DALLAS-FORT WORTH HOSPITAL COUNCIL

INTERLOCUTOR

SUMMER 2026 WWW.DFWHC.ORG NEWS FROM THE DFW HOSPITAL COUNCIL

Second youngest medalist in U.S. history

Seven-time Olympic Medalist

Author

Former Model

Mental Health Survivor

Hero

AMANDA BEARD

to serve as Keynote Speaker at DFWHC's 78th Annual Awards Luncheon on Oct. 16

PAGE 6

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Steve Love
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No margin, no mission

SISTER IRENE KRAUS, THE FOUNDING president/CEO of the Daughters of Charity National Health System, said in the 1980s, "no margin no mission." Her words ring true today. Many people do not realize that hospitals must produce a margin due to intense capital needs, advances in technology and rising expenses. There are basic costs related to labor, medications, utilities and supplies. Let's not forget the need to upgrade diagnostic tools, surgical equipment and healthcare facilities.

Margins are eroded by public payer reimbursement that generally do not cover the cost of the service. Expenses associated with pre-certifications for treatment and appeals associated with payer denials further reduce margins. Hospitals must maintain facility readiness as emergency rooms and intensive care services require round-the-clock readiness regardless of patient volume.

Hospitals in Texas must also contend with rising uncompensated care because our state has the highest number of medically uninsured residents in the nation. The recent changes in governmental reimbursement due to the One Big Beautiful Bill and expired premium tax credits have added significantly to uncompensated care in hospitals.

Many people think Texas Medicaid covers individuals who are economically challenged or near the federal poverty level. This is not the case as the majority of those eligible for Medicaid are pregnant women, children and disabled adults. Therefore, many economically challenged Texans do not qualify for Medicaid and obtain medical care through emergency departments rather than a primary care provider.

Affordability of health insurance impacts all of us, no matter our coverage. I was at a recent conference and a panel discussed the cost of healthcare. An audience member stated she thought healthcare costs were too excessive and wanted to roll back prices to the 1960s. One panelist responded, "Will you also accept the outcomes of diseases in the 1960s?"

Sometimes we forget the expenses incurred from research, development and new diagnostic tools. All come with significant price tags. Yes, we all want to reduce healthcare costs and improve affordability. But it should be done with collaborative discussions with stakeholders, rather than knee-jerk reactions or piecemeal legislation with unintended consequences.

Thank you for your support of DFWHC. ■

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INTERLOCUTOR

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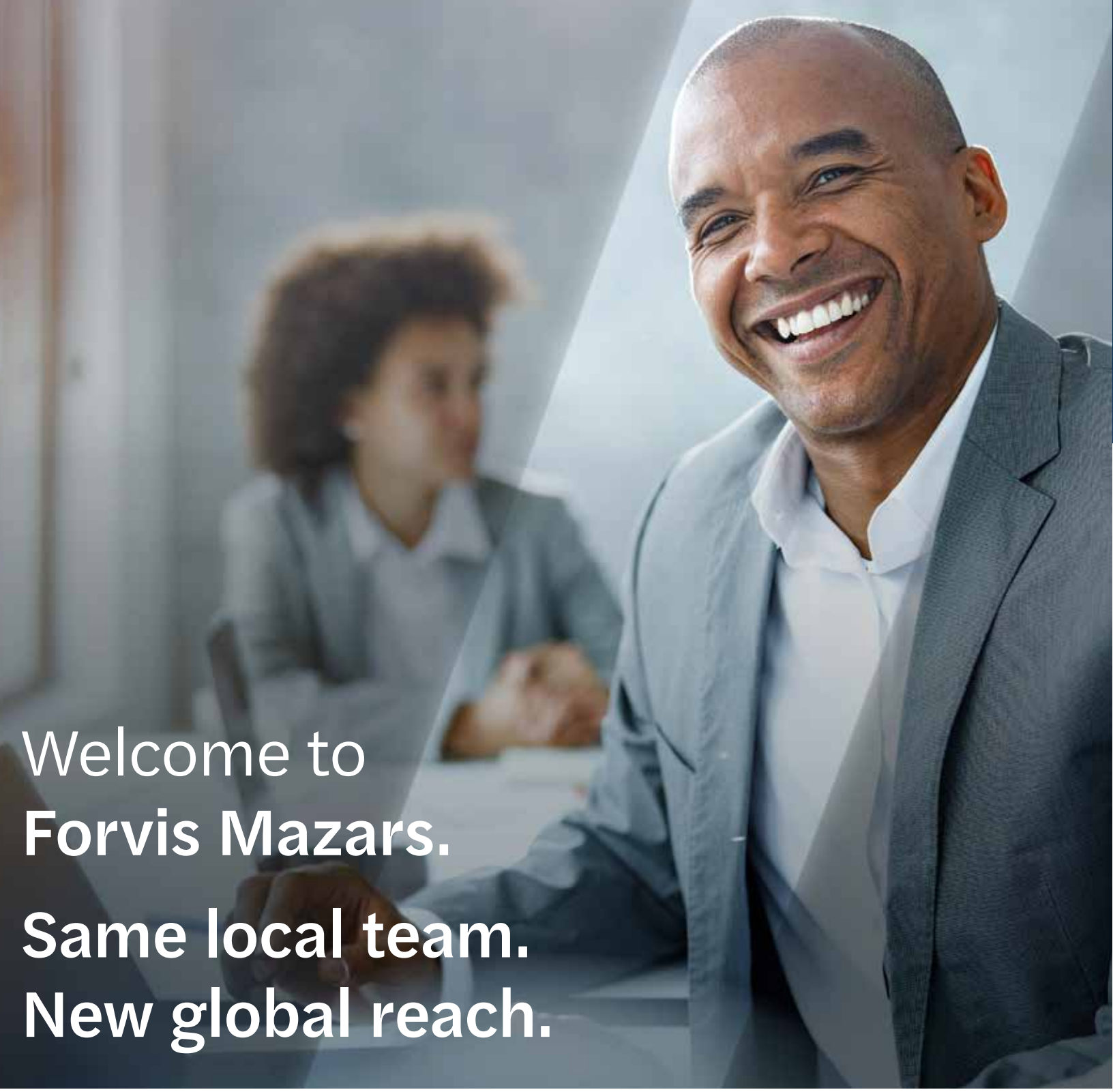
DALLAS-FORT WORTH HOSPITAL COUNCIL

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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Contact **Whitney Hicks**, Senior Account Executive - Healthcare Specialist to find out more: **whicks@kmbs.konicaminolta.us**

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Exceeding Your Vision!

DALLAS-FORT WORTH HOSPITAL COUNCIL

78th ANNUAL AWARDS LUNCHEON

October 16, 2026
Loews Arlington Hotel and Convention Center

11:00 a.m. — Reception
12:00 noon - 1:45 p.m. — Luncheon

Distinguished Health Service Award
Duncan Webb
Medical City Healthcare

Boone Powell, Sr. Award of Excellence
Barclay Berdan
Texas Health Resources

Young Healthcare Executive of the Year
Graham Torres
Children's Health

Kerney Laday, Sr. Trustee of the Year
Rev. Ralph Emerson
JPS Health Network

Keynote Speaker
Amanda Beard
Seven-time Olympic Medalist

Master of Ceremonies
Juan Fresquez
Methodist Mansfield

Information
CHRISW@DFWHC.ORG

INFORMATION

Join us as we honor the great healthcare leaders of North Texas.

