



INTERLOCUTOR



SPRING 2021

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NEWS FROM THE DFW HOSPITAL COUNCIL



SNOWPOCALYPSE!

How work of the DFWHC Board allowed North Texas hospitals to escape rolling blackouts.

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Steve Love

President/CEO
Dallas-Fort Worth
Hospital Council

Wellness and a Meaningful Existence

MANY PEOPLE DEFINE GOOD HEALTH as a state of physical, mental and social well-being. It's not just the absence of disease or illness. Four components in taking good care of our bodies and minds include a healthy diet, regular exercise, appropriate rest and taking time to unwind from daily routines.

Mental health is so important to our overall health. Depression increases the risk of chronic conditions such as heart disease and diabetes. Most of us understand the relationship between physical and mental health and yet, we still place a negative stigma on mental health treatment.

Glenn Close once wrote, "A society which can now speak openly and unabashedly about topics that were once unspeakable, still remains largely silent when it comes to mental illness." Let's remove the negative labels. We need to focus on the positive attributes of the person seeking treatment.

Mental health care needs to continue in primary care settings. Like any health care issue, we must avoid stigma and force the discussion towards an overall health assessment. With May being **Mental Health Awareness Month**, it's a great opportunity for us to educate our communities about the potentially damaging prejudices surrounding treatment.

Our focus on mental health treatment is especially urgent for our children and adolescents. The Centers for Disease Control (CDC) reports that suicide is the second most frequent cause of death among our teens. For the past 14 months, our children have lived with anxiety due to the ongoing pandemic. They have routinely faced numerous issues magnified by isolation. Sadly, suicide attempts have increased.

We need to be a part of the solution as our young people represent our future – they need our support. Experts say communication is key and we all need to shed our preconceived notions and simply listen. We can state when things do not appear normal, emphasize our willingness to get involved and let them know help is available. Take the time to communicate openly with your children and family. Emphasize that you care about their well-being and you want to help no matter the problem.

I spoke recently with a child and adolescent psychiatrist who stated 70 percent of her patients have experienced some form of bullying. I thought back to my elementary school days and the bullies in the schoolyard. It's a different world today, as our youth are potentially bullied around the clock due to social media. The pressures today for our youth are enormous. We all have a responsibility to help relieve those pressures and reduce teen suicides and attempted suicides.

As mentioned, this is Mental Health Awareness Month. But there needs to be an urgent personal focus 365 days a year. We need to educate our family and friends that individuals seeking mental health treatment should be embraced with compassion. They truly are seeking good health and we will all benefit from their efforts.

Thanks for supporting the DFW Hospital Council. ■

SPRING 2021 WWW.DFWHC.ORG

INTERLOCUTOR

EDITORIAL

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ADVERTISING

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

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INTERLOCUTOR

1: one who takes part in dialogue

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



Supporting you, supporting patients.

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BUILDING A BETTER FUTURE

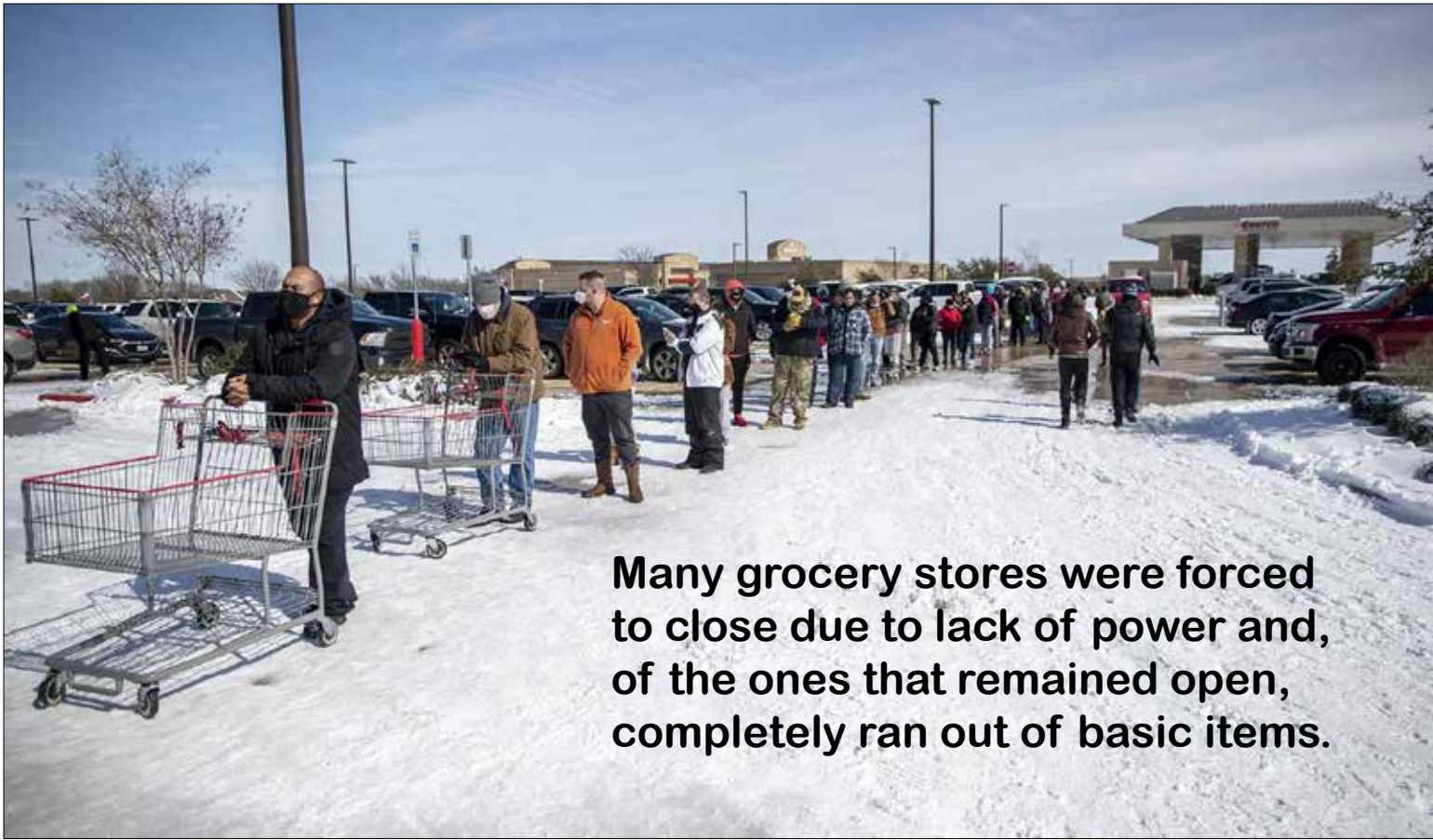
Accenture is committed to using innovation to improve the way the world works and lives. We are proud to support the Dallas-Fort Worth Hospital Council and its ongoing efforts to create innovative solutions for quality healthcare in our region.

**accenture**

A photograph of a residential street during a heavy snowfall. The road is covered in a thick layer of snow, with tire tracks visible. Houses with snow-laden roofs line both sides of the street. A street lamp stands on the right side. The sky is a pale, overcast blue.

SNOWPOCALYPSE!

How the DFWHC Board worked with Oncor allowing North Texas hospitals to avoid rolling blackouts.



Many grocery stores were forced to close due to lack of power and, of the ones that remained open, completely ran out of basic items.

DÉJÀ VU MAYBE? Perhaps a reoccurring nightmare where you're trapped in a cold, dark place? Such thoughts came to mind when the now-famous Winter Storm Uri violently slammed North Texas on February 13, causing widespread power outages. The "Snowpocalypse" was eerily reminiscent of a similar February 2, 2011 North Texas storm that left homes and hospitals without electricity.

