

INTERLOCUTOR STALL COUNCIL DE LA COUNCIL DE

SUMMER 2023

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NEWS FROM THE DFW HOSPITAL COUNCIL

RESET & RECHARGE!

Foundation's 16th Annual **Patient Safety Summit** set for September

PAGE 28



PLUS

Young Healthcare Executive and Kerney Laday, Sr. Trustee recipients announced for **DFWHC's 75th Annual Awards Luncheon**

PAGE 8



Hall Render is dedicated to advancing the vision of our clients across the country, providing trusted legal counsel for over 50 years. Our team of national health care attorneys knows the industry and how to decipher its many complexities. It's all we do.





Christie B. Davis



Brandon S. Kulwicki

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James M. (Mac) Stewart



Steve Love President/CEO Dallas-Fort Worth Hospital Council

Falls impact people of all ages

AS THE ADAGE GOES, "Danger is around every corner." The Centers for Disease Control and Prevention (CDC) states that one out of four people 65 years of age or older fall each year. This startling statistic is compounded because less than half bother to inform their doctor. The CDC also indicates people that fall once will double their chances of falling again.

Three million older adults are treated annually in emergency departments for fall injuries, with more than 300,000 hospitalized for hip fractures. Another disturbing statistic is falls are the most common cause of traumatic brain injury in older adults. Medical costs for these falls will exceed \$50 billion annually, with Medicare and Medicaid paying approximately 75 percent of those fees.

We can improve these numbers. Some suggestions for older adults include having an adequate supply of Vitamin D in their bodies through supplements and a regular diet of fish. Routine vision examinations decrease the odds of falls. Comfortable footwear is ideal. Repair broken steps and be careful with throw rugs or clutter in walkways. Equally important, install railings on both sides of the stairs and in showers or tubs. Talk with physicians and ask them to review medications that might cause dizziness or drowsiness, to include prescription medicines and over-thecounter products.

Surprisingly, this is also a serious problem for children in the U.S. The CDC indicates falls are the most common cause of non-fatal injury for kids, with roughly 8,000 children treated daily. As we know, children love playground areas, especially the slides and monkey bars. But such locales are where the most frequent number of injuries occur. Stairs and bunk beds are also common hazards. In fact, a horrible accident at the 2022 Little League World Series occurred when 12-year-old Easton Oliverson rolled out of a bunk bed and was hospitalized with serious head injuries.

While we try to watch our children 24/7, it's ultimately impossible. Strategies to protect children include installing rails on beds and stairs. Put guards on windows. Create a soft-landing surface beneath playground equipment. Insist children wear protective equipment such as knee pads, helmets, wrist guards and other safety equipment when engaging in sports. Invest in helmets for bike rides and skateboarding.

As you see, falls impact the lives of children and adults every day in the U.S., costing billions of dollars annually. Take some extra time to examine your surroundings at home and work. Conduct a safety inspection of your children's areas. Together, we can make a positive difference because, as another adage goes, "Better safe than sorry."

Thank you for your support of DFWHC! ■

SUMMER 2023

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EDITORIAL

Executive Editor Stephen Love Managing Editor Chris Wilson

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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

Moving FORward requires VISion

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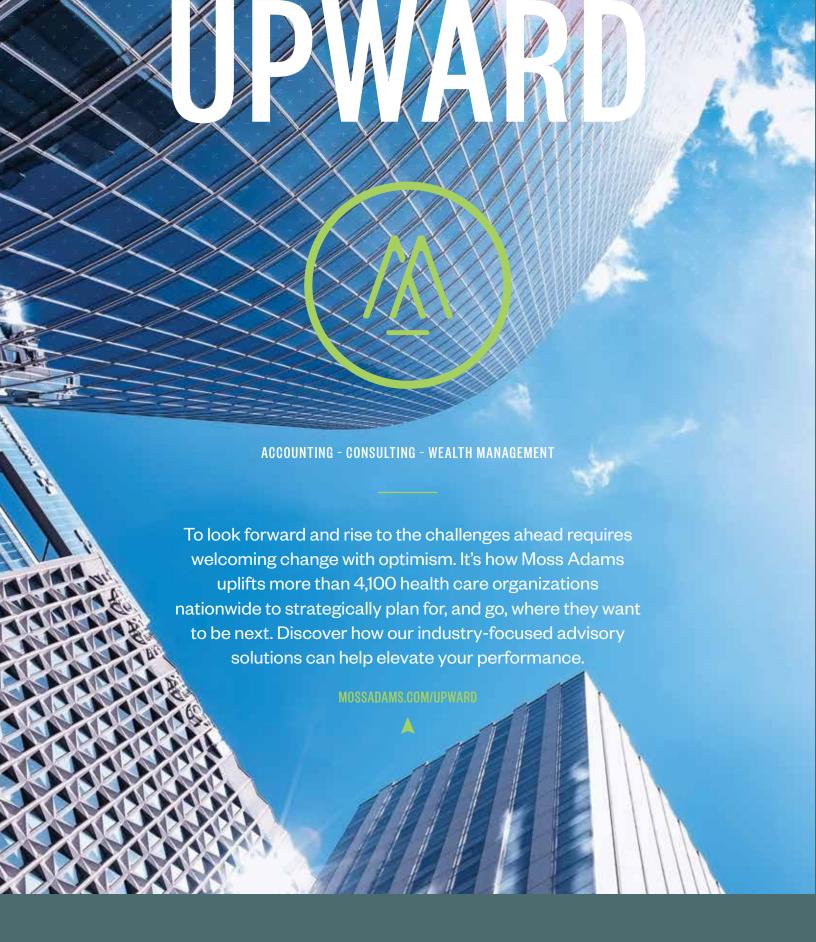
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- Temperature Screening/Mask Detection

Konica Minolta congratulates this year's Dallas-Fort Worth Hospital Council's awards honorees.

To learn more about how Konica Minolta supports healthcare's digital transformation contact Tylenthia Porter (Ty), Senior Sales Manager. Konica Minolta, 972-656-5622, tporter@kmbs.konicaminolta.us

75th ANNIVERSARY

75th ANNUAL
AWARDS LUNCHEON
October 27, 2023
Irving Convention Center

DFWHC announces
Young Healthcare
and Kerney Laday, Sr.
Trustee recipients









Michael Guyton

THE DFW HOSPITAL COUNCIL'S (DFWHC) announced in August the 2023 recipients of its Young Healthcare Executive of the Year and Kerney Laday, Sr. Trustee of the Year awards. Amanda Thrash, president of Texas Health Presbyterian Hospital Allen has been named this year's Young Healthcare honoree while Michael Guyton of the Texas Health Board of Trustees will be the Kerney Laday, Sr. awardee.

