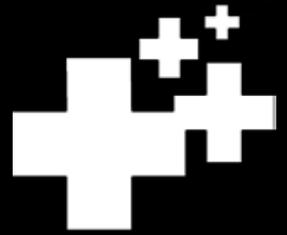


Interlocutor

News from the Dallas-Fort Worth Hospital Council



DALLAS-FORT WORTH
HOSPITAL COUNCIL

Summer 2013

www.dfwhc.org

Keynote Speaker

Doris Kearns GOODWIN

Author of "Team of Rivals,"
inspiration for the film "Lincoln"

Distinguished Health Service Award recipient

Florence SHAPIRO

Texas State Senator for 20 years

ALSO:

**Patient Safety
Summit**

**New Membership
Directory**

**Kerney Laday, Sr.
Trustee Award**

"American Heroes"

The 65th ANNUAL AWARDS LUNCHEON



GOODWIN SHAPIRO

October 24, 2013

Arlington Convention Center

page 6

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EDITORIAL

Executive Editor **W. Stephen Love**
Managing Editor **Chris Wilson**
Photographer **Jerry McClure**

HIGHLIGHTS

CMS Meeting
2013 Membership Directory
65th Annual Awards Luncheon
Children's 100th Anniversary
CareFlite First Responders
HCA's Medical Center Arlington
Associate Member Article
Patient Safety Summit
Nurse Preceptor Academy
Summer Institute
GroupOne Services

ADVERTISING

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

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SEND TO

Chris Wilson -- chrismw@dfwhc.org

INTERLOCUTOR

1: one who takes part in dialogue or conversation

2: man in the middle of a line who questions the end men and acts as a leader

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KONICA MINOLTA

the president's column

We must address the uninsured of Texas



Steve Love

President/CEO
Dallas-Fort Worth Hospital Council

WE ALL KNOW THAT TEXAS LEADS THE NATION in the uninsured rate for health care approaching 28 percent of the population and even higher in some North Texas counties. Approximately 6 million people, including 1.2 million children, have no health care coverage.

The Texas Health and Human Services Commission and the Texas Medical Association estimate if the Patient Protection and Affordable Care Act (PPACA) were fully implemented, the numbers of the 6 million uninsured would decrease.

According to these numbers, 4.6 million people, or 76 percent of the 6 million uninsured Texans, would receive some form of

coverage and those with "No Subsidy" and "Undocumented" would remain uninsured.

Recently, the Alliance for Excellent Education released a report indicating if the national dropout rate for high school was reduced from 7 to 3.5 percent, Texas could save more than \$500 million in Medicaid expenditures. The reason

was better educated people have higher paying jobs with health coverage. Thus, these graduates would be more likely to be involved in prevention programs creating an estimated savings of \$70.1 million from heart related illness, \$143.4 million from obesity, \$146.7 million from smoking, \$109.5 million from alcohol-related diseases and \$30.3 million from other preventable diseases.

We all know health care and education represent huge numbers in the state budget and appreciate the challenges facing our state leaders. However, the uninsured trend in Texas must be addressed because the coverage, access and hospital emergency departments being used for primary care is not best for the patient. We want to give the appropriate care in the right setting for optimum patient outcomes.

As the general and special sessions for our legislature wind down in Austin, let's work collaboratively together in the non-legislative session year to develop meaningful strategies to truly address the uninsured crisis in Texas. We are all in this together and we must cooperatively solve the problem in a nonpartisan and equitable manner. Six million people are counting on us! ■

COVERED	PERCENT	PEOPLE
Medicaid Expansion	23%	1.4 million
Eligible & Un-Enrolled	13%	800,000
Subsidy Eligible	40%	2.4 million
NOT COVERED	PERCENT	PEOPLE
No Subsidy	10%	600,000
Undocumented	14%	800,000

Around DFWHC



CMS SCOOP

MARILYN TAVENNER, ADMINISTRATOR OF THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS), visited with Dallas executives July 10 at the Health and Human Services' offices in Dallas. The special meeting, coordinated by **David Wright**, deputy regional administrator of CMS, and **Steve Love**, president/CEO of the Dallas-Fort Worth Hospital Council, served as an opportunity for area hospital leaders to discuss the latest news on the Patient Protection and Affordable Care Act. The session included open discussion and feedback from providers, business owners and community leaders in attendance. The dialogue was positive and reinforced a collaborative relationship between providers and CMS. ■

WEBINAR SERIES

INSMED



THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC), in coordination with InsMed, will host an "Educational Series" of webinars **September 9, October 10 and November 11**. The webinars begin at 4:00 p.m. and participation is free.

The topic for the September 9 event is "The importance of Disability Insurance in the career of a Physician." The October 10 webinar will cover "What to look for in an Employment Contract and how to get it." The November 11 topic will be "Financial Planning 101 – It's never too early to start."

Promotional materials detailing the webinars will be distributed to hospital and associate members in the coming weeks. For more information, please contact Kristin Alexander at 972-719-4900 or kalexander@dfwhc.org. ■

DR. KLEIN NAMED PRESIDENT @ BAYLOR

DAVID KLEIN, MD, MBA, WAS NAMED PRESIDENT of Baylor

All Saints Medical Center at Fort Worth in June. Klein has served as interim president since 2012 before assuming his role. Klein joined Baylor in 2009 as Chief Operating Officer at **Baylor All Saints Medical Center at Fort Worth**, which includes the 574-bed Baylor All Saints Medical Center and Andrews Women's Hospital, and as the Hospital Administrator at Baylor Medical Center at Southwest Fort Worth.

Dr. Klein practiced in General Surgery for 14 years before becoming a hospital administrator. Prior to joining Baylor, he served as Administrator of Presbyterian Hospital of Denton in Denton, Texas, and as Chief Executive Officer of Cedar Park Regional Medical Center in Austin, Texas. ■



THE DALLAS-FORT WORTH HOSPITAL COUNCIL
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Linking Innovation, Inspiring Motion

For more than 40 years, hospitals and industry leaders have partnered together to advance North Texas healthcare.



DALLAS-FORT WORTH
HOSPITAL COUNCIL
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NOW AVAILABLE

THE 2013 VERSION OF THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) Membership Directory is now available. Complimentary copies will be distributed to hospital and associate members in August. The directory will be available as hard copy book or an electronic .pdf document which can be e-mailed to members.

The popular reference guide serves as an informational address book for members interested in communicating with area healthcare employees. The DFWHC Membership Directory is a 160-page resource listing member hospitals, staffs, business addresses, websites and phone numbers. There is also a section devoted to DFWHC associate members including contact information, company description and logos.

Advertisers included CampbellWilson, LLP, Carter BloodCare, GroupOne Services, Konica Minolta Business Solutions, North Central Texas Trauma Regional Advisory Council, Polsinelli, Tarrant County College and Wilson Elser.

For information, contact **Chris Wilson**, communications director, at chrisw@dfwhc.org or call 972-719-4900. ■

LET'S WALK

Love to serve as Chair of the 2014 March of Dimes walks

THE MARCH OF DIMES IS CELEBRATING 75 YEARS of dedicated service to the children and families of the community. Raising awareness on issues such as proper prenatal care, premature babies, postpartum depression and research to improve the health of our children are just a few of the key initiatives supported through the March of Dimes. Please The March for Babies walk in Dallas and Fort Worth in April, 2014 is involved in the early planning stages. **Steve Love**,



president/CEO of the Dallas-Fort Worth Hospital Council, will serve as chair for the Dallas-Fort Worth March for Babies walks. **Pam Stoyanoff**, executive vice president and chief operations officer at **Methodist Health System**, will co-chair for Dallas while **Joseph DeLeon**, president of **Texas Health Harris Methodist Hospital Southwest Fort Worth**, will serve as

co-chair for Fort Worth..

Participants in March for Babies give hope to the more than half a million babies born too soon each year. The money raised supports programs in the community that help moms have healthy, full-term pregnancies. The walks also fund research to find answers to the problems that threaten babies. Since 1970, participants have raised \$2 billion. ■



Florence Shapiro

Former senator to receive Distinguished Health Service Award

THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) ANNOUNCED IN JULY IT WILL PRESENT the 2013 Distinguished Health Service Award to former **Senator Florence Shapiro** for her dedication to North Texas healthcare during the 65th Annual Awards Luncheon, Oct. 24 at the Arlington Convention Center.