With horrifying proficiency, the 2021 winter tempest crawled and stalled across Texas, causing historically frigid temperatures as low as -2 degrees on February 16. Suddenly, North Texas was plagued by overwhelming power grid failures, burst pipes, contaminated water and food shortages.

Grocery stores could not keep up with the increased demand for food. Many stores were forced to close due to lack of power and, of the ones that remained open, completely ran out of basic items including bottled water, bread, milk and eggs.

More than 4.5 million homes and businesses were left without power. According to the **Electric Reliability Council of Texas (ERCOT)**, the Texas power grid was "minutes away" from complete failure when partial grid shutdowns were implemented. Thankfully, North Texas hospitals avoided the rolling blackouts, which was a blessing considering once the blackouts rolled, they rolled

no more, coming to a complete halt for millions of homes and businesses.

Such was the case in 2011 when the 10-degree Arctic-like weather placed an unforeseen strain on the Texas power grid and emergency measures were immediately taken to shed 4,000 megawatts of power. Those rolling blackouts rippled across North Texas plunging hospitals into unexpected darkness. Doctors were operating on children, surgeons were performing heart surgery and one hospital was forced to douse a growing fire.

Hospitals that lost power had generators kick in, but computers stopped, medical equipment was disrupted, and administrators at **Baylor Scott & White Health, Methodist Health System, Parkland Health & Hospital System** and **Texas Health Resources** – an estimated 25 hospitals in all – had emergency situations on their hands.

"Those 2011 hospital blackouts were a shocking development," said **Stephen Love**, president/CEO of the DFW Hospital Council (DFWHC). "Hospitals cannot unexpectedly lose electricity and simply come back up. To disrupt hospital care without warning endangers lives. Critical care facilities need to be exempt from rolling blackouts."

DFWHC Board Members had an immediate series of meetings with **Oncor, ERCOT** and the **Public Utilities Commission** on February 17, April 22, August 29 and



Oncor officials during a meeting with the DFWHC Board on February 17, 2011.

“We have an excellent relationship with Oncor, and we are thankful they worked with us during this terrible storm.”

October 19, 2011. Oncor, which operates the largest distribution and transmission system in Texas, delivering power to approximately 4 million homes and businesses, was ordered by ERCOT to shed 1,422 megawatts, or 35.6 percent of the necessary 4,000 megawatts.

During those meetings at DFWHC’s offices, Oncor took responsibility for the power outages and said it was working to refine the process so such occurrences do not unexpectedly happen again.

Adding insult to “energy,” the Dallas Cowboys’ AT&T Stadium in Arlington, gearing up for the Feb. 6, 2011 Super Bowl, remained free of the rolling blackouts.

The series of meetings concluded with Love’s presentation in Austin before the Public Utilities Commission of Texas Workshop on November 3, 2011. No

official changes were made, though **State Senator John Carona** introduced legislation that would have exempted hospitals from rolling blackouts. The bill did not make it out of committee, but Love and the DFWHC Board had inspired an awareness of the dangerous hospital issues created by unexpected blackouts.

Love continued to work with Oncor throughout 2012, asking them to prioritize North Texas hospitals for power in case of future outages. Little did Oncor and Love realize, a decade later North Texas would be pounded yet again by the worst winter blast in a century, with ERCOT tilting dangerously close to an unprecedented meltdown.

Recalling those 2011-2012 meetings, Oncor made hospitals a top priority during “Snowpocalypse,” and the healthcare systems ran smoothly throughout the frozen



Medical City Las Colinas employees shoveling snow.

week. In some cases, such as at hospitals with **Medical City Healthcare** and **Methodist Health System**, employees were allowed to stay overnight, food was offered to neighboring residents and warming stations were provided to the community.

“Since we had been working with Oncor over the years, they were aware of the difficulties of hospitals being forced to endure rolling blackouts,” said Love. “We have an excellent relationship with Oncor, and we are thankful they worked with us during this terrible storm.”

Although **Texas Governor Greg Abbott** initially blamed the power outages on frozen wind turbines and solar panels, evidence has since revealed inadequately winterized natural gas equipment as the primary cause.

Texas’ isolated power grid, created to avoid federal

oversight, was also a factor. Operating separately from the two major national power grids, the independent dynamic made it impossible for the state to import electricity from other states. And so, Texas residents were without heat when they needed it most. It’s estimated at least 151 people were killed as a result of the storm.

Following the 2011 winter disaster, the **North American Electric Reliability Corporation** recommended upgrades to Texas’ electrical infrastructure to prevent similar blackouts from occurring in the future. The recommendations were ignored due to the cost of winterizing the systems. Following the 2021 “Snowpocalypse,” the same recommendations have been made yet again.

As we said, déjà vu. ■

1
YEAR
ANNIVERSARY

KRLD
NewsRadio
1080



*Sunday's at
1:00 and 7:00 pm, CDT*

The Human Side **of Health Care**



with Stephen Love (left) and Thomas Miller.





Mark Cuban

THE DFW HOSPITAL COUNCIL (DFWHC) RADIO program “The Human Side of Healthcare” is broadcast on a weekly basis through 2021 on **KRLD 1080 AM**. The radio show airs Sundays from 1:00-2:00 p.m., with a repeat broadcast from 7:00-8:00 p.m., CDT.

Hosted by DFWHC President/CEO **Stephen Love** and KRLD’s **Thomas Miller**, the program has showcased the activities of North Texas hospitals while providing crucial COVID-19 updates.

You can also listen to past broadcasts online at Spotify, Apple Podcasts, Google Play, Stitcher, YouTube and iHeart Radio. The programs are listed as “The Human Side of Health Care.”

Guests during the spring have included:

- **Dr. Emily Adhikari**, Parkland Health & Hospital System;
- **Dr. Salman Bhai**, UTSW and Texas Health Presbyterian Dallas;
- **Cindy Burnette**, Texas Health Resources;
- **Dr. John Carlo**, Prism Health North Texas;
- **Dr. Kia Carter**, Cook Children’s.
- **Mark Cuban**, Dallas Mavericks NBA franchise;
- **Sherry Cusumano**, Medical City Green Oaks;
- **Doreen Freeman**, Methodist Health System;
- **Dr. Kishorbhai Gangani**, Texas Health Arlington Memorial Hospital;
- **Dr. Robert Haley**, UT Southwestern;
- **Dr. Kathryn Hoes**, Texas Health Presbyterian Hospital Dallas.
- **Dr. Leigh Hunter**, Methodist Health System;
- **Dr. Mary Hurley**, Texas Health Presbyterian Hospital Dallas;
- **Dr. Stella Lisk**, Texas Health Harris Methodist Hospital Fort Worth;
- **Steve Miff**, Parkland Center for Clinical Innovation;
- **Dr. Andrew Morris**, Texas Health Presbyterian Hospital Plano;
- **Dr. Satyam Nayak**, Parkland Health & Hospital System and UTSW;
- **Dr. Abigail Patterson**, Parkland Health & Hospital System;
- **Dr. Trish Perl**, Chief, UT Southwestern;
- **Dr. Brad Sellers**, Methodist Dallas Medical Center;
- **Dr. Alan Sing**, Children’s Health;
- **Mac Stewart**, Hall Render;
- **Janaki Subramanian**, Methodist Health System;
- **Dr. Dale Yoo**, Texas Health Presbyterian Hospital Allen. ■



Mac Stewart



Dr. Stella Lisk



Dr. Kathryn Hoes

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

Around DFWHC

Every Shot Counts!

