leveraging social media channels. A massive number of them consider social media as a critical part of their digital marketing strategy.

Marketers spent 60% more in Q1 2021 on Facebook and Instagram ads versus Q1 2020. Facebook remains the most-used platform by marketers worldwide at 93%, with Instagram sitting in second place at 78%. Social media has overtaken paid search as an advertising channel – exceeding search engine advertising by \$5 billion. Additionally, retargeting ads are the most-used among marketers to add brand frequency to their target.

In summary, social advertising is more cost-effective than traditional advertising and provides you quicker access to better results. Stay cool.



About the author

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Burnout & Moral Injury: *What Can be Done?*

By Mari Tietze, PhD, RN-BC,
FHIMSS, FAAN, UT Arlington

“**BURNOUT**” IS THE TOPIC of the newly released report from the U.S. surgeon general and a substantive plan of action is provided to address burnout in healthcare providers (Office of the Surgeon General, 2022). The report distinguishes between burnout and moral injury; it is essential to know the difference.

To most healthcare providers, burnout connotes a sense of failure on the part of the person experiencing it, thereby setting up a sense of guilt. This scenario is mentioned by the family members of **Dr. Lorna Breen**, the New York emergency department physician who took her life amid the COVID-19 pandemic. Dr. Breen was diagnosed and under treatment for burnout. It is said her realization that without her in the workforce, she created an added burden on her co-workers. The associated sense of guilt may have caused her additional anguish to the point that it was unbearable (Knoll et al., 2020).

The phenomenon of “moral injury,” on the other hand, connotes an event instead of a “diagnosis.” Moral injuries “occur in response to acting or witnessing behaviors that go against an individual’s values and moral beliefs” (Norman & Maguen, 2021). During the COVID-19 pandemic and its aftermath, moral injury is likely experienced every day during providers’ delivery of healthcare services.

It is said that the repeated exposure to moral injury takes its toll, and going unattended, can progress to more serious mental effects on the healthcare provider. **COMPASSIONomics** can help.

COMPASSIONomics, is the act of being actively compassionate. In their book by this title, Trzeciak and Mazzarelli (2019) explain that compassion is more than caring or empathy; it is action-oriented, it is the desire to take action with an emotional response that is focused on helping a person in need. Even in the midst of moral injury, when there is little that can be done medically, there are some things healthcare providers can do to deliver compassion for their patients. The patient benefits and the healthcare provider benefits, too.



Research shows that **COMPASSIONomics** for others activates the parasympathetic nervous system, resulting in a calming effect that counterbalances the stress response (Trzeciak, & Mazarelli, 2019). This **COMPASSIONomics** scenario can be transformed into interactions between healthcare administrators and the healthcare providers they lead. An example of this approach and the five “How To” steps are reflected in a collaboration between the “Coalition: First Responders First” and the “Dr. Lorna Breen Heroes Foundation.”

A website called “**All In: WellBeing First for Healthcare**” houses evidence-based research, tools and support-group options. Between this website, research on **COMPASSIONomics**, and the newly released Surgeon General’s report on healthcare industry burnout, there is help for healthcare leaders, providers and patients.

REFERENCES

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Associate Members



Dallas College lands historic grant to grow biotech workforce

ON AUGUST 3, DALLAS COLLEGE (formerly the Dallas County Community College District) was awarded a groundbreaking U.S. Economic Development Administration grant to help underserved communities access living-wage jobs in biotechnology, a sector that is poised to grow exponentially with the need for additional highly skilled employees in North Texas, according to the latest labor market intelligence.

With approximately \$8.8 million in funds allocated to growing the region's future biotech workforce, the new grant will help put North Texas in the company of other major biotech hubs such as the Raleigh-Durham-Chapel Hill "triangle," already home to a thriving life sciences industry along the nation's eastern corridor.

Under terms of the U.S. Economic Development Administration (EDA) grant, Dallas College and partner

institutions **Collin College, Tarrant County College** and **University of Texas at Arlington** will use the funding to create a regional career pathway model in three areas, biotechnology, biomanufacturing and bioinformatics, while generating new market employment and educational opportunities with the help of an employer-led biotechnology advisory council.