“Senator Shapiro has been a friend of North Texas healthcare for more than two decades,” said W. Stephen Love, president and chief executive officer of DFWHC. “She is a deserving recipient of this award and we are looking forward to honoring her career. It will be a great day.”

Shapiro was a Republican member of the Texas Senate, from 1993 to 1995 representing the 2nd Senatorial District and from 1995 to 2013 representing the 8th Senatorial District in North Texas. Her series of bills known as “Ashley’s Laws,” which severely punishes sexual predators, became national benchmarks. Shapiro’s work earned her the Texas Association Against Sexual Assault’s “Champion for Social Change Award” and the Children’s Advocacy Centers of Texas’s “Legislator of the Year Award.” President George W. Bush appointed her to serve on the Honorary Delegation to accompany him to Jerusalem for the celebration of the 60th anniversary of the State of Israel in 2008. Shapiro also served as mayor of Plano from 1990 to 1992.

Doris Kearns Goodwin, the world-renowned historian and author who has documented great “American Heroes” for over two decades, will serve as keynote speaker of the luncheon.

Doris Kearns Goodwin, the world-renowned historian and author who has documented great “American Heroes” for over two decades, will serve as keynote speaker of the luncheon. Goodwin won the Pulitzer Prize in 1996 for “No Ordinary Time,” her biography of Franklin and Eleanor Roosevelt. Her 2005 work “Team of Rivals: The Political Genius of Abraham Lincoln,” was a New York Times bestseller. It also was made into the 2012 film “Lincoln,” directed by Steven Spielberg and nominated for 12 Academy Awards.

Goodwin was an on-air consultant for PBS documentaries on Lyndon B. Johnson, the Kennedys and Ken Burns’ “The History of Baseball.” A life-long baseball fan, she was the first female reporter to enter the Boston Red Sox locker room. Born and raised on Long Island, New York, Goodwin received her B.A. from Colby College and her Ph.D. in Government from Harvard University. She served as assistant to Lyndon Johnson in his last year in the White House, later working with him on his memoirs.

During the luncheon, DFWHC will recognize Young Healthcare Executives of the Year, awards designated for North Texas healthcare leaders 40 years of age or younger. There will also be the inaugural presentation of the **Kerney Laday, Sr. Trustee of the Year Award**, named in honor of the long-time board member of Texas Health Resources and Parkland Memorial Hospital.

The luncheon is sponsored in part by Wilson Elser Moskowitz Edelman & Dicker LLP, GroupOne Services, CampbellWilson, LLP and Konica Minolta. For more information, please contact **Kristin Alexander** or **Chris Wilson** at 972-719-4900. ■



SHAPIRO



GOODWIN



The first Annual Awards Luncheon was held in 1948 in Dallas, with the **Distinguished Health Service Award** presented to **Milton F. Brown**.

"American Heroes"

The 65th

ANNUAL AWARDS LUNCHEON

October 24, 2013

Arlington Convention Center



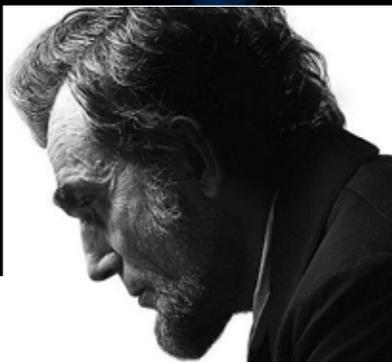
LADAY, SR.

TRUSTEE AWARD

THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) Board of Trustees approved a new trustee award in July, to be presented for the first time at the Annual Awards Luncheon, Oct. 24. The award is funded by Texas Health Resources in memory of **Kerney Laday, Sr.**, who served on the Texas Health Resources Board of Trustees for 10 years. Mr. Laday passed away in September, 2012.

The first in his family to earn a college degree, Laday had a 26-year career with Xerox Corp. He was the company's vice president and regional general manager when he retired in 1997. Since 1986, Laday held many leadership positions in North Texas including being the first African-American to serve on the board of directors for Texas Utilities, Inc.

The DFWHC trustees will select annually an active member from a North Texas hospital board who exhibits the quality and compassion that Mr. Laday demonstrated during his service. The first Kerney Laday, Sr. Trustee Award will be presented to his family in his memory. ■



Doris Kearns Goodwin was the author of **"Team of Rivals: The Political Genius of Abraham Lincoln."** The 2012 film "Lincoln" was based on her book. Directed by Steven Spielberg and starring Daniel Day Lewis, the film was nominated for 12 Academy Awards.



The Dallas Courthouse Museum will open an exhibit this fall on **J. Erik Jonsson**, the mayor of Dallas from 1964-1971. Jonsson and his wife Margaret were recipients of the **Distinguished Health Service Award** at the Annual Awards Luncheon in 1974.

The 65th Annual Awards Luncheon - Executive Non-Hospital Sponsorships

SPONSOR Levels	PLATINUM \$15,000	GOLD \$10,000	SILVER \$5,000	BRONZE \$2,500
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Logo in event program	✓	✓		
Company items on seats	✓	✓		
Company items on tables	✓	✓		
Paragraph/logo in program	✓	✓		
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Logo on picture mat	✓	✓		
Logo on event e-mails	✓	✓	✓	
Logo on DFWHC signs	✓	✓	✓	
Color ad in DFWHC magazine	Full page	Half page	Quarter page	Name only
Seats at Luncheon	Two VIP tables of 8	One VIP table of 8	One Premium table of 8	One table of 8
Color ad in event program	Full page	Full page	Half page	Quarter page
DFWHC membership	One year	One year	One year	Six months
Introduced from podium	✓	✓	✓	✓

For questions, contact Kristin Alexander at kalexander@dfwhc.org.

Preregistration Form

The Dallas-Fort Worth Hospital Council's

The 65th Annual Awards Luncheon

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DALLAS-FORT WORTH
HOSPITAL COUNCIL

QUESTIONS

Kristin Alexander - kalexander@dfwhc.org

Chris Wilson - chrisw@dfwhc.org

PHONE

972-719-4900



The historical marker is unveiled by (from left) H. Leslie Moore, M.D., Bobbie Carr, Jude Coblentz, Mary Stowe, RN and Chief Nursing Officer at Children's, and Christopher J. Durovich, President/CEO of Children's.

Happy 100th

Children's Medical Center Dallas celebrates origins with unveiling of historical marker

IN 1913, A FEW COURAGEOUS NURSES erected four tents on the lawn of Dallas' City Hospital to start the Dallas Baby Camp. Today, 100 years later, these humble origins became **Children's Medical Center Dallas**, the oldest children's hospital in Texas and fifth-largest pediatric healthcare provider in the country. The original Dallas Baby Camp, located on what is today the Old Parkland campus, was led by Nurse May Forster Smith.

On June 28, in honor of Nurse Smith and in celebration of its 100-year anniversary, Children's Medical Center Dallas dedicated a Texas historical marker on the site of the original Dallas Baby Camp.

One of the children in the care of Nurse Smith was Bobbie Carr, a toddler with a mild case of polio. She served as one of the official representatives in addition to Jude Coblentz, a Children's patient; Dr. H. Leslie Moore, whose great grandfather was the Camp's first pediatrician; Mary Stowe, Children's Chief Nursing Officer; and Christopher Durovich, Children's president/CEO.

"Over the past century, our mission has been to make life better for all children," said Durovich. "When I think about our beginnings and consider what we have become, I am in awe of these enterprising and courageous nurses. Nurse Smith knew that the children of our community needed dedicated and unique resources. Their pioneering, innovative spirit continues through all of our people today."

Children's receives nearly 700,000 patient visits annually. It has been named one of the top pediatric hospitals in the nation by *U.S. News & World Report*. ■

Children's Medical Center Dallas is the oldest children's hospital in Texas and the fifth-largest pediatric healthcare provider in the country.