THE DFW HOSPITAL COUNCIL (DFWHC), the DFWHC Foundation and GroupOne Background Screening launched an online COVID-19 Vaccine Campaign on May 3 emphasizing staff members who obtained their COVID-19 vaccine. Photographs of each staff member were included with the theme “Every Shot Counts!”

Over two weeks, the graphics were posted in social media on Facebook, LinkedIn, Twitter and Instagram. In all, 14 staff members participated. The campaign was our attempt to spread the word, create awareness and perhaps inspire a few people to overcome their hesitancy. The photographs are below. ■



I'm Will Brisendine,
IT Director
 And I got my
 COVID-19 Vaccine.
Every Shot Counts!







I'm Diedra Harrison,
Customer Service Rep
 And I got my
 COVID-19 Vaccine.
Every Shot Counts!







I'm John Whittemore,
Executive Director
 And I got my
 COVID-19 Vaccine.
Every Shot Counts!







I'm Stephen Dorso,
Director of Benefits
 And I got my
 COVID-19 Vaccine.
Every Shot Counts!








I'm Steve Fischer,
Business Operations Specialist
 And I got my
 COVID-19 Vaccine.
Every Shot Counts!







I'm Sally Williams,
Workforce Center Director
 And I got my
 COVID-19 Vaccine.
Every Shot Counts!







I'm Danny Davila,
Dir. Regulatory & Compliance
 And I got my
 COVID-19 Vaccine.
Every Shot Counts!









I'm Brian Crumpton,
IT Guru
 And I got my
 COVID-19 Vaccine.
Every Shot Counts!



Around DFWHC

New **Keystone** whitepaper details Telehealth

KEYSTONE HEALTHCARE PARTNERS, an Associate Member of the DFW Hospital Council, released the new the whitepaper **“The Strategic Use of Telehealth in Hospitals”** in May. The 14-page document details trends, considerations and metrics.

“Our team has been working for several months on this whitepaper,” said **Chelsea Voors**, vice president of strategy and marketing at Keystone. “With the challenges hospitals have faced during the COVID-19 pandemic, organizations have had to overhaul their workflow and provide streamlined care across the entire healthcare continuum. The market is now experiencing hyper-change that will have a defining impact for decades.”

The whitepaper includes:

- **Industry trends** impacting telehealth;
- **Key considerations** related to telehealth;
- How telehealth impacts **performance metrics**;
- Telehealth **Return on Investment**.

“While major transformations like connectivity and interoperability in healthcare used to be forthcoming, they are now upon us,” said Voors. “Organizations that fail to leverage these innovations will find it difficult to maintain quality operations. Alternatively, organizations



that adopt telecommunications will thrive. In the whitepaper, we detail advancements made possible by telehealth. We also look at the different tele-disciplines, review key considerations and identify metrics that support the benefits and ROI of evolving operations through telehealth.”

You can download the whitepaper at <https://keystonehealthcare.com/media-center/>. ■

Monthly educational webinars for 2021 have been posted online



AS AN EDUCATIONAL SERVICE to our members, the DFW Hospital Council co-hosts monthly webinars with its Associate Members. These webinars are complimentary to members and are later posted online. A list of the most recent 2021 webinars are listed below.

March 18, 2021

“Employment Practices 2021: Preparing for Change”

– DFWHC/Hall Render

https://www.youtube.com/watch?v=gsovr5_SRWs&t=1312s

April 8, 2021

“No Cost Opportunity to address Physician & Executive Benefit Expectations”

– DFWHC/InsMed Insurance

https://www.youtube.com/watch?v=g_WohC1YThM&t=459s

April 29, 2021

“Where Hospitals Stand: Acts, RAC & 340B”

– DFWHC/BKD CPAs & Advisors

<https://www.youtube.com/watch?v=iF6DfjqEypY&t=931s>.

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



DFWHC joins **Texas group** urging expansion

ON APRIL 20, the DFW Hospital Council joined 188 Texas organizations to urge state leaders to provide a health insurance option for low-wage Texas adults.

A wide spectrum of physicians, health care providers, local officials, business leaders and advocates signed a letter to **Governor Greg Abbott** and members of the Texas Legislature. Noting that there are only a few weeks left in the legislative session, the groups wrote, “We specifically support a coverage initiative that is bipartisan, funded through available federal dollars, structured to be neutral for the state’s budget, and designed to meet Texas’ specific needs, values and circumstances.”

The letter was also signed by the Texas Medical Association, the Texas Nurses Association, and numerous other medical organizations; local officials including the county judges for Bastrop, Dallas, Harris and Hutchinson counties; seven Chambers of Commerce, including those from Arlington, Beaumont, Longview, Lubbock, San Antonio, and other communities; and numerous other groups, including Texas 2036, Episcopal Health Foundation, AARP Texas, Children’s Defense Fund – Texas, United Ways of Texas, Panhandle Community Services and Prosper Waco.

“I’ve been working on health care at the Legislature for many years, and I can’t remember seeing so many organizations from across Texas all come together like

this to urge state leaders to expand health coverage,” said **Dr. Laura Guerra-Cardus**, Deputy Director of Children’s Defense Fund – Texas. “This is a clear message that state leaders should use the remainder of the legislative session to pass a plan that ensures childcare workers, home health aides, grocery clerks, and other Texans with low-wage jobs — including hundreds of thousands of essential workers — finally have a health insurance option.”

As the letter notes, Texas is one of just 12 states where adults with jobs below the poverty line (a monthly income of about \$1,800 per month for a single parent with two children) typically do not have an affordable health insurance option. Texas currently limits Medicaid health insurance to children, pregnant women, seniors, Texans with serious disabilities, and a very small number of parents in extreme poverty (a monthly income below \$320 for a single parent with two children).

The letter points out that the federal government is offering to pay for 90 percent of the costs of increasing health coverage. The remaining 10 percent could be paid for through budget savings and other options, ensuring the plan creates no net cost for the state.

You can read the full letter at: https://static1.squarespace.com/static/5b02e658ec4eb7435dcd44d4/t/607e33f58453342db53e8c84/1618883573539/Coverage_Expansion_Letter_April_2021.pdf. ■

Hot Topic webinar hosted by
the DFW Hospital Council and
Alexion Pharmaceuticals, Inc.!



ALEXION
pharmaceuticals

Andexanet alfa

Budget Impact Model

Wednesday, May 26
1:00-2:00 p.m., CDT

COMPLIMENTARY
WEBINAR



SPEAKERS

Kelly McNeil-Posey

Director, Health Economics & Outcomes Research,
US Field, Alexion

Sharon Williams

Director, US Strategic Accounts, Alexion

Stephen Love

President/CEO, DFW Hospital Council

Join us for this health economics and outcomes discussion. Using an approved model structure developed with clinical guidance and in accordance with best practices outlined by the International Society of Pharmacoeconomics and Outcomes Research (ISPOR), the speakers will facilitate an interactive discussion on the cost-effectiveness and budgetary impact of andexanet alfa on selected health outcomes and costs.

REGISTER

<https://attendee.gotowebinar.com/register/3376689684100240909>

INFORMATION

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

Hot Topic webinar hosted by the
DFW Hospital Council and NectarOM!



nectarom

Reducing Gaps in Care

through Analytics and Automation

Thursday, May 27
1:00-2:00 p.m., CDT



SPEAKERS

Amrit Kirpalani
CEO, NectarOM

Stephen Love
President/CEO, DFW Hospital Council



TOP
5
REASONS

Hospital care teams are stretched with expanded patient follow-up and administrative needs. This webinar will cover uses of patient analytics and automated messaging to help teams prioritize patient outreach and supplement the care team with digital communications, all with the objective of reducing gaps in care. We will also cover the **Top 5 Reasons** hospitals fail at using analytics and automation and ways to mitigate these.

