

# Houston Medical Journal

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## Health system pays \$2.175 million to settle claims under HIPAA



**BY ALLISON SHELTON  
and ELIZABETH H.  
JEPSON, Brown &  
Fortunato, P.C.**



Health care providers typically have some discretion in determining whether an incident is reportable under the Health Insurance Portability and Accountability Act (HIPAA). However, providers should take care

in exercising such discretion. As evidenced by a recent settlement between a hospital system and the Office for Civil Rights (OCR), a provider's decision to not report an incident, may result in significant costs.

Subject to certain exceptions, a "breach" under HIPAA is defined as the unauthorized acquisition, access, use, or disclosure of protected health information (PHI). When a breach occurs, it must be reported to the affected individual(s) and to OCR within specified timelines under federal law. Reports must be filed with the media for breaches affecting more than 500 individuals. In addition to the reports required under HIPAA, state law may mandate further reporting.

At times, a health care provider may conclude that an incident involving the unauthorized acquisition, access, use, or disclosure of PHI is not a reportable breach. HIPAA includes certain exceptions to the reporting requirement. Also, a provider may conclude that a report is not required because there is a low probability of compromise to the privacy and security of the PHI. It is important to note that any such analysis and conclusion may be subject



to scrutiny, as evidenced in the recent settlement.

On November 27, 2019, OCR announced a settlement with Sentara Hospitals, a health system in Virginia and North Carolina. After receiving a bill from Sentara Hospitals that contained another patient's information, an individual filed a complaint with OCR. Following receipt of the complaint on April 17, 2017, OCR opened an investigation of Sentara Hospitals.

OCR's investigation revealed that Sentara Hospitals sent statements for 577 patients to the wrong addresses. The statements included patient names, account numbers, and dates of service. For 8 of these individuals, Sentara Hospitals concluded that a breach had occurred and filed reports in accordance with HIPAA.

However, Sentara Hospitals concluded that the billing error was not a breach and did not warrant reports for the remaining 569 individuals. Sentara Hospital reached this conclusion because the statements that were mailed did not include the patient's diagnosis, treatment information, or other medical information. OCR disagreed with

Sentara Hospitals' conclusion. Moreover, in the press release concerning the settlement, OCR noted that "Sentara persisted in its refusal to properly report the breach even after being explicitly advised of their duty to do so by OCR."

OCR alleged that Sentara Hospitals failed to report breaches of PHI as required by HIPAA. In addition to this claim, OCR concluded that Sentara Hospitals failed to have a Business Associate Agreement with its parent corporation, which performed certain administrative functions for Sentara Hospitals that involved PHI.

To settle OCR's claims, Sentara Hospitals agreed to pay \$2.175 million and to execute a two-year corrective action plan. Under the corrective action plan, Sentara Hospitals must develop policies and procedures regarding breaches and breach notification. These policies and procedures must be submitted to OCR for review. Following OCR's approval, Sentara Hospitals must present the policies and procedures to its workforce and obtain signed statements from workforce members certifying their

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**HR  
INSIGHTS**

# Recruitment and retention tops HR challenges at the dawn of 2020



**BY A. KEVIN TROUTMAN, PARTNER, Fisher Phillips**

At the dawn of a new year, experts agree that human resources professionals in the health care industry face daunting challenges. In fact, even the single most long-standing challenge now comes with new twists.

Including huge hospital systems, neighborhood physician and dental practices, clinics, diagnostic centers and home health agencies, to name a few, the health care industry comprises a vast slice of the country's economy – as much as one-sixth, many studies suggest. More fundamentally, everyone has a personal stake in the well-being of a system that cares for the injured, sick, and infirm. In short, health care leaders must find ways to meet looming HR hurdles.

Even after taking new twists into account, the core challenge for health care HR is all-

too-familiar. Almost all other major twists and challenges intersect with this one.