The awards will be presented during DFWHC's **75th Annual Awards Luncheon** on **October 27** at the Irving Convention Center. The reception begins at 11:00 a.m., followed by the luncheon and awards from 12 noon to 1:30 p.m.

The Young Healthcare Executive of the Year Award honors youthful professionals who display the impressive abilities of future North Texas leaders. Nominees must

be 40 years of age or younger and employed by a DFWHCmember hospital. This year's recipient Thrash has worked with Texas Health for more than 14 years. Since becoming president at Texas Health Allen in 2022, she has overseen all hospital operations and community relationships. Under her leadership, the hospital achieved maximum quality index and patient satisfaction scores. Following the mass-shooting at Allen Premium Outlets Mall on May 6, Thrash quickly responded on-site at her hospital and served as a calming presence to her busy staff. She also maintained an open line of communication throughout the difficult week with local EMS crews.

The Trustee of the Year honor was named in memory of Kerney Laday, Sr., who served on the Texas Health Resources Board for a decade. The award was created in 2013 to honor trustees who have displayed excellence throughout their careers. A retired senior vice president and chief customer officer at Oncor Electric Delivery, Guyton has been a member of the Texas Health Board of Trustees since 2020, serving as chair since 2021. His tireless service also consisted of serving as chair of the Texas Health Harris Methodist Hospital Fort Worth Board of Trustees from 2009-2017 and as a member of the People and Culture Committee from 2013-2017. Guyton was involved in the planning of Texas Health Fort Worth's Jane and John Justin Surgical Tower which opened in 2022, overseeing the approval and progress of the largest expansion project in Texas Health's history.

"With these awards, we are proud to acknowledge the extraordinary community leadership of Amanda Thrash and Michael Guyton who have dedicated their careers to our community's health and well-being," said Stephen Love, president/CEO of DFWHC. "We are looking forward to recognizing their significant contributions."

During the Annual Awards Luncheon, DFWHC will also present its Distinguished Health Service Award to former Arlington Mayor Jeff Williams. Serving as mayor from 2015-2021, Williams was instrumental in creating awareness about COVID-19 as a delegate on the United States Conference of Mayors during an April 29, 2020, meeting in Washington, D.C.

An additional highlight will be the appearance of Jane Pauley as keynote speaker. Pauley is anchor of the awardwinning CBS Sunday Morning. Her presentation will be a unique Q&A session moderated by Cynthia Izaguirre, news anchor at WFAA Ch. 8 TV. Celena Rae, the in-arena host and singer for the Dallas Stars of the National Hockey League, will perform the National Anthem to open the program.

The awards luncheon will be sponsored in part by Hall Render and FORVIS.

Sponsorships, tables and tickets are now available. For information, please contact Chris Wilson at chrisw@ dfwhc.org.





Jeff Williams Distinguished Health Service Award



Jane Pauley **Keynote Speaker**



Cynthia Izaguirre Speaker Moderator



Celena Rae **National Anthem Singer**

Around DFWHC

DFWHC to participate in diversity program

THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) announced in August it was participating in The Center for Health Affairs and Metropolitan Association Purchasing Services (CHAMPS), a national group purchasing organization (GPO) emphasizing minority-owned, veteran-owned and women-owned businesses. A file was distributed to hospital members.

"For decades, DFWHC has worked with national hospital associations on initiatives we believe would benefit our members," said **Stephen Love**, president/CEO of DFWHC. "We are pleased to announce we have entered into an agreement with The Center for Health Affairs, the hospital council of Cleveland, Ohio, regarding a diversity contract portfolio."

The Center for Health Affairs established CHAMPS in 1980 to promote diversity in the Great Lakes region.

You can view the document at https://dfwhc.org/wp-content/uploads/2023/08/CHAMPS-Diversity-Contract-Portfolio.pdf.

For information, contact **Dawn Motiejunas** at **dmotiejunas@champsgpo.com**. ■



HFMA State Conference

DFWHC HOSPITAL COUNCIL President/CEO **Stephen Love** participated in the **Healthcare Financial Management Association (HFMA) State Conference** on May 22 in Austin at the Hyatt Regency Hotel.

Love was a part of the "Payor Panel" with **Scott Flannery**, chief executive officer of UnitedHealthcare's

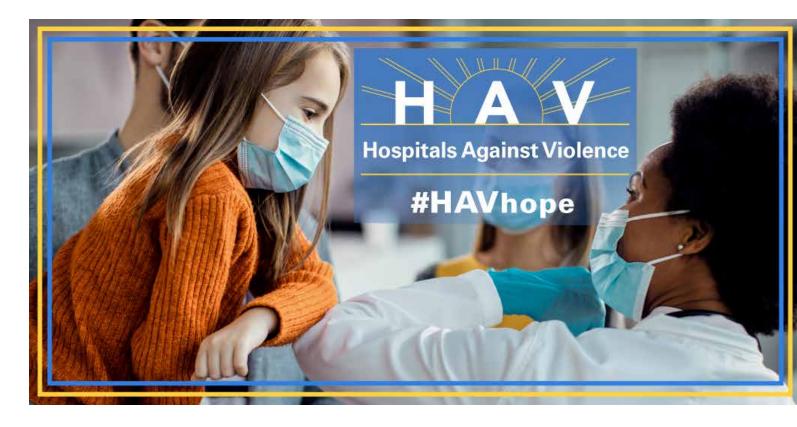
(UHC) Employer & Individual operations in Texas and

Oklahoma; and **Shara McClure**, Independent Consultant at

McClure Consulting, Inc.

The panel provided examples of payors driving the future of health equity through new legislation. ■





#HAVhope

National Day of Awareness highlights how hospitals in America can combat violence in the workplace and society

ON JUNE 2, the DFW Hospital Council (DFWHC) joined the hospitals of America for #HAVhope, a national day of awareness to highlight how violence can be decreased within our society. The day marked the seventh annual Hospitals Against Violence recognition as hospitals continue to work towards partnerships to build safer workplaces and communities.

"After the shootings on May 6 in Allen, Texas, one realizes the achievement of public health is never easy," said Stephen Love, president/CEO of DFWHC. "It's time for a call to action. Decreasing violence in our society and in the workplace should be a top priority for everyone. We cannot afford to wait any longer. This is a public health crisis that claims American lives every day."

DFWHC Board of Trustees also stated its support of the Safety from Violence for Healthcare Employees (SAVE) Act, proposed federal legislation to give health care workers the same legal protections against assault that flight crews and airport workers have under federal law. The DFWHC Board officially urged members of Congress to support the crucial legislation.

For more information, please go to https://www.aha.org/hospitals-against-violence/ human-trafficking/workplace-violence. ■



The DFWHC Board of Trustees honors the victims of the Allen Premium Outlets Mall shooting prior to a meeting on May 12.