REGISTER

<https://attendee.gotowebinar.com/register/9198987482774891790>

INFORMATION

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

Associate Members

VACCINE Consternation

Should COVID-19
vaccines be required?

AFTER MORE THAN A YEAR OF GLOBAL TURMOIL resulting from the COVID-19 pandemic, a light at the end of the tunnel is beginning to emerge. So far this year, several drug manufacturers, including **Pfizer**, **Moderna** and **Johnson & Johnson**, have manufactured and distributed hundreds of millions of COVID-19 vaccine doses all over the world, especially in the United States.

However, just as the vaccine has become more prevalent, so has a general aversion to the vaccine from some in the public. Questions are being raised at the individual and local level as to whether it is actually safe to get vaccinated, or whether vaccination will be mandated now that the vaccine is becoming more and more widely available.

Many people in the U.S. have stated that they refuse to receive

the vaccine, giving various religious, ethical and medical reasons for not doing so. Additionally, many individuals have cited the vaccine's investigational drug status as a concern regarding whether it is actually safe to get the vaccine.

While the FDA and the Centers for Disease Control and Prevention ("CDC") have publicly posted substantial information regarding the safety of receiving the vaccine, this widespread public skepticism remains.

The COVID-19 vaccines available in the U.S. currently operate under an Emergency Use Authorization ("EUA") issued by the Food and Drug Administration ("FDA"). Under an EUA, the FDA can permit the public use of unapproved medical products to diagnose, treat or prevent serious or life-threatening diseases or

conditions such as COVID-19 when certain legal and scientific criteria have been met, including that there are no other adequate, approved and available alternatives.

Therefore, the COVID-19 vaccines that are available are still technically investigational and unapproved drugs under FDA regulations. The vaccines, and their safety and efficacy, remain the subject of ongoing clinical research trials through which tens of thousands of individual clinical trial participants have volunteered to receive the vaccines and to be observed in their responses to the vaccines. It is this current investigational status that is a primary factor in many people refusing the current iteration of COVID-19 vaccines.

Many states and large segments of the public have also been

outspoken about the position that mandating individuals to receive the vaccine would impinge on individual privacy and freedom.

The federal government has stated definitively that it will not mandate COVID-19 vaccinations that are publicly available under an EUA.¹ This seems to be a reasonable stance given the vaccine's investigational and unapproved status. Whether this stance will be the same once the vaccines are fully approved by the FDA remains to be seen, especially in light of the FDA's position that, in certain circumstances, businesses may require their workers to receive a COVID-19 vaccination that is still under an EUA.

However, the ability of a business to mandate vaccination would be subject to individual state laws and other applicable laws that would restrict and/or permit such mandates. In

light of this emerging issue, certain states have already begun to legislate on the issue of COVID-19 vaccination mandates. **Texas Governor Greg Abbott** in particular has been extremely vocal about the fact that the COVID-19 vaccine will always be optional for Texas citizens. Putting this policy into action, the Texas House of Representatives has decided to be proactive with potential employment discrimination issues associated with the vaccine.

On March 9, 2021, the Texas House introduced House Bill 1687 which would effectively prevent Texas employers from hiring, firing or otherwise treating individuals differently in the employment context as a result of whether they have received a COVID-19 vaccination.²

Essentially, HB 1687 would make it unlawful for Texas employers to discriminate in the hiring of individuals based on their COVID-19 vaccine status. It is highly likely that other state legislatures will follow suit in trying to create laws dealing with the issue of COVID-19 related employment discrimination, especially those in southern "Red" states.

Another popular topic in the U.S. has been the question of whether "vaccine passports" may be required

by businesses, governmental agencies, commercial airlines or other types of entities. Essentially, a vaccine passport would be personal documentation evidencing an individual's COVID-19 vaccination status and would be a person's "entry ticket" to places that require an individual be vaccinated, including anywhere from tourism hotspots, to businesses that individuals patronize on a daily basis.

Many state governors have been vocal about their stance on vaccine passports, often reducing the issue to a "conservative versus liberal" basis. These concerns often address the fact that vaccine passport requirements may naturally result in class separation and discrimination issues. Because vaccine passports are such a divisive issue, it is unlikely that many states will try to implement vaccine passport mandates.

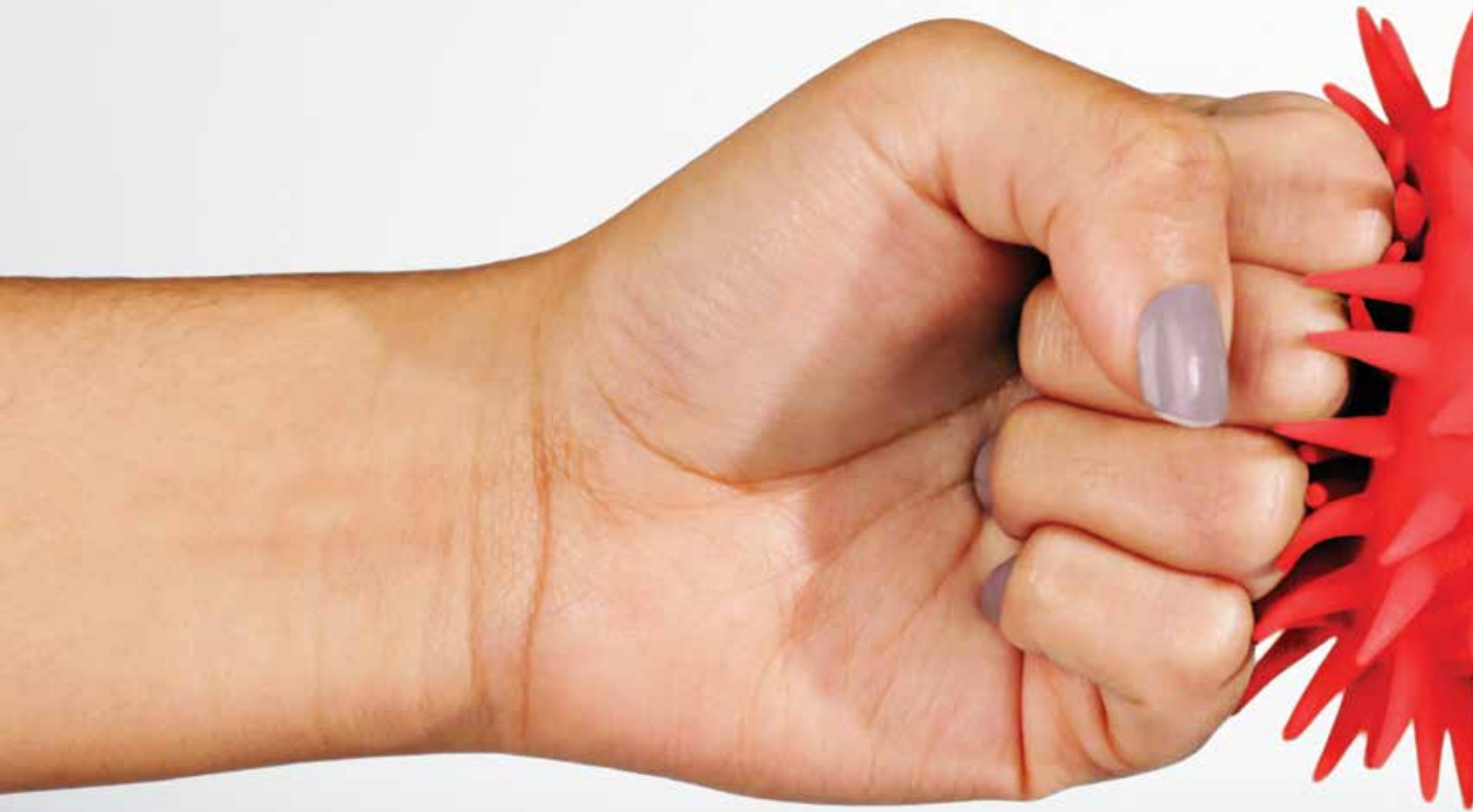
It is possible that the federal government could try to impose some sort of vaccine passport at some level (mask-less transportation), but this still remains to be seen. Almost certainly, the issue of vaccine passport mandates would be dealt with at the individual business level as business owners determine how best to battle health risks associated with COVID-19 for their employees and patrons.