WEST HEROES

CareFlite honors 12 first responders who perished in April explosion

AN ASSOCIATE MEMBER OF THE DALLAS FORT WORTH HOSPITAL COUNCIL, CareFlite announced winners of the 2013 Great First Responder Awards during its annual luncheon, May 20 at the Arlington Convention Center. A moment of silence was held for 14 recipients awarded posthumously after suffering tragedy in the line of duty. Twelve of the honorees were first responders who tragically lost their lives during the explosion of the West, Texas Fertilizer Company, April 17.

They included **Morris Bridges, Jimmy Matus, Joey Pustejovsky, Doug Snokhous, Cody Drago, Robert Snokhous** and **William “Buck” Uptmor, Jr.** of the West Volunteer Fire Department; **Jerry Chapman** and **Cyrus Reed** of the Abbott Volunteer Fire Department; **Kevin Sanders** of the Bruceville-Eddy Volunteer Fire Department; **Perry Calvin** of the Navarro Mills Volunteer Fire Department; and **Kenny Harris** of Dallas Fire-Rescue.

Jalin Smith of the Jackson Heights Volunteer Fire Department and **Stanley Wilson** of Dallas Fire-Rescue were also awarded for their sacrifice for incidents within their communities.

“Great First Responders are individuals who share a common trait,” said **James Swartz**, president/CEO of CareFlite. “When there is danger or someone needs help, you will find them ready to assist. This year was an especially difficult one and we lost many great heroes. They were bravely on the front line when we needed them the most.”

Since the program’s initiation in 2007, 581 awards have been presented. This year’s recipients also included:

- Gail Maxwell, RN**, Baylor Health Care System
- Matthew Baker**, Cedar Hill Fire Department
- Ryan Stewart**, Cleburne Fire Department
- Brandon Greenberg**, Coppell Fire Department
- Brian Halley**, Frisco Fire Department
- Doug Frasier**, Fort Worth Police Department
- Sam Cary**, Grand Prairie Fire Department
- Jeremy Omeal**, Methodist Mansfield Medical Center
- Robert Etheridge**, Midlothian Fire Department
- Elizabeth Asturi, RN**, Texas Health Presbyterian Hospital Dallas. ■

FALLEN RESPONDERS:

Twelve First Responders lost their lives during the April 17 explosion in West, Texas.

- West VFD
- Morris Bridges**
- Jimmy Matus**
- Joey Pustejovsky**
- Doug Snokhous**
- Cody Drago**
- Robert Snokhous**
- William Uptmor, Jr.**

- Abbott VFD
- Jerry Chapman**
- Cyrus Reed**

- Bruceville-Eddy VFD
- Kevin Sanders**

- Navarro Mills VFD
- Perry Calvin**

- Dallas Fire-Rescue
- Kenny Harris**



CareFlite, founded in 1979, is America's oldest joint-use air medical program. It operates five **911 systems** and has transported **664,477 patients** since its inception. It is sponsored by Baylor, JPS, Methodist, Parkland and THR.



Medical Center
Arlington



EMERGENCY

CARE CAPABLE

Medical Center Arlington designated Level III trauma facility by TDSHS

THE MEDICAL CENTER ARLINGTON (MCA) TRAUMA CENTER was designated as a Level III Trauma Facility in June by the Texas Department of State Health Services (TDSHS), making it the only designated trauma hospital in Arlington.

The TDSHS trauma designation program promotes statewide trauma system development in which participants provide not only the hospital resources necessary for trauma care, but the entire spectrum of care to address the needs of all patients. This encompasses the pre-hospital phase through the rehabilitation process. MCA's trauma team consists of physicians and nurses specifically certified in trauma care, logging hundreds of hours of continuing medical education, Advanced Trauma Life Support training, Trauma Nurse Core Curriculum, Emergency Nurse Pediatric Course, and Trauma Care After Resuscitation.

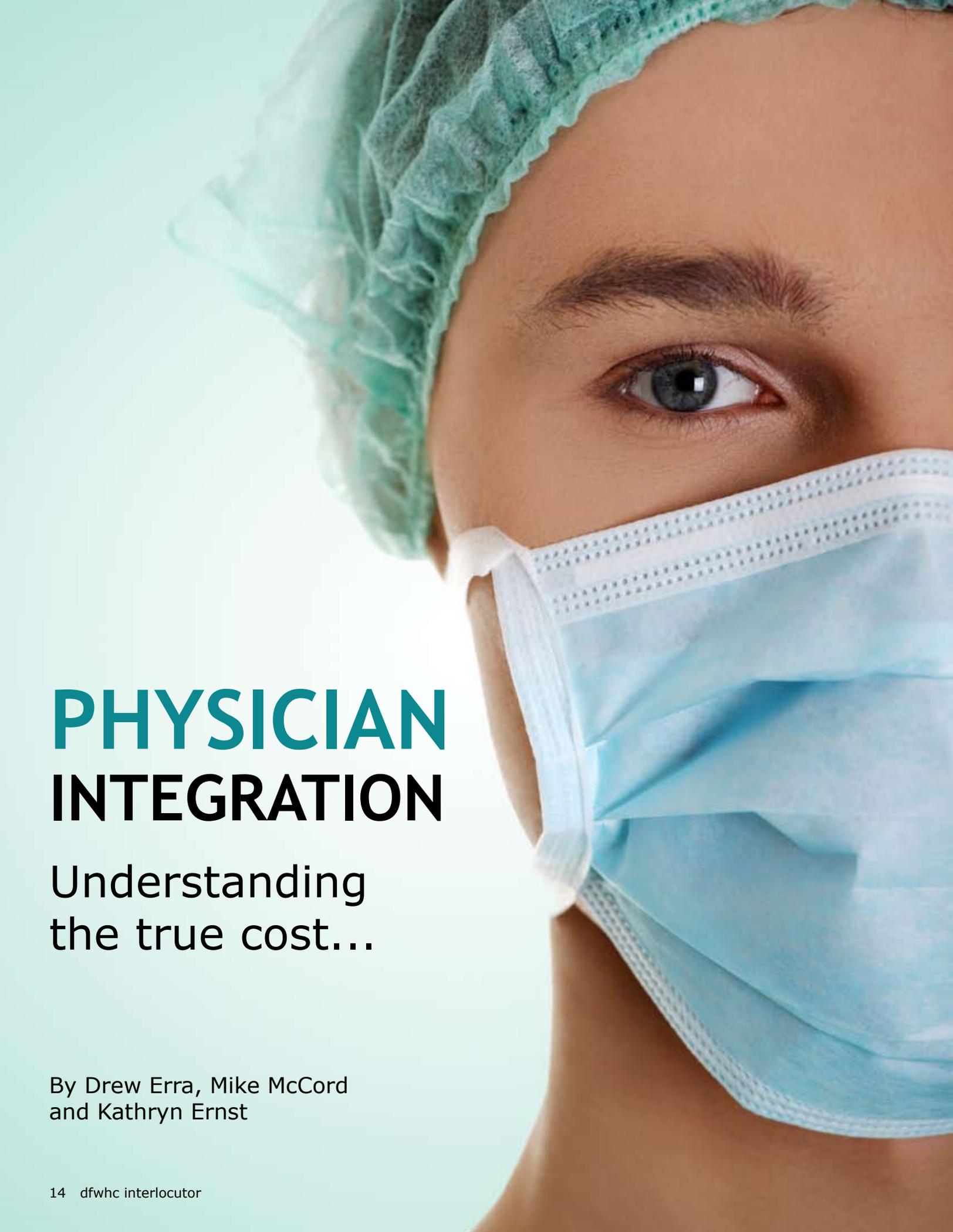
Designated trauma centers must meet the criteria in Texas Administrative Code that ensure capability and institutional performance. A state designation recognizes that a trauma center has demonstrated its commitment to providing the highest quality trauma care for all injured patients. Establishment and the

designation of trauma centers is the function of the TDSHS.

There are four separate levels in the designation program. Each level has specific criteria that must be met by a facility. Hospitals has an on-site review by a team of professionals. The TDSHS designation reflects the facility's ongoing commitment to ensure quality care is available for trauma patients.