Specifically, nearly all studies and literature agree that HR leaders face growing pressure to recruit and retain talented, engaged staff

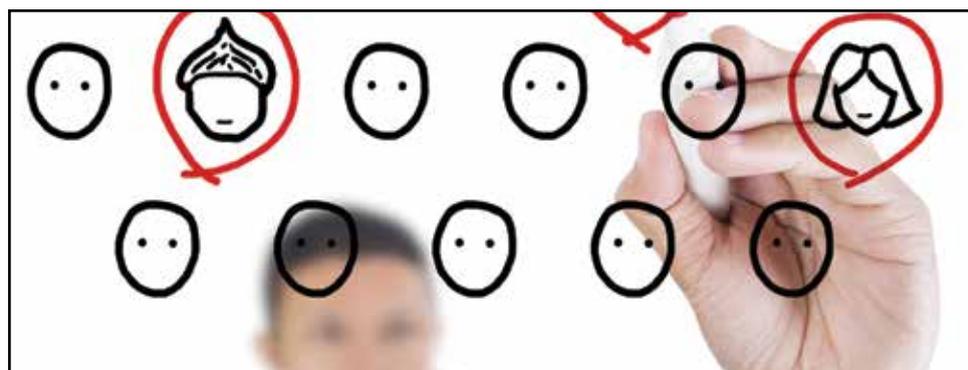
the workforce; workplace health risks; regulatory requirements; and training/development demands.

Staffing needs are not limited to a demand for nurses and doctors. They include other

employees are, of course, costly and time-consuming.

Just a few facts illustrate HR's dilemma. Studies generally agree that nearly one of every five hospital employees leave their jobs each year. Stated another way, about 85 percent of jobs turn over during a five-year period. Nurses, who comprise the largest single group of hospital employees, turn over at only a slight lower pace.

If health care employers could hang on to more employees, it obviously would ease the need to recruit more new hires. This is obstacle is becoming increasingly difficult to overcome, however, because millions of baby-boom workers are retiring each year. Nursing schools and other educational institutions seem unable to keep pace with the growing demand. Further, most new grads face a steep learning curve when they first face the realities of clinical practice on the front lines. The shock of that initial transition even causes some to question their career choice and possibly change jobs.



to meet the industry's growing workload. Several factors complicate this challenge, including the aging workforce, coupled with the increasing demand for health care services; burnout and disillusionment by many qualified professionals, including nurses; new and rapidly changing technology; generational differences within

specialized clinical professions; workers who manage and develop technology; those who take care of the plant and equipment, including maintenance and custodial workers; admitting and billing staff; and those who prepare and serve the food, to name just a few other job classifications. Recruiting, screening and orienting new

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**FINANCIAL PERSPECTIVES**



**BY KETAN PATEL,**  
Advisory Principal,  
KPMG Healthcare

Blockchain, cloud computing, advanced analytics, and remote monitoring are just some of the technologies presenting businesses worldwide with both challenges and opportunities. At this moment, they are especially resonating as opportunities with healthcare industry executives because – when brought together in various combinations – these technologies can offer powerful and detailed operational insights, especially relative to quality and cost of care.

The ability of healthcare providers, in particular, to measure outcomes faster and with greater accuracy, is huge as health plans and government payers look to tie quality with what they are willing to pay for care.

For example, the federal government is

trying to encourage alternative value-based payment models outside fee for service, such as bundled payments, Medicare

within Medicare Advantage. Commercial payers are looking to follow a similar path as it relates to value-based reimbursement

financial risk from these alternate payment models – primarily in the form of lower revenue due to reimbursement maximums imposed by payers. This puts the onus on healthcare providers to enhance their sophistication and understanding when it comes to measuring outcomes and the total cost of care – even before entering contracts with payers.

Technology can help healthcare providers on this front, but there are challenges.

In recent years, a sizeable level of IT investment among leading health systems has been focused on optimizing electronic health records (EHR), part of a major investment wave that started about a decade ago with the HITECH Act.

Providers ultimately realize that EHRs need improvements in how clinicians interact with them. On a more foundational level, EHR systems can also aid in the coordination of care across different settings, whether it's the ICU, acute care, post-acute, home or hospice settings. And greater coordination

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Shared Savings Plans, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and various incentives

approaches. In effect, healthcare providers face more

**WORTHWHILE CONVERSATIONS**

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People assume that to be the case, but not necessarily. Just because a financial advisor is associated with a Registered Investment Advisor (RIA) firm does not mean all advice will be in your best interest. Many financial advisors working under an RIA firm also affiliate with a broker-dealer and routinely “switch hats” from advisor to broker when working with clients. This switch may be unapparent, but it means the legal standard for advice has been lowered.

**OFFERING RECOMMENDATIONS UNDER A LOWER STANDARD – IS THAT LEGAL?**

Yes, it is completely legal, if disclosed as a conflict of interest. But disclosures are oftentimes buried in the fine print of agreements, and some advisors fail to make the written disclosures clients have a right to expect. The brokerage firms are supposed to police this, but just last summer, the Financial Industry Regulatory Authority (more commonly known as FINRA) fined one of the big-name national brokerage firms more than \$1 million for dragging their feet in omitting important disclosures like this.

