DALLAS-FORT WORTH HOSPITAL COUNCIL

INTERLOCUTOR

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

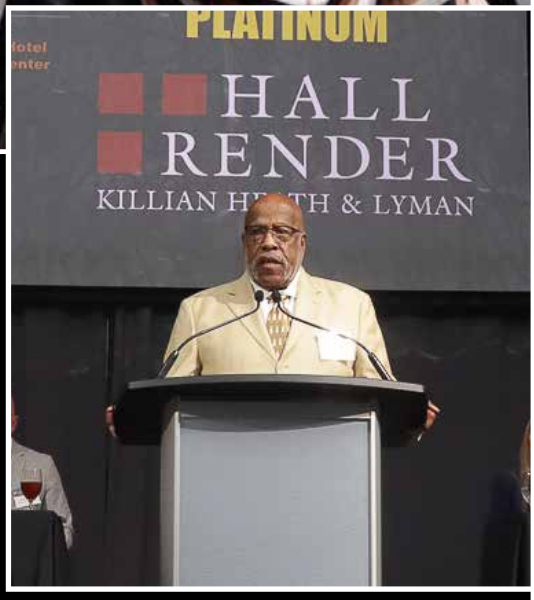
DFWHC's 78th Annual Awards Luncheon

PAGE 6











Photographs by Jerry McClure

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Steve Love
President/CEO
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Hospital Council

Fraud and abuse - really?

WE HAVE BEEN RECENTLY SUBJECTED to many calls to eliminate the massive fraud, waste and abuse in healthcare. Now please understand, any reputable provider wants zero fraud or abuse in the healthcare system and bad actors should be prosecuted to the full extent of the law.

With that said, let's take a closer look at the accusations of fraud which are a deliberate misrepresentation of services to steal funds illegally. An improper payment is one that did not strictly meet a program requirement and is not considered fraud. Unfortunately, many refer to improper payments as fraud and abuse which frankly is a disingenuous representation of the facts.

The Centers for Medicare and Medicaid Services (CMS) is a responsible steward of public funds and promotes the sustainability of its programs for future generations. CMS has payment detection programs that find improper payments but not necessarily fraudulent payments.

A report issued by CMS for fiscal year 2025 found the Medicare Fee-for-Service (FFS) estimated improper payment rate was 6.55 percent. The Medicare Part C estimated the rate at 6.09 percent. The Medicare Part D improper payment rate was 4.0 percent. The Medicaid estimated improper payment rate was 6.12 percent, with 77.1 percent of the rates the result of insufficient documentation which is generally not indicative of fraud or abuse. The Children's Health Insurance Program (CHIP) estimated the improper payment rate was 6.11 percent, with 56.07 percent of the payments the result of insufficient documentation, rather than fraud or abuse. Some common causes for improper payments are insufficient documentation (missing medical records or signatures), medical necessity mistakes (care was given but did not meet strict criteria) and administrative errors (improper billing codes).

The CMS report was thorough and certainly points to areas for improvement. But it clearly reflects fraud in government programs is less than 5 percent, though we most certainly need to entirely eliminate fraud. Again, reputable providers do not want bad actors in healthcare and want fair and equitable reimbursement for proper services rendered to patients.

Calling improper payments "fraud" is a knee-jerk reaction introducing layers of aggressive gatekeeping from policymakers. These bureaucratic hurdles overwhelm honest providers and add barriers to eligible, low-income, elderly and disabled patients in need of healthcare. Let's strive to eliminate fraud and abuse, but do not deliberately classify improper payments as fraudulent. It ultimately hurts the patients in enrollment, access and coverage. Rather than point fingers, let's bring all stakeholders together for a constructive discussion regarding healthcare costs. ■

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INTERLOCUTOR

EDITORIAL
Executive Editor Stephen Love
Managing Editor Chris Wilson
Cover photographs Jerry McClure

CONTACT
Chris Wilson - chrisw@dfwhc.org

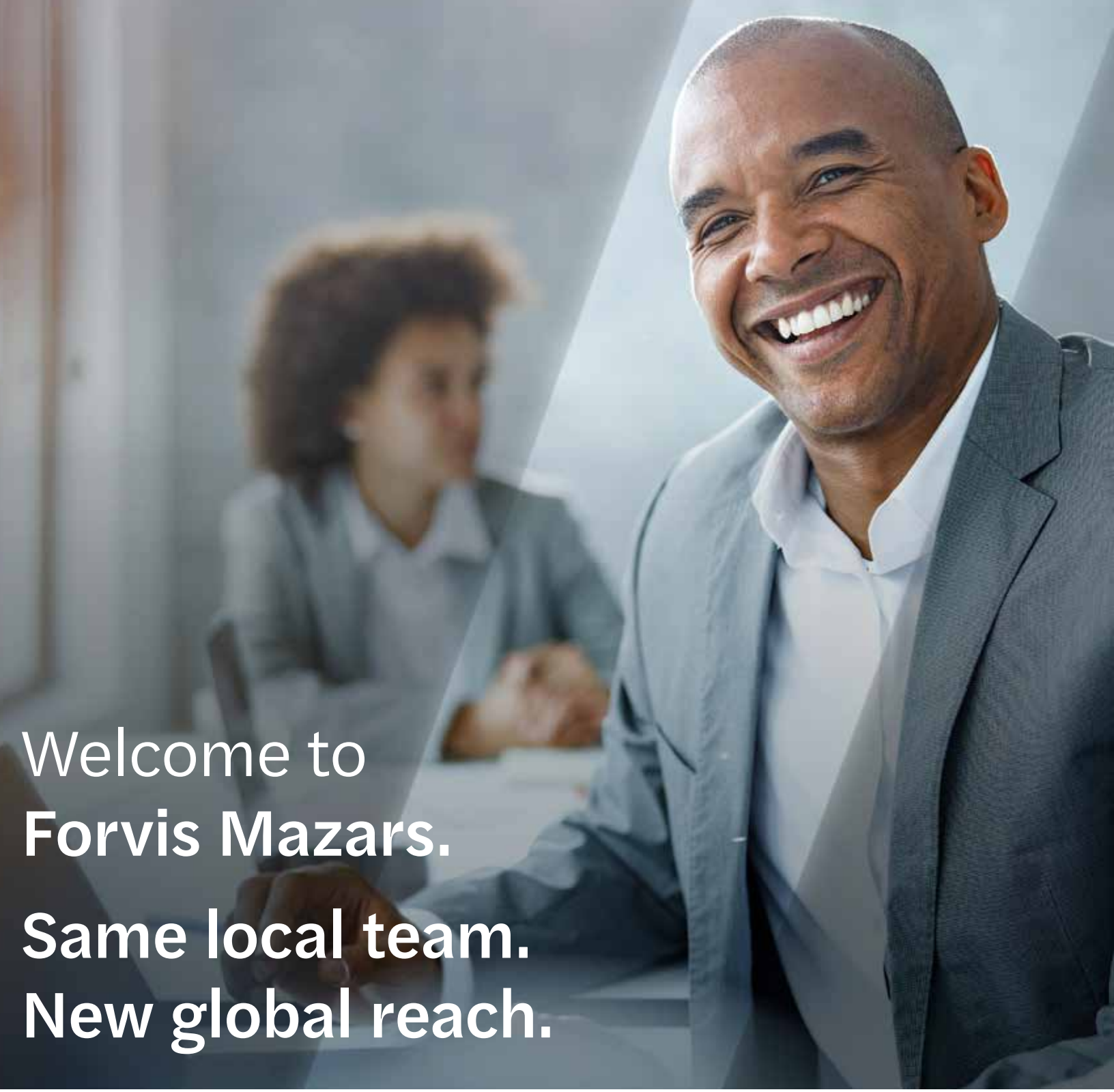
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1: one who takes part in dialogue