Medical Center Arlington, an HCA North Texas hospital, was also recognized with an "A" Hospital Safety Score by The Leapfrog Group, an independent, national non-profit run by employers and large purchasers of health benefits. The score was awarded in the latest update assigned to U.S. hospitals based on preventable medical errors, injuries, accidents and infections. The Hospital Safety Score was compiled under the guidance of the nation's experts on patient safety. Peer-reviewed in the Journal of Patient Safety (April 2013), the Hospital Safety Score is designed to give the public information they can use for reference.

"Medical Center Arlington is continuing in our vision to be known as the premier tertiary healthcare facility for the mid DFW area," said **Winston Borland**, CEO of Medical Center Arlington. "We believe increasing our trauma level to Level III will provide additional services for our market that historically have migrated out of the area. This achievement combined with our continuing Leapfrog rating ensures patients will get high level quality care in a safe environment." ■



PHYSICIAN INTEGRATION

Understanding
the true cost...

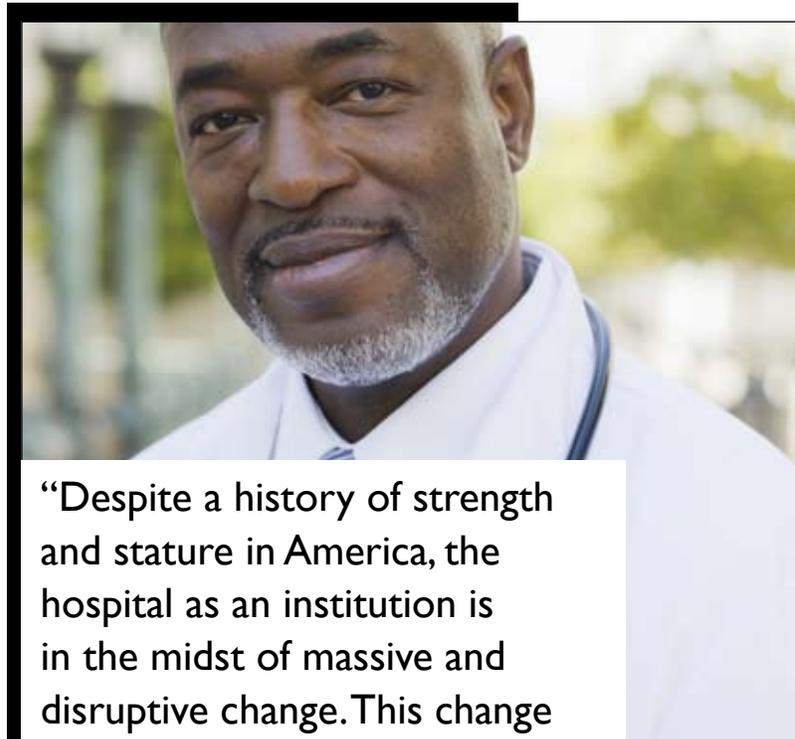
By Drew Erra, Mike McCord
and Kathryn Ernst

As a reader service, the DFWHC *Interlocutor* is publishing articles submitted by Associate Members. This article was provided by **Stratford 360**. For guidelines, contact Kristin Alexander at 972-719-4900.



MANY HEALTHCARE ORGANIZATIONS ARE LOOKING TOWARDS risk based reimbursement as a strategy to reduce costs, improve outcomes, and ultimately sustain profitability in response to the Affordable Care Act. Managing risk based reimbursement is a very different paradigm than the traditional fee-for-service model pervasive in the current healthcare delivery environment. In a risk based reimbursement model, every unit of production shifts from a source of revenue to a driver of cost. How are healthcare managers going to control these costs when nearly 90% of the care decisions are made by physicians whose economic interests are not aligned with those of the health system? It is this issue that is driving the boom in physician employment as organizations begin to recognize the need to create a new delivery model that formally integrates the physicians and provides the platform for sharing risk based compensation. Employment of highly compensated physicians is a complex and costly initiative but one that compares favorably against the cost of physician turnover. Success will be dependent on embracing a career-based employment strategy that balances cash compensation and benefits to drive long term retention.

“Despite a history of strength and stature in America, the hospital as an institution is in the midst of massive and disruptive change. This change will be so transformational that, by 2020, one in three hospitals will close or reorganize into an entirely different type of service provider.”¹ The survivors will be those adept at reducing costs, delivering quality care and providing peak customer service, all key measures controlled by physicians. Traditional alignment efforts treat the physician/hospital relationship as a joint venture. This immediately creates conflicts of interest as health systems concern themselves with cost reductions, hospital value maximization and organization P&L while physicians pursue RVU and practice maximization, and worry about their own P&Ls. Even systems that directly employ doctors often continue to dither over “subsidies per RVU,” failing to recognize the true enterprise value of the physicians. The new alignment model must more deeply integrate physicians into the health system’s strategy for survival and growth. Ultimately, savvy healthcare consumers, when they need heart, brain, or spine surgery, or sophisticated cancer treatment, are going to look for the best treatment from the best doctors. Aligning the economic interests of those physicians with health system finances is a competitive imperative .



“Despite a history of strength and stature in America, the hospital as an institution is in the midst of massive and disruptive change. This change will be so transformational that, by 2020, one in three hospitals will close or reorganize into an entirely different type of service provider.”

A major catalyst for the shift in the physician alignment paradigm is the dearth of physicians. The Affordable Care Act is creating a surge in demand for healthcare at the exact time America faces an unprecedented physician shortage. According to the Association of American Medical Colleges, the demand for physicians will outstrip the supply by 16% over the next decade.² “Physician poaching” will become an increasingly prevalent practice, especially as other demographic trends drain the physician pool. One in three practicing physicians is over age of 55. Many are expected to retire in the next 10 – 15 years. Younger physicians replacing them don’t want to work the long hours that characterize the practice of medicine in the early

¹“Why One Third Of Hospitals Will Close By 2020; David Houle and Jonathan Fleece; March 14, 2012 in Policy; kevinmd.com

²2012 AAMC Physician Workforce Recommendations



Cash compensation is not a satisfactory tool for either recruitment or retention of physicians...

career years. A decrease of just four hours per week in the average physician schedule amounts to a loss of 36,000 FTEs annually. While the number of doctors and the hours they are willing to work decreases, the need for their services increases. The nation's population of seniors will swell from 46 to 83 million by 2030. Since older citizens use more physician services than younger ones, the system is expected to be stretched to the limit. Optimally functional system/physician partnerships will be a competitive necessity in the face of a shrinking personnel pool and burgeoning demand for healthcare.

It will require more than minor adjustments to the structure of the hospital/physician relationship to ensure a unique and competitive alignment proposition. Successful long-term physician alignment requires a career-based employment strategy. Organizations that treat physicians as true employees deliver more efficient healthcare as measured by cost reductions and outcome improvements. Using the Mayo Clinic as a benchmark,

it is estimated that the nation could reduce health care spending by as much as 30% for acute and chronic illnesses.³ A career-based strategy focuses on total rewards which include not only cash compensation but also practice environment, growth opportunities, and physician-specific benefits. Physician compensation has traditionally consisted of salaries, stipends and cash incentives, with little or no attention paid to benefits. However, cash compensation is not a satisfactory tool for either recruitment or retention of physicians. A 2006 survey conducted by the American Medical Group Association and Cejka Search found that "Leaving to seek higher cash compensation" was mentioned only 32% of the time as a reason for changing jobs. Additionally, variable compensation based on factors beyond

³An Agenda for Change: Improving Quality and Curbing Health Care Spending: Opportunities for the Congress and the Obama Administration, The Dartmouth Institute, December 2008

physician control did not provide the necessary incentive to achieve desired retention results.⁴ While cash compensation is a poor retention vehicle, a benefits package specifically designed for physicians not only encourages retention but also increases compensation flexibility. Cash compensation can expand only within the constraints of fair market value, but supplemental benefits both increase the total rewards package and provide flexibility to include either incentives for long tenure or penalties for early termination. Finally, organizations that sponsor physician-specific benefit plans provide important insurance coverage and wealth accumulation opportunities that physicians cannot obtain cost effectively in the open market, or even at all.