With all of this in mind, it is safe to say that no one really knows exactly how the federal government, state governments or individual businesses in general will handle potential COVID-19 vaccination mandates or vaccine passports. However, it is almost certain that no matter what changes or restrictions are put in place in the coming months and years, there will be substantial push-back and political discussion on the issue.

¹Centers for Disease Control and Prevention, Workplace Vaccination Program (Mar. 25, 2021), <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/essentialworker/workplace-vaccination-program.html#Mandates>.

²Tex. H.B. 1687, 87th Leg., R.S. (2021).

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PERSPECTIVES

INSIGHTS & INSPIRATION IN HEALTHCARE MARKETING

How to choose an advertising agency.

Are you feeling like you need a helping hand when it comes to strategic advertising? Desiring an optimization boost when it comes to creating and managing new patient growth? Hiring a dynamic and full-service advertising agency might be just the ticket. But you may be asking yourself how much will the services cost? It's not a simple question to answer. It depends on your brand's specific needs and goals.

There are a few important factors to consider before cost can be calculated. For example, are you looking for significant growth in your local market or are you expanding more aggressively? Is your healthcare facility offering its services to a new demographic, delving into a more complex and competitive geography or bringing on new products or service lines? All of these unique specifications will impact the cost and final budget the agency will recommend. It's also important to note that when you reach out to an agency all aspects of your current business strategy will need be considered, as well as all of the research and resources you may already have available.

There are a number of ways to financially engage an ad agency. One is simply to use them on a project basis. Another is to have them help plan and manage your annual budget by operating on a monthly retainer. A retainer is a method of better managing your annual budget in addition to having them deliver on specified projects or

programs. The retainer is typically structured on an agreed-to number of hours they provide to you each month. It is their responsibility of managing their retainer. No surprises. The retainer is also a benefit to you by having them be more responsive to engage on new projects without the delay of producing proposals each time.

One of the most important aspects of choosing an agency is the chemistry you have with them.

When searching for an agency partner, meet with three or four agencies. You'll find different strengths with each. Additionally, ask for client references you can speak with about their relationship with the agency.

All in all, you will most likely never find a cost breakdown for services on an agency's website. They will need to know more about your brand and goals in order to determine the specifics. It will also be more productive up front for you to share your budget. Leaving them to guess will waste a lot of time on both sides by having them recommend solutions you can't afford. They should also bring new thinking to the table on how to stretch your budget.

One of the most important aspects of choosing an agency is the chemistry you have with them. Do you like them, are they exciting and is there an opportunity to develop a strong and productive relationship with them? Also, do they have the experience and strategic thinking to support you in elevating your brand and results?

Agency Creative believes that effective marketing is born from strong communication with each of our clients and a thorough understanding of their business' needs. We are committed to creating real, authentic human connections based on brand truths. We don't just build brands; we connect them. Contact us today to learn how to take your brand to the next level by calling **972.488.1660**, emailing us at **info@agencycreative.com**, or filling out the form on our website to have one of our account specialists reach out to you. We can't wait to take your business strategy from good to exceptional!



About the author

Mark Wyatt Founder & CEO, Agency Creative
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NTX Healthcare Coverage Collaborative launches to address uninsured residents

UNITED WAY OF METROPOLITAN DALLAS (UWMD), the **DFW Hospital Council (DFWHC)** and the **Dallas County Enroll North Texas ACA Coalition** announced the launch of the North Texas Healthcare Coverage Collaborative (NTHCC) on March 18. The innovative collaboration was formed to address the growing number of uninsured North Texans due to COVID-19 by providing financial assistance to maintain coverage.

The **W.W. Caruth, Jr. Fund of Communities Foundation of Texas**, **Medical City Healthcare** and **Methodist Health System** generously contributed seed funding of \$200,000, \$100,000 and \$25,000 respectively.

NTHCC, through partner organizations, will provide up to three months of financial assistance to unemployed individuals who have lost their employer-sponsored insurance as a result of the COVID-19 pandemic. Clients must reside in Collin, Dallas, Denton or Tarrant County.

A lack of health insurance often correlates with hesitancy to seek medical care, which in turn can lead to increased emergency visits.

“Increasing the number of North Texans with comprehensive health care coverage improves access to timely, medically necessary health care services,” said **Erol Akdamar**, president of Medical City Healthcare. “Medical City Healthcare is proud to support this initiative.”

“The DFW Hospital Council and its member hospitals

are supporting this initiative because so many people have lost their healthcare coverage. Their medical treatments can now continue without interruption,” said **Stephen Love**, President/CEO of DFWHC.

Founding members of the collaborative are developing a common online pre-application for eligible clients and options for available financial assistance. United Way will serve as the program coordinator and will lead the selection process for participating nonprofit organizations that must have experience in health access and enrollment, an established program with robust case management services, and the trust of the communities they serve in the four-county area.

Each participating organization will provide intake assessment for prospective clients to determine eligibility. Once deemed eligible, each organization will work directly with the individual and insurance provider to arrange payment of the healthcare coverage premium for three months and enroll eligible members of the household.

“For over 93 years, Methodist Health System has been committed to serving North Texans, including those most in need,” said **Jim Scoggin**, CEO of the Methodist Health System. “We see supporting this important effort to help the uninsured as an extension of our mission.”

To learn more about how to provide support, contact **Daniel Bouton** at dbouton@unitedwaydallas.org. ■

Associate Members



4 reasons why RNs should pursue a BSN

AMERICA'S HEALTHCARE INDUSTRY IS CHANGING AT A RAPID RATE. Due to this, the demand for individuals with a Bachelor of Science in Nursing (BSN) is higher than ever. In fact, the field of nursing will see an expected growth rate of 7 percent by 2029. Wondering if it's time to take your nursing career to the next level? Check out the top four reasons why RNs should pursue a BSN degree online.

1 **ADVANCEMENT**

The qualifications that come with earning your BSN provide a number of opportunities to advance your professional vocation. The healthcare industry demands strong leaders and management teams. Acquiring a BSN credential helps prepare and equip you for both leadership and specialty positions, giving you a broader selection of higher level roles. Additionally, if you plan to become an Advanced Practice Nurse (APRN), nurse

executive, or a nurse educator, earning your BSN is a great first step to pursuing those goals through graduate study.

2 **SPECIALTY POSITIONS**

Having your BSN allows for focused scopes of work through specialty positions. Becoming an expert in one specialty can open up avenues to work in areas such as rehabilitation, genetics, critical care, and more. The degree also provides an edge when applying for a role in a department that might be more competitive.

3 **ONLINE FORMAT**

There are many benefits to choosing an online BSN program. Many are designed to help excel your career quickly and accommodate your schedule while continuing to work as an RN. In fact, what you're learning in your courses can be applied directly to the scenarios around you. A fully online BSN program allows you to expand your



knowledge base, participate in interactive exercises, and strengthen your critical thinking skills all from the comfort of your own space and in as few as 8 months.