Olympic medalist **Amanda Beard** to serve as Keynote Speaker at Annual Awards Luncheon

THE DFW HOSPITAL COUNCIL (DFWHC) announced in August that **Amanda Beard** will serve as the keynote speaker during DFWHC's 78th Annual Awards Luncheon on October 16 at the Loews Arlington Hotel and Convention Center.

An American swimmer and a seven-time Olympic medalist, Beard was just 14 years-old the first time she made an Olympic appearance. She was often photographed clutching her teddy bear, even on the medal stand, where Beard had the distinction of being the second-youngest American Olympic medalist in history.

Over the course of the next 12 years she would be the recipient of eight USA Swimming National Titles, hold the FINA World Record and World Champion title for the 200-meter breaststroke, make three more appearances in the Olympic Games and serve as the USA Olympic Swim Team Captain twice.

After achieving an athletic scholarship to the University of Arizona, Beard began to struggle with body dysmorphic disorder. Stress from wearing a swimsuit in front of others as well as seeing the photo-shopping process of her ads caused Beard to desire having a body which matched that in her photos. She released **"In the Water They Can't See You Cry: A Memoir"** in 2012. The book cites her parents' divorce at the age of 12 as the beginning of her personal struggles, as well as her perfectionist nature. In the autobiography, Beard chronicles her struggles with self-mutilation, depression and drug use.

Beard is also a former model, having graced the pages of countless sports and lifestyle magazines with appearances in *FHM* and the *Sports Illustrated Swimsuit Edition*. Today, Beard shares her story of professional and personal triumph via motivational speaking engagements. Her most recent endeavor is as co-founder of Beard Swim Co., a learn-to-swim program with a philosophy that the ability to swim is one of the greatest gifts for a child.

Keeping kids water safe is a mission that has become even closer to Beard's heart since having children of her own. She is married to photographer Sacha Brown, with whom she has a son Blaise and a daughter Doone.

"Amanda Beard has been an American hero for most of her life," said **Stephen Love**, president/CEO of DFWHC. "In addition to her extraordinary athletic career, her personal triumphs are equally inspiring. We are looking forward to her presentation." ■

Annual Awards Luncheon

Barclay Berdan to receive Boone Powell, Sr. Award at Annual Awards Luncheon

THE DFW HOSPITAL COUNCIL (DFWHC) announced in August that **Barclay Berdan, FACHE** will be the recipient of its **Boone Powell, Sr. Award of Excellence**. Presented on a periodic basis, the award represents the DFWHC Board of Trustees' recognition of a peer in healthcare administration. It will be presented during DFWHC's **78th Annual Awards Luncheon** on October 16 at the Loews Arlington Hotel and Convention Center.

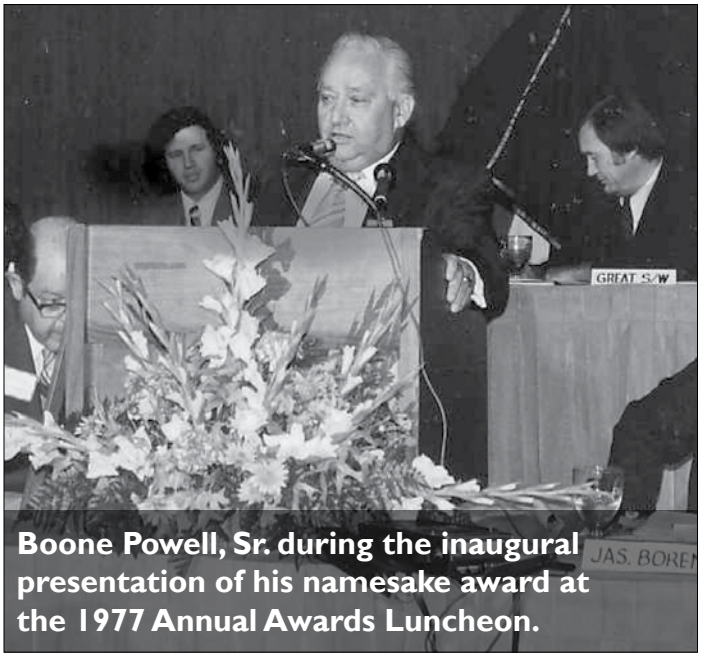
Barclay Berdan

Berdan has served **Texas Health Resources** for four decades, serving as the system's CEO since 2014. As announced earlier this year, he will step down in September as one of the longest-serving CEOs of a major health system in North Texas and a nationally recognized and respected professional in the industry.

"Barclay Berdan has honorably served North Texas healthcare for decades," said **Stephen Love**, president/CEO of DFWHC. "We are so indebted to his leadership at Texas Health Resources and here at DFWHC, when he served as the Chair of our Board of Trustees. I cannot think of a more deserving recipient of this award, a North Texas Hall of Fame of healthcare administrators, if you will. We are looking forward to honoring him."

Berdan will be the 14th recipient of the award, and the first in two decades. Past recipients have included:

- 1977 – Boone Powell, Sr.
- 1981 – Roderic Bell
- 1984 – Brad Lee Mootz
- 1986 – James Farnsworth
- 1989 – David Hitt
- 1993 – Ronald Smith
- 1995 – Boone Powell, Jr.
- 1997 – Douglas Hawthorne
- 2001 – George D. Far
- 2002 – Ron Anderson, MD
- 2005 – J.C. Montgomery, Jr.
- 2006 – Howard M. Chase
- 2008 – Joel Allison



Boone Powell, Sr. during the inaugural presentation of his namesake award at the 1977 Annual Awards Luncheon.

Recipients of the award must have served as a CEO for 15 years and made significant contributions to the healthcare industry. The vote is confidential and the one-time ballot of the Board must be unanimous.

The award's namesake, Powell, Sr., built a world class medical center during his 45 years of service at Baylor University Medical Center in Dallas. He was presented the inaugural award during DFWHC's 1977 Annual Awards Luncheon.

During Berdan's tenure, he led Texas Health through some of the most complex public health challenges in modern U.S. history while strengthening the organization's clinical and operational capabilities. Today, Texas Health has 29 hospital locations, including acute care, short stay, behavioral health, rehabilitation and transitional care facilities, and more than 420 points of access including Texas Health Physicians Group and Texas Health Breeze Urgent Care clinics. Berdan leaves a lasting legacy in North Texas healthcare. ■

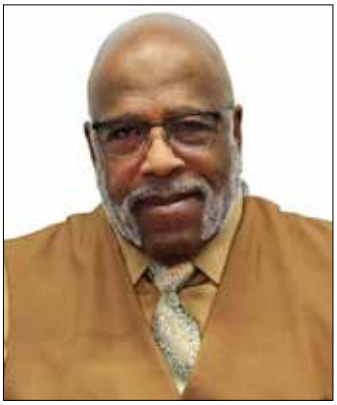
Distinguished Health Service Award
Duncan Webb

Duncan Webb will be the 2026 recipient of the DFW Hospital Council's **Distinguished Health Service Award**, an honor dating back to 1948. For more than 40 years, Webb has been a resident of Plano, Texas where he has been a practicing attorney. He is the sole shareholder of the law firm Webb & Webb, P.C. Today, he serves as the Collin County Commissioner for Precinct 4, a position he has held for more than 15 years.