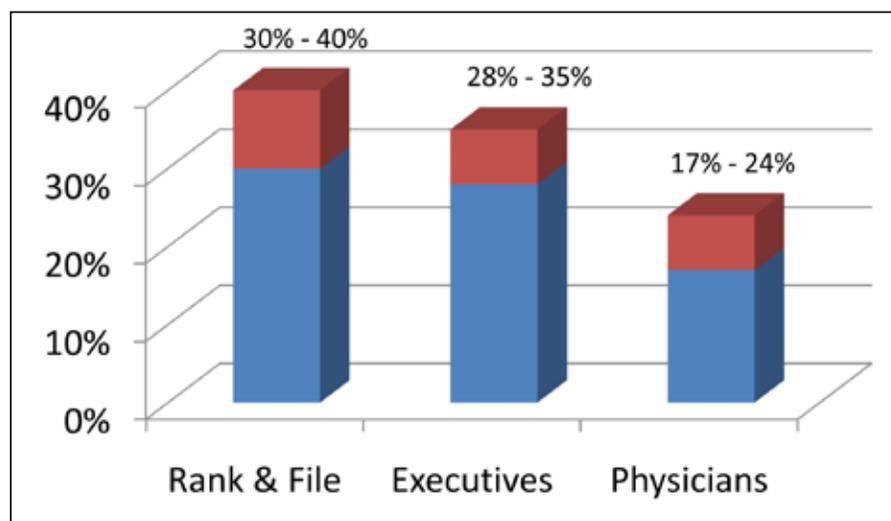
Employing physicians and providing them with appropriate benefits will require an investment, albeit one that can be quickly recouped as costly physician turnover decreases. Many organizations simply provide physicians with benefits similar to rank and file employees.

This creates an internal inequity which will undoubtedly become more problematic as physicians take greater leadership roles on Boards and Committees. Organizations must embark on internal equity by deciding where physicians fit in the organizational hierarchy and then providing compensation programs appropriate for the position. Due to legislative limits and benefit caps, the kind of programs designed for rank and file employees neither provide adequate insurance coverage nor build the retirement assets needed by the highly compensated. For example, physicians need disability plans specifically designed for them that will:

- Replace a higher level of income
- Cover illnesses physicians are prone to contract, such as musculoskeletal and connective tissue diseases and mental health/substance abuse-related conditions
- Provide automatic underwriting concessions

Physicians also need supplemental retirement plans since many of their salaries exceed legislative caps on qualified retirement plan contributions. The typical qualified plan replaces approximately 10% - 11% of Final Average Compensation for a physician at the \$300,000 salary level and even less for highly paid specialists. This compares with the 50% - 60% of final compensation replaced for healthcare executives. The provision of a competitive physician benefit plan typically adds 10 - 15%

Comparison of Benefit Expenditure Levels for healthcare employees as a percentage of cash compensation



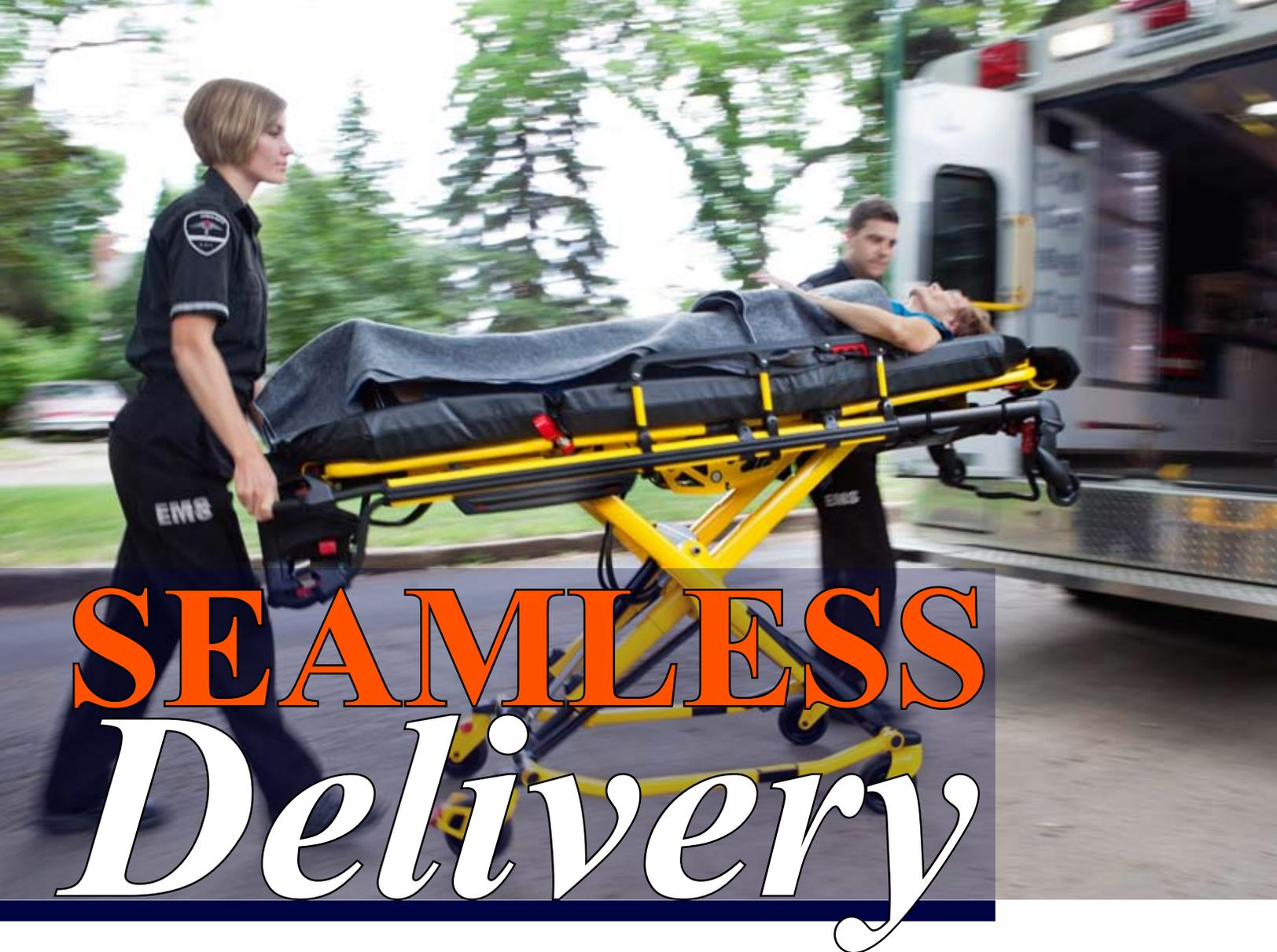
of physician payroll to the cost of compensation, however, the investment is quickly recouped through lower turnover costs since supplemental physician benefits are typically difficult to replace, especially if they provide extra rewards for longer tenure, or penalties for premature termination.

Supplemental benefits coupled with leadership opportunities and a progressive practice environment create a powerful retention strategy that will ultimately cost less than recruiting new physicians. The cost of recruiting one new physician, including the loss of revenue, can exceed \$1,000,000. Further compounding the turnover risk is the fact that employers typically lose \$150,000 - \$250,000 in each of the three initial contract years. Unless organizations retain physicians beyond this initial contract period, the losses will keep piling up.

Healthcare organizations must view physicians, not as independent contractors paid to provide specific services, but rather as employees, compensated to motivate optimal alignment with organizational goals. Many healthcare provider organizations such as Clinic Club medical centers, and University and multi-state systems already provide cutting edge compensation programs in a true employment model so the competitive bar is set. Will your organization be able to attract and keep top physicians to meet the demand created by health insurance reform? Under current relationship structures, probably not. Investing in physician benefits that retain, coupled with financial incentives that align the economic interests of physicians and their employers will sharpen the competitive edge.

Drew Erra is Executive Vice President and Chief Marketing Officer for Stratford 360, an executive and physician benefit design firm. Mike McCord serves as a Vice President based in the Dallas office, and Kathryn Ernst is a Senior Design Consultant for Stratford. ■

⁴"Physician-Hospital Alignment – Employment Agreements In The Reform Era," Deloitte, February 2012



SEAMLESS *Delivery*

Improving the chain of treatment

EVERY DAY IN DALLAS COUNTY, APPROXIMATELY 30 PEOPLE suffer a heart attack and depend on the seamless delivery of emergency medical services to increase their chances of survival and quality of life.