Around DFWHC

Williams named president of Baylor Scott & White Dallas-Fort Worth – West Region and Baylor Scott & White – Fort Worth

BAYLOR SCOTT & WHITE HEALTH ANNOUNCED in June that Charles Williams, FACHE, will serve as president of the Baylor Scott & White DFW – West Region, which includes hospitals in Irving and Grapevine, and Baylor Scott & White All Saints Medical Center – Fort Worth, the health system's academic medical center in Tarrant County.

"Those who know Charles well attest that he has a reputation for excellence, a passion for service and a drive to never settle," said **Michael Sanborn**, chief growth officer and former president of Baylor Scott & White DFW – West Region and Baylor Scott & White All Saints Medical Center – Fort Worth.

Williams moves to DFW from the Waco region, where he served as president of Baylor Scott & White Medical Center – Hillcrest.

"I am thankful for the opportunity to have worked with the great team at Hillcrest and the Waco market to accomplish so much for our Central Texas community," said Williams. "Now, I am looking forward to returning home — to the place where I grew up and where I started



my career to serve this community that is dear to my heart."

A Fort
Worth native,
Williams has
held executive
positions at
several DFWarea hospitals,
including LifeCare
Hospitals of

Fort Worth, Methodist Mansfield Medical Center, JPS Health Network and Doctors Hospital at White Rock Lake. He previously served as vice president of performance standards and clinical operations at Tenet Healthcare. He also spent time in South Carolina, where he served as president and chief executive officer of Regional Medical Center of Orangeburg and Calhoun Counties.

Williams' new role was effective July 17. ■

Coogan named new chief executive officer of Medical City Plano

BEN COOGAN WAS NAMED chief executive officer for **Medical City Plano**, starting June 26. The hospital comprises over 600 acute care beds and 2,200 employees.

Coogan, who currently serves as CEO of Medical City Fort Worth, will succeed **Jyric Sims**, Ph.D., FACHE, who was recently promoted to president of HCA Healthcare's West Florida Division.

"Ben is a collaborative leader dedicated to providing outstanding and compassionate patient-centered care for our community," says **Allen Harrison**, president of Medical City Healthcare. "Building on the hospitals' strong legacies of leadership and world-class care, I am confident he will lead Medical City Plano to the next level of excellence."

With nearly two decades of healthcare and hospital operations experience, Coogan returns to Medical City Plano where he first began his career with HCA Healthcare in 2006. As CEO at Medical City Fort Worth since 2021, his leadership contributed to the successful launch of



new services, including thoracic surgery and lung nodule programs, venoarterial extracorporeal membrane oxygenation (VA-ECMO) and orthopedic spine care, in addition to the expansion of solid organ

transplant services. He also led more than \$30 million in facility expansion and capital project proposals.

Prior to Medical City Fort Worth, Coogan served as chief operating officer at Medical City Dallas, Medical City Children's Hospital and Medical City Arlington. ■



educational webinars

AS AN EDUCATIONAL SERVICE to our hospital members, the DFW Hospital Council co-hosts monthly webinars with Associate Members serving as content experts.

May 18, 2023

"The Future of Heart Health Education"

- DFWHC/Heart Health Community

Speaker was Stephen Page, Chairman/CEO of Heart Health Community, LLC.

https://www.youtube.com/watch?v=GG3sKjn7FKU

May 25, 2023

"Defensible Pricing in the Age of **Transparency: The Importance of Strategic Pricing Development and Rate** Benchmarking"

- DFWHC/FORVIS

Speakers included Beth Mullins, Principal in the FORVIS Healthcare Finance Practice and Alicia Faust, Director, Healthcare Performance Improvement at

https://www.youtube.com/watch?v=Kp-MyJm9enk

June 15, 2023

"Healthcare Workforce Shortage"

- DFWHC/University of St. Augustine for Health

Panel discussion included **Dr. Ashley Meaux**, Assistant Program Director and Associate Professor of MS-SLP Program at University of St. Augustine for Health Sciences, Dr. Keith McWilliams, Program Director,





OTD Program-Dallas, Assistant Professor, OT Programs at the University of St. Augustine and Dr. Thomas Werner, Program Director, PT Programs-Dallas at the University of St. Augustine.

https://www.youtube.com/watch?v=pMbMf5RypT8

July 19, 2023

"Improve Employee Satisfaction and Retention"

- DFWHC/AlphaGraphics Arlington Speakers included AJ T. Cole, CAS, a national marketing strategist with PPAI Promotional Products and Mark Lee, president and owner of AlphaGraphics Arlington.

https://www.youtube.com/watch?v=cXR5DGn6mec

August 17, 2023

"REBUILDING STRONGER: Cost Reduction Strategies Post-Pandemic"

- DFWHC/FORVIS

Speakers included Peter Stille, Managing Director, Health Care Performance Improvement at FORVIS and Kevin Rash, Managing Director, Health Care Performance Improvement at FORVIS.

https://youtu.be/w rVIKrRnWY

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

Associate Members

Additional

Public Service

Loan Forgiveness

may soon be available in Texas

By **Keith Dugger**, **Robin Sheridan**

and Claire Bailey, Hall Render Attorneys



ON NOVEMBER 1, 2022, the U.S. Department of Education ("DOE") published a Final Rule that would update a number of processes involving student loans. One notable part of the Final Rule involves revisions to the Public Service Loan Forgiveness ("PSLF") program, including an expansion of who qualifies as a recipient.

This Final Rule could have a significant impact on health care organizations in Texas and other states with a corporate practice of medicine doctrine.

PSLF is currently offered only to employees of nonprofit entities and the government. Under the corporate practice of medicine doctrine ("CPM"), Texas generally prohibits persons without a medical license from employing physicians or owning a medical practice with a physician to provide medical services. This prohibition prohibits employment by most nonprofit hospitals and facilities. Accordingly, many Texas physicians have been ineligible to participate in the PSLF program because they are not directly employed by a non-profit entity.

Please note that the CPM prohibition may be overcome in Texas (particularly by nonprofit health systems) through the formation of a nonprofit health corporation¹ that is affiliated with the system. Because these corporations are nonprofit and provide a qualifying service², their employees are arguably already eligible for PSLF forgiveness. However, for those nonprofit hospitals and systems that have not formed their own nonprofit health corporation and/or which must look outside of the organization to obtain hospital-based physician services, they generally must contract with for-profit medical groups for the services of their physicians.

Among other things, opponents to the current

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

PSLF program eligibility requirements have noted the unfairness for physicians and health care organizations in CPM states. Not only does it impact the physician financially, but it also makes recruiting in these states more difficult and, accordingly, impacts the availability of caregivers and the level of care within the state.