"Dallas College is proud to take the lead role in this new federally funded initiative to help move underemployed and unrepresented populations into living-wage jobs and grow the region's biotech workforce," said **Dallas College Chancellor Justin Lonon**. "The years of behind-the-scenes work that went into aligning the different partners and interests needed to secure this level of federal investment, from industry to our peers in higher ed, is something that deserves special recognition for the



surrounding diverse communities we serve.”

GRANT REPRESENTS CONCERTED APPROACH

With Dallas College serving as the “backbone” organization for this grant, employers already onboard include **Children’s Health, McKesson, Medical City-HCA Healthcare, Tenet Health, Texas Health Resources, Evolve Biologics** and **UT Southwestern Medical Center**. Together, these seven major health care employers have committed to hiring a combined total of 1,100 entry-level biotech workers, providing above-living wages of at least \$15 an hour as well as health care, retirement and benefits that come with positions such as clinical lab techs and pharmaceutical manufacturing operators, among others.

The initiative, dubbed “**Grow the Biotech Workforce in North Texas To Meet Emerging Skill Needs via a Collaborative Partnership**,” will also identify additional employer partners in health care and IT, with the help of the **DFW Hospital Council, Bio North Texas (BioNTX)** and the **Dallas Regional Chamber**, while networking through Dallas College’s nonprofit employer outreach programs and partnering with economic development corporations throughout North Texas.

This work helps to advance the burgeoning North Texas life science ecosystem alongside several major workforce and innovation initiatives, including the development of **Pegasus Park**, which serves as the hub for much of the life science activity occurring in the region. Pegasus Park, in partnership with Lyda Hill Philanthropies, has funded the repurposing of a 25-acre, six-building campus strategically located near Dallas Design and Southwestern Medical districts into a center for business, social impact and biomedical innovation exemplifying the spirit that has made Dallas one of the nation’s most dynamic cities. The park aims to boost local biotech, nonprofit and corporate innovation, with participation from key partners like Dallas College, thanks to the grant.

Tom Luce, CEO of Biotech Initiatives at Lyda Hill Philanthropies, emphasized that “this grant is a game changer for our region’s bio life sciences workforce and for students who will soon have stronger and more direct pathways into high-paying jobs with opportunities for career growth. Of all jobs in Dallas, only 40% are currently considered ‘good jobs.’ Thanks to this grant, that share will increase and thereby help to strengthen our health care institutions and our region’s economic vitality.”

“Over the next three years, Dallas Fort-Worth is projected to add over 200,000 jobs,” according to **Ben Magill**, associate vice chancellor of economic opportunity, workforce and advancement at Dallas College. “And this award will help us establish the critical economic and workforce development infrastructure needed to fill those jobs, increase economic mobility for underserved communities and create additional jobs. This award will be a catalyst. Health care and health care support occupations are expected to be the fastest-growing industry sector among those jobs, expanding by about 8% or more in the next few years,” said Magill, who also founded Dallas College’s Labor Market Intelligence Center and was the architect of the successful EDA application.

DALLAS COLLEGE’S EFFORTS TO UNIFY THE REGION

As part of the grant, in the first year, Dallas College will develop a regional analysis of existing education gaps and identify future opportunities for curriculum and program design. The college will also provide outreach to recruit historically underserved populations, implement training programs created by the biotechnology advisory council and provide wraparound services to training participants to ensure successful program completion.

While Dallas College serves as the program lead, Collin College, the University of Texas at Arlington and Tarrant County College will also offer an introductory “boot camp” to train 800 participants for entry-level biotechnology jobs, while building a career pathway model in biotechnology across all education levels to provide future career growth opportunities.

The following partners provided their support and backing, which were crucial to the success of the application: Workforce Solutions for Greater Dallas, Workforce Solutions for North Central Texas and Workforce Solutions for Tarrant County; the cities of Arlington, Dallas, Farmers Branch, Fort Worth and Lancaster; the Dallas Independent School District; the Dallas Regional Chamber; Garland Chamber of Commerce; North Texas Commission; United Way of Metropolitan Dallas; the Commit Partnership; Communities Foundation of Texas; Educate Texas; Last Mile Education Fund; Lyda Hill Philanthropies; Tech Titans; the National Center for Therapeutics Manufacturing; and the University of Texas at Dallas. ■

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education • networking • collaboration



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- Southwest Transplant Alliance
- Tap Report
- Tarrant County College District
- TCU and UNTHSC School of Medicine
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- 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

Honored to participate in work to improve our population’s health

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION is pleased to announce the extension of its **Pre-Diabetes Referral Program**. This will include the addition of two new clinics and a continued contract with the Texas Department of State Health Services, with funding provided by Department of State Health Service Diabetes Prevention Program.