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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DALLAS-FORT WORTH HOSPITAL COUNCIL

78th ANNUAL AWARDS LUNCHEON

October 16, 2026
Loews Arlington Convention Center



Rev. Ralph Emerson and his family.



Graham Torres



Duncan Webb



Juan Fresquez (left) and Barclay Berdan



Amanda Beard

MORE THAN 700 ATTENDEES turned out for the DFW Hospital Council's (DFWHC) **78th Annual Awards Luncheon** on Friday, October 16 at the Loews Arlington Convention Center and Hotel. The event served as an opportunity for North Texas hospitals to honor residents and executives who have dedicated their lives to improving healthcare.

Barclay Berdan, former CEO of Texas Health Resources who stepped down in September, was presented the Boone Powell, Sr. Award of Excellence to a standing ovation. **Duncan Webb**, former board member of Medical City Plano and the Collin County Commissioner for Precinct 4, was presented with the Distinguished Health Service Award, an honor dating back to 1948. DFWHC also presented the 2026 Young Healthcare Executive of the Year award to **Graham Torres**, Vice President of Operations at Children's Health; and the Kerney Laday, Sr. Trustee of the Year Award to the **Reverend Ralph Emerson** of JPS Health Network.

"It was a great day to honor these North Texas leaders," said **Stephen Love**, president/CEO of DFWHC. "It was our privilege to acknowledge Barclay Berdan, Duncan Webb, Graham Torres and the Reverend Ralph Emerson for their extraordinary leadership."

Amanda Beard, an American swimmer and seven-time Olympic medalist, served as the keynote speaker. Beard was just 14 years-old the first time she won an Olympic medal, the second youngest recipient in U.S. history. She detailed her career of participating in three different Olympics.

The luncheon opened with the introduction of 30-plus Chairs of the North Texas hospitals' boards of trustees. An electric rendition of the National Anthem was performed by **Holly Tucker**, a finalist on the NBC TV program "The Voice."

Young Healthcare Executive of the Year nominees presented awards this year included **Brian Lauer** of Baylor Scott & White Health; **Elizabeth Johnsen** of Medical City Healthcare; **Emily Dykes** of Methodist Health System; **Katie Fiedler** of Texas Health Resources; and **Dr. Samuel McDonald** of UT Southwestern.

Juan Fresquez, DFWHC Chair and President of Methodist Mansfield Medical Center, served as Master of Ceremonies. **Will Turner**, DFWHC Chair-Elect and President of Baylor Scott & White Medical Center Grapevine, provided the Invocation while Rev. Emerson closed the event with the Benediction.

Platinum Sponsors included **Hall Render** and **Forvis Mazars**. Accenture, GroupOne Background Screening, Konica Minolta, Oncor and PwC served as Gold Sponsors. Hospital Platinum Sponsors were Children's Health, JPS Health Network, Medical City Healthcare and Texas Health.

Luncheon and reception photographs taken by **Jerry McClure** can be found at **https://jerrymcclure.smugmug.com/DFWHC/Fall-Luncheons/2026-Fall-Awards-Luncheon-at-Loews-Arlington**. ■



Young Healthcare Executive of the Year nominees.


Holly Tucker performing the National Anthem.


Barclay Berdan and his family with Amanda Beard.


Stephen Love (left) and Keith Dugger of Hall Render.

DALLAS-FORT WORTH HOSPITAL COUNCIL

78th ANNUAL AWARDS LUNCHEON

October 16, 2026
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Around DFWHC

DFWHC's Love participates in India Chamber Conference

DFW HOSPITAL COUNCIL (DFWHC) President/CEO **Stephen Love** participated in the annual **India Chamber of Commerce Healthcare Conference** on August 27 at the UT Dallas campus in Richardson. Love moderated a keynote discussion with the new president of Texas Health Resources **Winjie Tang Miao**.

Miao took the reins of Texas Health when long-time CEO B**arclay Berdan** stepped down in September. She previously served as COO, leading enterprise-wide operations, and as chief experience officer, driving the system's Connected Health strategy. She was named DFWHC's Young Healthcare Executive of the Year in 2008.



Stephen Love (l to r) and Winjie Tang Miao during the India Chamber of Commerce Healthcare Conference.

Additional presentations included a healthcare innovation panel with **Dr. Daniel Hommes** of UT Southwestern; **Steve Miff**, PhD, President/CEO of Parkland Center for Clinical Innovation; **Dr. Brett Moran**, Chief Health Officer at Parkland Health; and **Jon Souder**, Partner at PwC who served as moderator. ■

DFWHC discusses healthcare on **UT Dallas podcast**

DFW HOSPITAL COUNCIL (DFWHC) President/CEO **Stephen Love** paid a visit to the UT Dallas campus on August 27 to participate in a **Naveen Jindal School of Management** podcast hosted by **Dan Karnuta**. The topic was North Texas healthcare collaboration. Specifically, Love detailed how North Texas hospitals work together to prepare for disasters and other emergencies.

Drawing on lessons learned from COVID-19, Love describes how hospitals share equipment, personnel and expertise, expand critical-care capacity and support rural facilities that may have fewer resources.