A leader of his community, Webb served on the **Medical City Plano Board of Trustees** for six years, serving as Chair from 2010-2011. Webb was also elected to the Board of Trustees of the Plano Independent School District, serving four three-year terms. He also served as President of the Board from 2005-2008. Webb has served on the City of Plano Library Advisory Board (Chair for two years); Assistance Center of Collin County Board (Chair for one year); The Classics Board (President for one year); Practical Parent Education Advisory Board; and the Plano Family YMCA Board. In 2020, he was honored by the Plano Chamber of Commerce and Leadership Plano with the Distinguished Leadership Award. ■

Young Healthcare Executive of the Year
Graham Torres

Graham Torres, vice president, operations at **Children's Health**, has been named this year's DFW Hospital Council's (DFWHC) **2026 Young Healthcare Executive of the Year**. The 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 DFWHC-member hospital. Torres Joined Children's Health as an Administrative Resident in 2012. He has held a variety of leadership roles during his 14 years at the facility including Business Services Manager, Director of Ambulatory Operations and Vice President of Facility Operations. Most notably, Torres led the expansion of **Children's Medical Center Plano**. He served as operational leader for the project that expanded the hospital from 72 to 212 beds through the addition of a 400,000-square-foot inpatient tower. His efforts will allow the hospital to successfully serve the growing communities in Collin County and North Texas. ■



Kerney Laday, Sr. Trustee of the Year
Rev. Ralph Emerson

Rev. Ralph Emerson of **JPS Health Network** has been named the DFW Hospital Council's **2026 Kerney Laday, Sr. Trustee of the Year**. The award was created in 2013 to honor trustees who have displayed excellence throughout their careers. Emerson has been a JPS Health Network trustee for more than 18 years. Throughout his tenure, including his service as Board Chair, Emerson has consistently challenged the organization to make decisions that improve the lives of Tarrant County patients. Among his most significant contributions has been his leadership in guiding the **JPS Master Facility Plan**, which was the largest investment in healthcare infrastructure in the hospital's history. Emerson played an important role in helping the public understand why the investment was essential, emphasizing that the plan was more than just a construction project, but an investment in the health of the county's residents. As Senior Pastor of **Rising Star Baptist Church**, Emerson has dedicated his life to serving the people of Tarrant County. ■

Around DFWHC

DFWHC, the DFWHC Foundation and GroupOne moved their offices into the Crestview Tower in Irving/Las Colinas. The new address is 105 Decker Court, Suite 1150.

CORPORATE MOVE: DFWHC, the Foundation and GroupOne have moved to a new office building

THE DFW HOSPITAL COUNCIL (DFWHC) moved to a new location on August 7. The new office, to include the DFWHC Foundation and GroupOne Background Screening, will be one block away from its former location in Irving, Texas.

For DFWHC, a North Texas healthcare trade association with more than 55 years of service; the DFWHC Foundation, a 501(c)(3) tax exempt organization dedicated to education and research with more than 25 years of service; and GroupOne, a background screening company with more than 35 years of service, the new office space means improved client service, expanded parking and enhanced conference facilities.

DFWHC will now occupy the top floor of the **Crestview Tower** located at **105 Decker Court** in Irving. The multi-tenant office building is located in Irving's Las Colinas business district.

"The new floor plan will provide greater efficiency in how we serve clients," said **Stephen Love**, president/CEO of DFWHC. "We are now able to better position our offices to improve communication, and most importantly our speed in responding to clients' needs."

Construction is done, the crates are unpacked and the pictures have been hung. The new address for DFWHC, the DFWHC Foundation and GroupOne will now be:

105 Decker Court, Suite 1150
Irving, Texas 75062

Telephone numbers will remain the same. ■

DFWHC stands united with hospitals to combat **workplace violence**

ON JUNE 5, THE DFW HOSPITAL COUNCIL (DFWHC), the DFWHC Foundation and GroupOne Background Screening honored **#HAVhope National Day of Awareness** in coordination with hospitals, health systems, nurses, doctors and other health professional across the country, to combat violence and create awareness.

DFWHC stands together with the healthcare community against violence in our workplaces and communities. Since the pandemic, workplace violence in hospitals has become a growing concern, affecting healthcare workers and negatively impacting patient care. Healthcare workers are five times more likely to experience workplace violence than employees in other industries. This violence can range from verbal threats to physical assault and even homicide.

DFWHC's staff photograph was posted online in the hope of creating awareness on this crucial community issue. By operating as a united front with our hospitals, together we can forge a path for all to have hope.

Key goals of the campaign are to promote safety, unite communities, share solutions and drive advocacy. Since the campaign began, many states, to include Texas, have upgraded assault against healthcare staff from a misdemeanor to a felony charge.

More information can be found at **https://www.aha.org/hospitals-against-violence**. ■

Summer Educational Webinars

AS AN EDUCATIONAL SERVICE to our members, the DFW Hospital Council hosts monthly webinars with Associate Members.

June 11, 2026

"Advanced Care Planning (ACP)"

– DFWHC/UT Arlington

Speakers **Leah Wingard** of Care & Prepare; **Dr. Mari Tietze** of UT Arlington School of Nursing; **Dr. Jerry Barker** of Texas Cancer Specialists; **Dr. Mahmoud Jawad** of UT Arlington; and **John Nguyen** of Care & Prepare.
https://www.youtube.com/watch?v=0vI-GTbmVbE

June 17, 2026

"Data-Drive Hospital Pricing"

– DFWHC/Hospital Pricing Specialists

Speaker **Randi Brantner** of Hospital Pricing Specialists.
https://www.youtube.com/watch?v=wQfvZ1CsBN4

August 6, 2026

"Navigating Site Neutrality Under CAA 2026"

– DFWHC/Forvis Mazars

Speakers **Jill Griffith-Goodwin** and **Ellen Garlick** of Forvis Mazars.
https://www.youtube.com/watch?v=_BMCQmCheyc

August 26, 2026

"Bacterial or Non-Bacterial Infection? Know After 10 Minutes!"

– DFWHC/Unity Medical Alliance LLC

Speakers **Terence Green** of Unity Medical Alliance LLC; **Ken Blakeman** *of RCS HealthCare;* **Kristel Foster** and **Tommy Hall** of Lumos Diagnostic.
https://youtu.be/EoAm3xAKJj0 ■

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

Associate Members

EEOC proposed rule would eliminate longstanding EEO data reporting requirements

By Jon Bumgarner and Becca Foerder

SINCE 1966, EMPLOYERS, labor organizations, educational institutions and government entities have been required to submit workforce demographic information to the Equal Employment Opportunity Commission ("EEOC") through various EEO data reports. These reports have served as a cornerstone of the EEOC's efforts to monitor employment trends and identify potential discrimination, but this longstanding framework may soon change.

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

HALL RENDER
KILLIAN HEATH & LYMAN

THE PROPOSED RULE – REMOVAL OF REPORTING REQUIREMENTS

On July 21, 2026, the EEOC voted to issue a **Notice of Proposed Rulemaking ("NPRM")** that would eliminate the agency's demographic reporting requirements ("Proposed Rule"). If finalized, the Proposed Rule would rescind the entire EEO reporting framework, including EEO-1 (applicable to covered private employers and certain federal contractors), EEO-2 (applicable to certain joint labor-management committees), EEO-3 (applicable to labor organizations), EEO-4 (applicable to state and local government employers), EEO-5 (applicable to certain school systems) and EEO-6 (applicable to higher education institutions) reporting requirements, as well as related recordkeeping obligations.

PART OF A BROADER EEOC IDEOLOGY SHIFT

The Proposed Rule reflects a broader shift in how the current EEOC majority views discrimination. For decades, data collected through the EEO reports has been used purportedly to evaluate employment trends, identify workplace barriers and assist both employers and the EEOC in detecting potential discrimination. The current EEOC majority, however, now questions both the necessity and legality of requiring employers to categorize employees by their demographic characteristics.