By 2023, we will be working with a total of six clinics to establish automated referral pathways in the Electronic Medical Record (EMR) based on pre-diabetic A1C range to refer pre-diabetic patients to the Centers for Disease Control and Prevention (CDC)-approved **Lifestyle Change Programs**.

Our referral to enrollment rate is one of the highest in the state, which speaks to the importance of physician referrals for the success of these programs. Several of the program goals, which are designed to prevent the onset of diabetes, include levels of activity of at least 150 minutes per week and a 5-7 percent reduction in body weight.

Thanks to the crucial input from many of our trusted hospital leaders, we have focused in 2022 on residency clinics, where it is particularly critical to align with the needs of vulnerable populations and leverage community partnerships to improve the health of our community.

Community-based organizations running these Lifestyle Change Programs often have financial assistance or scholarships to offset costs of the curriculum. These programs can help residents build healthy new habits that can last a lifetime. When you join a Lifestyle Change Program, you’ll laugh, learn, share stories and eventually build new habits - all while lowering your risk of type 2 diabetes.

These programs run for a year, with weekly sessions the first 16 weeks followed by bi-weekly sessions for the remainder of the year.

We are so honored to be part of this important work to improve our population’s health, particularly in areas with high rates of chronic disease. We would like to thank our participants for their ongoing emphasis on prevention of chronic disease through this and other programs. Your dedication is acknowledged and appreciated. ■

How to contact us

972-717-4279

info@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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DFWHC Foundation



DFWHC Foundation sponsors tribute video honoring North Texas hospital employees

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION ANNOUNCED in June the release of its new tribute video honoring North Texas healthcare employees titled **“Together We Create a Better Community.”** The video was produced due to the postponement of the DFWHC Foundation’s annual Employee of the Year Luncheon, an event dating back 25 years that has honored more than 1,200 exceptional hospital employees. Due to safety concerns, the 2022 luncheon was pushed to next year.

“The North Texas healthcare workforce has been bravely dealing with the COVID-19 pandemic for over two years,” said **Jen Miff**, president of the DFWHC Foundation. “It has been a difficult time with our employees suffering from burnout and frustration. This video is an attempt to not only honor our workforce, but to let them know their services are appreciated and necessary.”

Created by **Agency Creative**, the video was sponsored in part by **Hall Render** and **Forvis**.

“The video is not just about the struggles of the pandemic,” said **Sally Williams**, Workforce Center Director at the DFWHC Foundation. “It’s about the crucial services our healthcare employees provide to the community.



Their work is so important to the quality of life of our patients and their families. In so many ways, our North Texas healthcare workforce has grown stronger from the difficulties over the past two years. This video is our way of honoring their persistence and dedication.”

The video can be seen at <https://www.youtube.com/watch?v=ndD8O2eqwrU>.

For questions, please contact **workforce@dfwhcfoundation.org**. ■

Around DFWHC Foundation

◆◆◆ 15th Annual ◆◆◆ Patient Safety Summit

KEYNOTE SPEAKER



Thursday, Sept 8

*"The Mental Health Benefits of
Storytelling for Healthcare Professionals."*

Laurel Braitman

LAUREL BRAITMAN

Laurel Braitman PhD is a New York Times bestselling author, historian and anthropologist of science. She is the first Writer-in-Residence and the Director of Writing and Storytelling at the Medicine & the Muse Program at the Stanford University School of Medicine where she is helping medical students and physicians communicate more meaningfully--for themselves and their patients. She holds a PhD in Science, Technology and Society from MIT, is a Senior TED Fellow and a 2019 National Geographic Explorer. Her last book, *Animal Madness*, was a NYT bestseller and has been translated into eight languages.

4 Thursdays in September

10am - 12pm CT

9/8 ◆ 9/15 ◆ 9/22 ◆ 9/29

Workplace Violence,
Technology for Safety,
Behavioral Health,
Safety Stories & more!

