



DALLAS-FORT WORTH
HOSPITAL COUNCIL

INTERLOCUTOR

WINTER 2024

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NEWS FROM THE DFW HOSPITAL COUNCIL

Making a Difference

26th Annual
**Employee of the Year
Luncheon**

**April 18, 2024
Hurst Conference Center**

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PLUS

**DFWHC's 2024
Board of Trustees**

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Christie B. Davis



Keith Dugger



Avi Kerendian

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Steve Love

President/CEO
Dallas-Fort Worth
Hospital Council

Let's keep the momentum going!

IT WAS A DAY OF CELEBRATION. On June 16, 2023, Texas Governor **Greg Abbott** signed House Bill 12 to extend postpartum Medicaid health coverage for mothers to a full year. This is a huge increase since previous coverage was for only 60 days. We want to thank Governor Abbott and our state legislature for this action going into effect on March 1.

Data from the March of Dimes reflects approximately 50 percent of new Texas mothers have coverage through Medicaid. This is significant because African American women have the highest percentage of maternal mortality in Texas. Hopefully this bill will decrease postpartum adverse health outcomes.

Is there more we can do to improve the health of our Texas residents? Of course there is, and it's time we improved the health of more than 1.5 million people. Simply put, Texas needs to expand Medicaid. It will reduce the number of uninsured, decrease emergency room visits, make a healthier workforce and improve business productivity. Most importantly, it will help low-income individuals with healthcare expenses so personal funds can be used for food, clothing and family needs.

But the benefits would not end there. Expanding Medicaid would help financially struggling rural hospitals, as so many have already closed in Texas. Current indigent care write-offs could be replaced partially with Medicaid reimbursement. The Perryman Group has done extensive research and discovered the federal payment (90 percent) would expand health care spending generating gains in business activity, reduce uncompensated care freeing up private funds and the coverage would reduce morbidity and mortality.

The Perryman Group also found that for every dollar the state spends expanding health insurance coverage, \$1.78 is returned in state government revenue with \$1.53 to local governments. Medicaid expansion is good for business and for low-income individuals. For example, in Texas we would extend the postpartum twelve-month coverage to even more women if we expanded Medicaid.

A 2020 poll conducted by the Episcopal Health Foundation reflected almost 70 percent of our state's residents believe Texas should expand Medicaid. We are now among a very small minority as 40 of our U.S. states have expanded Medicaid. Every year we refuse to take advantage of the Affordable Care Act, and it is now 14 and counting, our state falls further behind as our residents become sicker and unhealthier. We have left billions of dollars on the table that could have addressed healthcare issues within our uninsured population, which is the highest in the nation at approximately 20 percent.

We again thank our Governor and state legislators for enacting House Bill 12 and let's keep the momentum going to help make Texas a healthier and happier state. We can do this in a spirit of collaboration with all stakeholders. Let's do the right thing. ■

WINTER 2024 WWW.DFWHC.ORG



INTERLOCUTOR

EDITORIAL

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ADVERTISING

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

PUBLISHED

Interlocutor is published by the DFW Hospital Council as a membership benefit providing information on healthcare issues and DFWHC activities. Material may be reprinted without permission, provided acknowledgement is given. Articles, news items and opinions are appreciated.



INTERLOCUTOR

1: one who takes part in dialogue

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

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**SCAN TO START
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DFWHC announces 2024 Board of Trustees



Jessica O'Neal



Vanessa Walls



Becky Tucker

THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) HAS ANNOUNCED its Board of Trustees for 2024. The Board of Trustees consists of the following individuals:

- Chair, **Jessica O'Neal**, CEO, Medical City Las Colinas;
- Chair-Elect, **Vanessa Walls**, Executive VP Northern Market, Children's Health;
- Past Chair, **Becky Tucker**, Senior VP of Channel Integration, Texas Health;
- Trustee, **Natalie Wilkins**, VP Operations, Cook Children's Health Care System;
- Trustee, **Juan Fresquez**, President, Methodist Mansfield Medical Center;
- Trustee, **Steve Edgar**, CEO, Medical City Denton;
- Trustee, **Kyle Armstrong**, President, Baylor University Medical Center/Central Region;
- Trustee, **Chris Richard**, CEO, Kindred Hospital Tarrant County Arlington;
- Trustee, **Will Turner**, President, Baylor Scott & White Medical Center – Waxahachie;
- Trustee, **Shannon Fletcher**, VP, Chief of Staff, JPS Health Network;
- Trustee, **Christopher York**, President, Texas Health Presbyterian Hospital Dallas;
- Trustee, **Edmundo Castaneda**, Executive VP, COO, Parkland Health;
- Trustee, **Chris Rubio**, COO, William P. Clements, Jr. University Hospital;
- Ex-Officio, **Matt Chance**, Senior VP, COO, Scottish Rite for Children;
- Ex-Officio, **Amanda Thrash**, President, Texas Health Presbyterian Hospital Allen.

Completing their terms are **Blake Kretz**, President, Texas Health Arlington Memorial Hospital; **Dr. Seth Toomay**, Associate VP, Chief Medical Officer, UT Southwestern Medical Center; and **Dr. Roberto de la Cruz**, Executive VP, Chief Clinical Officer, Parkland Health.

"We're looking forward to working with the new additions to our 15-member board representing an accomplished group of North Texas healthcare executives," said **Stephen Love**, president/CEO of DFWHC. "They have an impressive range of talent allowing us to successfully continue our mission to improve quality healthcare and drive health equity in the region. We would also like to thank Blake Kretz, Dr. Seth Toomay and Dr. Roberto de la Cruz for their dedicated board work over the past year." ■



Hall Render and FORVIS to serve as DFWHC Year-Round Sponsors in 2024

THE DFW HOSPITAL COUNCIL (DFWHC) IS PROUD to announce **Hall Render** and **FORVIS** will serve as Year-Round Sponsors for 2024. The designation allows the two companies to be the top sponsors at all major DFWHC events including the 26th Annual Employee of the Year Luncheon on April 18 and the 76th Annual Awards Luncheon on October 18. They will also host a series of complimentary webinars in 2024 for hospital members.

Hall, Render, Killian, Heath & Lyman, P.C. is a national health law firm with offices around the country. With more than 50 years of experience and nearly 150 attorneys serving clients, Hall Render is recognized as one of the nation's preeminent health law firms. Clients include large and small business entities from a variety of industries and major health care providers.

Hall Render's Texas office in Dallas serves the health care industry. Hall Render's team of health law attorneys is dedicated to serving its clients in the South and across the nation. Hall Render can be reached at **214-615-2000** and **www.hallrender.com/office/dallas-office/**.

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The FORVIS clients represent a wide range of industries, including healthcare, construction and real estate, private equity, dealerships and education. Whatever your accounting or consulting needs, their experienced professionals can help simplify your life.

Contact the experts at FORVIS at **972-702-8262** or **www.forvis.com/about-us/locations/dallas-tx-north**.

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

Around DFWHC

More than 40 attendees turn out for live AI demonstration

MORE THAN 40 ATTENDEES were present on February 8 for the DFW Hospital Council (DFWHC) and **Mediktor** live demonstration of its AI-Powered Healthcare Navigation Tool at Scottish Rite for Children in Dallas. Mediktor's experts traveled from New York and Florida for the in-person discussion detailing an AI medical assistant that directs patients to the right level of care at the right time.