EEOC Chair Andrea Lucas stated that the EEO data collection framework "stands in direct tension with Title VII's requirement that employment practices be colorblind."

The NPRM further argues that the reports may raise constitutional concerns and are not necessary to enforce federal anti-discrimination laws. Moreover, the EEOC explains that the Proposed Rule would cut costs for both employers and the EEOC, as employers collectively spend approximately $275 million annually complying with EEOC reporting requirements, while the EEOC incurs millions in additional administrative costs to collect and maintain the data. These recent EEOC positions are in stark contrast to the agency's position less than ten years ago when it sought to expand EEO data reporting by controversially requiring employers to disclose pay data.

NOT FINAL YET – EEOC IS COLLECTING PUBLIC FEEDBACK

Importantly, the Proposed Rule is not yet final. The Proposed Rule is subject to a 30-day public comment period (scheduled to end on August 24, 2026), during which employers, industry groups, labor organizations and other stakeholders may submit comments regarding the proposal. The EEOC also held a public hearing on August 11, 2026, during which it heard testimony from civil rights groups who opposed EEOC's effort to eliminate the collection of workplace demographic data, along with a handful of speakers who supported the Proposed Rule. For now, existing reporting requirements remain in effect.

PRACTICAL TAKEAWAYS

If the Proposed Rule is finalized and ultimately survives legal challenges, covered entities would no longer be required to submit EEO data reports to the EEOC. It is possible that workforce demographic data collection requirements could be reinstated by a future version of the EEOC.

Additionally, several states, such as California, Illinois and Massachusetts, have implemented reporting requirements that operate independently of federal law. Colorado is set to join this group in 2027. Employers in these states should understand that their demographic data collection and reporting obligations will continue regardless of whether the Proposed Rule is finalized.

For additional information or assistance regarding this topic, please contact:

- **Jon Bumgarner** at **jbumgarner@hallrender.com**;
- **Becca Foerder** at **bfoerder@hallrender.com**; or
- Your primary Hall Render contact.

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

Associate Members

By Richard Williams and Leyla Erkan

Mastering risk to unlock growth

OVER THE LAST 13 YEARS, we have issued annual research reports on the top risks faced by leaders all over the world. This year, we have added an emphasis on opportunities to set the tone for identifying and responding proactively to emerging trends, market shifts and evolving patient and member expectations.

Organizations balancing risk management with a strong focus on seeking growth are better equipped to innovate products and services, enhance their resilience, adapt to change, and achieve top-line growth and strategic differentiation. It is all about unlocking opportunity.

Our **14th Annual Executive Perspectives on Top Risks and Opportunities Survey** contains insights from 1,540 board members and C-suite executives around the world regarding their views on:

- Areas for growth considering the current environment;
- Opportunities associated with the impact of artificial intelligence (AI) on their organizations;
- The top risks on the horizon for the near-term (two to three years ahead) and the long-term (a decade from now); and
- A discussion of their organizations' strategic investment priorities.

Our survey participants shared their views through an online survey conducted in 2025. This paper offers specific insights into these issues from the perspective of the healthcare industry, which includes payers, providers and life sciences organizations.

Where do leaders see the greatest opportunities over the next two to three years?

Leaders across all healthcare organizations see the greatest opportunities emerging in revenue growth, ecosystem development and geographic expansion. As organizations navigate shifting market dynamics and increasing cost pressures, executives across the healthcare ecosystem are prioritizing strategies that strengthen financial performance while improving operational efficiency. These priorities are being shaped by accelerated technology adoption, including AI, and a renewed focus on organizational resilience.

Digital tools, consumer-centric strategies and operational efficiency are key levers for revenue growth and market expansion, while AI is increasingly used to streamline operations, enhance financial integrity, personalize engagement and improve outcomes. Investments in virtual care and advanced analytics further support improved experiences, retention, cost reduction and efficiency gains.

Collectively, these advancements foster a more connected and collaborative ecosystem, enabling seamless

This article was submitted by **Protiviti.** For info, please contact Chris Wilson at chrisw@dfwhc.org.

integration across stakeholders and driving innovation throughout the healthcare continuum.

AI will be the underlying catalyst, with the level of adoption driving growth results. The successful integration of AI across all business areas through modernization of core systems, strengthening cybersecurity and staying ahead of evolving regulations is also viewed as critical to resilience and compliance.

What will be the organization's top priorities regarding the impact of AI over the next two to three years?

As healthcare organizations accelerate AI adoption, leaders face interconnected challenges that span governance, workforce readiness and risk management. Establishing strong AI governance is a critical first step for success and regulatory compliance. Organizations must develop intake, assessment and risk determination processes before AI solutions are deployed.

Robust governance policies and procedures are essential to ensure appropriate understanding of potential business and cyber impacts. This includes addressing risks related to the data required to train and operate AI models, as well as the heightened cybersecurity exposure that accompanies increased data exchange and system connectivity.

What are the most significant short-term (two to three years) concerns and risks?

Healthcare leaders face a dynamic risk landscape marked by significant concerns that collectively drive uncertainty and fragmentation, which amplify operational, financial and reputational risks. These include cyber threats, heightened regulatory change, third-party risks, workforce challenges and emerging technologies.

Cyber threats remain top-of-mind as organizations continue to be prime targets for cyberattacks and ransomware. Understanding and managing cyber risk exposure, including risks from vendors, is essential for prioritizing security investments.

Aggressive government initiatives and enforcement related to fraud, waste and abuse are increasing, elevating legal exposure and reputational risk. AI, data analytics and digital platforms are advancing faster than regulatory frameworks, creating ambiguous, evolving and region-specific rules. This uncertainty introduces operational risk as organizations struggle to interpret requirements. Organizations must adapt quickly to new reporting requirements, privacy mandates and changes in reimbursement models amid political volatility, economic pressures and technological disruption, or risk compliance failures and revenue loss.

How do leaders view the 10-year risk outlook for their organization?

The next decade is expected to be rich in technology transformation, shifting consumer expectations and global volatility. Expectations for convenience, transparency and personalized care will intensify, driving demand for consumer-centric models. Private equity-backed platforms and consolidation strategies will accelerate, creating scaled networks with advanced digital capabilities and operational efficiencies.

For traditional providers, differentiation through experience, outcomes and access is no longer optional. Healthcare organizations that fail to modernize risk losing market share, while those that invest in digital front doors, virtual care and integrated analytics can position themselves as leaders in regional growth strategies – or as attractive partners in future M&A scenarios.

AI is expected to reshape every facet of healthcare, from how care is predicted, scheduled, delivered, captured and billed and, ultimately, how patients and members are engaged and enabled. Investments in AI will be critical to remain competitive as care models evolve and digital capabilities become central to operational success.

Security and privacy will remain at the forefront as technology adoption accelerates. Patients and members are increasingly attuned to how their personal health data is used and what restrictions they can impose. At the same time, attackers will leverage AI capabilities to make their attacks more effective and more pervasive, creating a constantly changing environment for the foreseeable future. Continuous investment in cybersecurity and governance will be essential to safeguard trust and resilience. ■

Associate Members

vistelar.com

Seeing the Whole Picture: Workplace Violence Prevention as a Culture Shift

Casey Goldschmidt, CEM Chief Operating Officer, Vistelar

WORKPLACE VIOLENCE PREVENTION IN HEALTHCARE has grown beyond what any single department can carry. I have worked this issue from the security bedside through enterprise strategy and operations leadership, and the most encouraging pattern I have seen is how quickly progress arrives once an organization treats violence as shared work rather than one team's assignment.