SALARY

The payoff of an advanced degree is invaluable. While salary varies depending on your position, where you work, and your experience, your pay does increase due to your credentials. The opportunities to fill more coveted roles becomes exponentially greater compared to that of an RN or entry-level nurse.

Curious if you should consider getting a BSN degree? Learn more about our 100% online RN to BSN track at acu.edu/online.

According to the Bureau of Labor Statistics, healthcare occupations are projected to grow 15% between 2019 and 2029, a much faster growth rate than the average for all other professions. Healthcare professionals who continue their education will find themselves in high demand, helping to shape the patient care of tomorrow. Where will your journey begin?

RN TO BSN

If you are a registered nurse, our RN to BSN track is designed to allow you to complete your BSN degree quickly while giving you the flexibility to continue working in your field. Learn more about our RN to BSN Track at acu.edu/rn-to-bsn.

BSN TO DNP

If you have completed a Bachelor of Science in Nursing and are seeking a direct path to a Doctor of Nursing Practice (DNP) degree, our BSN to DNP program is the right choice for you. This program allows nurses looking for an emphasis in Executive Leadership to complete 18 credits in just 12 months. You will complete eight courses and transition directly into our DNP program with no additional application process. Learn more about the BSN to DNP at acu.edu/bsn-to-dnp.

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This program focuses on three areas: leadership and ethics; the healthcare system; and technical and foundational competencies. Through a Christian worldview, you will gain the fundamental skills and



expertise to navigate this rapidly changing industry. Learn more about the BHA Program at acu.edu/bachelor-of-science-in-healthcare-administration.

DOCTOR OF NURSING PRACTICE (DNP)

If you have completed your Master of Science in Nursing (MSN) and are looking to further develop your clinical and leadership skills as a medical professional, our Doctor of Nursing Practice (DNP) program is for you. You can pursue an Advanced Practice Nurse or Executive Leadership track option while learning how to demonstrate leadership through developing, implementing, and evaluating ethical healthcare policies. Learn more about the DNP Program at acu.edu/doctor-of-nursing-practice.

MASTER OF HEALTHCARE ADMINISTRATION (MHA)

If you have already been working within the healthcare industry or seek a career change, then the Master of Healthcare Administration program may be for you. This program allows working professionals to enhance their healthcare leadership and administration skills and prepares leaders by focusing on industry innovation and exploring how faith shapes the ethical challenges of patient care.

Contact us at acuonline@acu.edu or **855-219-7300** to learn more about this upcoming program. ■

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Jennifer Miff

President, DFWHC Foundation
Senior Vice President, DFWHC

The evolution of discussing Mental Health

THE NATIONAL INSTITUTES OF HEALTH (NIH) points out that words matter. Removing the stigma frequently associated with mental and behavioral health is one of the great joys of our work at the DFW Hospital Council (DFWHC) Foundation.

One specific evolution is recognizing both substance and non-substance abuse disorders as diagnosed conditions. Until recently, the term “addiction” did not even appear in any version of the **American Psychiatric Association’s** diagnostic manual. In the most recent edition, addiction is not only included as a category, the manual recognizes both substance and non-substance use disorders as key areas for treatment.

Thank goodness today these negative or punitive assumptions are beginning to fall by the wayside. At the DFWHC Foundation, we like to think we’ve played a continuing role in this evolution by improving the way we recognize and help people manage mental and behavioral health conditions.

Here at the DFWHC Foundation, creating awareness and eliminating dated cliches is one of the inspirations of our 2021 “Recovery 101” classes. Our second event was held April 25 and we received rave reviews from attendees. We have a third webinar scheduled for June 27. Overall, we plan to host six classes this year.

Working with **UT Southwestern Medical Center**, the **Association of Persons Affected by Addiction** and the **National Alliance of Mental Illness North Texas**, the program educates participants about the key concepts of mental health and addiction recovery.

Some of the comments we received after the April 25 meeting were inspiring. One attendee said, “It took a long time for me to realize, certain diagnoses did not tell my whole story.” One person noted, “I now realize, getting help is the first step to recovery.”

These classes are considered peer-support education and are led by **Dr. Joseph Guillory**, psychiatrist at UT Southwestern; and **Joe Powell**, CEO of the Dallas Association of Persons Affected by Addiction.

We hope these “Recovery 101” classes will assist in removing the stigma attached to mental and behavioral health. As our team has personally learned from these classes, language, knowledge and empathy are so important to promote sustainable and lasting recovery. We hope you can join us for our “Recovery 101” webinar on June 27.

Thank you for your support of the DFWHC Foundation. ■

How to contact us

972-717-4279

info@dfwhcfoundation.org



www.dfwhcfoundation.org

Foundation Mission

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

Foundation Vision

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

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Does your hospital have a
**COVID-19
HERO?**



“COVID-19 Heroes” coming soon!

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION’S “COVID-19 Heroes” campaign had over 300 submissions from hospitals across North Texas. The heroes will be honored this summer with an online book and video detailing each submission.

“The efforts of our hospital employees during the COVID-19 pandemic have been amazing,” said **Jen Miff** president of the DFWHC Foundation. “With our healthcare heroes continuing to work tirelessly during these many

months and throughout 2021, we are looking forward to honoring their extraordinary work. The book and video are the least we can do to offer our thanks for a job well done.”

The tribute book and video are expected to be dropped online in June. A link will be distributed to the public and to all North Texas hospitals.

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

Dates for annual Patient Safety Summit announced

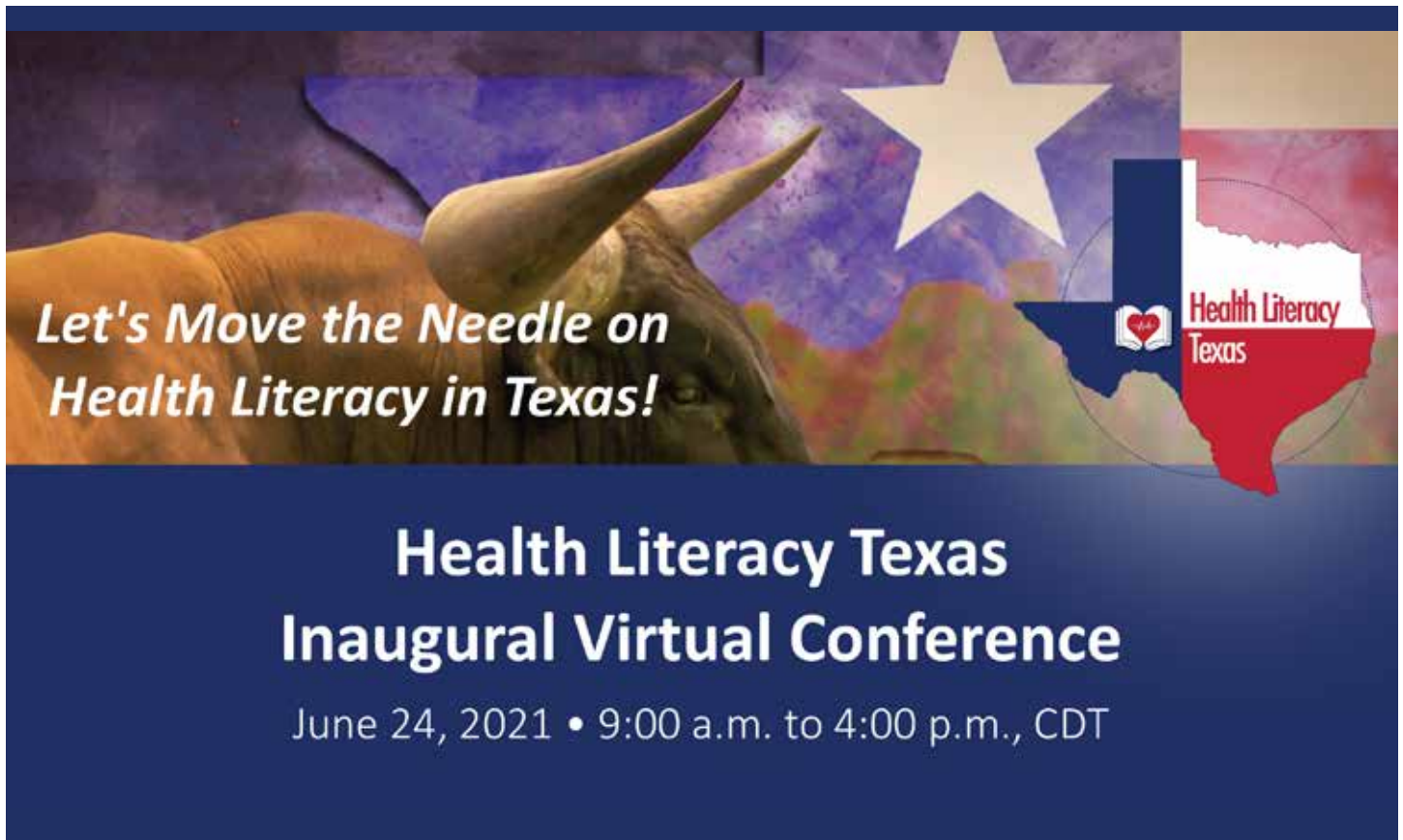
DATES FOR THE DFW HOSPITAL COUNCIL FOUNDATION’S annual **Patient Safety Summit** were announced in May. The event takes place over four days on September 9, 16, 23 and 30. The virtual class is from 10:00 a.m. to 12 noon, CDT, on each day. This year’s theme is “Healthcare Hero’s United.” Topics will include:

- Joint Commission- update on safety and quality;
- Care for the caregiver- Even Hero’s need support;
- Process changes during COVID-19;
- Behavioral Health impacts.

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



Around DFWHC Foundation



Let's Move the Needle on Health Literacy in Texas!

Health Literacy Texas
Inaugural Virtual Conference
June 24, 2021 • 9:00 a.m. to 4:00 p.m., CDT

Health Literacy Texas to host first conference

HEALTH LITERACY TEXAS will be hosting its first inaugural conference “Let’s Move the Needle on Health Literacy in Texas” on Thursday, **June 24** from 9:00 a.m. to 4:00 p.m., CDT.

The one-day conference will serve as an introduction to Health Literacy Texas while discussing health literacy best practices and lessons learned. It will also be a great opportunity to connect professionals across Texas working on health literacy. Speakers from across the state will discuss topics including rural telemedicine, the role of community health workers and a legislative update.

The complimentary virtual event will include continuing education credits. Speakers include:

- **Dr. Denis Anderson**, The Well Health Center;
- **Chris Yanas**, Methodist Healthcare Ministries of South TX, Inc.;
- **Monica Garcia**, Texas Tech University Health Sciences Center;

- **Ashley Rodriguez**, Baylor Scott & White Health System;
- **Candace Robledo, PhD, MPH**, UT Health Science Center at Tyler;
- **Rev. Phil**, The Well Health Center;
- **Dr. Erin Carlson**, University of Texas at Arlington;
- **Dr. Teresa Wagner**, UNT Health Science Center/ SaferCare Texas.

Our own **Patti Taylor**, director of quality and patient safety at the DFW Hospital Council Foundation, works with Health Literacy Texas while coordinating the local Health Literacy Committee.

“We are looking forward to this event,” Taylor said. “Working together over many months, we are thrilled to finally introduce Health Literacy Texas to healthcare professionals across the state. Spread the word!”

To register, go to <https://www.eventleaf.com/healthliteracytexas>. ■

Air Climb event raises more than \$90,000

THE AMERICAN LUNG ASSOCIATION hosted its annual Fight for Air Climb Event on April 17 at Globe Life Park in Arlington.

Due to the COVID-19 pandemic, this year's Air Climb was held outside at the stadium. The popular stair-climb event attracted 119 participants and raised \$91,316.44.

Patti Taylor, the DFW Hospital Council (DFWHC) Foundation's director of quality and patient safety services, served as a volunteer.

"It's so inspirational to see so many participating for an important cause," Taylor said. "Climbing these stadium stairs is no easy feat. But I was glad to participate in this event to raise funds for continued research."

Funds raised will be used to enhance key public health measures through education and advocacy while



establishing an advanced network of entities to develop new vaccines and therapies.

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

Sepsis Strike Force launches monthly campaign



THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION has been coordinating the **Sepsis Strike Force** over the past five years. Led by **Patti Taylor**, the DFWHC Foundation's director of quality and patient safety services, the group is made up of representatives from hospitals across North Texas inspired by the goal to create awareness on the dangers of sepsis in our community.

Over the coming weeks leading to **Sepsis Awareness Month** in September, the Sepsis Strike Force will post blogs and informational graphics across social media to support their 2021 goal of raising community awareness.

The buildup campaign began on March 29 and will continue every two weeks until September. Postings have included:

- March 29 – "Community Facts"
- April 13 – "Facts Involving Seniors"
- April 27 – "Sepsis Facts"
- May 11 – "Maternal Facts."

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



RECOVERY 101: HOW TO BECOME A ROCC STAR

Virtual Presentation
on Mental Health Recovery



UT Southwestern
Medical Center

Foundation's Community Health Collaborative to host second **"Recovery 101"** event on June 27

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION'S Community Health Collaborative (CHC) will be hosting its second "Recovery 101: How to Become a ROCC Star" program on Sunday, **June 27** from 1:00 to 5:00 p.m., CDT.

Working with **UT Southwestern Medical Center (UTSW)**, the **Association of Persons Affected by Addiction (APAA)** and the **National Alliance of Mental Illness North Texas (NAMI)**, the program is expected to create awareness and educate participants about the key concepts of mental health and addiction recovery.

The complimentary virtual seminar will be interactive and is suitable for all participants no matter their experience with mental health and substance abuse.

"We are thankful to the CHC's partners and health

systems for making mental health and recovery a priority during this ongoing pandemic" said **Patti Taylor**, director of quality and patient safety services at the DFWHC Foundation. "We plan to roll out this program to 16 counties in North Texas."

To register, email mhfantx@dfwhcfoundation.org.

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

What Triggers a **CMS Survey** & What to Expect



Thursday, June 10
11:00 a.m. - 12:00 noon, CDT

FREE 
WEBINAR



SPEAKERS

Tiffany Curtis, MSN, RN, Nurse, Acute and Continuing Care, Centers for Medicare and Medicaid Service
Dodjie B. Guioa, MBA, Hospital/ASC Program Lead, Acute & Continuing Care Providers Branch

FREE EVENT, NO CEUs, REGISTRATION REQUIRED

<https://attendee.gotowebinar.com/register/2540099873871155728>

PLEASE SUBMIT QUESTIONS PRIOR TO EVENT

Patti Taylor at ptaylor@dfwhcfoundation.org



Danny Davila

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

LinkedIn

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

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ddavila@gp1.com

Recent trends in background screening

THE PROFESSIONAL SCREENING BACKGROUND ASSOCIATION (PBSA) held its Mid-Year Conference on April 19-20, 2021. Three sessions included: “What’s the Big Deal with Sharing Reports,” “Matching Beyond the Basics” and “FCRA Master Compliance Program.” Any content considered by readers should be reviewed with legal counsel.