The Final Rule would amend the definition of the terms "employee" and "employed" "to include an individual who works as a contractor for a qualifying employer in a position or providing services that, under applicable state law, cannot be filled or provided by a direct employee of the qualifying employer."³ For example, under the Final Rule, physicians who provide services on a full-time basis in an office, clinic, facility or hospital owned by a non-profit organization are likely eligible, even if they are employed or otherwise affiliated with a forprofit medical group. Conversely, physicians who provide services in a for-profit hospital or office owned by a forprofit entity would remain ineligible under the Final Rule.

Another notable addition specific to the PSLF section of the Final Rule, involves unifying the definition of "fulltime" to mean "[w]orking in qualifying employment in one or more jobs" for a minimum average "of 30 hours per week during the period being certified...."4 The current regulations allow the employer to determine what fulltime means. The DOE also mentioned that this simplified definition of full-time is a provision that "an entity subject to the provision may, in the entity's discretion, choose to implement prior to the effective date of July 1, 2023."5

Please note that since the announcement of the Final Rule in November 2022, there has been a lawsuit filed to stop the rule from taking effect, and as of this article, the case is still pending in the Western District of Texas.⁶ The case, Career Colleges & Schools of Texas v. United States Department of Education, involves a plaintiff trade association filing a suit against the DOE to specifically challenge the implementation of the "Borrower Defense Rule."

This rule would allow borrowers to "raise a defense to repayment," while also eliminating a higher education institution from using mandatory arbitration provisions to prevent borrowers from bringing the institutions to court. In its complaint, the trade association argued that the rule "exceeds the department's authority, violates the Administrative Procedure Act, and is unconstitutional."7



Although the trade association moved for a preliminary injunction to postpone the Final Rule's July 1, 2023 effective date, that motion was denied by the district court but subsequently granted by the Fifth Circuit Court of Appeals. The Fifth Circuit's injunction order, however, is limited in time—until July 21, 2023, and in application—to only the trade association and its members. Accordingly, the Final Rule is now effective for everyone except Career Colleges & Schools of Texas and its members, while the case continues to be litigated.

Although the final outcome of the federal lawsuit is uncertain with respect to the trade association's members, Texas health care organizations that were previously hampered by the PSLF program from a recruiting perspective should assess if their entity and physicians will meet the Final Rules requirements.

For questions or updates on this issue, please contact:

- Keith Dugger at kdugger@hallrender.com;
- Robin Sheridan at rsheridan@hallrender.com;
- Claire Bailey at cbailey@hallrender.com; or
- Your Primary Hall Render Contact.

Hall, Render, Killian, Heath & Lyman is a national health law firm with offices around the country. Our attorneys and advisors partner with hospitals and health systems, long-term care organizations, ambulatory surgery centers, home health companies, physician practices, life sciences firms, nonprofits and other providers within the health care industry. Learn more at hallrender.com.

¹Nonprofit health corporations are governed by Texas Occupations Code, Subchapter A and 22 Texas Administrative Code Subchapter B 287 FR 65904

³ld.

4Id. at § 685.219(b)(i)(A)

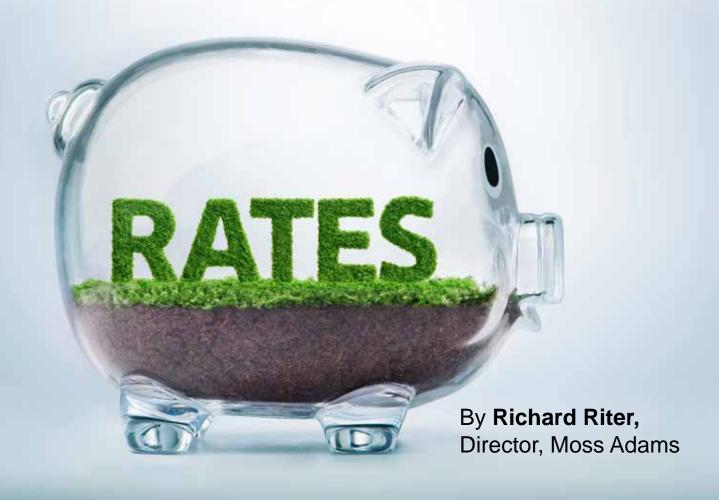
⁵Id at p. 65906

⁶Career Colleges & Schools of Texas v. United States Department of Education, No. 1:23-cv-00433 (W.D. Tex.).

⁷Complaint, Career Colleges & Schools of Texas v. United States Department of Education, No. 4:23-cv-206 (N.D. Tex.).

Associate Members

Hospital Price Transparency: CMS Steps up Enforcement



AFTER OVER TWO YEARS OF PROVIDERS being slow to comply with Centers for Medicare & Medicaid Services (CMS) pricing transparency requirements, CMS has signaled that it'll be getting serious about enforcement and issued a fact sheet on April 26, 2023, outlining a new enforcement approach.



SOME ENFORCEMENT DETAILS

Instead of allowing an initial 90-day period for providers to comply before requesting a corrective action plan (CAP), providers who haven't posted a machine-readable file and shoppable-services list or price-estimator tool will no longer receive a warning notice. Instead, CMS will immediately request the provider submit a CAP. Providers will also be limited to 90 days in their CAP to come into compliance.

CMS is also ramping up the volume of their reviews from 30–40 per month to over 200. They'll begin automatically imposing a civil monetary penalty (CMP) on providers who either:

- Fail to submit a CAP within the 45-day period;
- Remain out of compliance 90 days after the initiation of the CAP.

IMPLICATIONS FOR PROVIDERS

Many providers have struggled to comply with these regulations due to market sensitivities, ambiguous language, and competing priorities. Providers believing they're in compliance could still be cited by CMS auditors over a file being incomplete. It could even be something as simple as a file name.

CMS is also sending hard-copy notifications, typically addressed to the hospital and generally to the attention of the hospital CEO. In many cases, these letters aren't being routed to teams equipped to respond. With these changes, providers have a very high risk of a civil monetary penalty being imposed and publicized on the CMS website without even knowing that CMS has identified an issue.

BACKGROUND

As a rare area of bipartisan consensus, pricing transparency appears to be here to stay. It's likely to evolve to be more user friendly and allow for real-time comparisons among providers. Combined with the No Surprises Act, it'll fundamentally redefine the relationship between providers and payers.

As payer and provider relationships recalibrate to this new environment, health care leaders have an opportunity to help patients make informed health care decisions while safeguarding their organization's financial future.