The stakes explain why this work has our collective attention. In 2023, 81.6 percent of nurses reported experiencing at least one incident of workplace violence (National Nurses United). In 2024, 91 percent of emergency physicians reported experiencing or witnessing an incident (American College of Emergency Physicians).

Within emergency departments, 21.3 percent of staff report PTSD symptoms attributable to violence (American Hospital Association, 2025). Numbers of that size are not a departmental problem. They describe a cultural one, and culture is something an organization changes together or not at all.

GIVE THE WORK ITS OWN TABLE

Many organizations still carry workplace violence as a standing item under environment of care or general safety, and those committees have done meaningful work. The limitation is time and reach. A single agenda line cannot convene the dozen leaders who each hold a piece of this, and the picture never fully assembles.

A dedicated committee changes that arithmetic. It creates the hour each month when nursing, security, quality, occupational health, human resources, legal, ethics, and communications sit in the same room and discover how much their pieces explain one another. That

discovery is where the culture shift begins.

LEADERSHIP THAT BRINGS EVERYONE IN

The structure that works is chaired at the executive level, led clinically at the operational level, and enabled by security for response. Each of the three carries something the others cannot.

Our security and safety colleagues have carried this work for years, often alone. Moving toward clinical leadership is not a step away from their expertise. It is a step toward surrounding it. Violence occurs inside the clinical mission, and when leaders share ownership of prevention, security teams are freed to apply their expertise where it is most effective rather than carry the entire answer. This took me some time to understand. I came up through security and assumed the problem belonged to us.

Executive sponsorship is what holds the invitation open. When the chair sits at the executive level at both the system and facility tiers, every other discipline knows the hour is well spent.

A SHARED LANGUAGE IS THE FIRST ACT OF COLLABORATION

The first work of a new committee is quieter than most expect. It is settling vocabulary.

Consider zero tolerance. Nearly every organization stands behind the phrase and means it sincerely. Few have had the occasion to define together what it looks like on their own units. Does it carry enforcement authority? What happens when a family member escalates, or when a situation develops mid-treatment? Those answers vary by care setting, clinical acuity, and jurisdiction, and a room of colleagues will answer them far better than any single department can.

Non-escalation deserves the same attention. Most training leads with de-escalation. Non-escalation is the upstream work that keeps a situation from reaching the point where de-escalation becomes necessary. Naming it together gives everyone the same starting point. When the boardroom and the unit share one definition, the data aligns, the reporting matches, and staff hear one consistent message wherever they stand.

ONE NUMBER, ASSEMBLED TOGETHER

Data silos are the most common obstacle, and no one

built them on purpose. Workers' compensation data lives with human resources. OSHA-reportable data lives with occupational health. Security events live with security. Clinical events live with quality. Each of those teams is doing careful work in the system built for it. The fragments were simply never designed to meet.

Bringing them into a single fiscal figure is among the most collaborative acts a committee performs, and it transforms the conversation with leadership. In my experience executives move quickly once they can see the whole picture. Assembling that picture for them is the work.

The same holds across our region. Organizations that share what is working with one another reach clarity faster than those solving it alone.

WHERE THE CULTURE BECOMES REAL

All of it is measured in one place. Can every staff member, on every shift, describe how to report a concern, recognize early warning signs, de-escalate, retreat to safety, and access support afterward? When those answers live in working knowledge rather than a binder, the culture shift has reached the bedside, and the people we ask to care for our communities can feel it.

BUILD THE TABLE. SETTLE THE LANGUAGE. LET THE CULTURE REACH THE BEDSIDE.

We partnered with the Minnesota Hospital Association to explore this framework in depth during MHA' Spring Webinar Series. If your organization is building or rebuilding any part of this work, we recommend starting here. If you're interested in our recommendations or know what you need, feel free to reach out to us through our website – **www.vsitelar.com**.

Casey Goldschmidt, CEM, is Chief Operating Officer of Vistelar. His career in workplace violence prevention spans the security bedside through enterprise strategy and operations leadership in healthcare. ■

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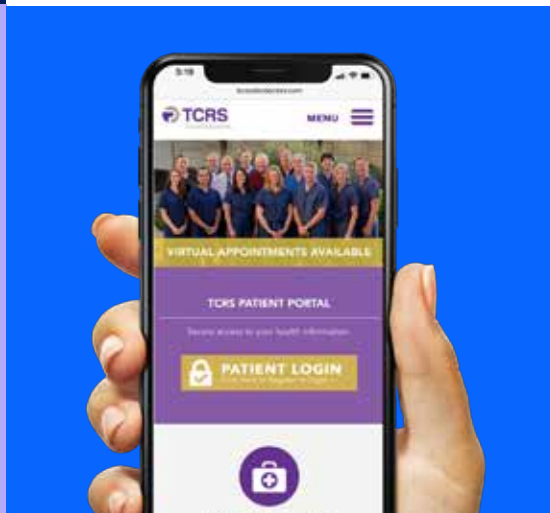

HEALTHCARE MARKETING

PERSPECTIVES

The shift from awareness to access

How marketing shapes patient access and system flow

The demand is there. That's rarely the problem. What many DFW health systems are actually managing is demand that moves inefficiently - patients who intend to schedule but never do, enter through the wrong care pathway, or choose a competitor because the experience is easier. Research suggests more than 30 percent of patients who intend to schedule an appointment never complete the process. That's not a clinical issue - it's an access and communication issue. Across service lines like orthopedics, cardiology, oncology, and women's health, these missed opportunities create significant operational and financial impact.

At Agency Creative, we help healthcare organizations identify and remove these friction points by aligning marketing, operations, and clinical teams around a more seamless patient journey. Often, the biggest opportunity isn't generating more demand - it's ensuring existing demand reaches the right provider at the right time. Much of this happens through the digital front door. Today's patients begin their care journey online, and those first interactions often determine what happens next. A confusing website, difficult scheduling process, or unanswered phone call can end the journey before care ever begins. The same search that brought a patient to your organization can just as easily lead them elsewhere.

When search, scheduling, and follow-up work together, patient access improves without adding clinical capacity. That's why leading health systems are bringing marketing, operations, and clinical leadership together to identify where patients are dropping out of the process and make meaningful improvements.

If you're looking to strengthen patient access or optimize your digital front door, we'd be happy to talk. At Agency Creative, we partner with healthcare organizations to improve the patient experience while helping drive measurable business and operational outcomes. Whether you're facing a specific challenge or simply looking for a fresh perspective, we're always happy to share ideas and explore how we can help.

About the author
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Healthcare Workplace Violence Prevention Partner

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When Security and Clinical Teams Align: A Better Approach to Workplace Violence Prevention

September 16, 2026 12-1 PM CT

Featured Guest Speaker:

Sarah-Marie Baumgartner
Emergency Department Nurse &
Host of 'The Security Nurse Podcast'

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Scan to Join
Or visit bit.ly/4zDQQhz

Upcoming 2026 Webinar Series

OCTOBER	Regulatory Compliance Fades, Culture Sticks: Building a Sustainable Workplace Violence Program
NOVEMBER	The Compounding Cost — and How to Stop Paying It: A Leader's Guide to Workplace Violence Trauma Intervention
DECEMBER	Unified. Non-Escalation-First. Built to Last. A New Framework for Workplace Violence Prevention Training

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Jennifer Miff
President, DFWHC Foundation
Senior Vice President, DFWHC

A story not easily forgotten

AS WE GEAR UP FOR OUR 19TH ANNUAL PATIENT SAFETY SUMMIT beginning **September 3** and continuing consecutive Thursdays on **September 10, 17** and **24**, I am particularly excited to hear from our keynote speaker, **RaDonda Vaught, who** holds a BSN and a Certificate in Leadership from Western Kentucky University. She was the subject of one of the highest profile healthcare criminal cases in recent years. While working as a BSN-prepared registered nurse in 2017, Vaught committed a medication error that ended the life of a patient.