“What’s the Big Deal with Sharing Reports”

The standard background report is sourced when there are situations that would require the sharing of information. As a healthcare provider, you undoubtedly are keenly aware of regular audits conducted by Joint Commission and the CMS where copies of the primary sources are requested. Data suppliers may have language in their agreements that prohibit information sharing. It’s recommended employers consult with their background reporting company and legal counsel on the sharing of such information.

“Matching Beyond the Basics”

One of the most egregious errors a background reporting company can commit is the false reporting of a criminal conviction against a person. The Consumer Federal Protection Bureau (CFPB) has stated that name and date of birth matching alone do not comply with FCRA accuracy requirements. In other words, the consumer reporting agency must have at least three matching variables to confirm the identity.

“FCRA Master Compliance Program”

New state legislation was enacted in Illinois that may serve as a harbinger of U.S. trends. Pre-Adverse and Adverse Action communication will now require the disqualifying conviction and the explanation that the applicant can provide evidence of inaccuracy or mitigation/rehabilitation. In addition, employers must examine the basis for rejecting a candidate, to include date of conviction, relevancy of the conviction, nature of the conviction and evidence of rehabilitation/mitigation efforts. A major takeaway is the importance of reviewing all FCRA-related forms.

GroupOne is committed to comprehensive risk mitigation practices to ensure our clients receive accurate and reliable background reports. We support our healthcare clients in their efforts to provide a safe and compliant workforce. ■



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GroupOne to host June 3 webinar

Building a **STRONG** Background Screening **PROGRAM**

GET OUT THE TOOLBOX! GroupOne Background Screening will host its second webinar of the year “**Building a Strong Background Screening Program**” on Thursday, June 3 from 2:00-3:00 p.m., CDT.

The complimentary event will bring together a team of GroupOne experts as they discuss the best ways to construct a sound, solid and dependable background screening plan. **David Graves**, GroupOne’s HR kingpin, and resident expert **Danny Davila**, our director of regulatory and compliance, will provide exceptional tips based on their decades of experience.

You can register at <https://attendee.gotowebinar.com/register/4691725382283016717>.

For information, contact David at 972-719-4208 or dgraves@gp1.com. ■



New **HR Surveys** available for purchase!



GROUPONE'S THREE ANNUAL HR SURVEYS are now available for purchase. Conducted in February, the surveys provide valuable benchmarking data from across Texas. Reports are available for \$225 each. For non-participants, surveys are \$625. Surveys include:

- **PAY PRACTICES SURVEY** – key compensation measures, certification pay, differential and shift pay, call pay, charge and preceptor pay, critical shortage pay plans;
- **BENEFITS PRACTICES SURVEY** – time off, retirement

plans, medical, dental, vision, prescription plans, wellness programs, short and long-term disability, life insurance, tuition assistance, and professional development;

- **VACANCY & TURNOVER SURVEY** – (North Texas only; results free) – vacancy rates for nursing and allied health positions; turnover for staff, nursing and PRN.

For information, contact **Stephen Dorso**, at **469-648-5014** or **stephend@gp1.com**. ■

Paid sick leave is expected to be a growing trend

SINCE THE BEGINNING OF THE COVID-19 PANDEMIC, showing up to work with a temperature or cough is no longer a sign of dedication. In fact, such behavior could kill your staff and customers.

American work culture has long taken pride in the habit of muscling through the common cold. Today, a sneeze will draw suspicious stares, especially if you're not wearing a mask.

Paid sick leave is expected in many work circles. But did you know nearly 25% of U.S. employees have no access to any form of paid leave? Combine this with a job that cannot be performed remotely, and you have a perilous quandary. Go without pay or potentially make your co-workers and customers sick? There's no easy solution.

Since the passage of the **Family and Medical Leave Act (FMLA)** in 1993, there have been numerous attempts to add a paid leave component. So far, none of these attempts have succeeded. Then COVID-19 rolls across the U.S. like a tsunami, and all rules change.

With the March 18, 2020 passage of the **Families First Coronavirus Response Act (FFCRA)**, paid sick leave was mandated along with a tax credit to make it more acceptable for employers.

Prior to the pandemic, many cities and states across the U.S. were pushing for paid sick leave. For the past four years, Los Angeles employers have had to provide their staff with one hour of paid leave for every 30 hours worked. In 2022, all Colorado employers will be required to provide employees up to 48 hours of paid sick leave per year. The leave can be used for employees to obtain treatment for their own health as well as the health of family members. Employees may also rely on the leave for assistance in recovering from domestic abuse, sexual assault or harassment.

New York employers must now provide paid sick leave in an amount determined by company size. Businesses



with at least 100 employees must provide 56 hours of paid leave per year, while businesses with five-99 employees must only provide 40 hours.

Several states that require paid leave based on size do not permit the company to exclude any employees working outside the state. New York's paid leave law covers all employees physically working within the state regardless of whether their employer maintains the majority of its staff in another state.

During this era of remote work where employees are scattered about in various locations and states, it is important to ensure your business is operating in compliance with state laws.

At the moment, there is no sign of a permanent federal mandate to provide paid sick leave. But more than a dozen states now require some form of paid leave including Arizona, California, Colorado, Connecticut, Maine, Maryland, Massachusetts, Michigan, Nevada, New Jersey, New York, Oregon, Rhode Island, Vermont, Washington and Washington, D.C.

This growing trend is expected to continue.

Today, the average cost of providing paid sick leave is only 45 cents per employee hour worked. Following the pandemic, employers may find this a small price to pay if it means workforce safety and positive employee morale.

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

The future of remote work – the new norm?

WITH THE COVID-19 PANDEMIC the U.S., if not the world, experienced an historic shift in the job market. While many companies already provided the ability to work from home, it suddenly became the new norm.

Prior to the pandemic, it was estimated that by 2025 almost 70% of the workforce would be working remotely at least one week per month. Now, those numbers have changed considerably.

The percentage of workers permanently working from home is expected to double by 2022. Much of the hesitancy with business executives was the idea workers would not be as productive when working from home. The past year has proven such assumptions to be false, as millions of workers have consistently maintained their workload and deadlines.

A new survey by Gartner CFO revealed that 74% of employers were considering a permanent shift towards employees working remotely following the COVID-19 crisis.

Big tech companies appear to be ahead of the curve. Twitter and Facebook told employees last year they could work from home indefinitely.

Transparent Business, an international online platform, predicts the need for large physical office spaces will become a relic of the past because of cost savings. Could cubicles become an endangered species?

Last summer, outdoor retailer REI announced it was selling its new, 8-acre corporate campus in Bellevue, Washington. In a statement, the CEO Eric Artz said the company would transition into remote working as a “normalized model.”

A new business strategy at Radware, an international cybersecurity firm, is to have specific days for in-person meetings, and other days allocated for remote work.



In-person meetings could be used for brainstorming sessions and team-building exercises. The firm is redesigning its New York headquarters, to include the removal of those already-mentioned cubicles and the creation of more collaborative meeting spaces.

With the dramatic increase in remote work, some companies have altered performance reviews to be ongoing rather than annual. For remote employees, rethinking their goals and identifying performance metrics will be critical when managing changing expectations.

As organizations allow a significant part of the workforce to remain remote, cybersecurity will become an even more important concern. Many organizations will have to make significant new investments in their IT systems.

If anything, the COVID-19 pandemic has proven employees can effectively work from home without the dreaded loss of productivity. The question is, will the benefits outweigh the drawbacks? Will employees tire of the isolation and long for the human interaction that takes place within an office space, even around those dreaded cubicles? We shall see, and sooner than expected.

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

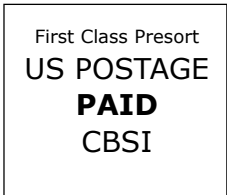
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