Three years ago, the American Heart Association (AHA) presented this fact to the W.W. Caruth, Jr. Foundation, which answered this call with an investment of \$3.5 million. The challenge: identifying gaps, measuring and potentially overhauling every aspect of the response and treatment chain that is activated upon patients recognizing heart attack symptoms and dialing 911.

In partnership with the medical community, the collaborative initiative included members of all 15 Dallas County hospitals across multiple healthcare systems and 24 Dallas County EMS agencies. It required creating trust and building relationships between competitive stakeholders, ensuring equipment compatibility, applying consistent training and garnering unanimous agreement on uniform treatment protocols for both

transporting and treating heart attack patients. This initiative was designed to meet two primary outcomes of providing optimal care to each heart attack victim in Dallas County via a dynamic, seamless, thoroughly integrated, working emergency care system and collection of new, complete and analyzable public safety data including the creation of a Caruth SOAR metric (Symptom Onset through Arterial Reperfusion) to evaluate heart attack system level performance.

Additionally, 13 specific grant benchmarks were committed to being completed in a 30-month period, such as: 100 percent of all EMS providers and hospitals were to receive compatible, cutting-edge EMS and hospital heart attack care equipment and telecommunications network upgrades; and, 100 percent of EMS providers and hospitals complete scientifically-based AHA emergency heart attack care training curriculum.

TRANSFORMATION

In addition to completing all committed benchmarks and

As a reader service, the DFWHC *Interlocutor* is publishing articles submitted by Associate Members. This article was provided by **The American Heart Association**. For guidelines, contact Kristin Alexander at 972-719-4900.



realizing all intended outcomes, AHA staff believes the success and significant outcomes are reflected in the following five overarching themes.

Culture

One of the greatest accomplishments was overcoming and enhancing the extremely complex and political culture of healthcare in Dallas County. As a neutral convener, the American Heart Association was able to bring together cardiologists, emergency physicians, EMS personnel, nurses, cardiac cath lab staff and hospital administrators to focus on a common goal. According to these volunteers, this has never been accomplished before in North Texas and has transformed the region by infusing trust and communication across different aspects of emergency care and across a competitive healthcare network.

Equipment

The grant allowed AHA staff to work with a volunteer committee to identify all gaps and to provide EMS agencies with desperately needed equipment and telecommunications upgrades to enable the seamless transmission of ECGs to receiving stations in all hospitals — an essential component to identifying heart attacks and quickly activating the emergency medical response system. As a result of the funding and initiative, Dallas County now boasts 100 percent transmission capability across all 24 EMS agencies and 15 hospitals in Dallas County.

Training

AHA staff worked with an education volunteer committee to identify knowledge gaps and deploy scientifically-based training focused on early STEMI¹ recognition, early ECG analysis, and rapid transport. At least 4,273 emergency care providers completed customized hospital and EMS training workbooks and more than 460 providers attended ECG educational seminars led by national experts.

Data

A hallmark of the Caruth initiative was the collection and pairing of previously isolated patient EMS and hospital data to identify system-level measurement and patient care improvement opportunities. To ensure confidentiality, analytics and reports were created by an independent third party, the University of Texas School of Public Health (UTSPH) in Houston, Texas. Each pre-hospital EMS heart attack patient record was connected with

its suspected corresponding hospital emergency department record which enabled the measurement of the total time a patient was treated from his/her first call to 911 through the intervention. Prior to the Caruth initiative, this data linkage had been done in only a handful of cities. We believe Dallas County is the largest metropolitan market in which such data linking has been successfully performed. During the 24 months of data collected to date, UTSPH recorded and matched a total of 5,225 heart attacks, 41 percent (1,523) of which were STEMIs.

Metrics

AHA staff and provider volunteers delivered on the promise of creating a new metric to measure a regional system heart attack response: SOAR. Among the most significant patient outcomes:

- SOAR time drastically improved from a median time of 195 minutes to 180 minutes, decreasing nearly 7.6 percent;
- First medical contact to balloon time decreased 31 percent from 133 to 91 minutes;
- Hospital door to balloon time improved 21 minutes when EMS activated the cardiac cath lab from the field, resulting in a 260 percent improvement. It is believed this is the first initiative to document such an impact in STEMI care.

NORTH TEXAS NEXT STEPS

When the grant funding expired, volunteer committee unanimously approved an expanded structure to include Collin, Denton and Tarrant County providers in the next iteration of the committee, *Mission: Lifeline North Texas*. This committee includes continued data collection from all 15 Dallas County hospitals and adds 20 PCI-capable hospitals from the neighboring three North Texas counties to participate in the data collection using the ACTION Registry-Get with the Guidelines database.

Further, there will be quarterly multidisciplinary team meetings facilitated by AHA staff and led by EMS and hospital volunteer stakeholders to identify opportunities and to share best practices to improve standards of care. Additional support and work will be conducted with the North Central Texas Trauma Regional Advisory Council and the Dallas-Fort Worth Hospital Council.

IN GRATITUDE

We would like to thank the W.W. Caruth, Jr. Foundation of the Communities Foundation of Texas for their funding and support of this project. We also would like to thank the Dallas County emergency providers who served as volunteers in this initiative — we could not have been successful without each of you. ■

¹ST-elevation myocardial infarction (STEMI)

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To serve as a catalyst for continual improvement in community health and healthcare delivery through education, research, communication, collaboration and coordination.

Foundation Vision

Act as a trusted community resource to expand knowledge and develop new insight for the continuous improvement of health and healthcare.

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foundation president's column

It has been a busy summer



Kristin Jenkins

JD, FACHE
President, DFWHC Foundation
Senior Vice President, DFWHC

AT THE DALLAS-FORT WORTH HOSPITAL COUNCIL FOUNDATION,

it has been a busy summer as we profile communities, mine healthcare data and provide information to our hospital partners. It is our hope these discoveries save lives and improve the quality of life for all North Texas residents.

We have been preparing for the **August 14-15, Patient Safety Summit**, our annual educational event that shares best practices and provides networking opportunities for Texas healthcare employees. We expect record-breaking attendance this year, with more than 500 visitors. It seems like only yesterday when we first held this event in 2008 at the Las

Colinas Country Club in Irving. We had 100 curious souls turn out that day. It's thrilling to participate in the growth of this important summit which is free to all attendees. We hope you can visit us at the Embassy Suites Dallas – DFW Airport North Outdoor World in Grapevine.

We are also planning for the **Summer Institute, August 8**, at Texas Health Resources University. The topic, **“The Impact of Limited English Proficiency in Students and Staff,”** is a fascinating one, with **Dr. Carolina Huerta, EdD**, from The University of Texas-Pan American, serving as speaker. This is certainly her area of expertise, as she was recently inducted as a Fellow of the American Academy of Nursing in recognition of her incredible contributions in advancing nursing education for Hispanics in her South Texas community. We fully expect this event to open the eyes of many attendees.

In June we released the DFWHC Foundation's **2012-2013 Annual Review**. The booklet, with the inspirational theme, “Making Discoveries,” details the many projects we've been working on over the past year. This annual review is an attempt to properly detail the results of our studies as we work with you on the path towards healthcare innovation.

We appreciate your support and the dedicated work of our dependable Board of Trustees. Working together, we will make future discoveries for the benefit of all. ■

Around DFWHC Foundation

THE HEART OF HEALTHCARE



PATIENT SAFETY SUMMIT

AUGUST 14-15

Online registration now open

THE 2013 PATIENT SAFETY SUMMIT is an annual educational event to share best practices and provide networking opportunities for healthcare employees across North Texas. The summit is a great opportunity to assist hospital employees in meeting the goals of the Partnership for Patients, Community Care Transitions and Hospital Engagement Networks.