She was charged under administrative law by the Tennessee Department of Health, leading to the revocation of her nursing license in 2021. Additionally, she was charged under criminal law and found guilty by a jury for two felony charges of negligent homicide and abuse of an impaired adult, with placement on an elder abuse registry in Tennessee.

There is so much to unpack from this case. Is it appropriate to criminalize a medical mistake to punish an individual while ignoring potentially dangerous systemic failures in a hospital? Nurses and medical groups warn that putting nurses in jail for honest mistakes stops workers from reporting errors. Thus, when workers hide mistakes out of fear, hospitals cannot fix the real problems, eroding patient safety.

Vaught is uniquely qualified to speak firsthand on the impact this sentinel event has had on her life and her profession, along with the implications of the legal actions that followed. A passionate advocate for safety and improvement, her story will be one that is not easily forgotten.

As an organization, The DFW Hospital Council Foundation strives to support education and research that drives improvements in health outcomes across our region. I hope you will join us and listen to this powerful keynote session to open the Patient Safety Summit on September 3 and then return to the following sessions to listen to a great lineup of local and national speakers.

To view the agenda and speakers, visit our webpage for the 19th Annual Patient Safety Summit at **https://dfwhcfoundation.org/2026-patient-safety-summit/**. ■

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

DFWHC FOUNDATION
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.

More than 260 attendees turn out for **Performance Improvement** webinar

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION'S educational "Performance Improvement" webinar **"The Project Charter in Action: A Comprehensive View of Pre-Charter, Charter and Post-Charter Improvement Activities"** originally broadcast on June 23 attracted 260-plus attendees.

The live discussion included **Tanya Stinson**, Chief Executive Officer of Leaning Towards Change, LLC; and **Shernette Kydd, PhD**, Assistant Vice President of System Effectiveness at Cook Children's Health Care System.

During the session, attendees learned how a hospital project charter serves as a foundational, working roadmap used to structure Quality Improvement (QI) initiatives, such as reducing patient falls and decreasing readmission rates. The project can outline Specific, Measurable, Achievable, Relevant and Time-bound (SMART) goals while also preventing issues that can appear across busy clinical departments.

The event was recorded and you can view the webinar at **https://www.youtube.com/watch?v=tFMtjYTdhqY**.

You can also download a copy of the presentation at **https://dfwhcfoundation.org/wp-content/uploads/2026/06/DFWHC-Project_Charter_Presentation_June-2026-full-deck.pdf**.

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

LIVE WEBINAR

Declaration of Patient Safety!

19th Annual Patient Safety Summit

10:00 a.m. – 12:00 noon, CDT ● *September 3, 10, 17, 24*

Keynote Speaker

RaDonda Vaught

BSN defendant in healthcare patient safety criminal case will discuss the impact on her life and career.

Agenda, Speakers and CE info on registration page.

dfwhcfoundation.org/2026-patient-safety-summit/

REGISTER

DFWHC FOUNDATION

Foundation's **19th Annual Patient Safety Summit** to kick off Sept. 3

THE DFW HOSPITAL COUNCIL FOUNDATION'S 19TH ANNUAL PATIENT SAFETY SUMMIT is set to kick off on **September 3**! Set for consecutive Thursdays, the virtual event will continue **September 10, 17 and 24**, with sessions taking place from 10:00 a.m. to 12 noon, CDT each day.

This year's summit, themed "Declaration of Patient Safety," is designed to educate healthcare providers to include bedside care givers, quality directors, regulatory staff and risk management staff on best practices in patient safety and compliance.

The keynote speaker will be **RaDonda Vaught**, a former nurse who was the subject of one of the highest profile healthcare criminal cases in recent years. While working as a BSN-prepared registered nurse in 2017, Vaught committed a medication error that ended the life of a patient.

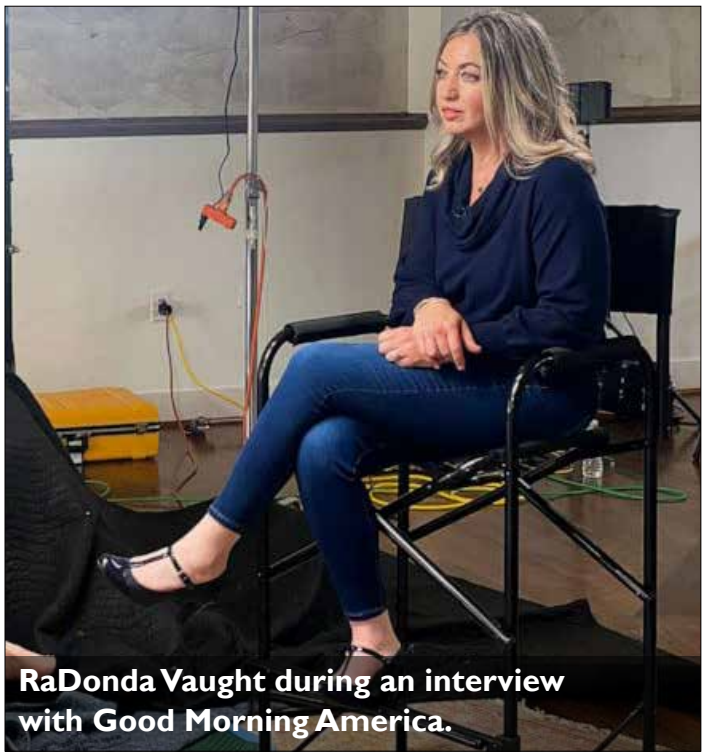
She was charged by the Tennessee Department of Health, leading to the revocation of her nursing license. Additionally, she was charged under criminal law and found guilty of two felony charges. Vaught, a passionate advocate for safety and improvement, will detail the impact this event has had on her life and career.

Additional speakers and topics will include:

- September 3, 11:30 a.m. – 12:00 noon "How to Comply with Texas Board of Nursing Expectations," **Susan Hernandez, DNP, MBA, RN**, Chief Nursing Executive, UT Southwestern Medical Center; **Amber Ulate, MSN, MHA, RN, NEBC, CSSGB**, Director of Nursing, UT Southwestern Medical Center;

- September 10, 10:00 a.m. – 11:00 a.m. "PSIs and HACs: Removing the Noise Through Accurate Coding and Documentation," **Danielle Stephen, MSN, CPHQ**, Performance Improvement Manager, Tampa General Hospital;

- September 10, 11:00 a.m. – 12:00 noon "Age Friendly Efforts and Outcomes," **Amanda Norton, MSW**, Improvement Advisor, Institute for Healthcare Improvement and Quality Improvement Consultant, Center for Quality Improvement and Innovation.



RaDonda Vaught during an interview with Good Morning America.

You can find the full agenda and list of speakers at **https://dfwhcfoundation.org/2026-patient-safety-summit/**.

Registration and group invoice requests can also be found at **https://dfwhcfoundation.org/2026-patient-safety-summit/**.

Eight contact hours provided by Terri Goodman & Associates, an approved provider of continuing education credit by the California Board of Nursing (CEP16550).

