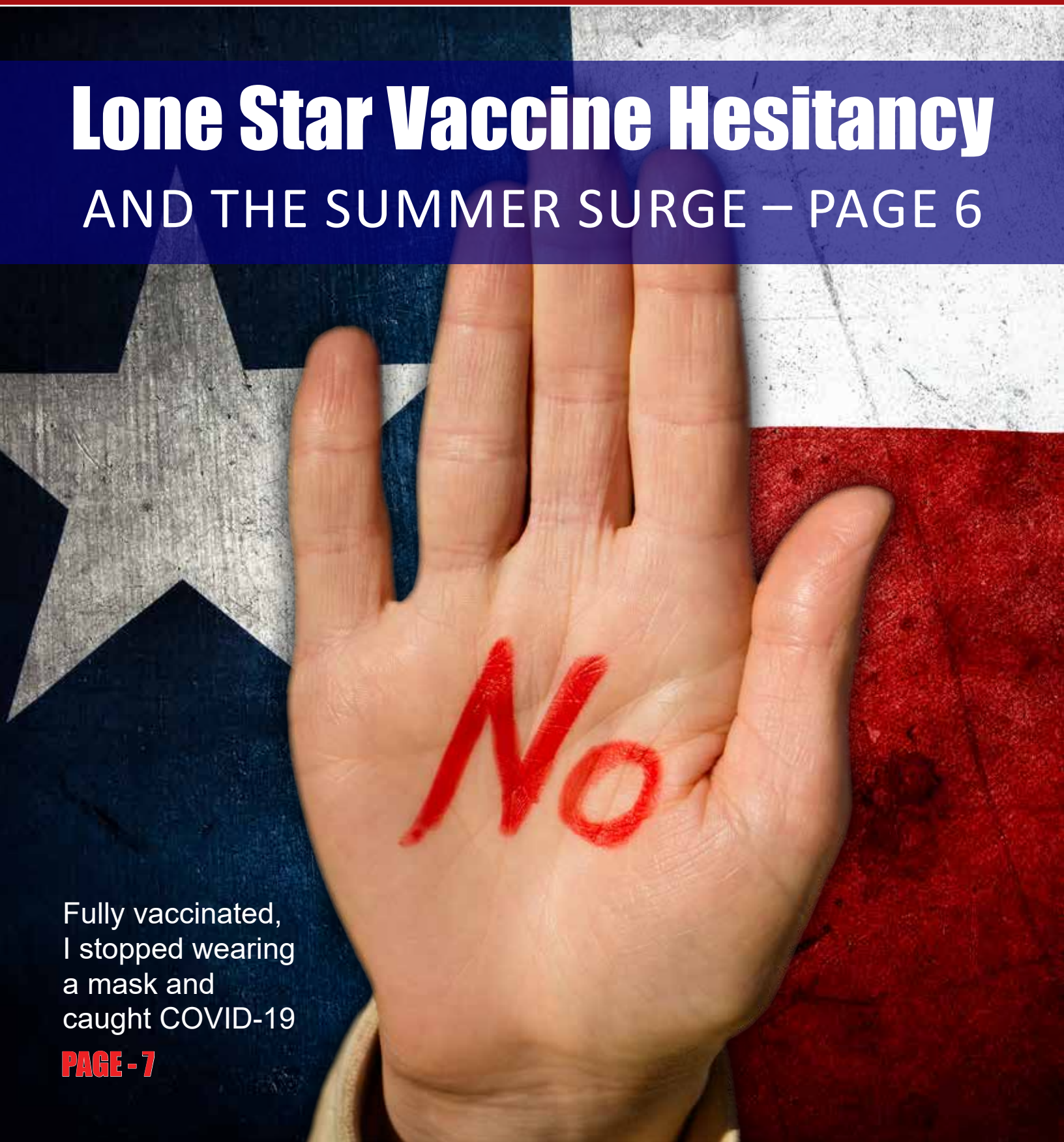
DALLAS-FORT WORTH HOSPITAL COUNCIL

INTERLOCUTOR

SUMMER 2021 WWW.DFWHC.ORG NEWS FROM THE DFW HOSPITAL COUNCIL

Lone Star Vaccine Hesitancy

AND THE SUMMER SURGE – PAGE 6



Fully vaccinated, I stopped wearing a mask and caught COVID-19

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Steve Love
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Be a hero by helping our children

FRED ROGERS ONCE SAID, "Anyone who does anything to help a child is a hero to me." A wonderful statement, and it's very true today.

People have the right to choose to get vaccinated for COVID-19. However, children under 12 years of age don't have a choice. They cannot be vaccinated. And so, we have children who can become infected but cannot receive the shot. Sound familiar?

Of course it does, because many grandparents get a booster vaccine shot for DTaP to protect their newborn grandchildren. They do not hesitate because newborns must wait until the vaccines can be administered at an older age. This is an example of a family forming a protective cocoon around newborns. This "Cocoon Vaccination Strategy" protects vulnerable individuals from infectious disease by vaccinating those in close contact with them.

COVID-19 has been devastating to the entire world. In the U.S., it has created multiple surges, especially with the new variants. Thankfully, vaccines have been developed and distributed throughout the U.S. Two of these vaccines use a process involving messenger RNA which has been in existence since 2008, with the safety and testing known for over 13 years.

It's amazing the COVID-19 vaccines have been so effective against this dangerous virus. Previous studies involving messenger RNA have included the likes of influenza, Zika and rabies. So, it's use has been time-tested, to say the least. Frankly, we should all be thankful this process has been so quickly adapted for use against COVID-19.

While medical experts state the risk/benefit of obtaining the vaccine should always be carefully examined, they also state the benefits overwhelmingly outweigh the risks. Many unvaccinated residents say they want more time to evaluate the vaccines. To date, more than 350 million doses have been given in the U.S. with the data fully supporting vaccine safety. How much more evidence do you need?

Many residents are "vaccine hesitant" because they would like to take their chances with infection to develop natural antibodies. This is extremely dangerous to not just you, but your entire family. I'm old enough to remember when I had chickenpox, parents would let us play with uninfected kids so they could become infected and recover. I do not recommend this practice with COVID-19. Many young people have not even heard of chickenpox because we thankfully have a vaccine. Wouldn't it be great to say because of vaccines, there is no more COVID-19! Perhaps one day.

If you are vaccine hesitant but considering the COVID-19 vaccine, do your part to build an effective cocoon around our vulnerable children. Let's follow Mr. Rogers' advice and be a hero by helping our young residents. Getting the vaccine will do exactly that.

Thanks for your support. ■

SUMMER 2021 **WWW.DFWHC.ORG**

INTERLOCUTOR

EDITORIAL
Executive Editor **Stephen Love**
Managing Editor **Chris Wilson**

CONTACT
Chris Wilson
chrisw@dfwhc.org

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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

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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

Summer Surge!

More than 95% of new patients unvaccinated

LAST SUMMER, OUR HOSPITALS WERE FILLED with COVID-19 patients and people were dying. The summer of 2021 is now evolving into last summer.

Barely a month ago, there was reason for optimism. "Think about how far we've come," said **President Joe Biden** on July 4.

Granted, there are some differences from last year. Today, half of the U.S. population is fully vaccinated against COVID-19, a step that does not necessarily prevent infection, but provides an effective shield against hospitalization and even death.

In an effort to inspire vaccinations, **First Lady Jill Biden** visited North Texas on June 29, making a Dallas appearance at Emmett J. Conrad High School alongside former Dallas Cowboys' great **Emmitt Smith**.

But like a rolling thunderstorm, the highly transmissible Delta variant is spreading across Texas and the U.S. Those sunny Fourth of July days are no more. In Texas, vaccination rates hover around 50 percent, far behind the 70 percent goal set for mid-summer. Texas hospitals are now filling up with Delta patients, with more than 95 percent of them unvaccinated. Our healthcare heroes who have worked tirelessly for 16 months must now slog through yet another surge.

The swelling numbers caused The Centers for Disease Control and Prevention (CDC) to update its recommendations, announcing on July 27 that fully vaccinated people should begin wearing masks indoors again. The agency is also recommending kids wear masks in schools this fall.

On July 28, Biden's initial holiday optimism had become muted as he announced, "We need to wear masks to protect each other and to stop the rapid spread of this virus as we work to get more people vaccinated."

First Lady Jill Biden (right) with Emmitt Smith on June 29.

For numerous reasons, vaccination rates slowed dramatically during the early days of summer, allowing the Delta variant to rage out of control. During the first week of August in Texas, new coronavirus cases rose 92 percent and hospitalizations reached their highest levels since February. Dallas County health officials immediately went to "DEFCON 5," increasing the COVID-19 threat level to "red," representing the most severe magnitude of risk.