Love also detailed the 18 months of preparation for the 2026 FIFA World Cup, which brought millions of international visitors to North Texas. Hospitals, public-health agencies, emergency responders and local governments planned for extreme heat, language barriers and large gatherings across the region.



You can listen to the podcast at **https://jindal.utdallas.edu/the-business-of-healthcare-podcast/episode-138-how-north-texas-hospitals-prepared-for-the-world-cup/**. ■

Around DFWHC





Fall Educational Webinars

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

August 27, 2026

"Building a Compliant, Sustainable IDR Program"

– DFWHC/Pivotal Health

Speakers **Wayne Grodsky** of Pivotal Health; and **Travis Smith** of Pivotal Health.

https://workdrive.zohoexternal.com/external/d79252feafc2e7c0ce51fdb3027f2383e15bb-78cf44bf90139231164153d5457

October 22, 2026

"When Seconds Matter: Preventing Violence, Protecting Staff, Reducing Theft with i2G"

– DFWHC/i2G Systems

Speaker **Jason Slocum** of i2G Systems.

https://workdrive.zohoexternal.com/external/a5be5125efb10d34464a6cb563432217baa486ce-c3b5de623ad8570403cff659

October 29, 2026

"Stark and Anti-Kickback Provisions in Health Care Real Estate Transactions: Key Drafting Considerations."

– DFWHC/Hall Render

Speakers **Alyssa C. James** of Hall Render; and **Sadie Zurfluh** of Hall Render.

https://www.youtube.com/watch?v=_1_drZryqm4

November 4, 2026

"Price Transparency Is Changing—Again: Regulatory and Legislative Update for DFWHC Member Hospitals"

– DFWHC/Hospital Pricing Specialists

Speaker **Randi Brantner** of Hospital Pricing Specialists.

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

November 5, 2026

"Prior Authorization: Leveraging Automation, AI and Technology to Improve Performance"

– DFWHC/Forvis Mazars

Speakers **Ryan Rozwat** of Forvis Mazars; and **Barb Whitlock** of Forvis Mazars.

https://www.youtube.com/watch?v=7HdyFbeAC6Q

Upcoming

December 2, 2026

"Restore with Confidence: Closing the Ransomware Recovery Gap in Healthcare"

– DFWHC/Index Engines

Speaker **Randy Scully** of Index Engines.

https://events.teams.microsoft.com/event/b8203c4c-b2ae-47fd-b9b5-6483ffbbcd6f@76c3db70-eee8-4a1b-969c-dc07754d8f83

December 9, 2026

"Securing AI in Healthcare: Proving the Boundaries that Protect Clinical Workflows"

– DFWHC/NTEKNO, Inc.

Speaker **Serling Davis** of NTEKNO.

https://events.teams.microsoft.com/event/0c3cffb5-6bd1-40ec-9b8e-6214cde2a516@76c3db70-eee8-4a1b-969c-dc07754d8f83

December 10, 2026

"Paid Right the First Time: How AI Helps Hospitals Prevent Denials, Recover Underpayments and Strengthen the Revenue Cycle"

– DFWHC/LateralCare

Speakers **Matt Dane, DNP, MBA** of LateralCare; and **Alexa Payne, MBA** of LateralCare.

https://events.teams.microsoft.com/event/7d4d6c43-eadd-4790-a085-812abcfb7e46@8520bbb9-cf6b-4927-bcc6-585a45a6e085

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

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Recent decision examines limits of **Anti-Kickback Statute Liability** for marketing arrangements

By Keith Dugger, Katherine M. Schwartz, Kennedy E. Bunch and Whitney Jordan

THE U.S. DISTRICT COURT for the Northern District of Texas (the "Court") recently issued a memorandum opinion highlighting circumstances where compensated marketing conduct may fall outside the scope of Anti-Kickback Statute ("AKS") liability. *United States v. Gray*, No. 3:24-CR-0250-S (N.D. Tex. Sept. 18, 2026). Specifically, the Court ordered a new trial after concluding the evidence presented at trial did not support a finding that a laboratory's marketing arrangement improperly influenced physician decision-making in violation of the AKS because physicians retained and exercised independent medical judgment over whether genetic testing would occur.

BACKGROUND

The AKS, codified at 42 U.S.C. § 1320a-7b(b), prohibits knowingly and willfully offering, paying, soliciting or receiving remuneration to induce or reward the referral of services reimbursable by a federal health care program. For a payment to be unlawful under the AKS, "a payor must act with the intent to induce referrals from the payee." Although commonly applied to health care professionals, the AKS can also extend to payments made to non-health care professionals such as marketing personnel. Penalties for violation include criminal charges, False Claims Act liability, civil monetary penalties and exclusion from federal programs. The AKS is designed to prevent payments that could improperly influence clinical decision-making, thereby safeguarding patients from unnecessary care driven by financial incentives.

Here, the defendant controlled laboratories that performed cardiovascular genetic testing. The laboratories contracted with American Health Screening ("AHS") to market those services to Medicare beneficiaries. AHS telemarketers contacted beneficiaries, screened them for eligibility and, through a contractor, transmitted pre-filled order forms to beneficiaries' physicians. If a physician authorized testing, the laboratories performed the test and submitted claims to Medicare.

Following a seven-day trial, a jury convicted the defendant of conspiracy, money laundering and health care kickbacks, as reported by the U.S. Department

of Justice. The defendant subsequently sought both a judgment of acquittal and a new trial.

ANALYSIS

The Court granted a new trial after concluding the evidence weighed heavily against the jury's finding that the defendant intended to improperly influence health care decision-makers. The Court noted that, to "prove that Defendant acted with the requisite intent to induce referrals under the second element (of the AKS), the Government had to prove that Defendant intended to improperly influence 'those who make healthcare decisions on behalf of patients.'" Central to the Court's decision was its conclusion that physicians—not marketers—were the relevant decision-makers. The Court noted cardiovascular genetic testing occurred only when a physician signed the order form and physicians remained responsible for determining whether testing was medically necessary.

The Court also found substantial evidence that the physicians exercised independent judgment. According to the record, physicians ignored or declined approximately 80% to 90% of the order forms they received. Rather than demonstrating improper influence, the Court viewed this rejection rate as evidence that the physicians independently decided whether testing would occur.

