

**“THE ART OF”**  
Good Healthcare

The 66th  
**ANNUAL  
AWARDS  
LUNCHEON**

October 21, 2014  
Arlington Convention Center



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Meacham**

Keynote Speaker

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Distinguished Health  
Service Award recipient

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**Jason Castro**

National Anthem singer

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**Steve Love**

President/CEO  
Dallas-Fort Worth  
Hospital Council

# Changes in health insurance

**AS ALBERT EINSTEIN ONCE SAID,** “I never think of the future – it comes soon enough.” This could certainly apply to private health insurance exchanges. This major transformation in employer health insurance will move consumers from a wholesale to retail system.

Private health insurance exchanges will address the needs of most employers, accommodating not only health insurance but such benefits as life insurance and disability. They will provide structure when addressing large employers rather than smaller groups served by public marketplaces. The flexibility includes a single-carrier exchange (so employers have control in selection and plan design) or a multi-carrier system (including brokers, benefits consultants and payers) which gives employees more options for coverage.

Private insurance exchanges focus on a defined contribution versus a defined benefit approach. This should decrease costs for the employer. Another consideration relates to retiree benefits. The Financial Accounting Standards Board (FASB) changed accounting rules in the 1990s requiring companies to record future retiree health benefit liabilities, so many companies had to cap those liabilities. Now, these private exchanges might give them flexibility in accounting for the liabilities.

There are legitimate concerns surrounding the health insurance private exchanges. Lack of knowledge poses a steep learning curve for companies. Regions of the country will adopt the exchanges at different times with a 6-18 month lag from region to region. If these new models are adopted, concerns regarding competitive employee recruiting are a potential issue in securing new talent. The uncertainty surrounding healthcare reform, such as political debate on the Affordable Care Act, makes some employers nervous about making a major change to employer-driven health insurance private exchanges. For healthcare providers, the higher deductibles will pose potential collection issues.

In a prediction very much akin to Einstein’s quote, consulting firm Accenture estimates that total enrollment in private exchanges by employees will reach 40 million by 2018, which will surpass enrollment through state and federal public exchanges. Such a dramatic estimate underscores significant changes in the future inspired by private health insurance exchanges.

Thank you for your support of the Dallas-Fort Worth Hospital Council and we look forward to seeing you at our Annual Awards Luncheon in October. ■

Spring 2014 [www.dfwhc.org](http://www.dfwhc.org)

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**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**

# JON MEACHAM

to serve as

## KEYNOTE SPEAKER

**IN HIS MOST RECENT BESTSELLER**, Pulitzer Prize-winning author **Jon Meacham** wrote about **Thomas Jefferson**, a man in a rapidly changing world who understood the art of power. He will discuss this historic expertise on **October 21** in support of the theme “The Art of Good Healthcare” at the Dallas-Fort Worth Hospital Council’s (DFWHC) 66th Annual Awards Luncheon. The event will be in the main ballroom of the Arlington Convention Center with a reception beginning at 11 a.m.

Meacham is the author of the No. 1 bestseller “Thomas Jefferson: The Art of Power,” named one of the best books of the year by *The New York Times*, *The Washington Post* and *Entertainment Weekly*. Meacham received the Pulitzer Prize for “American Lion,” his bestselling 2008 biography of Andrew Jackson. He is also the author of “Franklin and Winston” and “American Gospel.”

Carrying on a tradition of prominent speakers to stand at DFWHC’s luncheon podium, Meacham will join an exclusive club of past speakers including **Doris Kearns Goodwin, James Carville, Mary Matalin, Buzz Aldrin, Margaret Thatcher, Colin Powell, David Brinkley, George Will** and **F. Lee Bailey**.



# “THE ART OF” Good Healthcare

Executive editor of Random House, Meacham is a contributing editor to *Time* magazine, a former editor of *Newsweek*, and a writer for *The New York Times* and *The Washington Post*. He is also a regular television guest on *Meet the Press*, *Morning Joe* and *Charlie Rose*.

“Mr. Meacham is one of America’s great historians,” said W. Stephen Love, president/CEO of DFWHC. “He has documented the achievements of many visionaries. In today’s rapidly changing healthcare market, his presentation should provide not only insight but great inspiration for our regional healthcare leaders.”

A Fellow of the Society of American Historians, Meacham serves on the boards of the New-York Historical Society, the Churchill Centre and The McCallie School. He is a former trustee and Regent of The University of the South and has served on the vestries of St. Thomas Church Fifth Avenue and Trinity Church Wall Street.

Born in Chattanooga in 1969, Meacham was educated at McCallie and at The University of the South, where he was salutatorian and Phi Beta Kappa. He began his career as a reporter at *The Chattanooga Times*. He and his wife live with their three children in Nashville.

During the luncheon, DFWHC will recognize the Distinguished Health Service Award recipient, the Young Healthcare Executive of the Year and the Kerney Laday, Sr. Trustee of the Year.

Sponsorships are now available. Tickets will go on sale in August. **For more information, please contact Kristin Alexander at [kalexander@dfwhc.org](mailto:kalexander@dfwhc.org) or Chris Wilson at [chrisw@dfwhc.org](mailto:chrisw@dfwhc.org). You can also call 972-719-4900. ■**

Thomas Jefferson had the ability to be a master of the principled compromise. He was devoted to the success of the American experiment, and he would do almost anything to serve that end. He was not handcuffed by ideology if he believed it would serve the American cause. That’s what great politicians do. They are committed to a philosophy but are willing to part from dogma to make great things happen.

—JON MEACHAM

## The 66th ANNUAL AWARDS LUNCHEON

October 21, 2014  
Arlington Convention Center

WINNER OF THE  
PULITZER PRIZE

Jon  
Meacham

Thomas  
Jefferson  
THE ART  
of POWER



# DR. WRIGHT LASSITER

## to receive

# DISTINGUISHED HEALTH SERVICE AWARD

**KNOWN TO NORTH TEXAS RESIDENTS AS “MR. PUBLIC SERVANT,”** Dr. Wright Lassiter, Jr. has been chosen by the Dallas-Fort Worth Hospital Council (DFWHC) to be the 2014 recipient of the Distinguished Health Service Award. The honor will be presented during DFWHC’s Annual Awards Luncheon, **October 21** at the Arlington Convention Center.