It appears one of the culprits of the recent surge, in addition to the highly contagious Delta variant, was the prolonged stall-out of vaccinations. On an almost nightly basis during the early summer, prominent media figures were raising doubts about the vaccines with extensive misinformation campaigns.

Such dogged stands do not fully define the country's renewed pandemic struggles. According to a **Kaiser Family Foundation** study, vaccination rates among minority groups lag far behind the rates of white Americans. Reasons vary, though lack of healthcare access and historical mistrust have been noted as the factors.

What was perhaps unexpected was vaccine political resistance. According to an *Associated Press* poll in July, unvaccinated U.S. residents were actively refusing the shot, with 45 percent stating they would "definitely not" obtain the vaccine.

Dubious news campaigns have also created the

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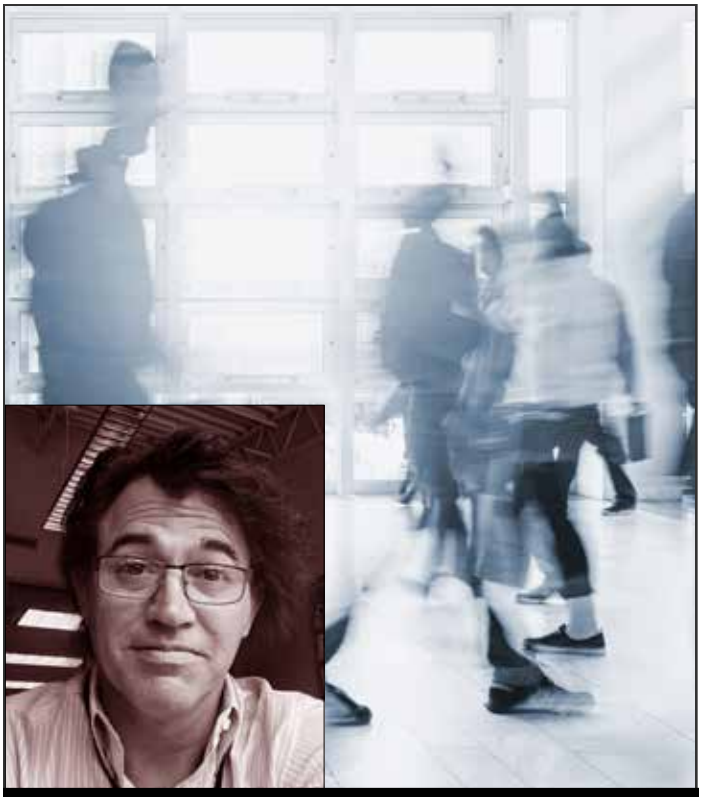

Fully vaccinated

I stopped wearing a mask and caught COVID-19

BY CHRIS WILSON,
DFWHC COMMUNICATIONS DIRECTOR

I knew something was wrong almost immediately. When I tried to stand up, I felt sharp pains in my knees, almost as if I had a sports-related sprain. I stretched my legs and began to walk. Then my shoulders, elbows and even my back began to throb uncomfortably as I was sitting at my desk. I've had the flu before - almost annually when I attended college and lived in a dorm in the 1980s - but I had never before had the aches and pains lurching through my body in such unpleasant waves.

I received my final Moderna shot at Fair Park in Dallas on April 30. I was amazed by the long lines of cars filled with people anxiously waiting to get their COVID-19 vaccine, but equally inspired by the precision and relatively short wait. I was so impressed,

continued page 9

Summer Surge! cont.

myth vaccines do not provide protection against Delta. While federal health officials still believe fully vaccinated individuals represent a small amount of transmission, evidence now indicates some vaccinated people could be carrying the virus and potentially transmit it to others.

“This pandemic continues to pose a serious threat to the health of all Texans,” said **Stephen Love**, president/CEO of the DFW Hospital Council. “Whether we are vaccinated or not, we must continue to wear a mask, practice safe social distancing and utilize proper hygiene. Most importantly, we must get vaccinated.”

Several political figures are bucking the misinformation trend and have been actively promoting vaccination, including **Senate Minority Leader Mitch McConnell**. With Delta variant now rapidly spreading across numerous southern states, political leaders have been making dramatic pleas for residents to get their shot. On August 4, **Arkansas Gov. Asa Hutchinson** stated he wanted to reverse the law banning mask mandates to give schools the option to require face coverings when children return to the classroom.

Inspired by a June 12 court ruling supporting vaccine mandates at Houston Methodist Hospital, several North Texas hospital systems including Baylor Scott & White Health, Children’s Health, Cook Children’s, Methodist Health System and Texas Health Resources announced they would require employees to be vaccinated.

One of the exceptions was Parkland Health & Hospital System. While the hospital’s leadership actively supports vaccine mandates, as a public institution Parkland is restricted by Gov. Greg Abbott’s executive orders. However, once the vaccines are approved by the FDA, which could come as early as next month, Parkland said there will be mandates for all employees.

The spread of COVID-19 has also hit areas outside of the DFW metroplex. On August 6, Texas Health Presbyterian Hospital in Rockwall and Hunt Regional Healthcare in Commerce announced it would be temporarily closing its emergency rooms.

And so a new surge begins. While the U.S. will survive COVID-19, what will be the cost? More than 615,000 residents have died, with 54,000 of those souls from Texas. One of the tragic ironies of vaccine hesitancy is it’s inspired by the belief that in a free country, Americans have a right to choose - “My body, my choice,” and so on. Yet such stubborn hesitancy could very well end the freedoms U.S. residents were starting to enjoy over the Fourth of July holiday.

“There is no shortage of vaccines,” Love said. “They are safe, free and widely available. The sooner Texas residents are vaccinated, the sooner this pandemic will finally be over.” ■

The very second I walked into the store, I knew I should have worn my mask. I would estimate only a third of the customers wore face coverings.

I was fully vaccinated cont.

I would take both my girlfriend and her mother to obtain their vaccines. All told, I visited Fair Park six times during those spring months of 2021.

Summer arrived, my household was vaccinated and the CDC announced in May those of us fully immunized could finally, and at long last, discard those irritating masks. I even took a road trip over the Fourth of July, partaking in my newfound freedom. In a small Kansas town, I had lunch while sitting in a park, noting kids happily splashing in the nearby public pool. This was how life used to be.

I usually go grocery shopping on a Saturday morning around 8:00 a.m. This may sound sadistic, but I love the empty aisles and short wait during check out. Several weeks ago, I was unable to make it to the store until mid-afternoon. It was packed, children running and speeding carts barely avoiding head-on collisions. The very second I walked into the store, I knew I should have worn my mask. I would estimate only a third of the customers wore face coverings. By the time I checked out, I had been trapped in grocery-cart traffic jams for over an hour. Three days later, my knees began to ache.

I left the DFW Hospital Council offices at once and set up an appointment at the local drug store to be tested for COVID-19. By the time I pulled into the drive-thru lane, I was fatigued and starting to cough. The woman asked to see my driver's license, which I held up to the window. She sent a small package through the sliding tray, essentially a long Q-tip wrapped in plastic. As instructed, I jammed the thing up both nostrils, replaced it in the package and sent it back through.

That evening, my girlfriend noted my eyes were bloodshot - "Have you been drinking?" "I wish."

The email verdict arrived the next morning and indeed, I was positive for COVID-19. I had worked so hard for over a year to keep my home and loved ones safe. Emboldened by being vaccinated and the CDC's lifting of the mask mandate, I walked the aisles of a grocery store that was as crowded as Coachella, and it made me sick.

I live with my girlfriend and her mother. I'm the early-bird, my morning ritual to include making breakfast for the three of us. My girlfriend's mom happily emerges from her side of the house and takes her plate of eggs, bacon and sliced tomatoes to her room to watch the morning news. Such morning rituals were now in disarray, as I was confined to one room, wearing a mask, constantly sanitizing my hands.

We had to explain to my girlfriend's mom I was sick with COVID-19 and she needs to wear a mask and regularly wash her hands. Each morning, adorned in her flannel housecoat, she shuffled into the kitchen sans mask, confused by the interruption of long-time routines. We reminded her again, but still she emerged maskless, looking for bacon and eggs. She's over 80 years old. If she becomes sick, she could die.

After my positive test, I receive a text from the Dallas County Health and Human Services. I call a number provided and decide to participate in a 10-minute survey. The representative is kind and informative. She says I am a "breakthrough" victim, vaccinated people who still come down with COVID-19, making up 20 percent of the new cases. She suspects I was likely exposed during my trip to the grocery store. She also states, "It's good you were vaccinated. It could have been much worse. Please note, the spread is out of control. There will be another surge."