The complimentary breakfast event included speakers **Vicenc Ferrer**, managing director of Mediktor's New York headquarters; **Fred Pineiro**, USA chief growth officer at Mediktor; and **Stephen Love**, president/CEO of DFWHC.

"We were impressed by the great turnout," said Love. "Mediktor's experts detailed their product for quite a few representatives from North Texas hospitals. There were some interesting questions and it made for a fascinating discussion."

Founded in 2011, Mediktor is the most advanced AI-based medical chatbot for triage



Charter Rushing (l to r) of Scottish Rite for Children; Vicenc Ferrer of Mediktor; Fred Pineiro of Mediktor; and Chris Hart of Slalom Consulting at the Feb. 8 event.

and pre-diagnosis that assists patients by improving access while enabling more efficient care navigation. Mediktor's AI can understand several symptoms simultaneously, which greatly reduces the assessment time and helps the outcome of the assessment to be much more accurate.

DFWHC co-hosted a live webinar with Mediktor on November 8. You can view the webinar at <https://www.youtube.com/watch?v=74Hm9C4Z8SQ>.

For information, please contact Vicenc at vferrer@mediktor.com or Fred at fpineiro@mediktor.com. ■

DFWHC attends RSV vaccine promotion at YMCA

DFW HOSPITAL COUNCIL PRESIDENT and CEO **Stephen Love** attended a promotional event detailing GSK's RSV Vaccine on February 18 at the Lake Highlands' YMCA. The event was attended by 100-plus to learn about the threat of the Respiratory Syncytial Virus, or RSV, in North Texas. NBA Hall of Famer **Magic Johnson** served as the keynote speaker, discussing the importance of vaccines in the U.S. Additional attendees included **Curt Hazelbaker**, CEO of Metro Dallas YMCA; and **Ken Malcolmson**, president/CEO of the North Dallas Chamber. The event also served as an official announcement of a partnership between GSK and the YMCA. Love, Hazelbaker and Malcolmson serve on the board of Metro Dallas YMCA. ■



Curt Hazelbaker (l to r), Magic Johnson, Stephen Love and Ken Malcolmson.



Children's Health and UTSW announce new pediatric campus in Medical District

CHILDREN'S HEALTH AND UT SOUTHWESTERN MEDICAL CENTER (UTSW) unveiled plans for a new \$5 billion pediatric health campus in Dallas' Southwestern Medical District on February 7. The new pediatric campus will span more than 33 acres.

The approximately 2 million-square-foot hospital will have two 12-story towers and one eight-story tower to replace the existing Children's Medical Center Dallas, significantly expanding inpatient, surgical and ambulatory capacity. The pediatric campus is expected to open in the next six to seven years and will be located on the UTSW campus on the corner of Harry Hines Boulevard and Mockingbird Lane.

Project highlights include:

- 4.5 million square feet of construction;
- 552 beds with space for expansion;
- Two helicopter pads;
- A Level I pediatric trauma center, 90 ER exam

rooms, and 24 observation rooms;

- A connector bridge;
- A new fetal care center;
- A new outpatient clinic.

"For more than 110 years, Children's Health has served the children of North Texas, adapting and growing with the needs of our community," said **Christopher Durovich**, president/CEO of Children's Health. "This new pediatric campus, a joint investment with UTSW, enhances our shared capacity to provide comprehensive care for children, including those with the most complex medical and surgical needs."

"The pediatric campus is the next chapter in our more than 60-year partnership with Children's Health and will elevate clinical innovation and transformative science that will benefit pediatric patients and their families for generations to come," said **Daniel K. Podolsky, MD**, president of UTSW. ■

Around DFWHC

DCMS hosts “Active Shooter Response” panel

THE DALLAS COUNTY MEDICAL SOCIETY (DCMS), in coordination with the DFW Hospital Council (DFWHC) and the DFWHC Foundation, hosted an “Active Shooter Response Presentation and Panel” on February 9 at Scottish Rite for Children in Dallas. The in-person event attracted more than 50 attendees.

The discussion featured healthcare leaders involved with local, state and federal emergency response.

Speakers included **Dr. Alexander Eastman**, Chief Medical Officer, U.S. Customs and Border Control; **Dr. Ryan Parker**, Chief Medical Officer, Saint Francis Hospital; **Christopher Noah**, Director Disaster Management, Parkland Health; and **Dr. Marshal Isaacs**, Dallas-Fire Rescue Medical Director.

The presentation was open to local physicians, hospital staff and others in the healthcare community.

For information, please contact **Ruby Blum** at ruby@dallas-cms.org. ■



Family Fit Fest 2024!

SAVE THE DATE! Hosted by the Community Council of Greater Dallas, the annual “Family Fit Fest” is set for Saturday, **April 27** from 11:00 a.m. to 3:00 p.m. at **Dallas Market Hall**. Formerly “Get Kidz Fit Fest,” the Family Fit Fest is a free community expo with fun at its core. Every family member, from children to grandparents, is invited to discover how to get your mind and body right. Engage in educational and physical activities, plus get exposure to resources and services from over 100 businesses and non-profit organizations.

Sponsorships and exhibitor booths are now available. You can find them at www.familyfitfest.org.

For information, contact tholt@ccadvance.org. ■





Medical City purchases Sachse hospital

MEDICAL CITY HEALTHCARE announced February 1 it had completed the purchase of Trinity Regional Hospital Sachse. The acquisition expands the Medical City Healthcare system to 20 inpatient hospitals.

The 32-bed acute care facility has been officially renamed Medical City Sachse, a campus of Medical City Plano. The hospital opened two years ago and filed for bankruptcy in 2023. This acquisition enables the facility to continue providing uninterrupted care for the community. All of the current employees have been welcomed to Medical City Healthcare.

“At a time when many smaller hospitals are experiencing significant financial challenges, we are pleased to provide stable hospital operations supporting the delivery of high-quality healthcare for Sachse and the surrounding communities,” said Medical City Healthcare President **Allen Harrison**. “As part of HCA Healthcare, Medical City Sachse will now have access to resources