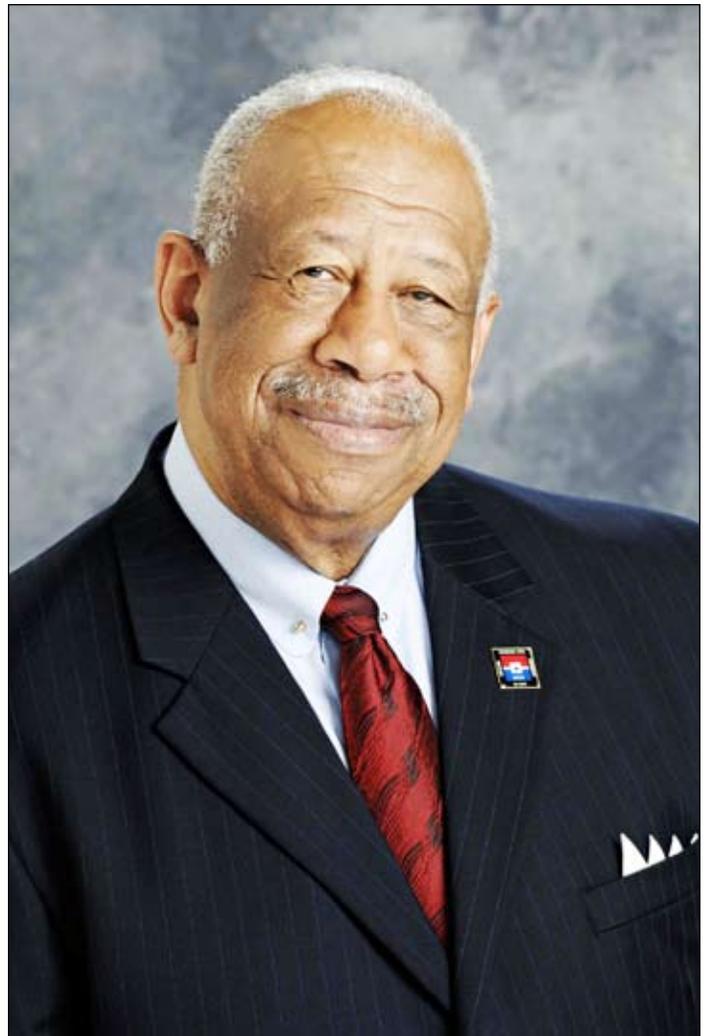
Dr. Lassiter entered the Dallas County Community College District in 1986 as president of **El Centro College**. After 20 years, he was chosen for the role of chancellor, serving from 2006 until his retirement in 2014. Upon retirement, he was named chancellor emeritus.

His accomplishments include the launching of the school’s first medical campus and completing the largest capital improvement bond program in Dallas District history of \$450 million. Not only did he complete the massive project on time, but under budget. The program resulted in 29 new buildings on seven college campuses, to include five satellite campuses in under-served communities in Dallas.

Dr. Lassiter was instrumental in forming partnerships with area hospital systems to accelerate graduation from the four Dallas system colleges with associate degree nursing programs. He led the formation of the District Health Resources Center, serving as an entry point for students interested in allied health and nursing careers.

“Dr. Lassiter has served both North Texas healthcare and education for more than two decades,” said W. Stephen Love, president/CEO of DFWHC. “He is a deserving recipient of this award and we are looking forward to honoring his tremendous career on October 21. It will be a memorable day.”

Dr. Lassiter has degrees from Alcorn State University, Indiana



University, Auburn University and two theological degrees from Andersonville Theological Seminary. He was awarded the doctor of humanities degree by Dallas Baptist University.

He is also known for his public service in Alabama where he was the first African-American chairman of the board of commissioners of the Tuskegee Housing Authority. He implemented the Civil Rights Act of 1965 and the first home ownership program in the Tuskegee Housing Authority; one of the first in the nation and the south.

Dr. Lassiter and his late wife were married 55 years and they had a son and a daughter. His son Wright Lassiter, III, is the CEO of Alameda Health System.

The Distinguished Health Service Award has been bestowed annually for 66 years. Since 1948, residents of the Dallas/Fort Worth area have been honored for their dedication and support of healthcare. Past recipients have included **Sentor Florence Shapiro** (2013), **T. Boone Pickens** (2012), **Ray and Nancy Ann Hunt** (2009), **Ross and Margot Perot** (2008), **Paul M. Bass, Jr.** (1995), **Ruben Esquivel** (1992), **Dr. Charles Sprague** (1986), **Tom Vandergriff** (1985), **Mayor J. Erik and Margaret Jonsson** (1974) and **Joe Dealey** (1967). ■

# “THE ART OF” Good Healthcare

## The 66th ANNUAL AWARDS LUNCHEON

October 21, 2014  
Arlington Convention Center

### DATE:

Oct. 21, 2014

### TIME:

11:00 a.m. reception

12 noon - 1:45 p.m. lunch/program

### LOCATION:

Arlington Convention Center

### AWARDS:

Distinguished Health Service Award

Young Healthcare Executive of the Year

Kerney Laday, Sr. Trustee of the Year

### INTRODUCTIONS:

Chairs of the Board of Trustees of all

DFWHC member hospitals

## Jason Castro to perform National Anthem

**POPULAR LOCAL SINGER JASON CASTRO** has been chosen by the Dallas-Fort Worth Hospital Council to perform the National Anthem during the 66th Annual Awards Luncheon, **October 21** at the Arlington Convention Center. Castro continues a tradition of North Texas singing talent performing during the opening introductions, with past singers including Heidi Borden and Celena Rae.



**Rockwall resident Jason Castro was a finalist on American Idol. He signed a recording contract with Atlantic Records and released his debut album in 2010.**

Castro was the fourth place finalist on the seventh season of *American Idol*. After *Idol*, he signed a recording contract with Atlantic Records and released his debut album.