15th Anniversary
**Celebrate Healthcare Workers'
Strength & Courage in the Year of the Tiger**



Registration closes 9/6/22

www.eventbrite.com/e/2022-patient-safety-summit-virtual-series-tickets-384862673617

Agenda, Speakers, Story Submission:

www.dfwhcfoundation.org/patient-safety-summit
ptaylor@dfwhcfoundation.org



Dallas-Fort Worth Hospital Council Research and Education Foundation is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. CPHQ & ASHRM CE's have also been requested; you may also self report ACHE qualified credits.

Foundation's 15th Annual Patient Safety Summit begins September 8



HAPPY ANNIVERSARY TO 15 YEARS! The DFW Hospital Council (DFWHC) Foundation's **15th Annual Patient Safety Summit** is set to kick off on **September 8** and continue **September 15, 22** and **29**. The virtual event will take place each day from 10:00 a.m. to 12:00 noon, CDT.

This year's Summit is themed "Strength and Courage in the Year of the Tiger," and will be highlighted by Keynote Speaker **Laurel Braitman, PhD**, discussing "The Mental Health Benefits of Storytelling for Healthcare Professionals." Braitman is a *New York Times* bestselling author, historian and anthropologist of science.

The Summit will also feature sessions on "How to De-escalate a Situation and Protect Yourself," "What Does the Vanderbilt Nurse Case Really Mean?" and "Layers of Protection for Patient Safety." Continuing Education Credits will be provided. There is a 10 percent discount on ticket prices for groups of 10 or more.

Submissions for the "**Near Miss/Good Save**" stories are now being accepted and are due **August 26**. Authors of the top-20 stories judged by the planning committee will be provided free admission to the full event. Authors of the top-three stories will present their findings during

final session on September 29.

Sponsorships are now available, to include event registrations and company videos.

For tickets, go to: <https://www.eventbrite.com/e/2022-patient-safety-summit-virtual-series-tickets-384862673617>.

Sponsorships are available at: <https://dfwhcfoundation.org/wp-content/uploads/2022/07/2022-PSS-Sponsorships.pdf>.

Stories can be submitted at: <https://www.surveymonkey.com/r/PW3DXSP>.

For a full list of speakers and agenda, please go to: <https://dfwhcfoundation.org/about/events/patient-safety-summit/>.

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

Dallas- Fort Worth Hospital Council Research and Education Foundation is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. CPHQ & ASHRM CE's have also been requested; you may self-report ACHE credits. ■

Around DFWHC Foundation

DFWHC and THA release updated statement on workplace violence

THE TEXAS HOSPITAL ASSOCIATION AND THE DFW HOSPITAL COUNCIL have issued a revised position statement on health care workplace violence to inform communities across the state on this critical issue.

Workplace violence is defined as an act or threat occurring in the workplace that can include any of the following: verbal, nonverbal, written or physical aggression; threatening, intimidating, harassing or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other threatening disruptive behaviors of concern involving staff/employees, licensed practitioners, patients, customers or visitors.

- We support the belief that health care personnel should be able to work in healthy environments free of abusive behavior, threat of injury and assault.
- We recognize that health care personnel have a personal responsibility to themselves and their profession to have a culture where violence is not tolerated. They should take the lead in creating safer work environments.
- We are against violence in the health care setting, as it threatens the delivery of effective patient services and, therefore, patient safety. If quality care is to be provided, health care personnel must have a safe work environment and respectful treatment.
- We support health care personnel as advocates for policies and programs that prevent abuse, harassment and violence through a comprehensive workplace security and violence prevention program.
- We support the identification of patients upon admission to health care services who have a history of violence, without violating their privacy.
- We support initiatives and legislation at the local, state and national levels that promote comprehensive



and collaborative approaches to address violence in health care settings that are consistent with our health and safety positions.

- We foster research and education that improves practice with regard to workplace violence, creating an awareness of safety issues and best evidence-based practices.
- We endorse collaborative efforts by health care organizations to develop systems for reporting and analyzing workplace violence to promote an organization reflective of a culture of safety.
- We ask the community to support and share this position to minimize violence against health care workers in all Texas hospitals.

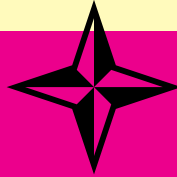
You can download the statement at <https://dfwhcfoundation.org/wp-content/uploads/2022/07/DFWHC-and-THA-Workplace-Violence-Statement-July-2022.pdf>.