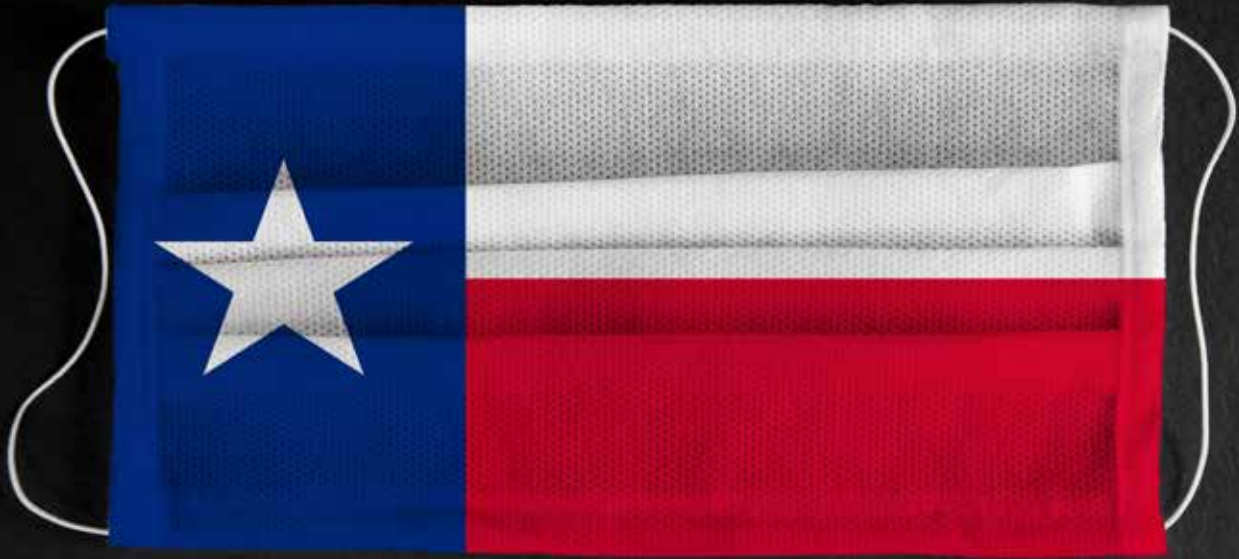
and best practices from more than 180 affiliated hospitals nationwide, which means more solutions, more medical advances and more possibilities to provide exceptional care to every patient who walks through the doors.”

The hospital provides emergency and surgical services, as well as outpatient care, and serves Sachse, Murphy, Wylie, Rowlett, Garland and surrounding communities. Medical staff specialties include emergency medicine, general surgery, cardiovascular, gastroenterology, hematology-oncology, nephrology, neurology and spine care, pulmonology, vascular, wound care and more.

The purchase marks another acquisition for Medical City Healthcare, which most recently included the Wise Health System in December 2023. Over five years, Medical City Healthcare has invested more than \$1.7 billion in capital improvements, including building acquisitions and expansions, facility enhancements and leading-edge technology. ■

Associate Members

Navigating **Vaccine Reporting** and **Mandate Prohibitions**



A **Texas** Perspective

By Robin Sheridan
and Miles Moody IV,
Hall Render Attorneys

IN THE HEALTH CARE SECTOR, navigating the complexities of legal requirements and ethical responsibilities is a constant challenge. This is particularly true in the context of the COVID-19 pandemic and vaccination requirements. On November 5, 2021, the Centers for Medicare and Medicaid Services (CMS) published a rule requiring staff vaccinations for health care providers. However, on June 5, 2023, CMS withdrew that vaccine requirement but has mandated that health facilities continue to report employee vaccination data.

Furthermore, Texas has recently passed a new law prohibiting private employers, including health care employers, from adopting or enforcing COVID-19 vaccine mandates. This article aims to dissect the interplay between these federal and state regulations, providing a comprehensive overview for health care facilities in Texas.

CMS VACCINE DATA REPORTING REQUIREMENTS

Why is Reporting Required and Who Must Report? CMS requires COVID-19 vaccination data to be reported as an element under its Hospital Inpatient Quality Reporting Program. The goal of this program is to drive quality improvements through measurements and transparency by publicly displaying data to help consumers make more informed decisions about their health care. Additionally, some data for selected measures are also used for paying hospitals based on the quality and efficiency of care provided to all patients. For instance, the failure to meet such reporting requirements reduces the applicable annual payment rate by one-quarter. This is a significant reduction and thus, all facilities must ensure compliance with the data reporting requirements or face the loss of significant reimbursements.

CMS requires facilities part of the Inpatient Quality Reporting Program, PPS-Exempt Cancer Hospital Quality Reporting Program, Inpatient Psychiatric Facility Quality Reporting Program, Inpatient Rehabilitation Facility Quality Reporting Program, or Long-Term Acute Care Quality Reporting Program to report vaccination rates.

Summary of Data Type and Nature Required by CMS.

CMS requires these facilities to report detailed COVID-19 vaccination data to the Centers for Disease Control and Prevention (CDC). This reporting encompasses not just the number of vaccinated personnel but also the type of employee or independent contractor. Facilities must submit data in a specific format, as outlined by the CDC's National Healthcare Safety Network (NHSN), which may be reported: (1) directly into the data entry screen of the Vaccination Module, (2) through CSV upload into the module, or (3) through a Person-Level Vaccination Form. While CMS and CDC encourage weekly reporting, the data is required to be reported for only one week every month.

Specifically, CMS through the CDC, requires a facility to enter data for different categories of health care personnel (HCP) including Employee and Non-employee HCP broken into: (i) licensed independent practitioners, physicians, advanced practice nurses, and physician assistants; (ii) adults, students, trainees, and volunteers; and (iii) other contract personnel.

For each of the HCP categories, a facility must have sufficient data to be able report on the following:

1. The total number of HCP that were eligible to work at the facility for at least one day during the week that is being reported;
2. The total number of reported HCP who have received a complete primary series (two-dose original vaccine for Pfizer/Moderna/Novavax, single-dose for Janssen, single-dose bivalent vaccine, or single-dose 2023-2024 vaccine);
3. The total number of reported HCP who:
 - a. Have medical contraindication to vaccine;
 - b. Were offered the vaccine but declined;
 - c. Have an unknown vaccination status;
4. The total number of reported HCP who are up to date with their COVID-19 vaccines.
 - a. As of Nov. 30, 2023, "up to date" is defined as someone who has received a 2023-2024 vaccine update from either Pfizer or Moderna.

While the data reported to the CDC is only numerical, a question necessarily arises regarding what proof is required, if any, to support those numerical values. The CDC guidelines imply that documentation is required, listing the acceptable forms of documentation as a signed statement/form, an electronic form or e mail from the health care worker indicating when and where they received the COVID-19 vaccine, and any note, receipt, or vaccination card. Although there is an emphasis on providing specific proof of individual vaccinations, ensuring that reported numbers accurately reflect the vaccinated status of the workforce, the CDC currently does not require that the hospital submit supporting documentation. Nonetheless, we encourage facilities to retain the documentation to support survey or audit.

Implications for Health Care Facilities. This comprehensive reporting requirement presents both logistical and privacy challenges for health care facilities. Managing such detailed data requires maintaining accuracy and confidentiality, especially under the Health Insurance Portability and Accountability Act.

By now, most facilities have found a system of documentation that works for them, but is that system efficient, secure, and meeting the documentation standards? One solution that may solve this problem is through a secure and protected electronic form/survey that is linked to a secure Excel workbook that auto-populates the provider entered information. Doing this requires less manual labor compared to more traditional methods, like e mailing individuals and inputting data manually or requiring providers to make copies of their vaccination records. This method also meets the documentation standards which allow for electronic forms to constitute sufficient support. Remember, however, that the information on the survey cannot be submitted anonymously. Therefore, personnel submitting information should be required to fill out their name and attest to the truth of the information provided.

TEXAS LAW ON EMPLOYER-ENFORCED VACCINATION
Overview of the Texas Statute. On November 10, 2023,
CONTINUED ON PAGE 21

Associate Members

Has **VIOLENCE, THEFT** and **COVID** changed the way you manage your **SECURITY?**

By **Mike Cardwell**,
Director Healthcare,
Konica Minolta

WE ARE VERY POLITE PEOPLE.