Born in Dallas and raised in Rowlett, he currently resides in Rockwall. His parents, René and Betsy, are Colombian, and he is the first person in his family to be born in the U.S.

Castro auditioned for *American Idol* in Dallas, singing a version of the song “Crazy.” Castro sang in three languages on the TV program, also performing in Spanish and French.

After his elimination, Castro made appearances on *Live with Regis and Kelly*, *The Tonight Show with Jay Leno*, *The Ellen DeGeneres Show*, *Today* and *Larry King Live*. Castro has also been the subject of articles in *USA Today*, *Rolling Stone*, *Entertainment Weekly* and *Billboard*.

In 2010, he released his self-titled album “Jason Castro” on Atlantic Records. Fellow Atlantic Records artist **Serena Ryder** appears with Castro on a duet titled “You Can Always Come Home,” which Castro debuted at the Texas State Fair in a live performance. Castro’s new album “Only a Mountain” was released in 2013. ■

# Around DFWHC



## ANNIE JONES

53 years on the job

**FEW THINGS HAVE REMAINED CONSTANT IN 50 YEARS** of North Texas healthcare. At Methodist Health System, one constant as dependable as the sunrise has been **Annie Jones**.

A nurse at **Methodist Charlton Medical Center** in Dallas, Annie has been assisting patients for over five decades. Fifty-three years ago, she began as a nurse's aide, giving patients baths, turning them so they would not develop bedsores, and transporting them to different units.

"The beds were much heavier then and harder to push," Annie said. "And they weren't electric. You had to crank the handle at the foot of the bed to raise or lower it.

When **Annie Jones** became a nurse in 1961:

- **John F. Kennedy** was president
- **The Beatles** debuted at the Cavern Club
- The Yankees' **Roger Maris** hit 61 home runs
- **U.S. President Barack Obama** was born

Now you can do it with the push of a button.”

Yes, things have changed over five decades. She remembers heating the patient’s metal bed pans under warm running water. “The pans were so cold, unlike the plastic bed pans used now!” said Annie. “Blood pressure checks were done manually with a blood pressure cuff and stethoscope, without the convenience of being able to roll the blood pressure device from one side of the bed to the other.”

After several years as nursing aide, Annie took advantage of a program offered at Methodist Dallas Medical Center to become an LVN. “I was helping nurses, so I decided if I can help, I can be a nurse, too,” she said.

She went on to become an LVN 2, allowing her to give medication and set up IV’s. Back then, IV’s were in bottles and nurses had to count the drips to calculate the dosage. “Now you just push a button,” Annie said. She remained at Methodist Dallas for 18 years, working in the surgical recovery unit. In 1984, she transferred to the medical surgical nursing unit at Methodist Charlton where she remains today.

When computers came on the scene, Annie thought they would be the end of her. Before then, charting had been done by hand and she never learned how to type. “I still use the one-finger method today,” said Annie.

One of the good changes, she said, is the increased communication between physicians and nurses. “Back then, physicians would only give patient orders to charge nurses and RN’s,” said Annie. “Now all the nurses can receive orders.”

When asked if there were male nurses when she began, Annie considered the question for many seconds. “None that I can remember,” she answered.

Annie recalls nurses wearing white dresses and hats, although as a nurse in the surgical recovery unit, she was able to wear scrubs. “I still wore my white hat, though,” Annie said. “I worked hard to earn the right to wear that hat.” Later, when she transferred to Methodist Charlton and no longer worked in the surgical recovery unit, she had to wear the traditional white dress until the dress code changed and nurses could wear scrubs.

Annie has led a full life. She was married for 35 years before her husband passed away. She has been blessed with seven children, 16 grandchildren and 12 great-grandchildren. One of her grandsons played for the Seattle Seahawks, 2014 Super Bowl Champions.

Annie said she enjoys meeting patients and seeing them recover and return home. At 79 years young, she has no plans to slow down. She said one thing that hasn’t changed in 50 years is the care and dedication nurses provide to patients every day.

Annie said the rewards of being a nurse do not come from monetary gain, but from helping others. And by that measure, she “feels like a millionaire.” ■



**Annie Jones 50 years ago (top photo, fourth from left) and today (bottom photo). Annie has worked for Methodist Health System her entire career and says she will continue to do so.**

Article and photographs provided by Lynette Wilkinson, Public Relations Coordinator, Methodist Health System.

**If you have a hospital employee deserving of recognition, please send information to Chris Wilson at [chrisw@dfwhc.org](mailto:chrisw@dfwhc.org).**



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# MAKE CONTACT!



## Second Speed Networking event of 2014 held June 17

**THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) HOSTED** its second Speed Networking Event of 2014 on June 17 at **Texas Scottish Rite Hospital for Children**.

The complimentary breakfast session from 8:00-10:00 a.m. was attended by 50 area healthcare employees including Steve Love, president/CEO of DFWHC; **John Corkery** of **UT Southwestern**; **Elaine Harrison** of **Visiting Nurse Association**; **Lauren McDonald** of **Cantey Hanger LLP**; **Tiffany Pratt** of **JPS Health Network**; **Joni Williams** of **Sprint**; **Doug Duwe** of **Children's Medical Center Dallas**; and **Richard Gilder** of **Baylor Scott & White Health**.

There were also employees from **Kindred Hospitals, Parker**

**University, Konica Minolta, Collin College, Valiant Health Services and Texas Health Resources.**

"The speed networking exercise has grown into a popular activity for our hospital and associate members," said Love. "This event sold out weeks in advance. This has really become an innovative and creative way to provide value to our members."

In the coordinated sessions, after six minutes a bell rings and attendees move to the next chair to meet a new healthcare contact. Following the event, a list of attendees was made available to all participants. A third Speed Networking Event is scheduled for September 4.

For additional information, please contact **Kristin Alexander** at [kalexander@dfwhc.org](mailto:kalexander@dfwhc.org). ■

**SAVE THE DATE:**  
Next  
**SPEED**  
**NETWORKING**  
September 4

# Around DFWHC



Harvey Fishero (l to r), Chair of the DFWHC Foundation, Dr. Benjamin Chu, AHA Board Member and Marjorie Petty, Department of Health and Human Services.