My nephew became an Eagle Scout on Saturday, July 31. I called my family and sadly informed them I was sick and I would not be able to attend the ceremony. Everyone in my family is vaccinated. I told them, "Do not become overconfident. Continue to wear a mask, social distance and practice good hygiene. This is not over yet."

My quarantine has ended, no one in my home is showing symptoms and I am thankful. It will be a long time before I go out in public again without wearing my mask. Lesson learned. ■

1 YEAR ANNIVERSARY

KRLD NewsRadio 1080

DALLAS-FORT WORTH HOSPITAL COUNCIL

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

The Human Side of Health Care

with Stephen Love (left) and Thomas Miller.

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Cortny Anderson


Mike Pazzaglini


Dr. Carl Horton


Michael Sanborn

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 summer have included:

- **Cortny Anderson**, Parkland Health & Hospital System;
- **John M. Barry**, author of "The Great Influenza";
- **Stacie Bukowsky**, Scottish Rite for Children;
- **Dr. John Carlo**, Prism Health North Texas;
- **Tauane Cruz**, Texas Health Resources;
- **Dr. Roberto de la Cruz**, Parkland Health & Hospital System;
- **Dr. Dev Desai**, Children's Health and UT Southwestern;
- **Dr. Vivian Dimas**, Medical City Children's Hospital;
- **Dr. Stuart Flynn**, TCU and UNTHSC School of Medicine;
- **Dr. Robert Haley**, UT Southwestern;
- **Dr. Carl Horton**, Texas Health Harris Methodist Hospital Cleburne;
- **Dr. Leigh Hunter**, Methodist Health System;
- **Dr. Stephen Hurlbut**, Texas Health Harris Methodist Hospital HEB;
- **Dr. Jeffrey Kahn**, Children's Health;
- **Dr. Yair Lotan**, Parkland Health & Hospital System;
- **Dr. Alejandro Mejia**, Methodist Health System;
- **Winjie Tang Miao**, Texas Health Resources;
- **Hugo Miranda**, Hugo's Invitados Restaurant;
- **Dr. Kyle Oholendt**, Methodist Health System;
- **Mike Pazzaglini**, St. Vincent de Paul Pharmacy;
- **Dr. Karen Saland**, Texas Health Presbyterian Hospital Dallas;
- **Michael Sanborn**, Baylor Scott & White All Saints Fort Worth;
- **Dr. Clair Schwendeman**, Medical City Children's Hospital;
- **Dr. David Sutcliffe**, Children's Health and UT Southwestern;
- **Dr. Cesar Termulo**, Parkland Health & Hospital System;
- **Dr. Dalerie Wilkerson**, Parkland Health & Hospital System;
- **Dr. Cyrus Wong**, Texas Health Harris Methodist Hospital FW. ■

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

Around DFWHC

Jim Hinton stepping down at Baylor Scott & White

IT WAS ANNOUNCED ON JUNE 29 that **Jim Hinton**, who became CEO at Baylor Scott and White Health in 2017, will retire at the end of the year. Current President **Pete McCanna** will assume the role of CEO on Jan. 1, 2022. Hinton came to Baylor Scott & White from New Mexico, where he spent more than three decades at Presbyterian Healthcare Services. In his time with Baylor Scott & White, Hinton has led the 51-hospital system through the COVID-19 pandemic and expansion into new markets. McCanna has been in healthcare management for 35 years and was the executive VP and COO at Northwestern Memorial Healthcare in Chicago before arriving in Dallas. Hinton announced the recruitment of McCanna when he formed the Office of the President, which laid the foundation for his succession plan. ■

Jim Hinton (left) and Pete McCanna

Summer educational webinars 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.

May 26, 2021

"Andexanet alfa Budget Impact Model"

– DFWHC/ Alexion Pharmaceuticals, Inc.

Panel discussion detailed an approved model structure developed with clinical guidance on the cost-effectiveness and budgetary impact of andexanet alfa on selected health outcomes and costs.

https://www.youtube.com/watch?v=GjEI4vowubo

May 27, 2021

"Reducing Gaps in Care Through Analytics and Automation"

– DFWHC/NectarOM

Discussion detailed the uses of patient analytics and automated messaging to help teams prioritize patient outreach and supplement the care team with digital communications.

https://www.youtube.com/watch?v=u2L_1m0aFwo&t=2157s

July 22, 2021

"DFWHC Healthcare Lean Six Sigma Yellow Belt Training"

– DFWHC/6SigmaTek, LLC

An introduction to the virtual Lean Six Sigma Yellow Belt Classes that will be available to hospital and company employees in 2021.

https://www.youtube.com/watch?v=9BcvNQNLbeI

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

NTX hospitals announce vaccine mandates

A GROWING LIST OF HOSPITALS in North Texas are now requiring all employees to receive the COVID-19 vaccine. During the week of July 26, **Baylor Scott & White Health**, **Methodist Health System** and **Texas Health Resources** announced its employees would be required to obtain the COVID-19 vaccine. The following week, **Children's Health** and **Cook Children's** became the fourth and fifth systems to require the vaccine for its employees.

Children's Health said in a statement they would be "requiring all team members, providers, volunteers, students/trainees, as well as vendors and contractors to receive the COVID-19 vaccine and be fully vaccinated by Oct. 1, 2021."

Cook Children's set a deadline of September 27.

"The delta variant is very contagious and many of our patients are vulnerable to COVID-19 because they can't get vaccinated at this time," said **Rick Merrill**, president/CEO of Cook Children's. "I personally received the vaccine in December, as did more than 95 percent of our physicians and two-thirds of our employees. Given how close we are to critically ill children, we know this is the right decision for our system and ultimately our patients."

Hospital vaccine mandates have been officially supported by the **Children's Hospital Association**, **American Hospital Association**, **American Nursing Association**, **American Medical Association**, **Texas Hospital Association** and **Texas Nurses Association**.

In June, more than 150 employees of **Houston Methodist Hospital** who refused to get the COVID-19 vaccine were fired or resigned after a judge dismissed an employee lawsuit over the vaccine requirement.

U.S. District Judge **Lynn Hughes** deemed lead plaintiff Jennifer Bridges' contention that the vaccines are "experimental and dangerous" as false and dismissed the suit adding that if the employees didn't like the requirement, they could work elsewhere. ■

Ben Coogan named new Medical City Fort Worth CEO

BEN COOGAN WAS ANNOUNCED as the new chief executive officer for **Medical City Fort Worth**, effective July 12.

Since 2019, Coogan has served as COO of Medical City Dallas and Medical City Children's Hospital, where his leadership contributed to enhancements in patient experience and employee engagement.

Ben Coogan

Prior to Medical City Dallas, Coogan served as COO at Medical City Arlington where he helped pave the way for a successful opening of the $60 million Medical City Women's Hospital Arlington.

Coogan received his bachelor of psychology from Texas A&M University and a master of business administration in health services management from the University of North Texas. He is also an active member of the American College of Healthcare Executives. ■

Associate Members

HALL RENDER RECENTLY PUBLISHED ARTICLES on OSHA's **Emergency Temporary Standard (ETS)**, which includes requirements that apply specifically to health care employers. You can find the articles at **www.hallrender.com/2021/06/11/health-care-employers-face-oshas-new-covid-19-emergency-temporary-standard** and **www.hallrender.com/2021/06/18/health-care-employer-requirements-for-oshas-new-covid-19-emergency-temporary-standard**.

Implementation of those standards will involve many employees in tasks related to COVID-19 safety at the beginning and end of their shifts, including screening and the donning of protective equipment.

Employees may also spend time on COVID-19 training and getting vaccinated. Clients have asked whether employees must be paid for time spent completing COVID-19-related tasks under the ETS.

While the ETS does not resolve this question, the Department of Labor has published **COVID-19 Fair Labor Standards Act** guidance for employers to consider.

MANDATORY TEMPERATURE CHECK ONSITE

Time spent waiting for and undergoing a temperature check at the worksite must be paid.

MANDATORY TEMPERATURE CHECK BEFORE ENTERING THE JOB SITE

Some employers require employees to take their own temperature before entering the job site. Does the employer have to pay for time spent taking one's own temperature?

The U.S. Department of Labor (DOL) says that if a temperature check is necessary for those involved in direct patient care for them to safely and effectively perform their jobs during the pandemic, the time for the temperature check must be paid.

HEALTH SCREENINGS

If employees are required to complete a health screening during the workday, the employer must pay that time. "All time between the start and finish of an employee's

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

workday must be paid unless it falls within one of the exceptions stated in 29 C.F.R. Part 785, such as bona fide meal breaks and off-duty time."