This year's event, "Patients: The Heart of Healthcare," is set for Aug. 14-15 at the Embassy Suites Dallas – DFW Airport North Outdoor World (2401 Bass Pro Drive, Grapevine, Texas 76051). Attendance is free for both live and virtual attendance via Web streaming.

Highlights of the event include:

- **Tim Durkin, CSP**, discussing "Bedside Matters: The Communication of Care"
- **Jim Newton, Paul G. Hill** and **Gina Glidewell's** presentation "Music Therapy: Healing Music"
- **Pam Dardess, MPH**, presents "Patient and Family Engagement in the Hospital Setting"
- **Dr. Adam Myers** discussing "What do you do when things go wrong?"

In all, 13 speakers will discuss nine topics over two days.

Seats are filling up fast and the event is expected to sell out.

To register, please go to: <https://www.xcelevents.us/dfwhc/>

[eventReg.php?event=dfwhc13®Typeld=Attendee](http://www.dfwfhc.com/eventReg.php?event=dfwhc13®Typeld=Attendee).

The 2013 Patient Safety Summit Guidebook is now available to check updates, schedules and more at: <http://guidebook.com/g/ts9ier87>.

This activity has been approved by the National Association for Healthcare Quality for 10.75 contact hours towards Certified Professional in Healthcare Quality (CPHQ) renewal.

The meetings have also been approved for a total of 10.75 contact hours of Continuing Education Credit toward fulfillment of the requirements of ASHRM designations of FASHRM (Fellow) and DFASHRM (Distinguished Fellow) and towards CPHRM renewal.

Nursing hours available will be 5.75 contact hours provided for Day 1 and 5.0 contact hours provided for Day 2. Texas Health Huguley Hospital is an approved provider of continuing nursing education by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Registration for this summit is free of charge however, due to federal contract regulations, event coordinators will be unable to provide food and beverage service to attendees. Please come prepared to purchase your own food and beverage.

For more information, please e-mail info@dfwhcfoundation.org. You can also contact **Dara Hall** at 817-267-6698 or dara@espinc-usa.com. ■

WORKING with nurses

Second Annual Nurse Preceptor Academy attracts 100 attendees

THE DALLAS-FORT WORTH HOSPITAL COUNCIL FOUNDATION (DFWHC FOUNDATION) Workforce Center, in coordination with the North Texas Nursing Consortium and North Texas Nursing Resource Center, hosted the Second Annual North Texas Preceptors Academy, June 27-28 at Texas Woman's University in Dallas. More than 100 attendees turned out to hear such topics as Responsibilities of the Preceptor, Adult Learning Styles and Cultural Awareness. **Dr. Diana Swihart**, founder/CEO of American Academy for Preceptor Advancement, joined the event via conference call to update the audience on national issues.

Additional speakers included representatives from VA North Texas Health Care System, Methodist Health System, Texas Health Resources, UTA College of Nursing, Texas Woman's University, North Hills Hospital, Texas Health Presbyterian Hospital Dallas, Medical Center of Lewisville and UT Southwestern Medical Center.

"We were thrilled by the great turnout this year," said Sally Williams, director of the DFWHC Foundation Workforce Center. "We were reminded how important the role of a preceptor is when working with new nurses and student nurses. We hope attendees left the conference with a renewed understanding of the roles and responsibilities of this important guidance."

Plans are underway for the inaugural presentation of the Preceptor of the Year Award in 2014. For more information, please contact **Sally Williams** at **972-717-4279** or e-mail **workforce@dfwhcfoundation.org**. ■



Presenters at the Second Annual Nurse Preceptor Academy included Alan Bernstein, MS, RN, (right) Associate Director of Patient Care Services at VA North Texas Health Care System; and Stephanie Woods, RN, PhD, (next page) Associate Dean at Texas Woman's University.





THE PRECEPTOR

An experienced registered nurse who is enthusiastic about the nursing profession and has a desire to teach. A preceptor prepares students using a variety of skills. Role modeling professional interactions on the care unit, demonstrating nursing actions, and giving timely and appropriate feedback to the student are ways of fulfilling this role. The preceptor creates an environment conducive to learning and determines appropriate patient care assignments for students.



SAVE THE DATE!

**North Texas Consortium of Schools
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present

SUMMER INSTITUTE 2013

August 8

9:00 a.m. to 3:30 p.m.

Texas Health Resources University
Texas Health Presbyterian Dallas Hospital
8200 Walnut Hill Lane
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**"Impact of Limited English Proficiency in
Students and Practicing Nurses"**

with Dr. Carolina Huerta, EdD
of The University of Texas-Pan American

Special preconference:

"Getting Your Ideas Funded: Grant Writing Skills"

7:30 to 8:30 a.m.

presented by DFWHC Foundation staff

**NEW
LOCATION!**

For information contact:

Sally Williams or Danette Tidwell at 972-717-4279
or workforce@dfwhcfoundation.org



IMPACT OF LIMITED ENGLISH PROFICIENCY

Foundation to host
2013 Summer Institute



THE DALLAS-FORT WORTH HOSPITAL COUNCIL FOUNDATION (DFWHC FOUNDATION), in coordination with North Texas Consortium of Schools of Nursing and Practice Partners, will host the 2013 "Summer Institute," **August 8**, from 9:00 a.m. to 3:30 p.m. at Texas Health Resources University. The conference is designed to provide an overview of issues related to English proficiency among nurses and nursing students.

The event is limited to the first 200 registrants, with each school allowed up to 15 participants and each hospital system allowed up to 20 participants.

The first topic is "**The Impact of Limited English Proficiency in Students and Practicing Nurses**," with **Dr. Carolina Huerta, EdD**, of The University of Texas-Pan American, serving as keynote speaker.

Mina Kini, director of diversity and inclusion at **Texas Health Resources**, is the afternoon speaker. Her topic will be "**Recipe for Success: Self-Awareness, Acculturation, English Proficiency and Accent Modification**."

There will also be two panel sessions focusing on issues related to patient safety and delivery of culturally-appropriate care. CEUs will be available. Texas Health Resources University is located next to Texas Health Presbyterian Hospital Dallas at 8200 Walnut Hill Lane.

There will also be a preconference "Getting Your Ideas Funded: Grant Writing Skills" prior to the event from 7:30 to 8:30 a.m. presented by DFWHC Foundation staff.

Cost is \$40 per participant. For more information, please contact **Sally Williams** or **Danette Tidwell** at **972-717-4279** or e-mail **workforce@dfwhcfoundation.org**. ■



In 2012, Carolina G. Huerta, EdD, RN, FAAN, was inducted as a Fellow of the American Academy of Nursing in recognition of her outstanding contributions in advancing undergraduate and graduate nursing educational opportunities for Hispanics in her South Texas community.

DISCOVER!

FOUNDATION RELEASES 2012-2013 ANNUAL REVIEW

THE DALLAS-FORT WORTH HOSPITAL COUNCIL FOUNDATION (DFWHC FOUNDATION) distributed its 2012-2013 Annual Review to business associates and members in July. The report details activities within the different departments over the past year.

“At the DFWHC Foundation, we are embarking on a great journey with the cooperation of many minds,” said Kristin Jenkins, president of the DFWHC Foundation. “We are profiling communities, mining healthcare data and providing information to our hospital partners. The Annual Review is an opportunity to detail our success over the past year and provide direction for future innovation.”