**Dr. Maulik S. Joshi, President of the Health Research & Educational Trust and Senior Vice President of Research at the American Hospital Association.**

**IN COORDINATION WITH** the American Hospital Association (AHA) and the Texas Hospital Association (THA), the Dallas-Fort Worth Hospital Council (DFWHC) hosted “Texas Community Conversations,” June 25 at the Las Colinas Country Club in Irving. More than 40 executives discussed the national healthcare landscape.

This was one of five “Community Conversations” held in the nation, with events also taking place in Colorado, Maryland, Pennsylvania and Vermont. The Texas forum was moderated by **Dr. Lori Millner**, executive director of the DFW Area Health Education Center.

“This was an opportunity for community leaders from across the state to discuss healthcare trends,” said W. Stephen Love, president/CEO of DFWHC. “These candid conversations were an attempt to explore how changes and trends might impact hospitals and the health of the community.”

Attendees included **Dr. Maulik Joshi**, AHA; **Ted Shaw**, CEO of THA; **Marjorie Petty**, regional director, Department of Health and Human Services; **Christopher Durovich**, president/CEO of Children’s Medical Center Dallas and AHA board member; **Daniela Decell**, CEO of Las Colinas Medical Center; **Harvey Fishero**, chair of the DFWHC Foundation; and **Dr. Scott Robins**, CMO of HCA North Texas Division.

## Texas Community Conversation

According to the AHA, there was a similarity of themes following the five regional conversations. They included:

- Healthcare transformation must start locally and be done as a community;
- Ongoing forums must continue;
- Multi-stakeholder collaboration will become increasingly important for communities;
- Community health needs assessments can be an important tool in facilitating transformation;
- Collaboration between healthcare, public health and social services needs to be closely coordinated with incentives and priorities;
- Payment will be more “value-based” in the future;
- Better coordination of mental and behavioral health services is crucial.

“We hope we can continue to work with the AHA and the THA on forums such as this,” Love said. “Strengthened collaboration and communication on the evolving role of the hospital in community health is crucial. This is the first of many steps in defining future transformation.” ■



IAHSS Chair Stephen Spencer of Children's Medical Center Dallas (left) and Steve Bullitt of the FBI at DFWHC offices June 27.

## IAHSS MEETING AT DFWHC

**THE DALLAS-FORT WORTH CHAPTER** of the International Association for Hospital Security and Safety (IAHSS) hosted speaker Steve Bullitt of the FBI during its monthly meeting June 27 at the Dallas-Fort Worth Hospital Council (DFWHC) offices. Bullitt worked for the U.S. Secret Service before joining the FBI and is an expert in electronic crimes. The IAHSS is dedicated

to professionals involved in directing security in healthcare institutions. It is comprised of security and law enforcement individuals dedicated to the protection of healthcare facilities. As a service to hospitals, DFWHC provides complimentary meeting space to chapter members. Stephen Spencer, security manager at Children's Medical Center Dallas, is the 2014 chair. ■

## The 2014 DFWHC membership directory available in August

**A COMMUNICATIONS GUIDE FOR HOSPITAL EMPLOYEES** across North Texas, the Dallas-Fort Worth Hospital Council's (DFWHC) Membership Directory has been a popular tool for more than 30 years. The 2014 version will be distributed to members this summer.

The directory will be available in both a hard copy book format and an

electronic .pdf document which can be e-mailed to members.

The DFWHC marketing and communications team will be collecting updated member information over the next month. Complimentary copies will be mailed to members this summer. For information, please contact **Chris Wilson** at [chrisw@dfwhc.org](mailto:chrisw@dfwhc.org) or call 972-719-4900. ■

## DUROVICH honored by EY

**CHRISTOPHER J. DUROVICH, PRESIDENT/CEO** of Children's Medical Center Dallas, was named winner of the EY Entrepreneur of the Year 2014 Award in the health care category for the Southwest. Durovich was selected by an independent panel of judges. The award was presented during the program's gala in Dallas on June 21.

The award recognizes individuals who demonstrate entrepreneurial excellence and innovation, financial performance and personal commitment to their organizations and communities.



**Christopher Durovich**

"Our mission at Children's is to make life better for children, and delivering on that mission requires an entrepreneurial approach to the way we operate," said Durovich. "I am incredibly honored by this recognition

and deeply grateful to the dedicated team of 6,000 employees and medical staff, to whom the growth and success of Children's Health System of Texas is certainly due."

Durovich joined Children's in 2003. After careful analysis, he embarked on a transformation of Children's from a stand-alone Dallas hospital into a world-class pediatric health care organization. Under Durovich's leadership, Children's has grown to be the nation's seventh largest pediatric health system. ■

## Parkland launches new website

**PARKLAND HEALTH & HOSPITAL SYSTEM HAS LAUNCHED** a new external website that is more patient-focused and easier to use. The new **parklandhospital.com** offers interactive functions, including a clinic locator, event locator and registration, online bill pay, as well as polls and surveys.

The new site will prove to be an important communications tool for Parkland. With its new capabilities and fresh content, the site will also better help patients and their families find the information and services they need, while improving their access to the Parkland system. For instance, people can now navigate the site in multiple ways, which will help them navigate the hospital system with ease.

“This site is aimed at improving customer service. We want to help people find the care they need as easily as possible. That improves access to care and services and ultimately helps people stay healthy,” said Mike Malaise, interim senior vice president of external affairs.

Also for the first time, Parkland will offer a website in English and Spanish to better connect with patients and the community.

New site features include:

- **Location finder** - Search for clinic services.
- **New Parkland** - Updates on construction.
- **Get involved** - Not a patient? You can still help.
- **Accountability** - Financial and quality reports.

The new website will continue to evolve. Upcoming additions include more interactive functions such as video, a greater number of patient stories and successes, as well as more educational information about health conditions and healthy living.