WHAT PROVIDERS CAN DO

To reduce compliance risks and thrive in the posttransparency world, providers should:

- Post. If you haven't posted your required information, work internally or with a vendor to create files that comply with CMS requirements, per their website.
- Review. Identify a team with experience in this CMS approach to interpret requirements and perform a thorough review.
- Analyze. Identify a relevant peer group and compare rates. This can be complex since there's no standard posting format. Assistance may be required.
- Strategize. Determine target reimbursement rates by payer and service line.
- System Approach. While only hospitals are required to comply with these regulations, health system leaders should incorporate all provider types into this analysis.
- **Deploy.** Begin incorporating peer data and targets into payer contracting process and future price transparency postings.

You can also learn more on our upcoming September 12, 2023 webcast "Price Transparency: Comply and Flourish **Under the New Rules"** or find related price transparency insights on the Moss Adams Health Care Content Hub.

Richard Riter has worked in health care financial management since 1996. He leads the revenue cycle consulting team, which helps providers improve revenue management functions while navigating technology and regulatory changes. He can be reached at richard.riter@ mossadams.com.

Assurance, tax, and consulting offered through Moss Adams LLP. ISO/IEC 27001 services offered by Cadence Assurance LLC, a Moss Adams company. Wealth management offered through Moss Adams Wealth Advisors LLC. ■

Associate Members



IN TODAY'S TUMULTUOUS HEALTHCARE ENVIRONMENT,

high-performing hospital boards are needed more than ever to promote quality of care, patient safety, financial stability and community support. But board members require specific traits to be effective in achieving those goals, according to Community Hospital Corporation (CHC).

Article submitted by Community Hospital Corporation. For info, contact Chris Wilson at chrisw@dfwhc.org.



Hospital boards have been traditionally composed of community and business leaders skilled in finance, investment, fundraising, marketing and other key areas. Those with clinical backgrounds, healthcare management experience and information technology acumen are also in demand. Additionally, boards should be diverse in terms of race, ethnicity, age and gender to better represent and serve the community

Recruiting qualified board members involves more sophistication than asking for nominations from the community. For example, one CHC hospital's vetting process for applicants includes a preliminary interview aimed at determining, among other things, if they will be fully invested in the position.

Posting clearly defined job roles and requirements when recruiting board members can help eliminate organizational dysfunction. Formal job descriptions for board members, board chairs and committee chairs also keep incumbents focused on their governance functions.

It's helpful for new board members to complete a structured orientation program to familiarize them with the hospital's mission and objectives; the board's role and responsibilities; and the expectations of members.

IMPLEMENTING THE RIGHT POLICIES AND PROCEDURES TO OPTIMIZE EFFICIENCY

To achieve and maintain high standards, hospital boards often have continuing education requirements that make members aware of changes and emerging healthcare industry challenges. To keep meetings on track, a board should allocate time for informal discussion among members before the CEO and other attendees join. This improves focus and efficiency and prevents members from straying off-topic in meetings.

Other practices that keep proceedings running smoothly include sending informational packets to members prior to meetings and focusing face-to-face time on three to five major issues.

An effective board also strives for continuous improvement, building on formal self-evaluations conducted at least every two or three years. For instance, the board should evaluate its chair six months to a year before term expiration, giving the board time to find a successor should the board chair position become vacant. Board self-assessments identify opportunities for



improvement and provide the basis for reappointment decisions.

FOCUSING ON THE RIGHT PRIORITIES TO ENSURE SUSTAINABILITY

Board members often blur the lines between governance, management and operations. It's important to keep the board focused on developing effective strategies and let hospital leadership handle the execution.

Board responsibilities encompass:

- Strategic direction;
- Financial performance;
- Quality care;
- Executive performance;
- · Stakeholder relations;
- Board structure and performance.

Many hospitals that set out to build a better board find that advisory services provide them with a foundation and blueprint.

About Community Hospital Corporation – HELP WHERE **HOSPITALS NEED IT®**

Community Hospital Corporation owns, manages and consults with hospitals through CHC Hospitals, CHC Consulting and CHC ContinueCARE. Visit http:// <u>communityhospitalcorp.com</u>.



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PERSPECTIVES

INSIGHTS IN HEALTHCARE MARKETING



Next-gen shift: Forging success in the evolving terrain of healthcare marketing

It's hard for marketing professionals to consistently stay attuned with the top marketing strategies that are generating the best results. Even though every healthcare company is different, including their target audience, it's always helpful to have a refresher on the effective healthcare marketing approaches. Below are a few that may help you with your planning.

Digital marketing

Many healthcare organizations have increased their budgets in digital marketing strategies. The most popular has been leveraging digital display ads, search ads, social media, and online content to improve engagement with patients, consumers and physicians.

Al and personalization

Implementing HIPAA compliant Al-driven marketing tools that includes predictive and programmatic targeting programs are helpful in extending marketing budgets.

Data privacy and security concerns

As data breaches and cybersecurity

threats continue to be an issue, ensuring patient data privacy and security is smart to address in marketing campaigns.

Health equity and inclusivity

There continues to be a growing emphasis to address health disparities in addition to promoting inclusivity in healthcare marketing. It's important to ensure all patient populations are represented in your marketing.

Patient-generated content & influencers

Patients sharing their healthcare experiences through user-generated content and local influencers has played an increasingly significant role in marketing. It helps with patient engagement and brand perception.

Social impact and corporate social responsibility

Consumers have increasingly looked for healthcare brands that align with their own values and contribute within their communities. Developing integrated social impact programs and corporate social responsibility efforts go a long way.

Video content

Video content consumption has continued to increase. Creating more video-based content within marketing strategies improves engagement and awareness among consumers.

Of course, there are many other approaches you may consider for your marketing programs. Given your day is filled with many responsibilities beyond marketing, it's always helpful to be informed as to what has been working in the healthcare industry. Give one or a few of these a try to see how it helps your organization.



About the author

Mark Wyatt Founder & CEO, Agency Creative mwyatt@agencycreative.com

DATA ANALYTICS:

How Prosecutors Use Billing Data and Why

Educational Discussion Thursday, September 71:00 p.m. - 2:00 p.m., CT



GUEST SPEAKERS

Adrienne Frazior, Shareholder, Polsinelli

Erin Thimmesch, Associate, Polsinelli

Stephen Love,

President/CEO, DFW Hospital Council



- Discuss the data analytics used by the CMS to investigate billing irregularities and ultimately make referrals to the DOJ.
- Address investigative red flags and the resulting investigation.
- Explore how referrals are made to the DOJ and how to respond to investigators.