**ARE THESE VIOLATIONS RARE?**

Not as rare as one might hope, and regulators cannot intercept all of these. FINRA, the regulator for brokers, levied a fine of \$550,000 last year on a brokerage firm that did not properly supervise its employees and prevent excessive trading in customers’ accounts.

**HOW CAN CLIENTS PROTECT THEMSELVES?**

The best defense is to ask your advisor to answer one question, in writing: “Will 100% of the recommendations you make to me in our business interaction be subject to the fiduciary standard and therefore made in my best interest?” Imagine how a “Yes” response can eliminate a myriad of concerns in the client-advisor relationship. This is the model we follow at Linscomb & Williams. Now in our 49<sup>th</sup> year of business, our experienced team is ready to meet and restore your confidence in a truly client-centered wealth management relationship, right now, at our office in the Houston Galleria area.

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*J. Harold Williams, Chairman & CEO, discusses the importance of using advisors who advise clients exclusively under the fiduciary standard with Wealth Advisor, Lantz Bowman. (Left to right: J. Harold Williams, CPA/PFS, CFP®; Lantz Bowman, CFP®)*

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## Top 10 Hospitals by Discharge Volume

### Top 10 Houston-Area Hospitals by Discharge Volume

Rank	Hospital Name	Definitive ID	Discharges	Staffed Beds
1	Memorial Hermann Southwest Hospital	274147	75,859	547
2	Memorial Hermann - Texas Medical Center	4018	46,529	993
3	Houston Methodist Hospital	4012	36,931	956
4	Texas Childrens Hospital	6386	34,335	795
5	John Sealy Hospital	3975	32,396	561
6	Clear Lake Regional Medical Center	3998	29,895	532
7	University of Texas MD Anderson Cancer Center	4017	28,962	674
8	Ben Taub Hospital	274186	28,163	444
9	Memorial Hermann Memorial City Medical Center	3996	24,118	444
10	CHI St Lukes Health - Baylor St Lukes Medical Center	4021	22,802	637

Fig 1 Data taken from Definitive Healthcare's nationwide platform of intelligence on hospitals and IDNs. Discharge volume as of most recent full-year data available, which may differ by individual hospital. Houston-area hospitals determined using CBSA 26420 Houston-The Woodlands-Sugarland. Alanna Moriarty, Content Creator, Definitive Healthcare

### Top 10 Texas Hospitals by Discharge Volume

Rank	Hospital Name	Definitive ID	Discharges	Staffed Beds
1	Methodist Hospital	3862	81,478	1,548
2	Baylor University Medical Center - Dallas	3930	79,016	824
3	Memorial Hermann Southwest Hospital	274147	75,859	547
4	Baptist Medical Center	3860	61,141	1,405
5	Parkland Health and Hospital System	3931	51,475	771
6	Memorial Hermann - Texas Medical Center	4018	46,529	993
7	Texas Health Harris Methodist Hospital Fort Worth	4148	37,380	662
8	Baylor Scott & White Medical Center - Temple	3849	37,125	640
9	Houston Methodist Hospital	4012	36,931	956
10	Texas Childrens Hospital	6386	34,335	795

Fig 2 Data taken from Definitive Healthcare's nationwide platform of intelligence on hospitals and IDNs. Discharge volume as of most recent full-year data available, which may differ by individual hospital. Alanna Moriarty, Content Creator, Definitive Healthcare

A man with a beard and a grey polo shirt is carrying a young girl with long blonde hair on his shoulders. The girl is wearing a dark blue long-sleeved shirt and yellow pants. They are both smiling and looking towards the camera. The background is a solid light blue color.

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**INTEGRATIVE MEDICINE**

## The fast track to health: Intermittent fasting



**BY SAGAR KAMPURATH, MD, UTMB Fellow, Integrative and Behavioral Medicine Fellowship Program**

shown in yeast cells through primates, the only organism lacking deliberate testing remains humans. As a population, we tend to be overeating, and many of our health problems can be attributed to what we are putting into our bodies.

*“A little starvation can really do more for the average sick man than can the best medicines and the best doctors.”*

*-Mark Twain*

Aging essentially is the cumulative damage accumulated to your DNA over time. In fact, not eating stimulates the Sirtuin proteins which are responsible for DNA repair; furthermore, fasting stimulates the production of neurotropic growth factors, such as brain-derived neurotrophic factor (BDNF), which promotes the growth of neurons in the brain suggesting that this may also help people with Alzheimer's or cognitive decline.