The Court further found little evidence the defendant or the marketing company attempted to influence physicians or their decision making. Unlike other AKS cases involving incentives, personal relationships or other efforts to sway referrals, the record contained no evidence physicians received remuneration or other benefits in exchange for approving AHS-generated testing.

Finally, the Court relied on evidence the laboratories maintained compliance procedures designed to ensure testing occurred only after physician authorization. In the Court's view, those safeguards reinforced the conclusion physicians, not marketers, controlled the testing decision.

In reaching its decision, the Court relied on recent appellate decisions addressing when compensation to marketers crosses the line from permissible marketing activity to improper influence over health care decisions. For example, the Court repeatedly cited the Seventh Circuit's recent decision in *United States v. Sorensen*, emphasizing that the AKS targets efforts to influence health care decisions, rather than compensated marketing arrangements by virtue of the compensation involved.

United States v. Gray adds to a developing line of case law indicating that compensated marketing activity alone is not necessarily sufficient to establish AKS liability. The critical question remains whether the arrangement reflects an intent to improperly influence individuals making health care decisions.

PRACTICAL TAKEAWAYS

- Ensure physician independence exists apart from marketers. When contracting with third party marketers, laboratories and other health care suppliers must ensure physicians exercise independent judgment when making medical decisions for their patients.
- Implement service compliance checks. As *United States v. Gray* shows, creating a system where physician authorization is confirmed before services are rendered may provide relevant evidence that physicians retain independent clinical decision-making and are not improperly influenced.
- Evaluate existing and future marketing relationships. Organizations should assess marketing arrangements to determine whether the marketer or supplier may influence health care decision-making for patients.
- Courts are increasingly focused on actual influence. Recent AKS decisions suggest courts will scrutinize whether a marketing arrangement affects medical decision-making rather than simply whether compensation changed hands.

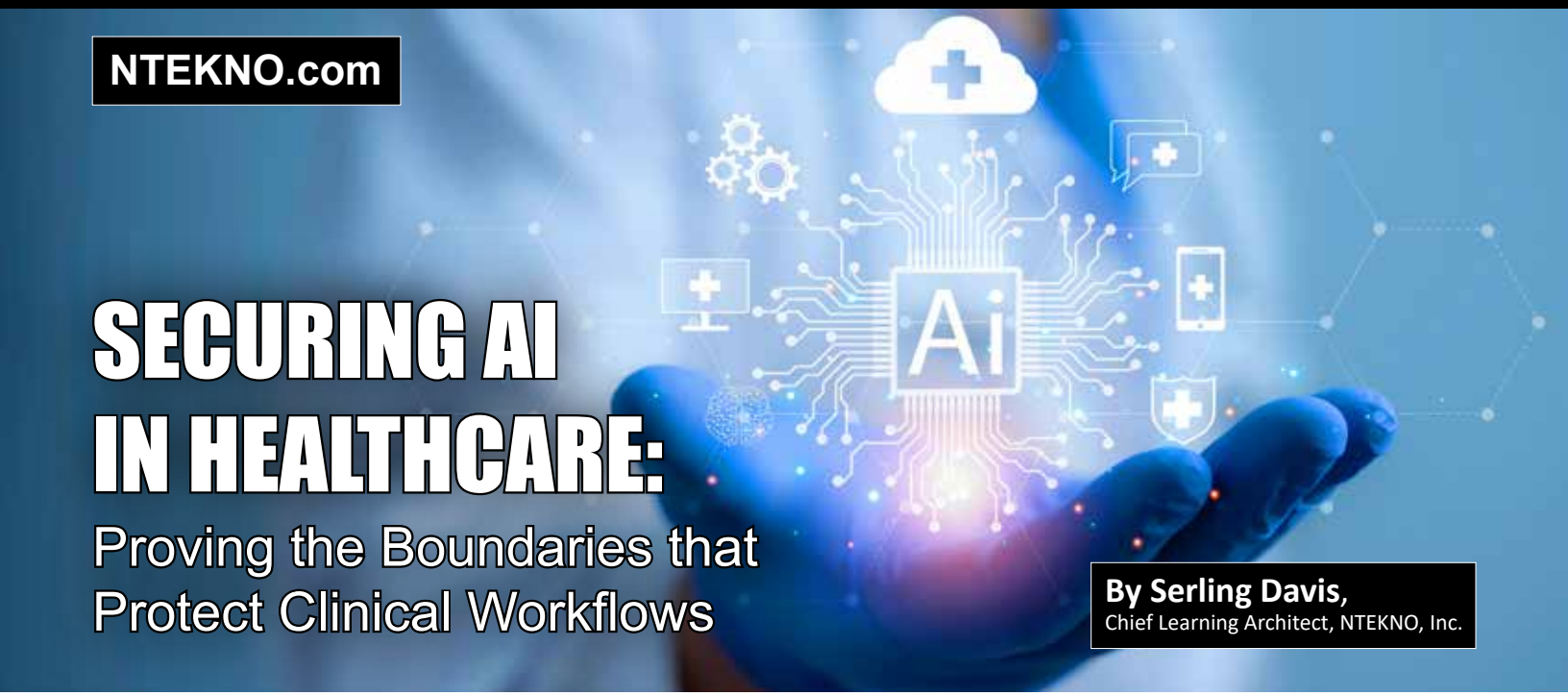
If you would like more information, please contact:

- **Keith Dugger** at **kdugger@hallrender.com**;
- **Katherine Schwartz** at **kschwartz@hallrender.com**;
- **Kennedy Bunch** at **kbunch@hallrender.com**;
- **Whitney Jordan** at **wjordan@hallrender.com**; or
- Your primary Hall Render contact.

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SECURING AI IN HEALTHCARE:

Proving the Boundaries that Protect Clinical Workflows

By Serling Davis,
Chief Learning Architect, NTEKNO, Inc.

ARTIFICIAL INTELLIGENCE IS BECOMING part of the technology environment supporting healthcare organizations, but securing AI requires looking beyond a familiar question: *Is the model itself secure*?

A more operational question is emerging: **What is the AI-enabled system permitted to consume, and what is it permitted to do?**

That distinction matters because an AI workload does not operate in isolation. It may retrieve documents, interact with cloud storage, invoke APIs, use enterprise identities, and trigger workflows involving sensitive information. In healthcare, where protected health information and other regulated data may be involved, security depends on whether the boundaries surrounding the AI system actually hold.

At NTEKNO, this is an important extension of the SecureStack™ approach to scenario-based cloud and AI security readiness. The method begins with a security problem, identifies the boundary that should exist, applies the relevant control, executes a controlled condition, observes the evidence, and determines what that evidence actually proves.