COVID-19 TESTING

An employer that requires COVID-19 testing during the workday must pay for the time spent by employees to undergo the testing.

DONNING AND DOFFING PERSONAL PROTECTIVE EQUIPMENT

For an employee in a hospital with direct patient care responsibilities, the time spent to put on (don) and take off (doff) COVID-19 protective and safety gear, such as an N95 respirator, eye protection and a face shield, before the shift starts and after the shift ends is compensable.

MANDATORY COVID-19 TRAINING

The ETS requires covered health care employers to provide training to employees on COVID-19 and employer-specific policies and procedures, including additional training whenever certain changes are made, such as new job duties. Employees must be paid for time spent participating in such mandatory training.

TIME FOR VACCINATION

Employers are required to support COVID-19 vaccination for each employee by providing 1) paid leave and 2) reasonable time for vaccination and any side effects experienced from vaccination.

Paid leave may include paid sick leave or administrative leave. The paid leave can be an employee's accrued sick leave, if available, or additional paid leave provided by the employer for this purpose.
Reasonable time includes, at least, time spent during work hours related to the vaccination appointments – registering, completing paperwork, travel time and time spent at the vaccination site.

Employers may place a reasonable cap on the amount of time and paid leave available to employees to receive each dose of the vaccine and to recover from any side effects. OSHA presumes that 4 hours of paid leave for each dose of the vaccine, as well as up to 16 additional hours of leave for any side effects of the dose(s) (or 8 hours per dose) is reasonable. That presumption of reasonableness

could change, however, under unique circumstances.

An employee who chooses to receive the vaccine outside of work hours is not entitled to paid leave but is still entitled to reasonable time and paid leave to recover from any side effects that they experience during scheduled work time.

PRACTICAL TAKEAWAYS

The general rule is that time spent by employees complying with safety practices related to the pandemic must be compensated. Employees are also entitled to paid time and leave for vaccination. Of course, each state may have more nuanced and specific regulations that go beyond the requirements of the FLSA set forth by the Department of Labor. Be sure to be aware of that possibility and reach out to your Hall Render attorney for state-specific guidance.

If you have any questions or would like more information on this topic, please contact:

- **Mark Sabey** at **(303) 801-3538** or **marksabey@hallrender.com**;
- Your primary Hall Render contact.

Special thanks to **Conor Willadson**, law clerk, for her help in preparing this article.

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

Physician Advisors:

Essential for hospital operations

By Deepak Pahuja MD, MBA

PHYSICIAN ADVISORS ARE UNIQUE HEALTHCARE PROFESSIONALS who mix an understanding of clinical and management processes related to safe and cost-effective patient care. They are fully versed in topics such as utilization management, compliance, and clinical core competencies. They guide the proper use of resources and help review the medical necessity of hospitalization, duration of hospitalization and discussion of case evaluation and payment. Often it helps to manage issues such as bedding levels, complicated case reviews, provider support, clinical and regulatory training.

Physician advisors make changes within the organization and among medical staff to achieve better patient outcomes while managing costs. As scrutiny of medical decisions increases, regulations expand, rules change frequently, and the use of data-driven models increases, there is an increasing need for hospitals to better handle resources. Physician advisors can serve as a bridge between front-line doctors and hospital managers working for the same goals.

They monitor outcome data help case management professionals analyze resource use, educate doctors on rules and standards for effective case management, and provide alternative approaches where possible, while continuing to strengthen the use of best practices and evidence-based care. Sometimes we work with IT departments to evaluate automation and technology opportunities thanks to an understanding of metrics that deliver good results for both patients and doctors. Often, their work involves objecting to the refusal of the payer or recovery audit contractor and preparing documents for compliance audits.

In fact, physician advisors are increasingly able to adapt to changing situations across healthcare services. However, despite the variety of roles, many hospitals are struggling to justify adding physician advisor programs. Often, they say that they cannot determine the value and return on investment.

Article submitted by **Aerolib Healthcare Solutions**.
For info, please contact Chris Wilson at chrisw@dfwhc.org.

Aerolib

We created a comparison that reviews the factors that affect the number of cases with some degree of audit risk, based on previous audits of health facilities. As a result, informed case estimates are provided based on concepts that help predict the number of audit risk cases and predict the financial effort required to prevent future audits.

The results also show a return on investment in building and/or expanding an effective physician advisory program.

DOING MATH

We tested the equation for COPD diagnosis at certain 250 hospital beds and entered the best estimates for the variables using data from hospital dashboards, public databanks from the Centers for Medicare and Medicaid Services, and national benchmarking.

This equalization was studied by three other physician advisors from hospitals of similar size using the same variables needed to estimate the number of cases prone to audit. The results were validated with data shared by the hospital.

FINDINGS

Our findings suggested that the hospital was at risk of at least $112,575 in audited refunds for COPD cases, and ultimately strengthened the facility's efforts to educate clinical staff about proper documentation, reduced readmission, and proper discharge planning with the help of physician advisors and others COPD cases.

The hospital has invested in a hybrid physician advisor program that highlights educational activities to improve documentation, communication, and cooperation. These interventions reduced cases of multiple internal audit results, reduced billing errors across the entire document, reduced group validation errors related to assessment/management coding and diagnostics, and saved nearly $105,000 per year.

As a result, it represents a significant saving in itself for one DRG. However, according to a further analysis of the top 10 DRGs in 250 hospital beds by discharge volume, physician advisors can save about $1.8 million. According to the ACPA 2015 Compensation survey, the return on investment is clear when compared to the average annual cost ($275,000) of the full-time physician Advisor program.

*According to an analysis of the top-10 DRGs in 250 hospital beds by discharge volume, physician advisors can save about **$1.8 million**.*

Physician advisors play multiple roles, including educating front-line providers about the constantly evolving rules surrounding patient care, guiding them on improved documentation, and sharing the results of their efforts to help drive improvements. Other advancements in this role include tracking resource utilization, identifying trends, differences and reasons, and working with providers for equitable use.

Dr Deepak Pahuja is the Chief Medical Officer of Aerolib Healthcare Solutions, a Physician Advisor firm based in Frisco, Texas. Dr. Pahuja understands the business of medicine and is a practitioner committed to change management to redesign the care delivery model across the entire continuum of care: inpatient, outpatient, and post-acute services. Aerolib Healthcare Solutions has extensive experience with concurrent reviews, retrospective reviews, Medicare, and commercial audits and appeals. They have led case management and utilization review teams working collaboratively utilizing evidenced-based protocols to achieve benchmark clinical outcomes: patient case RAC and MAC audit reductions.

To learn more, visit the Aerolib Healthcare Solutions website at **www.Aerolib.com**. For more information, email **CMO@Aerolib.com**. ■

Associate Members

QORVO BIOTECHNOLOGIES INTRODUCES A UNIQUE APPROACH to the in vitro diagnostic testing landscape by leveraging the power of Bulk Acoustic Wave (BAW) radio frequency technology commonly found in Wi-Fi routers, 5G cellular towers and mobile phones. Using BAW technology, the Qorvo Biotechnologies Omnia™ platform delivers rapid results for detection of SARS-CoV-2 antigen in approximately 20 minutes from a simple nasal swab.

The Qorvo Biotechnologies Omnia platform is a miniature lab bench platform consisting of a small desktop instrument and easy-to-use disposable test cartridges. The Qorvo Biotechnologies Omnia SARS-CoV-2 Antigen Test was granted Emergency Use Authorization (EUA) by the U.S. Food and Drug Administration in April 2021. The Omnia SARS-CoV-2 Antigen Test uses immunoassay principles for the qualitative detection of nucleocapsid viral antigens from nasal swabs collected from individuals within the first six days of symptom onset. The test delivers a low limit of detection (LoD) similar to that of molecular testing capability and 100% specificity; this means no false positive results.

NIH through the RADx initiative awarded a $24.4 million contract to Qorvo Biotechnologies in April 2021 to advance the production and market launch of the Omnia Platform.

"Qorvo's RF-based diagnostic technology has met

review criteria to become a part of the RADx portfolio," said **Tiffani Bailey Lash, PhD**, Co-Program Lead for the RADx Tech program. "Qorvo's antigen test has a lot of potential with near-PCR-level accuracy for use at point-of-care settings."

It starts with the BAW sensor. Unlike common laboratory instruments that utilize optical detection systems like fluorescence or photometric technology to detect an analyte in a sample, the BAW technology enables surface-based mass measurement using high frequency and surface binding to improve performance and reduce invalid tests. The sensor is coated with antibodies against the analyte of interest and as the analyte present in the sample binds to the sensor surface, the mass increases and drives frequency shifts that are converted to a determination. The combination of immunoassay principles and BAW detection technology yields a very sensitive and highly specific testing platform.