With the theme “Making Discoveries,” the 16-page annual report focuses on the departments within the DFWHC Foundation including Community Health, Workforce, Quality and Safety, Research and Data. Financials for the year detailing revenue growth and grant funding have also been included. To obtain a copy, simply e-mail info@dfwhcfoundation.org. ■



www.dfwhcfoundation.org

**2012-2013
ANNUAL REVIEW**

Making Discoveries



Highlights

OF THE ANNUAL REVIEW

- **DATA ASSETS** - The DFWHC Foundation has an extensive data warehouse and numerous resources. The data is highly granular, electronic in format and in a constant state of renewal.
- **COMMUNITY HEALTH** - Texas Scottish Rite Hospital for Children has contracted with the DFWHC Foundation to conduct a community health needs assessment, a requirement of the Patient Protection and Affordable Care Act.
- **WORKFORCE** - The DFWHC Foundation's Workforce Center annually recognizes more than 100 hospital non-management employees, physicians, volunteers and students during the Employee of the Year Luncheon.
- **QUALITY** - The DFWHC Foundation Hospital Engagement Network has shown significant improvements in eight of the 10 Adverse Event Areas.
- **INFORMATION AND QUALITY SERVICES** - In 2012, the DFWHC Foundation's Information and Quality Services Center processed more than five million patient encounters from 81 facilities into the data warehouse.
- **THE TEXAS QUALITY INITIATIVE (TQI)** - Hospitals and surgeons share a regional cardiovascular registry combined with a hospital all-payer claims data warehouse to identify and circulate best practice outcomes and value information.
- **NORTH TEXAS REGIONAL EXTENSION CENTER (NTREC)** - NTREC achieved 100 percent of its enrollment and implementation target and 58 percent of its attainment Meaningful Use target. NTREC expects 65-75 percent of eligible providers to achieve Meaningful Use by the end of 2013. ■



ICD-10: DEADLINE NEAR

IT IS SUMMER AGAIN and although many hospitals breathed a sigh of relief last year when the ICD-10 implementation was postponed until **OCTOBER, 2014**—it is still coming.

Though it has been more than year since the announcement to postpone ICD-10, for many time has flown by. If you are like many providers, everything was placed on the back burner for a while. The Dallas-Fort Worth Hospital Council Foundation would like to provide a friendly reminder that if you have not moved it back to the top of your priority list—now might be a good time. The year 2013 will be gone before you know it.

The conversion to ICD-10 is a sizable undertaking. The change will drive business and systems changes throughout the healthcare industry and now is not the time to be comfortable or put it off. Presently, we have 16 months to put a plan in motion. To ensure a smooth transition, organizations will need to devote staff time and financial resources to conversion activities.

There are many great resources available via the American Health Information Management Association (AHIMA) and other healthcare consultants. Below are a couple of links to tools that are available for providers to utilize in assessing and prioritizing your “To Do” list:

- http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_046262.pdf
- <http://www.hcim.com/2011/03/free-icd-10-implementation-tools/>.

If you have additional questions, please contact **Theresa Mendoza**, directory of quality, business intelligence and data services, at tmendoza@dfwhcfoundation.org. You can also call **972-717-4279**. ■

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groupone vice president's column

Learn about Ban-the-Box



Eric Scott

Vice President
GroupOne Services, inc.

RHODE ISLAND BECAME THE LATEST OF MANY STATES

to join the "Ban-the-Box" revolution. A term not easy to forget, "Ban-the-Box" applies to laws prohibiting an employer from asking about criminal history on an employment application. In the past, applicants for city jobs and jobs with city contractors were required to check a box to indicate they have a criminal record. Human services committees began approving proposals to remove the box on job applications, thus "Ban-the-Box."

These laws restrict asking about criminal convictions until after the initial interview or after a job offer has been made. Today, we are seeing an increase of this law not only within the public sector, but the

private sector as well.

There are now state-wide private employer ban-the-box laws in Hawaii, Massachusetts and, most recently, Minnesota. There are also ban-the-box laws applying to private employers and government contractors in California, Connecticut, Massachusetts, Michigan, New Jersey, New York, Pennsylvania, and Washington. Other state and local governments are considering similar legislation.

These laws prohibit or severely restrict employers from asking applicants about their criminal history in the initial application before conducting an interview or making an offer of employment.

Private employers impacted by ban-the-box laws should review their employment applications to ensure any questions regarding an applicant's criminal history are legally compliant. Employers should also make sure all recruiting managers are apprised of the new laws. Employers should be aware of the limitations on requesting and using criminal history information throughout the hiring process. They should have discussions with their background screening providers to ensure they know what information they are getting and when.

These laws are intended to allow those with a criminal record to at least reach the interview stage of the employment process. Employers have no additional restrictions, as the law does not prohibit consideration of past convictions. The employer has to follow the updated Equal Employment Opportunity Commission (EEOC) guidance by connecting the criminal conduct to the specific job being filled along with other considerations. ■

Around GroupOne

New HR Surveys brochure promotes valuable data

GROUPONE'S HR SURVEYS PROVIDE VALUABLE INFORMATION to hospitals in need of data for benefits budgeting, pay-planning and vacancy and turnover. New 2013 HR Survey results were published in May and are now available.

To promote this updated information, GroupOne recently published a new brochure detailing the many benefits of the data. The brochure will be mailed to hospitals in July.

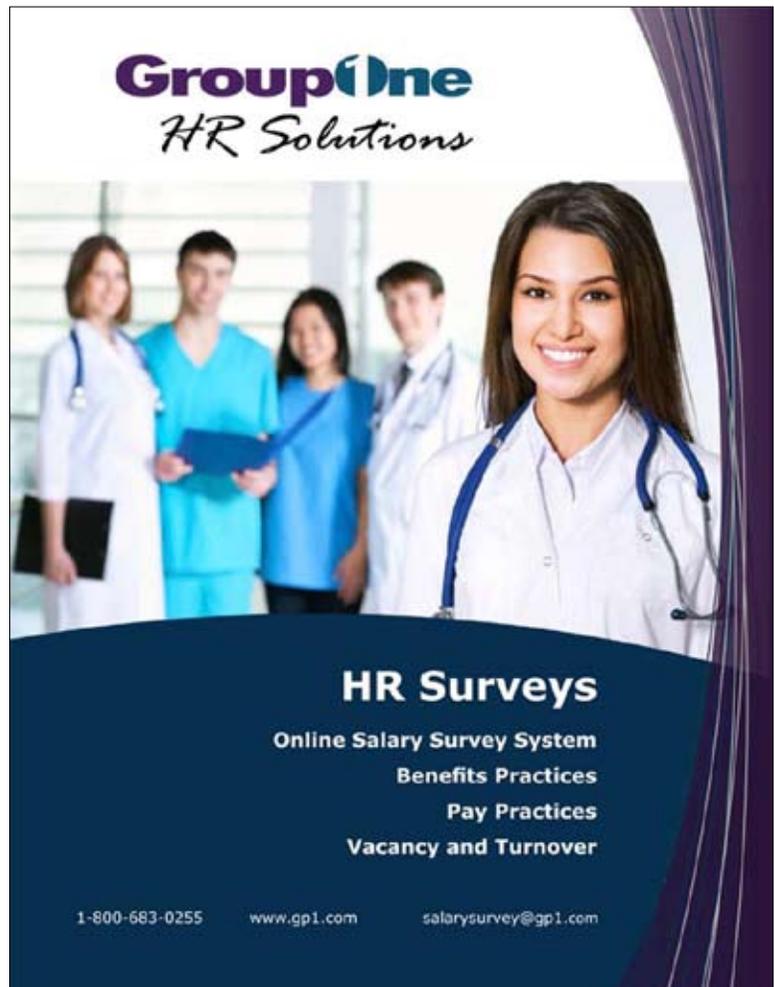
HR Surveys include information on:

The Benefits Practices Survey, which provides benchmark information on time-off practices, medical, dental, vision, disability, retirement, tuition reimbursement and other benefit offerings.

The Pay Practices Survey provides information on key compensation measures as well as practices relating to certification pay, on-call practices, differential and shift pay, holiday pay, charge pay, critical shortage and seasonal pay practices.

The Vacancy & Turnover Survey contains vacancy data on nursing and allied health jobs as well as North Texas turnover statistics.

Results are available for purchase by hospitals, healthcare organizations, universities and Dallas-Fort Worth Hospital Council associate members. For information, contact **Suzanne Smith, SPHR, CCP, CBP** at ssmith@gp1.com or call **972-719-4900**. ■



On the road with GroupOne

- Sept. 15-17, Natl. Assoc. of Professional Background Screeners Conference, Scottsdale, AZ, www.napbs.com
- Sept. 16-18, Texas Hospital Assoc. Rural and Community Hospital Symposium, Rockwall, TX, www.tha.org
- Sept. 21-25, National Assoc. Medical Staff Services Conference, Booth #34, Hollywood, FL, www.namss.org

For information, please contact **Kim Hines**, GroupOne Account Manager, at khines@gp1.com.

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