For information, please contact **Patti Taylor** at ptaylor@dfwhcfoundation.org or **Sally Williams** at workforce@dfwhcfoundation.org. ■

Addressing Sepsis

Mapping out Best Practices in DFW

August 31



8:30 - 12 pm

Limited Seating at Hitt Auditorium Methodist Dallas

FREE

Plugging in Coordinates Across County Lines

Sepsis & Geography

Madi Crawford, UNT Alum Researcher
Social Vulnerability and Septicemia in Texas Counties 1980-2019

Dallas and Tarrant County Data VS State & National Data

Ryan Reid, BSN, RN, Parkland and Kathy Watts, JPS Sepsis Coordinator

Avoiding Roadblocks

CMS Maternal Sepsis Standards & Case Studies

Meagan Peters, Senior Clinical Quality Program Manager, Parkland
& Carrie Hood, BSN, RN, CNML, Sepsis Coordinator for Baylor Scott & White – Lake Pointe

Navigating the Way Home

Post Sepsis Syndrome

Jessica Aguilar, Clinical Sepsis RN, JPS

The Final Destination

Dr. Cler, MD, FACP, CPE Chief Medical Officer, Methodist Dallas Medical Center



JPS Health Network
Fort Worth, Texas



Registration

www.eventbrite.com/e/addressing-sepsis-mapping-out-best-practice-in-dfw-tickets-368448177417

Registration closes 8/24/22. APPROVED for 2.5 hours of CNE.

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.



Danny Davila

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

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Once Checked Always Checked?

THE DATA THAT FLOWS from government entities through such sources as federal and state courts is ever-changing. It's a fluid process. Yes, conducting a pre-employment background screen continues to be the recommended step. However, the landscape of our judiciary reporting systems has evolved to the point we must consider post-employment options.

The content of your pre-employment background report includes criminal and sanction dispositions issued to the date of completion. Once the report is in your possession, as a human resource leader, what obligation do you have to update the information? The organization must protect its patients and employees by continuing to obtain criminal convictions and sanctions of employees after they've been hired.

The ever-changing status of our employees' criminal and sanction standing requires new reports to be run after initial background reports. The standard is to run a criminal background check and an annual sanction report at least once a year. Other checks following employment include driver's license updates for employees operating company vehicles, and professional licensure, certification or accreditation to ensure compliance with expiration dates.

Just as critical is the steps taken once the content is received. Your organization must have a process in place to take action once the report's content is scrutinized. Such actions should be outlined in specific procedures that coordinate content review followed by communication and action steps.

Options are also available to monitor the potential arrests of employees through the search of penal and arrest reports. Before engaging in "continuous monitoring," it's essential your legal counsel reviews these reports since the content will be open to litigation and appeals.

The role of any organization is to ensure quality service to clients, patients and the community. Your most important asset is the employee who delivers this service. Reducing risks through continuous monitoring will ensure a productive workforce.

GroupOne manages this type of post-employment reporting for many clients across the country. The use of our advanced technology and reliable reporting sources makes it possible for our clients to have continuously updated information on their employees to inspire a safe workplace. ■



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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www.gp1.com

GP1's webinar "HR Challenges During a WEIRD 2022" has been posted online!



JUST HOW STRANGE HAS THE PAST YEAR BEEN?

Well, you can find out during GroupOne Background Screening's webinar "HR Challenges During A WEIRD 2022." Originally broadcast on June 9, the webinar has now been posted online.

This complimentary event was an interactive panel discussion with four GroupOne HR executives with a combined 100 years of experience! A rare gathering of great minds, speakers included **Danny Davila**, Director of Regulatory and Compliance; **David Graves**, HR Guru and Sales Representative; **Stephen Dorso**, Director of Compensation and Benefits; and **Jan Cavender**, Director of Human Resources.

This expert team covered such topics as "Back to the Office after COVID-19," "The Great Resignation," "Labor

Complimentary event was an interactive panel discussion with four GroupOne HR executives with a combined 100 years of experience!

and Workforce Forecast," "Politics in the Office," "Wage Compression" and "New HR Technology."

You can view the webinar at <https://www.youtube.com/watch?v=b4glxLa2Cfs>.

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

SOCIAL MEDIA MISTAKES

that can disqualify candidates from a job

JOB SEARCHING AS A TWO-WAY MIRROR. On one side, there's you're a hopeful job seeker Googling everything you can find out about your dream employer. On the other side is your potential employer who can look in every nook and cranny online to learn all about you—including your social media.