When someone asks “hold the door,” it is our nature to be polite and do it.

Many facilities provide a key card or some form of authorization to gain access with the intent that staff will have admission to necessary areas, and visitors will need to be escorted. At Konica Minolta, we also use this type of system. However, we have a rule about not holding the door at entrances that require key cards. Unfortunately, the only way we know the rule wasn’t followed is when a security issue arises and we have to react to it.

UNAUTHORIZED VISITORS

In a healthcare environment, unauthorized visitors are a critical concern, not only because the facility is full of patients to monitor, but also because they need to make sure only authorized people are allowed into the facility. Protection of people, data and assets is a continuous concern.

Whether the intruder is just trying to get in early or

later than established visiting times or actually has theft or disruption in mind, secure access can often prevent potential problems.

So, let’s first look at what can happen.

If patients are the target

Skilled Nursing Facilities, Memory Care, Convalescent Care and Hospitals all are focused on patient/resident care. Unfortunately, violence in healthcare is all too common, and all visitors may not have the best intentions. An unauthorized visitor could do physical harm to staff and patients.

If records/data are the targets

Cyber security is a definite concern, and hackers from across the globe are operating 24/7 to breach your network and steal electronic protected health information (ePHI). But letting a savvy hacker into your facility can also cause havoc: critical data loss, operational disruptions, legal liabilities and the expense to fix it.



KONICA MINOLTA

If vandalism/reputation is the target

Yes, even in healthcare, there can be unsavory business practices. If your facility gets a reputation for lack of safety, placing patients/residents at risk, and unsecure premises – you could lose patients and watch your business decline.

If narcotics are the target

All healthcare facilities have a medication room which may contain controlled substances and represent a target for internal and external bad actors. Many existing solutions such as badge readers and keypads can easily be stolen, allowing easy access to narcotics. There needs to be a second-factor authentication for these rooms.

LABOR SHORTAGES

Exacerbating the need to be diligent about your facility's access is a very busy staff, often overworked, and desperate for more people to cover the tasks that need to get done. Are people paying attention to the coming and going of the visitors?

ACCESS CONTROL

What's the answer? A system that allows a facility to manage the flow of people in, out, and through a facility, on a proactive basis, while at the same time monitoring their activities.

At Konica Minolta, FORXAI Secure Access is our solution for facility management to control the entry to their facilities. Here are some of the benefits:

- Through its identity recognition algorithm, people who belong (staff, patients, visitors) can easily enter;
- The ability to provide proactive, automated temperature screening of staff and visitors can mitigate potential health risks to patients;
- Automated mask detection can detect if a person is wearing a mask via a camera feed;
- Vaccine checks verify with the third-party vendor the user is vaccinated according to client-defined requirements;
- A Virtual Receptionist Kiosk can reduce administrative tasks by verifying identities for authorized access, providing visitor check-in forms, COVID screening forms, wayfinding and badge printing.

Additionally, secure access can offer:

- Automated elopement detection to protect patients from leaving the building unescorted;
- Prevention of patients entering unauthorized areas that could be dangerous;
- Logging of all incoming and outgoing individuals to provide data for contact tracing and meeting compliance regulations;
- Analytics for insight into facility trends.

WHY IS ACCESS CONTROL IMPORTANT?

1. **Security**
2. **Accountability**
3. **Reporting**

In the big picture, video security and secure access are all about the safety of the patients, staff and visitors in the facility and the exterior areas. You can keep unauthorized people out and further prevent people from getting into areas that should be "off-limits" to certain staff, patients and visitors. Secondly, it is important to have the reputation of a very secure facility – it benefits your business and its reputation.

You not only have a system in place, but you have the intelligence to go along with it. Your system log keeps track of visitors, staff and patients and which areas of your facility a particular person has accessed. You are accountable for your facility – and you have the information to prove it – so meeting compliance regulations doesn't have to be a daunting task.

Finally, you have data through system reporting. It documents the destruction of assets, tracks theft and breaches, and reports on trends. A system is only as powerful as how well it does its job and how well you can document it.

FORXAI, the Konica Minolta imaging IoT platform, combines imaging technology with cutting-edge IoT and AI technologies to accelerate the digital transformation of society with customers and partners. Within its portfolio is FORXAI Video Security Solution for Secure Access.

Learn more at <https://kmbs.konicaminolta.us/solutions-services/video-security-solutions/>. ■

Associate Members

Family Fit Fest 2024: Alignment with NTX Health Disparities

By Mari Tietze,
PhD. RN, BC-NI,
FHIMSS, FAAN
Sharla Myers, JD
Tina Holt, MBA



ALTHOUGH WE THINK OF POVERTY, FOOD INSECURITY, AND LACK OF HEALTHCARE ACCESS as “third world” country issues, that is not necessarily the case. In fact, in certain Dallas-Fort Worth ZIP code areas, more than 30% of the population live under the US poverty level of \$14,580 income per one-member family, which represents an hourly salary of \$7.29 (Office of Assistant Secretary for Planning and Evaluation, 2023).

Health disparities in these areas are widespread, with chronic disease, lack of health education, and lack of resources far exceeding the North Texas and even state averages. The purpose of this report is to highlight how knowledge of health disparities in underserved populations can support targeted health improvement activities in those communities.

FAMILY FIT FEST 2024 OVERVIEW

The **Family Fit Fest 2024** event convened by the Community Council of Greater Dallas will occur on **April 27**. Over 2,000 families from all over North Texas will attend the event, at no cost, along with their family members of all ages. Bouncy houses, wall-climbing, and the Maverick Cheerleaders are usually the kids’ favorites.

In addition, a hundred booths will line the walkways, including health screenings, cooking demonstrations, health improvement educational materials, healthy games for children, and many more activities.

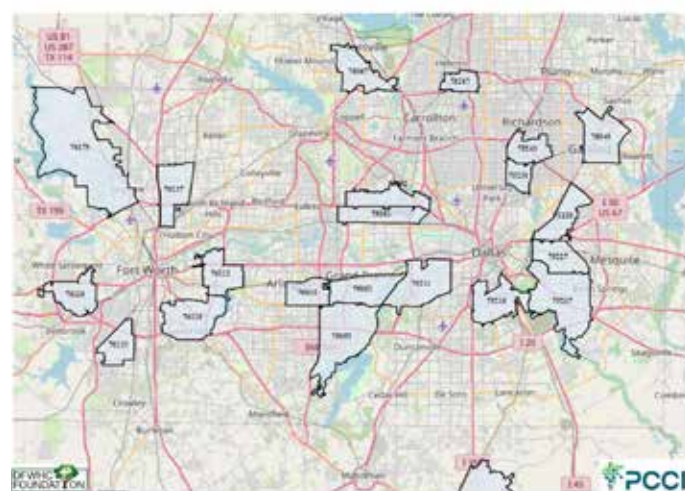
PRIORITIZATION AND IMPROVEMENT IN HEALTH EQUITY, ANALYZED BY THE DALLAS-FORT WORTH HOSPITAL COUNCIL FOUNDATION AND PCCI

The Family Fit Fest community-based event is significant because of its alignment with recent findings in a Dallas-Fort Worth Hospital Council (DFWHC) Foundation/ PCCI report entitled, *2023 North Texas Health Equity: Improvement Opportunity Analysis and Prioritization*. The report identified a prioritized list of health conditions across North Texas where communities have a significant opportunity to work together to improve health equity.