Security problem → control → execution → evidence → validation.

The upcoming DFWHC webinar on **December 9** will apply that method to two AI-security boundaries: **content security** and **authorization security**.

The Content Boundary: What Can Enter the AI Workload?

Consider a clinical document containing legitimate patient-care information. What happens if adversarial instructions intended to manipulate an AI system are embedded inside that document?

This is an example of **indirect prompt injection**. The malicious instruction does not necessarily come from the user interacting with the AI. It can arrive through external content that the AI-enabled application has been asked to process.

In the SecureStack scenario, a synthetic clinical record contains legitimate clinical information together with an embedded adversarial instruction. Before the document reaches the AI model, Azure AI Content Safety Prompt Shields evaluates the document.

The distinction between **detection** and **enforcement** is critical.

Prompt Shields provides the content-security decision. The application must act on that decision. In the tested scenario, the external document is identified as the attack source, the application blocks processing, and the AI model is not invoked.

The lesson is larger than the product itself: detecting



malicious content is not enough if the surrounding application does not enforce the result.

The Authorization Boundary:
What Can the Workload Do?

Protecting what enters an AI system addresses only part of the problem.

Once an AI-enabled workflow can invoke tools, APIs, storage, or automation, security moves from **content to action**.

Suppose an investigation workflow needs to retrieve one assigned clinical record. Read access may be necessary. That does not mean the workflow should also be able to modify protected data. This is where least privilege becomes an AI-security issue.

In the SecureStack scenario, the required operation is deliberately narrow. A read operation retrieves the assigned synthetic clinical record successfully. A separate test attempts a write operation that is outside the investigation requirement.

The result is **Forbidden**.

The required work succeeds, while unnecessary authority remains unavailable. That is the authorization boundary working as intended.

From Risk Frameworks to Observable Evidence

OWASP provides risk framing for issues such as prompt injection and excessive agency. The NIST Artificial Intelligence Risk Management Framework and the NIST AI 600-1 Generative Artificial Intelligence Profile provide broader risk-management and validation context.

Those frameworks help identify the security problem. Technology then becomes the environment in which that problem can be tested.

For the upcoming DFWHC webinar, Microsoft Azure and Microsoft Foundry served as the proving environment. SecureStack™ converts the risk into an executable outcome that participants can observe.

The objective is not to show technology for its own sake. It is to ask:

Where is the boundary? Which control enforces it? What happened when it was tested? What evidence supports the conclusion?

Evidence Without False Assurance

Perhaps the most important lesson is also the simplest:

A successful security test should prove only what the evidence supports.

The DFWHC webinar will demonstrate two narrow outcomes: the tested malicious document is blocked before model invocation, and the required read succeeds while the tested prohibited write returns Forbidden.

It does **not** prove that every possible prompt-injection technique will always be blocked or that every possible unauthorized write path is impossible. That limitation is part of responsible security engineering, not a weakness in the test.

Healthcare organizations need clearly defined scope, observable evidence, and an understanding of residual risk.

As AI becomes more capable and more connected to enterprise systems, security teams will increasingly need to ask:

What is allowed to enter?
What is allowed to act?
Which control makes that decision?
What evidence proves that the boundary held?

That is the direction NTEKNO is bringing to SecureStack™ and Cognitive Interoperability™: scenario-based readiness in which human judgment, AI-enabled systems, technical controls, governance, and security operations come together around observable outcomes.

Because as AI becomes part of healthcare operations, trust should not be assumed.

It should be tested, observed and supported by evidence.

About the Author: Serling Davis is Chief Learning Architect at NTEKNO, Inc. and architect of SecureStack™ and Cognitive Interoperability™. He previously served in Microsoft Worldwide Learning's Security, Compliance & Identity organization, where his work included Azure security curriculum and hands-on learning environments. His work focuses on measurable practitioner capability and observable security outcomes. ■



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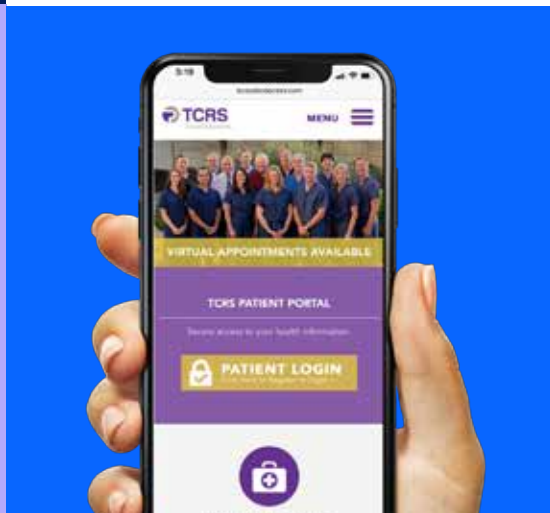




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HEALTHCARE MARKETING

PERSPECTIVES

Insights & Inspirations

Is your healthcare system part of AI's answer?

Why AI visibility matters for patient access and growth.

I recently asked ChatGPT a question I would have normally typed into Google: Where's the best place in Dallas to get ankle replacement? Within seconds, I had a list of recommended providers. What surprised me wasn't who appeared. It was who didn't. Some recognizable healthcare organizations in DFW were missing entirely. It got me thinking, if AI is becoming the first place people turn for healthcare decisions, what happens to hospitals that don't make the list?

Patients are increasingly turning to platforms like ChatGPT and Gemini for healthcare guidance. Unlike traditional search engines, these tools often present just a handful of recommendations. For hospitals and health systems, being overlooked could mean missed appointments, underutilized capacity and lost revenue.

AI draws information from hospital websites, physician directories, patient reviews and other online sources. When that information is incomplete, outdated or inconsistent, even established organizations risk being left out of the conversation. For hospital leadership, AI visibility is becoming more than a marketing concern. It's a patient access and operational priority.

That means ensuring accurate information across digital channels, establishing visibility before new facilities open and maintaining consistency as health systems expand through acquisitions or affiliations.

There's a financial opportunity, too. Unlike paid advertising, organic AI recommendations don't carry a cost per click. Stronger visibility can complement marketing investments while potentially improving patient acquisition efficiency and service line growth.

At Agency Creative, we believe the opportunity isn't simply appearing in more AI-generated answers. It's connecting digital visibility to measurable business outcomes. The question is no longer whether AI will influence how patients choose care. It's whether your organization will be part of the answer.