You may be thinking, "Do employers check social media?" Absolutely. A study found 67% of employers screen job candidates through social networks. And what they find could give you a leg up, but it could also disqualify you from your dream job. The same study found 54% of companies have disqualified candidates after their social media. Ouch!

Basically, if you're willing to publicly post something, a potential employer has every right to use it when considering you for a job. What changes on your social media would make you a more attractive hire? We took a look at social media mistakes and ways you can clean up your online reputation.

TURNOFF: YOU'RE PRIVATE

If hiring managers can't find you online, it's not a good sign. In fact, 21% of employers polled said they wouldn't consider someone who doesn't have a social presence. It looks like you either have something to hide or nothing to show, both of which is a turnoff.

For example, if you're a tech professional with no presence on social media, that's sketchy. If you have good LinkedIn and Twitter profiles, it's probably OK if your Facebook and Instagram remain private.

The key is drawing a line between professional and personal personas. While it's fine to keep your personal Twitter private, it may be worth having a searchable Twitter name that depicts professional you. This way you choose what employers see. Make it look good.



TURNOFF: YOU'VE BOUGHT FAKE FOLLOWERS

The number of followers a candidate has is a vanity metric with no meaning. If you're followed by influencers or other leaders in your industry, that could be more beneficial than the actual number of followers.

There's an assortment of tools that allow employers to weed out fake followers. It's all too easy to get caught cheating, and that could cost you the job. Employers are interested in how you use social media to interact, build relationships and express your creativity—you don't need thousands of Twitter followers to get this done.

Employers also want to see you participating in relevant online groups, and they care about the type of content you share and comment on.

TURNOFF: YOU'RE INACTIVE

One of the more glaring social media mistakes is creating a profile and leaving it to rot. You need to be active in order to show employers you know how to engage with an audience. Social media is your chance to showcase your ability to network, engage and curate content.

You have to commit to your online brand, even if it's sharing or reposting on social media a few times a week. When researching candidates, employers review social media channels to determine if the candidate posts smart, funny, insightful, interesting or creative content. This is your chance to show companies you're the full package and that you're more than your resume. ■

EEOC guidance on AI in hiring

THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) recently issued an assistance document regarding the use of artificial intelligence (AI) tools in employment decisions with a focus on disability discrimination claims that may arise as a result.

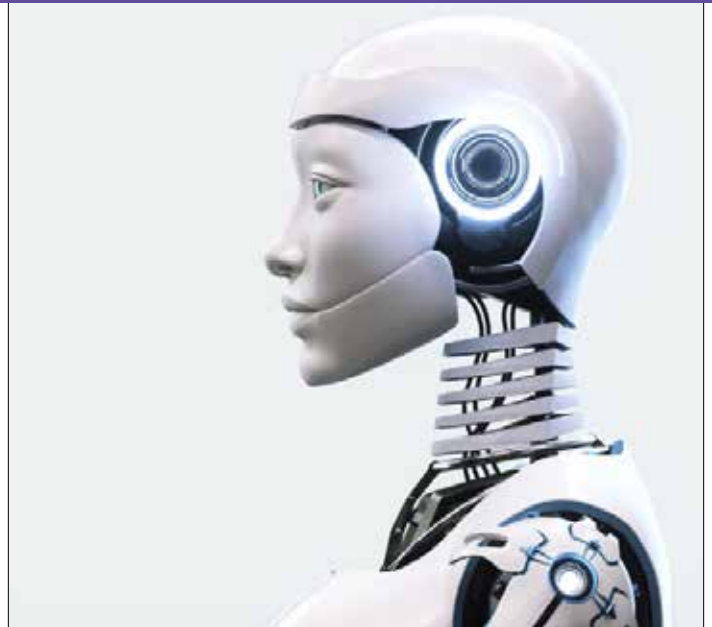
AI in the employment context means the employer relies partly on the computer's own analysis of data to determine which criteria to use when making employment decisions. The new technical assistance document provides examples of AI tools, including "resume scanners that prioritize applications using keywords; employee monitoring software that rates employees on the basis of keystrokes; 'virtual assistants' or 'chatbots' that ask job candidates about qualifications and reject those who do not meet pre-defined requirements; video interviewing software that evaluates candidates based on facial expressions and speech patterns; and software that provides scores for applicants."