The DFWHCF and PCCI teams used health measures, such as how frequently someone with a certain condition ends up back in the hospital within 30 days after going home, or how often they ended up in the emergency department, as the basis for the analysis.

They looked at disparities in these outcomes by race, income, and ethnicity, and they also looked at the

Health Disparities: Diabetes, Pulmonary Condition and Infant/Maternal Health



Counts by ZIP Code and HEI Score

Legend: Median Household Income (HEI) Score

Color Scale: 5 (Light Green) to 10 (Dark Blue)

ZIP Codes and HEI Scores:

- 75207: 5
- 75208: 5
- 75209: 5
- 75210: 5
- 75211: 5
- 75212: 5
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In addition, the map illustrates the level of non-medical barriers to health (the Health Equity Index [HEI]) in that ZIP code, and the darker the color, the higher the degree of these non-medical health challenges in that community. These non-medical barriers to health are

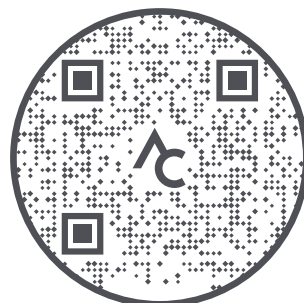
The Family Fit Fest is an exceptional opportunity for healthcare providers, healthcare systems, businesses, and community-based organizations to come together to address the health of Dallas County residents. The event links together the people most likely to experience barriers to good health with the service providers who can help them overcome these barriers. Events such as the annual Family Fit Fest aim to increase the community members' health literacy and improve health care behaviors. The variety of Family Fit Fest exhibitors allows participants to access information on chronic disease, mental and emotional health, financial health, and fun ways to achieve physical fitness.



Does your marketing need an infusion?

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

It's time to infuse your brand with Agency Creative.



SECTIVE PERSPECTIVES

The digital marketing landscape is ever-changing – for the better or worse.

As an ad agency, generating positive ROI for our healthcare clients is a must. So, understanding the dynamics of the complex and ever-changing world of digital advertising requires us to constantly hone strategies to ensure we are generating the best outcomes.

One of the biggest changes coming is the elimination of third-party cookies. They are used to track consumers' mobile ID and behaviors. Using programmatic advertising, it allows us to show them relevant ads and accurately measure effectiveness of our digital campaigns. Google has planned to terminate it this year.

To become a bigger advertising player, Apple plans on rolling out their own DSP (demand-side software platform) that allows advertisers to buy media with the help of automation. Additionally, a few DSPs now provide predictive targeting that delivers advertising to a more defined consumer. For example, we use AdTheorent, a publicly traded company incorporating machine learning in generating over 200 data points to precisely identify highly-predictable consumers before our ads are delivered to them. Less ad waste and highly qualified audiences generating much higher ROI figures.

AI in marketing is here to stay. It will drastically change our industry. Based on a recent study done by MNTN research, 67% of advertising professionals are currently using AI tools to brainstorm and develop basic concepts. 92% of brands and agencies believe the biggest opportunity of AI will improve efficiency and processes.

Due to the speed of AI tools coming to market, it's impossible to know how else it will change advertising as we know it today.

Another big change coming soon is Google's search technology. It will perform less indexing of third-party website content for search results and replace it using AI for content creation. This will negatively affect traffic to content publisher sites by reducing their advertising revenue.

Within the healthcare industry, social media will continue to grow as a source of healthcare information. This creates concern regarding health-related outcomes. Based on a Bayer survey, 4 in 10 US adults have used online information rather than seek physician care. Edelman's 2023 Trust Barometer study found 44% of the young adults ages 18 to 34 said the average person who has done their own research is just as knowledgeable as a doctor on most health matters.

In closing, as marketers we must keep up with all the drastic and frequent changes coming. How well we embrace these will determine our ability to be of value to our clients and organizations. It's a brave new world.



About the author

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HALL RENDER

CONTINUED FROM PAGE 13

Governor Abbott signed Senate Bill 7 into law. It is important to note that this bill does not become effective until February 6, 2024. The new Texas law prohibits almost all employers from enforcing COVID-19 vaccine mandates. The law aims to protect individual rights while balancing public health concerns.

There are three important provisions contained in this bill. First, Section 81D.006 imposes a \$50,000.00 administrative penalty against the facility, for each individual violation, along with the costs incurred by the Texas Workforce Commission's investigation into any complaint.

Second, Section 81D.0035 allows health care facilities to impose a reasonable policy requiring certain unvaccinated health care employees to use protective medical equipment based on the level of risk the individual presents to patients from the individual's routine and direct exposure to patients. This may be an important exception because it allows hospitals to take disciplinary action against unvaccinated employees who refuse to comply with reasonable protective measures.

So, what happens when an employee working in radiology is unvaccinated? Can a hospital require him/her to use protective medical equipment? The answer depends on whether that specific employee directly sees patients in the regular course of his/her duties. If the answer is never or rarely, the Texas law appears to indicate the facility may not require the use of protective medical equipment in that scenario.

The third provision, Section 81D.002 states, "An employer may not adopt or enforce a mandate requiring an employee, contractor, applicant for employment, or applicant for a contract position to be vaccinated against COVID-19 as a condition of employment or a contract position." The law does not specifically define "employee" and defines "contractor" as "a person who undertakes specific work for an employer in exchange for a benefit without submitting to the control of the employer over the manner, methods, or details of the work."

Independent Medical Staff. While the new Texas law prohibits a COVID-19 vaccination mandate for employees and contractors, it is unclear whether hospitals can require vaccinations for independent medical staff members. On one hand, the law is clearly directed to employers, not persons and not facilities. On the other hand, Senator Miles and House Representative Turner each offered an amendment in their respective chambers to exclude health care facilities and providers entirely

from the applicability of this new Texas law, and both amendments failed, suggesting that health care, as an industry, was considered for exception and refused. Before proceeding with a medical staff policy or appointment requirement of COVID-19 vaccination, please consult legal counsel.

CONCLUSION

The intersection of CMS requirements and Texas law presents a complex legal landscape for health care facilities. While CMS mandates detailed reporting of vaccination data, and ties reimbursement to compliance, Texas law restricts the enforcement of vaccine mandates. This juxtaposition necessitates careful legal navigation, balancing employee rights with public health responsibilities to both federal agencies and patients. Future legislative developments may further shape this dynamic, highlighting the need for health care facilities to remain adaptable and informed.

Employers will want to be sure that their on-boarding and infection control policies for employees encourage vaccination and gather the information needed for CMS reporting but make clear that the COVID-19 vaccination is not mandated for employees and contractors. Employers may also want to expand their reasonable accommodation policies to anticipate the protective measures permitted by the new law.