As a health care provider, I've come to appreciate the limited impact I can have on my patients through pills and procedures alone. In fact, I've come to agree with what was etched onto an ancient Egyptian pyramid inscription from 3800 B.C., “Humans live on one-quarter of what they eat; on the other three-quarters lives their

If a machine is constantly burning fuel,



doctor.”

The idea of three balanced meals a day is essentially a product of enculturation, not biologic necessity.

Native Americans used to eat whenever they had an urge to, be it once or twice a day. This rather affronted the European settlers who graciously civilized our unfortunate brothers into the three meals per day paradigm. In a hunter gather society, which we evolved from, it was common to feast on a catch and then survive with little or no food until the next big yield.

Until agriculture became well established, eating three meals a day was rather an impossibility. The idea of daily ritualistic eating has been cemented by the food industry, and mostly remains in the interest of monetary gain, and not population health.

As Dr. Michio Kaku states, “On average, animals that eat 30 percent fewer calories live 30 percent longer.” This has been

it is going to experience wear and tear, eventually degrading its parts. Similarly, if our bodies are constantly digesting, we are going to experience the accumulation of such processes over time.

Constantly consuming carbohydrates allows glucose to remain in the blood stream, akin to pouring syrup into an engine, mucking up the cellular machinery. This harmful inflammatory process called glycation leads to insulin resistance, and accumulation of body fat. Despite having adequate energy stores, we feel hungry when our insulin is high and feel the need to increase our blood sugar regularly through constant snacks.

Fortunately, there is another more efficient source of energy. Instead of glucose, ketone bodies that are produced by the liver from fatty acids, may be used once glycogen (stored glucose) is depleted. This typically takes 10-12 hours and forms the crux behind intermittent fasting. You think ketosis means “starvation mode,” but by no means does intermittent fasting suggest you starve.

Please see **INTEGRATIVE MEDICINE** page **10**

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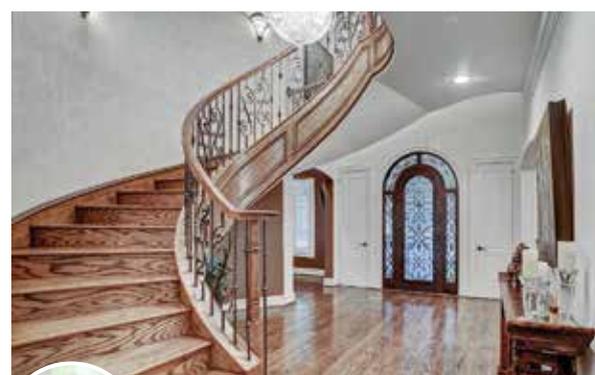
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THA

## Ringing in the new year with priorities for a healthier Texas



**Special to Medical Journal – Houston**  
**BY TED SHAW,**  
**President/CEO, Texas Hospital Association**

With the start of a new year and a new decade, we reflect on our past achievements and challenges, and look forward to the promise of a new year. It's an opportunity for a new beginning and a more refined focus. We take stock and plan new courses of action to better our lives, with resolutions to eat better, exercise more, and reduce stress. Texas hospitals, too, are working together to pave the way for a healthier Texas. To protect the health and well-being of the communities they serve, Texas hospitals will pursue a number of important public policy priorities. We commit to strengthening the state's health care infrastructure and fostering regulatory and legislative environments that will empower us to provide the highest quality care.

Like diet and exercise, access to health care services in the community is essential

for overall health. In 2020, Texas hospitals are advocating for funding for health care programs and services to meet the physical and behavioral health care needs of a



growing population. We also are backing policies to increase the number of Texans with affordable, private health insurance. Texas continues to lead the nation in the number and percentage—5 million and 17.7%—of residents who lack any form of

health care coverage. Building on what works, rather than reinventing the system, is key.

While the Texas Legislature has supported behavioral health care in recent years, significant investment still is needed to ensure timely and appropriate access to outpatient, community-based services, and inpatient psychiatric care. In 2018,

73% of Texas counties were designated by the federal government as having too few mental health providers and services, and it is widely known that the need outpaces the supply for behavioral health services in Texas. Securing funding for behavioral health care that is commensurate with the state's need for services and psychiatric beds is critical.