Parkland has been progressively moving toward more digital communications in an effort to connect with the community regarding important information in a mobile and cost effective way, including e-newsletters and more dedicated social media. ■

# Dr. Jay Shannon named CEO

**DR. JOHN JAY SHANNON HAS BEEN NAMED CEO** of the Cook County Health & Hospitals System, one of the largest public health systems in the nation. Dr. Shannon, 54, has been the system's interim head since the departure at the end of March of Dr. Ramanathan Raju. He also served as the system's chief of clinical integration and No. 2 executive under Dr. Raju. The system's independent board conducted a national search for a new CEO that began after Dr. Raju in January accepted the top spot at New York City Health & Hospitals Corporation. The 11-member panel voted to appoint Dr. Shannon at a meeting this morning. Dr. Shannon, a native of west suburban La Grange, has been with the county system for about 15 years. He came back to Cook County in 2013 after serving as the chief medical officer of the Parkland Health & Hospital System in Dallas. He is a former board member of the Dallas-Fort Worth Hospital Council. ■



**Dr. Jay Shannon**

## Hawthorne named chair of Trinity University Board

**TEXAS HEALTH RESOURCES' (THR) OUTGOING CEO Douglas D. Hawthorne** has been named the chairman of Trinity University's Board of Trustees, according to a press release issued by the university in July.



**Douglas Hawthorne**

A Trinity alumnus, Hawthorne earned a bachelor's degree in business administration in 1969 and a master's degree in healthcare administration in 1972. He has been a member of the Board of Trustees since 1997, the same year he became CEO of THR.

Hawthorne, whose two-year term on the board succeeds San Antonio financial adviser and longtime board member John C. Korbell, was recently

inducted to the 2014 class of the Texas Business Hall of Fame for his work with THR. Other officers named to the Trinity Board of Trustees include Tom R. Semmes, vice chair and chairman-elect; Katherine Wood Klinger, secretary; and J.R. Hurd, treasurer. ■



## First Baylor Scott & White Health Hospital Named

**BAYLOR SCOTT & WHITE HEALTH**, the organization formed from the 2013 merger between Baylor Health Care System and Scott & White Healthcare, announced the first hospital to carry the new organization's name in June. Hillcrest Baptist Medical Center became Baylor Scott & White Hillcrest Medical Center.

"We at Baylor Scott & White Health are proud to have deep roots here in Texas, with facilities like Hillcrest that are cornerstones of the communities they have served for decades," said **Joel Allison, CEO of Baylor Scott & White Health**. "But we are equally excited about the future. Every Baylor Scott & White sign that goes up takes us one step closer to our goal of creating a new, exemplary health system to serve as a model for others around the country to follow."

Baylor Scott & White Hillcrest Medical Center is the first hospital in the new system to have the Baylor Scott & White name. The not-for-profit health system plans to rename all of its 46 hospitals over time. ■



# Predictive Analytics: Healthcare Future is Now

## **APPROXIMATELY ONE-THIRD TO ONE-HALF OF ALL U.S. HEALTHCARE**

**SPENDING** is deemed to be wasteful. While this is indicative of an unnecessarily expensive and uncoordinated healthcare system, it is also a cause for preventable patient suffering. Despite significant technological advances in healthcare, such as the implementation of the electronic medical record (EMR) system, there has not been a significant improvement in clinical efficiency, resource allocation, data management or patient outcomes.

Specifically, as the number of hospitals adopting EMR systems continues to increase, we are confronted with exponential amounts of data to manage in the health care system. Hospitals are finding it increasingly difficult to efficiently parse through tremendous volumes of information within the EMR in order to meaningfully translate relevant pieces of data to improve the quality of patient care and enhance clinical and operational efficiency.

Predictive analytics, a tool when utilized effectively can substantially reduce the complexity associated with data management and help effectively facilitate the assessment and management of patient health. Parkland Health & Hospital System has been using predictive analytics to help reduce heart failure readmissions since 2009. **Dr. Ruben Amarasingham**, President and CEO of PCCI, a 501(c)(3) non-profit research and development corporation in Dallas, worked with a team of subject

**Article provided  
by April Foran,  
Director Corporate  
Communications  
and PIO at Parkland  
Health & Hospital  
System**

Specifically, the creation and deployment of a system like SAINT at Parkland and subsequently hospitals across the U.S. would enable long-term, sustainable quality improvement, particularly improvement around the triple aim of healthcare: patient experience of care (including quality and satisfaction), population health and cost containment.

matter experts to develop a heart failure readmission reduction model that runs in real-time on a software platform, Pieces™, also co-invented by Amarasingham. Since its implementation in 2009, the model has reduced readmissions at Parkland by 26 percent.

Building upon the successes of this work, the team at PCCI has since developed and validated several additional models that are focused on reducing other prominent adverse events and are currently in use in the clinical setting at Parkland, including an all-cause readmission reduction model and a sepsis prediction and surveillance model. Two of the Pieces™ prediction models have also been implemented outside of Parkland at Texas Health Resources Hurst Eules Bedford. The early results have shown a significant reduction in readmissions.

As a result of an organizational desire to continuously innovate and make healthcare safer, simpler, and less stressful, Dr. Amarasingham and his team at PCCI have a new project in their line of sight for the new Parkland hospital: SAINT. The Synthetic Adjunctive Intelligent System (SAINT), a concept created and articulated by Dr. Amarasingham, describes a technologically advanced, sentient hospital that is capable of significantly improving care and attention to the patient, improving patient control and autonomy, eliminating preventable harm to the patient and reducing unnecessary suffering through the use of advanced science and novel technology.

Specifically, the creation and deployment of a system like SAINT at Parkland and subsequently hospitals across the U.S. would enable long-term, sustainable quality improvement, particularly improvement around the triple aim of healthcare: patient experience of care (including quality and satisfaction), population health and cost containment.