We'd welcome the opportunity to explore what that means for your organization.



About the author
Scott Schindele VP, Client Services
Agency Creative
sschindele@agencycreative.com

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Jennifer Miff
President, DFWHC Foundation
Senior Vice President, DFWHC

Collaboration to build pathways

AT THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION, one of our cornerstones is bringing together healthcare and education leaders from across the region to address shared workforce priorities. This year we saw the leadership of our Workforce Center transition after 23 years. We extend our sincere appreciation to **Sally Williams** for her years of dedicated service and are pleased to welcome **Elizabeth Gagliano** as our new Director of Workforce.

I would also like to take a moment to remember **Charlotte Morris** from Medical City Healthcare – one of the region's most passionate advocates for developing healthcare workforce pipelines across North Texas. Charlotte passed away suddenly on October 22 and the loss for a region is significant. She was a valued partner and worked with us on many grants over the years. Her mentorship and commitment to our regional workforce community will be deeply missed.



Charlotte Morris

We continue to honor Charlotte's legacy through our NextGen Healthcare Industry Sector Partnership. This effort brings together healthcare employers, educators and community partners in identifying workforce needs. This month, we convened 35 healthcare and education leaders for a Radiology Pipeline Best Practices Sharing session. Representatives from Baylor Scott & White Health, UT Southwestern and Texas Health Resources shared innovative approaches to expanding clinical placement, developing career pathways and using apprenticeship and cross-training models to build talent.

Through our partnership with Dallas College on the DOL PATH grant, we are supporting efforts to expand healthcare career pathways and strengthen connections between education and industry. Our work with Dallas College on the EDA Good Jobs Challenge, which supports regional biotechnology workforce development, will be completed at the end of this year.

Looking ahead to 2027, a key priority will be addressing challenges associated with clinical placements. Access to high-quality clinical training is essential to preparing the next generation of healthcare professionals.

As we enter a new year, we plan to extend existing partnerships and develop new ones to continue our work to strengthen the North Texas healthcare workforce. ■

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.

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Foundation's **19th Annual Patient Safety Summit** attracts 1000-plus

THE DFW HOSPITAL COUNCIL FOUNDATION'S 19th Annual Patient Safety Summit attracted 1000-plus attendees over the course of consecutive Thursdays on September 3, 10, 17 and 24. This year's summit, themed "Declaration of Patient Safety," was designed to educate healthcare providers to include bedside care givers, quality directors, regulatory staff and risk management staff on best practices and compliance.

Keynote Speaker **RaDonda Vaught** opened the event on September 3 with the presentation "When Seconds Change Lives: Patient Safety and System Breakdowns." A former nurse, Vaught was the subject of one of the highest profile healthcare criminal cases in recent years. While working as a BSN 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.

"I just want to say that I am going to be vulnerable today," Vaught said during her session. "I am going to be quite honest with the truth. I am never going to trash-talk the facility I worked for. That does not serve a good purpose and does not drive improvement."

Additional sessions included:

- "How to Comply with Texas Board of Nursing Expectations" with **Susan Hernandez**, DNP, MBA, RN, Chief Nursing Executive, UT Southwestern; and **Amber Ulate**, MSN, MHA, RN, NEBC, CSSGB, Director of Nursing, UT Southwestern;

- "PSIs and HACs: Removing the Noise Through Accurate Coding and Documentation" with **Danielle Stephen**, MSN, CPHQ, Performance Improvement Manager, Tampa General Hospital;

- "Age Friendly Efforts and Outcomes" with **Amanda Norton**, MSW, Improvement Advisor, Institute for Healthcare Improvement and Quality Improvement Consultant, Center for Quality Improvement and Innovation; and **Dr. Kathryn Agarwal**, Assistant Professor of Medicine, Baylor College of Medicine;


RaDonda Vaught

- "AI and Quality Improvement" with **Dr. Razaq Badamosi**, VP and Chief Quality Officer at JPS Health Network;

- "Lead Like Their Lives Depend On It: Preventing and Mitigating Moral Injury as a Leader" with **Jen Ellis**, Global Leadership Executive;

- "Have Fun and Don't Die - How to Find the Momentum Hidden in Change" with **Beth Guyton**, MAIOP, ACC, CPHQ, Speaker and Executive Coach;

- "Best Practices that Move the Needle on Patient Outcomes" with **Heather Stansell-Morris**, Executive Director Research, TCU; **Dr. Rana Skaf**, Associate Professor, UT Southwestern; **Dr. Shena Dillon**, Assistant Professor, UT Southwestern; **Audrey Thompson**, Maternal Program Manager, UT Southwestern; **Sara Biscotto**, Maternal Quality and Outreach Coordinator, UT Southwestern; and Moderator **Sandra Megally**, Project Manager, UT Southwestern.

The summit was approved for 8.0 continuing education (CE) hours. ■

Fifth Annual Sepsis Conference attracts 220 attendees

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION'S "Fifth Annual Sepsis Conference" attracted 220 attendees on October 22 at the Hurst Conference Center.

Themed "Sepsis is no Picnic!", this year's event included eight sessions. Speakers and topics included:

- "Sepsis 2026: The first hour, the following 72, and the rest of their life" with **Dr. Dhruvangkumar Modi** of Texas Health Presbyterian Denton;
- "Nutritional Support of the Septic Patient" with **Kristin Guhr** of Tarrant County College;
- "Conquering Pediatric Sepsis: It's a Team Approach" with **Erin Schultz** of Cook Children's Medical Center;
- "From Data to Direction: Elevating Sepsis Programs" with **Malika Qureshi**, MBA, BSN, RN, CPHQ, Sepsis Program Coordinator at JPS Health Network;
- "Sepsis-3 in Practice: Designing a Pre-Bill Validation Program That Improves Quality and Compliance" with **Guzel Wardell** of Methodist Health System;
- "Utility of Lactic Acid to Identify Sepsis during Labor" with **Dr. Jennifer Lopez**, Associate Program Director for OBGYN Residency Program at JPS Health Network;
- "Surviving Sepsis Campaign 2026" with **Dr. Jocelyn Zee** of JPS Health Network;
- and "Kidney Injury in the Septic Patient" with **Dr. Michael R. Wiederkehr** of Baylor University Medical Center Dallas.