Funding for outpatient, community-based care will help keep Texans on the path to prevention. But for those who need intensive or emergent care, Texas hospitals are equipped and staffed with experts who can provide specialized care to any Texan who needs it. Hospitals constantly are working to improve care quality and increase patient safety and satisfaction. Adequate reimbursement is integral to ensure hospitals can keep their doors open to provide that care. Since 2013, Texas has seen more hospital closures than any other state in the nation. Others have reduced services, most commonly labor and delivery, leaving many rural women with no access to routine obstetric care or to labor and

Please see **THA** page **10**

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## HOSPITAL HEADLINES

### Study shows protein inhibitor as potential treatment approach for common mutations found in non-Hodgkin lymphomas

A study at The University of Texas MD Anderson Cancer Center demonstrated a potential new approach to treating two of the most common subtypes of lymphoma through manipulation of molecular programs controlled by the cAMP-response element-binding protein (CREBBP). Mutations of CREBBP are frequently found in follicular lymphoma and diffuse large B-cell lymphomas (DLBCL) and allow malignant cells to hide from the immune system.

Co-lead investigators, Michael Green, Ph.D., assistant professor of Lymphoma & Myeloma at MD Anderson and Ari Melnick, M.D., of Weill Cornell Medical School, reported on how inhibition of a protein called histone deacetylase 3 (HDAC3) restores immune programs lost as a result

of CREBBP mutations, paving the way for potential immunotherapy approaches for common forms of non-Hodgkin lymphoma.

CREBBP is the second most frequently mutated chromatin-modifying gene in both follicular lymphoma and DLBCL. It encodes a protein that alters the activity of genes by modifying the histone proteins around which DNA is wrapped.

Through CRISPR/Cas9 gene editing of cell lines and using mouse models, the research team also showed that HDAC3 selective inhibitors reverse aberrant epigenetic programming caused by CREBBP, resulting in growth inhibition of lymphoma cells and restoration of immune surveillance.

HDAC3 inhibitors appear to affect expression of major histocompatibility molecular class II (MHC class II), molecules, which are antigen presentation proteins crucial for initiating adaptive immune responses.

“The frequency of MHC class II loss in DLBCL exceeds the frequency of CREBBP mutations in this disease through unknown mechanisms,” said Green. “The ability of HDAC3 inhibition to induce MHC class II expression may have potentially broad implications for immunotherapy. We believe that inhibition of HDAC3 represents a novel mechanism-based immune-epigenetic therapy for CREBBP- mutant lymphomas.”

### Hydrogels control inflammation to help healing

Hydrogels for healing, synthesized from the molecules up by Rice University bioengineers, are a few steps closer to the clinic. Rice researchers and collaborators at Texas Heart Institute (THI) have established a baseline set of injectable hydrogels that promise to help heal wounds, deliver drugs, and treat cancer. Critically, they’ve analyzed how the chemically distinct hydrogels provoke the body’s inflammatory response — or not.

Hydrogels developed at Rice are designed to be injectable and create a mimic of cellular scaffolds in a desired location. They serve as placeholders while the body naturally feeds new blood vessels and cells into the scaffold, which degrades over time to leave natural tissue in its place. Hydrogels can also carry chemical or biological prompts that determine the scaffold’s structure or affinity to the surrounding tissue.

The study led by chemist and bioengineer Jeffrey Hartgerink and graduate student Tania Lopez-Silva at Rice and Darren Woodside, vice president for research and director of the flow cytometry and imaging core at THI, demonstrates it should be possible to tune multidomain peptide hydrogels to produce appropriate inflammatory response for what they’re treating.

“We’ve been working on peptide-based hydrogels for a number of years and have

produced about 100 different types,” Hartgerink said. “In this paper, we wanted to back up a bit and understand some of the fundamental ways in which they modify biological environments.”

The researchers wanted to know specifically how synthetic hydrogels influence the environment’s inflammatory response. The two-year study offered the first opportunity to test a variety of biocompatible hydrogels for the levels of inflammatory response they trigger.

The labs tested four basic hydrogel types — two with positive charge and two negative — to see what kind of inflammation they would trigger. They discovered that positively charged hydrogels triggered a much stronger inflammatory response than negatively charged ones.

The THI team helped analyze the cellular response to the hydrogels through multidimensional flow cytometry.