INFORMATION:

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

REGISTER:

https://attendee.gotowebinar.com/register/6611090072430424663

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Jennifer Miff President, DFWHC Foundation Senior Vice President, DFWHC

How to contact us 972-717-4279 info@dfwhcfoundation.org

We are honored to present this year's 16th Annual Patient Safety Summit

AS WE KICK OFF our 16th Annual Patient Safety Summit on September 7, I am so honored that the DFW Hospital Council (DFWHC) Foundation has been able to fill this critical role for our region for the last 16 years. We have helped North Texas evolve with changing regulatory environments, new clinical quality protocols, and entirely new CMS processes such as SDOH questionnaires.

I'd like to take a moment to thank our Patient Safety and Quality Committee Chair, Sha'Nice Clark of JPS Health Network and Co-Chair Sean Mahaney of Baylor Scott and White Health, and Patti Taylor, our Director of Patient Safety and Quality and Community Health, for their dedication to both the annual summit and our ongoing work to improve regional outcomes.

I'd also like to thank the Patient Safety Summit Event Committee members Tamra Acierni, Denise Chreene, Donna Crimmins-Bonnell, Kristin Duncan, Cortney Higbee, Tish Key, Alina Kiljans, Deena Koshy, Christi Nguyen, Linda Scribner and Misty Young for their help in driving a meaningful agenda and speakers that address your needs as leaders for quality improvement across our North Texas hospitals and health systems.

This year's theme, "Reset and Recharge: Back to Basics in Healthcare," was designed to bring self-awareness regarding burnout and resilience for our healthcare workers. As we find the "new normal" after COVID-19, we need to get back to basics for patient safety. Additional topics include, "How to Protect Your License in Front of the Board," Joint Commission presentations on "Health Equity" and "Sexual Assault/Abuse," "Defining How to be Compliant on the New Standards," "Drug Diversion: Process for Prevention" and ending with two self-care topics on September 28.

You can learn more about this year's Summit by visiting https://dfwhcfoundation. org/about/events/patient-safety-summit/.

The Patient Safety and Quality Committee at the DFWHC Foundation assists hospitals by analyzing data and setting goals for improvement as a region. They also share best practices from the hospitals that have strong processes and improvement, which is key to improving patient care as a region. Some of committee's recent goals have been to decrease Pressure Ulcers, incidents of CAUTI/CLABSI, hospital acquired VTE and 30-day all-cause readmissions. ■

www.dfwhcfoundation.org

Foundation Mission

Inspire continuous improvement in community health and healthcare delivery through collaboration, coordination, education, research and communication.

Foundation Vision

As the trusted "go to" resource, inspire collective improvement of health and healthcare outcomes.

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Around DFWHC Foundation



Foundation visits Tennessee Hospital Association for national HQIC event

IT WAS A ROAD TRIP TO NASHVILLE as representatives of the DFW Hospital Council (DFWHC) Foundation visited the Tennessee Hospital Association headquarters for a national Hospital Quality Improvement Contractor (HQIC) event on June 6.

Patti Taylor, director of quality and patient safety, and Harmona Epps, grant compliance administrator, represented the DFWHC Foundation.

Since 2020, the DFWHC Foundation has been a subcontractor on HQIC, a Centers for Medicare & Medicaid Services (CMS) project through Cynosure Health.

"Due to the COVID-19 pandemic, we have never before had an in-person event," said Patti. "This was a great opportunity to get all the hospital associations from across the U.S. together to discuss best practices. And it

was great to put a face to emails and virtual meetings. Many thanks to the Tennessee Hospital Association."

More than 300 hospitals from across 12 states including Arizona, California, Colorado, Florida, Illinois, Indiana, Louisiana, Montana, New Mexico, Oregon, Tennessee and Texas are participating in HQIC. The goal of the program is to provide customized, data-driven quality improvement assistance to meet the needs of hospitals when decreasing harm and reducing readmissions.

"All hospitals in Texas are eligible to receive the resources free of charge," Patti said. "The HQIC hospitals get extra coaching and have access to experts to provide educational programs that will fit their needs."

For more information, contact Patti at ptaylor@ dfwhcfoundation.org.

2023 Patient Safety Summit

September 7, 14, 21, 28 Online Event 10am - 12pm

\$120 all sessions \$30 each session 6.0 contact hours (pending approval)

- · The Joint Commission Health Equity
- The Joint Commission Sexual Assault/Abuse
- · How to Protect Your License Before the Board
- · Drug Diversion: Process for Prevention
- · Putting the Care in Care
- · A Time for Renewal

Registration:

dfwhcfoundation.org/about/events/patient-safety-summit/

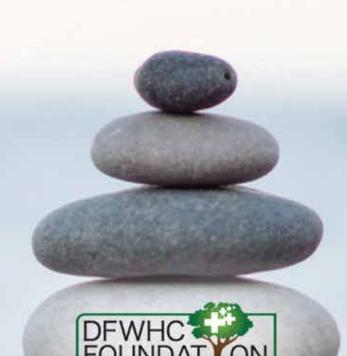


Keynote Speaker - Alex Dorr with Reality Based Leadership "The Reality of Peace, Happiness & Great Results at Work"

Peset & Pecharge Back to Basics in Healthcare

In support of improving patient care, this activity has been planned and implemented by the University of North Texas Health Science Center at Fort Worth and DFW Hospital Council Foundation. The University of North Texas Health Science Center at Fort Worth is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.





16th Annual Patient Safety Summit set to begin Sept. 7

THE DFW HOSPITAL COUNCIL (DFWHC)

FOUNDATION'S 16th Annual Patient Safety Summit is set to kick off on September 7 and continue September 14, 21 and 28. The virtual event will take place each day from 10:00 a.m. to 12:00 noon, CT.

Themed "Reset and Recharge: Back to Basics in Healthcare," this year's event begins September 7 with Keynote Speaker Alex Dorr from Reality Based Leadership, LLC. Dorr's presentation titled "The Reality of Peace, Happiness and Great Results at Work," will detail counterintuitive strategies for a more enlightened way of viewing the true value of an employee's talents. Additional topics and speakers include:

Thursday, September 14

10:00 a.m. - 11:00 a.m., Dr. Christina Cordero, The Joint Commission, "Health Equity – The Joint Commission Resources"

11:00 a.m. - 11:30 a.m., Erin Lawler-Hart, The Joint Commission, "Sexual Assault/Abuse Standard"

Thursday, September 21

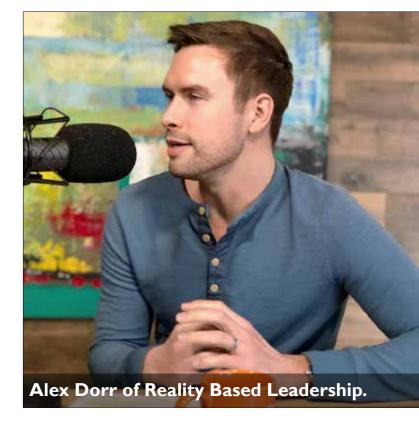
10:00 a.m. - 11:00 a.m., Linda Stimmel, Attorney at Law, "How to Protect Your License Before the Board" 11:00 a.m. - 12:00 noon, Jim Caauwe and Michael Zetsche, Baylor Scott & White Health, "Drug Diversion: A Comprehensive Process for Prevention and Identification"

Thursday, September 28

10:00 a.m. – 11:00 a.m., Brett Stanley and Katherine Tang, MHS CARES, "Putting the Care in Care" 11:00 a.m. - 12:00 noon, Cheryl Mart and Mary Teague, Texas Health Faith-Based Nursing, "A Time for Renewal."