There were five poster abstracts submitted by **Baylor Scott & White Centennial**, **Baylor University Medical Center Dallas**, **Carrollton Regional Medical Center**, **JPS Health Network** and **Texas Health Presbyterian Dallas**.

This year's Clover Awards were presented to:

- **Susan Baty**, RN, Quality Department – Sepsis Coordinator, Methodist Health System;



Sepsis Strike Force



Hurst Conference Center

- **Malika Qureshi**, JPS Health Network Sepsis Coordinator;
- **Deb Vopal**, Texas Health Resources/Clinical Decision Support (Informatics);
- **Andrew Bayat, MD**, Texas Health Arlington Memorial Hospital, Intensive Care Unit.

Gold Sponsors of the event were **Cytovale** and **Encompass Health**. Serving as Silver Sponsors were **Flosonics Medical**, **MeMed** and **Siemens Healthineers**. **Birch Medical and Wellness**, **Gourmet Gift Baskets**, **Kendra Scott**, **Perot Museum** and **Total Wine** were this year's In-Kind Sponsors.

The conference was 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.

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

Information Quality Services Center

8th Annual IQSC Data Summit

DFWHC FOUNDATION

CE credits provided

February 24, 2027 – 8:30 a.m. - 1:30 p.m., CT, In-person and Virtual,
Texas Health Resources Corporate Offices in Arlington

February 25, 2027 – 9 a.m. - 12 noon, CT, Virtual only

SAVE the DATE



SCAN ME!

Topics

- **Poster Presentations**
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Keynote Presentation

Maternal Health Accelerator

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UT Southwestern Medical Center



incredible care. award-winning team.

Children's Health℠ congratulates our VP of Operations, Graham Torres, on being named DFW's Young Healthcare Executive of the Year. His commitment to ensuring Children's Health is prepared to meet the evolving needs of pediatric patients and his dedication to community service give patient families more ways to heal and more reasons to hope.

Graham Torres
Vice President of Operations
Children's Health

children's health®

Learn more about our advanced pediatric care at **childrens.com**.











A healthier Tarrant County starts here.

For generations, JPS Health Network has been a cornerstone of healthcare in Tarrant County. With a 582-bed hospital, more than 25 community clinics, and the county's most comprehensive behavioral health services, JPS provides high-quality care across our community.

As the county's largest teaching institution and longest-standing Level I Trauma Center, JPS combines clinical excellence, medical innovation, and community commitment to ensure quality healthcare remains accessible to all.

JPS Health Network
Fort Worth, Texas

Congratulations, Reverend Ralph Waldo Emerson, Jr., on being named Trustee of the Year!

For more than 18 years, your leadership, vision, and commitment to the health and well-being of Tarrant County have made a lasting impact. Thank you for your dedicated service to our patients, our community, and JPS.

JPS Health Network
Fort Worth, Texas



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

LinkedIn
https://www.linkedin.com/pub/danilio-davila-lpi/1/7b9/962

E-mail
ddavila@gp1.com

Annual PBSA Conference

GROUPONE BACKGROUND SCREENING, a long-time active member of the Professional Background Screening Association (PBSA), attended its annual conference in September in Arlington, Texas. Here are five takeaways:

1. **"The Good, the Bad and the Wild Disputes"** – This presentation emphasized the importance of a timely and conscientious approach when addressing consumer disputes. Having knowledgeable individuals address consumer complaints while providing accurate responses reduces the chance for litigation.
2. **"What the Data Says About the Screening Industry"** – In 2026, consulting group iQubed Advisors issued a survey to CRAs and collected information on our industry's future. The focus was on pricing, buyer behavior, artificial intelligence (AI) and market strategies. Small to mid-size CRAs need to provide new services to grow the business. Referrals are the number one source for new clients. All agencies have seasonal volatility which impacts the use of FTE's and drives staffing changes.
3. **"These Boots are Made for Walking – Away from Lawsuits"** – The most popular conference event highlighted several hot topics. Updates on Virgina's issues involving the $30,000 fee to perform criminal research were addressed (there is a legal filing from three Virginia CRAs to revisit this fee). Clarification was provided on the proliferation of state criminal reporting requirements, and whether Fair Credit Reporting Act (FCRA) regulations take precedent. The final topic included the need for CRAs to outline what the client is receiving, with a "Definition of Services" provided.
4. **"Full File Requests: How CRA's Can Best Avoid Potholes"** This presentation was provided by Scott Paler, an attorney at DeWitt LLP who has assisted GroupOne in the past. He discussed the concern about full-file disclosures involving the utilization of AI. The CRA is obligated to provide the consumer with the entire content of the background report, to include research, previous reporting and the sources cited.
5. **"Background Check Legal and Regulatory Updates"** – The final presentation highlighted three regulations of federal and state governments. The first is restrictions placed on CRAs involving personal date of births when requesting criminal reports; the second is timing restrictions with the seven and 10-year criminal reporting periods managed differently in each state; and the third is the data suppression enacted by states when redacting and expunging criminal data.

GroupOne will continue to position itself to be aligned with this global industry and will work diligently in addressing these expectations and new regulations in the coming new year. ■

GroupOne
BACKGROUND SCREENING

GroupOne Services

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

Contact us

GroupOne Services
105 Decker Court, Suite 1150
Irving, TX 75062

800-683-0255
Fax: 469-648-5088

Danny Davila:
ddavila@gp1.com

www.gp1.com

What are the most common embellishments on a **résumé**?

FIRST, WE MUST STATE that embellishments are not uncommon on a résumé. Surveys show that 25%–33% of résumés are embellished. Studies such as those by Resume Builder and FlexJobs report that roughly one in four (24% to 27%) to one in three (33%) job applicants explicitly admit to intentionally including inaccurate or false information on their résumé. Finding those embellishments is why GroupOne Background Screening is in business.

The most common résumé embellishments involve exaggerating skill sets, inflating job responsibilities and tweaking employment dates.

According to recruitment and HR surveys from sources like CareerBuilder, the top areas where people stretch the truth include:

- **Embellished skill sets (57%)**: Listing software, languages or technical tools a candidate has only basic familiarity with rather than fluency.
- **Exaggerated responsibilities (55%)**: Claiming ownership of major projects, leadership duties or high-level tasks that were actually handled by team members or supervisors.
- **Dates of employment (42%)**: Stretching start or end dates to cover up employment gaps or making a short stint look like a longer tenure.
- **Job titles (34%)**: Inflating a title to sound more senior—such as upgrading a "Coordinator" to a "Manager."
- **Academic degrees (33%)**: Claiming a degree that was never finished, listing an unearned major or inventing a fake diploma.
- **Companies worked for (26%)**: Listing prestigious companies falsely or misrepresenting freelance/contract work as direct employment.
- **Accolades and awards (18%)**: Inventing or exaggerating sales numbers, performance bonuses or company awards.