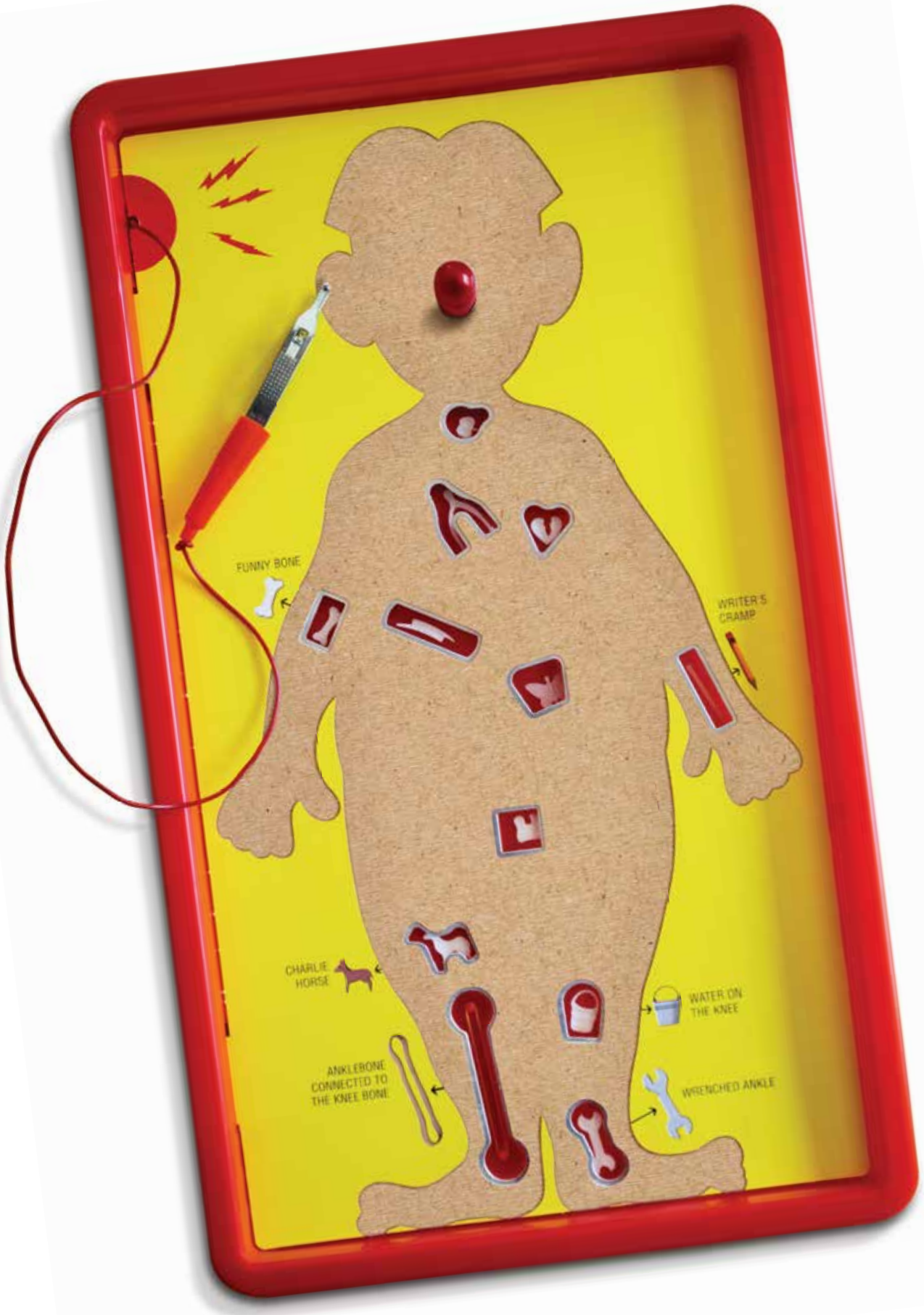
In March 2021, the National Institute of Health (NIH) through the Rapid Acceleration of Diagnostics (RADx) initiative conducted an internal study using the Qorvo Omnia instrument and Omnia SARS-CoV-2 Antigen Test with two significant outcomes:

1. Verification of the LoD demonstrated 75 $TCID_{50}$/mL (approximately 50,000 copies/mL) as LoD, which was significantly lower than the in-house validated LoD of 200 $TCID_{50}$/mL (approximately 125,000 copies/mL). The assay LoD is established as 200 $TCID_{50}$/mL for EUA Authorization.

2. The adult and pediatric sample comparisons included 50 (12 positive and 38 negative) and 77 (18 positive and 59 negative) fresh prospectively collected nasal swab samples. A companion nasopharyngeal swab was tested on the Roche cobas® 6800 RT-PCR and the Hologic Panther® RT-PCR systems (1800 NDU/ml and 600 NDU/ml as determined by FDA panel testing) for comparison respectively. The sensitivity and specificity were 100% when compared to Roche and 81% and 100% when compared to Hologic. The three samples that tested negative on the Qorvo Omnia Antigen test had Ct values >38 on the Hologic Panther® RT-PCR System which is indicative of very low viral loads in the samples.

For more information, visit **www.qorvobiotech.com**. ■

*The test delivers a low limit of detection similar to that of molecular testing capability and 100% specificity; this means no **false positive results**.*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MARKETING

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INSIGHTS & INSPIRATION IN HEALTHCARE MARKETING

Is your brand message adapting to the many changes in healthcare delivery?

As we are all aware, patient interaction among healthcare providers has drastically changed. Consumers are adapting to this new healthcare world just as you are. But don't be complacent in thinking their options are now more limited. They are still choosing their own healthcare providers as they were pre-COVID. Maybe even more so due to the ease and convenience of virtual care.

Because consumers have choices, your brand strategy is very important.
The importance of your brand is still extremely important due to all the brand clutter in the market. A convoluted message will not stand out. Consumers are responding to messaging that best resonate with them. The more concise and relevant your brand message, the better the opportunity to engage with the consumer. Developing a concise message must be based on three elements: the consumer's needs and expectations, how your competitors are conveying their message, and the strengths that differentiate you from all the others.

In addition to being concise, your message must be authentic. Choosing a message that is unique, but not accurate to who you are, will backfire on your brand. Ensure you can deliver on the promise and your internal team will embrace it. It is also important to have buy-in from your executive team. That way everyone is on board.

> Consumers are responding to messages that best resonate with them.

How to create a concise and effective message.
Using the three elements stated above, start to break it all down. Perform an analysis of your competitor's message – brand positioning, as we call it. To do this, identify the primary point of difference each competitor is trying to convey. Sometimes this can be difficult if they don't have their own concise message. Once you complete this, you may see a lot of similarities between them. Working through this exercise will help you focus in on what uniquely sets you apart from them.

Next, fully understand your target consumer. There are a few ways to identify them. Ask patients when they are in your office. Why did they choose you? How did they find you? How well are you delivering on their needs and expectations? Secondly, survey them. If you have an email database of your patients, send out a well-thought-out survey to obtain deeper insights from them.

Finally, speak with your internal directors and staff. What do they feel are your strengths? Why do they feel this way? If the answers are inconsistent, you will need to dig deeper to correlate your uniqueness.

Once you feel confident you have the necessary information above, begin creating a message that incorporates the uniqueness you feel will resonate with consumers. Keep writing until you have the simple and concise message that will be effective both internally and externally.

Feel free to call me directly if you get stumped during this process. I'll be glad to offer additional advice or provide you feedback on your message. Stay safe.

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

DALLAS-FORT WORTH HOSPITAL COUNCIL

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- Become a Team Member
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INFORMATION:
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Sorry, I can't come to work today.

"Sorry I can't come into work today." These words or a version of these are spoken thousands of times a day at healthcare facilities all over the U.S. It can be related to a medical situation but more often it's because someone calls in to say they aren't coming in or just didn't show up for their shift.

Healthcare staff is the lifeblood of any facility whether it is a hospital, retirement living, or long-term care facility. People just expect them to be there to care for their loved ones, but the truth is that COVID-19 has taken its toll mentally on many health care workers and more nurses than usual are considering leaving the profession due to a lack of support and high levels of stress.

Less staff contributes to a reduced quality of care. Reduced quality of care effects the reputation of the facility. Both hurt profitability and how people talk about that hospital.

In a recent survey, 2,100 nurses were asked how they've managed work and life over the last 14 months, and how they envisioned their profession after COVID-19. The survey found that 13 percent of nurses aged 26 to 35 are considering leaving the profession permanently after the pandemic.