There will be 6.0 hours of continuing education credits available, pending approval.

Sponsorships and tickets are now available. You can



find details at https://dfwhcfoundation.org/about/ events/patient-safety-summit/.

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

In support of improving patient care, this activity has been planned and implemented by the University of North Texas Health Science Center at Fort Worth and the DFW Hospital Council Foundation. The University of North Texas Health Science Center at Fort Worth is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Around DFWHC Foundation

Sepsis Conference on September 13

IT WILL BE FUN IN THE SUN when the DFW Hospital Council Foundation's Sepsis Strike Force hosts their Second Annual Conference on Wednesday, September 13 at Methodist Charlton Medical Center in Dallas from 8:00 a.m. to 4:00 p.m.

Themed "Sun, Sand and Surf: How to Ride the Wave and Survive Sepsis," the event will provide 6.0 of CNE credits. Speakers and educational agenda will be announced soon. Price will include breakfast, lunch and snacks.

Topics will include antimicrobial stewardship, palliative care, health equity and CMS SEP-1 bundle compliance.

You can register at https://www.eventbrite.com/ e/2nd-annual-sepsis-conference-tickets-646339648287.

JPS Health Network is accredited with distinction as a



provider of nursing continuing professional development by the American Nurses Credentialing Centers Commission on Accreditation. This activity is jointly provided by JPS Health Network and the DFWHC Foundation. ■

North Texas Overdose Awareness Day set for Aug. 31



A GREAT COMMUNITY EVENT! The annual North Texas Overdose Awareness Day has been set for Thursday, August 31 at 6:30 p.m. on the lawn in front of the Denton County Courthouse on the square.

The purpose of the event is to create community awareness on the opioid epidemic while providing resources for individuals and families struggling with addiction. Speakers will also remember those who lost their lives to drug overdose while reducing the stigma of addiction.

International Overdose Awareness Day was initiated in 2001 by The Salvation Army in Melbourne, Australia. Since then, community members, government and nongovernment organizations have held hundreds of events each year to raise awareness and commemorate those who have been lost to drug overdose.

The event is free to the public and will include resource tables, food, music and memorials.

To participate, sponsor or donate, please call **214-418-4769** or visit **ROOnow.org**. ■

Health Literacy Conference held at UNT Health Science Center

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION partnered with SaferCare Texas and Health Literacy Texas to host the comprehensive Health Literacy Conference on July 20 at the UNT Health Science Center's Medical Education and Training Building.

The event focused on the "Healthy People 2030 Health Literacy Objectives and Whole Health" which can be found at https://health.gov/healthypeople/priority- areas/health-literacy-healthy-people-2030.

This year's theme was "Healthy People 2030: Health Literacy from Advice to Action" and featured a busy agenda with speakers detailing health literacy, patient safety, the opioid epidemic, financial literacy, advocacy and maternal health.



There was up to 6.5 hours of continuing education credits available to attendees.

For information on future health literacy events, contact Patti Taylor at ptaylor@dfwhcfoundation.org. ■

Foundation hosts fourth "Opioid Discussion" of the year



THE DFW HOSPITAL COUNCIL (DFWHC) **FOUNDATION** continued its live virtual "Opioid **Discussion**" with the topic "The Struggle is Real: Opioid Use Disorder" on July 13.

Jan Birks, LCSW, LCDC, SAP and Keary Atkinson, MBA, RN, MSN, served as guest speakers.

These complimentary events have been hosted throughout the year by the DFWHC Foundation to raise awareness on the opioid epidemic in North Texas and the U.S. This was the fourth discussion held in 2023, with past meetings taking place July 13, Feb. 23 and Jan. 4.

Topics have included "A New Year with an Opioid Crisis," "The Opioid Crisis: Three Phases and Beyond," and "The Struggle is Real: Opioid Use Disorder."

For information on future events, contact Patti Taylor at <u>ptaylor@dfwhcfoundation.org</u>. ■

Around DFWHC Foundation



Mental Health First Aid availability is now extended thru August 2024!

DID YOU KNOW COMPLIMENTARY Mental Health First Aid Training Classes are still available in North Texas?

The DFW Hospital Council Foundation has a renewed Texas Department of State Health Services (DSHS) Grant that extends thru **August 31, 2024**. This grant provides the opportunity for employees, community members, healthcare workers or church groups to receive complimentary training in Mental Health First Aid.

Training is virtual with some live classes. You can find the latest class listings on our website at www.healthyntexas.org. 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 and Wise.

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



ARE YOU CONCERNED FOR LOVED ONES or your community and have a passion to help others? If so, learn how to become part of the solution! The DFW Hospital Council (DFWHC) Foundation's Community Health Collaborative (CHC) has hosted two "Recovery Workshop: ROCC Stars Unite" in 2023 with plans to hold additional classes. These events are complimentary.

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

Classes were held March 26, May 21 and July 23, with plans to hold an additional class in 2023.

In this workshop, peer support specialists will teach you concepts through an engaging presentation and

discussion. This workshop is intended for the entire community. Those with and without personal mental health experience, healthcare professionals, community leaders and more are welcome.

For information, please email mhfantx@ dfwhcfoundation.org.

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



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

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E-mail ddavila@gp1.com

Forecasting a background check budget

AS A FORMER HEALTHCARE HR EXECUTIVE tasked with reviewing budgets, it was strongly recommended to analyze all operating costs. In addition to talent, sourcing, applicant tracking systems and incentives, one of the major expenses debated each year was the cost of a background report. Initially, HR administrators internally conducted the reports, with a staff member making the calls, searching the sources and producing a report. This formula eventually became costly due to the labor involved. Here are some factors to consider for a background screening budget.

Sanctions, Sex Offenders and Multi-Jurisdiction Searches

An obligation of a healthcare system is to ensure new hires do not have sanctions prohibiting them from working for a company receiving Medicare or Medicaid funds. This information can be accessed online. There are more than 80 different sources, but the most reliable is the Office of Inspector General, which can be obtained at SAM.gov. Once the information is acquired, a staff member would need to confirm the person's identity. This is labor intensive and could drain your finances. Keep in mind, a background screening company uses a tool that can easily match name, DOB and SSN to avoid errors. You may also want to evaluate the process you use to run "sanction rechecks" of your employees. This task could be outsourced providing you savings.