This program is approved for 8.0 continuing education (CE) hour for use in fulfilling the continuing education requirements of the Certified Professional in Digital Health Transformation Strategy (CPDHTS®), the Certified Professional in Healthcare Information and Management Systems (CPHIMS®), or the Certified Associate in Healthcare Information and Management Systems (CAHIMS®).

This meeting has been approved for a total of 8.0 contact hours of Continuing Education Credit toward fulfillment of the requirements of ASHRM designations of FASHRM (Fellow) and DFASHRM (Distinguished Fellow) and towards CPHRM renewal.

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

Sepsis Conference 2026:

SEPSIS is no Picnic!

DFWHC FOUNDATION

Complimentary Breakfast and Lunch

dfwhcfoundation.org/about/events/educational-events/

October 22, 2026
8:00 a.m. - 3:45 p.m. CT

Hurst Conference Center
1601 Campus Drive
Hurst, TX 76054

Poster Submissions, Clover Award nominations, Agenda, Speaker Info and **CE details** on registration page.

REGISTER

Foundation's **Fifth Annual Sepsis Conference** set for October 22

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION WILL BE HOSTING its **Fifth Annual Sepsis Conference** on Thursday, **October 22** at the Hurst Conference Center from 8:00 a.m. to 3:45 p.m., CDT. The event will be held in the building's main ballroom.

The conference will be hosted by the **Sepsis Strike Force**. Coordinated by **Patti Taylor**, director of quality and patient safety at the DFWHC Foundation, the group was formed in 2017 with the intention of providing evidence-based clinical guidelines, protocols and best practices regarding sepsis.

"Sepsis is a major problem in hospitals, serving as one of the leading causes of death in U.S. healthcare facilities," said Taylor. "It contributes to a large portion of in-hospital deaths, affecting roughly 1.7 million adults in the U.S. every year. We hope dedicated awareness events such as this will help healthcare staff spot symptoms and provide faster treatments to stop sepsis from turning into deadly septic shock."

This conference is pre-registration only. Through September 18, early-bird tickets are available for only $50. Fee includes breakfast and lunch.

Poster submissions are now being accepted with a deadline of **September 18**. You can submit posters at **https://www.surveymonkey.com/r/T9GGN7N**.

Clover Award nominations are also being accepted with a deadline of **September 18**. The award recognizes healthcare workers who have demonstrated excellence in sepsis identification and treatment. You can submit nominations at **https://www.surveymonkey.com/r/623PLV8**.

This year's event is themed "Sepsis is no Picnic!", with speakers and topics to include:

- "Sepsis 2026: The first hour, the following 72, and the rest of their life"
  Dr. Dhruvangkumar Modi, Texas Health Presbyterian Denton

- "Nutritional Support of the Septic Patient"
  Kristin Guhr, Tarrant County College

- "Conquering Pediatric Sepsis: It's a Team Approach"
  Erin Schultz, Cook Children's Medical Center

Dr. Dhruvangkumar Modi of Texas Health Resources will serve as keynote speaker.

- "Sepsis-3 in Practice: Designing a Pre-Bill Validation Program That Improves Quality and Compliance"
  Guzel Wardell, Methodist Health System

- "Maternal Sepsis"
  Dr. Jennifer Lopez, JPS Health Network

- "Surviving Sepsis Campaign 2026 Guideline Updates and Sepsis Mimics"
  Dr. Jocelyn Zee, JPS Health Network

- "Kidney Injury in the Septic Patient"
  Dr. Michael R. Wiederkehr, Baylor University Medical Center

You can register at **https://dfwhcfoundation.org/about/events/sepsis-2026/**.

The conference has been approved for 6.5 contact hours of nursing credit. CNE contact hours provided by Terri Goodman & Associates, an approved provider of continuing education credit by the California Board of Nursing (CEP16550). Applied for ASHRM, CPHQ and HIMSS.

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

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

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ddavila@gp1.com

Why consider GroupOne?

GROUPONE BACKGROUND SCREENING IS IDENTIFIED as a "consumer reporting agency" (CRA), along with about 1,600 other companies in the U.S. And the growth continues to expand. Upon my arrival at GroupOne in 2015, there were approximately 600-plus CRAs in operation.

One characteristic of a CRA of our size is our unique ability to provide quality client and consumer services. In my experience as a past client of a large corporate background screening agency, the differences are noticeable. Employee turnover and staffing changes can affect a CRAs ability to maintain a responsive relationship with clients. At GroupOne, the huge majority of our employees have been with us for over a decade.

When we were created, there was a singular mission by the DFW Hospital Council (DFWHC) to protect hospital employees, patients and the community. Profit margins, mergers and acquisitions were not objectives. Nor are they today. Simply put, we are inspired by assisting in the creation of a safe workplace, whether it be a hospital, county seat or university.

The underlying difference between GroupOne and the other 1,600 consumer reporting agencies is our parent ownership by the DFWHC, and their philosophy to support, serve and assist hospitals. While GroupOne has a fiduciary responsibility to DFWHC, we are also driven by the relationships created with our clients, whether hospital, clinics, providers, staffing agencies or educational institutions. We believe the trust that an employer places in our CRA cannot be compromised.

With our experienced staff, we have skillfully adapted to the expectations placed on our clients by governance agencies to comply with Joint Commission and Centers for Medicare & Medicaid Services regulations. Today, GroupOne has emerged as a trusted source in the reporting of sanctions. We do this by utilizing updated sources while widening our scope in identifying sanctions issued by over 2,900 agencies across the country.

Our agency serves clients in over 30 states, within 20 different industries, and now offering 17 distinct services. We take ownership of our work and address our clients, not by using offshore labor from other countries, but by trusting in our skilled employees headquartered in Irving, Texas. Each call, email and live chat is responded to by an employee who has a vested interest in the client's success. All of our quality work is conducted in-house.

These are the reasons why you should consider GroupOne as your background screening agency. ■