Losing so many healthcare professionals at an early stage in their career would have a profound and lasting effect on how our health system functions in a facility. Other key findings from the survey showed that 95.7 percent of healthcare professionals said the pandemic affected their work, with the largest percentage — 31.6 percent — experiencing very high levels of stress.

Only 26.2 percent said they took time off to manage stress, anxiety, or other mental health issues during the pandemic. The majority of those who sought support did so through friends and family.

CNN predicts a mass resignation coming in the coming months and even if people don't quit, they are going to need time off. That may be scheduled or unscheduled but either way, the focus of a hospital always needs to be around the quality of care.

BookJane.com, a five-year-old Canadian technology platform that launched this month in Texas has been solving the quality-of-care issue for over 700 facilities

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

including hospitals and long-term care centers throughout North America by focusing on the one thing that every hospital, no matter the location, must deal with.

FILLING LAST-MINUTE SHIFTS

The BookJane platform is an automated shift call out and scheduling platform changing the way hospitals and healthcare facilities fill all their shifts but most importantly those urgent last-minute shifts.

Older scheduling methods work, but they're manual, slow, resource heavy, and can take hours to find people who are available and want to work. A platform like BookJane eliminates those long hours spent on the phone trying to fill shifts. Instead of scheduling announcements pinned to the staff bulletin board your internal staff will automatically get an email or text.

Gone, too, are the unwieldy spreadsheets that are difficult and time-consuming to create, update, track, and share. All the stakeholders form the scheduler to the front-line workers can focus on one thing, quality of care without the stress of being short staffed.

Moving scheduling from paper to mobile devices allows shift fulfillment to happen instantly – anytime, anywhere. Push notifications on those same devices, through the same platform, keeps information flowing and people connected in time-saving ways.

Having everything accessible through a single platform makes scheduling and communication easy, fast, and convenient. The positive experience of switching is communicated through the people who are currently using it.

Melissa G. remembers what it was like before BookJane. "I would be living on my phone spending about 10 hours a week texting and making phone calls trying to get staff to pick up extra shifts. Our manual callout process left casual and part-time staff unaware of any available shifts and made it more difficult when we were in a bind."

BookJane reduced her admin time by 70 percent. "I went from someone who didn't want the platform," recalls Melissa, "to someone who loves it."

Having all your hospital shifts in one, easy-to-access place, updated in real-time, makes it easy for staff to plan ahead and possibly feel more in control of their work life. No one can predict when the pandemic will end or what the healthcare workforce will look like when it is all over.

Nurses are carrying the weight of the situation on their shoulders, and really owning what quality of patient care looks like. Not everything in this situation is controllable but the ability to manage shifts and schedules are and we all owe that to the people who matter.

For more information email **curtis@bookjane.com** or call **1(855) 265-5263**. You can also visit out website at **www.bookjane.com**. ■

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Jennifer Miff
President, DFWHC Foundation
Senior Vice President, DFWHC

Our new Workplace Violence Committee

AS COVID-19 CASES ARE NOW ON THE RISE, our hospitals are facing ongoing challenges with workplace violence. With visitation down during the early days of the pandemic, these issues abated slightly, but as visitation has again increased, so has incidents of violence against staff and other patients.

According to the **American Journal of Managed Care**, there are 25,000 workplace assaults annually and 75 percent of them occur in healthcare settings. In spite of these frightening numbers, only 30 percent of nurses and 26 percent of emergency department physicians report incidents of violence. Violent altercations are so common at hospitals that most employees consider them to be simply a part of the job.

To support our hospitals and protect both the healthcare workforce and patients, the DFW Hospital Council (DFWHC) Foundation has formed a **Workplace Violence Committee** within our Patient Safety & Quality Collaborative. More than 26 attendees joined our first session in June, a virtual meeting with police, safety and behavioral health experts from the community.

The committee's objectives are: 1) to be a source of strategic guidance for how to reduce workplace violence incidents in healthcare across North Texas; 2) to disseminate local, state and national updates on current and future workplace violence regulations and guidelines; 3) to provide a forum for networking, collaboration and sharing of best practices; 4) to share educational materials and training resources; and 5) to use data to determine performance/improvement areas of focus.

Committee activities are planned in three key areas: 1) develop a standardized definition of Workplace Violence that the committee will use across the region, leveraging existing work from the Occupational Safety and Health Administration and The Joint Commission; 2) develop a position statement from the DFWHC to inform our community about the intolerance of workplace violence against our healthcare workers; and 3) include "workplace violence" as a topic on the weekly DFWHC radio program "The Human Side of Healthcare" in October, with subject matter experts from hospitals to explain the definition and consequences.

Any hospital member of the North Texas Healthcare Improvement and Quality Collaborative (NTHIQC) is invited to participate in the Workplace Violence Committee. For information, please contact **Patti Taylor** at **ptaylor@dfwhcfoundation.org**. ■

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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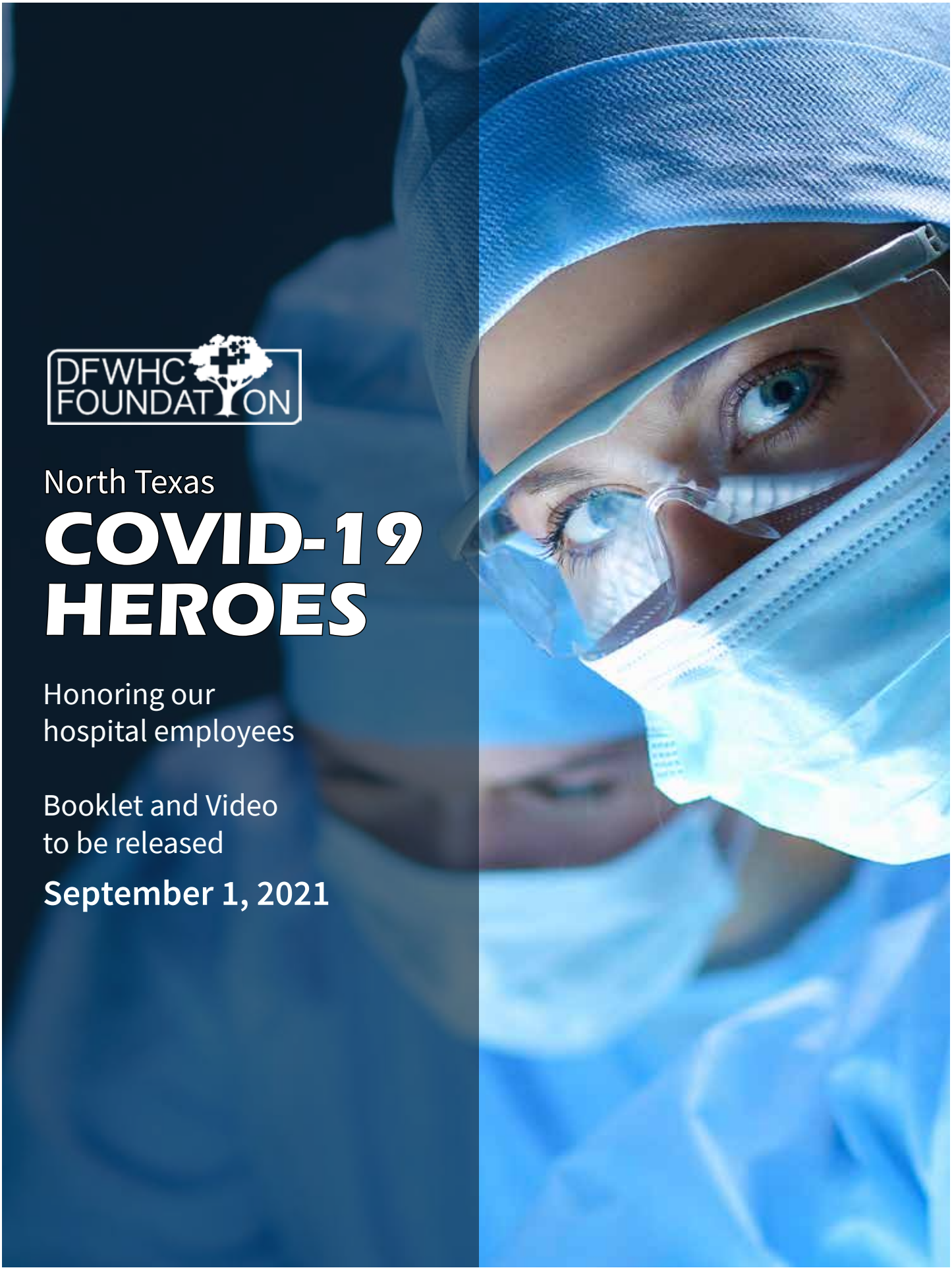

DFWHC FOUNDATION

North Texas

COVID-19 HEROES

Honoring our hospital employees

Booklet and Video to be released

September 1, 2021

Jen Miff named to Baldrige Award Board of Examiners for 2021

THE U.S. DEPARTMENT OF COMMERCE'S National Institute of Standards and Technology (NIST) has named **Jen Miff**, President of the Dallas-Fort Worth Hospital Council (DFWHC) Foundation, to the Board of Examiners for the **2021 Malcolm Baldrige National Quality Award** in an announcement on July 28. The Baldrige Award is the nation's highest honor for organizational innovation and performance excellence.