SAINT will function as a total knowledge system, incorporating data from component information systems both in and out of the hospital, and from a broad range of healthcare stakeholders. Through the use of 1) novel analytical methods, such as artificial intelligence, natural language processing and natural language generation, and 2) data from various sources such as the electronic medical record (EMR), mobile devices, sensory and detection apparatuses, and biomedical devices, SAINT will deliver value to patients and families, clinicians and

administrators by providing exceptional functionality such as:

- predictive analytics, capable of serving as a reliable warning tool for the timely prediction, detection and prevention of adverse events through patient risk stratification; notification of clinical staff of an adverse event; and accurate anticipatory identification of patient (health service and social service) utilization;
- automatic public health and acute care surveillance, capable of monitoring health effects, performing health impacts assessments, tracking interventions, retrospectively reviewing adverse events and executing root cause analysis;
- real-time simulator, capable of accurately and reliably anticipating the likelihood of downstream adverse clinical events and outcomes;
- patient and family engagement apps, capable of serving as a repository of reference material to inform provider and clinician decision-making and engage patients and families in self-care and disease management.

Through the use of unique technologies to aggregate and transform information into useful clinical and operational intelligence, SAINT will contribute significantly to help overcome barriers to care, such as timely action to potential and actual patient safety events, resource shortages, poor patient access to care, and patient-clinician information asymmetry. A natural benefit of overcoming these and other barriers to care will be improved downstream clinician decision-making and better patient clinical and functional outcomes.

As data availability continue to increase and the quality of patient care grows more dependent upon the effective utilization of that data, the need for advanced technology and tools will increase. Dr. Amarasingham's SAINT project and the Pieces™ predictive analytics and surveillance tools can be used in a hospital-wide capacity to enhance operational efficiency, an essential healthcare need. Dr. Amarasingham and his team at PCCI are working to enhance Pieces™, SAINT and other technologies in order to improve efficiency and aggressively pursue the organizational mission: to help save a life. ■



# HEALTHCARE PRIVACY

## The Good, The Bad and The Scary

**WITH 2014 THE FIRST FINANCIAL YEAR AFTER THE HIPAA FINAL RULE,** healthcare privacy has transformed in ways that are good, bad and downright scary.

### **THE GOOD: HIGHER AWARENESS**

On the positive side, the total number of data breaches in healthcare has declined slightly, according to the Fourth Annual Benchmark Study on Patient Privacy and Data Security by Ponemon Institute. Clearly, healthcare organizations are aware of the requirements, and their data security budgets and systems are catching up.

On the forensics side, for instance, we've seen a strengthening of networks and locally stored data by hospitals and other healthcare organizations, with a greater use of applications that monitor networks. Lots of data breaches have been avoided.

**By Winston Krone,**  
Managing Director,  
Kivu Consulting  
**and Rick Kam,**  
President and Co-founder,  
ID Experts

### **THE BAD: BIGGER, BADDER BREACHES**

The news isn't all rosy, however. Ponemon also found that 90 percent of respondents had at least one data breach over the past two years, while 38 percent have had more than five data

breaches in the same period. Clearly, threats to patient data remain high.

More complex information systems and business relationships are leading to larger, more complex breaches. Ironically, the data on the internal systems of HIPAA covered entities is now much better protected, but with so much data in the cloud or shared with business associates, large amounts of information have become less well protected.

There are two big issues with cloud storage. First, organizations and users fail to realize that when they look at their email or share folder, they don't know where that data is actually located. People assume it is well protected, but it may not be. Second, is the amount of data kept in the cloud. The low cost of cloud storage means many people use email as their storage system instead of using folders on a local file system. While their computer is in a highly protected work environment, their email is in the cloud, protected by only an email address and password. When the dam breaks, there's a huge amount of data.

Outsourcing to business associates also creates vulnerabilities. Healthcare organizations outsource work, such as claims processing, to cut costs and become more competitive. Unfortunately, those vendors are also competing with each other on costs, leading some to overstate their data security.

### THE SCARY: THREATS YOU CAN'T PREDICT

The unpredictable threats come from the newest developments in the healthcare ecosystem, and from the computing infrastructure itself. In the healthcare market, health information exchanges are one of the big unknowns. The Ponemon study found that one-third of organizations surveyed have no plans to become a member of an HIE, in fact, with 72 percent not confident or only somewhat confident in the security and privacy of patient data shared on HIEs.

Security problems in the exchanges will arise because multiple levels of outsourcing, contracting, and subcontracting make them so opaque. When security incidents happen, organizations may not know for sure who is responsible for detecting or addressing the breach. And unlike platforms that have been around longer, we have not yet seen all the bugs and vulnerabilities in exchanges.

### THREE TIPS TO PROTECT HEALTH DATA

Despite unpredictability and greater complexity, organizations can still protect their patients' privacy and secure their data with some common-sense strategies:

I. Don't cut security costs. Reputable cloud storage

companies have tools available for logging, monitoring, and controlling or restricting data access. But because organizations move to the cloud to save money, they're not inclined to spend on security add-ons and plugins. People tend to see add-ons as optional, and companies are not buying the bells and whistles when they move to the cloud. Paying for security will pay off in the long run.

2. Don't assume your security investment will protect you 100 percent. This may seem counter-intuitive to the first step, but it's impossible to anticipate every threat. Organizations should assume that their security will fail, and go back to basic questions:



- Can we divest ourselves of data?
  - Can we decrease our vulnerability?
  - Can we take data off line?
  - Can we limit the number of people with access?
3. Communicate, communicate, communicate. Organizations need to figure out the lines of communication before an incident happens. The more communication and transparency a covered entity has, both internally and to the regulatory agencies and the public, the better off it will be. Roles and responsibilities need to be defined ahead of time, key decision-makers need to be in the meetings, and stakeholders need to be in the loop.

And when the worst does happen, organizations need to go the extra mile in making things right for the individuals affected. If they don't, consumers and patients may look elsewhere for other healthcare providers. ■

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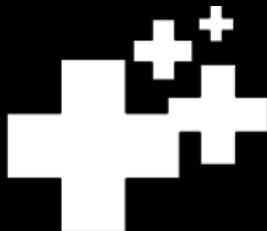
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## Kristin Jenkins

JD, FACHE

President, DFWHC Foundation  
Senior Vice President, DFWHC



### How to contact us

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info@dfwhcfoundation.org

# What is leadership in healthcare?

**THE BUSINESS SUIT AND THE FAÇADE** – we’ve all seen it and we’ve all worn it. Problem is, not only do these facades fail as armor against stress and change, they are transparent for everyone but for those wearing the mask.