The EEOC identified three common ways an employer's use of AI could violate the Americans with Disabilities Act (ADA):

1. By not providing reasonable accommodations;
2. Relying on AI tools that improperly "screen out" individuals with disabilities;
3. Adopting AI tools that pose disability-related inquiries that qualify as a medical exam.

The EEOC noted that an employer is responsible for its use of AI tools, including tools designed and administered by another entity such as a software vendor.

If an applicant communicates that a medical condition may make it difficult for them to take a test or cause an assessment result less acceptable, the employer must respond and provide an alternative testing format unless doing so would create an undue hardship for the employer. Employers must keep medical information obtained in connection with a reasonable accommodation



request confidential and separate from personnel files.

An AI tool may unlawfully screen out applicants with disabilities if the disability causes a lower score or an assessment result that is less acceptable to the employer, and the applicant loses a job opportunity despite being able to perform the job with reasonable accommodations.

For example, an AI tool that analyzes an applicant's speech patterns may improperly screen out applicants with speech impediments.

The EEOC cautioned that employers should not rely on claims that AI tools are "bias-free." Employers can reduce the chances of improper "screen outs" by:

1. Inquiring how a tool was developed with applicants with disabilities in mind;
2. Clearly indicating to applicants that alternative test formats are available, and provide clear instructions on requesting reasonable accommodations.

An employer may violate the ADA if it uses an AI tool that poses disability-related inquiries or seeks information that qualifies as a medical exam before giving an applicant an offer of employment. An assessment qualifies as a medical exam if it seeks information about the individual's physical or mental impairments or health.

New York City employers should also be aware of a new law going into effect Jan. 1, 2023, that prohibits employers from using automated employment decision tools to promote or screen job candidates, unless certain criteria have been met. ■

HYBRID WORKING Full steam ahead?

AS VARIOUS RESTRICTIONS PUT IN PLACE DURING THE COVID-19 pandemic have lifted across the world, many businesses have embraced hybrid working. As we look to the future, are these arrangements here to stay?

Did businesses really embrace hybrid working?

When we talk to clients, it's clear there's a split in opinions. This is reflected in the increasingly common practice of implementing a hybrid policy while also incentivizing office attendance by enticing employees with free lunches or pets in the workplace.

Is hybrid working undermining team cohesion?

Many colleagues started working remotely in the pandemic with pre-existing work relationships, which eased the transition towards webinars and video calls. The recent trend of mass resignations means many joined new workplaces on a remote basis. Arguably, this makes it harder to integrate and build personal connections.

Teams risk suffering due to a drop in "water cooler" interactions, which can be seen as key in building relationships and sharing ideas. Granted, one person's water cooler moment is another's distraction.

Would an economic downturn stop hybrid working?

It's clear many economies are facing uncertain conditions. This could motivate employers to double down on hybrid working to reduce costs through downsizing of expensive office space. Conversely, other employers skeptical of hybrid working may see this as an opportunity to push for increased attendance.

Hybrid working has become a key factor in job searches. With the current global war for talent, employers are keenly aware of this. However, economic downturns can shift the balance of power, particularly if recruitment becomes less of an issue. In a market with employers in a stronger position, could the idea



of reduced pay for hybrid working become popular? Employers should be aware this can pose legal challenges.

Have conditions for remote working changed?

Stringent restrictions on social activities during lockdowns meant that, for many, the focus on work increased. With restrictions lifted, distractions have re-emerged that could impact productivity, potentially bringing the question of employer monitoring to the fore.

What is government's stance on hybrid working?

The success of retail and hospitality is intrinsically linked to footfall from city workers. In an effort to mitigate the effects of an economic downturn, governments could start incentivizing workplace attendance. If businesses find themselves wanting to decrease hybrid practices, they will need to look at the legal structure behind them. Employers who implemented contractual hybrid structures may have far less ability to revoke their policies. This means a formal process may need to be followed, possibly involving representatives.

Such challenges may prompt employers to shy away from the complete elimination of hybrid working and, instead, look to reduce flexibility. Examples could include mandating specific days that must be spent in the office or temporarily restricting homeworking during busy periods. Again, there may be legal hurdles. ■

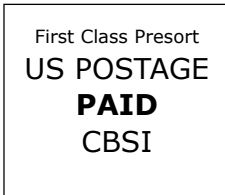
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