Hartgerink said the work is foundational, rather than geared toward a specific application, but is important to the long-term goal of bringing synthetic hydrogels to the clinic. “We have been speculating about a lot of the things we think are good and true about this material, and we now have more of a sound mechanistic understanding of why they are, in fact, true,” Hartgerink said. ▼

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## LEGAL AFFAIRS

continued from page 1

receipt and understanding of the policies and procedures. The corrective action plan obligates Sentara Hospitals to review the policies and procedures on an annual basis. During the term of the corrective action plan, OCR will monitor Sentara Hospitals' assessments of potential breaches, and Sentara Hospitals will submit periodic reports relating to the implementation of the corrective action plan.

In the event a health care provider decides that a breach is not reportable, the

provider should have documented evidence supporting the conclusion. To gather the evidence, the provider should conduct a thorough investigation and obtain information relating to the following: (i) the nature and extent of PHI involved in the incident; (ii) the unauthorized person who acquired, accessed, used, or received the PHI; (iii) whether the person actually viewed the PHI; and (iv) the effect of mitigation efforts.

At the conclusion of the investigation, the provider should identify and assess the risks to the privacy and security of PHI. All aspects of the investigation and the provider's assessment should be documented. If the evidence demonstrates

a low probability of compromise to the privacy or security of PHI, then the provider may be able to reasonably conclude that the breach is not reportable.

As demonstrated in OCR's recent settlement with Sentara Hospitals, a provider's decision to not file a breach report may be subject to scrutiny. Accordingly, providers should broaden risk assessments to include risks unrelated to the PHI. Specifically, when deciding not to report an incident, a provider should evaluate the risk of potential fines and reputational damage in the event OCR investigates the matter and disagrees with the provider's conclusion. ▼

## FINANCIAL PERSPECTIVES

continued from page 3

improves outcomes and saves money.

While electronic records set the foundation for data collection and improved ability to measure and report outcomes easily via dashboards, newer technologies can accelerate the journey to better quality and lower cost of care.

Advanced analytics, for example, can help case managers and clinicians direct medical treatment to where it is needed most. Today, one percent of the U.S. population accounts for just over 20% of total healthcare spending. If the U.S. is going to bend the cost curve in healthcare to something more economically sustainable, it will be with this group of patients. A key objective, then – especially in a value-based reimbursement climate – is to offer target these individuals with preventive care, proactively managing their conditions before they lead to medical

emergencies or hospitalizations.

In this context, artificial intelligence (AI) can be applied to help doctors reduce randomness by identifying their highest risk patients, using a combination of remote monitoring, and the evaluation of past patterns of care and medication use. In some cases, the ability to avoid a hospitalization can be as simple and as profound as changing a medication or its dosage.

A strategic reality has also set in for healthcare providers in this value-based (quality + cost) environment: As they competitively position themselves by acquiring physician practices, sub-acute facilities, home health, and outpatient diagnostic or surgery centers, they're realizing the strategic necessity of greater coordination across the continuum of care.

Greater connectivity among the providers within a given network can help guide patients through transitions of care and avoid readmissions that could lead to

financial penalties against providers themselves. Meanwhile, those broader networks have greater accountability for patient care as well as the opportunity to recoup gains from any savings.

Technology has a lot of promise, but physicians want to see proof that it works. We are speaking about patients' lives and well-being.

New technologies shouldn't be exempt from that standard of evidence. Healthcare providers need to make clinicians part of the process in selecting and upgrading EHRs to improve satisfaction and having a bigger role in what technologies are deployed and how they will be used.

Ultimately, technological improvements make it easier to gather the data necessary to illustrate effective patterns of care in a preemptive fashion for those who need it most, allowing providers to uncover opportunities to improve patient outcomes and lower costs. ▼

## INTEGRATIVE MEDICINE

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Hunger comes in waves, and with prolonged fasting, the hunger hormone ghrelin does not increase proportionately, in fact it decreases- the longer you go without food, the less hungry you will become. Through calorie restriction and intermittent fasting, one enters ketosis which entails a whole host of health benefits. Ketone bodies protect neurons against multiple types of neuronal injury and can also boost cognition by producing the previously mentioned BDNF

in addition to other beneficial components.

Exactly how does one enter a state of ketosis? The simplest and most easily applicable method is to follow the 12/3 rule. That is 12 hours between the end of dinner and the next day's first meal, and three hours as a minimum time between the end of dinner and bedtime to keep insulin levels from spiking before sleep. If you are feeling adventurous consider dinner at 8pm, a cup of green tea or black coffee upon awaking, and lunch at noon to make a 16 hour fast. A benefit of a 12-16 hour fast is autophagy, a process in which cells recycle components of destroyed damaged proteins

and mitochondria.