I had a great conversation today with a colleague about the masks healthcare leaders wear – physicians, executives and nurses. Many times, it is necessary to keep ourselves in check to give a patient or even a co-worker bad news. It is even worse when we have to tell someone their work is no longer necessary in a rapidly changing healthcare environment. But emotional intelligence does not require facades.

It is about genuine engagement with people. And leadership requires the bravery to inspire, love and bring passion to the work environment. It is about being honest about challenges and celebrations. It is this truth that makes leadership in healthcare and our lives such a difficult challenge. If we represent ourselves genuinely, will we offend and be disliked? Will we be ineffective and suffer great loss? Will teamwork decrease?

I would like to thank my colleague for broaching such an important subject with me. I was reminded that impacting our environment in a positive way does not require gentle coddling or hard-nosed efficiency. It requires listening, understanding and reacting with genuine interest and inspiration. Technical competencies aside, leaders can engage their teams by just being themselves – an extraordinary feat. Laugh a little. When you make a mistake, admit it freely. Apologize for error. Explain intent. Listen to problems and acknowledge those problems as real and important.

This is especially timely as we attempt to achieve the “Triple Aim” in our work of transforming our health delivery systems. People are exhausted by the rapid changes and improvements. Sometimes we are frustrated when great efforts create minimum results. Everything we do appears to be an experiment with increased risk. Our colleagues need genuine, transparent leadership as they continue to pursue future visions of a healthier world. And by supporting each other to aspire to such leadership, perhaps we can improve our own health.

Thank you for your support of the Dallas-Fort Worth Hospital Council Foundation. ■



[www.dfwhcfoundation.org](http://www.dfwhcfoundation.org)

### Foundation Mission

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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# Around DFWHC Foundation

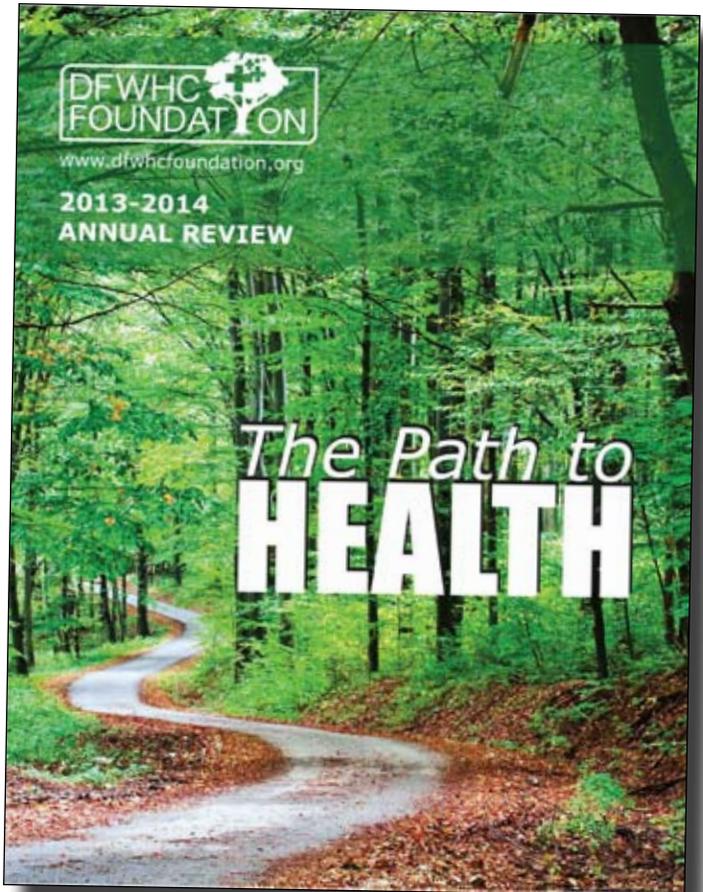
## WalkthePath

### FOUNDATION RELEASES 2013-2014 ANNUAL REVIEW

**THE DALLAS-FORT WORTH HOSPITAL COUNCIL FOUNDATION (DFWHC Foundation)** distributed its 2013-2014 Annual Review to business associates and members in July. The report details activities within departments over the past year.

“In the coming year, we hope to serve as a catalyst for forward motion and continual improvement in community health and healthcare delivery,” said Kristin Jenkins, president of the DFWHC Foundation. “The Annual Review is an opportunity to detail our projects over the past year while providing direction for the future.”

With the theme “The Path to Health,” the 16-page report focuses on the DFWHC Foundation departments including Community Health, Workforce, Quality and Safety, Research and Data. Financials for the year have also been included. To obtain a copy, e-mail [info@dfwhcfoundation.org](mailto:info@dfwhcfoundation.org). ■



Fadeke Ogunyankin (right) receives her award at JPS Research Day, June 6.

## *Foundation intern wins prize during JPS Research Day*

**THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) FOUNDATION** had a productive day at the **JPS Health Network's Eighth Annual Research Day**, June 6 at the Riley Center at Southwestern in Fort Worth. DFWHC Foundation interns presented five research projects showcasing their recent work. Participating interns included Taibat Salami, Sarah Das, Fadeke Ogunyankin, Richa Bashyal and Sowmya Varada. Ogunyankin's project was selected as the third place winner for best poster presentation. Her project identified disparities associated with hospital readmissions in North Texas. For more than five years, the DFWHC Foundation has provided internships to students from the University of North Texas Health Science Center. The internship is one of many requirements for students to obtain their Masters of Public Health degree. ■

# Around DFWHC Foundation



Roy C. Brooks (l to r), Gyna Bivens and Gerald Joubert at June 18 meeting.

## Let's Talk...



## Community Conversation on diabetes takes place in Fort Worth

**WORKING WITH HEALTHY TARRANT COUNTY COLLABORATION**, the Dallas-Fort Worth Hospital Council (DFWHC) Foundation's North Texas Community Health Collaborative organized a meeting June 18 at the Tarrant County College Opportunity Center in Fort Worth. The meeting's purpose was to inspire community dialogue on diabetes in Fort Worth, focusing specifically on zip codes 76112 and 76119 where data revealed high prevalence of the disease compared to other neighborhoods.