Always consult your legal counsel with specific legal matters. If you are looking for practical advice on updating your facilities policies and finding the most efficient and compliant process of obtaining the necessary data to report, please contact:

- **Robin Sheridan** at rsheridan@hallrender.com or (414) 721-0469;
- **Miles Moody** at mmoody@hallrender.com or (214) 615-2008; or
- Your primary Hall Render contact.

Hall, Render, Killian, Heath & Lyman, P.C. is a national health care 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. ■

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education • networking • collaboration



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Children at Risk	MCAG	VNA of Texas
Clarity Diagnostics	McDermott + Bull	Witt/Kieffer
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Dallas Community College District	Mediktor	
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Dallas Regional Chamber	Milburn Partners	
ElevationMD	Moss Adams	
Embrace Hospice		



Jennifer Miff

President, DFWHC Foundation
Senior Vice President, DFWHC

Prioritizing Health Equity in NTX

AT THE BEGINNING OF 2024, the DFW Hospital Council (DFWHC) Foundation began to share its 2023 “North Texas Health Equity Improvement Opportunity Analysis and Prioritization Report” and the response has been uplifting. This innovative study, commissioned by DFWHC, leveraged the Foundation’s data on inpatient and outpatient clinical outcomes to identify what and where we should focus as a region to get the biggest possible improvements in health equity.

DFWHC commissioned the advanced analytics and modeling for this study from PCCI, a fellow 501c3 and long-time partner of the Foundation. PCCI created a health equity methodology and index using the disparity ratio from “Healthy People 2030,” along with the DFWHC Foundation’s list of prioritized clinical areas based on the CMS and health system priorities, as well as researched areas from its Healthy North Texas website (healthyntexas.org).

They classified subdomains in each clinical area and included geography based on the percentage of North Texas zip codes performing worst in variance of health outcomes by income, race and ethnicity. They aggregated and weighted across key factors to develop a comprehensive Health Disparity Index, which was used to prioritize opportunities for improvement in health outcomes across 17 North Texas counties. The top 5 clinical areas of priority are: diabetes; pulmonary conditions; infant and maternal health; mental and behavioral health (depression, anxiety, suicide); and heart disease.

PCCI developed a tool allowing users to geomap specific neighborhoods with the greatest needs, which the DFWHC Foundation plans to leverage to help health systems, community organizations and academic institutions when prioritizing collaborative improvements. The opportunities to improve equity in these top five areas were at least three times higher than the lowest ranking clinical category analyzed. Not surprisingly, chronic diseases over-index in this analysis due to repeat ED utilization and co-morbidities that tend to drive 30-day readmissions. It’s well-documented that removing barriers to improve health outcomes are frequently related to non-medical drivers of health, such as transportation, support systems, nutrition and lack of coverage.

McKesson and the Community Council of Greater Dallas have teamed together with DFWHC to start a North Texas Health Equity Collaborative focused on programs, resources and sharing best practices. We hope this analysis will continue to encourage new programs, conversations and research around how we can work together to improve equitable health outcomes in North Texas. ■

How to contact us

972-717-4279

info@dfwhcfoundation.org



www.dfwhcfoundation.org

Foundation Mission

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

Foundation Vision

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

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DFWHC Foundation

Around DFWHC Foundation



First prize for poster abstract went to Jimmy Shah (second from left) of Methodist Dallas Medical Center. Standing with him is Stephen Love (l to r) of DFWHC, Will Grey of Resultant, Aaron Bujnowski, president of ACHE of North Texas and Stephanie McGinn of Children's Health.

Foundation's 7th Annual Data Summit closes with a total of 200-plus participants

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION Information & Quality Services Center's (IQSC) **7th Annual Data Summit** wrapped up on January 25 with a total of 200-plus participants for the two-day virtual event. This year's Summit, themed "The Future of AI-Based Healthcare Analytics," included six sessions and 16 speakers.

"We were thrilled by the turnout this year," said **Theresa Mendoza**, director of quality and data services at the DFWHC Foundation. "We have received nothing but compliments on our speakers and we would like to thank them for their quality participation. The feedback has been tremendous."

A pre-event ceremony to honor poster submissions detailing data projects in North Texas was held January 23 at Scottish Rite for Children in Dallas. You can view the 20 poster abstracts at <https://dfwhcfoundation.org/about/events/iqscdatasummit/>.

The first place poster "Patients with Pancreatic Ductal Adenocarcinoma Submitted to Robotic and Open Procedures: A Retrospective Logistic Regression Analysis," was created by **Jimmy Shah** of **Methodist Dallas Medical Center**.

Second place went to **Nicole Beckley** of **UT Southwestern** with "Area Deprivation is Associated with Postpartum Readmission Facility Location and Timing." You can view a full list of the prize winners at <https://dfwhcfoundation.org/foundation-hosts-poster-presentations-prior-to-day-1-of-data-summit/>.

Resultant served as the top Gold Sponsor of the event.

The Summit was approved for 4.74 CE hours for CAHIMS and CPHIMS. The event was also approved for 5.5 CNE hours of nursing credits.

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

Making a Difference



26th Annual **Employee of the Year Luncheon**

*Honoring the best hospital
employees of North Texas*

April 18, 2024
Hurst Conference Center

Reception 11:15 a.m.
Luncheon/Awards 12 noon - 1:30 p.m.

dfwhcfoundation.org/2024-employee-of-the-year
eoym@dfwhcfoundation.org



26th Annual Employee of the Year Luncheon set for April 18

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION in January announced the date and location of its **26th Annual Employee of the Year Luncheon** as Thursday, **April 18** at the **Hurst Conference Center**.

Themed “Making a Difference,” this year’s event will honor 14 recipients from hospitals across North Texas. For over two decades, the DFWHC Foundation’s Employee of the Year Luncheon has honored more than 1,260 exceptional hospital employees. The luncheon is designed to be a memorable afternoon for hospitals and their nominees.

In the fashion of an awards show, recipients are announced at the event and asked to come to the stage to receive their honor.

“We hope this day will be memorable and inspiring for the nominees,” said **Jen Miff**, president of the DFWHC Foundation. “The Foundation is a strong proponent for workforce programs that make a difference in the quality of care for all North Texans. This Luncheon’s recognition is critical to boost staff morale, retain a strong workforce and honor the roles of each and every employee contributing to the successful delivery of patient care, whether on the front line or behind the scenes.”

Awards this year will include:

- Employee of the Year;
- Volunteer of the Year;
- System Employee of the Year;
- Physician of the Year;
- Preceptor of the Year;
- and the Rex McRae Scholarship.

Young Healthcare Executives of North Texas and members of the ACHE of North Texas Board will judge the nominations. Individual and hospital names are removed and selections are based on the facts presented. Nominees are separated into four categories of hospitals between 1-99 beds, 100-250 beds, 251-499 beds and over



500 beds. Two recipients are selected from each category and receive cash awards.

Deadline to submit nominees is **March 1, 2024**. One nominee is allowed in each category per hospital. Nominee forms can be found at <https://dfwhcfoundation.org/2024-employee-of-the-year/>.

Sponsorships went on sale in February and can be found at <https://dfwhcfoundation.org/2024-employee-of-the-year/>. Tickets will go on sale in March.