Perhaps you are inspired to try intermittent fasting, or scratching your head at the apparent dietary anarchism. Regardless of whether I managed to pique your curiosity or scare you away from the idea of ketosis, I encourage you to be critical of the food products you ingest and attempt to consume more whole foods closer to their original constituents. That is as we move forward in life, to eat mindfully, listen to our bodies and provide ourselves with the best internal environments for growth and continued well-being. ▼

## THA

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delivery services near home.

As the debate around national health care continues to grow, Texas hospitals will advocate for a regulatory environment that

promotes, not impedes, access to quality and affordable health services. That means working with the federal health agency to identify acceptable methods of financing Medicaid payments that are critical for providing care for Medicaid enrollees and the uninsured. Hospitals will protect patients from surprise medical bills while preserving adequate health plan networks and provider choice.

Texas hospitals have the privilege of helping bring new life into the world, healing the sick, and honoring those at the end of life. Our mission is improving the health and well-being of every life we touch. Throughout 2020, Texas hospitals will pursue a strong set of priorities to achieve that goal. ▼

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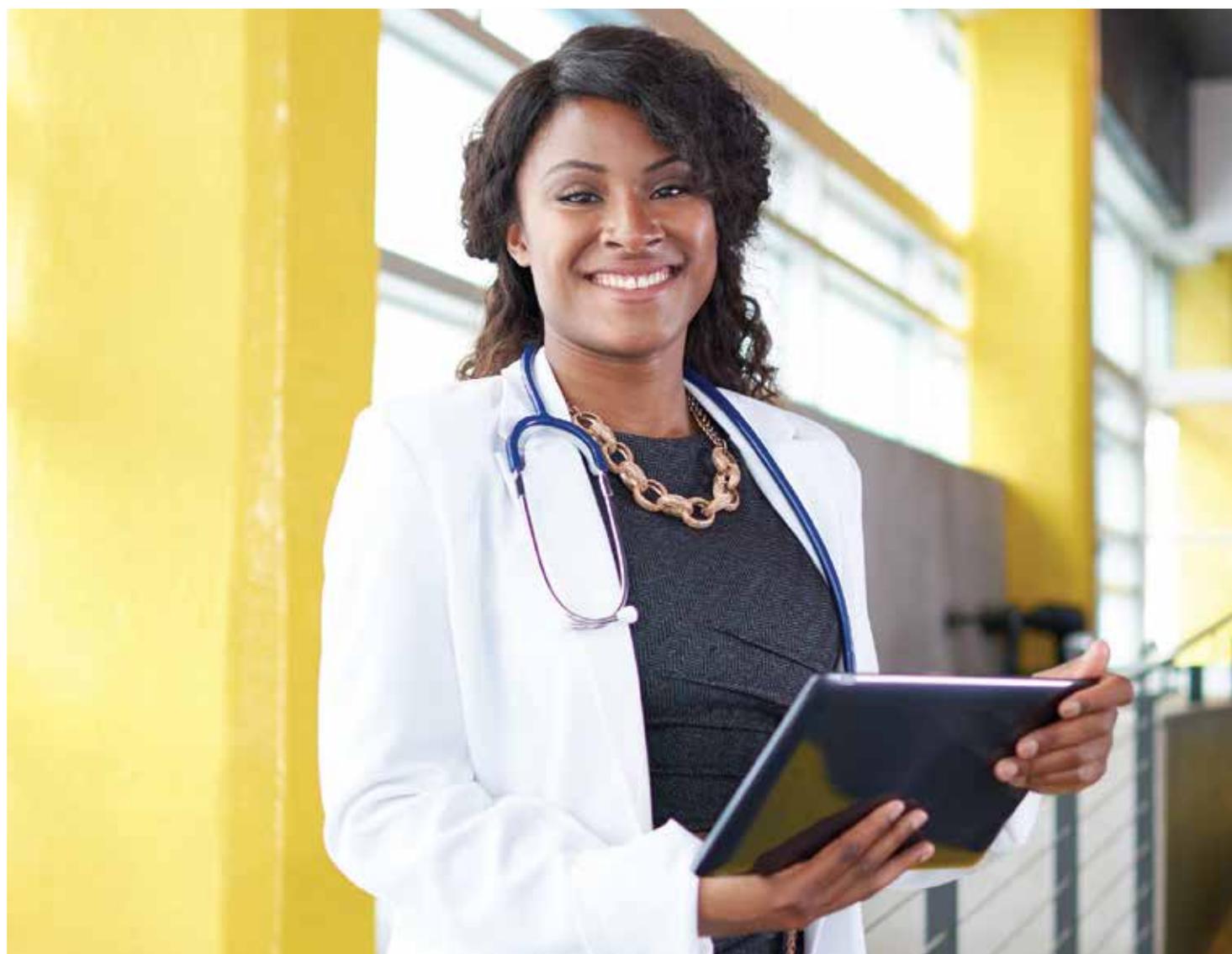
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## HR INSIGHTS