In attendance were Tarrant County Commissioner **Roy C. Brooks**; Fort Worth City Council Member **Gyna Bivens**; and Forest Hill Mayor **Gerald Joubert**. Attendees discussed health and diabetes-related challenges within the zip codes. The North Texas Community Health Collaborative (CHC) has already begun work in the Dallas zip code of 75227 with the production

of an informational brochure detailing signs of diabetes and resources available to residents. A study of healthcare data at the DFWHC Foundation revealed a high prevalence of diabetes in the Dallas neighborhood.

The CHC is a group of area professionals with expertise in public health, data analysis, strategic planning and advocacy. The DFWHC Foundation serves to facilitate CHC's efforts in developing models for understanding health and disease disparities as well as the promotion of healthier lives.

On a yearly basis, more than 200,000 hospital admissions are attributed to diabetes in Texas, with a cost exceeding \$3.5 billion. Experts project by 2025, Texas diabetics will number more than four million. The community meeting is the first step in the development of a CHC diabetes strategic plan in Tarrant County. ■



Brought to you by the North Texas  
Community Health Collaborative

**RESOURCES FOR  
DIABETES  
PREVENTION  
AND MANAGEMENT  
FOR ZIP CODE 75227  
AND SURROUNDING AREAS**

**DID YOU KNOW?**  
In zip code **75227**:

- Diabetes is higher than the U.S. rate
- Diabetes is higher than the Texas rate
- 11% of the residents have diabetes
- Of those, 37% are males and 63% females
- 34% of hospital visits are made by diabetics
- 35% of the patients are uninsured
- Diabetes hospital visits cost \$70,909,175.00

# Diabetes resource created for Dallas neighborhood

## THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) FOUNDATION'S

North Texas Community Health Collaborative has produced a unique brochure providing resources and information on diabetes for residents living within Dallas zip code 75227. The brochure was produced after DFWHC Foundation data revealed health disparities in the area related to diabetes. The brochure includes information on signs of diabetes, contact information for local physicians and education programs available. The North Texas Community Health Collaborative is working towards understanding health and disease disparities in the community while creating plans to promote healthier lives for residents. The brochure is the first step in a strategic plan focused on decreasing diabetes' healthcare costs in Texas. The number of Texas residents with diabetes is estimated to be more than two million. Diabetes in Texas was responsible for an estimated \$18.5 billion in costs, with \$12.3 billion in direct medical costs. Those numbers are expected to quadruple by 2040. The brochures will be distributed through the neighborhood at churches, social centers and clinics. For information on the brochure, please contact **Sushma Sharma** at [ssharma@dfwhcfoundation.org](mailto:ssharma@dfwhcfoundation.org). ■

# Patient Safety Summit

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Thank you!



**Eric Scott**

Vice President  
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# Keeping students in Texas

**THANK YOU FOR YOUR SUPPORT OF GROUPONE HR SOLUTIONS** and our student program. GroupOne is pleased to have partnered with colleges and teaching hospitals to develop a program promoting patient safety and quality. Student background screenings have been a part of the clinical student affiliation agreements that many hospitals have with schools. These requirements are the same as those required of employees (background checks, drug screens and immunizations). The reason for extending these requirements to clinical students and faculty was inspired by due diligence and competency assessments of all individuals having contact with patients or employees. Competency extends beyond technical skills to an individual's criminal history and drug-free status. This ensures compliance with Joint Commission standards pertaining to human resource (HR) management.

As a Dallas-Fort Worth Hospital Council member and/or GroupOne client, we ask that you help us to notify colleges, universities and teaching hospitals about providing GroupOne their student graduating data. Providing this information securely in GroupOne's repository enhances employment options for graduates and provides strong public relations for the school since a higher percentage obtain jobs at their initial choice of employers. Any data the schools supply to GroupOne concerning graduates goes directly into our secure education history repository.

Once the data is stored, it becomes instantly available for verification of degrees. This gives graduates an added advantage when searching for employment. It also reduces HR and hiring costs for potential employers. Since this is considered education history, there will be no charge for this information. Plus, GroupOne clients will absorb these crucial graduates into their hospitals faster than ever before. It eliminates delays caused when information has not been transferred in a timely manner from the college to "pay-per-use" independent verification organizations. Finally, and perhaps most importantly, it helps to retain the students in your local area. Since these students were educated locally, why not help them stay in the neighborhood to fill some of the healthcare workforce shortages? ■



**Eric Scott:** erics@gp1.com

**Kim Hines:** khines@gp1.com



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# Around GroupOne

## GroupOne to visit AHA Summit



**GROUPONE HR SOLUTIONS WILL BE HOSTING BOOTH #200** during the American Hospital Association (AHA) Leadership Summit, **July 20-22** in San Diego, California at the Manchester Grand Hyatt Hotel.

Senior executives from the nation's leading hospitals and health systems will converge on the event to discuss critical issues facing their organizations. It is also a popular event for networking and education. With the theme *Health Care and Hospitals in Transformation—Early Results from the Front Lines*, the Leadership Summit offers strategies and tools to help organizations better serve their patients and communities while improving financial and operational goals.

Featured speakers will include **Benjamin Carson, MD**,

renowned pediatric neurosurgeon and *New York Times* best-selling author; **Robert M. Gates**, former Secretary of Defense; **Malcolm Gladwell**, best-selling author and writer for *The New Yorker*; **Peyton Manning**, Super Bowl-winning quarterback; and **Cokie Roberts**, political commentator on ABC News.

GroupOne's Account Manager **Kim Hines** will be present throughout the three-day event to explain the advantages of GroupOne's services including pre-employment and background screening services, student and faculty screenings.

For event information, please go to [www.healthforum-edu.com/summit/overview.dhtml](http://www.healthforum-edu.com/summit/overview.dhtml).

For additional information, please contact Kim Hines at [khines@gpl.com](mailto:khines@gpl.com). ■

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