Appointed by the NIST Director, examiners are responsible for evaluating applications submitted for the Baldrige Award, as well as other assessment-related tasks. The examiner board is composed of leading experts competitively selected from industry, professional, trade, education, health care, and nonprofit (including government) organizations from across the U.S.

Those selected meet the highest standards of qualification and peer recognition, demonstrating competencies related to customer focus, communication, ethics, action orientation, team building, and analytical skills. All members of the board must take part in a nationally ranked leadership development course based on the Baldrige Excellence Framework and the scoring/evaluation processes for the Baldrige Award. They must also complete an independent review of a Baldrige Award application or other comparable examiner task.

As President of the DFWHC Foundation, Miff runs a non-profit 501C3 organization dedicated to healthcare improvement in North Texas. The DFWHC Foundation brings together 90-plus member hospitals, business partners and the community through collaboration, research and education.

Prior to the DFWHC Foundation, Miff worked for the Baldrige Performance Excellence Program as the healthcare category was launched. She managed internal Baldrige assessments and improvement teams at Motorola as part of the corporate chief technology office. She was also an advisor to other Motorola organizations during the time when the commercial, government and industrial solutions sector received the Baldrige Award.


Jen Miff

In her current role, Jen and her team deliver data management and business intelligence dashboards to the member hospitals, including over 250 hospital employees and staff and more than 200 community-based and academic partners. In addition to data services, Miff's team at the DFWHC Foundation focuses on workforce development, patient safety, healthcare quality and community health.

Before the DFWHC Foundation, Jen led market and sales strategies for a SaaS-based integrated analytics and care management company serving the healthcare market. Jen also spent 12 years in telecommunications where she led consumer insights and market strategy following her Baldrige-based role in technology planning.

Jen received her B.A. in Economics from Northwestern University and her MBA, with distinction, from the Kellogg Graduate School of Management. She lives in Dallas with her husband and nine-year old daughter.

Named after **Malcolm Baldrige**, the 26th Secretary of Commerce, the Baldrige Award was established by Congress in 1987. Awards may be given annually to organizations in each of six categories: manufacturing, service, small business, education, health care, and nonprofit. The Award promotes innovation and excellence in organizational performance, and publicizes successful performance strategies. Since the first group was recognized in 1988, 134 awards have been presented to 124 organizations (including eight two-time award recipients and one three-time recipient). ■

Foundation creates **Workplace Violence Committee**

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION announced on June 4 it would coordinate the formation of a new **Workplace Violence Committee**. The first official meeting was held June 15.

"For the last several years, workplace violence has become a recognized hazard in the healthcare industry," said **Patti Taylor**, director of quality and patient safety at the DFWHC Foundation and coordinator of the committee. "Physical violence, threats, verbal abuse and threatening disruptive behaviors are serious issues for our healthcare workers. With this committee, we hope to create action plans to combat this growing trend while also creating awareness within the community."

In 2019, U.S. hospitals recorded 221,400 work-related injuries and illnesses, a rate of 5.5 work-related injuries and illnesses for every 100 full-time employees. This is almost twice the rate for private industry as a whole. A 2017 report by the **American Hospital Association** estimated that workplace violence cost U.S. hospitals approximately $2.7 billion in 2016.

"These are frightening numbers," said Taylor. "Our goal for the Workplace Violence Committee is to become a productive tool to assist North Texas hospitals. We plan to set an agenda, create goals and work towards assisting our many healthcare heroes when dealing with these serious issues."

For hospital leaders who would like to participate, please contact Patti at **ptaylor@dfwhcfoundation.org**. ■

Foundation's "CMS Survey" webinar has been posted online

THE DFW HOSPITAL COUNCIL FOUNDATION webinar **"What Triggers a CMS Survey and What to Expect"** originally broadcast on June 10 has been posted online. More than 175 attendees participated.

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

You can view the webinar at **www.youtube.com/watch?v=-oVFO7bxzw4**.

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

Annual **Patient Safety Summit** set to start Sept. 9

HEALTHCARE HEROES UNITE! The DFW Hospital Council (DFWHC) Foundation's **14th Annual Patient Safety Summit** is set to kick off on **September 9** and continue **September 16, 23** and **30**. The virtual event will take place each day from 10:00 a.m. to 12:00 noon, CDT.

This year's Summit is themed "Healthcare Heroes United," and will be highlighted by Keynote Speakers **Darryl Ross** and **Eric Kidwell**. Their energetic presentation is titled "Power of Two!"

The Summit will also feature sessions on "Care for the Caregiver," "The Future of COVID-19" and "Burnout and Behavioral Health." Continuing Education Credits will be provided. A 10 percent discount is available to groups of 10 or more.

Poster submissions are now being accepted and are due **August 20**. The top-20 posters judged by the planning committee will be accepted with authors provided free admission to the entire event. Authors of the top-three posters selected will present their findings during separate 15-minute sessions on September 30.

Sponsorships are now available, to include event registrations, company videos, private sponsor rooms and visitors during a virtual sponsor bingo.

You can register at: **www.eventbrite.com/e/patient-safety-summit-healthcare-heros-united-2021-tickets-157693205623**.


Darryl Ross (left) and Eric Kidwell

Sponsorships are available at: **dfwhcfoundation.org/wp-content/uploads/2021/07/2021Sponsorships.pdf**.

Posters can be submitted at: **www.surveymonkey.com/r/VVCS92T**.

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

Dallas- Fort Worth Hospital Council Research and Education Foundation is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. CPHQ & ASHRM CE's have also been requested; you may also self-report ACHE credits. ■

Foundation and JPS Health Network "Sepsis Series" posted online

THE DFW HOSPITAL COUNCIL FOUNDATION and **JPS Health Network's** "Sepsis Series" has been posted online.

"Maternal Sepsis: A Nurse's Story," originally broadcast on May 25, included speakers **Carrie Hood**, BSN, RN, CHML of Baylor Scott & White Lake Pointe and **Jessica Aguilar**, BSN, RN, LP of JPS Health Network.

"Sepsis Predictive Analytics," originally broadcast on June 29, included guest speaker **Joni Padden**, DNP, APRN, BC, CPHIMS, Chief Nursing Information Officer at Texas Health Resources.

You can view "Maternal Sepsis: A Nurse's Story" at **www.youtube.com/watch?v=nx4pgA2uiZg**.

You can view "Sepsis Predictive Analytics" at **www.youtube.com/watch?v=366BJT2hmRg**.

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

Processes to improve onboarding

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

IN THE PRESENT MARKET where the candidate is now considered to be in control with multiple employment options, the time to complete the pre-onboarding process becomes increasingly important. There are many mandatory tasks for vendors and talent acquisition teams to fulfill prior to a new hire. In most cases, there are at least three requirements before onboarding. A drug test, an occupational health clearance and a background screen are required before further action.

The key to the timeliness of completing these tasks is the establishment of clear and accountable communication between vendors and talent acquisition. After personally assessing these processes for over 20 years with three different organizations, here are some of my takeaways to share with clients.

Clear and concise instructions need to be communicated to the candidate. Significant delays can take place if a candidate fails to complete the required documentation. It's not uncommon to submit transposed social security number information in the background report, thus invalidating the accuracy of the report.

Drug tests require the candidate to report to their testing site on time with the required documentation. If the appointment is cancelled or the candidate is late, testing protocols will be adjusted causing delays.

Communication between vendors and talent acquisition can reduce the time to complete pre-employment tasks. Receiving accurate information from the candidate on past employers, education and different names used is critical.

Data sources that supplant background reports cause additional delays. For example, states such as Michigan and California have started redacting the dates of birth from criminal history data. This has resulted in increased time when reviewing a wide range of raw data to ensure that a criminal history report is accurate.

Schools and employers have reduced the availability of archived verification data more than 10 years old. Requests for this information may increase turnaround, especially if the data needs to be researched manually.