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Retaining great employees is difficult for several other reasons. Many clinical professionals, especially registered nurses, cite burnout as a reason that would lead them to consider changing jobs. Burnout often results from perceptions of short staffing, a situation that can create a self-fulfilling prophecy. Other oft-cited reasons for burnout are perceived lack of respect or advancement opportunities. If nurses do not believe they are treated well or do not feel sufficiently connected to nursing leadership, they are unlikely to stay longer with their employer.

According to the Occupational Safety and Health Administration (OSHA), health care workers also are at high risk for workplace violence incidents. This makes sense, considering the settings, such as emergency rooms, home care visits, and interactions with patients who are combative, perhaps due to drug use. Hospital employees also are exposed to infectious diseases. A very dramatic example was the Ebola scare that emerged just a few years ago. Inadvertent needle sticks or other sharps injuries pose another risk.

If that is not enough, the rapid digitization of health care poses unique challenges from both security and training standpoints. This may be particularly true for employees who grew up documenting everything on paper. Digitization (or computerization) creates new security risks, including those as basic as avoiding clicking on suspicious emails or unverified links, as well as proper use of passwords, keeping display screens from being visible to unauthorized personnel, and not leaving a digital workstation unattended. And, of course, each improvement in technology also requires teaching users how to navigate the new system.

This point highlights yet another developing issue. Workers from different generations tend to view the workplace – and their entire approach to their jobs – differently. For example, while baby boomers and Gen Xers may have focused on competitive compensation, millennials are far more interested in flexibility, fringe benefits, and advancement opportunities. Generational differences may also lead to more workplace rivalries or conflict, which leaders must attempt to manage. All of this occurs in a very competitive, cost-conscious, and highly regulated environment.

### Meeting the Challenge

With these considerations in play, what can HR leaders do to meet the challenge? Solutions probably begin with development of an overall strategic and cultural plan that fits the organization's resources and values.

Planning should encompass various types of communications. This includes communications with the staff to convey the employer's awareness of and plans to deal with their concerns and to solicit (and respond to) staff comments and complaints; communications with supervisors and

leaders to emphasize the importance of being visible, respectful and responsive to all employees; and announcements about what management is doing to address employee concerns, such as improving workplace safety. Regularly share management's vision of the organization's future and the employees' role in it.

Support these communications with supervisory and leadership training. Teach employees more about how staffing patterns work, and consider innovative ideas for hiring more nurse-extenders, for example. Then train the nurses to better equip them to supervise such employees. Train supervisors about their new role, drawing clearer distinctions between direct caregiving and managing the work of others. Supervisors must recognize the importance of not letting problems fester. And always keep in mind that, to front-line employees, supervisors, and leaders are the face of the organization.

Also, provide plenty of training to enable employees to use technology effectively and securely. This includes training to safeguard the privacy and security of patient and organizational information. Keep in mind that, even though health care providers are inviting targets for malicious hackers and malware, the greatest security risks lie with the internal users of an organization's cyber-systems.

When planning training offerings, do not overlook the desires of millennials (and others) to learn new things and advance in their careers. Consider tuition reimbursement programs if these are not already in place. Develop relationships with schools that train future nurses, laboratory and imaging techs and information technology professionals, among other things. These provide great ways to screen and recruit qualified applicants.

Evaluate the needs and priorities of senior employees who are considering retirement, but who might be interested in scaling back to reduced schedules. To the extent possible, keep flexibility in mind. Provide innovative staffing apps, where feasible, to permit employees to volunteer for additional shifts or to find schedules that work best for them. Also, since it remains true that about 90 percent of RNs are female, those who are having and raising children will be attracted to employers who offer family-friendly policies, programs, and scheduling practices.

In sum, 2020 promises to be another challenging, but exciting year, with opportunities to innovate and shape a brighter future. While the stakes have never been higher, the potential rewards have never been greater. ▼

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