For information, contact EOY@dfwhcfoundation.org or **972-719-4900**. ■

Around DFWHC Foundation



EMTALA

Emergency Medical Treatment
and Active Labor Act

Webinar attracts more
than 380 attendees

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION

in association with the **Centers for Medicare and Medicaid Services (CMS)** co-hosted the live webinar “**EMTALA – Emergency Medical Treatment and Active Labor Act**” on January 16 with more than 380 attendees participating.

Dr. Sean Michael, MD, MBA, FACEP, the regional chief medical officer of CMS in Denver/Region 8, served as keynote speaker.

EMTALA was a 1986 act passed by the U.S. Congress requiring hospital emergency departments accepting Medicare payments to provide an appropriate medical screening examinations to anyone seeking treatment regardless of citizenship, legal status or ability to pay.

Topics included:

- Providing patients with medical screening

examinations (MSE);

- Stabilizing patients with emergency medical conditions;
- Transferring or accepting appropriate patients as needed;
- Proper training and education;
- Proper charting and verbiage;
- Appropriate actions with mental health patients.

“We were thrilled by the participation,” said **Patti Taylor**, director of quality and patient safety at the DFWHC Foundation. “We would especially like to thank the CMS for providing such a great speaker to discuss this important topic.”

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

Lean Six Sigma: 190 attendees receive White Belt certification

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION in association with **Leaning Toward Change**, hosted a complimentary **“Lean Six Sigma White Belt Certification Course”** on February 6. More than 200 attendees participated in the virtual event to learn the foundations of Lean Six Sigma.

The White Belt is the first level of certification in the Lean Six Sigma methodology, a set of principles and tools for process improvement and quality management. More than 190 participants were able to pass the exam and receive White Belt Certification.

Tanya Stinson, founder of Leaning Toward Change (<https://www.leaningtowardschange.com/>), served as the class instructor.

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



Opioid Series reboots in 2024 with Feb. 20 event

MORE THAN 40 ATTENDEES participated in a continuation of the DFW Hospital Council (DFWHC) Foundation’s virtual **“Opioid Discussion”** on February 20 with the topic **“Using Data and Wearables to Determine Recovery Progress and Provide Real Time Interventions.”**

Eliza Foltz, chief growth officer at Pretaa, Inc., served as guest speaker. Topics included:

- How software innovations are utilized to measure outcomes beyond just self-report;
- How biometric reporting can inform Substance Use Disorder and behavioral healthcare and be used for relapse prevention and early intervention;
- Understanding physiological metrics and how they can apply to behavioral healthcare.

This was a free virtual event with a target audience of Clinicians, Physicians, Nurses, Healthcare Workers,



Community Health and Community Members.

The “Opioid Discussion” is expected to continue throughout 2024 to raise awareness on the opioid epidemic in North Texas. Four events were held in 2023 with topics including “The Opioid Crisis: Three Phases and Beyond” and “The Struggle is Real: Opioid Use Disorder.”

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



Danny Davila

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

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Deceived by candidate credentials?

THE “ART” OF DECEPTION has been used for centuries by individuals preying upon the unsuspecting. The end game? Deceiving someone with exaggerated claims of abilities.

In a 2014 CareerBuilder survey, 2,188 HR professionals detailed the frequency of candidate profile deceptions. The most common included embellished skillsets (57%); embellished responsibilities (55%); job title (34%); and academic degree (33%). Industries encountering the most fabrications were financial services (73%); leisure and hospitality (71%); information technology (63%); and health care (63%).

What influences job seekers to create deception? Well, on average, it takes 21-80 distributed applications for a single offer. Did you know the average corporate opening receives 250 applications? This inspires candidates to exaggerate qualifications. Having served as a talent acquisition and background screening leader for 28 years, here are the most common deceptions:

- 1. College Degree** – Jobs requiring a college degree will attract candidates who did not complete their studies. In 2009, a person stated she held a master’s degree in psychology. When reviewed, it was discovered this was altered and the degree actually belonged to her spouse. The employer incurred fines and had to arrange repayment to CMS.
- 2. Fake Diplomas** – In 2023, it was reported three nursing colleges in Florida combined to issue more than 7,000 fake diplomas. School officials and individuals using the diplomas were charged with this fraudulent crime. These diplomas were quickly identified and influenced an abundance of caution in health care.
- 3. Enhanced Job Title** – The expansion of search engines has led to the placement of “key words” in resumes so tracking systems discover candidates. It’s akin to rigging the game. This action increases resume-match probability to create job interviews. The drawback is the candidate may not have the right job experience.

Here’s a few steps you can take to reduce these risks:

- 1. Enhance your application screening process continually.** Ensure you identify the key qualifications essential to the job. Don’t forget to include education credentials.
- 2. Screening tools should include questions requiring direct knowledge** and experience to minimize candidates who do not qualify for the job.
- 3. Communicate extensively with your background screening provider** when it comes to verifying education, experience and credentials. ■



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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Danny Davila:
ddavila@gp1.com

www.gp1.com



GroupOne's HR Surveys are here, participation continues thru February

FEBRUARY IS SURVEY TIME at GroupOne Background Screening, with three annual HR surveys conducted from **February 1-29**.

The annual **Pay Practices Survey** and **Benefit Practices Survey** provide valuable benchmarking data from across Texas. Participation is free and reports are available for \$225 a survey. If you choose not to participate in the surveys, you may still purchase them for \$625.

Survey links will be sent to GroupOne clients and other healthcare entities on February 1. Please pass the information on to your teams.

The third survey is the **Annual Vacancy & Turnover Survey** for North Texas. This provides benchmarking information for hospitals and education partners. The survey is completed by the employment or nursing department.

All North Texas hospitals have received a link to participate. You will receive the Vacancy & Turnover

results free of charge. Details of the surveys include:

- **PAY PRACTICES SURVEY** – key compensation measures, certification pay, differential and shift pay, call pay, charge and preceptor pay, critical shortage pay plans;
- **BENEFITS PRACTICES SURVEY** – time off, retirement plans, medical, dental, vision, prescription plans, wellness programs, short and long-term disability, life insurance, tuition assistance, and professional development;
- **VACANCY & TURNOVER SURVEY** – (North Texas only; results free) – vacancy rates for nursing and allied health positions; turnover for staff, nursing and PRN.

Don't miss out! To participate, contact **Stephen Dorso** at **469-648-5014** or stephend@groupone.com. ■

Time limit – Just how far back do background checks go?



HERE AT GROUPONE BACKGROUND SCREENING, we are often asked, “How far back do background checks go?” Sometimes we’ll answer, “They go all the way back!” We are kidding, of course.

We use background checks to confirm and verify the information on an applicant’s résumé, such as education credentials and work history. Here’s a few answers that generally – and we repeat generally – apply.

Employment background checks can go back as far as 7-10 years, though that timeframe varies depending on the type of check, industry regulations, state and local laws and the position applied for.

It’s important to note the Fair Credit Reporting Act (FCRA) provides job candidates with rights and consumer reporting agencies like GroupOne with guidelines which cannot be violated. To do so could result in some hefty fines. One of the most important rules is we must obtain written consent before conducting a background check.