The automation of background reporting and drug screening is still on the horizon. The key is responsible behavior from candidates and conscientious communication between talent acquisition offices and vendors. This will positively impact the time to complete the screening process and ensure that new hires are successfully onboarded to start their employment journey with your company. ■

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.

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

Danny Davila:
ddavila@gp1.com

www.gp1.com

Michigan amendment to redact DOB from records is delayed

A PROPOSED AMENDMENT from the Michigan Supreme Court to redact the Date of Birth (DOB) from court records has been delayed. In a statement released July 1 by the Professional Background Screening Association (PBSA), the non-profit trade organization claimed a "partial victory."

"PBSA is thrilled to advise the Michigan Supreme Court issued an order that delays implementation of their rule which would make dates of birth unavailable. The implementation date has been changed from July 1, 2021, until January 1, 2022," according to the statement.

GroupOne Background Screening has been a long-standing member of PBSA for over a decade.

"We have been provided a reprieve," said **Danny Davila**, GroupOne's director of FCRA Regulatory Risk and Consumer Compliance Advisor. "The amendment was an alarming move for both background screeners and their clients across the U.S. Access to a full DOB for background screeners is often a minimum requirement to confirm a record as a match to a job candidate."

PBSA said its staff will continue to work on behalf of its members.

"We expect many courts are not yet aware of this delayed implementation schedule and will continue our communications with the courts to ensure they are aware over the next several days," said the PBSA in its statement.

On June 9, PBSA sent a letter to the Michigan Supreme Court detailing the affect such an amendment would have on the industry: "Background checks are a critical component of the employment and rental process. Employers, property managers, and consumers alike depend on our members to search public records to determine whether a particular record belongs to a candidate being considered for employment or housing."

On June 27, PBSA also asked members to distribute a letter to clients detailing the impact to background checks should the DOB be removed from records: "PBSA will continue to exhaust all options to reverse this disastrous rule which diminishes safety in our workplace."

For questions, please do not hesitate to contact Davila at **ddavila@gp1.com**. ■

Texas court supports vaccine mandate for hospital employees

IN TEXAS, THE RACE TO OBTAIN the COVID-19 vaccine is perhaps akin to a motorized grocery cart rounding the aisle at barely two mph. To date, only 53% of its residents have received the shot.

With that said, perhaps the safest company in the U.S. is Houston Methodist Hospital, with 99% of its employees fully vaccinated. In April, the hospital announced a policy requiring every member of its workforce to receive a COVID-19 vaccine, stating it would terminate any employee who did not roll up their sleeves.

Granted, COVID-19 has presented many legal questions for employers. With COVID-19 vaccines now easily available in the U.S., many companies in high-risk environments like hospitals and nursing homes face tough questions. Can they require vaccination as a condition of employment?

The court said "yes." On June 12, **Judge Lynn Hughes** in the U.S. District Court for the Southern District of Texas found such a requirement was legally permissible in *Jennifer Bridges v. Houston Methodist Hospital (Case No. 4:21-cv-01774)*.

The case was a result of a June 10 suspension of 178 workers at the hospital for not meeting the vaccine deadline. The policy prompted more than 115 employees to file the lawsuit, arguing it constituted wrongful termination and violated federal law.

Houston Methodist moved to dismiss the lawsuit. In granting the hospital's motion, Judge Hughes found the plaintiffs' comparison of Houston Methodist's policy to forced medical experimentation during the Holocaust to be "reprehensible."

The court explained the plaintiffs' claim failed since Texas law only protects employees from termination for refusing to commit an illegal act, and there is nothing illegal about obtaining a COVID-19 vaccine.

The court noted the U.S. Equal Employment Opportunity Commission's (EEOC) recent COVID-19 vaccination guidance, which states employers can require vaccines for its workforce, subject to reasonable accommodations for employees with disabilities or sincerely held religious beliefs. The court also found that Houston Methodist's vaccine requirement was consistent with public policy.

The court explained that Houston Methodist had not forced any employees to receive the COVID-19 vaccine. Rather, each employee could "freely choose" to accept or refuse the vaccine. But if they refuse, they "simply need to work somewhere else." The court found that Houston Methodist's vaccine requirement was "part of the bargain" of employment. ■

Why you screen – CFO embezzles **$1.35 million**

IF YOU CAN SAVE YOUR COMPANY $1 MILLION, you're going to take advantage of that opportunity, right? Here at GroupOne Background Screening, we can offer you one solution – vigorously screen your job candidates, especially those working with money.

In a court case on June 22 in Charlotte, North Carolina, one Lisa Hill pleaded guilty to stealing cash from her employer. And it was the third such guilty plea in less than a decade.

As stated by a local reporter, "Why do people keep hiring her to take care of money?"

The 41-year-old Hill, a resident of Belmont, North Carolina, evidently began her spree in 2012 when, according to court documents, she stole more than $800,000 from Indian Motorcycles where she worked as a senior accountant.

When initially accused, Hill sent a series of fake emails to her bosses posing as an attorney. This phantom attorney assured the company the missing funds would be repaid from a series of nonexistent accounts. One would think this case would be more than enough to end Hill's accounting career. Not so fast.

Last summer, the U.S. Attorney's Office charged her with issuing 15 checks to herself between 2019 and 2020 drawn on the accounts of an unnamed Charlotte-based company, which had hired Hill as its comptroller. So, while she was still paying the Indian Motorcycles' money back, she was able the steal an additional $22,000.

With thefts and fraudulent-check schemes hanging over her, Hill was then hired as chief financial officer at GRH Development Resources, a development company in North Carolina. The company was a developer of Riverwalk, a sprawling residential community on the Catawba River. According to federal charges filed this month, Hill pocketed an additional $550,000 while at GRH.

From 2020 to 2021, prosecutors claim Hill funneled company money to herself for BMW car payments, mortgage payments and a trip to Disney World. And yes, you guessed right – she used some of the stolen funds to repay what she embezzled from previous stops on her résumé.

At GroupOne, we've heard of similar cases over the years, and we always ask the same question, "How did this person keep getting hired for financial positions given her criminal history?"

Hill pleaded guilty to wire fraud and making false statements. She will be sentenced at a later date.

Hill's total take from her last three jobs – $1.35 million.

So, we'll pose the question yet again, "Looking for a way to save your company $1 million?" ■

No!

Can a candidate refuse a background check?

WE MAY BE SHOWING OUR AGE, but many moons ago we were standing in line at the local video store. A customer wanted to rent a video for the first time and the clerk politely provided an application to be filled out. The customer said he would only provide his name, but not his date of birth, drivers' license number, address or place of employment.

The video clerk said they could not rent him the video if he would not provide minimal identification. The customer announced he wanted to maintain his privacy. Utilizing uncommon patience, the clerk politely refused to rent him the video, and the man stormed out of the store trumpeting several expletives. Yes, this is an anecdote, and involving a holiday season rental of "Armageddon" at that. But it serves as an example of someone who might potentially refuse a background check.

Here at GroupOne Background Screening, let us state emphatically it is illegal for a background check to be conducted without consent. But can a job candidate refuse a background check? They most certainly can.

Almost all background checks are entirely based on the gathering of public information. In most cases, the screening is conducted to assure the candidate is the person they claim to be. Information such as name, address and employment history are being checked.

In our 35-plus years of background screening experience at GroupOne, we've noted almost all candidates are positive towards a screening. They want the job, right? Applicants often have questions about what will be checked and if it's optional to participate. Yes, it's optional. No one can be forced to have background checks conducted on their lives.

If the candidate declines the screening, the employer can choose not to proceed with the interview and note company policies that employment contracts cannot be issued without a completed check. Oftentimes, a candidate says "No" to a background check when they believe what may appear could prevent them from getting employed. Of course, akin to the angry video customer, they might also consider it an invasion of privacy.

An open dialogue between the employer and the candidate is the key to a successful background check. Convey a background check is a contribution to the hiring process and the information will remain private and viewed by only a select few.

Clearly communicate with the candidate early in the process. Let them know about the background check, why it is policy and how it will be conducted. Provide plenty of time for the candidate to ask questions in order to create trust and confidence. The candidate needs to be able to have a chance to state if something may occur during the screening. The background check can then confirm, or deny, what has been discussed.

It's important to have an internal policy regarding background checks, with the approved screening report a precondition for candidates. Such a policy should be consistent, with all company employees going through the same procedure. You can also convey a background check is only one part of the recruitment and does not serve as the deciding factor. If an applicant still refuses, the company can end the interview.

We can't guarantee the candidate will not march out of the office trumpeting colorful expletives. But we can guarantee you will avoid the potentially expensive legal risks for not screening an applicant. And they'll cost a lot more than a late fee. ■

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