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

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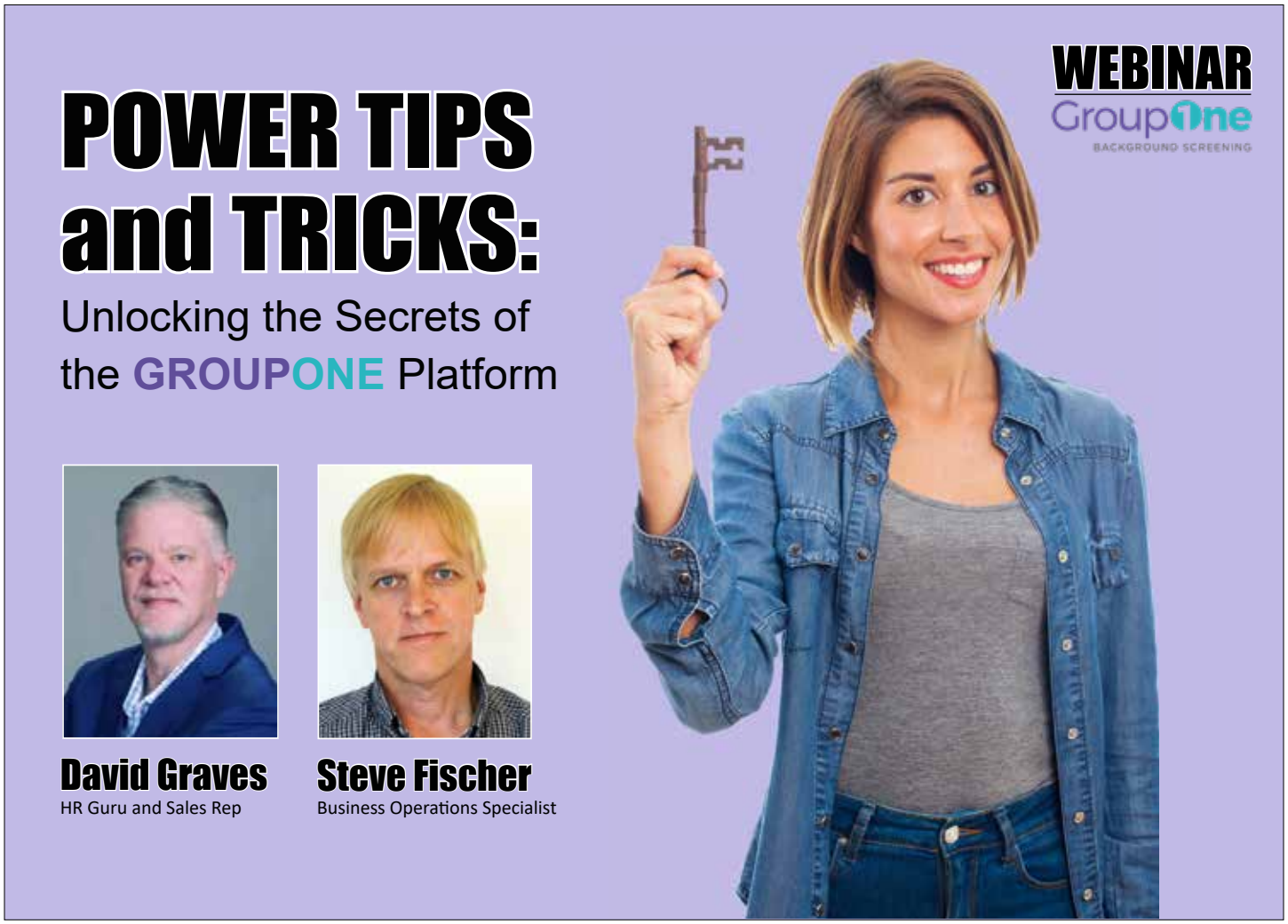
GroupOne webinar "Tips and Tricks" has been posted online



You don't want to miss this!

Here's a great opportunity to hear from to the GroupOne Background Screening experts during the webinar **"Power Tips and Tricks: Unlocking the Secrets of the GroupOne Platform."** Originally broadcast on July 30, the webinar has now been posted online.

Speakers included **David Graves**, GroupOne's sales representative and HR Guru, and **Steve Fischer**, business operations specialist at GroupOne. Together, they provided their 25-plus years of GroupOne experience during the complimentary event.

These in-house maestros gave the inside scoop on the many tips and tricks of GroupOne's system where they detailed how to save time, optimize workflow, automate tasks and, most importantly, save money.

Whether you use the system full time or part time, the speakers provided several core strategies for GroupOne clients.

You can view the webinar at **https://www.youtube.com/watch?v=hr2Aw_Jsr3c**. ■

Do background checks detect employee **fraudsters**?

YES AND NO! We were alarmed when running across last month's report by the **Association of Certified Fraud Examiners (ACFE)** that stated 88 percent of occupational fraudsters passed their pre-employment background checks without exhibiting red flags, while 12 percent of fraudsters displayed a red flag but were hired anyway. Those are scary numbers.

Here at GroupOne Background Screening, we believe background checks are powerful tools for catching and deterring employee fraud, but they rarely work alone. A comprehensive background screening process identifies resume lies, discovers past crimes, and uncovers behavioral warning signs.

But one check alone rarely stops a determined fraudster. A multi-layered screening strategy can uncover specific red flags including:

- **Criminal Record Checks:** Directly show past convictions related to embezzlement, theft or fraud, signaling high-risk candidates.
- **Employment History Verification:** Uncovers "resume fraud" (exaggerated titles, fabricated companies or forged dates) which dishonest applicants use to bypass qualifications.
- **Credit History Checks**: Provide visibility into an applicant's financial responsibility—crucial for roles when handling company funds.
- **Reference Checks:** Speaking with former supervisors helps verify a candidate's actual workplace behavior, ethics and trustworthiness.

WHEN BACKGROUND CHECKS FALL SHORT

While pre-employment screening is a critical first step, standard background checks may not reveal everything. They cannot easily detect:

- **First-time offenses:** If an employee has never been caught or convicted of fraud, their criminal record will show nothing.
- **Identity Fraud:** Unless a company such as GroupOne utilizes strict, modern employment identity verification, they may unknowingly screen the wrong person or accept fake credentials.
- **Collusion:** Standard background checks cannot detect ongoing embezzlement or internal collusion during an employee's tenure.

BEST PRACTICES TO PREVENT WORKPLACE FRAUD

Do not fret! To proactively protect your business, use background checks in addition to ongoing, proactive measures such as:

1. **Regular Audits:** Conduct routine, independent financial audits to ensure transparency and keep financial controls in place.
2. **Implement Reporting Systems:** Set up anonymous whistleblower hotlines, as tips and reporting have been shown to uncover a significant portion of occupational fraud.
3. **Continuous Screening:** Consider updating or running targeted re-checks for employees who transition into positions handling sensitive financial data.

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. ■

Why would a youth league not conduct **background checks?**

YOU GOT ME. Here at GroupOne Background Screening, we would assume a youth league would be the first place people would conduct background checks on coaches who supervise our children. We ran across an interesting case this summer in Indiana where a parent uncovered a multi-year safety failure at a soccer academy.

Specifically, the investigation revealed the league had neglected to run mandatory criminal background checks on its recreational coaches for up to a decade, placing thousands of children in close proximity with unvetted adults.

The league, which serves more than 1,000 children, utilizes over 175 volunteer coaches. Perhaps more damaging to the league's leadership is the revelation that the screening portal is entirely free to the club through its membership with the Indiana Soccer Association.

The timeline of dropped safety protocols was assembled by a local parent who noticed a complete absence of background checks when she coached her daughter's team for two years. Whenever she questioned league coordinators, her concerns were brushed off with promises that safety forms "would be coming soon!"

Eventually, a local online community gained traction with complaints about operational inconsistencies and contacted the Indiana Soccer Association directly. The response confirmed that while elite travel coaches were vetted, the league sat at an absolute 0% compliance rate for recreational coaches. Not a single recreational coach had completed the state-mandated criminal background screening. You can imagine the reaction.

There's really no excuse to avoid running background checks on youth coaches, but oftentimes it's due to cost burdens and disorganization, or both.

To check if background checks are run in your child's youth league, contact the league's safety officer or board president, review their official written bylaws, or check if they are affiliated with a national governing body that mandates screening.

Additional ways to verify league screenings include:

- **Ask Leadership:** Contact the league commissioner, president or designated safety officer directly and ask for their written screening policy.
- **Review Bylaws:** Check the organization's website or handbook for published codes of conduct and volunteer requirements.
- **National Affiliation:** Determine if the local group operates under a larger organization (like Little League or USA Baseball) that legally requires national background screening for all rostered coaches and regular volunteers.

We should note, the Indiana soccer academy was not a rural organization where, so to say, everybody knows your name. It was a suburb of a large city.

Background checks on volunteers in youth sports is a critical best practice. So, whether it's disorganization or cost, or both, the cost of a check is often minor compared to the cost of a child's safety. ■

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SAVINGS

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WHAT

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GroupOne
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BENEFITS

- Easier
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- Accurate
- Saves Time

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