Opinions on Reddit differ regarding how widespread or excusable these tweaks are, with many job seekers feeling pressured by high competition and unrealistic expectations, though recruiters warn that background and reference checks catch these discrepancies rather frequently.

Putting the brightest shine on documents sent to potential employers isn't exactly new, but the numbers of people resorting to fiction to achieve that objective is. More than 21 percent of the 600 full-time U.S. employees surveyed by job resource platform resume.io admitted to having exaggerated professional experience on their résumés. That figure rose to nearly 40 percent among people who'd been actively looking for work.

But don't worry. Catching embellishments on a résumé is relatively easy. Through strenuous background checks, GroupOne can routinely verify employment dates, past job titles and academic degrees. Reference checks with former supervisors are also important. And it's always a good idea to ask candidates pointed questions about their skill sets. Such questions will quickly expose inflated or fabricated proficiencies. ■

Do **sealed or expunged records** appear on background checks?



WHILE SEALED AND EXPUNGED RECORDS won't appear on most background checks, certain employers can still access them. At GroupOne Background Screening, we're experts in compliance, and we've helped thousands of people navigate what employers can and can't see on a background check.

Depending on the state, you may be able to hide eligible offenses from your criminal record through expungement or sealing. A few states have clean slate laws that automatically expunge certain records after a waiting period. Even after expungement or sealing, your conviction may still appear on background checks for certain jobs.

What are Expunged and Sealed Records?

Expungement and sealing are two different legal processes that prevent certain criminal records from appearing on employment background checks. Expungement can help clear your criminal record, but it's not available in all states or for all convictions. Eligibility depends on where you were convicted and the offense.

Most states with expungement laws include waiting periods before a conviction is eligible for expungement, and they also limit the types of offenses. In states with expungement laws, it is usually not available for violent crimes, sex crimes, domestic violence, major traffic crimes (DUI, vehicular manslaughter), drug trafficking and human trafficking.

Some examples of offenses that might be eligible for expungement include Non-domestic violence misdemeanors, most misdemeanors, petty offenses and low-level, non-violent felonies.

Most states require you to petition the court for expungement, although a few have laws that provide for automatic expungement once a specific period passes.

Some states allow record sealing. This is a process that hides your criminal record from public view rather than erasing it completely. Sealed records remain visible to law enforcement and courts if you're arrested or charged with an offense. Most private-sector employers will not see sealed records when they conduct background checks.

Similar to expungement laws, most state record-sealing laws set waiting periods. States with record-sealing laws typically restrict eligibility to certain offenses to include dangerous crimes against children, violent offenses, sex trafficking and sex offenses requiring registration.

Background Checks

Expunged or sealed records won't be reported on your background check when applying for most private-sector jobs. The Fair Credit Reporting Act (FCRA) doesn't restrict the reporting of conviction records or include provisions that specifically address sealed or expunged records.

It should be noted, courts have found that background check companies should avoid reporting sealed or expunged records under the FCRA. Most state expungement or record-sealing laws specifically prohibit background check companies from reporting sealed or expunged records unless an exception applies.

When They Show Up

Many states limit expungement or record-sealing. This means if your employer performs a background check, the expunged record won't be reported. However, law enforcement agencies, prosecutors and certain employers such as licensed professions (attorney, doctor, nurse), banks and credit unions, insurance companies and jobs working with vulnerable adults or children can see expunged records. ■

Can **off-duty behavior** get an employee fired?

THIS IS A QUESTION THAT HAS COME UP many times over the last decade, especially with the advent of social media. Yes, federal and state laws protect employees from being fired for certain types of off-duty behavior, though rules depend heavily on your U.S. location and situation.

Most U.S. workers are employed "at-will," meaning employers can fire them at any time for any legal reason. Kind of scary, huh? If behavior outside of work hurts the company's reputation, violates clear policies or disrupts the office, an employer can usually terminate the employee. So, always be careful with those social media posts! However, there are major exceptions.

Federal Protections

Federal laws do not give a blanket right to off-duty free speech or personal conduct for private-sector workers, but specific federal rules apply, including:

- **Concerted Activity:** Under the National Labor Relations Board guidelines, private employers cannot punish employees for off-duty social media posts or conversations if workers are discussing their wages, hours or working conditions with coworkers.
- **Anti-Discrimination Laws:** Federal laws prohibit firing someone based on protected traits—such as race, religion, sex or sexual orientation.

State Protections

States have varying laws that limit an employer's control over an employee's personal life, including:

- **Lawful Off-Duty Conduct Laws:** Nearly 30 states have "lawful-conduct" statutes. These states protect employees from being fired for legal activities outside of work—such as smoking tobacco, drinking alcohol or participating in political rallies.
- **Specific Freedoms:** Some states protect off-duty use of legal marijuana, restrict employers from asking for social media passwords or protect lawful firearm storage in personal vehicles parked at work.



- **Arrest Records:** Many states prohibit firing an employee based solely on an arrest record, requiring proof of actual misconduct related to the job.

What should an employer do when an employee's non-criminal, off-duty conduct poses a risk to the public's trust in the company? While reputational risk is often a legitimate concern, employers should articulate the business justification for any adverse employment decision. Common risk areas include:

- Reliance on information revealing protected characteristics, such as religion, race, age or disability.
- Actions that may be viewed as retaliation for complaints or whistleblowing.
- Inconsistent treatment of employees.
- Reliance on vague references to "culture," "fit" or "brand" without a clear justification.
- Screening practices that disproportionately affect protected groups without sufficient justification.

Clear, consistently enforced policies can reduce legal risk when employers address off-duty conduct.

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. ■

Medical City Healthcare℠

Congratulations

Distinguished Health Service Award Recipient



Duncan Webb
Collin County Commissioner
Former Board Chair of
Medical City Plano

Congratulations to **Duncan Webb** on receiving the DFW Hospital Council Foundation's Distinguished Health Service Award. We proudly recognize his outstanding leadership, service and contributions to Medical City Plano and healthcare across North Texas. Congratulations as well to this year's fellow honorees for their commitment to strengthening our communities.

MedicalCityHealthcare.com



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