Employment, Education and Credentials Verification

Per The Centers for Medicare & Medicaid Services and the Joint Commission, verifying education and licenses for healthcare employees is required. Cost for this info is reasonable. The ever-increased cost of verifying employment, specifically any hospital using The Work Number, will significantly impact an HR budget. You may want to ask, "What is your cost-control threshold for this service?"

Summary

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As an HR leader, it's imperative to hold a meeting with your background screening provider and find out where you can control costs. Consult with your attorney and compliance officer to confirm what is absolutely needed to comply with state and federal regulations. There are solutions. GroupOne offers account reviews to discuss available options to assist you with managing your budget.



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

Group One REPORT



GroupOne's Hot Topic webinar "Tips for Fees Management" has been posted online

GROUPONE BACKGROUND SCREENING'S webinar "Tips for Fees Management When Background Screening" originally broadcast on July 27, 2023, has been posted online.

The educational event included expert speakers **David Graves**, HR guru and sales rep; **Danny** Davila, director of FCRA Regulatory Risk; and Steve Fischer, business operations specialist.

This complimentary webinar detailed helpful tips to allow your company to save money when background screening. Topics included:

- Sources that issue fees:
- How fees are communicated;
- Cost control strategies;
- Meeting HR budgets.

You can view the webinar at https://www.youtube.com/watch?v=A8YtqAidaJk. ■

Group One REPORT



Can an employer require a medical examination before hiring a candidate?

SIMPLY PUT, it's a bad idea. The **American with Disabilities Act (ADA)** prohibits employers from conducting medical examinations or making preemployment inquiries to determine if an applicant has a disability, or the nature of the disability.

Under the ADA, employers may require applicants to submit to post-offer medical exams, administered after the applicant has received a conditional offer but before the applicant has started employment. Employers may condition offers of employment on the results of the post-offer medical examination if these following conditions are met:

- all new employees in the same position are subjected to the same examinations whether or not they have a disability;
- information obtained regarding an employee's medical history is collected and maintained on separate forms and in separate medical files that are treated as confidential medical records; and

 results of the examinations are used only under the provisions of the ADA and, if people with disabilities are excluded from the position based on the examination, the examination must be job-related and consistent with business necessity.

Employers must ensure that medical examinations do not result in a violation of the Genetic Information Nondiscrimination Act, which prohibits employers from using genetic information for decisions on hiring, firing, promotions or job assignments.

And don't forget about state laws, which may also provide additional restrictions on pre-employment medical and physical examinations of applicants.

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

Texas takes lead in addressing workplace violence

WORKPLACE VIOLENCE COSTS EMPLOYERS billions of dollars per year with the consequences impacting morale and causing individuals to leave the workforce. Compared to other jobs, professionals in the healthcare industry experience higher rates of workplace violence. In response, the Texas legislature has mandated steps to be taken by healthcare facilities.

On May 15, 2023, Texas Governor Greg Abbott signed into law S.B. 240, the Workplace Violence Prevention Act. Although the Act takes effect on September 1, 2023, facilities have until September 1, 2024, to comply. Under the Act, "Facilities" include licensed hospitals, home healthcare providers, ambulatory surgical centers, free standing emergency medical centers and licensed mental hospitals.

The Act requires facilities to establish a Workplace Violence Prevention Committee. To comply with the Act, a "Committee" must be composed of one registered nurse who provides care, a licensed physician and a security employee.

In addition to developing a prevention plan, facilities must create policies and implement response protocols for incidents. To inform employees about the workplace violence policies, facilities are required to have annual prevention training.

In addition to the Workplace Violence Prevention Act, the Texas Legislature recently passed H.B. 915, known as the Reporting Workplace Violence Act. This requires employers to "post a notice to employees of the contact information for reporting instances of violence to the Texas Department of Safety," and inform employees of the right to make an anonymous report.

WORKPLACE VIOLENCE PREVENTION PLAN

The committee is responsible for developing a prevention plan. The Act also requires the committee to meet annually to evaluate the plan and to report the results to the facility's governing body.



RESPONSE PROTOCOLS

Healthcare employees should be encouraged to provide confidential information about incidents to the committee. In the event of an incident, facilities should establish post-incident services. Additionally, if a facility is aware that a patient has a past history of workplace violence, the facility must adjust patient care assignments to protect the provider who had the patient encounter.

TAKEAWAYS

Although employers have until September 1, 2024, to comply, taking action as soon as possible will allow facilities time to establish a committee and develop a prevention plan. If a facility has a pre-existing plan, the committee should ensure it is compliant with the Act.

Policies should clearly define what will be considered workplace violence. By setting clear expectations, employers can create safer work conditions and increase morale.

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

Group**One** REPORT

Can a candidate or an employee refuse a drug test?

ABSOLUTELY. But they're probably not going to get the job and the employee will be terminated.

An employer can decide not to hire someone based on refusal of a drug test as long as that is the sole reason and not because they are part of a protected class (groups protected by anti-discrimination laws). This decision must apply to all job candidates as company policy.

Drug testing laws fall mainly on the shoulders of the state, with changes to policies taking place annually as the legality of marijuana evolves.

There are exceptions. If an applicant suffers from a disability that prevents them from taking the test in a standard manner, companies are expected to make a "reasonable accommodation" for the applicant, according to the **Americans with Disabilities Act**.

JOB CANDIDATES

Companies drug test for several reasons but many have safety concerns, particularly in manufacturing and transportation. An employer can require drug testing under the following provisions:

- Candidate must be informed ahead of time. In some states, the workplace must advertise employees will be tested in the job ad. The test can be administered after the prospective employee receives a conditional offer letter;
- All job candidates must be required to take it;
- The test must be performed at a clinic or lab.

EMPLOYEES

Once hired, drug testing laws change slightly. An employer can test employees for several reasons including: suspicion, post-accident, annual and random.

Suspicion-based testing requires the employer to have a reason behind the test. Suspicious behavior could include:



- Unexplained behavior changes;
- Decline in work production;
- Slurred speech;
- Sloppy appearance;
- Unsafe behavior;
- · Report of drug use.

If any of the above is true, an employee may be singled out for testing. Tread softly here. If the employer is unable to prove suspicious behavior and the employee is terminated based on drug test refusal, the employer may be liable for discrimination.

As always, speaking with an attorney can help you understand the laws and exceptions surrounding drug testing, including how if an employee was actively seeking help for a drug problem, they may be protected from termination.

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



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BACKGROUND SCREENING

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