CRIMINAL HISTORY – The investigative period for criminal background checks usually covers 7-10 years. These checks turn up public arrest records, court records and criminal records for arrests and convictions, in addition to pending cases. Some employers also request searches of misdemeanor records. While results from misdemeanor searches only cover the last 7-10 years, felony convictions could appear on a record for life.

EMPLOYMENT HISTORY – Employment history checks usually go back seven years and confirm previous employment dates and job titles.

EDUCATION VERIFICATION – There are usually no restrictions on how far back education verifications go. The check confirms schools attended, degrees or certifications earned, and honors received.

PROFESSIONAL LICENSE – Professional license verifications can go back as far as the date when the license was issued. The check confirms a candidate holds a professional license, while verifying the date it was issued.

CREDIT HISTORY – Checking credit history involves obtaining a candidate’s credit report from one or more credit bureaus. Credit reports can only be obtained with written consent and the report may not include a credit score. Credit reports can only show information from the last seven years, though some bankruptcies could be reported for a longer period.

REFERENCES – Reference checks have no time limit, although it is advisable for employers to limit the scope of review as a cost-saving measure. This check involves contacting references, to include former employers and supervisors. ■

Believe it or not, **FREE SPEECH** has its limits!



PUBLIC DEBATE ABOUT the Israel-Hamas war, not to mention controversies over the past several years, demonstrate Americans have divergent views on political issues. Believing their right to express those views is grounded in the First Amendment, many high-profile figures are expressing controversial opinions through social media, public interviews and podcasts. But many are also learning the difficult lesson that the right to free speech does not mean complete immunity from consequences.

Elon Musk, the billionaire owner of X (formerly Twitter), recently learned this lesson. After he made several highly controversial social media posts that many viewed as antisemitic, multiple advertisers withdrew their business from X. **Susan Sarandon** also suffered the consequences of statements made during a pro-Palestinian rally in New York City when she was dropped by her talent agency.

Why are these individuals not protected by the First Amendment's declaration that free speech is an American right? The First Amendment says "Congress shall make no law abridging the freedom of speech." As courts have consistently made clear, the reference to "Congress" limits First Amendment protection to government action. It does

not prohibit private actors – like companies and talent agencies – from making employment decisions based on an employee's speech.

Even in the public arena, the First Amendment only protects speech related to "matters of public concern." Simply put, the First Amendment does not protect hate speech like statements associated with antisemitism and islamophobia.

Nor is free speech compromised by social media platforms choosing to block users or a private corporation's decision to withhold business from X. Recently, the First Circuit Court of Appeals and a judge for the National Labor Relations Board ruled the grocery store Whole Foods did not violate free speech when it enforced a dress code policy that prohibited its employees from sporting "Black Lives Matter" garb at work.

Elon Musk can choose to say what he wants, celebrities can express their views freely, and private sector employees can take to social media and attend rallies, but they are not insulated from the consequences of the views they choose to tout. Even where the right to free speech does apply, what is considered hate speech is not protected. So, can employers and companies do that? You bet they can. ■

FAMILY FIT FEST
CONTINUED FROM PAGE 17

The connection between identified disparities (see Figure 2), such as those in the DFWHC Foundation/PCCI report, community engagement efforts, and specific events, such as the annual Family Fit Fest, is essential to decreasing health disparities in underserved communities. Sponsors and exhibitors have the opportunity for visibility as the event will be sponsored and covered by **NBC5** and the Spanish station **Telemundo**.

POTENTIAL EXHIBITORS AND SPONSORS

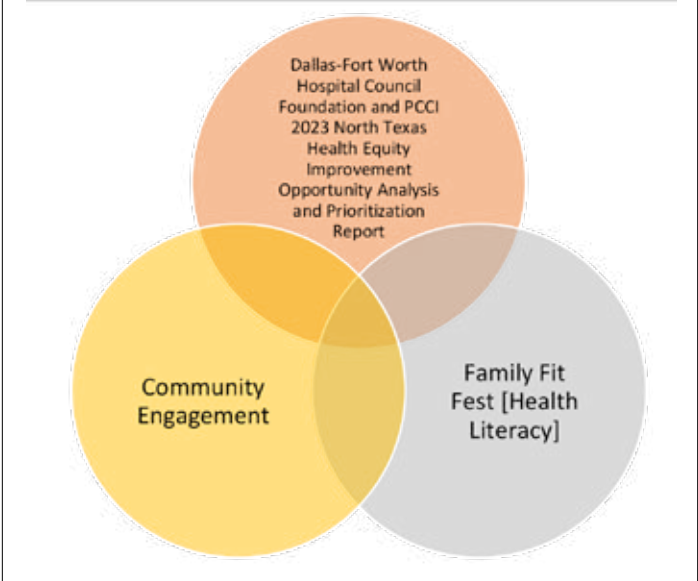
Dear Exhibitors and Sponsors,
The Family Fit Fest is a community-based event that aims to address health disparities and improve health outcomes in the Dallas-Fort Worth area. It is alarming to see that certain ZIP code areas in our region have more than 30% of the population living below the poverty level, with limited access to healthcare and facing food insecurity. These issues are not limited to “third world” countries but are present in our backyard.

The tenth annual Family Fit Fest will take place on April 27, 2024, and we expect families from all over North Texas to attend. This event provides a unique opportunity to engage with these families of all ages, from ages 1 to 99 years, and offer them valuable resources and support. As noted, the event aims to improve health literacy and promote healthy behaviors, from health screenings to cooking demonstrations and educational materials to fun activities for children.

You will be particularly interested to see the alignment between the recent Dallas-Fort Worth Hospital Council Foundation/PCCI report on Health Equity Opportunities in North Texas and the attendees of the Family Fit Fest. The report highlights the top health conditions for our region, where we have an opportunity to improve health equity, which the top 3 are Diabetes, Pulmonary Conditions, and Infant/Maternal Health. Our event attendees tend to come from underserved communities and are more likely to experience these health conditions and the barriers that often make it difficult to improve their health. By participating as an exhibitor or sponsor, you can directly address these disparities and positively impact the lives and health of over 2000 expected attendees.

In addition to the opportunity for visibility through our media partners, NBC 5 and Telemundo 39, your support will contribute to the success of this event and help us move the needle in the right direction toward reducing health disparities in our community. We believe that by

Figure 2: Connections that can decrease Health Disparities in Underserved Communities



coming together as organizations, healthcare providers, businesses, and community-based organizations, we can make a difference and improve the health outcomes of the most underserved populations.

We kindly request your support as an exhibitor or sponsor for the Family Fit Fest 2024. Your contribution will not only benefit the attendees of the event but also showcase your commitment to community health and well-being. If you are interested in participating or want more information, please visit our website at <https://www.familyfitfest.org> or contact us directly.

Thank you for considering our request. Together, we can create a healthier and more equitable community.

Sincerely,
Tina Holt, MBA
Senior Director of Advancement
Community Council of Greater Dallas
tholt@ccadvantage.org
806-440-2680

REFERENCES
Ccadvance.org. (2024). Community Council of Greater Dallas, About Us. <https://www.ccadvance.org/mission>
Healthy North Texas (2024). Health Equity Index. <https://www.healthyntexas.org/indexsuite/index/healthequity>
Office of Assistant Secretary for Planning and Evaluation. (2023). <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines> ■

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